

**Agenda Cover Memo**

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AGENDA DATE: May 7, 2008  
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

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

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

**I. ADMINISTRATION (Karen Gaffney, Assistant Department Director)**

**PREVENTION PROGRAM**

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

***Suicide Prevention:*** Since its implementation in 2006 project outcomes have focused on increasing knowledge among clinicians, crisis response workers, school staff, youth, and lay persons. Now nearing its third year, the program is expanding its goals to include bereavement support, hosting a regional conference on Suicide Prevention, and targeting areas of critical need.

In November 2007, the project presented to the Board of Commissioners a GIS map of suicide in Lane County. This data has continued to shape program activities and areas of emphasis. Specifically, the Florence area has three times the rate of suicides per capita than the rest of Lane County. This has led to targeted community outreach through newspaper articles, local meetings, and increasing training capacity and

awareness by providing both free trainings to local community members, and through specialized trainings to organizations such as Peace Harbor, Florence Police Department and both Siuslaw and Mapleton school districts.

The latest data available indicates Oregon has the 22nd highest youth suicide rate (10-24) in the nation. Oregon's rate (8.46 per 100,000) is 19% higher than the nation (7.11 per 100,000). However, the state youth suicide rate has decreased 35%. In 2000, Oregon had the 11th highest youth suicide rate (10-24) in the nation. Oregon's rate (13.07 per 100,000) was 43% higher than the nation (9.15% per 100,000).

**Healthy Brain Development:** Health and Human Services staff, along with a community-wide Planning Committee, has continued to plan for the 2008 conference, *Healthy Brain Development: Key Impacts and Interventions*. Six keynote speakers and 15 workshop presenters have been selected. Numerous topics will be presented including those related to the impact of alcohol, tobacco and other drugs on brain development, effects of poverty, abuse and trauma, brain-friendly classroom strategies, and the role of attachment and resiliency in promoting brain development. Staff has developed a conference website at <http://lanecounty.org/prevention/braindevelopment/> that includes information about the conference program, speakers, sponsors and location. A section on key resources related to brain development is also provided. Promotional efforts have begun and registration is expected to begin in May.

**Problem Gambling Prevention:** The Lane County Problem Gambling Prevention program continues to increase awareness of problem gambling and promote effective prevention practices in Lane County communities. Innovative youth presentations, media campaigns, and other activities have helped increase the awareness among youth and families about the growing issue of problem gambling. Of the 627 middle school, high school, and college participants who completed post-tests, eighty-three percent scored 80 percent or greater. The Lane County problem gambling prevention website, [www.lanecounty.org/prevention/gambling](http://www.lanecounty.org/prevention/gambling), received 16,300 distinct visits from July 2007 – January 2008 (an average of over 2,300 visits per month). During Problem Gambling Awareness Week in early March, our program participated in news stories among three local news channels, organized a middle school public service announcement campaign, and purchased advertising for problem gambling services for 12 Lane Transit District buses. Lane County continues to be the only region in Oregon with a gambling-specific advisory committee, the Lane County Problem Gambling Advisory Committee. Staff serves as a facilitator to this committee, which addresses issues of import to Lane County communities, including local policies and public awareness campaigns.

**Underage Drinking Strategies:** The prevention program continues to engage local rural communities to address problem behaviors related to underage drinking. One example of working with communities to address this issue includes a recent event in East Lane County. With the help of prevention staff, the McKenzie community coalition recently received a mini grant from the state to host a 'town hall' meeting to focus on

underage drinking. The 'town hall' was held March 17 and approximately 240 people attended the two hour event.

Lane County's Prevention Program is continuing the partnership with local researchers at Oregon Research Institute to learn more about effective strategies to reduce underage drinking.

**Supporting Parents:** Helping parents in Lane County also continues to be a priority for the Prevention Program. Parenting education is provided across the county through partnership with the Prevention Program and the network of Lane County Family Resource Centers. HHS was recently successful in its application for a grant from the state of Oregon Addiction and Mental Health Program to implement a parenting program; Strengthening Families for parents with children ages 10-14. A county prevention coordinator and three teams of parent educators were recently trained in this model program. This program will be offered in three sites, Springfield, Bethel and Oakridge, beginning this spring and continue through next year. Cottage Grove, Bethel and Springfield/Marcola Family Resource Centers are also providing other parenting education programs for parents with younger children

## **II. ANIMAL SERVICES (Mike Wellington, Program Manager)**

### **DIVISION OVERVIEW**

Lane County Animal Services continues to work hard to implement the direction from the Board of County Commissioners to save adoptable and treatable animals.

The addition of the volunteer coordinator position has allowed LCAS to recruit and train a number of highly qualified volunteers to supplement the work of the staff. This results in animals having more socialization and increases their adoptability.

The division has also hired an extra help vet technician, resulting in improved access to medical services. A vacancy in office staff has impacted licensing in the first quarter, although those numbers are now getting caught up.

The number of animals euthanized for space continues to decline to record levels. Staff has worked hard on developing other options for animals, including foster programs, off-site adoptions and community notifications.

Despite these gains, there is still much to do. The number of dangerous dogs remains high and demand for officers and enforcement outstrips our resources. The facility presents obstacles to efficiently running the services. Additional staff could provide more opportunities to involve the community in positive ways.

## **Statistics Comparison of 1<sup>st</sup> Quarter 2007 and 1<sup>st</sup> Quarter 2008**

### **Animal Impounds - Dogs and Cats**

- Dogs 1<sup>st</sup> Qtr 06/07 = 542
- Dogs 1<sup>st</sup> Qtr 07/08 = 457
  
- Cats 1<sup>st</sup> Qtr 06/07 = 529
- Cats 1<sup>st</sup> Qtr 07/08 = 553

### **Animals Returned to Owner - Dogs and Cats**

- Dogs 1<sup>st</sup> Qtr 06/07 = 194
- Dogs 1<sup>st</sup> Qtr 07/08 = 184
  
- Cats 1<sup>st</sup> Qtr 06/07 = 7
- Cats 1<sup>st</sup> Qtr 07/08 = 8

### **Animals Adopted**

- Dogs 1<sup>st</sup> Qtr 06/07 = 120
- Dogs 1<sup>st</sup> Qtr 07/08 = 126
  
- Cats 1<sup>st</sup> Qtr 06/07 = 114
- Cats 1<sup>st</sup> Qtr 07/08 = 119

### **Animals Transferred**

- Dogs 1<sup>st</sup> Qtr 06/07 = 129
- Dogs 1<sup>st</sup> Qtr 07/08 = 70
  
- Cats 1<sup>st</sup> Qtr 06/07 = 18
- Cats 1<sup>st</sup> Qtr 07/08 = 6

### **Non Adoptable Animals Euthanized**

- Dogs 1<sup>st</sup> Qtr 06/07 = 81
- Dogs 1<sup>st</sup> Qtr 07/08 = 32
  
- Cats 1<sup>st</sup> Qtr 06/07 = 323
- Cats 1<sup>st</sup> Qtr 07/08 = 361

### **Animals Euthanized for Lack of Space**

- Dogs 1<sup>st</sup> Qtr 06/07 = 22
- Dogs 1<sup>st</sup> Qtr 07/08 = 11
  
- Cats 1<sup>st</sup> Qtr 06/07 = 9
- Cats 1<sup>st</sup> Qtr 07/08 = 1

#### **Dog License Sales**

- County 1<sup>st</sup> Qtr 06/07 = 1,691
- County 1<sup>st</sup> Qtr 07/08 = 1,271

- City 1<sup>st</sup> Qtr 06/07 = 2,004
- City 1<sup>st</sup> Qtr 07/08 = 1,734

#### **Number of Dogs Currently Licensed**

- County 1<sup>st</sup> Qtr 06/07 = 8,426
- County 1<sup>st</sup> Qtr 07/08 = 8,766

- City 1<sup>st</sup> Qtr 06/07 = 11,215
- City 1<sup>st</sup> Qtr 07/08 = 12,497

#### **Neglect and Abuse Investigations**

- 1<sup>st</sup> Qtr 06/07 = 168
- 1<sup>st</sup> Qtr 07/08 = 184

### **III. COMMUNITY HEALTH CENTERS OF LANE COUNTY (Jeri Weeks, Program Manager)**

During the last six months, the department has focused on creating financial stability for the CHCLC, developing a separate organizational structure to support the centers and hiring a new management team to lead the work. Until now, the CHCLC has been a program contained within the Human Services Commission, sharing management staff and support with the other HSC programs. Given the growth of the CHCLC, the department and the Board forged a new organizational structure, which creates new opportunities for the CHCLC and Lane County Mental Health to leverage additional funding to stabilize services in both areas.

The Department hired Jeri Weeks as the new CHCLC Manager. She brings with her years of FQHC management experience, as well as a background in county Public Health, which supports Lane County's desire to stabilize and grow the CHCLC. The department hired Carol Jones-Williams as the new CHCLC Operations Manager to manage services at both the main RiverStone clinic as well as the satellite services. In addition to experience in a California FQHC, she brings experience from large private sector health clinics to bear on evaluating and strengthening our patient care delivery. Finally, the department selected Ron Hjelm as the new Clinical Financial Services Manager to consolidate all of the financial services in HHS related to Mental Health and the CHCLC. In this role as CFO, he brings his recent work with Mental Health, as well as his prior work in large private sector health care organizations to improve our billing and financial activities related to clinical services.

#### **IV. DEVELOPMENTAL DISABILITIES SERVICES (Karuna Neustadt, Program Manager)**

Lane County Developmental Disabilities Services (DDS) provides an array of community-based services and supports for individuals with developmental disabilities and their families. The program currently offers lifespan case management for 1599 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 96 foster providers for adults and 12 foster providers for children. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

#### **PROGRAM SERVICES**

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

#### **SERVICES FOR CHILDREN**

This year our caseloads have continued to grow in number and complexity. DDS has added 75 new children to our combined caseloads since April, 2007. Aside from typical developmental disabilities we are now providing services for children whose diagnoses include mental illness, sexual offending, fetal alcohol syndrome, and the growing population of children with autism spectrum disorders. In addition, many of the children in DDS services display behaviors related to post traumatic stress disorder, reactive attachment disorder, and other effects of early childhood abuse or abandonment. Perhaps our most difficult recent challenge is the greatly increasing number of children with sex offending behaviors. This population requires special treatment and we will need additional training to be successful with them.

Responding to crises for children in need of residential or foster placement continues to be an area consuming a great deal of time and attention. DDS is always in need of new providers with skills in the areas of behavior management and, increasingly, sex offending behavior. This is a particularly risky group to place in foster care and maintain the safety of everyone in the environment. DDS continues to partner with DHS Child Welfare to provide case management and foster care support services for children in the DHS Child Welfare system, who also qualify for eligibility for DDS' children's services.

Children turning 18 that have received foster or residential supports are entitled to continuing supports after they become young adults. In the past this was a fairly routine process but now requires many months of lead time in order to insure adequate financing and placement. There are many steps in this process and staff works to complete all the tasks for the significant number of 18 year olds who are transferring to adult services. A significant issue in this area is the need for development of residential services that can provide skilled care for adolescents and young adults with complex behavioral support needs.

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

Lane County DDS continues to manage family support services in fiscal year 2008 with funds that have been significantly reduced compared to previous biennia. The available funding provides necessary support for almost 80 children under the age of 18 living in their family home. This funding is used to reduce the incidence of out of home placement. Funding constraints dictate that family support services are not available to all eligible children who are enrolled in case management services so a waitlist is maintained by program staff. Family support services provide supports such as family training, behavior consultation, respite care, environmental accessibility adaptations, community inclusion, and other supports as needed for the individual with developmental disabilities and their family.

Respite care is the most requested service by the majority of families. To that end, Lane County DDS has contracted with LifeSpan Respite, to develop a database of active, trained respite providers, which can be accessed by families in the community.

Lane County DDS is currently working with Seniors and People with Disabilities to create a pilot program with the intent of offering this service to all the individuals who qualify (currently about 300 on the waiting list). The service will need to be redesigned to accommodate that level of involvement and some service elements that are used infrequently may be discontinued, in order to provide increased access to services in high demand, such as respite.

## **SERVICES TO ADULTS**

**I. Comprehensive Services:** Lane County Developmental Disabilities provides comprehensive services to 478 adults who live in group homes, foster care, supported and independent living programs, and who participate in vocational and community inclusion programs. Currently, the average comprehensive services caseload is 1:84, in contrast to the state caseload standard of 1:49, with Lane County comprehensive services case managers working at a 1.7 FTE equivalent. Comprehensive services providers, given the current economic environment, continue to struggle with recruiting

and maintaining direct care and first line supervisory workers. Group home and employment providers were given a 2.1% COLA effective July, 2007 and an additional 2.1% COLA effective July, 2008. Although needed, these increases are small in comparison to the increases in the actual cost of services delivered.

The DDS foster home system in Lane County has expanded and currently provides foster care for 233 adults and 39 children. There are 98 adult foster homes, and 11 children's foster homes. Foster providers are increasingly asked to provide services for individuals who have complex support needs. Discussion regularly occurs regarding how to train and support providers of these services. In 2006 we held Lane County's first DDS Foster Provider and Caregiver Conference. This conference was such a success, that we held a second conference in October, 2008, with 94 participants, including adult and child foster providers from the DDS, Mental health, Seniors & People with Disabilities programs, caregivers, and contract nurses. Topics presented included:

- Post-Traumatic Stress Disorder (PTSD) – for residents now residing in foster care
- Developmental Disabilities and aging
- Stress management tools for providers and caregivers

With the impending staff reductions due to the potential loss of the Rural Schools Initiative funding, much of the foster provider support and training program will be lost, leading to future problems in foster care that will need to be dealt with by case managers.

Comprehensive case managers continue to implement monthly monitoring visits to group homes and foster homes. Case managers collect valuable information regarding individuals and the operation of the homes during these visits. A residential data base tracks information collected on the visits and this information is periodically reviewed by the DDS quality assurance committee. It is estimated that 42 new individuals will be added into the comprehensive service system in 2008, including 8 individuals through T-18 (turning 18 years old); 14 individuals added through the Long Term Diversion Crisis system; and 12 people, who will be entering the brokerage system with funds from the Staley lawsuit, which established the brokerage system statewide in 2000.

**II. Support Services:** The DDS support services team works with approximately 740 adults who live on their own or with family members and are not in a comprehensive 24 hour service (such as foster or group home). Currently the average support services team case load is 1:128, in contrast to the state caseload standard of 1:90, with Lane county support services case managers working at a 1.4 FTE equivalent. In many cases, support services staff assists people in dealing with issues of poverty, poor health, poor decision making skills and issues that arise from domestic violence. When new adults are found eligible for our service, they are routinely referred to the Support Services team. In 2007, Support Services team took on 60 new cases through intake. As the word spreads in the larger community, and especially in schools, about brokerage services for adults, more and more people seek eligibility.



Characteristics of the people who receive service coordination from the Support Services team and are waiting for brokerage services 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,
- people who may be severely physically disabled and living with family, or
- people who may be homeless

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

### **Support Services Programs**

- **Comp In-Home** –This is a group of about 18 individuals who receive supports through the comprehensive in-home supports program, who live at home and whose services cost over \$21,000 a year. 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. The Support Services team manages those cases, working directly and intensely with the families involved to monitor those services.
- **Brokerage** - Approximately 60% of the individuals on support team caseloads are enrolled in a brokerage for support services. Brokerage referrals are the major component of the Staley Settlement. Although individuals receive brokerage services, which coordinate residential and vocational services, they remain on DDS caseloads, and still require workload functions performed by county staff for all individuals enrolled, including
  - Managing the referral waitlist and process:
  - Service plan approvals
  - Title XIX waiver reviews
  - Crisis resolution - During crisis, staff secures foster placements, locate supports with local health care professionals, and coordinating with community partners to resolve a crisis. The support services team meets with brokerages at least quarterly to maintain open communication and good service provision. There are currently two brokerages serving people in Lane County, Full Access brokerage and Mentor Oregon Mid-Valley Brokerage, to whom the support services team is referring 15 individuals per month.

By July, 2009, it is projected that the state will complete the brokerage roll-out, according to the Staley settlement. Our referral numbers have recently increased to accommodate the large numbers of referrals in Lane County. We continue to refer people according to priorities set by the Staley Implementation team. This summer, we are referring individuals who have been enrolled on Lane County DDS since 2001-2002.

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

Monthly spending caps, which were imposed statewide in the last biennium to assure that regions stay within the caseload allocations, were recently removed. The purpose is to be able to realistically demonstrate the need for funding to the Legislature. Spending caps merely shifted spending out of mandated caseloads, so that the actual service need was not visible. Though there are no spending caps, there are real budget allocation limits, so The Region is continuing to carefully analyze funding requests for need and appropriateness, through the Diversion Utilization Team. In addition, the Region continued to partner with community programs to continue with development efforts despite funding constraints.

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

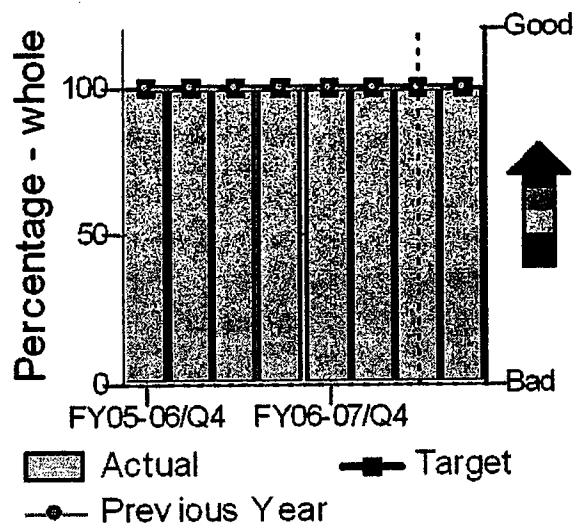
Each of the five regions has received a new 1 FTE Development Specialist position. In Cascade Region, this position will work with all five counties to initiate and assist in

development projects, including "hard" development like working with a provider to open a new group home, and soft "virtual" development, such as helping foster providers remove barriers to accepting additional clients in their foster homes.

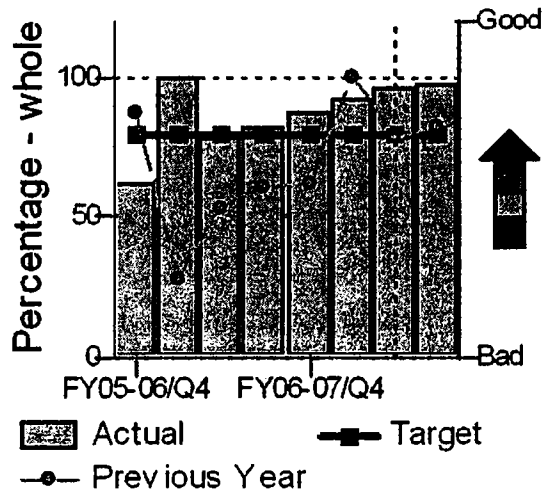
**Quality Assurance**

One primary function of the quality assurance program is to track performance outcomes for DDS. One method used for compiling and reporting data for analysis is Lane County's Performance Measures database called PBViews. The quality assurance program compiles data on a monthly, quarterly, or annual basis, for sixteen performance measures. Performance outcomes are portrayed in graphs which depict patterns and trends. This information is utilized for decision making purposes that can help improve our internal processes and our service delivery system. Below are examples of graphs from two DDS performance measures:

**Graph #1:** This measures the percentage of determinations of eligibility completed as required by the State, which is within 15 days of receiving information. Our target is 100%. Data is collected quarterly, and shows outcomes consistently at 100%, meeting targets.



**Graph #2:** This measures the percentage of quality indicators that are reviewed and approved by the Quality Assurance Committee. Our target is 80%. Data is collected quarterly, and is calculated using a yearly average to demonstrate year to date performance. For FY06-07, the QA Committee reviewed 30 quality indicators, and 26 (87%) were approved. Performance exceeds target of 80%.



### Emerging Issues:

- **Current Fiscal Challenges** – The future of the Secure Rural Schools funding is uncertain, and the Lane County Commissioners have directed programs to proceed with reductions. For the DDS program, this will result in the loss of 2 FTE, which are currently vacant positions. Though it will not involve laying off staff, the program must still find a way to continue to provide quality services without those two positions. Currently, DDS is in the process of gathering information and suggestions from staff, before decisions are made. It is clear that part of the solution will involve carefully analyzing work responsibilities in terms of those that are legally mandated, and those which have been added on to increase the quality of services delivered. At least a portion of those “extra” responsibilities will be cut back, so that staff workload will not be too onerous, and so that we can remain responsive to basic client needs. However, workloads will remain extremely high, with caseload-carrying case managers working at 1.4 to 1.7 FTE.
- **Funding and Local Authority** – Mental Health Directors, Program Managers and SPD management staff have begun discussions under the auspices of the AOC DD subcommittee, as to the structure and placement of DD programs, and allocation formulas. SPD has been soliciting information and opinions from various stakeholders about whether DD programs should remain with counties, moved to regional structures, or contracted out to private non-profits. A few counties, overburdened with work, seek to break off pieces of the DDS system, so that they will be structured differently. The majority of counties (including Lane County) not only want to keep the DDS programs, they seek to strengthen and centralize services, making the DDS programs a one-stop shop for services, information and referral.

In addition, the discussion has included issues regarding increasing the allocations to the counties. Currently, SPD is working to develop a proposal similar to the “equity formula” successfully used by the AAA system to increase

their funding. Another proposal put forth for consideration by the program managers to the mental health directors is a capitated formula.

- **Development Issues** – The crisis and crisis-diversion systems are overburdened with the number and severity of individuals with complex issues requiring support. This reflects the changing needs of individuals entering the developmental disability service system. In addition, a sizeable portion of individuals now being served by the comprehensive services system have autism, criminal backgrounds, mental health issues, mild and moderate intellectual disabilities, serious medical conditions, and/or difficult behaviors, and, therefore complex needs. At the same time, the demand for comprehensive services for children and adults with developmental disabilities is growing. Appropriate situations for individuals with complex needs are becoming scarce. It is critical that the system develop strategies to address capacity building, and increased training and technical assistance resources. To that end, Lane County DDS hopes to benefit from the activities of the new development specialist position in Cascade Region.
- **Sex Offenders** - One fast-growing client population is comprised of sex offenders. Though the individuals served by DDS are DD sex offenders, this trend is being seen nationally in a number of social service agencies, including those serving children and seniors. There are a number of issues which need to be addressed in a proactive, planful manner, including appropriate service planning, development of additional residential settings, access to specific training; and community communication and education. With the impending listing of all convicted sex offenders on the Internet, interagency planning and discussion is needed. DDS meets regularly with other programs that serve DD sex offenders, in order to develop a more complete picture of the issues involved, and to develop interagency strategies.
- **Aging and Individuals with DD** - The DD population is aging, and we are beginning to see a population in care which has increased needs and is accessing resources at a greater rate than before. We also have a significant increase in aging caregivers, who are unable to continue to support their family members in their homes. Current community capacity is ill equipped to expand services or provide the level of service that these new challenges present.
- **Provider Issues** - Low provider pay, and inadequate training and provider oversight provide a constant challenge in meeting the needs of the population accessing comprehensive services. High provider turnover rates and lack of adequate respite providers are ongoing issues for the DD population. Adult foster care is expanding and supporting some of the most challenging of individuals in our services. Group home and vocational providers struggle with turnover rates of roughly 65%. Recruitment and retention issues within our infrastructure are having a direct impact on our ability to provide adequate resources for the needs being presented. Federal Medicaid rules make

portability of funding for services across programs such as DD and mental health challenging, if not impossible.

- **Behavioral Issues** - The DDS service delivery system continues to struggle with a population of young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/Asperger's syndrome, alcohol/ drug abuse, and increased incidents of serious criminal behavior.
- **Children's Residential Services** - Funded children's residential programs are at capacity, and movement is slow due to lack of resources that may allow the transition of a child into another setting. The state has allowed for development of local children's residential services, yet funding to develop these services is not readily available. Increased efforts to partner with outside agencies have been critical in meeting the needs of our children. Access to state operated facilities for adults is also faced with the same challenges. The crisis delivery system has worked collaboratively and creatively with county and state partners to meet the needs of individuals needing services despite our funding and resource limitations.

#### **V. FAMILY MEDIATION PROGRAM (Donna Austin, Program Manager)**

During the last six months, the Family Mediation Program completed a total of 240 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 578 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.

#### **VI. HUMAN SERVICES COMMISSION (Steve Manela, Program Manager)**

##### **Human Services Commission**

The Human Services Commission's Community Action Advisory Committee *Communications Sub-Committee* is developing a communications and messaging strategy for human services. Their desire is to better communicate to make human services a compelling issue in the community and for public policy and legislative action. They will work on developing a common vision about how this community could be a vibrant place with people of all ages, families and children living successful, thriving lives. In the pursuit of such a vision they will develop materials that could be helpful to support the future generation and leveraging of resources. The materials to be developed will address who and what human services are and what they do locally, and will focus specifically on the network of public-private non-profit service providers that

are publicly funded by local government. They hope to integrate lessons learned from Project Homeless Connect for Lane County and its ability to help the community to understand the issue of homelessness and apply this to the broader issue of poverty and the role of human services ameliorating it.

The Human Services Commission's Community Action Advisory *Planning and Evaluation Sub-Committee* is working with staff to develop a work plan and contract for research for a long-range human services master plan and low-income needs assessment. This work will be done collectively with United Way and the Commission on Children and Families as well as other groups in the community. As part of this research we will ask what would success look like and how would we measure it? Who needs to be involved in promoting the change? Which who should be involved?

The HSC plans to partner with United Way to prepare a community *Low-Income Needs Assessment*. This will be part of the on-going foundation of planning efforts for the HSC and other public and private non-profit funders and service providers in Lane County. The intent is to learn from low-income residents about their needs. Over time the survey will also enable us to assess if their circumstances are better or worse when compared to previous years. Their input gives low-income people a voice in what we do. The data from the Low-Income Needs Assessment will be incorporated into a number of planning processes affecting the kinds of services offered, the way that services are offered, and a basis for legislative advocacy to create the opportunities for low-income residents to meet their needs. This needs assessment will be used to inform the overall Human Services Master Plan discussed below.

HSC is in the beginning stage of forging a new strategic framework to guide planning and decision making related to the provision of human services in Lane County. Specifically, the *Human Services Master Plan* when completed will outline strategies that assist the City of Eugene, City of Springfield, Lane County, and key stakeholders in improving the region's capacity to deliver a comprehensive array of human services responsive to a dynamic, rapidly changing environment. The strategic planning process will place particular emphasis on assessing current resources with an eye to the future human services landscape, so that the information used to inform this analysis can support the community's ability to successfully respond to changes as they occur.

The Human Services Master Planning process will provide a consistent way to use the results of a human services needs assessment to compare and prioritize disparate human services issues, leading to more effective decision making. Specifically,

1. Provide a framework for determining where investments in additional services or projects would most likely have the greatest impact – in short, to produce the greatest overall human services/social value from available resources.
2. Provide an effective way to communicate the criteria to select human services priorities and make investment decisions so that policy makers,

service providers, and the public at large can understand the rationale behind these critical decisions.

3. Provide a more consistent way to incorporate new data and assess the impact of changing conditions over time so that human services priorities can be periodically reevaluated in an efficient and effective manner. Data from these planning processes will be used by the Human Services Commission's Community Action Advisory Committee *Policy and Resource Allocation Subcommittee* to make recommendations on priorities for funding to the HSC.

The Human Services Commission will use this research to develop a strategy for a long range revenue source to support the human services infrastructure while examining the way services are offered utilizing best practices research to determine how systems and services can be provided cost effectively with better outcomes. We need to determine if there is a need to reinvent how human services agencies work together to provide services, such as co-location of services and other types of strategies to provide holistic services with improved access and outcomes.

Staff is also working on networking and organizing with various groups to support the implementation of our future human services planning, service and resource efforts including the human services executive directors and their boards and volunteers and the clergy and their congregations that volunteer and support human services. We hope to develop a common agenda for action.

The Human Services Commission of Lane County (HSC) provided \$13.6 million toward 67 community, housing, and health care projects and a total of 26 non-profit organizations received \$5.3 million to provide services in calendar year 2007.

During Calendar Year 2007, 43,939 individuals in 29,048 households (unduplicated counts) throughout Lane County benefited from Human Services Commission funded projects. These counts do not include 46,459 individuals receiving food boxes or meals or 48,000 information & referral contacts..

## **THE IMPACTS**

46,459	Individuals who received food boxes or meals
5,119,250	Number of pounds of food distributed
24,517	Individuals whose emergency needs were addressed
12,350	Households received energy assistance
537	Individuals who received emergency shelter
387	Individuals received prescription assistance
395	Homeless and at-risk youth received services
5,144	Street contacts for homeless & at-risk youth
2,988	Individuals assisted with housing
323	Individuals who left domestic violence situations into stable housing



7,652	Individuals received medical treatment
4,048	Individuals received dental care
244	Individuals received mental health services
3,474	Individuals had legal issues resolved
3,477	Households moved toward independence/stability
1,560	Individuals received assistance to get Veteran benefits
1,404	Seniors received services to support their independence

**VII. LANE CARE (Bruce Abel, Program Manager)**

LaneCare is the County’s program that manages the capitated mental health component of the Oregon Health Plan (OHP). LaneCare integrates and coordinates community mental health responsibilities in partnership with Lane County Mental Health, provider agencies, system partners, and mental health consumers. LaneCare continues to contract with a range of non-profit providers to offer a full continuum of services, to ensure access to services, and to maintain consumer choice.

In Contract Year 2007, LaneCare continued the successful partnership with consumers, contractors and system partners. Some of our performance data includes:

- Average monthly membership: 31,500 OHP members
- Case opened during the year: 11,541
- Members served: 9,500
- % of \$ for administration 8%

LaneCare received a 6.5% capitation increase in 2008. This will result in an additional \$1,200,000 annually for mental health services in Lane County. This increase was less than in previous years and did not cover the full amount of reserves used in 2006 and allocated in 2007. LaneCare allocated additional reserves in 2008 to assure that expenses do not exceed revenues.

In 2007 LaneCare allocated reserves to balance the budget. At this time it appears that LaneCare will use only a portion of the allocated reserves. Current projections indicate we will draw reserves down by \$200,000. We are contemplating a one time risk share return distribution with our out patient contractors to provide a small economic boost to our local mental health system.

LaneCare still maintains the highest utilization and penetration rate in the state, preserving a vibrant continuum of services, and remaining fiscally sound. We have excellent partnerships with local organizations and have a system of services and supports that is recognized as the best in the State.

Demand for mental health treatment continues to be high, particularly for psychiatric services. LaneCare implemented a plan in 2007 so that contractors would be able to schedule a new client within 2 weeks. We monitored this on a monthly basis and met our goals. We are prepared to implement the plan again in 2008 if we need it.

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

Over the past two years LaneCare has had several vacancies and recruiting qualified staff has been difficult. We are pleased to report that all positions are currently filled with the most qualified staff we have ever had. We expect one Care Coordinator to retire this year. We also know that our Medical Director, Michael Reaves, will be retiring this summer and we are busy recruiting his replacement.

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

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

**Solution:** LaneCare is implementing a 3% rate increase for January 2008. LaneCare is convening a rate review committee to address rate issues for 2009.

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

**Solution:** LaneCare has met with PeaceHealth and will incorporate rate increases for the hospital that match other rate increase for providers. They still have not agreed to sign a contract with LaneCare.

**Concern:** PeaceHealth and Lane County Mental Health are the primary providers of psychiatry in Lane County. LaneCare currently pays the highest reimbursement for these services by an MHO in Oregon, yet is told by both organizations the rate is well under the cost of providing the services.

**Solution:** LaneCare is offering a cost of living increase for contractors in 2008. LaneCare will provide a one time 8% rate incentive for contracted psychiatric services.

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

**Solution:** LaneCare is taking a lead in the state trying to make these support services available to our members. LaneCare will increase resources dedicated for family organizations by 30% in 2008. This will bring allocations for family organizations more

on par with funding for adult consumer organizations. Many LaneCare contractors are employing consumers as peer advocate and mentors.

**Solution:** LaneCare contracts with Valia, a consumer operated mental health agency, to provide a range of mental health services. Last year was a difficult start-up year for Valia and LaneCare provided many hours of technical assistance and support.

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

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

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

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

## **VIII. MENTAL HEALTH SERVICES (Al Levine, Program Manager)**

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

### **OUTPATIENT MENTAL HEALTH CLINIC**

**Adult Services:** The outpatient clinic continues to serve large numbers of clients and has not yet returned to former staffing patterns. Access and enrollment data continues

to suggest that increasing numbers of uninsured Lane County citizens are seeking services through county programs. The clinic is currently serving 1000 adults at any given time. We are unable to increase access due to serious budget constraints. We have 2-3 open positions that we cannot fill until this budget cycle is complete and we know where other division staff are likely to "land". We continue to narrow the eligibility requirements in order to carefully regulate the flow into the clinic, primarily limiting access to those consumers who are at the highest risk of hospitalization, or who are coming out of the hospital, needing to access outpatient services. Unfortunately, we refer more people out than we take in. With community resources tighter every year, many Lane County citizens find themselves with no resources for mental health care.

Lane County Mental Health continues to see more consumers with varying involvement with the criminal justice system. We contract with the City of Eugene to provide Mental Health Court treatment services, for misdemeanor offenders in civil court. We are getting increasing pressure from parole and probation services to provide more mental health treatment to this population of consumer. In addition, we have begun a pilot project to assist the courts in providing support and treatment services for consumers who are found "unfit to proceed" in their trials and sentencing hearings. This project is funded by the State and we are joined by two other counties for the pilot. As we are not able to provide quicker access to psychiatry services, this pilot project is in danger of failure. Additionally, Lane County Mental Health has been asked to provide basic mental health training for Animal Control staff, Parole and Probation staff, and the U of O police officers.

Mental Health continues to contract out more than \$200,000 in funding to the adult-serving mental health agencies to increase their capacity to serve clients who lack Oregon Health Plan. With increased pressures on our budget, we see that we may reduce this amount in the next couple of years.

Mental Health continues to enhance clinical development with regular in-service and on-site trainings for the clinical staff. This was initiated almost two years ago, and remains a great resource for professional staff's continuing education.

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

We are experiencing significant staff turnover right now. Our long-time Mental Health Medical Officer is retiring this summer, as well as a few other medical and clinical staff retirees and resignations. We are down on available psychiatry time and are unable to provide quick access to requested medication management services.

In addition, we are now in phase two of our implementation of our new practice management and electronic medical records software systems. We are beginning to "train the trainers". There has been, and continues to be a tremendous strain on our

resources, as key personnel are very busy with this project and continue to respond to the demands of their regular duties. We anticipate a challenging and successful year ahead.

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

***Child and Adolescent Services:*** The child program continues to provide rapid access and psychiatric care to Lane County children and families with acute and chronic, moderate to severe, complex psychiatric disorders. The average monthly enrollment in FY07-08 child outpatient services is 365 children/youth/families. Demand exceeds our capacity and we routinely redirect 2/3 of child referrals to another community provider. To date an additional 96 children (18/month) have enrolled in the child outpatient clinic and 500+ children will be served annually. In addition Lane County Mental Health is an Intensive Community Treatment Service (ICTS) provider and averages 20 children/youth per month in ICTS services. LCMH and LaneCare are parallel gatekeepers of publicly funded psychiatric residential treatment programs, day treatment programs, treatment foster care, and extended hospital care with LCMH providing Level of Need Determination and Care Coordination services to community kids and families who are not OHP or LaneCare eligible (uninsured or underinsured) and require access to high levels of state funded care. In FY 07/08 LCMH intensive child services have authorized #20 high needs community kids into intensive community and state-wide resources. 76% of LCMH ICTS referrals are community children/youth who do not have access to OHP. In addition to gate-keeping and coordinating comprehensive care plans LCMH facilitates child and family team meetings in collaboration with our system partners including parents, child welfare, special education, juvenile justice, primary care, developmental disabilities, etc. On 3/27/07 the Governor signed an Executive Order (#07-04) shifting the (Mental Health) Children's System Change Initiative into a state-wide Children's Wraparound Project directing the highest levels of state government to participate in system reform in the care and delivery of services to Oregon's most vulnerable children with mental health and psychiatric needs. LCMH Child and Adolescent Program has been an active participant in system reform. We have expanded our contract with Oregon Family Support Network to include a 0.5 FTE Family Ally who will provide parent to parent support in engaging families in a child and family team planning process where parents are equal partners in planning decisions. If unable to hire a temporary skills trainer (providing parent and child skills training) due to the ongoing budgetary considerations we will proceed with authorizing episodes of care with a sub-contracted provider.

In addition to gate-keeping and coordinating high levels of care LCMH Child Program conducts or provides comprehensive mental health evaluations, crisis evaluations, psychiatric assessments, psychiatric medication management, clinical case management, community consultation, screening and referral, individual, play and art therapy, family therapy, group therapy including evidence based Dialectical Behavior Therapy for adolescents engaged in self-harm behaviors. We have a dynamic

contractual relationship with Siletz Tribal Headstart Program in Springfield offering mental health consultation, observation, parent education and training, referral and treatment of preschool age children and their families. We also contract with Oregon Family Support Network for parent support groups and parent education. Members of the LCMH Child Team participate on the Lane County Suicide Prevention Steering Committee, Family Advisory Committee, Juvenile Subcommittee of the Public Safety Coordinating Council and chair the Lane County Oregon State Hospital Coordinating Committee.

## **RESIDENTIAL PROGRAMS**

There are continuing changes in the residential programs in Lane County. As noted in the last BOH report Lane County Mental Health (LCMH) initiated a phase-out of its involvement in the Enhanced Care Facility (622 N. Cloverleaf Loop, Springfield) in August of 2007. At this juncture LCMH has transferred complete operation of this facility to Cascadia Behavioral Health. This facility continues to serve 15 residents who have complex medical and psychiatric problems.

There are several new residential programs funded by the state Addictions and Mental Health division slated for Lane County. These programs include small residential facilities (generally 5 beds) to assist specialized populations. Several of these homes will address the residential needs of individuals involved in the criminal justice system. One of these projected homes will address the needs of a population known as "unfit to proceed" (due to mental illness) in the judicial system. Two other homes will be for individuals under the supervision of the Psychiatric Security Review Board. Yet another home will be utilized as a "step-down" facility for individuals currently placed in other more secure community beds.

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

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

The Summit Residential South program (previously known as the Bender Home) located at 622 S. 57<sup>th</sup> Place, Springfield is another joint venture between LCMH and EHL. This home is a four-person home designed to serve a particularly difficult population of women with complex mental health and physical health conditions, as well

as challenging behaviors who have spent long stays in the State Hospital. The residents of this program are targeted to be Lane County residents who are returning to the county after a lengthy period of hospitalization at a State Hospital. This program has proven very successful in maintaining very challenging residents in the community avoiding costly stays at a State Hospital. Like Summit Residential North, these mental health services are covered by Medicaid on a Fee-For-Service basis with service charges billed to the Office of Medical Assistance Programs.

## **ACUTE CARE SERVICES**

As reported in the past few Board of Health Reports, with the closure of the Lane County Psychiatric Hospital, the County, in cooperation with PeaceHealth, the State Addictions and Mental Health Division and other system stakeholders did create the Transition Team. This Team is modeled after a number of very successful programs in other states and is considered an evidence-based practice, and will provide for a better overall level of service to individuals either coming out of the hospital or being diverted from an admission. The Team works with these individuals for 8-12 weeks until they can be transitioned into whatever their ongoing care would need to be (back to primary care, less intensive services through another provider agency, or to Lane County Mental Health's outpatient clinic). The Team consists of three QMHP level (Master's or above) clinicians (contributed by PeaceHealth as in-kind support to this program), two QMHA level staff paid for by LaneCare and hired by PeaceHealth, a psychiatrist (Dr. Paul Helms, former Medical Director of LCPH), a Psychiatric Nurse Practitioner, 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 and linkage to peer supports. These providers have had funding added to their existing contracts so they can have adequate capacity to serve Transition Team clients, who will, for the most part, be indigent. The team did expand its staffing with LaneCare funding to begin serving LaneCare members who have impacted the hospital system. The Team is housed at the LCMH clinic. Lane County Mental Health has added additional psychiatric time and business support to the team, funded as well by LaneCare.

A planned annual review of how the Transition Team has done in meeting its mission has been completed, 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). A new analysis to evaluate the effectiveness of the Transition Team's efforts with LaneCare clients has

been completed and shows similar positive results in terms of both reduced lengths of stay and reduced readmissions to inpatient care within 6 months of Transition Team involvement.

With the closure of LCPH, the County again became financially responsible for the costs of indigent County residents placed on emergency psychiatric holds (this has always been the case, but Lane County had a gentleman's agreement with PeaceHealth that the County would not be charged for such patients on the Johnson Unit as long as LCPH remained operational). We have negotiated what we believe to be a reasonable "cap" on such reimbursements with PeaceHealth that will allow Lane County to be able to budget funding for the Transition Team and other alternatives in the next fiscal year. Obviously Lane County would continue to be financially responsible for any such costs incurred in out of area hospitals when the local beds are full, as well as transport costs. Clearly it is critical that this Team be successful in keeping local beds available and out of area admits to a minimum. Since the closure of LCPH (March 31, 2004), we have already seen a dramatic increase in out of area admissions. If anything, that trend has continued and has the potential to get worse as there are threats of closure of additional beds across the state, which will further add to the acute care bed crunch statewide and the likelihood that Sacred Heart's Johnson Unit will be full most of the time. This creates not only potential financial concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have had to increase our FTE devoted to commitment to stay compliant with the statutory requirements and to bring that service back up to historical staffing levels. In addition, we had learned that Lane County receives the lowest funding Regional Acute Care dollars per capita of any County in the state. Discussions have occurred with the Addictions and Mental Health Division of the State to correct this significant inequity. Those discussions have been fruitful and Lane County was awarded an additional \$800,000+ in Regional Acute Care funding for the current biennium. These funds will be used to increase the contract with Sacred Heart for indigent services at the Johnson Unit and to help offset the costs of out of area admissions and secure transports for Lane County residents. In addition, we will be expanding the pool of flex funds used for Transition Team clients and adding some additional psychiatric prescribing time.

A final area of significant planning and development is for crisis system enhancements to help create alternatives to expensive inpatient care and to allow earlier intervention where possible. On the child side, a comprehensive, county-wide crisis response system has been developed, provided by a partnership of three child-serving agencies (SCAR-Jasper Mountain, Looking Glass, and Child Center) which has mobile crisis outreach and support 24/7, in home crisis respite, foster care based crisis respite and facility based crisis respite for children and adolescents. This serves the entire County from Florence to Oakridge and McKenzie Bridge and from South Lane to Coburg. Funding for these enhanced services is from increased State crisis funds provided by AMH and LaneCare reinvestment funds. This program has now been in operation for 2.5 years, and is proving to be well utilized and highly effective in reducing referrals to area emergency rooms and in resolving crises at an earlier point than previously possible. A one year evaluation report was prepared and distributed which highlights the



accomplishments of this program, compares the program favorably to nationally recognized best practice guidelines, and does this at a fraction of what similar programs have cost in other states. Planning is currently underway for ways of enhancing the adult crisis system. We have essentially given up on expanding CAHOOTS at this time, and we are focusing our efforts on developing additional respite and step down beds, using some of the new crisis funding received from the State. Finally, we will be working with the Sheriff and Eugene Police to develop and roll out Crisis Intervention Team training for all law enforcement jurisdictions in the County to improve the officers' ability to deal with mentally ill subjects or subjects in mental health crisis in ways that can hopefully avoid the kind of tragic intervention that was witnessed with the Ryan Salsbury shooting.

## **PUBLIC HEALTH SERVICES (Karen Gillette, Program Manager)**

### **COMMUNICABLE DISEASE**

The Lane County Public Health (LCPH) Communicable Disease Programs include the following elements: Immunization, Tuberculosis, Sexually Transmitted Disease, HIV and Hepatitis Testing and Prevention, and reportable communicable disease investigation, reporting, and prevention as well as outbreak control. The Communicable Disease program currently has 9.89 FTE to provide these services including 4.15 nurses, and pieces of program manager, nursing supervisor, Public Health Officer, bilingual community services worker, lab technologist and office assistant time. Most services of the Communicable Disease Program are mandated in Program Elements in the LCPH contract with the state in order to receive state Public Health funding to Counties.

#### **Immunizations:**

The LCPH immunization program has provided 4,646 immunizations and 1,344 tuberculosis skin tests in the past six (October, 2007 – March, 2008) months. In addition, the ten LCPH immunization delegate clinics have provided 1,917 immunizations in the same time period. These numbers include immunizations to adolescent girls and young women against Human Papilloma Virus, or "HPV". At \$136 per shot in a three dose series, this is an expensive vaccine. Between October and March, LCPH and our immunization delegate clinics in the schools and throughout the county have worked in conjunction with the state 317 Fund and the federal Vaccine for Children ("VFC") program to provide almost 400 vaccinations against HPV, the virus causing the majority of cervical cancers.

In calendar year 2007, the LCPH immunization clinic and delegates vaccinated over 3,300 individual children through the VFC program and 317 Fund, which make covered vaccines affordable and accessible to qualifying children without insurance or adequate financial resources, including those requiring school immunizations. One third of those were vaccinated at the LCPH office.

LCPH has been working for a couple years for planned replacement of our aging in-house immunization database with the state IRIS system which interfaces with the statewide immunization registry ALERT. Lane County IS and the Oregon DHS

Immunization Program worked closely with LCPH to get 80,000 records and over 50 years of data transferred to IRIS as well as training our staff. IRIS went live on March 17 and was functional immediately with most glitches already resolved.

LCPH is a good steward of our expensive and valuable vaccine resources. Our immunization program continues to exceed the target of 95% in vaccine accountability. The School Immunization Review report for FY '08 shows that Lane County had 61,061 completed immunization records by school exclusion day. The records of 62,221 children in schools and certified day cares were evaluated. This reflects an effective effort to assure a well immunized population of children. None-the-less, there were 160 children in Lane County excluded from school or day care due to incomplete immunization records. There were also 2,960 children included in the total count that requested and received religious exemptions from required school immunizations and 40 who received medical exemptions. The overall religious exemption rate was less than 5%. However, these exemptions are not uniform across the schools and programs. Ten schools with 100 or more students had a greater than 10% religious exemption rate and, at two of these schools, 50% to 76% of the students claimed exemptions, leaving these populations and their at-risk contacts vulnerable to an outbreak of vaccine preventable disease such as measles or whooping cough.

### **Tuberculosis:**

During the previous six months, 12 people have received initial active TB case management for disease. Currently, there are 5 active cases of tuberculosis in Lane County receiving ongoing case management and Directly Observed Therapy with state supplied medications. Clients are both English and Spanish speaking and services are offered in the client's language. LCPH receives financial assistance of \$9,840 from the state to provide all mandated TB cases management services.

LCPH provided tuberculosis testing continues at a Eugene homeless shelter three days a week. All residents and staff are evaluated for TB by LCPH. In addition, we provide twice yearly monitoring of the ultraviolet light TB prevention system at the shelter.

From July 1<sup>st</sup> to December 31<sup>st</sup>, 2007, 5 people associated with the shelter have converted their tuberculosis skin test from negative to positive. In evaluating these conversions, it appears that each of these individuals probably became infected outside of the homeless shelter. None-the-less, as newly infected individuals, they have an increased risk of breaking down into active disease and thereby transmitting TB infection to others at the shelter. State epidemiological information indicates that 3 new cases of active tuberculosis have been found in counties neighboring Lane which have the same genetic fingerprint as the outbreak associated with our homeless shelter in 1994 and 2001. This indicates that tuberculosis continues to circulate in the mobile homeless population.

From July 1<sup>st</sup> to December 31<sup>st</sup>, 2007, 1,219 individuals at the shelter were tested for tuberculosis infection. Also 166 individuals at the homeless shelter were assessed by LCPH nurses for their latent tuberculosis infection to assure that they have not progressed to active TB, which would put others in the shelter at risk for infection.

In November, two LCPH communicable disease nurses, received the "Guardian Angel" award from the Sacred Heart Foundation, honoring their personal purchase of replacement TB preventing ultraviolet germicidal irradiation light bulbs. In recognition of

our LCPH's nurse's personal as well as professional commitment to the health of our community, the Woodard Family Foundation also donated \$750 toward next year's purchase of ultraviolet bulbs, which are expensive and must be replaced yearly to be fully effective in tuberculosis prevention.

County wide, our preventive treatment program for latent tuberculosis infection (LTBI) currently has 46 clients receiving medication and evaluation services.

Tuberculosis assessment and prevention activities in the community and at the homeless shelter are county funded. When there is not a current outbreak of tuberculosis, these activities are not state mandated. LCPH has prioritized this work since the 2001 outbreak at the shelter.

**Other reportable communicable diseases:**

During the months of October, 2007 through March, 2008 LCPH processed or investigated 344 reportable communicable diseases including confirmed, presumptive, and suspect cases.

Hepatitis C continues to account for a large number of reportable communicable diseases at LCPH – 241 in the past six months. Most of these are chronic cases from the years before affordable testing and referral became available. We are currently working with the state hepatitis program regarding what may be a cluster of hepatitis B and C. This includes some individuals in the injection drug using population, a group that is often difficult to reach for follow-up. Indeed, LCPH does not currently have the resources to do in-depth investigation. The state has offered and we have accepted their assistance with expanded hepatitis C testing on the HIV Alliance needle exchange van.

Most of the rest of the reportable disease numbers were among the commonly seen campylobacter, salmonella, giardia, and e-coli with some notable cases of legionellosis and taeniasis (tapeworm).

**Sexually Transmitted Diseases:**

Preliminary reports for calendar year 2007 include 1,063 cases of reported STDs. Chlamydia cases continue to surge in Lane County, which had the second highest incidence, behind Multnomah County, of reported chlamydia cases in the state in 2006, the most recent year for which the incidence rates have been calculated. The incidence of chlamydia in Lane County is 293.8 cases/ 100,000 people.

The majority of reported cases of STDs come from private providers and not from public health clinics. Lane County Public Health, unlike private providers, is the entity responsible for assuring treatment of contacts of reportable STDs and, therefore, reducing the spread of these diseases throughout the population. The STD treatment and prevention work is labor intensive and requires not only the work of the state Disease Investigative Specialist but also the collaborative work of the LCPH STD nurses and cases report staff as well as use of the county acquired STD database. This surveillance, investigation, and assurance of treatment of cases and contacts is included in the county required Program Elements of the LCPH contract with the state. LCPH STD clinics are focused on services to those at highest risk for STDs while continuing to serve the general population when clinic times are available. In addition to

testing and treatment for the reportable STDs, other related services included during the STD clinic are HIV testing options and immunizations against hepatitis A and B. In fiscal year 2007, LCPH clinics served 576 individuals. Of these, 136 clients, or 24%, were treated for a reportable STD. While this represents just 10% of the reported STDs in Lane County, it is this 10% of cases who have no other access to STD diagnosis and treatment due to financial reasons. LCPH is the only STD clinic that is mandated in the Program Elements to provide these services even if the client is unable to pay for any or all of these services. Without testing, treatment, contact investigation, prevention education and supplies such as condoms, these 136 individuals would have continued to spread these STDs throughout the community.

### **HIV and Hepatitis Prevention:**

As specified by our principal funding source, the Oregon Department of Human Services, the mission of this program is to deliver the following service objectives in a way that has the highest impact on the populations at greatest risk for HIV transmission:

- 1) HIV counseling, testing, and referral services
- 2) Evidence based health education and HIV risk reduction programs
- 3) Structural activities that facilitate the delivery of HIV prevention services to high-risk populations

LCPH has committed itself to addressing these objectives as effectively as possible with less staff and funding resources this year. We continue to adjust our programs to Oregon's epidemiological data. This translates into more prevention work with gay/bi and other men who have sex with men (MSM). In 2006, 73% of HIV cases diagnosed in Oregon had MSM risk.

### **Activities and Outcomes:**

- **Community Promise: Community Level Prevention Intervention for Gay and Bi Men** LCPH has increased its investment from \$15,000 to \$25,000 in this CDC approved program. This multi-year program is designed to decrease HIV transmission among gay, bi, and other men who have sex with men. *Community Promise* is being conducted for Lane County, under contract, by HIV Alliance. The program has involved a detailed assessment of gay and bi men in Lane County and of their risks related to HIV infection. In the next phase brief stories will be created from the lives of some of these men indicating how they were able to take steps toward reduced HIV risk in their lives. These stories will be delivered on hand cards by a cadre of MSM volunteers to their peers in various settings.
- **Counseling and Testing for MSM:** HIV Rapid Testing with optional Syphilis Screening and Hepatitis A and B immunizations is available for MSM at LCPH. Rapid HIV Testing is also offered by HIV Alliance, under contract, at their facility and variously at off-site locations. From July, 2007 through February, 2008, 190 tests were given for this risk by LCPH and HIV Alliance.
- **Needle Exchange Services ( NEX) for Injection Drug Users**

- HIV Alliance Needle Exchange (provided at several community locations): LCPH invests \$10,000 in supplies; HIV Alliance empties syringe drop boxes at 3 community locations including a site at LCPH
- LCPH 10-packs with harm reduction supplies are offered whenever LCPH office is open except Wed. mornings; NEX helps prevent the transmission of HIV, Hepatitis B & C, and the development of serious wound infections, such as MRSA, which may lead to hospitalization and negative impacts on our community health care system. From July through February 1,343 of these 10-packs were given to individuals
- **Counseling and Testing for IDU:** 187 tests were given for this risk group July through February
  - HIV Alliance (contract) tests at their Needle Exchange.
  - LCPH offers HIV rapid tests and optional Hepatitis C tests (and Hepatitis A and B immunizations) Wednesday afternoons as well as rapid testing for the women's program at Willamette Family Treatment Center. From July through February 43 Hepatitis C tests were given.
- **Counseling and Testing for the General Population:** 366 tests were given for those with no MSM or IDU risk from July through February. LCPH offers HIV testing for the general population on Tuesday and Thursday afternoons and in conjunction with its STD Clinics in order to reach high risk individuals who, although not identifying with MSM or IDU, actually have risk in those categories. Secondly this testing is made available so that the heterosexual partners of IDU and MSM may be tested.
- **Harm Reduction Coalition:** LCPH participates in this community-based coalition which is a structural activity that facilitates the delivery of prevention services to high-risk populations, particularly in support of the Needle Exchange Program at HIV Alliance.
- **HIV Positive Case Reporting:** As of November 15, 2007 OR DHS is requiring that provider reports of confirmed positive HIV tests be made to the local public health authority. Since then LCPH has received 4 referrals for follow-up with providers. Although this new responsibility requires more staff time as well as necessitating more stringent confidentiality standards and procedures, it gives LCPH the opportunity to interact with providers and to educate them about local and state referral resources.

## **Environmental Health**

The purpose of the Environmental Health Program is to give quality inspection services to facility owners and to protect the health of residents and visitors in Lane County as they use any of our 3115 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 5.25 FTE Environmental Health Specialists that are responsible for 4,751 total inspections completed annually throughout the county. The following are the types and numbers of facilities licensed and regularly inspected by the EH staff: full service and limited service food facilities (1050), mobile units (138), commissaries and warehouses (27), temporary restaurants (959), pools/spas (292), traveler's accommodations (115), RV parks (72),

schools/summer food program serving sites (268), day cares (181), organizational camps (13). 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 provides a portion of one Environmental Health Specialist to work specifically on public school kitchens and day care facilities which are not licensed by the County but, none the less, contract with us for inspection services. The person assigned to this position also assists in conducting training sessions, acts as a public information liaison and is available for presentations on a variety of environmental health issues. Food security and event planning for the 2008 Olympic Trials in Eugene will require continued work from this position.

Testing and certification of food handlers in Lane County continues to be a priority, as a preventative measure against food-borne illnesses. EH issued 7226 Food Handler Cards annually. In March 2008 the Environmental Health Program launched its "in-house" on-line food handler testing e-commerce website. Prior to this new site, it was costing the program \$5/test to use the Chemeketa Community College testing site. Under the new system anticipated testing will be \$.50/per test. Six hundred testers visited the new site in the first five days of operation.

We anticipate that Environmental Health licensing fees will again need to be adjusted upwards to keep pace with the rising personnel costs. The Oregon Restaurant Association will be made aware of the need for increased fees. In the past we have received no negative feedback for the upward adjustment.

At this time it is questionable whether or not the state will offer surveillance and education funding for the 2008 West Nile Virus program. In past years, Environmental Health staff collected and shipped state approved specimens to the state laboratory for testing. Mosquitoes were also trapped, identified and tested. The 2008 funding from CDC to the state has been reduced.

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

The EH Program has initiated an Internship Program in cooperation with the U of O and OSU Environmental Health Programs. We are currently working on a project involving the registering and mapping of vulnerable population facilities in Lane County. This will allow first responders to quickly locate these care homes in the event of a disaster. We continue to look for projects for which university interns can be involved.

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

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

## **MATERNAL CHILD HEALTH**

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

***Prenatal Access/Oregon Mother's Care:*** The Prenatal Access/Oregon Mother's Care program helps low income pregnant women access early prenatal care. Program staff determines eligibility for Oregon Health Plan (OHP) coverage during the perinatal period and directly assist with the completion and submission of the OHP application and verification of coverage. The program helps pregnant women schedule their first prenatal visit by providing prenatal health care resource information. Improving access to care is the most effective means of increasing the percentage of women who receive first trimester prenatal care, and early and comprehensive prenatal care is vital to the health and well being of both mother and infant. Studies indicate that for every \$1 spent on first trimester care, up to \$3 is saved in preventable infant and child health problems. This program served over 300 low-income women access OHP and prenatal care during the past 6 months.

***Maternity Care Management:*** The Maternity Case Management program provides ongoing nurse home visiting, education, and support services for high-risk pregnant women and their families during the perinatal period. Community Health Nurses help expectant families access and utilize needed and appropriate health, social, nutritional, and other services while providing pregnancy and preparatory newborn parenting education. Perinatal nurse home visiting has been shown to: increase the use of prenatal care, increase infant birth weight, decrease preterm labor and extend the length of gestation, increase use of health and other community resources, increase realistic parental expectations of the newborn, improve nutrition during pregnancy, and decrease maternal smoking – all of which increase positive birth and childhood outcomes. This program served over 165 at-risk, low-income, pregnant teen and adult women in the past six months

***Babies First!:*** The Babies First program provides nurse home visiting for assessment of infants and young children who are at risk of developmental delays and other health conditions. Early detection of special needs leads to more successful interventions and outcomes. Nurses provide parental education regarding ways to help children overcome early delays, and they provide referral to appropriate early intervention services. Other benefits of nurse home visiting are: improved growth in low birth weight infants, higher developmental quotient in infants visited, increased parental compliance with needed intervention services, increased use of appropriate play materials at home, improved parental-child interaction, improved parental satisfaction

with parenting, decreased physical punishment and restrictions of infants, increased use of appropriate discipline for toddlers, decreased abuse and neglect, fewer accidental injuries and poisoning, fewer emergency room visits, and fewer subsequent and increased spacing of pregnancies. This program served over 166 at-risk and medically fragile infants during the past six months.

**CaCoon:** CaCoon stands for Care Coordination and is an essential component of services for children with special needs. The CaCoon program provides nurse home visiting for infants and children who are medically fragile or who have special health and/or developmental needs. Nurses educate parents/caregivers about the child's medical condition, help families access appropriate resources and services, and provide support as families cope with the child's diagnosis. CaCoon provides the link between the family and multiple service systems and helps them overcome barriers to integrated, comprehensive care. The program's overall goal is to help families become as independent as possible in caring for their special needs child. This program served over 50 medically fragile, special needs infants over the past six months.

**Healthy Start:** Public Health no longer has a contract with the Department of Children and Families to provide these services.

**Challenges and Opportunities in MCH:** Public Health has continued to lead the community initiative to address Lane County's disturbingly high rate of fetal-infant mortality. The initiative has received broad community support and interest.

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

Public Health established a Fetal-Infant Mortality Review (FIMR) in order to review individual, de-identified, case-findings and to help determine what common factors represent community-wide problems. Their first meeting was in March 2008 and they are planning to meet on a monthly basis to review the cases since July 1, 2007. Pacific Source Health Plans provided \$25,000 in funding to begin the FIMR process. Additional grant opportunities are being pursued.

In September, members of the community-wide fetal infant mortality initiative chose to name their overall effort—Healthy Babies, Healthy Communities—to reflect the significance of infant mortality as an index of community health and well-being. The large community group will continue to meet quarterly and will serve as the Community Action Team (CAT) with the role of planning and implementing systems changes designed to reduce fetal-infant mortality. At the same time, the structure and role of workgroups was redefined. A Case Review Team (CRT) was established and will meet



monthly to review case findings and develop recommendations for the CAT. The original Data Workgroup will be folded into the CRT so that both population-based data and case finding data can be used in recommendation development. The Maternal and the Infant Workgroups will be combined and renamed the Resource and Referral Team (RRT). The RRT will continue to meet monthly and will provide experience and knowledge about identified issues and strategic actions for the CAT. The CRT will begin case finding reviews in November 2007, and recommendations from the reviews will be presented to the CAT March 2008.

**Preparedness**

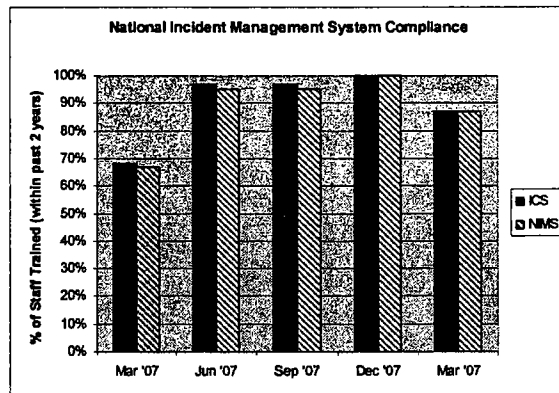
Preparedness for disasters, both natural and man-made, is a public health priority. This priority is realized through the Lane County Public Health Services Public Health Emergency Preparedness and Communicable Disease Response Program (“PHP Program”). The program develops and maintains the capacity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

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

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

***Training & Professional Development:***

To ensure competence in an emergency Lane County Public Health has drafted a training program incorporating professional standards, and state and federal guidelines. At the minimum all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Beyond the minimum standards, employees with specified emergency response roles require additional training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate.



additional training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate.

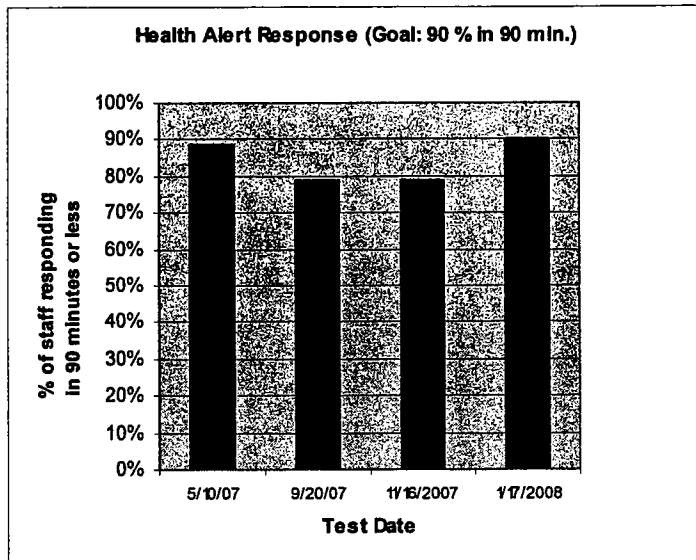
Since the last report, significant progress has continued to be made toward achieving a minimal baseline level of training. One Hundred percent of the work force could demonstrate training within the past two years in ICS or NIMS by the end of the second quarter of FY 2007-08. The numbers of fully trained staff dropped slightly by the end of third quarter due to an influx of new hires, but all staff are expected to have again met

the standard by the end of the current fiscal year. To further improve emergency response leadership capabilities, 90% of all Public Health Services managers and supervisors completed 32 hours of additional advanced Incident Command System training as of March 2008.

**Plan Development, Exercises & Drills:**

In addition to classroom based training, the PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Currently existing plans are undergoing a thorough review and revision to comply with national standards, and to incorporate lessons learned from past exercises and drills. Plans recently revised include the Lane County Emergency Operations Plan, Annex H – Public Health and Medical Services; and Function Appendix 1 – Direction and Control.

To prepare staff and improve emergency response capabilities, plans are exercised on a regular basis. Communications systems are tested frequently through the use of drills and brief tests. For example, preparedness staff responds to regular tests of the Oregon Health Alert Network, a statewide emergency notification and collaboration system for public health emergencies. Through drills, performance review, and targeted training, staff have recently met the statewide standard of 90% of staff responding within 1 ½ hours, and have consistently responded at 80% or more over the past four quarters. This demonstrates dramatic improvement from the response rate of 50% observed in December of 2006.



In addition to regular drills, Public Health Services also tests plans through simulations and exercises. Since the last report the PHP program hosted a Chemical Release event tabletop exercise, and a Pandemic Influenza “Cancellation of Classes” tabletop exercise. In addition, PHP staff has participated in three other exercises/orientations. All exercises included local partners such as local city governments, police, fire, hospitals, and school districts. Reports are produced for all drills and exercises. Each report includes an analysis of results, including strengths identified and areas for improvement. Copies of reports are available by request from the Public Health Preparedness Coordinator.

<b>Lane County Public Health Services Exercise Schedule (Nov 2007 – Apr 2008)</b>		
<b>Date</b>	<b>Event</b>	<b>Type of Exercise</b>
Nov 2007	Mental Health All Hazards Response	Orientation & Tabletop
Nov 2007	Chemical Release Event	Tabletop
Nov 2007	Communicable Disease Event	Orientation
Dec 2007	Highly Pathogenic Avian Influenza	Orientation & Tabletop
Mar 2008	Cancellation of Classes (Influenza)	Orientation & Tabletop

***2008 Olympic Trials Preparation:***

The U.S. Track and Field Olympic trials to be held in Eugene in June, 2008, are expected to bring a large influx of travelers and visitors. LCPH has taken steps to prepare for the trials in anticipation of the increased potential for a public health emergency during the event. The Communicable Disease team and Environmental Health team have drafted staffing and response plans for the event. Special attention has been given to preventative education and inspection of food vendors at the venue, and inspection of hotels and lodging in the surrounding community. In addition, LCPH is working closely with other health and medical partners including local hospitals, state public health, and the Red Cross to assure that plans are known to each of the partners to assure a coordinated and effective emergency response.

***Community Planning and Outreach:***

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

Recent efforts have focused upon bringing together local partners to plan for the needs of the community's most vulnerable populations and the advancement of community planning for a pandemic illness event.

***Vulnerable Populations:***

In March, 2008 the Vulnerable Populations Emergency Preparedness Coalition celebrated its first anniversary. The group has grown to more than forty agencies representing children, older adults, emergency management, mental health, developmental disabilities, homeless, tourists, tribes, and non-English speaking persons. Of note since the last report, in the fall of 2007, the coalition hosted a preparedness planning workshop targeted specifically to Community Based Organizations (CBOs). This workshop proved to be a successful first step towards VPEP's mission to improve preparedness planning locally. Approximately 50 people representing 30 agencies attended the training. The workshop was well received by attendees, and heightened interest among local CBOs to develop emergency plans.

Although successful in building interest, VPEP noted that many CBOs still found it difficult to take steps to develop appropriate plans. VPEP has committed to furthering efforts which will promote successful planning among agencies, in addition to

normalizing preparedness activities within the CBO setting. To support this effort, the Lane County Public Health Preparedness Program in cooperation with the State of Oregon Public Health Division submitted a grant in March of 2008 to the Centers for Disease Control and Prevention. If awarded, the grant will fund the design and implementation of an emergency planning mentoring program for CBOs serving homeless populations in Lane County, Oregon, during the period of May 2008 through April 2009. The project will be implemented by the PHP Program and VPEP will serve as the leading advisory body for the project.

***Pandemic Illness Planning:***

The PHP Program has also partnered with the Lane Preparedness Coalition to further pandemic illness planning locally. The Coalition is sponsored by the Lane County Sheriff's Office and is comprised primarily of professionals working actively in the field of preparedness including city emergency managers, first responders, preparedness coordinators, and other preparedness leadership. The steering committee of the Coalition in cooperation with the PHP Program has formed a task force and three projects are currently being developed and implemented by the group. These projects are: (1) the creation and mass mailing of an informational flyer about pandemic illness individual and family preparedness to 150,000 residents of Lane County; (2) the development of a central local pandemic illness informational web site; and (3) business continuity planning among first responders that will incorporate strategies appropriate for a pandemic illness.

**Chronic Disease Prevention**

***Tobacco-Related and Other Chronic Disease Prevention Grant:***

Recent funds received for tobacco-related and other chronic disease prevention will help expand and reinforce LCPH's efforts to establish a community health assessment process that will prepare our local public health system to anticipate, manage, and respond to the burden of chronic disease in our community. Capacity building with these funds will allow staff to devote time specifically to chronic disease assessment, planning and partnership building activities. The process will focus on chronic disease prevention, early detection and management, and will inform a broad network of public and not-for-profit service and healthcare providers, community decision makers, and citizens. In addition, the state training institutes will provide the necessary information, technical assistance, links to data and population-based strategies that will significantly improve Lane County's ability to advance the policies and environmental changes necessary to address the root causes of chronic disease.

The first step to addressing the burden of chronic disease in Lane County is building assessment capacity and identifying disparities or areas of need. This information will then be used to build awareness and motivate action that is based on evidence-based best practices, ultimately producing policies and environments that promote health and reduce disease. Lane County Public Health will begin this process with two of the county's Public Health Educators attending a series of training institute sessions and facilitating community collaboration and input on the community assessment of chronic

disease in Lane County. The Executive Director for the Lane Coalition for Healthy Active Youth (LCHAY) will also participate in the training sessions.

After the community-wide assessment of chronic disease, the Public Health Educators will coordinate a strategic planning process based on best practices to address prevention, early detection, and management of tobacco-related and other chronic diseases. The plan will include evaluation; policy, environmental, and systems changes; and identifying and addressing disparities. Together, these outputs and partnerships will significantly improve Lane County's ability to advance the population-based policies and environmental changes necessary to prevent and manage chronic diseases.

Together, the training, capacity-building, and partnerships facilitated by this grant will significantly improve Lane County's ability to advance the policies and environmental changes necessary to address the root causes of chronic disease in our community.

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

***Current Rates of Overweight and Obesity among US Adults:***

- **National:** 66% (NHANES survey)
- **Oregon:** 59% (Oregon BRFSS survey)
- **Lane County:** 59% (Oregon BRFSS survey)
- **Lane County Employees:** 2005: 64%, 2006: 63%, 2007: 64% (PAN Healthy Worksites survey)

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

Why do we need healthy worksites? Considering the overweight and obesity rates quoted above, most Lane County adults have or are at risk for chronic health problems (including most Lane County employees). In addition, because working adults spend the majority of their waking hours at work, the work environment presents a unique opportunity to promote health.

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

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

**Institute of Medicine**

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

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

Specific examples of efforts in the last six months at Lane County include: In November, Lane County Human Resources, in collaboration with Public Health, conducted our annual Employee Health Fair. Some of the components of the fair supported by the PAN Public Health Educator included promoting fruit and vegetables/More Matters, promoting the incorporation of daily physical activity into one's workday and tobacco cessation promotion including the distribution of "quit kits".

Also in November, the City of Eugene's Bicycle and Pedestrian Plan Team held an open house at the Eugene library to share and obtain comments on their draft Strategic Plan. The Public Health Educator attended this open house which was a great opportunity to reconnect with many local groups working on efforts to promote physical activity and on creating a local environment that supports walking and biking.

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

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

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

Like most traditional worksite wellness efforts, before this collaborative, many of these organizations were primarily working to encourage health behavior change with their

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

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

The large employer partner continued to meet monthly for the last six months. Some of the topics covered in these monthly training and technical assistance meetings included discussion and brainstorming on policy and environmental changes that would support employees' mental, emotional and spiritual wellness, promoting "healthy holidays" and support for cultural competency and diversity training. In response to the interest of our large employer partners, we also purchased and distributed posters to each worksite this month which promote recognition of diverse holiday celebrations – Ramadan, Chanukah, Diwali, Chinese New Year, Hmong New Year and more. The Large Employer Partners are hopeful that these diversity posters will be helpful in promoting mental, emotional and spiritual wellness among staff.

The PAN Public Health Educator and a number of community partners also attended the state's first annual Fruit and Vegetable Summit in Corvallis during this period. The Program Coordinator also distributed the follow-up (one year after baseline) organizational assessments for the large employer partners to complete in this period.

In December, Royal Caribbean Cruise (RCC), one of Lane County Public Health's Large Employer Partners, invited Public Health to participate in their Health Fair. The county's Worksite Wellness Program Coordinator participated along with the county's Tobacco Prevention and Education Public Health Educator and our WIC Program Supervisor. We had the opportunity to speak with a number of RCC staff about free tobacco cessation resources available in the community, promoted Fruit and Vegetables, More Matters, ways to incorporate increased physical activity into one's workday, and the county's WIC program which provides nutrition counseling and food vouchers to low-income pregnant and postpartum women, infants and children.

In January, the Public Health Educator dedicated some time to rejuvenating the county's Walking Challenge efforts in the New Year. Public Health distributed about 500 pedometers in January and February which were made available to new employees interested in participating as well as other employees who report having lost or broken the pedometer they received previously.

In January and February, the Public Health Educator implemented a Wellness Challenge as part of this program effort. The six week challenge encouraged interested employees to use a pedometer to track and report their steps. Tobacco Quit Kits were also made available to county employees for themselves or their loved ones as part of this wellness promotion effort. Five county employees reported that either they or a covered dependant who received a Quit Kit were able to successfully quit smoking.

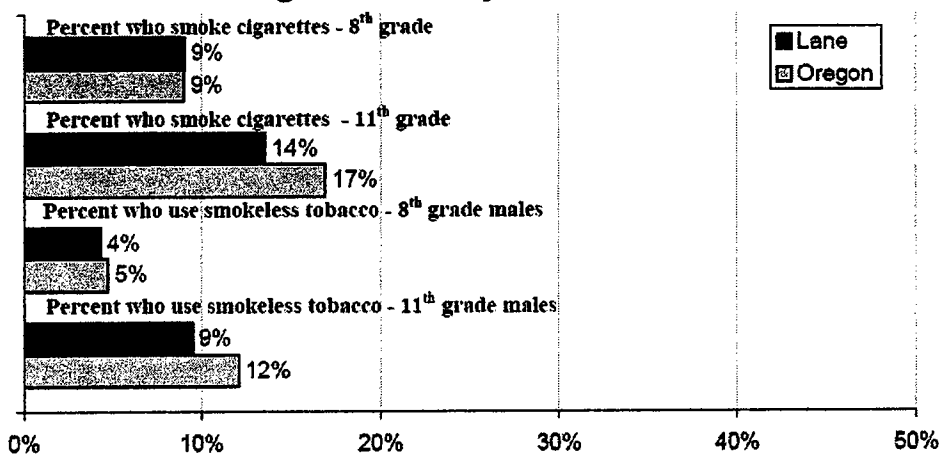
**Tobacco Prevention:** Tobacco is still the leading cause of preventable death in the US, Oregon, and Lane County. In Oregon, tobacco causes more than five times as many deaths as motor vehicle crashes, suicide, AIDS, and homicide combined. These deaths are mainly due to one of three causes: cardiovascular diseases, cancers, and respiratory disease. Each year, in Lane County:

- 636 people die from tobacco use (on average);
- 12,431 people suffer serious illness caused by tobacco use;
- 55,363 adults regularly smoke cigarettes;
- Over \$100.3 million is spent on medical care for tobacco-related illnesses; and
- Over \$101.2 million in productivity is lost due to tobacco-related deaths.

The Lane County Tobacco Prevention & Education Program (TPEP) continues to reduce tobacco-related illness and death in Lane County by reducing exposure to secondhand smoke, creating smoke-free environments, decreasing youth access to and initiation of tobacco use, and increasing access to cessation services.

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

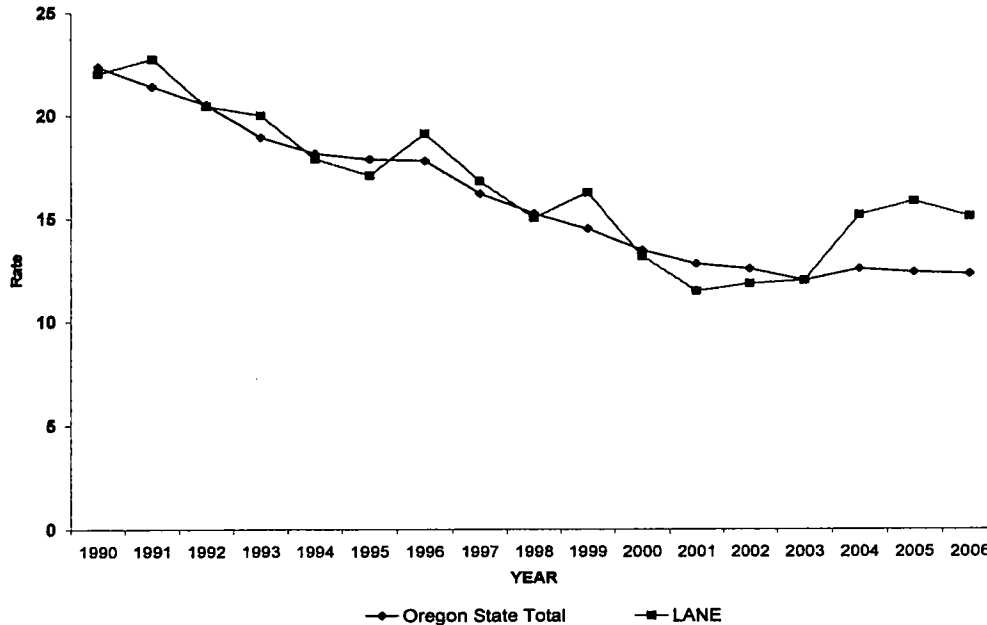
**Tobacco Use Among Lane County Youth**



(Oregon Healthy Teens Survey 2005-2006)



## Infants Born to Mothers who Used Tobacco during Pregnancy



(Data Source: Birth Certificate Data: Oregon Department of Human Services, Center for Health Statistics)

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

### New and Increased Tobacco Prevention and Education Program Grant

- Lane County Public Health was awarded a Tobacco Prevention and Education Program grant after submitting a new application and work plan for January 2008-June 2009. The work plan focuses on several evidence-based areas of intervention including:
  - Continuing to support tobacco-free K-12 school policy adoption and implementation;
  - Continuing to support tobacco-free campus policies in all Lane County hospitals;
  - Promoting tobacco-free campus policies at Lane Community College and the University of Oregon;
  - Promoting the adoption of smoke-free policies in multi-unit housing complexes;
  - Promoting cessation benefits among employer benefit packages;
  - Building capacity to assess the impact of tobacco-related chronic diseases in the county; and
  - Enforcing the expanded Smoke-free Workplace Law throughout the county.

The amount of grant funds available to Lane County increased from \$60,000 per year to \$172,150.

*Olympic Trials Declared Tobacco-free*

- On February 18<sup>th</sup>, the Eugene 08 Local Organizing Committee announced that the US Olympic Track and Field Trials will be a tobacco-free event. TFLC members and TPEP staff worked with the Committee and the Project Managers to promote and create the tobacco-free policy which will prohibit all tobacco products during the 10 days of the event, both at Hayward Field and on the Eugene 08 Festival "Superblock." The Superblock is the area within Hayward Field, and the surrounding blocks between 15th and 18th, from University to Agate Streets.

#### *University of Oregon Tobacco Prevention*

- Tobacco-free Lane County (TFLC) members worked with the University of Oregon's Environmental Health & Safety Committee to move the UO towards becoming a tobacco-free campus. The University President recently requested the formation of a small task force to further define the issues around becoming a smoke free campus. The committee will be tasked with reporting back to the President's staff in late winter or early spring term, 2008. The issue will then be vetted with the university senate, students and others for a final decision by the end of spring term. Over the last year, staff and faculty were surveyed regarding the impact of secondhand smoke and acceptability of a tobacco-free campus. In addition, a student coalition was founded in 2006 to begin mobilizing student efforts toward a tobacco-free campus. The student group, currently known as the Clean Air Project (CAP), has been active in surveying students and doing educational outreach to the student government and other student organizations. All of these efforts work to denormalize smoking as a "college-age" activity which has been shown to lead to reduced initiation of smoking by the student population.

#### *Lane Community College*

- In 2006, Lane County's Workplace Wellness program began collaborating with LCC to improve wellness policies at the college. As a result of this partnership, LCC Employee Wellness staff began to explore the possibility of reducing secondhand smoke exposure on campus. A task force was formed as part of the LCC Safety Committee to address the issue. The task force made a number of recommendations including reassessing and removing some existing smoking areas and continuing efforts toward becoming a tobacco-free campus. Lane County Workplace Wellness and Tobacco Prevention programs are continuing to support LCC's efforts. Currently, a survey on secondhand smoke is being conducted through the college's on-line registration system. The results of the survey will help inform policy recommendations to reduce secondhand smoke exposure on campus.

#### *Enforcement of Clean Indoor Air Laws*

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

Clean Indoor Air Law and City of Eugene staff response to complaints of violation. Since November 2007, staff has responded to five indoor smoking complaints.

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

#### *Tobacco-Free Schools*

- As of January 1, 2006 all schools in Oregon are required to have policies in place establishing tobacco-free school grounds (OAR 581-021-0110). According to a recent report issued by the American Lung Association of Oregon (ALAO), 10 school districts in Lane County have existing tobacco-free policies that meet or exceed the "minimum standard" outlined in the OAR. Four districts have incomplete policies at this time and two districts have not submitted policies for review. Our goal for this area reflects our efforts to support the remaining six school districts in developing and implementing their tobacco-free policies.

#### *Reducing Tobacco Use During and After Pregnancy*

- In response to the high rates fetal infant mortality and the high rates of tobacco use during pregnancy, the Chronic Disease Prevention Team (the TPEP and Physical Activity and Nutrition Public Health Educators) developed a proposal to increase tobacco cessation and relapse prevention among clients at WIC. This proposal was awarded a grant for \$100,000 from the American Legacy Foundation®, a national public health foundation devoted to keeping young people from smoking and helping all smokers quit. The project began in September 2007 with focus groups conducted with clients and staff. WIC counselors were trained in a brief 3A's (Ask, Advise, Arrange) tobacco cessation intervention in October and TPEP staff began tracking the impact of the project by conducting 6-week follow-up surveys with WIC participants. As of March, 174 interventions have been reported by WIC staff and 64 follow-up surveys have been completed (60% response rate). Survey results indicated that:
  - 81% of women found the advice or counseling they received from WIC staff somewhat to very useful;
  - 64% of women are you seriously thinking about quitting smoking in the next 30 days? (of those who haven't quit yet;
  - 27% of women had not smoked at all in the last 7 days; and
  - 79% report that smoking is not allowed inside the home

## **Women, Infants and Children (WIC)**

The WIC Program serves pregnant and postpartum women, infants and children under age 5 who have medical or nutritional risk conditions. Clients receive health screenings, specific supplemental foods and nutrition education to address their individual risk conditions. WIC Registered Dietitians provide nutrition counseling to clients identified as high risk. These WIC services are a critical part of the community-wide efforts to address Lane County's high rate of infant mortality.

In March 2008, the WIC Program was serving 7,894 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 7,490. The assigned target vouchered caseload level is 7,706 vouchered participants per month. The program is maintaining at 97.2 percent of this assigned caseload, which is within the target range set by the state. Currently there is a waiting list of 250 clients; of these, 186 clients are waiting for appointments in the Eugene WIC clinic and 64 clients are waiting for appointments in the rural clinics.

Activities for the Legacy "Quitting for Keeps" grant mentioned in the section above are coordinated by Public Health Educators and the actual smoking cessation interventions are being carried out by WIC Community Service Workers and WIC Dietitians. In the past 5 months, WIC staff has provided smoking cessation interventions for 174 postpartum women who smoked during pregnancy or are currently smoking. This number of interventions is in line with the 6 month goal of 200 interventions. Of the clients who have received intervention thus far, 31 (or 22%) have set quit dates. From the follow ups conducted, 81% of clients have reported that talking to a WIC counselor about smoking was helpful and 64% of those still smoking said they are seriously considering quitting in the next 30 days. Another 27% of these clients followed have not smoked in the last 7 days. These success rates achieved thus far are very encouraging and indicate that the interventions could be very effective in improving the health of the postpartum mothers and their infants as well.

## **VII (a). SUPERVISION AND TREATMENT SERVICES (Susan McFarland, Acting Program Manager for P&P)**

Lane County Parole/Probation currently supervises approximately 3700 adult offenders who are either on Probation (misdemeanor and felony), Parole/PPS or PPS/local control. These offenders range from low to high risk for recidivism and are supervised based on their risk to re-offend. In adherence to Evidence Based Practices (EBP) the medium/high risk offenders are monitored more closely and are given preference for treatment slots. Research shows that involving low-risk offenders too much in the criminal justice system, including treatment, can actually increase their rate of recidivism.

Like other divisions of H&HS, Supervision and Treatment Services, including P&P, is entering performance measure data in the County-wide performance measures system. Described below are the performance measure data for P&P for the month of October.

All of the data below is from the Department of Corrections (DOC) database, which is used statewide by all community corrections agencies.

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

### **Recidivism**

The definition used by DOC for recidivism is the rate of new felony convictions the offender receives in a specified period from the beginning of probation or parole/PPS. In the data below, the time period is three years from the start of probation/parole/PPS. The data below pertains to the 'cohort' of offenders who started probation/PPS between January 1, 2004 and June 20, 2004, the most recent period for which three year recidivism data are available. The DOC does not use misdemeanor data in this measure because misdemeanor convictions are not consistently entered into a state database by all counties.

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

#### Probation Recidivism

Lane County	24.2%
Statewide	26.2%

#### Parole/PPS – DOC cases

Lane County	32.4%
Statewide	25.0%

#### PPS/Local Control

Lane County	44.4%
Statewide	38.2%

These rates have changed since the posting of the recidivism data from 2003. The probation rates in Lane County are once again lower than the statewide rate, which could be due to Lane County having good treatment programs for substance abuse, sex offenders and domestic violence. On the other hand, it might be because Lane County has a higher rate of probation revocations than other counties, due to policies in the

Lane County DA's office. This would mean that the probationers who are most inclined to re-offend had their probation revoked, and when they were re-convicted, they fell into the "PPS/Local control" category of recidivism.

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

The caseload sizes supervised by Lane County PPOs are generally higher than caseloads around the state. As the caseloads have increased, so have the recidivism rates. There may or may not be a correlation.

### **Employment Rates**

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

Lane County	45%
Statewide	47%

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

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

Lane County	12%
Statewide	22%

A big reason for Lane County's lag behind the state in this measure has to do with data entry. P&P has begun a more intensive project of entering this data into the state system, so it can be "counted". However, that project has slowed due to re-allocating that staff time to other, more urgent duties. There is no reason to expect that our rates on this measure will not be comparable to the statewide rate when we are more current with data entry.

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

### Restitution Payment

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

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

Lane County	105 of the cases closed had restitution ordered
Statewide	1,170 of the cases closed had restitution ordered

Of those cases:

Jurisdiction	%who paid in full	%who paid some	%who paid none
Lane County	19%	38%	43%
Statewide	27%	27%	45%

On other matters with Parole & Probation, we moved out of the State Building and moved into the County Annex building into the space previously occupied by County Elections. We currently have seven PPOs who have graduated from the DPSST academy in the last nine months. Two of those new officers have taken on sex offender caseloads and are receiving the specialized training necessary for working with that group of offenders. Our manager retired October 31<sup>st</sup>, '07 and a new manager has not yet been hired.

The Sheriff is poised to take a proposal to the BCC on April 9<sup>th</sup> asking to have P&P moved from H&HS to the Sheriff's Department. He has identified several 'efficiencies' that he feels would enable that department to house P&P at a lower cost.

The County departments have been instructed to proceed with the 'no renewal' (of federal timber funds) budget for fiscal year '08/'09. In that budget, P&P would lose 5 PO positions, three of which are currently vacant. P&P would no longer supervise misdemeanor cases, most of which are domestic violence and sex offender offenses. This would reduce the number of offenders supervised by approximately 350. We would lose officers, but would also see a reduction of cases in the equivalent of four caseloads.

The management team is considering establishing another specialty caseload, in addition to the sex offender, domestic violence and gang caseloads, which would work with our more mentally ill and developmentally delayed clients. This officer would

receive additional training and would work closely with mental health providers in the community.

## **VII (b). SUPERVISION AND TREATMENT SERVICES (Janet Perez, Acting Program Manager for ADO)**

### **METHADONE TREATMENT PROGRAM**

The Methadone Treatment Program provides outpatient substance abuse counseling services and medical evaluation for individuals addicted to opiates. The program provides daily dispensing of methadone medication. Individual, group, couples and family counseling are provided as well as extensive case management/coordination of services on behalf of patients. The overall goal of treatment is recovery from addiction to all substances.

Since November 2007, the methadone treatment program has served 128 individuals including seven pregnant patients. The program currently has 120 patients in treatment, including two pregnant women. The program currently has sixteen individuals on the wait list. We usually have an average of twelve individuals on our waitlist.

One of the program's goals has been to increase the professional communities understanding of methadone treatment for opioid addiction. To that end the treatment staff has made presentations to the Addiction Professionals Association of Lane County (APAL), Options Counseling Services of Oregon and the National Association of Social Workers (NASW). The program staff has made it a priority to offer trainings, information and referral services to community members.

One of our programs performance measures is a reduction in patient opiate use. Our goal with the opiate use outcome measure is that at least 72% of patients will be opiate-free in a 90-day period. This is measured each quarter of the year from the results of random urinalysis (UA) testing. Almost all patients enter the program using heroin or other opiates several times a day. If 72% of patients stayed abstinent from opiates for at least 90 days, that would be a significant reduction in use. During the last quarter of 2007 and the first quarter of 2008 the rate of negative UA's for opiates was 90% and 91.53% respectively, surpassing the programs target of 72% of patient UA's that are free of opiates.

The methadone treatment program is faced with a decrease in revenue during this next fiscal year as a result of loss of its general fund dollars. Consequently, the program is slated to lose a mental health specialist position and thus will need to reduce the number of patients that will be served. This is an unfortunate situation for our community in that the need for treatment for opioid addiction currently surpasses our current staffing levels as is. The challenge for staff in the coming months will be to identify individual patients who we will no longer be able to serve and coordinate with the private methadone treatment program in our county regarding possible transition services.



## **Sex Offender Treatment Program**

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

The Sex Offender Treatment Program prioritizes admission of clients based on the level of offender risk. The program also provides treatment to a significant number of clients who are indigent and who present with other mental health disorders in addition to their sexually acting out behaviors. The sex offender treatment program uses approaches which are research-based and proven to be effective in reducing recidivism. The program provides a rigorous treatment modality that focuses on offender accountability for this risk population.

One of the programs primary goals is to enhance community safety through interventions that reduce the risk of re-offense. The program has a recidivism target rate of 5% a year while in treatment. The program has consistently maintained a rate of less than 3% a year for new sex crimes by clients while in treatment. Since November 2007 the Sex Offender Treatment Program has served 45 individuals. During this six month period no clients have committed new sex crimes while in treatment.

In January 2008, one of the programs mental health specialists retired. Due to the uncertainty of future funding this vacant position was not filled and will be eliminated in the 08/09 budget. As a result the program is currently providing intensive treatment services to 32 individuals. There are 17 clients currently on the wait list, with several involved in the intake process. The program has a strong aftercare component, offering a safe environment for continued support in addressing troubling mental health or lapse behavior problems around client sexuality. Some clients will continue to access this support up to 2 years after completion of their treatment goals. The program currently has 10 clients in aftercare services.

The Program works closely with Portland State University and the University of Oregon as a training clinic for Bachelor's and Master's level students. We currently have 4 student interns who combined provide more than 21 hours a week of service, including participating in individual and group treatment sessions, clinical note taking and evaluations. The treatment team has also been active in community education efforts and outreach, presenting to classes at the University of Oregon and the Child Advocacy Center.

## **DUII/OFFENDER EVALUATION UNIT**

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

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

The program strives to provide accurate and timely evaluations of clients' mental health and substance abuse needs, and refer them to appropriate treatment services. Between October 2007 and March 31, 2008, the program served 1,100 new DUII client cases. This is an increase over the previous six month period and demonstrates a trend upward during this past year in the number of new DUII cases served by our office. In addition to these new cases our office provided another 305 DUII re-referrals for clients to treatment services.

The program also conducted 101 corrections evaluations during the last six-month period. This is a slight decrease (3) from the last reporting period. As stated above, these cases typically involve individuals convicted of assaults, drug possession, harassment and domestic violence. Of the 101 clients seen, 48 of these cases were related to domestic violence.

The DUII/Offender Evaluation Unit is faced with a decrease in revenue during this next fiscal year as a result of loss of its general fund dollars. Consequently, the program is slated to lose a mental health specialist position. With the elimination of this position the program will no longer be able to provide all of its current services. As a result, the corrections evaluations, including assessment for domestic violence cases will not be provided in the coming FY.

The Evaluation Units Occupational Driver's License Program (ODL) provides services for individuals who need a "mental health recommendation" to get a restricted Oregon driver's license. This includes a screening for program eligibility and a monthly monitoring group for those who are eligible. This program has maintained services to 14 clients during the last six months. With the elimination of one mental health specialist position, it is questionable at this time whether this program will continue to be available through our office.

#### **TREATMENT PARTICIPATION RATES**

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

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

Lane County	13%
Statewide	21%