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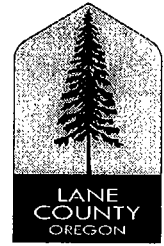
AGENDA DATE: January 8, 2003

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA TITLE: IN THE MATTER OF ACCEPTING THE 2003-05 IMPLEMENTATION
PLAN FOR ALCOHOL/DRUG TREATMENT SERVICES AND
PREVENTION AND TREATMENT OF PROBLEM GAMBLING



I. MOTION

TO ACCEPT THE 2003-05 IMPLEMENTATION PLAN FOR ALCOHOL/DRUG
TREATMENT SERVICES AND PREVENTION AND TREATMENT OF PROBLEM
GAMBLING

II. ISSUE OR PROBLEM

The 2003-05 Implementation Plan for alcohol and drug treatment services and prevention and treatment services of problem gambling has been drafted in response to a request from the state Office of Mental Health and Addiction Services. The plan must now be approved by the Board of County Commissions prior to submission to the state.

III. DISCUSSION

A. Background / Analysis

Each biennium the state office responsible for oversight of the chemical addiction service system requires submission of a plan to address treatment needs within the county. The planning guidelines for this biennium were to coordinate with the SB555 comprehensive plan developed by the Lane County Commission on Children and Families. The plan narrative description had to include:

1. A description of how the county will address the need for opioid treatment services.
2. A description of how the county will address the need for services to minorities, women and youth.

3. A description of how the county will ensure consistency with the SB914 planning process.

At a minimum, county plans were required to identify any changes in needs, resources, or other circumstances that might require changes in the service delivery system. Implementation of the plan in Lane County will address the intent of H&HS to move the system of services toward more cognitive/behavioral practices.

The Lane County process for this plan included two community forums to gather input on the critical needs, core issues, and priorities in our community. Among the priorities identified were maintaining the services available within the current continuum of care, detoxification, prioritizing services specific to women, prioritizing methadone treatment services and services for individuals with a dual-diagnosis.

Maintaining the current continuum of care was also consistent with the SB555 High Level Priority of "stabiliz(ing) the alcohol and drug system with essential services ranging from prevention through treatment." This became the guiding principle directing the plan. Consequently, the proposed service reductions to the current system were scrutinized. The reductions to this point in time have fallen largely on the adult outpatient treatment system. By October 2003, the financial loss to Lane County could be as much as \$2,000,800 a year and loss of services to as many as 5,530 clients. The chart below details the reductions including Oregon Children's Plan and Oregon Health Plan funding that does not flow through the county:

SOURCE OF REVENUE	FUNDING LOSS	NUMBER OF CLIENTS	DATE OF IMPLEMENTATION
Reduction in State IGA	\$ 99,596	108	April 2002
Federal Grant	500,000	103 (youth & adult)	September 2003
DUII Indigent Fund	126,001	2541 (youth & adult)	March 2003
Oregon Children's Plan	84,850	105 (families)	December 2003
Oregon Health Plan	2,000,000	2601	March 2003
Totals	\$ 2,810,447	5,530 Clients	

The state funding that comes to Lane County supports special project services (acupuncture and alcohol/drug free housing), adult residential treatment services, dependent housing (children of adults in residential treatment), continuum of care services and problem gambling prevention, treatment and

special projects. The plan proposes to maintain the current level of funding in all but the problem gambling prevention and special project areas.

There has been a reduction of 25 percent in funding for the problem gambling prevention services, a loss of \$18,160. There is a 100 percent reduction in the funding for problem gambling special projects, a loss of \$31,396. The Gambling Awareness and Prevention Program (GAAP) was established in Lane County in 2002. The goals of GAAP are:

- Heighten community awareness about the dangers of problem and pathological gambling to individuals, families, and to society;
- Inform community members that problem and pathological gambling are preventable and treatable, and provide information about local problem gambling resources and services; and
- Reduce the negative effects of gambling by implementing a gambling prevention strategy targeting youth and families.

The GAAP program is housed in Lane County Health & Human Services and funding supports 1.0 FTE. The reduction in this prevention funding will be absorbed by a reduction in staff.

The problem gambling special projects were also established in Lane County in 2002. The current level of funding supports respite and very limited professional services for individuals with a dual-diagnosis as well as a small fund for administrative costs in the amount of \$1,570. The respite program serves individuals and, in some cases, families in crisis due to problem gambling behavior. The services are provided through a subcontract in the amount of \$15,000 with ShelterCare. The services for individuals with a dual-diagnosis are funded at \$14,826 per year, subcontracted to ACES (the problem gambling treatment provider,) and include:

- A. Crisis psychiatric and medication evaluations; and
- B. Dual-diagnosis services, mental health evaluation, psychiatric consultations, and medication management.

These services were just recently established. The remainder of the 2002-03 fiscal year will be a time to collect data and determine the level of need for the services. It is believed that the services for individuals with a dual-diagnosis could be funded through billing the Oregon Health Plan and other private insurance. Therefore, no plan is in place at this time to find replacement funding. The crisis respite program, however, is developing as one of three crisis respite programs in the state. The demand for this service is believed to be growing as more individuals present to community hospitals with suicidal

ideation. Health & Human Services intends to apply to the state Office of Mental Health and Addiction Services for a grant to continue funding this resource through the 2003-05 biennium.

In addition to the changes in problem gambling prevention and special projects, there are changes in the continuum of care dollars. One change is the movement of five service slots from the support of outpatient treatment for youth to outpatient treatment for women and the revision of the service payment rate. Currently, the service payment rate for youth is \$53.70 higher than the service payment rate for adults. The plan calls for the revision of both rates to \$4,097.33 per slot, per year. These changes were drafted after review of the 2001-02 Treatment Outcome Improvement Reports (TOIR) forwarded from the state to Lane County.

The TOIR provides data on how specific outcome measure goals are met by the Lane County alcohol/drug treatment provider system. The measures include access to services. This indicator counts the number of unduplicated county residents who enrolled in treatment during the period. This number is then compared to the estimated number of county residents who are likely to seek (demand) publicly-funded treatment during the period. The access measures for Lane County for the 2001-02 service year show that adults accessed publicly-funded treatment at 53 percent of the estimated demand while youth accessed publicly-funded treatment at 148 percent of the estimated demand. With these measures and the dramatic cuts to outpatient treatment funding in mind, the plan shifts five of the service slots from youth to the adult system. The five slots have been identified for women following the input from the community forum that prioritized gender specific services.

Another change in this service element is the addition of funding to provide treatment services for DUII offenders who are indigent. The Legislature's action, in 2001, which altered the funding structure of the DUII system, combined with the unprecedented increase in the proportion of indigent offenders, will result in the exhaustion of funds statewide allocated for the service in March of 2003. At that time, OMHAS will amend the County Financial Assistance Agreement to remove the current service elements that forward DUII funding. Instead, counties may include DUII and marijuana treatment clients as part of the outpatient treatment services funded in service element A&D 66. These changes mean that DUII and marijuana offenders receiving treatment at publicly-funded providers will be required to pay fees based on a sliding scale as are other outpatient treatment clients. There are currently four subcontractors that have been providing services to this client population. There are also four subcontractors that provide outpatient treatment services. However, only two of the six agencies were awarded service funding for both populations. Consequently, two of our current DUII treatment providers do not have access to A&D 66 funding. Providers of services for the adult outpatient treatment system have been determined in a selection process conducted in the spring of 2000. It

is unclear whether the addition of the DUII funding to this system will result in a need to conduct a new selection process. Health & Human Services was informed of the shift of funding for these services late in the planning process. Consequently, a determination and recommendation has not been made at this time as to how these DUII treatment services will be provided. The plan informs OMHAS that the information will be forwarded as soon as possible.

The breakout of anticipated services and funding is detailed in the spreadsheet below. **However, the county was informed verbally by state staff to use the dollar amounts below. There has been no formal notification as yet of actual dollars because more funding reductions are anticipated. The 2003-05 funding will be forwarded and appropriated after receipt of notification in 2003.**

Service Element	Service Description	Project	2003-04 Amount	2004-05 Amount
A&D 60	Special Projects	Acupuncture	\$39,999	\$39,999
		ADF Housing Coordination	43,610	43,610
		ADF Rental Assistance	64,029	64,029
A&D 61	Adult Residential		1,788,500	1,788,500
A&D 62	Dependent Residential		54,750	54,750
A&D 66	Continuum of Care	Detoxification	204,336	204,336
		Critical Support Services	71,067	71,067
		Adult Outpatient	139,309	139,309
		Youth Outpatient	106,531	106,531
		Methadone	49,978	49,978
		Drug Court	25,380	25,380
		DUII	243,400	243,400
A&D 80	Problem Gambling Prevention	Gambling Awareness & Prevention Program	54,478	54,478
A&D 81	Problem Gambling Treatment		281,309	281,309
TOTALS			\$3,166,676	\$3,166,676

The total funding for 2003-05 equals \$6,333,352.

The plan attached has been reviewed by the Lane County Commission on Children and Families as well as the Mental Health Advisory Committee (which also serves as the Local Alcohol and Drug Planning Committee) in compliance with state requirements. The MHAC now recommends adoption of the plan by the Board of County Commissioners.

B. Alternatives / Options

1. To accept the plan.
2. Not to accept the plan. This could result in loss of services for non-Medicaid alcohol and drug prevention and treatment services funded through the County Financial Assistance Agreement #20-001.
3. To revise the plan.

C. Recommendation

To accept the proposed Lane County Implementation Plan for 2003-05.

D. Timing

The due date for the plan to be submitted to the State Office of Mental Health and Addiction Services is February 17, 2003.

IV. IMPLEMENTATION

Upon the Board's review and approval of the attached plan, the plan will be processed for signature by the County Administrator and then the plan will be mailed to OMHAS.

V. ATTACHMENTS

Board Order

Exhibit A – 2003-05 Lane County Implementation Plan for Alcohol/Drug Abuse Treatment Services and Problem Gambling Prevention and Treatment Enhancement

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION)
AND ORDER:)
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WHEREAS, the Oregon State Department of Human Services Office of Mental Health and Addiction Services has requested submission of an implementation plan to provide alcohol and drug abuse prevention and treatment services and problem gambling prevention and treatment enhancement for the 2003-05 biennium; and

WHEREAS, a county-wide participatory planning process has been completed the result of which is a proposed plan; and

WHEREAS, the Mental Health Advisory Committee (MHAC) in its function as the Local Alcohol and Drug Planning Committee has reviewed the plan as required by the implementation planning guidelines; and

WHEREAS, the MHAC recommends that the Board of County Commissioners accept the plan.

IT IS HEREBY RESOLVED AND ORDERED that the Board of County Commissioners approve the 2003-05 Lane County Implementation Plan for Alcohol/Drug Abuse Treatment Services and Problem Gambling Prevention and Treatment Enhancement; and

FURTHER IT IS RESOLVED AND ORDERED, that the Board of County Commissioners authorize the county administrator to sign Attachment 2 - Board of County Commissioners Review and Approval.

Bill Dwyer, Chair
Board of County Commissioners

2003-05 LANE COUNTY IMPLEMENTATION PLAN FOR ALCOHOL/DRUG ABUSE TREATMENT SERVICES AND PROBLEM GAMBLING PREVENTION AND TREATMENT ENHANCEMENT

Introduction

Coordination with SB 555

The 2003-05 Lane County Implementation Plan for alcohol and other drug treatment services has been developed in coordination with the Lane County Commission on Children and Families SB555 Plan. The Implementation Plan corroborates the SB555 High Level Outcome 1. There were four High Level Outcomes identified in the SB555 Phase II plan regarding alcohol and drug use. They are:

Priority 1A: Reduce the impact of alcohol and drugs on the community.

Other identified priorities in this high level outcome include:

- Stabilize the alcohol and drug system with essential services ranging from prevention through treatment
- Incorporate "strength-based" approaches to services across the continuum of prevention and treatment services
- Increase knowledge and access to services for very high risk and/or inadequately/underserved segments of the county's varied population (requires additional funding to implement)

The other three priorities (10 through 12) relate to youth and include:

Reduce youth use of alcohol, tobacco and other drugs;

Stabilize the alcohol and drug system with essential services ranging from prevention through treatment;

Incorporate "strength-based", family-focused approaches to services across the continuum of prevention and treatment services (requires additional funding to implement)

These priorities will be addressed in the alcohol/drug abuse prevention plan that will be forwarded at a later time.

Planning Process

During the planning process two community forums were conducted to solicit input on critical needs, core issues, and priorities in our community. Maintaining services available in Lane County within the continuum of care was among the top priorities identified through the forums. This priority also supports High Level Outcome 1 of the

Lane County SB555 Plan and became the guiding principle directing the fiscal year 2003-05 Lane County Alcohol and Drug Implementation Plan. Other priorities identified at the community forum included methadone treatment services, gender specific services for women, detoxification and dual-diagnosis services. Please see Appendix A for a complete listing of the top priorities identified in the planning process.

Compliance with State Requirements

All services funded through the Implementation Plan will comply with the general requirements stated in the planning guidelines including compliance with American Society of Addictions Medicine Patient Placement Criteria, Second Edition, Revised; providing for specialized services for minority populations, and compliance with federal requirements contained in the Substance Abuse Prevention and Treatment Block Grant (SAPT). The plan submitted in this document does not include the Prevention Funding Plan which will be included in SB555 Phase III and forwarded by the due date.

Standard Plan Requirements

1. County Contact Information Form

County Contact Information Form

1. County Contact Information

County: Lane

Address: 125 East 8th Avenue

City, State, Zip: Eugene, OR 97401

Name and title of person(s) authorized to represent the County in any negotiations and sign any Agreement:

Name: William A. VanVactor

Title: County Administrator

Name: _____

Title: _____

2. Treatment Services Contact Information

Name: Peg Jennette

Agency: Lane County Health & Human Services

Address: 125 East 8th Avenue

City, State, Zip: Eugene, OR 97401

Phone Number: 541-682-3777

Fax: 541-682-4487

E-mail: peg.jennette@co.lane.or.us

3. Prevention Services Contact Information

Name: C.A. Baskerville

Agency: Lane County Health & Human Services

Address: 125 East 8th Avenue

City, State, Zip: Eugene, OR 97401

Phone Number: 541-682-3031

Fax: 541-682-4487

E-mail: Cindy.Baskerville@co.lane.or.us

2. Narrative Description

The overall county plan for service provision will change very little. The dollars that will be received in service elements A&D 60 Special Projects, A&D 61 Adult Residential and A&D 62 Dependent Residential will be maintained unchanged.

Special Projects

The current Special Projects are acupuncture and alcohol/drug-free housing. The acupuncture project provides acupuncture services at three different community sites, four days a week. Acupuncture services provide support for detoxification and amelioration of drug craving symptoms. This service is provided through a subcontract with WhiteBird in the amount of \$39,999 per year. The alcohol/drug-free housing project has three components; a project coordinator, a transition house for individuals, and rental assistance to families leaving residential services. This project is provided through a subcontract with Willamette Family Treatment services in the amount of \$107,639. The three-year selection cycle that identified the providers of these services ends June 30, 2004. A competitive selection process will be conducted in Spring of 2004 to identify the providers of those services from July 1, 2004 onward.

Residential Services

Both the Adult Residential (A&D 61) and Dependent Residential (A&D 62) services are provided through a subcontract with Willamette Family Treatment Services. The current funding supports 34 residential beds for adult women, 15 residential beds for adult men and five residential beds for dependent children. Adult residential bed service payment rates are \$100 per day; a total of \$1,788,500 per year. Dependent residential bed service payment rates are \$30 per day; a total of \$54,750 per year. The plan will maintain the current services and provider through June 30, 2004. At that time, the three-year selection cycle that identified the providers of these services will end. A competitive selection process will be conducted in Spring of 2004 to identify the providers of those services from July 1, 2004, onward.

Continuum of Care

Service element A&D 66 Continuum of Care funds support three different types of services; detoxification, critical support services for families in residential treatment, and outpatient treatment. During the 2003-05 biennium, DUII treatment service funding will be transferred into this service element as well.

The service levels and dollars designated for detoxification and critical support services will remain unchanged. Currently, there is \$204,336 of the A&D 66 Continuum of Care funding dedicated to detoxification. This services was identified as a priority at the community planning forum. The County plans to continue

support of this service with an additional \$25,190 from local (2145) Beer and Wine Tax dollars; and \$117,421 from county general funds. This level of funding, \$346,946, will support 9.7 service slots a year or 3,469 bed-days a year. Currently, the service also receives funding support in the amount of \$55,700 from the Lane County Human Services Commission. It is not known at this time, whether those funds will continue past June 2003. That information will be available when the Human Services Commission completes their planning process.

The one change, in our current service provision model, will be a small shift of five outpatient treatment slots from adolescent outpatient treatment to adult outpatient treatment. The service slot rate will also be restructured so that both adult and adolescent service slots are the same rate. This is a \$26 dollar per slot per year reduction to the current service payment rate for adolescent services. This shift was made to reflect the community's priority of protecting the continuum of care and the priority for gender specific services for women.

Reductions made to the county's outpatient treatment system for adults during the period from April 2002 through September 2003 will result in a loss of \$2,599,598 and services to approximately 2,989 individuals per year. These reductions include the state cuts made through the Financial Assistance Agreement, the Oregon Health Plan reductions and the termination in September 2003 of a three-year federal grant. These totals do not reflect the additional losses that will accrue from the DUII Indigent Fund problem.

It is uncertain how the funding for DUII diversion clients who cannot afford to pay for treatment will be integrated into the outpatient system at this time. Lane County has been informed that the funding available will be \$243,400 per year. This is \$88,429 less than the \$331,829 paid to DUII and Marijuana treatment providers in the 2001-02 fiscal year. During FY 2001-02, the demand upon the indigent driver funds exceeded the allocated funding by 30 percent. It is anticipated that the demand will increase significantly, annually, during FY 2002-03 and FY 2003-04. The Eugene Police Department has declared its intention to increase the issuing of citations. This increase of citation giving is possible since officers have been freed from responding to burglar alarm systems.

At this time, the intention in regard to adult outpatient treatment services, is to proceed with the subcontractors selected. The dollar amount for DUII services was not known during the planning process and a determination was made to delay planning for these services. Additionally, the planning guidelines did not address DUII services. So, the plan for those has not been finalized nor included at this time. Lane County will inform OMHAS as soon as a decision has been made regarding this funding.

One additional priority identified through our community forum was services to individuals with a dual-diagnosis. Currently, there are six groups of individuals that are receiving dual diagnosis treatment through the Lane County Mental Health Clinic. LaneCare is the OHP provider for mental health service funding in Lane

providers for chemical addiction for the adult population have not been successful in their attempts to gain membership on the mental health services provider panel. This limits their ability to provide the mental health services due to lack of funding.

Additionally, the reductions in service eligibility that are forwarded in OHP II will reduce the number of individuals that can be served. Lane County Mental Health is working to identify the individuals that will be impacted. Consequently, this much needed treatment paradigm will continue to be an under met need in Lane County. The funding barrier has been imposed at the federal level and limits the ability of the state and the county to impact the problem.

Standard Plan Requirements

These changes to the outpatient treatment service system and funding will maintain the Lane County commitment to providing treatment for individuals addicted to opiates, and treatment for minority populations, women and youth.

a. Addressing the Need for Opioid Treatment Services.

Lane County has consistently provided support for treatment of individuals addicted to opiates. The County's commitment is evidenced by dedication of funding in support of the Lane County Methadone Treatment Program, as well as support of intensive outpatient services for individuals addicted to heroin.

The Lane County Methadone Program was the first methadone program established in Lane County. The program is supported with \$87,747 from county general funds; \$82,466 from local 2145 Beer and Wine Tax funds (40 percent of annual revenues); \$63,627 from State A&D 66 funds; Oregon Health Plan; and other revenues. The changes in service eligibility for the Oregon Health Plan will be put in effect in March of 2003 and will result in loss of methadone services for 230 individuals; an 83 percent reduction. One local methadone clinic, CODA, has given notice to Lane County and the state of their intention to terminate services. This will leave 25 OHP eligible clients without a service provider. Lane County has determined to continue support of the County Methadone Program to ensure that methadone treatment remains as an essential service in the full continuum of care and will pick-up as many of the CODA clients as is feasible with limited program capacity

In September 2000, Lane County was awarded a treatment capacity expansion grant by the federal Substance Abuse and Mental Health Services Administration to address the growing heroin addiction problem. The grant brings \$500,000 a year to the County to treat individuals with a heroin addiction. The funds support 81 intensive outpatient treatment slots, including 15 for methadone. This three-year grant will end September 30, 2003.

b. Addressing the Need for Services to Minorities, Women and Youth

Minorities

In Lane County the predominant minority culture continues to be individuals of Hispanic/Latino/Chicano heritage. All chemical addiction treatment provider agencies in Lane County offer services to all minority clients and must provide accommodation to enable them to benefit from treatment. During the past biennium, the first Spanish-speaking client was treated at the Lane County Methadone Program. This was a significant change undertaken by this program and a large step toward better services for our minority population. In addition, there have been two programs providing services specific to individuals of Hispanic/Latino/Chicano heritage. One is located in Eugene - Centro LatinoAmericano, and the second program – Juntos, located in Springfield, is provided by ACES.

Centro LatinoAmericano has provided an extended array of bi-lingual and bi-cultural services for a number of years. In addition to three outpatient treatment service slots funded by State A&D 66 Continuum of Care dollars, the agency provides shelter, medical care, family counseling, job training, immigration counseling, and tax and legal assistance to clients. Funding for these services comes from a variety of community, state and federal sources. The stability of these services is dependent upon the funding support which changes from funding cycle to funding cycle. Clients served by this agency, indeed a large majority of individuals of this minority culture, are not eligible for the Oregon Health Plan. Therefore, the OHP funding cut to be implemented March 2003 will have no impact upon these services.

The bilingual/bicultural outpatient treatment services were started in 1997 by ACES in response to the demand for treatment by the Latinos in the Springfield community. It was expanded later, by a drug court enhancement grant, due to a drug court need for treatment for Spanish speaking individuals. Without the program, many of those individuals may not have accessed services and would have "fallen through the cracks." The need for a bilingual/bicultural outpatient treatment program in the Springfield community continues to be identified as a priority in the Implementation Plan because often individuals are reluctant to attempt to access services outside of their minority culture. This is due to many barriers including language, transportation, and unique cultural values. When the agency lost the drug court contract early in the 2000-02 biennium, Lane County chose to continue support of those minority services in the Springfield community. As a result, \$33,280 of county general fund each year has been provided for continual support of these services. At this time, the county's intention is to continue to provide support of the services at the same level of funding through June 30, 2004.

The cultural barrier makes provision of chemical addiction services a challenge. The language barrier can be ameliorated with the provision of

translator services and allows treatment providers to meet the "letter of the law" in regard to serving Hispanic clients. However, anecdotal information from Lane County service providers has shown that clients of this minority culture rarely benefit when placed in a treatment program with a dominant culture paradigm. They remain quiet and compliant, and do not engage in a therapeutic process. Therefore, provision of bilingual, bicultural services across the continuum of care continues to be a challenge in our county. Chemical detoxification, residential services, methadone services for minority population adults, and all treatment services for minority population youth are on-going needs.

The Treatment Capacity Expansion Grant, to provide intensive outpatient services for individuals addicted to heroin, will continue to support an additional five service slots for adults of Latino/Hispanic/Chicano heritage and to support an education and outreach program regarding HIV, hepatitis, and other communicable diseases through September 2003. The three-year term of the grant ends at that time.

Furthermore, a disproportionately larger share of the local 2145 Liquor Tax funds received by Lane County, have been dedicated for minority services to reflect the greater need for wrap-around services and to evidence the community's commitment to support of services for this minority population. ACES is the current provider of four service slots supported by these funds through June 2004. A competitive selection process conducted prior to July 1, 2004 will determine the provider of services beyond that date.

The number of service slots for minority adults will be reduced by 27 percent in September of 2003 when the federal grant ends. However, Lane County continues to demonstrate its commitment to providing services for our largest minority population through dedication of a disproportionately large share of 2145 funding and county general fund dollars.

Overall annual funding for outpatient addiction treatment for minority services is detailed below.

Service	# Slots	Rate	Total
A&D 66 Continuum of Care	3	\$4,097.33	\$12,292
SAMSHA (funded through 9/30/03)	5	8,323.22	10,404
Lane County General Fund	6	5,546.67	33,280
2145 Beer and Wine Tax funds	4	\$5,247.75	20,991
Total	18		\$108,573

Women

Program services dedicated to the treatment of women will be increased by the addition of five service units above the 2001-03 level.

Residential Services: There are 49 residential service beds funded by A&D 61 for adults in Lane County. Of these, 34 are dedicated to women, for a total of \$1,241,000. Additionally, Lane County will continue to commit \$57,732 from county general fund dollars to the support of three residential beds for women involved in the criminal justice system. This is 71 percent of the residential service beds available dedicated to the treatment of women. Priority access to these residential services will be give to clients referred from Department of Human Services programs in compliance with requirements of the Financial Assistance Agreement.

Outpatient Services: A&D 66 Continuum of Care funding will support 34 outpatient treatment slots for adults. Of these, eight will be dedicated to the treatment of women for a total of \$32,779. This is five more than the three dedicated during the 2001-03 biennium, for a 167 percent increase. These slots were added in response to community input that prioritized services for women. Additionally, of the 11 adult outpatient treatment slots funded by 2145 Beer and Wine Tax funds, one additional slot continues to be dedicated to women at a rate of \$5,598. Please see Appendix B for a map of the continuum of care for the Adult Chemical Addiction System.

The current provider of 34 residential and three outpatient treatment slots for women is Willamette Family Treatment Services (WFTS). This is a particularly good fit since WFTS also holds contracted dollars for Critical Support Services and Alcohol/Drug Free Housing for families. They will continue to provide these services through June 30, 2004. A competitive selection process will be conducted in the spring of 2004 to determine the provider of those services from July 1, 2004 onward.

The five service slots dedicated to women from July 1, 2003 onward will be awarded following a competitive selection process to be conducted in the Spring of 2003. Overall annual funding for outpatient addiction treatment for adults is detailed below:

Service	# Slots	Rate	Total
A&D 66 Continuum of Care – Women	8	\$4,097.33	\$32,779
A&D 66 Continuum of Care – Generic	26	4,097.33	106,531
SAMSHA (funded through 9/30/03) - Generic	34	4,930.71	167,644
2145 Beer and Wine Tax funds – Women	1	5,598	5,598
2145 Beer and Wine Tax funds – Generic	10	\$1,119.50	11,195
Total	79		\$323,747

Youth

The full continuum of care for adolescent services is not available in Lane County. Treatment services are concentrated in outpatient treatment. There is one community intensive residential treatment (CIRT) facility for adjudicated boys that provides 12 service beds. There is also a residential program newly funded by a federal grant to provide eight beds for non-adjudicated girls. This three-year grant was awarded to Willamette Family Treatment Services in October 2002. Outpatient services are provided with state funding (A&D 66 Continuum of Care), the federal SAMSHA grant that ends September 2003 and 2145 Beer and Wine Tax dollars. There is also a new project in the process of implementation that will provide 10 outpatient service slots for homeless youth. These services are funded by the Lane County Human Services Commission. Please see Appendix C for a map of the continuum of care for the Adolescent Chemical Addiction Treatment System.

Additional resources identified in the planning process as needs for youth include a detoxification facility with secure non-hospital based beds; residential treatment for adjudicated girls and for non-adjudicated boys; and transitional housing for youth in recovery. A detoxification facility for youth was identified as a priority from community input, during the planning process. However, a survey of youth treatment service providers determined that only one youth was referred to a facility for detoxification during the 2001-02 fiscal year. Therefore, further data gathering and scrutiny will need to be completed before this service can be established as a needed priority.

Outpatient treatment services are supported largely by state funding (A&D 66) and by the Oregon Health Plan. OHP funding supports about 30 percent of the youth treatment population. OHP II will continue to provide payment for support of youth outpatient treatment services. Additionally, ten percent of the 2145 Beer and Wine Tax dollars continue to be dedicated to support five outpatient treatment slots.

While residential services are a gap in our service system, a review of the Treatment Improvement Report provided to the County by the Office of Mental Health and Addiction Services, documents that Lane County youth are receiving treatment in numbers greater than the estimated need (See Appendix D). During the period from July 1, 2001 through June 30, 2002, 663 youth accessed treatment services. This number exceeded the estimate by 215 youths, or 48 percent. During that same interval, adult access to services, compared to the estimated need, was 52.8 percent. Comparison of the access data and knowledge of the OHP II revisions that will disallow services to 75 percent of the current adult outpatient treatment population, has led Lane County to transfer five slots for youth outpatient treatment to the adult population. In addition, the service payment rate for both youth and adult, has been revised to \$4,097.33 per slot per year. This is a \$26 per slot

per year reduction. Overall annual funding for outpatient addiction treatment for youth is detailed below.

Service	# Slots	Rate	Total
A&D 66 Continuum of Care	26	\$4,097.33	\$106,531
SAMSHA (funded through 9/30/03)	27	4,380.30	118,268
2145 Beer and Wine Tax funds	4	\$5,247.75	20,991
Total	57		\$245,790

c. Description of How the County will Ensure Consistency with the SB914 Planning Processes.

At this time, Lane County does not intend to utilize asset forfeiture revenues to support and/or enhance treatment services for target criminal justice populations. The county is aware that if we do not submit a plan, we will lose access to the state forfeiture funds. The state currently has no funding available. It has also been estimated that the state forfeiture funding, even if available, would be a minor part of the revenue.

The current state revenue shortfall for this biennium will have significant impacts to the entire criminal justice system from law enforcement through supervision and treatment. Also, it is estimated that the next biennial budget will have significant cuts to the criminal justice system.

During this climate with much fiscal uncertainty we have chosen not to use limited staff resources doing an SB 914 plan that would probably require significant amendments and have limited value. We believe that we could make better choices at a later date.

3. Description of how Lane County will assure the accuracy, timeliness and completeness of client data (CPMS).

Lane County does not provide submission of CPMS data for our subcontracted agencies. At this time there are no resources available in the county to institute such a system. To do so, would require moving funds that support treatment services into county administration. Reduction of funding for services would not support the priorities in SB555 nor in this implementation plan. Therefore, Lane County will continue to hold subcontracted service providers accountable for the accuracy, timeliness and completeness of client data. We will require providers to inform us on a quarterly basis in writing that they are complying with this requirement. If it is discovered that an agency has not done so, we will institute a corrective action plan as detailed in our subcontract document.

Attachment 1

For each service element, please list all of your treatment provider subcontracts on this form. In the far right column, indicate if the provider delivers services specific to minorities, women, or youth.

ANNUAL AMOUNTS

Provider Name	Approval / License	Service Element	OMHAS Funds in Subcontract	Specialty Service
ACES	93-0798074	A&D 66	\$ 58,159	
" "	" "	A&D 81	267,243	
Centro LatinoAmericano	93-0638731	A&D 66	12,292	Minority
Lane County	93-6002303	A&D 66	49,978	
" "	" "	A&D 80	54,478	
		A&D 81	14,066	
Willamette Family Treatment Serv.	93-0569684	A&D 60	107,639	
" "	" "	A&D 61	1,241,000	Women
" "	" "	A&D 61	547,500	
" "	" "	A&D 62	54,750	
" "	" "	A&D 66	12,292	Women
" "	" "	A&D 66	71,067	
" "	" "	A&D 66	204,336	
WhiteBird	93-0585814	A&D 60	39,999	
" "	" "	A&D 66	61,460	
TBD	TBD	A&D 66	106,531	Youth
TBD	TBD	A&D 66	20,486	Women
TBD	TBD	A&D 66	243,400	DUII
TOTAL			\$3,166,676	ANNUAL

Please multiply by two to determine biennial amounts.

BOARD OF COUNTY COMMISSIONERS

County: Lane County

The Lane County Board of County Commissioners has reviewed and approved the alcohol and drug abuse prevention, intervention, and treatment portions of the County's proposed implementation plan for 2003-2005. Any comments are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE REVIEW COMMENTS

County: Lane County

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

MENTAL HEALTH ADVISORY COMMITTEE MEMBERSHIP LIST 2002

Name	Phone #	Exp.	Term
Benedict, Tevina	484-4396	05/31/06	first term
Nancy Cox	607-5687	05/31/04	completing Jan Mackey's term
Day, Lois	343-1771	05/31/03	completing Pam Allister's term
Depew, Debra	607-6980	05/31/03	(first term
Frojen, Carmen	485-0560	05/31/04	second term
Gottlieb, Arnold	942-2645	05/31/06	first term
Klassen, Virginia	689-3350	05/31/03	first term
Sue Lewis	687-2949	05/31/03	completing Michael Roger's term
Manley, Ruthie	431-4668	05/31/04	first term
Piercy, David	484-9720	05/31/06	first term
Terry, Nancy	345-1656	05/31/05	second term
Thienes, Shannon	747-5595	05/31/06	second term
Commissioner Bill Dwyer, Lane County Commissioner	682-4302		

The Lane County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2003-2005 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: Shannon Thienes

Address: PO Box 25

Walterville, OR 97489

Telephone Number: 541-747-5595

Signature: _____

COMMISSION ON CHILDREN AND FAMILIES

County: Lane County

The Lane County Commission on Children & Families has reviewed the Alcohol and drug abuse prevention and treatment portions of the County's proposed implementation plan for 2003-2005. Any comments are attached.

Name of Chair: Kitty Piercy

Address: 1371 West 4th

Eugene, OR 907402

Telephone Number: 541-342-6042

Signature: _____

Status of Open Competitive Bids for Alcohol & Other Drug Services

Please provide information for each service element being funded in you county. Do not include DUII or Marijuana Services.

Service Element	Last Year RFP'd	Scheduled RFP
A&D 60 Special Projects	2002	Spring 2005
A&D 61 Adult Residential	Spring 2001	Spring 2004
A&D 62 Dependent Residential	Spring 2001	Spring 2004
A&D 66 Continuum of Care - Adult	Spring 2001	Spring 2004
A&D 66 Continuum of Care - Detox	Spring 2001	Spring 2004
A&D 66 Continuum of Care - Critical Support	Spring 2001	Spring 2004
A&D 81 Problem Gambling Treatment	Summer 2002	Spring 2005
A&D 66 Continuum of Care - Youth		Spring 2003 / 2006 *
A&D 66 Continuum of Care - Women		Spring 2003 / 2006
A&D 66 Continuum of Care - DUII		Spring 2003 / 2006

**Attachment 6
A-D Guidelines**

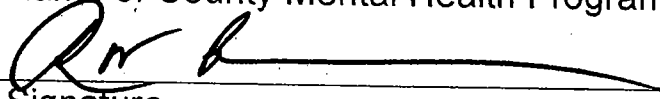
County Funds Maintenance of Effort Assurance

County: Lane County

ORS 430.359.(4), requires that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2001-2003 is not lower than amount of county funds expended during 1999-2001. However, it is not possible for me to certify or assure compliance with this statute at this time, due to the fact that the county budget has not yet been prepared. I, therefore, request a waiver to this "maintenance of effort assurance" requirement.

Robert Rockstroh

Name of County Mental Health Program Director



Signature

12.20.02

Date

Appendix A

Alcohol & Drug Community Forum November 20, 2002 Lane County Mental Health

Attending: Bob Richards, Ann-Marie Bilderback, David Piercy, Shannon Thienes, Richard Heniges, Toni Fudge, Martin Waechter, David Mikula, Frederick Dygert, Kathy Donais, Teresa Benson, Carla Perino, Nita Vannice, Janese Olalde, Basilio Sandoval, Mario Hernandez, Micki Knuckles, Larry Weinerman, Scott Ricker, Rebecca McAlexander, Nancy Lee Cox, Steve Marks-Fife, Patty Nadel, Mary Bork, Hillary Wylie, Linda Eaton, Susanne Boling, Kathryn Henderson, Tevina Benedict, Scott Miller, Kate Watersbury, Arnie Gottlieb, Kyda Dodson, Mike Vaughn, Jami Thanos, Sue Comfort, Michael Connelly

1. What are the services you believe Lane County needs in our Alcohol and Drug system?

- Educate parents and families about gambling (community awareness)
- Connections with mental health and addiction (coalition building)
- Treatment for dual diagnosis
- Community-based efforts in outreach and education
- Prevention and outreach for Latino community
- Bi-lingual/bicultural services
- Coalition building with providers, criminal justice system, and community
- Increased services to meet increase in demand
- Educate criminal justice system
- Detox/residential
- Transportation
- Childcare
- Case management/wrap-around
- Shelter/recovery house
- All-Continuum
- Residential beds
- Detox
- Outpatient adult
- Dual diagnosis
- DV related services
- Youth residential/OP/aftercare
- Safe, clean and sober housing
- Methadone
- Decriminalization of drugs

- Women/Children specific services
- Batterer intervention rather than anger management
- Prevention as young as possible
- Diversion treatment from jail and drug court
- Services for COA
- Parent education
- Medical treatment – not cost-effective with emergency room
- Mental Health services for addicts
- Prevention of domestic violence with at-risk kids
- Sexual recovery movement; sexual exploitation prevention
- Minority treatment
- Intensive program at jail
- Needle exchange
- Outreach on street
- Speak out in schools/etc.
- Services for adjudicated people
- Cross training/multi-disciplinary training
- Residential treatment for older adults, adults, youth
- Community outreach for youth, adult and homeless
- Culturally specific services
- Detox
- DUI
- Sobering
- Mentoring
- Drug Court
- Peer support
- Gender specific treatment services
- Community response team (crisis) county-wide
- Out-patient services
- Rural outpatient services for adults and adolescents
- Family support
- Community education
- Mental health capacity in A&D facilities/Dual diagnosis
- Methadone treatment
- Work with law enforcement regarding A&D/ Liaison
- School-based outpatient services
- Nurses willing to work in field
- Indicated prevention
- Point of Entry – clear and accessible (hotline)
- Selected prevention
- ID & Referral / Hotline
- Community based prevention
- Universal school curriculums
- School based prevention

- Continuum of services by shifting funds among service elements
- Prevention
- Treatment
- Gender specific services
- Age specific services for youth and adult
- Dual diagnosis
- Culturally appropriate Spanish speaking options
- Detox for adults
- Community based coalitions
- Community education
- Residential for adults
- Outpatient
- Substance appropriate outpatient such as methadone
- Treatment in the jails
- Drug court
- COD court
- Treatment for families – ie family counseling
- Dependent care for parents in treatment
- Student assistance programs
- Treatment for incarcerated youth
- Treatment for corrections clients re-entering community
- Halfway housing
- NA, AA, etc.
- DUI specific services
- Diversion
- Detox for youth
- Residential for youth
- Residential
- Gender specific
- Intensive outpatient services
- Continuing care
- Support groups
- More residential treatment for single dads
- A&D free community events
- Detox for youth and adults/sobering
- Youth A&D education
- Community norms education (changing perceptions)
- Parenting classes for families recovering
- Methadone services
- Safe place for youth with positive alternative activities
- Transitional housing
- Open door treatment (on-going access to treatment)
- Crisis intervention (CAHOOTS) expanded county-wide
- Increase outreach to homeless

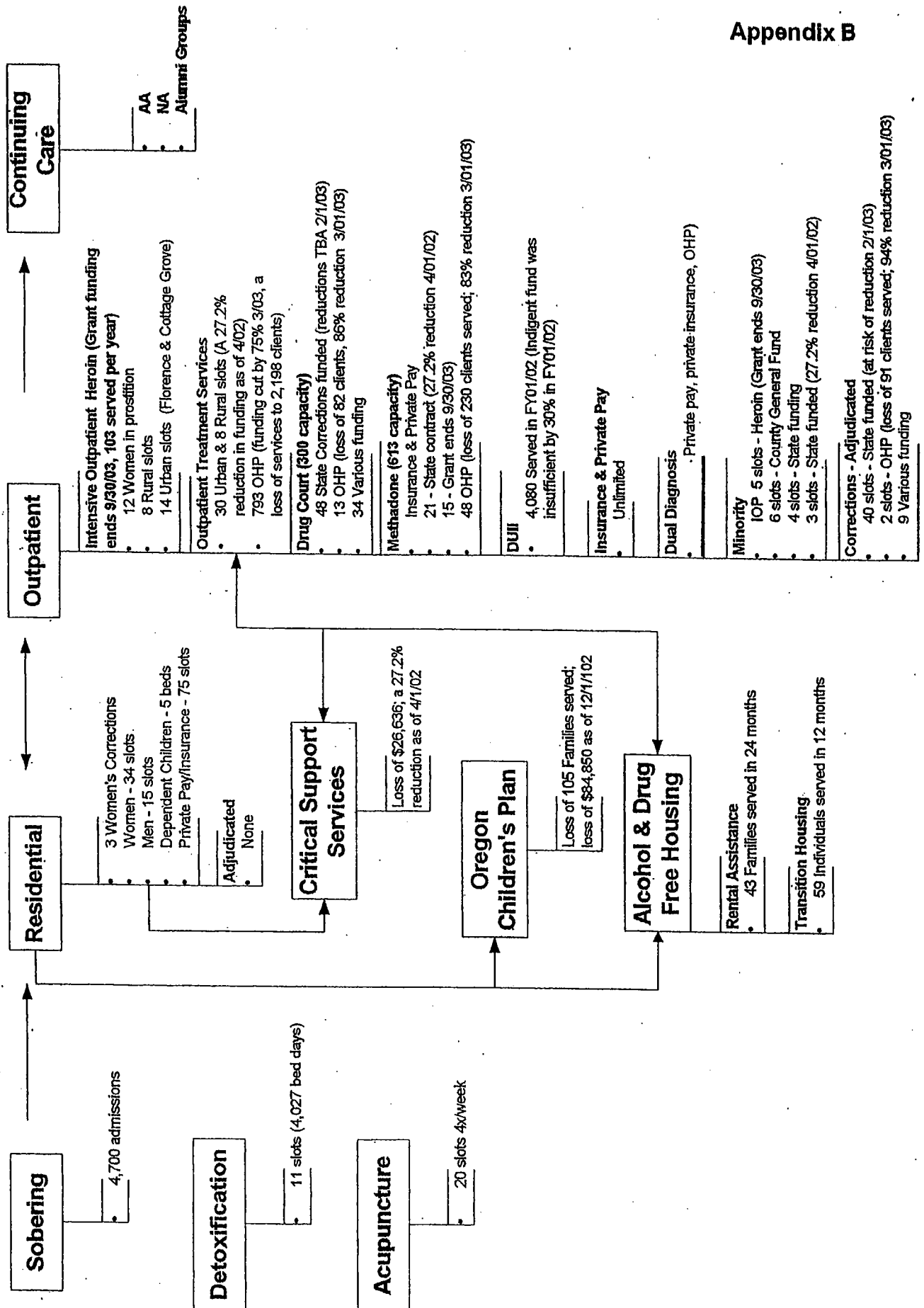
- Peer support/Mentor
- Methadone treatment
- Continuum of services
- Non-adjudicated youth male residential treatment
- Greater emphasis on prevention adolescent and families
- Detox for youth
- Flexible funding for youth treatment (parenting groups)
- BBS through A&D money
- Expanded services and funding for dual diagnosis
- General education regarding methadone
- Domestic violence groups – flex funding for adults
- Consumer choice – keep as money shrinks

2. What are the top three priorities of the services you believe Lane County needs in the Alcohol and Drug system?

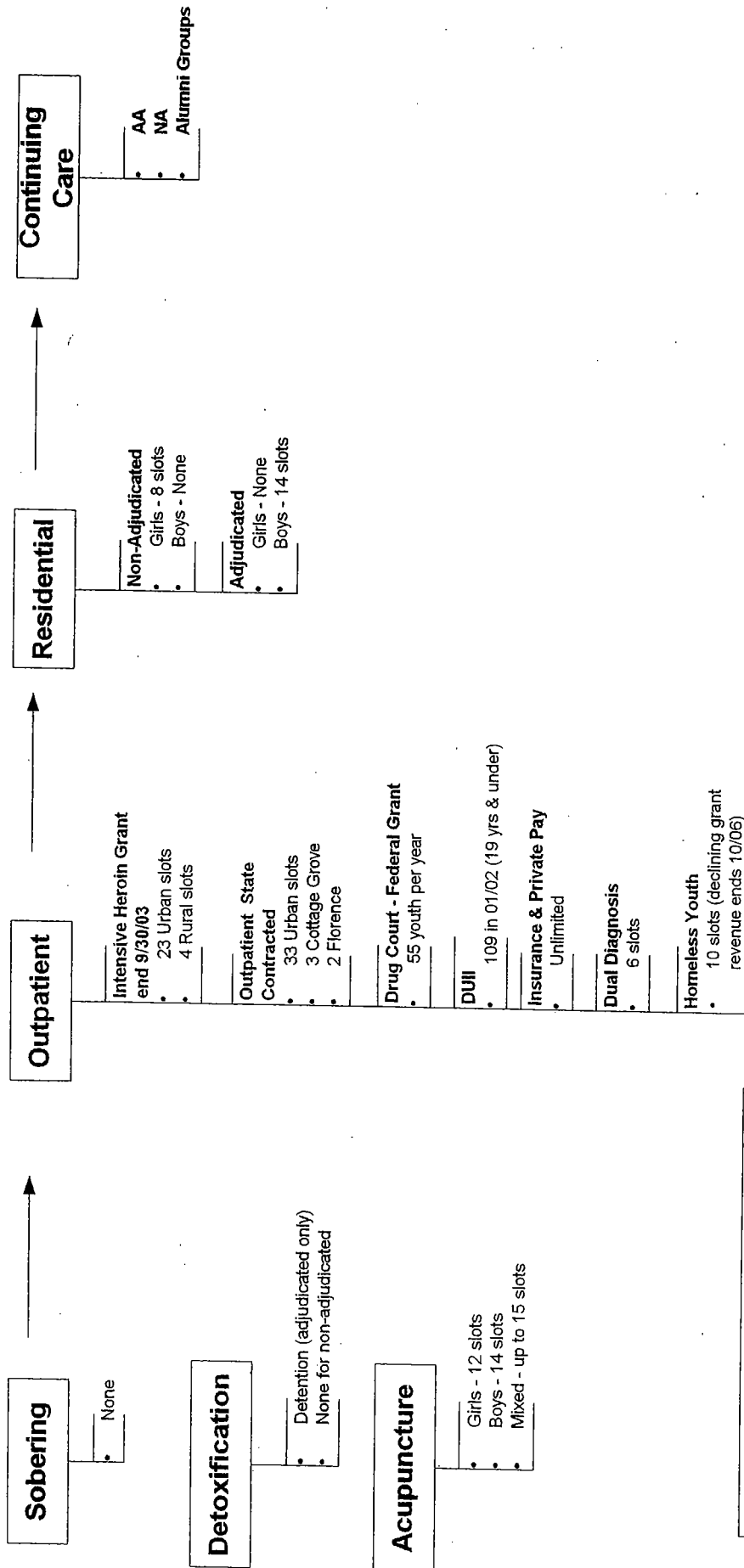
- Detox
- Continuum of services
- Detox for youth
- Expanded services and funding for dual diagnosis
- Increase outreach to homeless
- CAHOOTS expanded county-wide
- Transitional housing
- Methadone services
- Parenting classes
- Residential
- Gender specific
- Intensive outpatient
- Continuing care
- Outpatient
- Continuum of services by shifting funds among service elements
- Detox for adults
- Community-based prevention
- School-based prevention
- Methadone treatment
- Dual Diagnosis specific to AOD and Gambling
- Youth residential/outpatient/aftercare
- Decriminalization of drugs
- Women/Children specific services
- Services for COA
- Mental health services for addicts

Adult Chemical Addiction Treatment System (Does NOT reflect Measure 28 cuts)

Appendix B



Adolescent Chemical Addiction Treatment System (Does NOT reflect Measure 28 cuts)

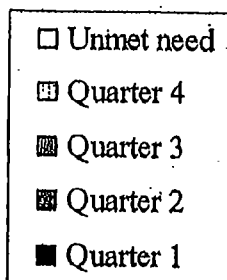
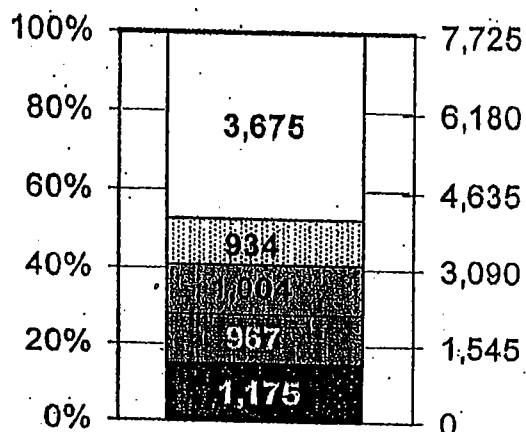
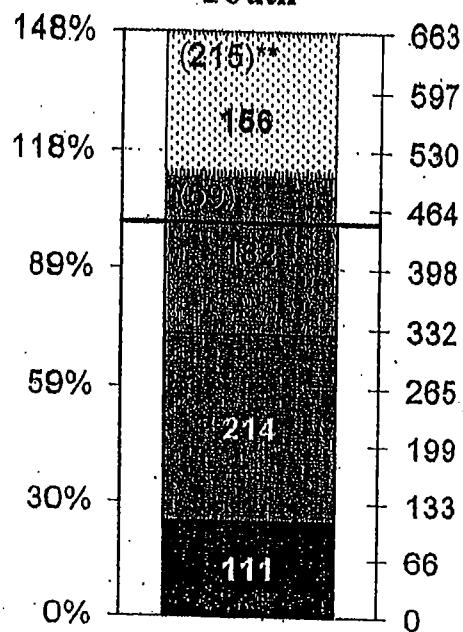


**FY 01/02 Demographic of Youth Served
(may be duplicated)**

• Caucasian	879
• Hispanic	44
• Native American	37
• African American	33
• Other	27
• Asian	7
• Total	1027

Access

Cumulative unduplicated total of adult and youth county residents enrolled in treatment, compared to estimated demand for treatment, regardless of where they enrolled.

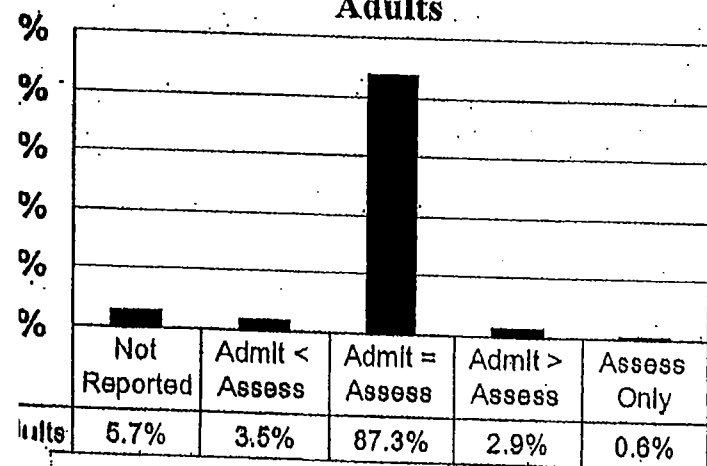
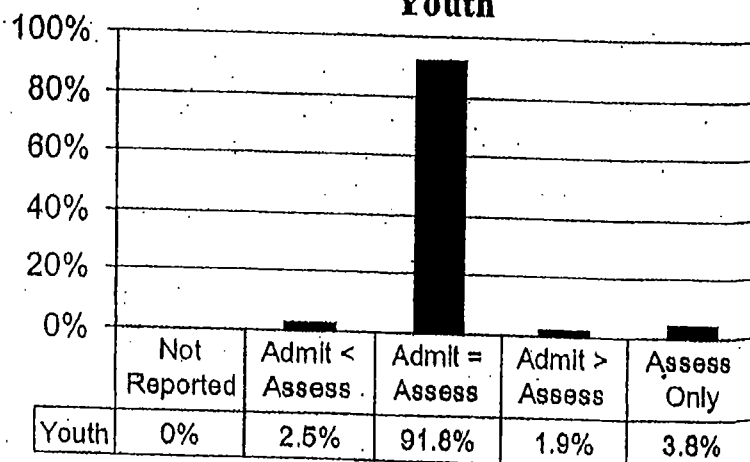
Adults**Youth**

* Youth Access exceeded annual estimates by 59 in Quarter 3

** Youth Access exceeded annual estimates by 215 year to date

Level of Care

The comparison of the percent of county residents enrolled at a level of care consistent with assessed need.

Adults**Youth**

2003-2005 Problem Gambling Implementation Plan

Lane County

Background

The addictions implementation plan for the 2003-2005 biennium addresses problem gambling for the first time. The gambling plan for this biennium includes problem gambling prevention and treatment enhancement services, and does not include a plan for treatment services. Lane County's gambling treatment services plan has been provided by Addiction and Counseling Education Services (ACES), which has the present contract for gambling treatment services in Lane County.

In Oregon, over 60,000 adults and over 10,000 adolescent youth (or one in every 25 youth ages 13-17) currently have a gambling problem; in Lane County, an estimated 6,000 adults and 1,500 adolescents are affected. The State of Oregon has been addressing problem gambling with the development of Oregon Problem Gambling Services, which are guided by a public health paradigm. This public health approach takes into consideration biological, behavioral, economic, cultural, and policy determinants influencing gambling and health. The continuum of care throughout the state involves prevention, outreach, harm reduction, and multiple levels of treatment. Emphasis of this continuum of care is placed on quality of life issues for the gambler, families, and communities.

In Lane County, the continuum of care for gambling services is provided through the County's Gambling Awareness and Prevention Program (GAPP), and through Addiction Counseling and Education Services (ACES) Meridian Gambling Treatment Center. GAPP was formed in January 2002, and its key goals for GAPP are to:

- heighten community awareness about the dangers of problem and pathological gambling to individuals, families, and to society
- inform community members that problem and pathological gambling are preventable and treatable, and provide information about local problem gambling resources and services
- reduce the negative effects of gambling by implementing a gambling prevention strategy targeting youth and families

The County has worked to achieve these goals through the development and provision of school-based and community awareness presentations, involvement in statewide efforts for the first-ever Oregon Problem Gambling Awareness Week, formation of a problem gambling issues committee, and outreach to Lane County's Latino and rural communities.

Recently the County was notified of an expected reduction in gambling flex funds by 25% for the next biennium. This funding reduction will affect the amount of services the Gambling Awareness and Prevention Program plans to provide. In addition, the County

will be unable to provide funding for gambling special projects, including mental health dual diagnosis consultations.

In shaping the gambling prevention and treatment enhancement plan, the County took into consideration its new budget as well as several priorities around problem gambling issues addressed at the community addictions forum on November 20, 2002. Recommendations for gambling prevention, outreach, and treatment enhancement services are included below, with this plan's program areas to address the priorities in parentheses:

- Educating the community / increasing community awareness (Prevention #1)
- Expanding current outreach (Prevention #1,2)
- Expanding treatment access to rural communities, Latinos and adolescents
- Expanding tools for education and outreach (Prevention #1,2)
- Expanding screening and assessment (Prevention #2)
- Expanding membership of gambling coalition/committee (Prevention #2)
- Latino community: Providing / expanding outreach and awareness (Prevention #3)
- Providing crisis respite services for adults (Treatment Enhancement)
- Providing dual diagnosis services

Although the priorities addressed in the forum were to expand services, we will be unable to expand gambling prevention and outreach services given the funding changes as mentioned above. The County will work to maintain a minimum level of prevention and outreach services to address priorities. The tables on the following pages represent Lane County's plan to address the above priority areas in problem gambling prevention and treatment enhancement

2003-2005 Problem Gambling Prevention Implementation Plan Lane County

Cover Sheet

County: Lane

Agency Information

Name: Lane County Health & Human Services
Agency Address: 125 E. 8th Avenue
City, State, Zip: Eugene, OR 97401
Phone: (541) 682-4035
Fax: (541) 682-3804
Department Director: Rob Rockstroh

Problem Gambling Prevention Program

Name: Gambling Awareness & Prevention Program (G.A.P.P.)
Coordinator/Contact: Julie Hynes, Gambling Prevention Coordinator
Phone: (541) 682-3928
Fax: (541) 682-4487
Email: Julie.Hynes@co.lane.or.us

Fiscal Issues

Contact Person: Peg Jennette, Program Services Coordinator
Phone: (541) 682-3777
Fax: (541) 682-4487
Email: Peg.Jennette@co.lane.or.us

Major Program Areas Addressed in this Proposal

1. Middle school and at-risk adolescent gambling prevention / outreach
2. General community outreach
3. Latino outreach

2003-2005 Problem Gambling Prevention Funding Plan Baseline Funds 2003-2004 Proposed Strategy Sheet #1

Major Program Area:

Gambling prevention education for middle school youth. Gambling prevention / outreach education for adolescents with a history of involvement in, or at risk for, problem behaviors.

Program Strategy:

Provide gambling information through interactive presentations on problem gambling to middle school and at-risk adolescent youth.

Is this Program a Promising Practice?

Yes. The program includes information on pathological gambling as related to other problem behaviors. Research of risk factors demonstrates the commonalities between risk factors for problem gambling and other problem behaviors. This program would use the Center for Substance Abuse (CSAP) strategy of information dissemination and problem identification and referral.

IOM Categories:

Universal and selective.

Year-One Outputs:

Serve at least 12 middle school / adolescent at-risk groups with gambling prevention education.

Intermediate Outcomes:

- Seventy percent of participants will demonstrate increased knowledge about problem gambling.
- Seventy percent of participants will demonstrate increased knowledge about probabilities as related to gambling.
- Fifty percent of participants will demonstrate attitudinal improvement.

Evaluation Method(s):

Posttests.

Who Will Be Providing this Service:

Lane County Gambling Prevention Coordinator.

**2003-2005 Problem Gambling Prevention Funding Plan Baseline Funds
2003-2004 Proposed Strategy Sheet #2**

Major Program Area

General Community Outreach

Program Strategy:

- General community outreach; information dissemination and community education through presentations and educational materials.
- Work with existing community-based coalitions to expand awareness and involvement around problem gambling issues.
- Expand membership of Lane County gambling advisory committee; mobilize various community members and agency leaders in identifying strategies to assess community priorities around problem gambling issues. Provide effective strategies to address community needs.

Is this Program a Promising Practice?

Yes.

IOM Category:

Universal.

Year-One Outputs:

- Provide presentations on problem gambling to at least 6 local agencies, community groups / coalitions, parent groups, or teacher groups.
- Collaborate with at least one local agency to introduce the Lie-Bet pathological gambling screening tool to existing assessment tool(s).
- Include a gambling prevention / outreach strategy in the work plan of at least one local coalition.

Intermediate Outcomes:

- At least 80% of participants reporting services as good or excellent.
- At least two referrals to Addiction Counseling and Education Services (ACES) Meridian Gambling Treatment Program for complete pathological gambling assessment as a result of taking the Lie-Bet instrument.

Evaluation Method(s):

- Surveys.
- Referral information provided by ACES Meridian Gambling Treatment Center and/or local agencies.
- At least 80% of coalition members rating introduction of problem gambling strategy as useful.

Person(s) to Be Providing this Service:

Lane County Gambling Prevention Coordinator

2003-2005 Problem Gambling Prevention Funding Plan Baseline Funds 2003-2004 Proposed Strategy Sheet #3

Program Strategy:

Latino outreach.

Is this Program a Promising Practice?

Yes.

IOM Category:

Selective.

Year-One Outputs:

- Provide at least 8 presentations to the Latino community, including: Latino treatment providers, students, Latino substance abuse treatment or DUII groups, places of worship.
- Provide a public service announcement to the Latino community on problem gambling.
- Provide at least one educational material to the Latino community on problem gambling.

Intermediate Outcomes:

- At least 80% of participants will demonstrate increased knowledge about problem gambling and gambling probabilities.
- At least two Latino community members involved in gambling treatment reporting treatment referral as a result of outreach activities.

Evaluation Method(s):

- Posttests
- Addiction Counseling and Education Services (ACES) Meridian Gambling Treatment Program referral information

Person(s) to Be Providing this Service:

Lane County Gambling Prevention Coordinator and ACES Meridian Gambling Treatment Program

**2003-2005 Problem Gambling Prevention Funding Plan
Baseline Funds – Budget Year 2003-2004
Lane County**

Proposed Baseline Budget:

Gambling Prevention Contact: Julie Hynes, (541) 682-3928

Fiscal Contact: Peg Jennette, (541) 682-3777

Strategy 1- 3	
	DHS Lottery Funds
Salary and Benefits @ .7 FTE	\$46,742
Telephone	200.00
Purchased Ins	380.00
Fleet Vehicle Services	150.00
Direct/IS	3,150.00
County Overhead	3,150.00
PC Replacement	300.00
Advertising	200.00
Business Expense / Travel	206
Other (please list)	
Total Budget Amount, This Strategy	\$ 54,478.00

2003-2005 Problem Gambling Treatment Enhancement Implementation Plan Lane County

Treatment Enhancement Services Addressed in this Proposal:
Statewide gambling crisis respite service.

Agency Information:

ACES Meridian Gambling Treatment Program
1485 Market Street
Springfield, OR 97477
Phone: (541) 741-7107
Fax: (541) 746-5723
Program Director: Nita Vannice, CADC II, CGAC, NCGC

Treatment Enhancement Program:

ShelterCare, Inc.
Contact: Phillip "Chaz" Nebergall
Phone: (541) 686-1262
Fax: (541) 686-0359
e-mail: Nebergall@sheltercare.org

Fiscal Issues

Peg Jennette, Program Services Coordinator
Phone: (541) 682-3777
Fax: (541) 682-4487
Email: Peg.Jennette@co.lane.or.us

2003-2005 Problem Gambling Prevention Funding Plan Baseline Funds

2003-2004 Proposed Strategy Sheet

Treatment Enhancement Service:

Statewide gambling crisis respite service. The provision of priority access of temporary shelter to problem gamblers in crisis at a rate of \$95 per bed-day. Family members of the problem gamblers are also eligible for shelter services at the appropriate shelter facility and the \$95 per day rate.

Why this Service was Chosen:

Until 2002, only two counties in the State of Oregon (Columbia and Josephine Counties) provided gambling respite bed services for pathological gamblers or their family members in crisis. The goal of the services is to assist individuals in crisis from problem gambling behaviors (and their families as appropriate) to stabilize and enter or continue in treatment for problem gambling.

One Year Target Outputs:

- Provide a total of 150 bed days for the fiscal year
- Provide a 10 day maximum length-of-stay for individuals in crisis
- Client referrals from Addiction Counseling and Education Services (ACES), Sacred Heart Emergency Department (SHED) and Lane County Mental Health (LCMH); when referred by SHED and LCMH, ACES will be contacted for screening and possible entry into problem gambling treatment services
- Log of Nurse Practitioner services

Intermediate Target Outcomes:

- Fifty percent of all program participants seeking respite will have access to a respite bed
- Mental health services, as appropriate, during shelter stay from QMRP
- Client's living situation will have stabilized within a 10-day period

Who will be providing this service, under jurisdiction of License/certification body:

Lane ShelterCare.

For clinically appropriate individuals, is this service available to all Oregon residents?

Yes.

2003-2005 Gambling Treatment Enhancement Funding Plan: Budget Year 2003-2004

County: Lane		Proposed Annual Budget: \$15,750
Program Contact Person Phillip "Chaz" Nebergall		Fiscal Contact Person: Peg Jennette
Phone: (541) 686-1262		Phone: (541) 682-3777
	DHS Lottery Flex Funds	DHS Lottery State Funds
Personnel		
Office Supplies		
Program Supplies		
Contracts/ Consultants		\$15,000
County Administration		\$750
Professional Development, Trainings, Conferences		
Capital Expenditures		
Other (please list)		
Total Budget Amount, This Service		\$15,750