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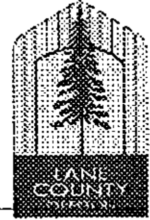
# AGENDA COVER MEMO

AGENDA DATE: November 12, 2003

TO: Board of County Commissioners

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



AGENDA TITLE: SEMI-ANNUAL BOARD OF HEALTH REPORT

The following report to the Board of Health is a summary of recent or current health and human service highlights or 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. SPECIAL SERVICES / ADMINISTRATION

**Family Mediation Program** (Barbara Lee, Program Manager)

During the six-month period of April 1 through September 30, 2003, the Family Mediation Program completed a total of 226 court-referred mediation cases involving child custody and/or parenting time disputes. The parents in these cases are parties to a Lane County dissolution, legal separation, modification, or (if unmarried) legal action to establish or to modify child custody or parenting time.

A total of 603 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. "Focus on Children" addresses the needs of children and parenting issues during and following parental divorce or separation.

**Prevention Program** (Karen Gaffney, Assistant Department Director)

The purpose of the prevention program is to promote and coordinate effective community-based prevention strategies toward creating healthier communities. Activities supported through the prevention program can be categorized within the six Center for Substance Abuse Prevention (CSAP) strategies for effective prevention efforts: information dissemination, prevention education, environmental strategies, alternative activities, community-based processes, and identification and referral.

The prevention program provides system support through planning and coordination of prevention services, and by working with community partners to implement the 2003-2005 biennial Alcohol and Drug Prevention Plan. A significant shift in allocation of prevention funds occurred this biennium with a mandate to fund more indicated or targeted prevention strategies. The Lane County plan allocates prevention dollars to enhance Lane County Family Resource Centers (FRC) in order to provide targeted services to families where substance abuse has been an issue. Prevention staff are working with staff from the Department of Children and Families to assess needs as well as develop appropriate work plans with each of the countywide FRCs. Community partners who will make referrals to the project include: DHS Self Sufficiency and Child Welfare programs; County Department of Youth Services; local Safety Net programs; and schools. Each FRC will provide evidence-based parenting education support and skill-building support for children referred to the center.

State funding support has also changed for the Gambling Awareness & Prevention Program (GAPP). Formed in January 2002, the program's goals are: 1) to heighten community awareness about the dangers of problem and pathological gambling; 2) to provide information about local problem gambling resources and services; and 3) to reduce the negative effects of gambling by implementing a gambling prevention strategy targeting youth and families. Over the last year, GAPP has worked to achieve these goals through several projects, including development and provision of workshops to middle school, high school, and at-risk youth, presentations to community groups and agencies, outreach to the Latino and rural communities of Lane County, formation of a problem gambling issues committee, and participation in the first-ever Oregon Problem Gambling Awareness Week efforts. The current allocation to Lane County for this program reflects a 37 percent reduction from the allocation for FY 02-03 and therefore, the staff and workplan for this project are reduced.

Since its inception, GAPP has directly reached about 1,000 youth (ages 12-19) through school-based presentations, health workshops, and at-risk youth program presentations. Evaluations from youth exposed to school-based presentations have demonstrated that the average onset of gambling behaviors is eight years old. The evaluations have also shown marked increases in awareness among middle and high school students exposed to GAPP youth presentations, in addition to youth reporting that they plan to reduce gambling behavior.

The prevention program was awarded a federal grant through the Drug-Free Communities Act that will allow the county to continue the program started five years ago through a similar grant. This project will help support the countywide community-based prevention effort, and particular work of Media United Against Drugs and the Heroin Task Force. During the last six months, Media United television stations released three locally-created 30-second public service announcements (PSA) with tips for parents to help keep their youth drug-free. These and other Media United PSAs have aired in total, across all four local stations, upwards of 150 times per quarter. Media United also has plans underway for the fourth annual roadblocked, hour-long, commercial free television Town Hall program on substance abuse prevention is scheduled to air January 25, 2004 from 6-7:00 pm. The focus this year is on youth —what they can tell adults about alcohol and drugs in their lives, and what they need from the community to keep them from using drugs.

The Heroin Task Force has focused efforts on gathering data about the need for substance abuse protocols in our local hospitals. The group conduced a content analysis of 126 patient charts randomly selected from the list of patients admitted to the emergency department at McKenzie-Willamette Hospital at least twice in the last year. This revealed approximately 25 percent of patient records had identified drug and alcohol issues (13 percent identified mental health issues, and 3 percent identified domestic violence issues). The next steps on implementing protocols and for exploring onsite resources has moved to the local hospitals.

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Ongoing support is being provided to the local community coalitions in the form of staff support and some project support. The program is also supporting the regional Oregon PeaceMakers Conference for middle and high school youth. Last year's PeaceMakers Conference included approximately 300 youth from this region and is expected to increase to 350 youth this year. This year's conference will be held on November 5 at the Lane Community College Conference Center.

## II. DEVELOPMENTAL DISABILITIES SERVICES (Lynn Greenwood, Program Manager)

**Program Overview:** 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's professional staff directly provides lifespan case management for 1,366 Lane County residents who meet eligibility criteria. Other direct services offered by DDS include crisis resolution and family support. In addition, the program subcontracts with sixteen local agencies to provide residential and employment services for adults. DDS authorizes funding and collects licensing information for 87 adult foster providers and ten children's foster providers. The program also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

**Universal Access:** A successful lawsuit filed against the state of Oregon in 1999 requiring universal access to Medicaid-funded services for all adults who meet DD eligibility criteria has resulted in a major systems change in how services are provided in Lane County. A local nonprofit agency, the Full Access Brokerage (FAB), now has responsibility for offering funded service plans for adults who previously were on long waiting lists for services. FAB is one of ten brokerage agencies statewide established to provide these services. Due to the budget constraints of the past fiscal year, FAB enrollments were frozen for several months and they are now able to accept only three to four new people per month. In addition, the targeted date for FAB to be fully enrolled has moved from June 2005 to June 2009. This slowdown in reaching capacity targets at FAB has resulted in an extra workload for county case managers whose caseload sizes were originally determined by factoring in the support and services FAB would be providing to DD clients. County DDS staff are meeting to set priorities for service in light of this increase in responsibility.

**Quality Assurance:** DDS staff has worked with representatives of the University of Oregon to develop a Quality Assurance plan that meets both the state requirements for planning and the county's Performance Counts initiative. A draft plan with key activities has been completed for review. Data collection strategies and timelines are in the process of being

developed. A key piece of data collection in this plan is the requirement for monthly site visits to all 24-hour sites (foster homes and group homes). Visits will review areas of service and support to individuals with specific focus on areas addressing health, safety, behavior support or financial services. The Oregon Administrative Rule governing these site visits has been filed and is in the hearings process. The rule is expected to be finalized by January 1, 2004.

**Budget Issues:** Oregon's economic downturn has impacted DD services in several ways. Although the bulk of the DD budget was not reduced by the state, the program did sustain a 50 percent reduction in family support services. This affects approximately 75 families with children who receive financial support in order to meet the unique needs of providing care for their child with a disability. The cutback may result in some families going into crisis which will put a greater demand on the funds available for resolving crisis situations. At one point in last year's legislative negotiations, it looked like family support would be eliminated completely, so a 50 percent reduction at least allows for the program to continue.

In addition to slowing down referrals to FAB and the family support cutback, the lack of a COLA on funds from the state coupled with an increase in the county employee cost of benefits, has meant that 4.0 FTE professional staff positions that were vacated due to retirements or resignations, have not been filled. The program has been able to create one new position, however, as state funding for children's crisis services has shifted to the counties, and Lane County has been able to hire a fulltime children's crisis resolution specialist. The workload continues despite cutbacks. Unlike the seniors' side of Seniors and People with Disabilities, DD clients are not rated in terms of need or "levels of care". DDS is required to offer mandated case management to all who qualify.

A final budget-driven development in DD services is the resulting instability of many of our subcontracted residential and employment providers. Since the last Board of Health report in April of 2003, one provider in Florence, Mid-Coast Enterprises, has gone out of business and Shangri-La Corporation from Salem has taken over the contract for the services they formerly provided. Local agencies are experiencing the rise in costs of personnel, benefits, and insurance, but have received flat funding for services for the past two years. As this trend continues, it is anticipated that more of the county's subcontractors will be facing similar struggles with fiscal viability and corporate stability.

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

### Community Health Centers of Lane County

We are very pleased that the Health Resources and Services Administration (HRSA) has approved the Human Services Commission's (HSC) application to implement a Federally Qualified Health Center (FQHC). With the August 26, 2003 notice of the HRSA grant award of $566,687, we are very quickly reviewing and refining the business plan for the clinics in order to assure their successful financial and clinical operation.

We are developing and recruiting for clinic positions with the assistance of Lane County Human Resources. We are starting with two key management team positions: the clinic

coordinator and the financial supervisor. Other clinical and administrative classifications will be assigned in the near future. The Lane Individual Practice Association has offered to assist with physician and nurse practitioner recruitments.

We are reviewing and updating our financial plan and budget in consultation with the Oregon Primary Care Association, other Oregon FQHC organizations, and the State of Oregon Office of Medical Assistance.

We are reviewing our capital improvement and site acquisition plans and options in consultation with a technical assistance organization, Capital Links. Capital Links is on contract with HRSA to provide this service to FQHC's.

We are awaiting grant instructions and the assignment of a HRSA Program Officer in order to clarify additional details needed for establishing timelines and further planning.

**Emergency Assistance Update**

As a result of the approval of the State of Oregon Department of Human Services budget, we are anticipating an additional $300,000 in federal Temporary Assistance for Needy Families (TANF) emergency assistance funds during the 2003-05 biennium. These funds will be available for family stabilization in the form of one-time basic needs emergencies. As many as 600 county residents will be served through local nonprofits.

The HSC Energy Assistance Programs continue to be very active in helping low-income residents; we are anticipating an increase in federal funds to serve over 8,000 households this winter.

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

**Outpatient Mental Health Clinic, October, 2003**

This last fiscal year has seen dramatic funding reductions to mental health services and these have led directly to a number of significant changes in the clinic operation. First, it was no longer fiscally feasible to maintain separate Child and Adult Clinics as separate programs. In order to realize obvious fiscal efficiencies, the child wing of the Mental Health Building was closed in February and the Child Clinic staff were moved into the previous Adult Clinic space, with consolidated reception and business support functions. The child staff has been reduced to 2.0 FTE of child clinicians who carry caseloads of over 100 children. Overall, the outpatient clinic staffing was reduced from 26 clinicians to 13 by June 30, 2003 due to complete loss of all state funding for indigent care and crisis services, as well as loss of the mental health benefits for OHP standard patients. We also reduced our medical staff 1.0 FTE of nursing and 72 hours/week of prescribing time (psychiatry or psychiatric nurse practitioner) and have lost one mental health supervisor as of June 30, 2003.

At this point we are down to a bare bones operation, and staff are working very hard to move as many of our clients, who no longer have mental health coverage, out of care, as we no

longer have indigent care funding to serve them. With the loss of the mental health benefits for OHP standard, the number of essentially indigent clients has increased by 300 percent. In many ways, these unfortunate budget decisions at the state level have eliminated our traditional community mental health mission of "treater of last resort" and community safety net. Our continued financial viability becomes contingent upon our ability to generate revenue from fees for those clients with OHP Plus or Medicare, and we will continue to provide what indigent care we can with some of the county general fund we receive. Patients discharged from Lane County Psychiatric Hospital (LCPH) or under civil commitment will take priority for indigent care slots, with a waiting list established for slots as they become available. Anticipated treatment capacity will be approximately 1,000 adults and 250 children, at any point in time, barring any further funding reductions.

At this moment, we are expecting the addition of state grant funding for both indigent care for adults and children, and crisis funding as well. Our best information at this time indicates that funds will be restored, effective back to October 1, 2003, due to the legislatively approved budget, but that these funds are very likely tied to the income tax surcharge which faces a possible repeal in the February election. This creates a difficult dilemma as to whether to begin spending those funds or allowing more indigent clients to begin episodes of care that might be then cut short when the funding goes away. It might be most prudent to delay spending funds until we have some clarity around whether they will remain, but that will also depend on the state's requirements around maintenance of effort. At least some of the crisis funds will be used to sustain key elements in the crisis system, including in-house crisis capability. In addition, it appears that it is possible that individuals with OHP Standard may get their mental health benefit restored, but that may be contingent upon the income tax surcharge as well. Should the benefit get restored, it would be likely that LCMH Outpatient Clinic will need to begin to add back staff that were reduced during last year's funding crisis in order to adequately meet the demand for services. The obvious positive side of this for LCMH would be that many of the essentially indigent clients we are already serving "*pro bono*" would then have coverage which would reimburse us for those services.

**Lane County Psychiatric Hospital**

Lane County Psychiatric Hospital continues to operate as virtually full on a daily basis, with beds opened from discharges being filled often within the hour. While waiting lists for getting acute care patients approved for extended care into the State Hospitals remain large statewide, this problem has been alleviated locally somewhat by the advent of a creative new cooperative service developed at the Heeran Center. The PAITS program (Post Acute Intensive Treatment Service) was developed to take individuals approved for State Hospital transfer into this "sub-acute" facility and serve them at state expense (through a negotiated daily rate payment paid by OMAP) as an alternative to State Hospital beds. These six beds were made available by the moving of the eight "Passages" long-term clients out of Heeran Center to a new secure residential treatment facility called Garden Place.

Lane County residents sitting in local acute facilities get top priority for these PAITS beds and discussions with the state to expand the number of PAITS beds at Heeran from six to ten are underway. Demand for inpatient beds remains quite high statewide and we still have all local

acute beds full more often than not, necessitating the need for expensive out-of-area placements and related costly transports. As part of state budget cuts, Lane County was informed that the state will no longer be reimbursing LCPH for patients approved for extended care and awaiting transfer to State Hospital beds. This would become a significant financial burden for LCPH and is an unacceptable shift of state fiscal responsibility. We informed the state that Lane County does not agree with this decision and we will therefore arrange delivery of such patients to the State Hospital through Delivery Warrants issued by the Circuit Court. Office of Mental Health and Addiction Services (OMHAS) informed us upon receipt of our letter that they would work with us to expedite such transfers. As of this writing, no such Delivery Warrants have had to be executed. Recent efforts to divert Medicare admissions to the Sacred Heart Johnson Unit are hoped to allow for more LCPH beds being available for LaneCare or indigent clients.

Costs at LCPH continue to rise, largely as a result of increased personnel costs at PeaceHealth and dramatic increases in costs of psychiatric medications. In addition, costs of insurance for the hospital have risen beyond what is reasonable for a facility of this size. We successfully negotiated having LCPH covered under PeaceHealth's self-insurance fund at great cost savings to the operation. Recent review of average costs per day show that a day at LCPH currently costs over $760, with an anticipated increase of another $50-$75 per day for next fiscal year. In order to hold some of the cost increases in check, Lane County has successfully negotiated with PeaceHealth to keep the overall management contract cost relatively flat by realizing some savings through the reduction of some non-critical positions within the hospital. Additional reductions in staffing, and perhaps even bed capacity, may have to be implemented in this next fiscal year as we submitted a flat-lined budget for LCPH, given all the funding reductions in the system. Yet, inpatient care costs continue to rise, again primarily in the areas of personnel (nursing) and psychiatric medications. This results then in an effective reduction in service capacity, which can have a fallout financially for LaneCare, as fewer beds at LCPH could mean more LaneCare admissions to Sacred Heart's Johnson Unit at higher cost.

At this time, we are in discussion with McKenzie-Willamette and Peace Harbor Hospital in Florence to credential their Emergency Department physicians on LCPH's medical staff. This would allow for some direct admits from those facilities and would reduce the necessity for having additional ER visits to accomplish the required medical screening prior to LCPH admission.

Additional budgetary concerns have arisen as a result of the loss of the mental health benefit to the OHP Standard population. Further, changes that resulted in delayed eligibility for new OHP enrollees ( many LCPH admits get enrolled in OHP when they enter the hospital, but eligibility, which had previously been retroactive to the date of admission, often isn't granted until 30-60 days post application) or individuals who had their coverage interrupted have resulted in many more admissions to LCPH going unreimbursed, or, in the case of OHP Standard individuals, being reimbursed at half the previous rate. As a result, the revenue picture for LCPH remains somewhat cloudy, with additional pressures to maximize LaneCare admissions (LaneCare is the best payer) and to find ways to reduce costs without harming program quality.

## V. LANECARE (Bruce Abel, Program Manager)

LaneCare is starting its seventh year of operations. The past couple of years have been fraught with budget reductions and other destabilizing situations. Despite the unpredictability, the reduction packages, and the increasing service demands, LaneCare has managed to maintain the highest utilization rate in the state, preserve a vibrant continuum of services, and remain fiscally sound.

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LaneCare represents the county's effort at managing a capitated component of the Oregon Health Plan (OHP), the mental health "carve-out," while integrating community mental health responsibilities in partnership with provider agencies. LaneCare continues to contract with a range of nonprofit providers to offer a full continuum of services, to ensure access to services, and to maintain consumer choice. LaneCare is currently conducting an RFP process to select a panel of mental health agencies to provide contracted services in the future.

Lane County Health and Human Services wrote a Mental Health System Direction Paper based on an understanding of evidence-based practices, community needs, consumer-identified service preferences identified during community forums, and input from the Mental Health Advisory Committee and other advisory bodies. This paper is shaping the way that LaneCare is envisioning future services; aspects of the Direction Paper were imbedded in the RFP questions.

LaneCare has moved into the wonderful new mental health facility. The proximity with Lane County Mental Health has helped operations. Due to budget cuts, LaneCare has laid off a total of five individuals since October 2002. LaneCare has not extended our administrative contract with PeaceHealth but will continue to work in partnership with PeaceHealth in constructing and sustaining an exemplary mental health service system.

The State Office of Mental Health and Addiction Services and OMAP recognize LaneCare as being one of the best-managed and most successful Mental Health Organizations (MHOs) in Oregon. We continue to serve more members and to provide a significantly higher percentage of client encounters than other MHOs. We are effective participants in rate-setting discussions; we chair the State MHO Contractors' meeting and we participate actively in quality improvement activities at the state level. In addition, LaneCare has established effective partnerships with consumers, contracted providers, and other community partners, including the Lane Individual Practice Association (LIPA) and the OHP Fully Capitated Health Plan in Lane County.

Due to state budget deficits there have been several critical changes affecting LaneCare. LaneCare receives a capitated amount of funds to pay for mental health treatment for all County residents covered by LaneCare under the OHP. When we started the last fiscal year we estimated that the monthly average capitation payment this year would be $1,200,000, for a total annual budget of approximately $15,000,000. Each month there were approximately 35,000-36,000 LaneCare members.

Due to budget reductions, this changed effective March 1, 2003. Approximately 9,000 OHP Standard members lost their enrollment in LaneCare effective March 1, 2003. LaneCare now has a membership of a little over 26,000 members each month. The LaneCare annual budget was reduced by almost $2,000,000 effective March 1st when OHP Standard members lost their mental health benefit.

LaneCare was concerned that the mental health benefit that these 9,000 Lane County citizens are losing will create substantial hardship for certain individuals. Other budget reductions have affected the prescription benefit, alcohol and drug benefit, indigent services, and crisis services for indigent residents. Without critical services and supports, individuals with severe mental illness will have very poor outcomes. LaneCare has stepped up to the plate by committing reserve funds to provide transitional support for individuals and programs. These include co-payment funds, transitional indigent care mental health funds, and crisis system stabilization funds. We do understand that these resources are temporary and that other long-term community fixes will need to be developed. LaneCare will extend these supports until January 2004.

Effective October 1, 2003 LaneCare will experience an additional 14 percent capitation reduction. This is different from previous reductions in that we will receive a smaller monthly payment with no reduction in membership or service expectations. This means that we will need to provide 14 percent fewer services if we are to continue to remain fiscally sound.

LaneCare has a small reserve that will allow us to manage our budget prudently but not overly conservatively. We can use a portion of these funds to maintain stability in the system while the politics and system adjustments have time to settle. To make the future even more confusing, there is an expectation that OHP Standard will have their mental health benefit restored in February, only to be eliminated again if the tax increase is voted down.

LaneCare pays for a significant percentage of services provided by Lane County Mental Health. LaneCare also has service contracts with 12 nonprofit mental health agencies. A portion of clinical funds is contracted to consumer and parent-run organizations to provide activities to reduce social isolation and for peer supports and other support services.

Another portion is dedicated to community-based prevention efforts. LaneCare continues to fund outreach to facility-bound seniors, coordination with developmental disabilities, parent training and suicide prevention for teens, and crisis supports and response. In addition to these programs, LaneCare provides partial funding for outreach to homeless youth and an Internet site (TheLane) that provides community information, including mental health services information. LaneCare publishes two newsletters each month and has published a consumer newsletter quarterly.

In addition, LaneCare contracts with a number of hospitals (Lane County Psychiatric Hospital, Sacred Heart's Johnson Unit), PeaceHealth psychiatry, and has a clinical exception procedure for paying for mental health services for professionals off panel. Flexible funds are committed to support clients in treatment alternatives in ways that could not be billed.

The quality assurance process continues to help review policies, procedures and practice of the LaneCare funded mental health service system. As part of LaneCare's on going quality improvement efforts, we have:

- Continued to provide trainings for our panel of participating practitioners
- Updated the LaneCare Provider Manual
- Identified and funded quality improvement efforts
- Identified and funded prevention, education and outreach projects
- Completed consumer satisfaction surveys; and
- Collected data with the LaneCare clinical evaluation instrument

LaneCare has not been able to offer reimbursement rate increases to most contractors for several years; this is true again for next year. Contractors are experiencing increased costs without being able to achieve an increase in revenues. LaneCare has achieved a remarkable partnership with providers that has allowed for open communication and shared decision-making. As budgets become tighter the tension between providers and LaneCare is likely to increase.

In April 2003, LaneCare and all contracted providers became fully compliant with the new federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules. In October 2003, HIPAA requires the implementation of a standard transaction code set. This means that Oregon will shift from billing for services with its unique BA code system and will move to the standard service codes for claims payment. This has required a complete overhaul of the LaneCare system and the billing practices of each agency.

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

### Communicable Disease Service Unit

The Communicable Disease team is examining and improving our system of outbreak management. Norwalk Virus outbreaks in various settings (camps, fairs, nursing homes, a restaurant associated salmonella outbreak, and two cases of bacterial meningococcal disease) have provided us the real-time opportunity to re-examine and develop our procedures within our team in conjunction with the Environmental Health team. These activities enhance our preparedness ability and keep us on track with the state requirements and expectations for the preparedness funds. Communication amongst our various teams, staff members, the public, and the media are being discussed as we strive to be more efficient and responsive in our delivery of information.

The Hepatitis A and B immunization project for at-risk members of our community has continued to develop. The pilot project with State Health Services has provided Lane County Public Health (LCPH) with state supplied hepatitis vaccine at no cost. Vaccination is offered and provided through our Sexually Transmitted Disease Clinic. The LCPH nurse at Willamette Family Treatment Center provides the vaccine for clients in the treatment program. LCPH Family Planning clients in increased-risk groups for hepatitis infection are now being referred to the pilot project.

There have been challenges to our efforts to make the Hepatitis A and B Special Project available in certain settings. A process for clients in the Methadone Clinic to access both our Rapid HIV Counseling and Testing (C&T) Program, and our Hepatitis A and B Vaccination Program is now in place. LCPH clients who come to us from the Community Corrections Center for Rapid HIV C&T are being offered, and are receiving, the hepatitis vaccines. We have been able to provide the vaccine on a limited basis once a month at the HIV Alliance needle exchange program. Since April 1, 2003, when we began the project, we have collectively served 141 individuals. We have provided 134 Hepatitis A vaccinations and 156 Hepatitis B vaccinations.

We have recognized that one of our ongoing challenges is to improve the return rate for clients needing their second or third dose in the vaccination series. With the help of a LCPH volunteer nurse, we have recently established a reminder call system to encourage and educate clients to return for their next vaccination. A second factor limiting our capability to reach more qualified clients is time and staff limitations. We have just one slot per week available for Methadone clients. Community Corrections Center clients have three slots per week available. Even though providing immunizations and completing the required administrative process during an STD clinic slows the clinic flow, we are providing an essential public health prevention activity.

The Rapid HIV Test pilot program has developed alongside the hepatitis vaccination project. We began offering the test at the Community Corrections Center, Willamette Family Treatment Center, and with the Lane County Methadone Treatment program clients in July 2003. We have tested 30 people who have increased risk for HIV infection in these settings. The response from clients has been overwhelmingly positive. In each of the mentioned programs, clients are currently clean and sober and are in a position to take a close look at their past behaviors. Testing is voluntary. Many of these clients have felt that knowing their HIV status at this time is important to their efforts to pull their lives back together. Clients who do the Rapid HIV Testing are often in a state of readiness to listen and make choices about their future. Receiving the results at the same time that they receive the HIV counseling and testing makes best use of this opportunity.

Nurse clinics providing tuberculosis (TB) testing and referral continue daily at a Eugene homeless shelter. Cases of active TB in Lane County have decreased to eight, largely due to the daily supervision by the nurses and providing directly observed therapy. The number of people on preventive treatment has gone from a high of 121 in June 2002, to 74 as of September 2003.

Within the preparedness/bioterrorism grant, the coordinator and sanitarian have been working on updating our emergency response and procedures as a department within the overall county emergency plan. They have also been writing the standard operating procedures for public health staff to follow in the case of an emergency.

The preparedness staff have been partnering with other public safety and health care providers in the overall community preparedness effort. The clinical health coordinator and

health officer have been providing education in the community with neighborhood watch groups, hospital staff, service clubs, and any other group which requests information.

**Environmental Health Service Unit**

The purpose of the Environmental Health Program is to protect the health of residents and visitors in Lane County as they use our restaurants, hotels, public swimming pools, schools, and other public facilities. Education of food handlers continues to be a priority, as prevention of disease transmission through improper food cooking, cooling, storing ,and serving remains a major goal of this unit.

The last six months have been particularly busy for the environmental staff, in their efforts to keep up with the numerous inspections required due to the fairs and outdoor events. The team has also been working with the Communicable Disease nurses to better coordinate on food borne illness investigations. Having the two disciplines working together is critical in curbing these types of outbreaks.

**Teen Pregnancy Prevention / Family Planning Unit**

Nurse and nurse practitioner time in the Family Planning Clinics has been reallocated in keeping with the direction from the Board of County Commissioners provided for in the budget discussions for Fiscal Year 2003-04. Whenever possible, we have kept a nurse and a nurse practitioner in the Eugene office. We have strengthened the availability of bilingual Spanish speaking staffing in the Eugene office by filling a vacant bilingual OA 2 staff position.

We have revised our branch office schedules as directed by the Board of County Commissioners. Our Oakridge and Cottage Grove offices have continued the process begun last year of consolidating both staff time and clinic hours. On occasion, we have had to cancel branch office clinics because of staffing shortages, but these clinics have largely functioned well, as outlined, with one day per week in Oakridge and one and a half days in Cottage Grove. The Florence office has faced the greatest challenges. Both the Florence OA2 and nurse have been relocated to Eugene. Since July 1, 2003, we have planned to schedule one public health clinic in Florence each Tuesday. During the months July through October 2003, we have been unable to cover 6 of the 18 Tuesdays due to staffing shortages. We continue to evaluate our allocation of staff time, resources and client needs in the branch offices.

**Breast & Cervical Cancer Screening Unit**

The purpose of the Breast and Cervical Cancer Screening Program (BCCP) is to decrease disability and death from breast and cervical cancer through early detection for the medically underserved population of women ages 40 to 64. In 1994, the Oregon Department of Human Services (DHS) received a grant from the National Centers for Disease Control and Prevention (CDC) to establish a Breast and Cervical Prevention Program in Oregon. The Lane County BCCP was established in 1997, and since that time has provided access to clinical breast exams, mammograms, Pap tests, pelvic exams and other diagnostic services

for approximately 4,500 uninsured or underinsured women. Over the past six months, BCCP has screened approximately 400 clients, five of whom were diagnosed with breast cancer. The individuals who received a diagnosis were assisted in accessing treatment. Early detection and treatment of breast and cervical cancers increases the rate of survival.

Breast cancer is the most commonly occurring cancer and second leading cause of cancer death among Oregon women, as reported by the Oregon State Cancer Registry. In 2000, 3,219 new cases of female breast cancer were diagnosed in Oregon and 482 women died of breast cancer. BCCP provides access to screening and treatment that would not otherwise be available to uninsured and underinsured Lane County women.

Cervical cancer is a truly preventable disease. With early detection, precancerous cells can be detected and removed before they develop into cancer. Oregon State Cancer Registry data indicates that 146 new cases of cervical cancer were diagnosed in 2000, and 36 women died from the disease that year. The Papanicolaou (Pap) test has the potential to virtually eliminate invasive cervical cancer, and its use has significantly reduced the number of deaths from cervical cancer. However, deaths continue to occur—most often in women who are rarely or never screened. Routine screening remains less common among women who are uninsured, have less than a high school education, or live in poverty. BCCP provides access to Pap tests for Oregon women who would not otherwise be able to afford this important screening procedure.

**Prenatal Unit**

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

The statewide benchmark goal for early prenatal care is 90 percent. Both state and county rates have remained well below that goal, and Lane County's rate has remained below that of the state as a whole. Early 2003 data indicates that Lane County again lags behind the state in early prenatal care. Statistics for January to June show that only 74.4 percent of Lane County's pregnant women had first trimester prenatal care as compared to 81.3 percent for the state.

Improving access to care is the most effective means of increasing the percentage of women who receive first trimester prenatal care. Women who do not obtain early prenatal care often have no health insurance, do not know that low cost services are available, and find the system for accessing care both overwhelming and confusing. In the past six months, Lane County Public Health's Prenatal Program has assisted 326 low-income women access health coverage through Medicaid, and has helped assure the establishment of prenatal care for those women.

**Maternal Child Health Unit**

The purpose of the Maternal Child Health (MCH) program is to optimize pregnancy, birth, and childhood outcomes for at-risk families through education, support, and referral to appropriate medical and developmental services. During the past six months, the MCH team has received 189 new referrals for nurse home visiting services—144 referrals for Maternity Case Management, 11 referrals for Babies First!, 16 referrals for CaCoon, and six other referrals—about one referral per day. The CaCoon program is partially funded through grant funds from Oregon Health and Science University (OHSU)/Child Development and Rehabilitation Center (CDRC). In addition, Willamette Family Treatment Center contracts with Public Health to provide MCH services at their facility. The referrals listed above do not include program services at Willamette Family Treatment.

The Maternity Case Management component of MCH provides ongoing nurse home visiting services for high-risk pregnant women and helps assure access to, and effective utilization of, appropriate health, social, nutritional, and other services during the perinatal period. Prenatal nurse home visiting has been shown to: increase the use of prenatal care, increase infant birth weight, decrease preterm labor and extend the length of gestation, increase use of health and other community resources, improve nutrition during pregnancy, and decrease maternal smoking—all of which increase positive birth and childhood outcomes.

The Babies First! component of MCH provides assessment and early identification of infants and young children at risk of developmental delays or other health related conditions. Screening for health or developmental problems helps identify children at risk of later problems. Early detection of special needs leads to successful interventions and the most positive outcomes. Nurse home visiting for high-risk families with young children allows early detection of potential delays, parental education regarding ways of overcoming early delays, ongoing assessment of development, and referral to early and appropriate interventions. Other benefits of nurse home visiting are: improved growth in low birth weight infants, higher developmental quotient in infants visited, increased use of appropriate play materials at home, improved maternal child interaction, improved maternal satisfaction with parenting, decreased physical punishment and restrictions of infants, increased use of appropriate discipline for toddlers, decreased abuse and neglect, fewer accidental injuries and poisoning, fewer emergency room visits, and fewer subsequent and increased spacing of pregnancies.

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

## Healthy Start Unit

Healthy Start is a research-based primary prevention program funded by the state legislature. Through its existence, Healthy Start has been proven to effect positive changes in the lives of families and children.

Lane County Healthy Start is an important part of the collaborative and comprehensive system of supports and services for families in Lane County. Through a wide-ranging collaboration of health care and social support services, the program is able to reach 88 percent of the first-time families in our county, as well as many subsequent birth families. This is the highest Healthy Start "reach rate" in the state. A core staff of county employees administers the program, while program services are delivered throughout the county by a coordinated network of contacting agencies.

The core staff meets with all parents who agree to meet at the time of the birth of their baby. Parents are offered Healthy Start services, including intensive home visiting for eligible families, resource referral and parenting information, and are told about Healthy Start Play and Learn Groups. These groups are offered throughout the county, based in Family Resource Centers and nonprofit agencies serving special populations. Parents are given information on Healthy Start Car Seat Safety Clinics and Classes. All participating families are given Welcome Baby gift bags or packets filled with parenting and resource referral information. A few weeks after birth, parents receive follow-up phone calls from Healthy Start parent educators offering further support and information.

Currently, about 650 families countywide are engaged in ongoing intensive home visiting through the Healthy Start program. These families have voluntarily participated in a standardized screening and assessment process that identified them as at high risk for child abuse and neglect. Lane County Healthy Start participates in a state-wide evaluation project that consistently demonstrates positive outcomes for these families including: a lower rate of child abuse and neglect in participating families, a higher rate of families accessing health care services through establishing and maintaining a medical home (with less use of emergency rooms), a higher percentage of participating children who are fully immunized by age two, and these families read to their children more than the general population. Participants report high levels of satisfaction with program services. Intensive service children receive regular developmental screening, with timely referrals to Early Intervention services if needed. Families are assisted to access other services, including drug and alcohol treatment, family planning services, and assistance with basic needs, as well as receiving ongoing parenting education and support.

## Women, Infants and Children Unit

During the month of August 2003, a new statewide WIC Program data system (TWIST) was implemented in Lane County WIC. The system was established in order to improve efficiency and streamline service delivery. For the first six weeks with the new system, however, a significant amount of staff time was used for training and becoming accustomed to the new

system. This had a major impact on WIC caseload, as the number of client appointments was reduced during the roll-out of the new system.

In September 2003, the WIC Program was serving 7,986 clients. The number of vouchered participants (the actual number of participants redeeming WIC vouchers for that month) was 7,881. For this program year, the assigned target vouchered caseload level is 8,228 vouchered participants per month. The program is currently maintaining at 95.8 percent of this assigned caseload. In addition to the impact of the data system implementation, another factor affecting caseload is the reduction of clinic days in the branch offices of Cottage Grove, Oakridge, and Florence. Many clients from rural areas have been able to come to Eugene for appointments, and some are being seen in the branch offices. However, this situation has had some effect on the WIC caseload.

The WIC Program issued Farmers Market coupon booklets to 2,080 clients during the months of June – August 2003. The number of Farmers Market coupons distributed this year was a significant increase from the 1,200 coupons issued last season. These $20 coupon booklets are used to purchase fresh fruits and vegetables from Farmers Market vendors. Families also received education regarding the nutritional value of fresh fruits and vegetables and the benefits of shopping with local farmers.

**Tobacco Prevention Unit**

The purpose of the Tobacco Prevention and Education Program is to reduce tobacco use and its impact on the health and economic well-being of Lane County residents. In April 2003, the Oregon Legislature temporarily suspended the statewide Tobacco Prevention and Education Program in order to use Tobacco Prevention funds to help with the state budget crisis. All prevention activities ended, including the nationally recognized statewide toll-free "quit line". Since that time, the local program has suspended all activities, with the exception of having the tobacco prevention coordinator provide minimal (1-2 hours per week) temporary help to ensure that persons needing assistance with the various tobacco laws have their needs met.

Before ending its last session, the Oregon Legislature reinstated the Tobacco Prevention and Education Program but reduced the voter-mandated smoking cessation program by 70 percent. The Department of Human Services (DHS) is developing a plan to determine which components of the program can be continued. It is not known at this time if and/or what portion of the funding will come to Lane County.

Although tobacco prevention programs have been suspended for six months and will return in only a limited way, the health risks from smoking continue unabated. Smoking is the principal cause of lung cancer, and lung cancer is the leading cancer killer among women—four times as many deaths as breast cancer. Additionally, smoking is a primary risk factor for cardiovascular disease, the foremost killer of women. In the recently released report "Women and Smoking," compiled by the Center for Women's Health at Oregon Health and Science University and the National Women's Law Center, states were graded on 11 health indicators and the strength of tobacco control policies as compared to national goals set by the Healthy People 2010 Initiative. Oregon received a failing grade. The study determined that almost

2,000 Oregon women die each year from smoke related illnesses. Further, the results of the study show that approximately 20 percent of adult Oregon Women smoke, and a higher rate of younger women smoke—26 percent of women ages 18-24 and 24 percent of women ages 25-44. Study results also indicate that 13 percent of all pregnant Oregon women smoke and 25 percent of pregnant teens ages 15 to 19 smoke, even though the negative impacts of maternal smoking on the unborn child have been documented. The national goal for smoking during pregnancy is one percent. The authors of the study conclude that Oregon needs more smoking cessation programs, more insurance coverage to increase access to cessation treatment, more health care providers who help their patients quit smoking, more bans on worksite smoking, and more smoke-free homes—all goals of the statewide, voter-mandated, smoking-cessation program, Tobacco Prevention and Education.

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

In a department reorganization in June 2003, Adult Parole and Probation and Alcohol/Drug/Offender Services combined to form the Supervision and Treatment Services Division. This change has offered the opportunity to increase coordination between programs and to provide services in the most effective way possible.

### Methadone Treatment Program

As of September 30, 2003, the Lane County Methadone program had 111 active patients in treatment. The waiting list has been closed for several months due to the intake of 25 new patients in January and the loss of a position in July. The other methadone treatment program in Lane County, Integrated Health Services, has approximately 160 people in treatment. This total of 271 in methadone treatment compares with the total of 448 in three different methadone programs in September 2001. The state is planning to restore the chemical dependency benefit for Oregon Health Plan (OHP) Standard members in January 2004. However, with the possible loss of state funding in February, it remains to be seen whether this will actually happen.

The Methadone program will have an accreditation survey from CARF on October 16-17. CARF is a private, nationwide accreditation agency. The survey is in response to a new federal regulation requiring all methadone programs to become accredited. This will be a more extensive review of the program than a state site review. All aspects of the program, including fiscal, planning, clinical, and safety/emergency services will be reviewed.

Like other programs in Supervision and Treatment Services, the Methadone program budget has become more reliant on patient fees, affecting our ability to offer services to lower income patients. From March through September 2003, twenty-two (22) patients left the program due to inability to pay the monthly fee. Also, due to the end of a three-year federal heroin treatment grant in September, one of the program's four counselor positions was eliminated this year, resulting in reduction of program capacity from a high of 147 in January to the current 111.

## DUII / Corrections

The number of new DUII evaluations continues to increase at a steady level. The numbers for the last several months are listed below, and compared with the same month in the previous year.

| Month | New Evaluations (2003 Evaluations) | New Evaluations (Previous Year) |
|---|---|---|
| September | 191 | 148 |
| August | 156 | 157 |
| July | 170 | 152 |
| June | 156 | 166 |
| May | 167 | 165 |
| April | 175 | 192 |
| March | 194 | 149 |
| TOTALS | 1209 | 1129 |

In the nine-month period shown below, total corrections evaluations for domestic violence and drug charges other than DUII have decreased 43 percent from the previous year. Evaluations specifically for domestic violence offenses decreased 28 percent. The exact reasons for the decline in these evaluations are unknown; however, possible causes include the disruption in court operations and indigent defense due to budget cuts, changes in sentencing practices, and a change in the program's fee payment policy. (In November 2002, the program stopped doing payment agreements for evaluations, and now requires full payment at the time of service.)

| January 1, 2002 – September 30, 2002 | | |
|---|---|---|
| **Month** | **Total Corrections Evaluations For The Month** | **Number of DV Clients Out Of Those Corrections Evaluations** |
| January | 37 | 20 |
| February | 43 | 18 |
| March | 27 | 11 |
| April | 41 | 20 |
| May | 35 | 16 |
| June | 29 | 12 |
| July | 21 | 7 |
| August | 30 | 13 |
| September | 33 | 14 |
| TOTALS | 296 | 131 |

| January 1, 2003 – September 30, 2003 | | |
|---|---|---|
| Month | Total Corrections Evaluations For The Month | Number of DV Clients Out Of Those Corrections Evaluations |
| January | 20 | 10 |
| February | 28 | 20 |
| March | 33 | 20 |
| April | 17 | 9 |
| May | 20 | 10 |
| June | 15 | 6 |
| July | 15 | 9 |
| August | 13 | 7 |
| September | 7 | 3 |
| TOTALS | 168 | 94 |

Offender clients have been affected by funding cuts in this unit. As a result of reduced community corrections (CCA) funding to the county, many services were eliminated. Those include "no charge" mental health and alcohol/drug evaluations, Anger Management groups, individual counseling and a small contract for psychiatric services. The evaluations funded by CCA were provided on-site at the Parole and Probation (P&P) office, and were accessible, timely, and convenient for offenders. P&P officers relied on these evaluations to get offenders into treatment quickly. Without the community corrections funding, offenders must now pay $120 for an evaluation. This results in delays in offenders receiving the evaluation and entering treatment. Other funding cuts have resulted in fewer referral options for POs and fewer treatment options for offenders, resulting in an increased number of offenders either delaying or avoiding treatment.

## Sex Offender Treatment Program

In Fiscal Year 2003-2004 the Community Corrections Act (CCA) funding for this program was reduced by $224,976. The program was forced to eliminate the pretreatment "Life Skills" groups, a number of indigent treatment slots, and most family treatment services. As a result of these reductions, there is a much longer wait for indigent offenders to enter treatment. Possible outcomes of these reductions may include lower rates of offenders completing treatment before the end of supervision, and a higher number of offenses committed by untreated sex offenders in the community, either while waiting for treatment, or after the end of supervision, if treatment was not completed.

The current CCA funding levels and recent policy discussions about sex offender treatment reflect a belief that sex offenders should contribute more to their treatment costs. The county's treatment program has always charged offenders for treatment, previously using the H&HS sliding fee scale. Offenders who did not pay were terminated from treatment. In order

to increase revenue from client fees and allow the program to continue at the current (reduced) level, the program has eliminated the sliding fee scale and implemented a two level, flat fee system. The lower level is for offenders on a fixed income (i.e., elderly or disabled) and for offenders who are unemployed. The second level is for all other offenders. Offenders who are unemployed at the time of entry into treatment will remain at the lower level for a maximum of 60 days, during which time they are expected to obtain employment. At the end of 60 days, they will be charged at the higher level. It is expected that POs will assign unemployed offenders to employment assistance programs, for example, the P&P Day Reporting Center, so they can become employed by the end of 60 days. The program will continue the policy of terminating clients from treatment who do not pay their fees.

It remains to be seen whether offenders will meet these higher fee payments throughout treatment. Under the previous system, the sliding fee scale allowed for reduced charges to offenders who were paying child support for dependent children, or who were re-paying the state for past support paid on their behalf. Reduced charges were also allowed for offenders whose income was reduced due to enrollment in school or training programs. Neither of these fee reductions is allowed under the current system. Offenders will be expected to pay the higher treatment fees, in addition to supervision fees, court fines, and court-ordered restitution.

Although the funding cuts and service reductions have had a significant impact on the program, there is some encouraging news for sex offender supervision and treatment. In October 2003, Lane County was awarded the Department of Justice's Comprehensive Approaches to Sex Offender Management (CASOM) grant. This two-year grant includes funding for a Mental Health Specialist who will be located at Parole and Probation, and who will monitor sex offender treatment providers, increase data tracking, coordinate between treatment providers and Parole/Probation Officers, and restore the Life Skills pretreatment group for sex offenders. It will be especially useful to have better data about sex offenders on supervision in Lane County, in order to answer a number of questions regarding this population, e.g., how many sex offenders are in treatment at any given time, how many sex offenders complete treatment before the end of supervision, and how many offenders are terminated from treatment due to failure (or inability) to pay.

**Parole and Probation**

As of September, Parole and Probation (P&P) supervised 3,378 individuals, which is a slight reduction from an office high of 3,514 reported in the last Board of Health. A recent statewide survey revealed Lane County Parole/Probation Officers' caseload sizes are among the highest in the State. P&P continues to supervise person-to-person misdemeanants, as well as felons.

Although the program goal is to reduce the officer/offender ratio, the program funding to reach this goal remains uncertain. Lane County has received an additional $3.1 million in community corrections (CCA) funding, above the $15.7 million already allocated by the Board for this biennium. However, the PSCC has accepted a recommendation from the Supervisory Authority Team (SAT) to put most of the increase in a contingency fund until after the

outcome of a possible ballot measure in February, which could eliminate most of that increase. As of the writing of this report, even the worst case scenario for community corrections funding would leave an additional $494,922 for the biennium, above what is currently allocated. Two recommendations, aside from the contingency fund, were made for part of the $494,922. Those were a 2 percent COLA for all programs and services funded by CCA in the second year of the biennium, and funding for a full-time data entry support staff at P&P, to allow P&P to enter offender data in the state database, from which the Department of Corrections will measure Lane County's progress on several new performance measures in the intergovernmental agreement. The County may also be able to access this data for our own information about the offender population.

Parole and Probation is working with the Sheriff's Office and the Circuit Court of Lane County on a new system to assess and manage offenders, both in custody and in the community, starting at pre-trial and continuing through community supervision. This project is called the Offender Management Center (OMC). There are four goals for the OMC:

- Increase the rate at which defendants/offenders appear for scheduled court appearances
- Reduce the risk of community harm, when the defendant or offender is released to the community
- More effectively and efficiently utilize the county's criminal justice resources
- Increase the number of positive case closures

In order to reach the first two goals, all offenders brought to the jail will be assessed as to level of risk on a validated risk assessment tool developed for this project. Lower risk defendants or offenders will be either placed in an alternative custody program or released to the community with a release agreement. Offenders released on release agreements will be monitored. Only the higher risk defendants or offenders will be booked into the jail. Part of the plan for the OMC is to eliminate the matrix release by only booking the highest risk offenders into the reduced number of jail beds. Both state Custody Referee staff and Sheriff's staff will participate in the pre-trial risk assessment and release phase of the system. It is anticipated that the first phase of the OMC will begin in April 2004.

Parole and Probation and Sheriff's Adult Corrections staff have also joined in discussions to improve the management of local control offenders under P&P supervision who are incarcerated in the county jail. The goal of these discussions is to develop a mechanism by which P&P staff participate in release decisions of offenders under their supervision, in order to avoid early release. It is not uncommon now for a PO to bring an offender to jail on a sanction and have that offender released on the matrix the next day.

The Parole and Probation Day Reporting Center (DRC) continues to offer offenders assistance with job search and referral to local employment resources. The Center is located on the first floor of the State Office Building, which houses the main P&P office. The DRC maintains a list of temporary help agencies, provides information about job openings and employment classes offered by other agencies, and requires offenders to turn in log sheets of contacts made in their job search. Between 35-45 offenders report each day, from 7:30–8:30 AM. The center is staffed by one support staff and an intern (the support staff person does

other work the rest of the day). The center also serves as a daily contact sanction for offenders who need more intensive reporting.

The DRC opened in April of 2002, and has seen a steady increase in referrals from Parole and Probation officers. In Fiscal Year 2002-03, 390 unduplicated individuals used the center's services. Of those 390 offenders, 27 percent obtained employment by using this service. Given the very low cost and limited hours of the DRC, it appears to be a very cost-effective service option.

In October 2003, Parole and Probation was awarded a two-year Department of Justice, Office on Violence Against Women grant. Partners in the grant are: Parole and Probation, the Sheriff's Office, Circuit Court of Lane County, and Womenspace. The goal of the grant is to increase victim safety through intensive supervision of domestic violence defendants and offenders. The project funds 1.5 FTE P&P officers to work with domestic violence defendants at the pre-trial stage, monitoring compliance with pre-trial release agreements, and supervising offenders who are convicted of a domestic violence offense. The pre-trial agreements usually include a condition for no contact with the victim, no possession of weapons, and requirements regarding future court appearances. Funding is also included for a victim advocate through Womenspace, and for program evaluation.

This grant builds on a previous pilot project conducted from January 2002 to January 2003. The Victims Protection Pilot Project (VP3), funded by the Centers for Disease Control, provided funding for an existing PO to spend half his time monitoring domestic violence defendants pre-trial. Outcomes of the pilot project were as follows:

- All 75 defendants served in the project appeared for scheduled court appearances.
- Only one warrant for one defendant was issued during the entire year.
- There were no complaints from victims of this group about defendant contact during the pre-trial period.
- Several defendants voluntarily entered domestic violence intervention programs prior to trial.

When the grant ended, these services were discontinued. However, the outcomes achieved by the pilot project contributed to the successful funding of the new project.

Parole and Probation continues its contribution to the Weed and Seed project in the Bethel neighborhood. This Eugene Police Department (EPD) project just received its fourth year of funding. The project objective is to "cultivate healthy, safe and vibrant neighborhoods by bringing people and resources together to 'weed' out illegal activity and harmful conditions and to 'seed' positive opportunities for community members." Parole and Probation officers share office space with EPD officers in the Bethel neighborhood, and provide intensive supervision to high-risk offenders who live in the Bethel/Trainsong area.