Bd. of Health

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Agenda Cover Memo

AGENDA DATE: November 9, 2005

TO: Board of County Commissioners

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

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

The following report to the Board of Health is a summary of recent or current health and human service highlights 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 & human service system, services are integrated to the greatest degree possible to ensure our support of Lane County citizens' health in an effective and efficient manner.

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

I. SPECIAL SERVICES / ADMINISTRATION

Family Mediation Program: (Donna Austin, Program Manager)

During the last six months, the Family Mediation Program completed a total of 155 court-referred mediation cases. These cases involved open legal actions concerning child custody and/or parenting time disputes. The parents in these cases were parties to a Lane County dissolution, legal separation, modification, or (if unmarried) legal action to establish or modify child custody or parenting time.

A total of 411 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. A Spanish language version of the class is provided for Spanish speaking parents.

Prevention Program: (Karen Gaffney, Assistant Department Director)

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

Highlights from the biennial report for 2003-05 approved prevention plan include:

- Four community-based coalitions received technical assistance and fiscal support for implementing evidence-based prevention practices
- A total of 538 school staff received trainings with 90% reporting an increase in knowledge
- An additional 372 youth participated in positive youth development and leadership training with 88% of the students reporting an ability to demonstrate new skills in leadership and other positive youth development activities
- All of the Family Resource Centers participated in sponsored evidence-based parent education programs, serving 233 parents
- An additional 26 parents received evidence-based parenting services through Centro LatinoAmericano, with more than 80% reporting increased knowledge and positive changes in parenting
- Family Resource Centers provided services targeted for children of alcoholics/addicts to 340 identified youth
- Completion of a random survey of adults in Lane County related to substance abuse and gambling issues

Support for the ongoing development and sustainability of local community coalitions continues in the form of staff support and some project funding. The Lane County Coalition to Prevent Substance Abuse, which is primarily funded through a federal Drug-Free Communities Grant, continues to meet regularly. Highlights from the last six months include:

- Coalition members participated in training, including a national training focused on management and sustainability of the coalition, and a local training on effectively using the media
- News conference on proactive parenting, based on the results of surveys of local youth and adults

- Hosting of the 6th annual Prevention Celebration to educate and inspire local leaders, to thank volunteers for their thousands of hours of service, and to highlight the successes of the various local prevention efforts
- Provide biweekly articles focused on the 40 developmental assets for publishing in the Register Guard

The problem gambling prevention program aims to heighten community awareness about problem and pathological gambling and reduce the negative effects of gambling by implementing a gambling prevention strategy targeting youth and families. The program addresses risk factors for problem gambling through school-based prevention workshops, community presentations, educational materials, website content, media efforts, public policy efforts, and collaboration with other prevention, treatment, and community partners.

From April 1 to September 30, the program reached more than 800 middle school youth through school-based prevention workshops. The gambling prevention website, www.lanecounty.org/prevention/gambling, draws over 500 visits each month to its pages that include information on problem gambling and helpful tools for parents, educators, and community members.

Evaluations from youth exposed to school-based gambling prevention presentations demonstrate that the average onset of gambling behaviors is nine years old. The posttest evaluations also show marked increases in awareness among middle and high school students exposed to youth presentations, in addition to youth reporting that they plan to reduce gambling behavior. Educators report that the class presentations are very appropriate for their students' grade level(s) and that their own awareness of youth problem gambling has increased as result of our interventions. Professionals report that presentations have helped increase their knowledge "a lot" about problem gambling issues on average, and that learning about the efforts to address problem gambling is "very useful" to their work/volunteer efforts.

As a commitment to planning and providing effective prevention practices, the program has partnered with Oregon Research Institute to begin studying youth gambling attitudes and behaviors, begun working to streamline and integrate efforts with other evidence-based alcohol and drug prevention efforts, and have been key in helping shape statewide gambling prevention services strategic planning. The program is also partnering with other regional gambling prevention providers in aiming to implement a legal age for social gaming (e.g., card tournaments, social sports pools) within the state of Oregon. The program will continue to build upon these efforts in the next six months, and is developing new evaluation measures to capture increasingly specific information about the efficacy of program efforts.

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 currently offers lifespan case management for 1,476 individuals who meet state-mandated eligibility criteria. In addition to case management, DDS directly provides crisis services for children and adults and family support services. DDS also subcontracts with seventeen local agencies to provide residential, transportation and employment services for adults. DDS authorizes funding and collects licensing information for 95 foster providers for adults and 29 foster providers for children. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

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

Program-wide Initiatives

DDS services in Lane County have been impacted by several initiatives in the past six months. These include the state eXPRS payment system, the implementation of the federal Medicare Part D prescription drug benefit, and the ongoing implementation activities related to the new state Individual Service Planning process.

The eXPRS payment system is a web-based state payment system that went on-line in August. Providers who subcontract with the county for DD residential and employment services as well as county staff were trained in the new system during the spring and early summer. Over $20,000,000 in revenue is paid out annually to local providers for DD services and the challenge to meet contract agreements through a new system was enormous. H&HS contract and fiscal staff provided excellent customer service for local providers and the transition went smoothly. Providers and county staff now have real-time access to payments authorized for services.

The Medicare Part D prescription drug program will affect about 60% of the people enrolled in DD services. Many of these people have eligibility for both Medicaid and Medicare and will have new prescription drug coverage through Medicare effective

January 1, 2006. They will be randomly assigned to one of 12 statewide insurance plans by November 15, 2005. The challenge for these individuals, their families and providers will be to make sure their plan meets their current needs for medications. If the plan does not fit their current needs, individuals may choose another plan. The process is web-based, however, and DDS anticipates that consumers and providers will need assistance with the choice process.

In addition, the new coverage requires a co-pay which may be a significant expense for some people who take several medications. DDS is working together with other local agencies to assist people to research the options that are available and make the best choice. A number of local and statewide trainings are being offered and DDS is an active participant in order to be effective advocates for DD consumers.

Services that are provided to individuals in the comprehensive system are driven by an Individual Support Planning process. New formats for 24 hour Residential Services and foster services were implemented over a year ago. The 24 hour process is being reviewed statewide and Lane County case managers will have input into that process. This new process has been extremely labor intensive as providers and DDS staff have had to work together to both learn and implement the new system.

Services for Children: During the 2004-2005 fiscal year the Children's Services Team added case management services for 85 newly qualified children and teens. Thirty one were under the age of five, forty were between the ages of six and seventeen and fourteen were between eighteen and twenty. Referrals for these services come from DHS child welfare, families, schools, doctors, and the juvenile justice system. Overall, the disabilities of children being referred to DDS are typically complex. Many have Autism or another diagnosis on the Autism Spectrum, many have medical issues as a result of premature birth, many have been abused and neglected in early life and have mental and emotional disabilities as well as developmental delays, and an increasing number are from environments in which the their biological parents were involved in drug abuse of some kind.

The children's team supports 52 children and teens in foster and residential care. The majority of these individuals are in foster care where the case management priority is to write and update plans as well as insure that appropriate services are being provided.

Along with much of the State of Oregon, Lane County is experiencing a shortage of qualified foster providers. Most providers are not able to serve the increasingly challenging population of children needing intensive/specialized services in the DD system. Lane County DDS has some excellent providers and they continue to be a valuable resource for children for mild to moderate levels of challenge. More families are interested in accepting medically fragile children into their homes than attempting to meet the needs of those with mental illness and/or highly challenging behaviors.

It is increasingly challenging to find emergency placements for children and teens in crisis due to the complexity of their needs as well as a statewide strain on the service

system. Kids turning 18 often require individual planning or development to meet their individual needs.

Family Support: Lane County DDS received a reduction from the previous fiscal year in its Family Support Services for fiscal year 2005 – 2006. The available funding provides support for eligible children under the age of 18 living in their family home. This funding is used to reduce the incidence of out of home placement. Family Support Services provide supports such as family training, behavior consultation, respite care, environmental accessibility adaptations, community inclusion, and other supports as needed for the individual with developmental disabilities and their family. Over 80 families are enrolled in the program, with another 250 on the waiting list.

Family Support services are built on the value placed on supporting children with developmental disabilities in the family home rather than expensive out of home placement in foster homes or residential facilities. The principles of family support are based on the belief that all people, regardless of disability, chronic illness, or special need have the right to a permanent and stable family and that supporting families in caring for children at home is in the best interest of the children, families, and communities.

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

Comprehensive Services: Lane County Developmental Disabilities provides comprehensive services to 430 adults who live in group homes, foster care, supported and independent living programs and take part in vocational and community inclusion programs. These programs, given the current economic environment, are struggling with recruiting and maintaining direct care and first line supervisory workers.

Comprehensive team case managers work daily to preserve services for individuals and enhance quality of life. When problems occur, funding from the crisis budget has been very helpful in maintaining an individual's residential or day program service. As in the children's system, the lack of potential crisis placements is an issue for the adult system.

Support Services: The Support Team at Lane County DDS works with adults who live on their own or with family members, but are not in a comprehensive service. Currently support team caseloads average about 130 per FTE. The majority of case management time is spent in crisis management services and supports. Characteristics of the people who receive case management from the support team are varied, and include but are not limited to parents who are cognitively delayed; people with mental health or alcohol / drug issues in addition to DD; autism; or people who may be severely physically

disabled, living with family. In many cases, staff are helping people deal with issues of poverty, poor health, and poor decision making skills.

Approximately 50% of the individuals on support team caseloads have been enrolled in the Full Access Brokerage for support services. People remain on DDS caseloads after brokerage referral, but the brokerage assumes primary coordination duties. DDS is involved with FAB cases for plan approvals and annual Title XIX waiver reviews and during crisis. During crisis, staff may be looking for foster placements, working with local health care professionals to attempt to find the best possible supports available, and coordinating with many community partners to resolve crisis. The support services team meets with Full Access Brokerage staff monthly to maintain open communication and good service provision.

The support team also manages the In-Home Supports plans for 15 individuals who live at home and whose services cost over $20,000 a year. Case managers create comprehensive plans with these families and provide on-going service monitoring. This is a time intensive service, as staff work with individuals, their families, and fiscal intermediaries, using Oregon Administrative Rules as a guide.

Crisis Services: Lane County DDS participates in the delivery of regional crisis services with partnering counties, Deschutes, Lake, Crook, and Jefferson. Deschutes County operates as the fiduciary lead, however, program coordination is overseen from, and the program coordinator is employed by Lane County. During this reporting period, demand for crisis services has been great. The service delivery system struggles with a population increase of young adults who exhibit challenges related to fetal alcohol effect, mental health issues, alcohol and drug abuse and increased incidents of criminal behavior. In addition the system faces a population in care which is aging and has increased medical needs. Funding for regional crisis services did not increase for the 05-07 biennium and crisis regions throughout the state are experiencing budget challenges even though it is still early in the 2 year budget cycle.

Current community capacity is ill equipped to expand services, or provide the level of service that these new challenges present. Funding streams have not allowed for adequate training of providers to meet the needs of the population accessing comprehensive services. The result is an ever-expanding foster care system which is now serving individuals who present with some of the most challenging support needs.

Quality Assurance: The DDS Quality Assurance Committee meets every other month, and has grown from 15 to 19 members. This dynamic committee brings multiple perspectives together to assist in the development and review of our quality assurance plan and activities. So far this year, the committee has reviewed 21 performance measures, and has made recommendations for quality improvements in 11 aspects of the service delivery system. These recommendations support actions that will have a positive impact on the health, safety, and quality of life of individuals with developmental disabilities in Lane County.

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

The Human Services Commission developed its 2005-2007 work program during two strategic planning sessions held this fall. They have refined the key results, goals and strategies as a framework for guiding the work that they do as a Commission and the implementation of the work plan with community partners and staff.

HSC's major priorities focus on impacting policies, funding and systems improvements for:

- improving access to and availability of preventive, primary, behavioral (substance abuse/mental health) and oral health care services;
- increasing the number of people who have consistency, continuity, and stability in their family and community supports (addressing chronic poverty and homelessness);
- improving opportunities for people to have sufficient resources to meet and provide for their basic needs;
- *improving the safety of victims of domestic violence and child abuse and neglect and prevent family violence*;
- providing stable local funding for sustained efforts;
- educating the community on health and human service needs and services.

These goals will be met through collaboration of school, family, and community resources, and improving federal/state/local coordinated decision making addressing health and human service needs. HSC's roles include developing information to guide policy and resource decisions, advocating with local funding partners and the state legislature, researching and promoting best practice approaches, maintaining formal communications with major local and state community leaders on HSC priorities, and engaging their support.

Key Results, Goals and Strategies

Desired Result 1
Children are born healthy and remain healthy and adults achieve and maintain good health.

Goal 1
Improve access and availability of health care services.

Strategy 1.1: Provide health care for uninsured, underinsured and persons with private and public insurance who lack access to a medical home.

Strategy 1.2 Expand medical capacity at existing sites and access for migrant farm workers.

Strategy 1.3 Increase the stability, quality, and number of school-based health service sites.

Strategy 1.4 Implement a coordinated low-cost prescription program.

Strategy 1.5 Initiate an integrated primary and behavioral health (substance abuse/mental health) care project.

Desired Result 2
Children and adults are safe in their homes and communities

Goal 2.1

Improve the safety for the children and dependent adults we serve

Strategy 2.1 Provide facility-based and community care and treatment for victims of domestic violence and child abuse.

Strategy 2.2 Develop resources to support early intervention and prevention of domestic violence and child abuse.

Desired Result 3

Children and families have consistency and continuity in their lives

Goal 3.1
Increase the number of children and adults who have consistency and continuity in their family and community supports.

Strategy 3.1 Provide services and supports to stabilize individuals and families.

Strategy 3.2 Work with community partners to address child abuse, domestic violence and substance abuse

Desired Result 4
Children and adults have sufficient resources to meet and provide for basic needs

Goal 4.1

Improve the income of the people we serve.

Strategy 4.1: Provide housing, food, energy and financial and conservation assistance to needy families.

Strategy 4.2 Provide family support and training to low-income persons, veterans and seniors to obtain public benefits and manage money.

Community Health Center

In fiscal year 2004-2005, Community Health Centers of Lane County (CHLC) clinics provided 7,868 patients with 16,321 clinic visits including medical, mental health services as well as 1,240 preventive dental services for preschool and elementary children.

CHCLC ended the fiscal year with a positive cash balance of $39,550. We have an outstanding accounts receivable of $278,000 from the State of Oregon Office of Medical Assistance that will be received in this fiscal year. Once collected, CHCLC will have ended the fiscal year with an operating margin of 11.6%. This margin was achieved through conservative management of expenses, good revenue collection, and a profitable preventive dental program. Typically, community health centers nationally maintain operating margins closer to a 1% to 3% with a target of a bottom line margin of 3%+. Over time, we expect a margin closer to the national average. CHCLC is requesting that the accounts receivable from last fiscal year be budgeted in an appropriated reserve. Later this month, we are scheduled to discuss our proposed fundraising plan with the Finance and Audit Committee.

CHCLC will begin implementation of a low-cost prescription medications program in January. We have received a $250,000 three-year grant from the Northwest Health Foundation to defray the start-up costs and assist with the cash flow of the program.

The Board of County Commissioners approved the addition of a Nurse Supervisor and another Nurse Practitioner. The Nurse Supervisor is necessary to oversee the growing clinical practice and staff at the RiverStone Clinic. The Nurse Practitioner is a self-supporting position that will better serve persons infected with HIV/AIDS and those with chronic and persistent mental illness.

The CHCLC's RiverStone Clinic has reached capacity with the present configuration of providers and hours. The demand for services continues to grow. A federal grant is to be written to enhance the clinic schedule at RiverStone clinic with greater evening and weekend availability. Clinic hours would increase from five, eight-hour days a week to five ten-hour days a week, and add four hours of service on Saturdays.

In summary, CHCLC is programmatically and financially off to a good start. During the next year we hope to strengthen CHCLC's operations and increase efficiency and healthcare capacity. This will provide an important contribution to desperately needed healthcare resources and improve towards improving our community's ability to ensure better access to healthcare.

Dental Program

CHCLC's preventive dental program is expanding this fiscal year. We will be adding a sealant visit to the three varnish visits for each child at Head Start. The goal for fiscal year 2005-2006 is to match what we did last fiscal year overall with 3000 encounters for

dental examinations and fluoride varnishing plus a additional 400 encounters for sealants. A new extra help hygienist has been added to the staff. An agreement with Willamette Dental will allow for CHCLC to bill for children with dental coverage under their managed care plan and provide for the availability of one of their hygienists to help out as needed. Similar agreements will be pursued with the other Dental Managed Care Organizations (DCO) that arrange for us to screen their patients. We will try to expand the program further into the schools next fiscal year. Though we do not need an extra assistant at this time, the ideal team would be a hygienist with an assistant/clerical helper. There is a new process for integrating the Health Center's medical programs into the schools, and it could be used as a way to get better cooperation with the varnish and sealant programs. New approaches to providing services at WIC will be implemented to improve the show rate for appointments.

From the alternatives studied CHCLC is pursuing the expansion of the restorative and emergency programs through the use of existing community facilities and partnership agreements. Young children's dental treatment could be provided by Willamette Dental Group and Hayden Dental Group in cooperation with our existing screening program. The Assistance League will be pursued to see if it is feasible to use a paid staff in their clinic to treat school age children. Lane Community College will be asked to consider including some adult patients in their assisting and hygiene programs. The summer clinic will be continued for targeted groups with possibly more days scheduled. Serious expansion of the summer program will take additional paid staff.

We are half way through the four year Healthy Tomorrows grant. We are expecting to get a Family Dental Case Management grant in partnership with Willamette Dental Group. There is also a Hasbro grant for equipment and possibly a Ronald McDonald House grant that would pay for a dental van. This would solve some of the problems of space and equipment for varnish and sealant programs in the schools.

The CHC Advisory Board is analyzing options for the potential to expand the CHCLC dental program from pediatric preventive services to emergency and restorative care. This could be achieved in three ways:

1. Integrate community health dentistry into the existing Lane community College hygiene and assisting programs - The advantage of this approach is the use of a first class clinic staffed by mostly free (student and faculty on the college payroll) labor.

2. Integrate community health dentistry into existing DCOs (Capital Dental, Willamette Dental Group, or Hayden Family Dentistry) clinics - This approach has the advantage of offering benefits to dentists (loan repayment) and payment possibilities that are not available to the DCOs. It also saves the Community Health Center the considerable cost of building a dental clinic. This plan depends on the DCOs having under utilized clinic space. If they also have underutilized staff, it might pay to contract with the DCOs for dental services. The first is a possibility, but the second is unlikely since the DCOs have trouble seeing their assigned patients. There will be complications with patients and employees served by different organizations in the same facility.

3. Operate a dental clinic - It is possible to find existing buildings plumbed for dental equipment. Some may be available with used equipment installed. According to the Safety Net Dental Clinic Manual a clinic with 3,000 patient visits a year costs over $500,000 to build and over $250,000 a year to operate. A clinic with 6,500 patient visits a year costs over $800,000 to build and nearly $500,000 a year to operate.

County Veteran Services Expansion

During the recently concluded legislative session, veterans advocacy groups, led by the Association of Oregon County Veteran Services Officers, were able to get SB 1100 passed. This bill provides $2.6 million for the current biennium to expand county veteran service offices. The funding formula is still to be worked out, but Lane County expects to receive enough to hire at least one additional Assistant County Veterans Services Coordinator and to increase the current .5 FTE Office Assistant to full-time. With these additional resources, the office plans to increase their outreach efforts to rural communities and also to veterans who are housebound or living in care facilities.

Homeless Continuum of Care Planning

HSC staff has begun a series of meetings designed to provide input towards the development of strategies to be included in the Lane County 10-year plan to end homelessness. An initial session was held last week with homeless providers and County and City staff members to begin to assess possibilities for community initiatives.

As a part of this effort a series of three forums on homelessness are being held by the HSC. This is an opportunity to hear from homeless youth, singles and families about their experiences and needs. Each forum is to be facilitated by a homeless services provider.

Energy Assistance Programs

The Human Services Commission (HSC) energy assistance programs have seen significant growth over the past five years. Much of the growth in activities has come from contracts with regional utility companies and from federal grants. In fiscal year 04/05 there has been a dramatic increase in services due primarily to the expansion of services offered through a contract for Energy Share through EWEB and the receipt of a third federal REACH grant. These programs include a comprehensive array of services including utility payments, energy conservation education, energy measures that reduce consumption, incentives and weatherization.

The utility assistance programs consist of a single service contact annually with each household. The HSC administers these programs and subcontracts out the intake portion with eight different social service providers in Lane County. The number of programs, administered by the HSC has increased from four to seven over the last several years. Each program has different requirements for implementation. The

number of households has increased from approximately 7,000 to 11,000 annually over the past five years.

The energy education and conservation service programs consist of in-depth and on-going services to households and are delivered entirely by HSC staff. The number of different programs has increased from four to six over the last several years. The number of households served has increased over the past five years from approximately 300 to 1,600 annually. Additionally, the number of homes weatherized by the weatherization programs has increased from approximately 337 to 435

The annual funding level for the energy program has increased from approximately $3.1 million in FY 00/01 to $5 million in both FY 04/05 and 05/06 (this includes approximately $1 million each year in utility payments that do not physically go through our financial system; it is held by the utilities and directly credited to customer accounts, whereas the federal LIEAP payments, which are approximately $1.5 million do go through our financial system).

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

Outpatient Mental Health Clinic

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

We are currently serving over 1200 adults and 350 children and families at any given time. We have already added a Child Mental Health Specialist, as caseload size was increasing to unmanageable levels and demand remained high (children did not lose their OHP mental health benefit), and will look to add 2 additional positions (recruitments well under way). We have also added 8 additional hours per week of contracted child nurse practitioner time. We have added 2 additional adult clinicians as well, as we are unable to keep pace with demand for services with some of the new and restored funding from OMHAS. These funds now provide financial support for the services we had been providing "*pro bono*" to the clients we continued to serve even though they lost their mental health benefit. We will also use some of these funds to develop individual case by case treatment plans to allow other provider agencies who would be most appropriate to serve a given client to serve that client who lacks OHP reimbursement, as well as adding additional funds contractually to the broader mental health provider community to expand capacity to serve non- OHP clients. We intend to proceed slowly and carefully, with a clear desire to meet the demand for services but

also maintaining a reasonable prudent person reserve to cushion us against potential fiscal hard times ahead.

LCMH's Child and Adolescent Program has been working hard to gear up for the implementation of the Children's System Change Initiative, which is restructuring how high intensity child services are managed and delivered. At the present time, LCMH will serve as the system gatekeeper for children who are not under LaneCare who need either Intensive Residential Treatment Services or Intensive Community Based Treatment Services. We are adding additional staff with funds provided for this purpose. It has not as yet been finally decided if LCMH will pursue becoming a certified ICTS provider, as Lane County has six approved providers already, and the County program is not geared up top provide the full array of intensive services provided. We will continue to monitor whether Lane County should decide to become an ICTS provider.

We have successfully recruited for an Administrative Services Supervisor to assist us in managing our business support staff and to provide a higher level of business and financial expertise to our management team. Ron Hjelm joined us, and he comes to us with a wealth of experience and formal training in healthcare financing and business management. He will be able to assist us in identifying workflow process improvements and potential for revenue enhancements. We are presently in the midst of recruitment for a Clinical Services Supervisor to replace Dean DeHeer, who retired in the last year and has been serving in an extra help capacity.

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

Residential Programs

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

The Paul Wilson Home (PWH) located at 25 S. 57th Place, Springfield is operated in conjunction with Good Neighbor Care. Good Neighbor Care (GNC) provides the residential care services and LCMH staff provide mental health services to the residents. This 10-bed facility is a secure, residential treatment center for individuals

with severe and persistent mental illness who are in need of placement from state psychiatric hospitals. The PWH tends to run at capacity throughout the year. The mental health services that are provided are billed to the state on a fee-for-services basis.

State-wide there is a continuing need for the types of "secure" beds that are provided by PWH. In response to the need more beds for Lane County residents we have added 4 beds to the Paul Wilson program with a separate stand-alone unit on the GNC campus. The residents of this expanded program will be Lane County residents who are returning to the county after a period of hospitalization at a state hospital.

The Enhanced Care Facility, which had been located at 2360 Chambers St., Eugene and was operated in conjunction with Eugene Rehabilitation & Specialty Care (ERSC), has moved to Gateway Living and is now operated in conjunction with Gateway Living incorporated. The ECF residents now are living in a vastly improved home-like atmosphere, and we have faith that this new partnership will be a far more workable one than the last, in which we will be getting the proper level of administrative and nursing support. This is a secure, 16-bed, co-ed unit for individuals who have a severe and persistent mental illness as well as a significant medical condition. Gateway Living provides the residential and medical care services and LCMH staff provides mental health services. Most placements come from state psychiatric hospitals or other ECF programs around the state.
The ECF program has recently added an after-care component to assists the residents to transition into more integrated community placements. This Enhanced Care Outreach Services program is operated by LCMH staff and currently serves a census that varies between 7-9 individuals.

Acute Care Services

As reported in the May, 2005 Board of Health Report, with the closure of the Lane County Psychiatric Hospital, the County, in cooperation with PeaceHealth, OMHAS and other system stakeholders did create the Transition Team. This Team is modeled after a number of very successful such programs in other states and is considered an evidence based practice, and will provide for a better overall level of service to individuals either coming out of the hospital or being diverted from an admission. The Team works with these individuals for 8-12 weeks until they can be transitioned into whatever their ongoing care would need to be (back to primary care, less intensive services through another provider agency, or to Lane County Mental Health's outpatient clinic). The Team consists of three QMHP level (Master's or above) clinicians (contributed by PeaceHealth as in kind support to this program), a psychiatrist (Dr. Paul Helms, former Medical Director of LCPH), and a business support staff and clinical supervision provided by the County. We contract with 3 or 4 community providers to provide mobile crisis support, in home services, linkage to peer supports. These providers have had funding added to their existing contracts so they can have adequate capacity to serve Transition Team clients, who will, for the most part, are indigent. The Team is housed at the LCMH clinic. A recent decision by LaneCare to add funds so

Transition Team can expand services to LaneCare members is resulting in PeaceHealth recruiting for two Qualified Mental Health Associates to add to the team. It is hoped that this expansion will help reduce some of LaneCare's inpatient costs by allowing a reduction in length of stay due to the availability of intensive community based services on an immediate basis. Lane County Mental Health will also need to add additional psychiatric time and business support to the team, funded as well by Lanecare.

A planned annual review of how the Transition Team has done in meeting its mission has been undertaken, and preliminary analysis seems to indicate that they are providing a high quality and effective service to the target population. The average time of Transition Team involvement is 10 weeks, and that they have successfully prevented most of the clients served from needing to be readmitted to the hospital. At the present rate, Transition Team will serve around 130 clients in the current fiscal year. Data indicates that transition team has reduced inpatient days for the clients it serves by an average of 1.5 beds per day for an entire year. That translates to almost 550 bed days saved, and since this team has been targeting primarily indigent clients, that is a considerable savings to PeaceHealth in non-reimbursed care and thus has resulted in a continued commitment from PeaceHealth to remain in partnership in this successful venture with their contribution of the costs of 3 QMHP staff (over $200,000).

With the closure of LCPH, the County again became financially responsible for the costs of indigent County residents placed on emergency psychiatric holds (this has always been the case, but Lane County had a gentleperson's agreement with PeaceHealth that the County would not be charged for such patients on the Johnson Unit as long as LCPH remained operational). We have negotiated what we believe to be a reasonable "cap" on such reimbursements with PeaceHealth ($600,000 annually) that will allow Lane County to be able to budget funding for the Transition Team and other alternatives in the next fiscal year. Obviously Lane County would continue to be financially responsible for any such costs incurred in out of area hospitals when the local beds are full, as well as transport costs. Clearly it is critical that this Team be successful in keeping local beds available and out of area admits to a minimum. Since the closure of LCPH (March 31, 2004), we have already seen a dramatic increase in out of area admissions. This creates not only potential financial concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have had to increase our FTE devoted to commitment to stay compliant with the statutory requirements and to bring that service back up to historical staffing levels.

A final area of significant planning and development is for crisis system enhancements to help create alternatives to expensive inpatient care and to allow earlier intervention where possible. Two separate planning efforts (one for Adults, one for children and families) resulted in the release of a number of requests for letters of interest. On the Adult side, we are looking at an expansion of a CAHOOTS-like mobile crisis outreach service that can extend to the entire Eugene-Springfield metro area. In addition we have added additional crisis respite beds and transitional beds (up to 30 day stays) with

ShelterCare, as well as a dual diagnosis bed at Buckley House, with daily mental health supports and access to psychiatric consultation. On the child side, a comprehensive, county-wide crisis response system has been developed, provided by a partnership of three child-serving agencies (SCAR-Jasper Mountain, Looking Glass, and Child Center) which has mobile crisis outreach and support 24/7, in home crisis respite, foster care based crisis respite and facility based crisis respite for children and adolescents. This serves the entire County from Florence to Oakridge and McKenzie Bridge and from South Lane to Coburg. Funding for these enhanced services is from increased State crisis funds provided by OMHAS and LaneCare reinvestment funds. This program has now been in operation for over 3 months, and is proving to be well utilized and highly effective in reducing referrals to area emergency rooms and in resolving crises at an earlier point than previously possible.

Mental Health Court

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

V. LANECARE (Bruce Abel, Program Manager)

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

LaneCare is in the end of its eighth year of operations. This contract year has been extended by three months so that our contact can run from January through December. This has resulted in administrative complexities: how do you track a 15 month year, how do you compare performance to previous 12 month years, and how do you track client treatment costs?

Change and instability continue to challenge the mental health system and LaneCare. The past couple of years have been fraught with budget reductions and other destabilizing situations. LaneCare will receive a significant budget reduction effective January 1, 2006. This is based on reductions in capitation rates or the amount LaneCare is paid for each member that we provide coverage for. The LaneCare budget reduction may be as large as $2,000,000 or more. Despite the unpredictability of funding over the past years, legislative budget reduction packages, and the increasing service demands, LaneCare has managed to maintain the highest utilization and penetration rate in the state, preserving a vibrant continuum of services, and remaining fiscally sound. LaneCare continues to operate in the black and has worked with Lane County Mental Health to institute creative system enhancements such as crisis system supports, indigent care support and increased flexible funds.

In the past three months LaneCare and LCMH have funded a child crisis network that is providing crisis response services to families whose children have a significant mental illness. This service provides phone support, mobile outreach, in-home crisis stabilization services, and brief residential placements.

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

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

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

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

Communicable Disease Service

Flu Clinics: LCPH placed a flu vaccine order in March of 2005 for use in the fall. Clinic planning began in June, including a collaborative effort with H&HS fiscal staff to improve the billing process. Flu season for LCPH began October 19th, with a large clinic at the Lane County Fairgrounds.

HIV and Hepatitis Prevention Programs: The HIV Program changed its name this quarter to the HIV and Hepatitis Prevention Programs to better reflect the work of the programs and the team. We have added an emphasis on hepatitis A, B, and C prevention to our work with Injection Drug Users (IDUs) and Gay, Bi and other Men who have Sex with Men (MSM). This expanded prevention work which fits well into the role of Public Health and our new Strategic Plan.

Gay/Bi men and IDU are a high-risk group for Hep A and B nationally, and these viruses can cause complications for those living with HIV or Hep C. The Hep A and B vaccines are free from Oregon Department of Health and Human Services (DHS) and provide life-long prevention for our clients. DHS also awarded Lane County Public Health (LCPH) a grant for free Hep C screening for IDU. It is estimated that over 60% of all injection drug users in Oregon are living with Hep C – a blood-borne virus easily spread through sharing needles and other injection equipment.

LCPH has expanded its services to reach more IDU in jail and treatment centers. We have found that when clients are in a clean and sober space, they are more likely to get tested and vaccinated. Working closely with Lane County Adult Corrections, we provide Hep A and B vaccine to the jail and rapid HIV testing in the Community Correction Center. We also provide testing and vaccinations at Willamette Family Women's Treatment Center.

In July, LCPH continued partial funding to its subcontractor, HIV Alliance, for needle exchange services and HIV testing targeting IDU's on the streets. LCPH offers needle exchange services during HIV/STD clinics and to clients during street outreach in parks and homeless camps. Needle exchange and harm reduction counseling is an evidence-based model for stopping the spread of HIV, Hep C, and other blood-borne infections among IDU and their families. LCPH also works with clients on treatment readiness so when they are in jail or drug treatment, they are more likely to succeed in staying clean. Lane County has over 10,000 Injection Drug Users, 90% of which are neither in treatment or jail at any given time. Health promotion programs like needle exchange and treatment readiness counseling work with this 90% and are vital to keeping our community healthy.

Since 60-70% of new HIV infections in Oregon are occurring among men who are having sex with men, LCPH has increased HIV testing services targeted to this population. Working in collaboration with HIV Alliance and using the new Rapid Testing technology, LCPH has offered off-site testing for gay and bi men at high-risk public sex environments. Additionally, LCPH has instituted an on-site clinic for gay and bi men, offering a package of services including the new rapid HIV testing, syphilis screening, and Hepatitis A and B immunizations (provided by DHS) along with a program of incentives. These new services have been promoted by outreach to gay men's groups in the community. Overall, LCPH HIV testing of gay and bi men has increased by 43% compared to the previous year.

LCPH also contracts with HIV Alliance to provide HIV counseling and testing for gay and bi men. HIV Alliance has recently increased its testing options for this population by testing off-site at a bar where gay men gather. Together, LCPH and HIV Alliance have tested 33% more gay and bi men than during a comparable period last year.

In July, LCPH began providing partial funding for its subcontractor, HIV Alliance, to conduct a CDC approved (and evidence-based) intervention "Community Promise." The goal of this intervention is to increase the norms of HIV testing and safer sex among men who have sex with men in Lane County.

In conjunction with DHS, LCPH is developing an intervention focused on HIV+ gay and bi men and IDU in Lane County. Utilizing incentives for increased effectiveness, one part of this intervention will work with high-risk HIV+ individuals to refer members of their social networks for rapid HIV testing. The other part will provide brief behavior change counseling to HIV+ individuals (referred by a network of providers and agencies). This counseling will be based on research conducted by Project SAFE at the University of Washington School of Social Work (based on stages of change theory and motivational interviewing). For HIV+ IDU, we will also offer needle exchange services and treatment readiness counseling to them and their social networks. This HIV+ focused needle exchange and harm reduction program will be the first of its kind in Oregon, and DHS is very interested in our strategic work.

Immunizations: Immunization programs throughout the country, including LCPH, have two new vaccines in their armamentarium including a meningococcal vaccine and a booster vaccine of combined tetanus, diphtheria, and pertussis (Tdap) for adolescents. LCPH is waiting for the first order of Tdap to arrive. It is anticipated that, when the vaccine becomes widely used, it will help reduce the high incidence of pertussis.

The LCPH immunization program has provided 1650 immunizations and 1419 tuberculosis skin tests in the past six months. In addition, the 11 LCPH delegate immunization clinics throughout the county have provided 2850 immunizations in the same time period. One of the newest delegate sites is Lane County Corrections, which has provided 300 hepatitis vaccinations in six months to inmates.

Other reportable communicable diseases: The communicable diseases staff has investigated 322 reportable communicable diseases since May of 2005. This number includes 23 cases of cyclosporiasis in returning international medical volunteers. In May and June, there were 69 reported cases of pertussis. Many of the cases came from elementary and middle school students as well as staff. The number of cases dropped off dramatically over the summer and only 2 cases were reported in September. As always, diarrheal illnesses are increased in the summer months.

Tuberculosis: Since May of 2005, Lane County Public Health (LCPH) has had one new active TB case reported and one other individual with TB, who transferred to LCPH from out of state.

Daily TB testing continues at the Eugene Mission. Since May of 2005, there have been 6 individuals with newly positive tuberculosis skin tests. The presence of "converters," individuals with positive TB skin tests who had previously tested negative, means that recent infection has occurred following exposure to a person with active tuberculosis disease. There have been no cases of active tuberculosis at the Eugene Mission in the last 6 months. Tuberculosis skin test converters staying at the Mission are evaluated and provided with twice weekly directly observed therapy (DOT).

LCPH conducted another round of tuberculosis skin tests at the local business, which last year had one individual with active tuberculosis and 6 work associated conversions. One individual was found to have a newly positive skin test. Of the previous six associated conversions, 4 individuals are continuing treatment, one individual was retested and found to be negative, and one person was lost to follow-up.

Environmental Health Service

The purpose of the Environmental Health Program is to give quality inspection services to facility owners and to protect the health of residents and visitors in Lane County as they use any of our 2,974 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 5.25 FTE Environmental Health Specialists that are responsible for 4,855 total inspections throughout the county. The following are the types and numbers of facilities licensed and regularly inspected by the EH staff: full service and limited service food facilities (944), mobile units (131), commissaries (16), temporary restaurants (1,006), pools/spas (285), traveler's accommodations (108), RV parks (66), schools, day cares, organizational camps and others (434). EH continues to work closely with the Communicable Disease (CD) teams and Bio-terrorism/Emergency Response teams as needed to ensure safe food and tourist accommodations for everyone in Lane County.

Environmental Health continues to receive grant monies to fund an additional Environmental Health Specialist to work directly with the CD team to establish general preparedness procedures with a primary focus on bio-terrorism issues. This position continues to conduct training sessions and presentations on preparedness and bio-terrorism for area health providers and agencies, and others.

The program is still planning to conduct its second annual nationally certified Food Safety Seminar at LCC for restaurant managers and supervisors. The event was very well attended last year and Lane County personnel made presentations. All participants received national certification upon successful completion of testing.

Testing and certification of food handlers in Lane County continues to be a priority, as a preventative measure against food-borne illnesses. EH issues approximately 7,000 Food Handler Cards annually. The program continues to work with Chemeketa Community College to offer Food Handler Card testing through an on-line "e-commerce" program. The program also offers in-office food handlers testing and worksite and

testing in both English and Spanish. Since January of 2005, 3,146 food handlers' cards have been issued through our on-line testing service. The on-line testing site is accessed from the www.LaneCounty.org website.

The EH Program again conducted West Nile Virus public education and was involved with the collection of dead birds to be sent to the state laboratory for testing. The presence of WNV was again confirmed in Lane County in August of this year.

Fees for temporary restaurant licenses, school and day care inspections were raised in July of this year. These fees had not been raised for several years and we have heard of no negative response to the fee increase. This summer was again busy with temporary restaurants at weekend festivals and events. Maintaining the routine inspection work with the additional seasonal duties results in a particularly busy time of the year for the EH staff.

Good progress was made on the Environmental Public Health Tracking (EPHT) "mini-grant." Our data collection program is completed and we are now collecting and reporting all incoming EH data electronically. EH has been successful in being awarded a second grant for Environmental Health Tracking. and will be tracking asthma data collected from hospitals.

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

Family Planning / Teen Pregnancy Prevention

The purpose of the Family Planning Program is to improve the well-being of children and families by reducing unintended pregnancies and providing assistance in accessing primary health care services and comprehensive health care coverage. The FP program works to reduce the percentage of pregnancies that are unintended and the proportion of births that are spaced less than two years apart for women in general and among women eligible for Medicaid paid deliveries. FP also strives to reduce the rate of teen pregnancy and second birth among teens. Prevention of unintended pregnancies and mistimed pregnancies for adult and teen women is achieved through the provision of affordable, comprehensive contraceptive/family planning service—particularly for those who do not have other FP services available and accessible. In addition, the program assists women and their families' access primary health care services by providing counseling, education, referral, and information about resources that are available.

The Intergovernmental Agreement (IGA) between Oregon DHS and Lane County includes Women's Health and Family Planning as a Program Element. Terms and conditions of the IGA include compliance with Federal Title X requirements. The LCPH Family Planning Program is the only Title X Agency in Lane County. 42.1% or 681

individual clients were served by LCPH through Title X funding during the last six months.

During the summer and fall of 2005, the LCPH Family Planning program expanded outreach efforts to reach more underserved clients with a need for contraceptive services. These efforts are both internal to other Public Health and county services and external. For example: community service workers doing hepatitis and HIV prevention efforts at Lane County Corrections include written and verbal information and referral to the Family Planning program. Program staff provided updated, accessible Family Planning referral brochures and program information to libraries, Head Start, Birth to Three, DHS offices, Looking Glass, Relief Nursery, Shelter Care, other community organizations, and numerous businesses who employ low wage staff without medical benefits.

During the past 6 months the program has:

- Provided 1,616 family planning visits
- Served 1,082 unduplicated clients
- 71.3% of these clients are at or below 100% of the Federal Poverty Level

Maternal Child Health

The purpose of the Maternal Child Health (MCH) program is to optimize pregnancy, birth, and childhood outcomes for at-risk families through education, support, and referral to appropriate medical and developmental services. During the past six months, the MCH team has received 417 new referrals for nurse home visiting services. Of those referrals, 214 Maternity Case Management, 31 Babies First!, 18 CaCoon, and 20 other referrals were assigned to public health nurses for services.

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

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

The Babies First! component of MCH provides assessment and early identification of infants and young children at risk of developmental delays or other health related conditions. Screening for health or developmental problems helps identify children at

risk of later problems. Early detection of special needs leads to successful interventions and the most positive outcomes. Nurse home visiting for high-risk families with young children allows early detection of potential delays; and provides parental education regarding ways of overcoming early delays, ongoing assessment of development, and referral to early and appropriate interventions.

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

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

Public Health applied for and was awarded membership in the DaTA Institute class of 2005-2006. This year-long leadership training is sponsored by the CDC (Centers for Disease Control) and CityMatCH (a national organization of urban maternal and child health program and leaders). The purpose of the DaTA Institute is to increase MCH leadership knowledge and skills in using data to influence policy and program decision-making, and strengthen MCH practice. The local MCH DaTA Institute team will address fetal and infant mortality rates through the Perinatal Periods of Risk Approach in order to help better target prevention efforts.

Healthy Start: Healthy Start offers support and education services for first-time parented families in Lane County through voluntary home visiting services. The program screens and assesses the needs and strengths of families, and determines eligibility for participation. Healthy Start provides ongoing home visiting for families at risk of poor childhood outcomes and one-time home visiting for those at lower risk.

The central administrative core of the program is part of Lane County Public Health, and the home visiting portion of the program is provided through contracting agencies. Healthy Start is funded through state general funds dedicated to Oregon's Healthy Start program and through support of the local Commission on Children and Families. Significant reductions in Healthy Start state funding for the 2005 – 2007 biennium has

resulted in a significant decrease in the number families identified as eligible for services and in the capacity of contract agencies to provide services.

Healthy Start is a research-based primary prevention program that has been proven to effect positive changes in the lives of families and children. Positive outcomes tracked in the yearly Oregon Healthy Start Status Report demonstrates a lower rate of child abuse and neglect, a higher rate of utilizing well-baby care by a primary care provider, decreased emergency room use, and an increased rate of childhood immunizations. Additionally, data indicates that families who participate in Healthy Start read to their children more than the general population and that they report that the program was helpful to them in their parenting. Lane County Healthy Start has participated in the statewide effort to receive credentialing through Healthy Families America. Credentialing assures adherence to program best practices and consistency of service provision. The results of this credentialing effort will be announced within the next few months.

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

The statewide benchmark goal for early prenatal care is 90 percent. Both state and county rates have remained well below that goal, and Lane County's rate has remained below that of the state as a whole. Preliminary data for year 2004 indicates that Lane County is closer to, but still remains behind the state in first trimester prenatal care. Data indicates that 79.9 percent of Lane County's pregnant women had first trimester prenatal care as compared to 80.5 percent for the state.

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

Preparedness

Public Health Services is currently in the fourth year of funding for public health preparedness. In the past 6 months we have created some very important interdepartmental relationships. We are working with Lane County Public Works to use mapping in the development of better response plans, particularly in case of mass

immunization or prophylaxis. We have also forged a partnership with Lane County Search and Rescue to house, maintain and assist us with assembly of some emergency shelters we purchased with preparedness funds.

This spring and early summer, preparedness staff focused on writing response plans, and conducting training in coordination with the United State Post Office Gateway facility, HAZMAT, and Springfield Police. In July, the Gateway facility's biohazard detection system for the detection of aerosolized anthrax began operating. Lane County Public Health currently retains the medical antibiotic cache for potentially exposed postal workers.

Preparedness staff has also been involved in coordinating the placement of CHEMPACK, a forward placed cache of nerve agent antidotes. At this time we expect to receive the CHEMPACK units in Lane County early in 2006 and expect to have CHEMPACK deployment procedures completed by the time they arrive.

Exercises and Training Completed:

Tsunami Conference
Type of exercise: Training Date Occurred: May 17, 2005

USPS Biohazard Detection System with the United State Post Office – Gateway, Eugene Fire and EMS, HAZMAT, OR DHS Health Services,
Type of exercise: Tabletop Date Occurred: June 09, 2005

National Incident Management System , IS 700-Introduction to Incident Command System
Type of exercise: Training Date Occurred: August 2005

Weapons of Mass Destruction, Hospital Emergency Management
Type of exercise: Training Date Occurred: August 11, 2005

Forensic Epidemiology
Type of exercise: Training Date Occurred: September 21 & 22, 2005

Chemical Incident
Type of exercise: Tabletop Date Occurred: October 12, 2005

For 24/7 emergency call up, Public Health Services consistently responds in 10 minutes or less in tests conducted by the local coordinator and State Health services.

Disaster response planning has also taken a Regional focus. With the formation of the Health Resources and Services Administration Regions in the State, local public health agencies within these regions have begun the development of regional public health emergency response coordination and planning. Current work is focusing on how to

provide emergency surge capacity to other county public health departments if one of them is in crisis.

Future work in public health emergency preparedness will concentrate on testing and revision of emergency response plans, regional response coordination, development of essential memorandums of understanding for acquiring resources during public health emergencies, improved communication with local health care providers and tribes, and the development of a trained volunteer base.

One of the emergencies all public health services expect to occur at some time is flu pandemic. The media, both domestically and internationally, have paid significant attention to the avian flu that has been spreading in birds from Asia towards Western Europe. We have been doing preparatory work in anticipation of a possible pandemic, prior to the media attention of avian flu. It should be noted that avian flu is currently a bird epidemic and not a human one.

Wellness Program

Breast & Cervical Cancer Screening: The purpose of the Breast and Cervical Cancer Screening Program (BCCP) is to decrease disability and death from breast and cervical cancer through early detection for the medically underserved population of women ages 40 to 64. Early detection and treatment of breast and cervical cancers increases the rate of survival. In 1994, the Oregon Department of Human Services (DHS) received a grant from the National Centers for Disease Control and Prevention (CDC) to establish a Breast and Cervical Prevention Program in Oregon. The Lane County BCCP was established in 1997, and since that time has provided access to clinical breast exams, mammograms, Pap tests, pelvic exams and other diagnostic services for approximately 5,875 uninsured or underinsured women. Between January 1 and July 31, 2005, BCCP provided access to screening for 539 clients, 4 of who were diagnosed with breast cancer, and 0 with cervical cancer. Clients who received a diagnosis of cancer are assisted in accessing treatment.

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

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

Routine screening remains less common among women who are uninsured, have less than a high school education, or live in poverty. BCCP provides access to

mammograms and Pap tests for Oregon women who would not otherwise be able to afford these important screening procedures.

Oral Health Demonstration Project: The Oral Health Project was awarded to Lane County Public Health by the Oregon Department of Human Services-Office of Family Health, and will run from April 2005 through August 2007. The goal of this project is to positively impact the oral health of pregnant women, hence resulting in healthy birth outcomes; and, to improve the oral health of young children less than two years of age.

Strategies for reaching the goals of the project include:

- Assisting Medicaid-eligible pregnant women access dental care, and providing education about the impact of a mother's oral health on her unborn child and young children in her care.
- Providing dental screens and assessments, and fluoride varnishing for young children.
- Increasing knowledge of dentist and primary care providers about preventive care and oral health treatment of pregnant women and children up to two years of age.
- Conducting outreach with community groups to increase participation of health care providers in promoting early childhood cavity prevention.

Staff have met with dental and medical health care providers and members of local oral health consortia to assess the local situation and discuss possible strategies. Staff have specifically met with oral health representatives of Head Start and Riverstone to help define the roll of the Oral Health Project in relation to current community needs and resources. Additionally, all Maternal Child Health Nurses have received training in oral screening and assessment and fluoride varnishing so that they can provide this service for children in the homes that they visit.

Obesity Prevention and Control Program: The Physical Activity and Nutrition Program (PAN) grant was awarded to Lane County Public Health by the Oregon Department of Human Services-Health Promotion and Chronic Disease Prevention Program, and will run through September 2007. The goal of the PAN effort is to reduce the toll of obesity and related chronic disease illness and death.

Strategies for reaching the goal of the project include:

- Developing, facilitating, and/or maintaining community partnerships/coalitions/task forces that work to promote health active communities.
- Implementing worksite health promotion interventions in public and private workplaces to promote increased fruit and vegetable consumption, daily physical activity, weight maintenance, and chronic disease self-management.
- Implementing a community-based nutrition or physical activity intervention.

- Developing an evaluation plan and collecting uniform data elements for statewide analysis.

Human Resources has supported Public Health in this effort to increase the health of Lane County employees and has agreed to have Public Health participate in the November Wellness Fair. Public Health will provide healthy snacks and information about nutrition, and opportunity to participate in a walking program and chronic disease self-management program. Two staff members have received certification as Master Trainers of the Stanford University Chronic Disease Self-Management Program so that this best practice program can be made easily accessible for County employees.

Additionally, Public Health is co-sponsoring with Community Health Partnership a community workshop to learn more about local school district wellness policy development. This workshop will be open to the public and will provide information about school policy change and developing health and wellness promoting environments in schools. The event is scheduled for Tuesday, November 1, 2005, 6:00-8:00 pm at the Lane County Mental Health Building (Michael Rogers Room).

Tobacco Prevention: Although the Lane County Tobacco Prevention & Education Program (TPEP) is much reduced in its capacity (due to funding cuts at the state level) to build the grassroots network needed in order to effect community change throughout Lane County, the program has had several small victories over the last six months.

- The TPEP Public Health Educator wrote a successful competitive grant to continue funding tobacco prevention efforts in Lane County through June of 2007. Of the 36 counties in Oregon, only 16 receive TPEP funding through the State Department of Human Services/Health Services.

- The Tobacco Free Lane County (TFLC) Coalition partnered with the Lane County Medical Society (LCMS) to advocate for the passage of a smoke-free hospital campus policy at all PeaceHealth Oregon Region locations in Lane County. In June of 2005 the PeaceHealth Board of Directors adopted a policy designating the RiverBend location tobacco free immediately (no tobacco use on campus grounds including parking lots by patients, visitors, or staff). The same policy will be phased in at all other PeaceHealth Oregon Region locations by November of 2006. TFLC and LCMS intend to approach McKenzie Willamette Hospital in the near future to see if they would be willing to adopt a similar policy.

- After a year's worth of educational/advocacy work on the part of Tobacco Free Lane County, the City of Eugene Council voted in favor of a measure to correct a flawed Administrative Rule that has allowed the building of mostly enclosed smoking areas at Eugene bars and restaurants despite having a strong clean indoor air law on the books. (In 2000 the City Council passed an ordinance banning all indoor smoking at all workplaces, including bars and restaurants, within the city of Eugene). The City Council amended the administrative rule in such a way that prohibits new construction of outdoor smoking areas that are not

truly outdoors (75% open). Additionally, businesses that pushed the limits of the original Administrative Rule have one year to come into compliance with the revised Administrative Rule.

Women, Infants and Children (WIC)

The WIC Program serves pregnant and postpartum women, infants and children under age 5 who have medical or nutritional risk conditions. Clients receive specific supplemental foods and nutrition education to address their individual risk conditions. In September 2005, the WIC Program was serving 8,196 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 7,967. The assigned target vouchered caseload level is 8,185 vouchered participants per month for this program year. The program is currently maintaining at 97.3% percent of this assigned caseload. The program continues to provide a small number of clinic days in the rural communities of Cottage Grove, Florence, and Oakridge. Many rural clients have no transportation and are willing to wait up to 4 weeks for appointments for the limited WIC clinics in these outlying areas.

Lead testing was offered to WIC children for the first time through a cooperative arrangement with Oregon DHS, which provided free lead test kits and lab results, and Environmental Health staff and volunteers, who performed lead tests at the WIC office and other sites. The WIC Program made space available and advertised the opportunity to clients. Environmental Health staff provided follow up for those children with high and potentially high lead levels.

Dental screenings for young children continue to be offered as part of the WIC class schedule. This is the result of a collaborative effort with Riverstone Clinic and HeadStart of Lane County. The dental screenings include education, screening and the application of fluoride varnish. These dental screenings are provided by the dental hygienist working through Riverstone Clinic and other volunteer dental hygienists.

The WIC program issued Farmers' Market coupon booklets to 1,915 clients during the months of June – September, 2005. The farmers' market coupon allocation for this year was approximately 30% less than the number Lane County received last year. These $20 coupon booklets are used to purchase fresh fruits and vegetables from Farmers' Market and farm stand vendors. WIC families who received coupons were educated about the nutritional value of fresh fruits and vegetables and the benefits of shopping with local farmers.

The program is preparing to undergo a major change beginning in February, 2006. All WIC food vouchers will be printed on site for clients throughout their periods of eligibility on WIC. Currently the State WIC Program prints and mails 65-70% of the vouchers to current Lane County clients. The USDA has mandated that all voucher distribution now be done by local agencies and clients will need to come to the office to pick up the vouchers. Staff is engaged in planning efforts to accommodate the heavier volume of client traffic in the WIC office. Scheduling methods will be revised and WIC nutrition

education class offerings will need to be increased, since clients will visit the office more frequently.

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

Methadone Treatment Program

As of October 17, 2005, the Lane County Methadone program had 111 active patients in treatment. There are currently 8 people on the waiting list, which has averaged 9 people over the last several months.

In March 2005, our methadone program, along with other methadone programs in the state of Oregon, participated in a data outcome study sponsored by Oregon Mental Health and Addiction Services (OMHAS). The goal of the study was to improve outcome reporting on clients specifically involved in methadone maintenance programs. A few of the focus areas included; reduction in criminal activity during treatment; improved employment or income during treatment; stable housing; and fewer positive UAs during treatment. The program is working with the H&HS Management Analyst to further explore this data as it pertains to the two methadone programs in Lane County. Preliminary findings from this comparison study show distinct differences between the client population of LCMTP and the other methadone provider in Lane County. The management analyst and a student intern with the methadone program are currently in the process of conducting a post study to document changes in income level, employment, criminal activity, etc. This data will then be compared to the overall methadone population in the state study.

DUII /Offender Evaluation

The DUII/Offender Evaluation Unit served 937 new DUII cases and 74 other corrections cases between April 1, 2005 and September 30, 2005. This represents a decrease of 59 DUII cases over the previous 6-month reporting period (10/04 – 3/05). The Evaluation Unit also saw a reduction of other corrections cases (16) over the previous 6-month reporting period (10/04 – 3/05). The Evaluation Unit's Occupational Driver's License program (ODL) has continued to grow, with the addition of 4 new cases.

The Evaluation Unit continues to have a collaborative relationship with the District Attorney's office, the Public Defenders' Office, and Lane County Courts, on DUII diversion cases. The goal of this collaboration has been to increase the number of diversion clients who report for their evaluation, by making initial contact with the client in court when the diversion petition is filed and approved. The office has also developed a specialized form to alert treatment providers of a diversion client's petition end date, with the goal of reducing the number of non-compliances by having the client return to court and request an extension to their diversion period.

In June, the program administered an on-line survey tool to the courts, in an effort to receive feedback about our services and how we might improve them. Results of the survey indicated that 75% of the respondents rated the quality of our monitoring and reporting services as good or excellent; 92% reported that the information we provide the courts regarding clients is helpful or very helpful; and 75% of respondents rated the work the DUII unit does with the courts to keep offenders accountable, as good or excellent. Feedback regarding how we might improve services included 1) having staff be more available while court is in session to answer questions and 2) increase hours and staff for public availability. These are areas of service which are difficult to expand, given that we have reduced staff due to budget cuts in recent years.

Sex Offender Treatment Program

The Sex Offender Treatment Program continues to admit clients based on the level of offender risk. In the past, the program took any supervised offender who needed subsidized treatment. One effect this has had is to decrease the size of the waiting list (there are currently 3 offenders waiting for a subsidized treatment slot). This has correspondingly created a problem for parole & probation officers who supervise offenders who are mandated to treatment, cannot afford to pay for private treatment, but are assessed as a lower risk.

The sex offender treatment program has experienced several staff changes during the last six months. The program recently converted Mental Health Specialist FTE to Office Assistant FTE, in order to support an office which now houses two sex offender POs, in addition to the treatment staff. As a result, the program operates more smoothly, in particular the intake process and fee collection. In addition, therapists' time is more available to provide treatment services, including to offenders' family members as needed.

Parole and Probation

As of October 2005, Parole and Probation (P&P) was supervising approximately 3,500 offenders (felons and misdemeanants), and 21 pretrial domestic violence defendants).

In October 2003, P&P was awarded a two-year grant from the federal government for pre-trial monitoring of domestic violence defendants. Funding for the project ended on August 31; however, we received a "no cost" extension of unused grant funds, which allows some services to continue until June 30, 2006. We stopped admitting new pretrial defendants, although we continue to monitor the defendants currently in the program as of August 31. As of October 24, we were monitoring 21 pretrial defendants. We are also using grant funds to supervise the pretrial defendants who were convicted and placed on supervised probation.

P&P staffing of the Sherman Center has been fully implemented with two POs stationed full-time at the Sherman Center. Their main activity is to assist with offenders who have been arrested and brought to jail for sanctioning as a result of violating supervision. A

common scenario is for an offender to "abscond" from supervision, e.g., to stop reporting to the PO, move without prior knowledge of the PO, etc. After attempting to locate the offender, the PO will cause a warrant to be issued. The offender may be arrested weeks or months later by a local law enforcement agency and lodged in the jail. In the past, it was not uncommon for an offender to be released before the PO even knew he was in jail, or before the PO could prepare and impose the sanction. Now, with two POs at the Sherman Center, the PO is quickly notified when the offender is brought in. The jail staff are holding "pre-sanctioned" offenders and bringing them to the Sherman Center each morning for sanctioning. One PO works Saturday mornings, so we are covering six days a week. If no Sherman Center PO is on duty, and the jail or court pretrial staff must release a P&P offender, they will give the offender a "schedule to appear" date to report to the Sherman Center a couple of days later to receive a sanction. If the offender does not appear, that is considered a "failure to appear" incident, and may result in more points added to their release score the next time they are in custody.

Partly as a result of more efficient sanctioning of P&P offenders, there has been an increase in the proportion of sentenced and sanctioned offenders in the jail, as compared to the pretrial population. We are also working on increasing access to alternative sanctions for P&P offenders, such as the Forest Work Camp. We continue to have a concern with limited sanction options for offenders with medical or mental health problems. These health limitations limit the offender's eligibility for alternative programs, such as the work camp, work release center, or road crew. In the more extreme cases, an offender with a medical condition requiring treatment may be denied admission to the jail altogether, which then leaves the PO with few or no options for sanctioning those offenders who are noncompliant with supervision.

Another function of the Sherman Center POs is to monitor the offenders on P&P electronic monitoring program. There are generally 8-12 offenders on "a bracelet" at any given time.

Overall, the presence of our officers at the Sherman Center has had a positive influence on the coordination between P&P, the Sheriff's Office, and the Circuit Court. The three partners communicate frequently, and meet every other week, to resolve problems and further develop the collaboration.

The P&P presence has come with a price. We have had to reassign approximately 150 cases previously supervised by the Sherman Center POs to other officers. However, in an extreme situation, we have assigned Sherman Center POs to provide short-term coverage for other POs on medical or administrative leave.

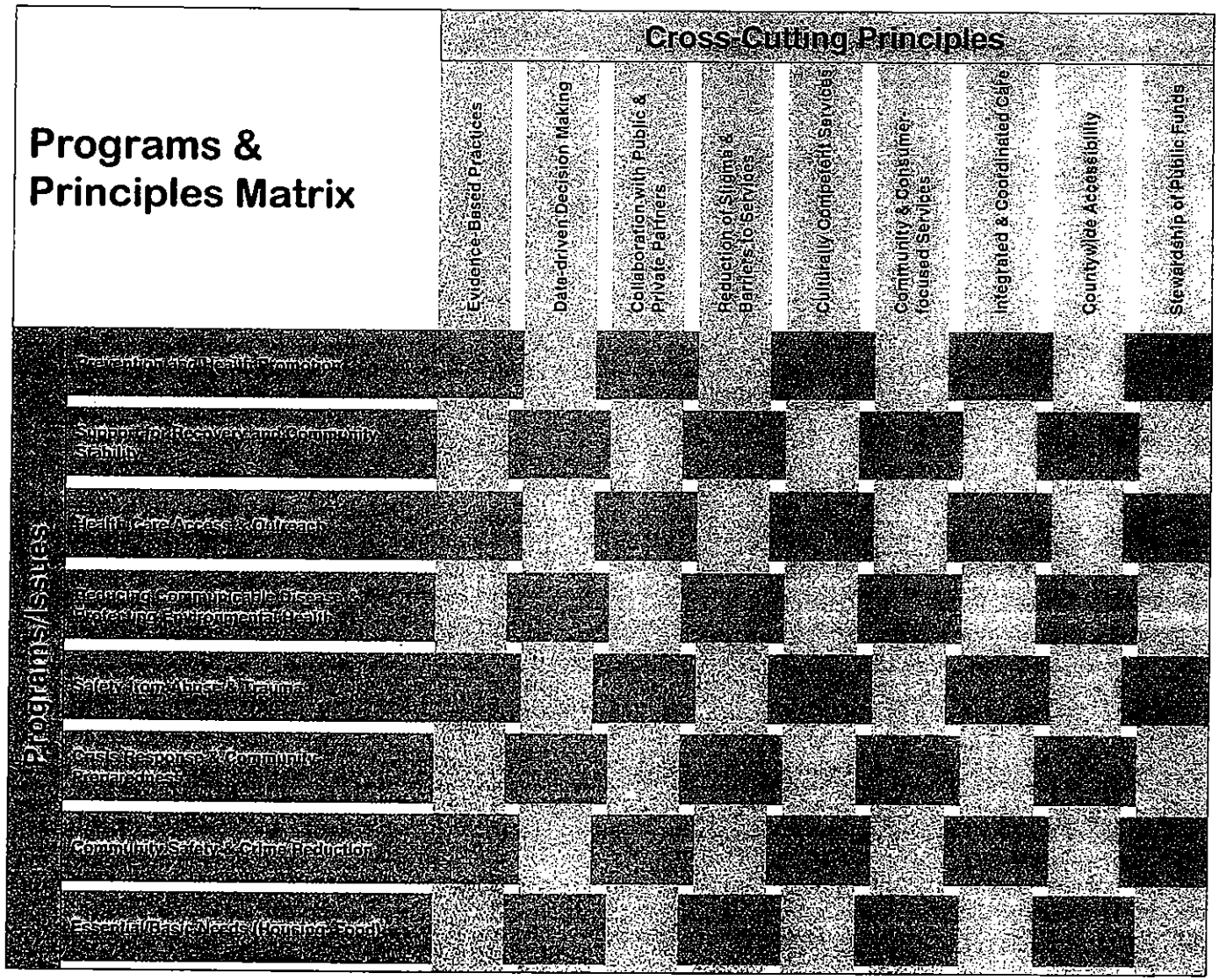
In the last biennium, Lane County revised the Community Corrections Plan to include funding for mental health treatment services for offenders supervised by P&P. This includes psychiatric evaluation and medication monitoring, as well as the treatment services of a Mental Health Specialist (MHS). This position has been recently filled by a MHS who transferred from her position at the jail. This individual is extremely well-

suited to the new position, which is based at the Adult Outpatient Clinic of Lane County Mental Health. The new MHS not only knows many of the PO staff, but also many of the offenders we serve from her several years of work at the jail. She already has 28 offenders either on her caseload, or who have been referred to her for evaluation. In spite of her knowledge of mentally ill offenders in the criminal justice system, our new MHS has expressed surprise at the number of P&P offenders with mental illness. This promises to be an extremely valuable service which will provide increased stability for our offenders, and assistance for POs in working with a very challenging population.

LANE COUNTY OREGON

HEALTH AND HUMAN SERVICES

"Working together to promote and protect the health, safety, and well-being of individuals, families, and our communities."



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HEALTH AND HUMAN SERVICES
Major Initiatives by Program/Issue Area