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Agenda Cover Memo

AGENDA DATE: May 9, 2007

TO: Board of County Commissioners

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

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

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

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

I. SPECIAL SERVICES / ADMINISTRATION

Department-wide Issues

Public Health Building: In response to the serious need to replace the deteriorated Lane County Annex, the County completed the purchase of Charnelton Place in April, which will be remodeled to house Public Health and other H&HS services. The Operations Team, including staff from Management Services, H&HS, and contracted architects are now working on refining the remodel designs and developing a phased-in plan for construction and program relocation.

Software Selection: The department continues to make progress in selection and implementation of a new software application package for practice management, electronic medical records, and billing. The department is currently reviewing proposals from vendors, and is anticipating demonstrations from finalists in May. This system will be a significant investment of resources, designed to replace the currently inadequate billing system, and yield significant efficiencies in the way services are provided to clients throughout the major divisions of H&HS. This application will also allow for better access to data about services provided, increasing the department's ability to do data-driven decision making, and to use performance management strategies.

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, problem gambling, and suicide prevention. The program supports multiple strategies, targeting efforts prenatally, in early childhood, in adolescence, and for the larger community. Highlights from the last six months include work in the following areas.

Suicide Prevention: This project is new for the prevention program, and presents and excellent opportunity to bridge both public health and mental health services in the county. The first year project outcomes have focused on increased knowledge about effective suicide prevention among clinicians, crisis response workers, school staff, youth, and lay persons; and increased social support for survivors.

As a component of meeting these outcomes the Suicide Prevention Steering Committee (SPSC) was convened to facilitate understanding and support among stakeholders on how youth suicide prevention services will be implemented around the County. This has led to the identification of seven local agencies to each receive funding for an in-house suicide intervention trainer. These trainers will receive the QPR (Question Persuade Refer) intervention training, and in conjunction with the County's QPR trainer will begin to train staff and community members over the coming year. In addition to QPR, Lane County has sponsored two ASIST (Applied Suicide Intervention Skills Training) workshops and co-sponsored an additional specialized training for clinical professionals in partnership with LaneCare.

Substance Abuse & Brain Development: The *Substance Use & Brain Development: Impacts and Interventions* conference was held in Eugene, March 22-24, 2007. This regional conference, coordinated by Health & Human Services staff, involved a community-wide planning committee comprised of representatives from several agencies in the county. The conference was very well received by the more than 300 attendees from around the state and region. Goals for the conference were to:

- Present current research and prevention science on the impact of substance use on the brain development of children ages 0-12.
- Provide evidence-based strategies and tools to prevent or manage the adverse affects of substance use on children's brain development

As part of the conference, a community forum, *Children Exposed to Alcohol and Other Drugs: Understanding & Nurturing Their Developing Brains* was also provided. Seventy people attended this forum, designed for parents, foster parents and other caregivers. Information will continue to be shared with conference attendees and the general public via the website at http://www.healthybraindevelopment.com.

Gambling prevention: Lane County's problem gambling prevention program continues to be a statewide leader in the field. Innovative youth presentations and other

activities have helped increase the awareness among youth and families about the growing issue of problem gambling. Eighty-one percent of all participants (middle, high school, and college students) scored 80 percent or above on program posttests. The gambling prevention website, www.lanecounty.org/prevention/gambling, received 8,152 distinct visits between January to March 2007. In total, through presentations, media events, public service announcements, and other activities, the program reached an excess of an estimated more 10,000 Lane County citizens between November 2006 and March 2007.

Underage Drinking Strategies: The Lane County Coalition to Prevent Substance Abuse has formed a task force to work with the UO to address the issue of alcohol at collegiate sporting events, specifically at Autzen Stadium. The group includes OLCC, UO, Eugene Police and others concerned about this issue. The group is reviewing data about alcohol-related incidents, and formulating it's work plan. Additionally, the prevention program is working with leaders in Marcola to implement Communities That Care, an evidence-based practice that reduces youth problem behaviors.

II. DEVELOPMENTAL DISABILITIES SERVICES (Karuna Neustadt, Program Manager)

Lane County Developmental Disabilities Services (DDS) provides an array of community-based services and supports for individuals with developmental disabilities and their families. The program currently offers lifespan case management for 1,559 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 9 foster providers for children. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

PROGRAM SERVICES

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

Services for Children: This year our caseloads have continued to grow in number and complexity. DDS has added 49 new children to our combined caseloads since January, 2007. Aside from typical developmental disabilities we are now providing services for children whose diagnoses include mental illness, sexual offending, and fetal alcohol syndrome. In addition, many of the children in DDS services display behaviors related to post traumatic stress disorder, reactive attachment disorder, and other effects of early childhood abuse or abandonment. Perhaps our most difficult recent challenge is the greatly increasing number of children with sex offending behaviors. This population requires special treatment and we will need additional training to be successful with them.

Responding to crises for children in need of residential or foster placement continues to be an area consuming a great deal of time and attention. DDS is always in need of new providers with skills in the areas of behavior management and, increasingly, sex offending behavior. This is a particularly risky group to place in foster care and maintain the safety of everyone in the environment.

Children turning 18 that have received foster or residential supports are entitled to continuing supports after they become young adults. In the past this was a fairly routine process but now requires many months of lead time in order to insure adequate financing and placement. There are many steps in this process and staff work to complete all the tasks for the significant number of 18 year olds who are transferring to adult services.

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

Lane County DDS continues to manage family support services in fiscal year 2007 with funds that have been significantly reduced compared to previous biennia. The available funding provides necessary support for almost 80 children under the age of 18 living in their family home. This funding is used to reduce the incidence of out of home placement. Funding constraints dictate that family support services are not available to all eligible children who are enrolled in case management services so a waitlist is maintained by program staff. Family support services provide supports such as family training, behavior consultation, respite care, environmental accessibility adaptations, community inclusion, and other supports as needed for the individual with developmental disabilities and their family.

Respite care is the most requested service by the majority of families. To that end, Lane County DDS is currently pursuing a collaborative relationship with LifeSpan Respite, to develop a database of active respite providers.

Services to Adults

Comprehensive Services: Lane County Developmental Disabilities provides comprehensive services to 462 adults who live in group homes, foster care, supported and independent living programs, and who participate in vocational and community inclusion programs. These programs, given the current economic environment, continue to struggle with recruiting and maintaining direct care and first line supervisory workers. Group home and employment providers were given a six cent per hour wage increase effective July, 2006 and a 1.5 % COLA was granted to all providers including foster providers effective April 2006. These increases are small in comparison to the increases in the actual cost of services delivered.

The DDS foster home system in Lane County has expanded and currently provides foster care for 244 adults and 36 children. There are 95 adult foster homes, and 9 children's foster homes. Foster providers are increasingly asked to provide services for individuals who have complex support needs. Discussion regularly occurs regarding how to train and support providers of these services. In 2006 we held Lane County's first DDS Foster Provider and Caregiver Conference, with 98 participants. This conference was such a success, that we will hold the second conference in October, 2007. This conference will offer trainings on psychiatric issues, psychotropic medication issues, autism, and community teams for attending foster providers and caregivers.

Comprehensive case managers continue to implement monthly monitoring visits to group homes and foster homes. Additional staff hours have been assigned to this task and the percentage of visits has increased accordingly. Case managers collect valuable information regarding individuals and the operation of the homes during these visits. A residential data base tracks information collected on the visits and this information is periodically reviewed by the DDS quality assurance committee. It is anticipated that funds from the Staley lawsuit which established the brokerage system statewide in 2000 will be available to add an additional 12 people to the comprehensive system in 2007.

Support Services: The DDS support services team works with 694 adults who live on their own or with family members and are not in a comprehensive 24 hour service (such as foster or group home). Currently support services team case loads approach 140 per FTE. There is great concern over the high caseload sizes and the amount of service that can actually be provided to individuals when caseloads are so high. Characteristics of the people who receive service coordination from the support team are varied and include, but are not limited to: parents who are cognitively delayed, people with mental health or substance abuse issues in addition to DD, autism, or people who may be severely physically disabled and living with family, people who may be homeless with no financial means of support. In many cases, support services staff assist people in dealing with issues of poverty, poor health, poor decision making skills and issues that arise from domestic violence.

The majority of case management time is spent in crisis management services, providing information and referral, working to secure community supports, and

advocating for DD individuals with other agencies, such as Social Security. DD individuals are experiencing increasing difficulty qualifying for Social Security or SSI. This is of grave concern, as these people are often homeless with no means of financial or medical support and for the most part, are unable to work. If people have no family to help them, they often end up at the mission, or on the streets, and vulnerable to others. This can end up costing the larger social service system, as people use emergency rooms for medical care, end up in jail, or worse.

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

In the 07/08 fiscal year, we will refer 49 individuals to FAB and to a second brokerage which is expected to begin accepting referrals in January, 2008. The bulk of these people will be young adults who are turning 21 and aging out of high school eligibility. We continue to have a long waitlist of people for brokerage services, but have restrictions on how many people can be referred monthly. The team looks forward to working with the new brokerage, as yet unidentified, as the Full Access Brokerage will soon reach capacity. Individuals transferring to brokerage services will have some level of choice as to which brokerage they want to serve them. Some of the specifics of our referral process may undergo significant changes as we welcome another brokerage to our county.

Other services provided by the Support Services team include:

- The Personal Care Services program, through Medicaid. This program provides for up to 20 hours a month of defined service paid for by Medicaid.
- High school transition, which focuses on high school transition. Two service coordinators who work with these individuals are especially knowledgeable about the issues facing students and families as they prepare to enter the adult world.
- Managing in-home support plans for 17 individuals who live at home and whose services cost over $20,000 a year. Case managers create comprehensive plans with these families and provide intensive monitoring with individuals, their families and fiscal intermediaries, using Oregon Administrative Rules as a guide. The program allows families to keep their family member at home instead of moving to a more restrictive setting such as a foster home or group home.

- Primary case management for families and individuals who are part of the Homespace program, and meet monthly with program staff.
- The recent completion of the transfer of people in Semi-Independent Living Program to brokerage services or supported living programs. This was another component of the Staley Settlement implementation.
- A project close to completion is the first phase of the Comprehensive 300 project, another component of the Staley Settlement. This involved identifying 12 individuals in Lane County to receive new non-crisis comprehensive services. This is an exciting project, as there is seldom the opportunity for non-crisis service development. There will be another phase of this project in the next biennium.

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

During this reporting period, monthly spending caps were imposed statewide to assure that regions stay within the caseload allocations. The Region was able to meet basic needs within this new funding guideline; however, the process did put added pressure on local crisis funding. A concerted effort was made to improve data collection and reporting to DHS, to provide accurate information for future funding projections. In addition, the Region continued to partner with community programs to continue with development efforts despite funding constraints.

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

providers through increased access to training. In addition, a pending new service element may address the need for a different delivery model--adult proctor care.

Quality Assurance: The quality assurance program oversees the DDS Serious Event Review Team (SERT), which meets monthly to review "serious events" involving people with developmental disabilities in state-funded services such as group homes, foster homes, and employment services. Types of critical incidents that are reviewed include allegations of abuse and neglect, death, medical crises, hospitalizations, and other emergencies. Actions taken and appropriate follow-up activities are documented and tracked using a standardized format. This information is linked to a statewide database from which to analyze trends at both state and local levels. SERT is an important quality assurance process for assuring the health and safety of service participants. Over the past year, Lane County DDS has reviewed 294 SERTs, and has accomplished an 89% rate of compliance with state timelines. This is a laudable performance outcome for our department, and reflects a 3% increase in compliance from last year's rate for reviewing serious events which impact the health and safety of the people we serve.

Emerging Issues:

- Current Fiscal Challenges - Lane County is facing potential budget reductions related to Secure Rural Schools Funding, resulting in the prioritization of services with general fund dollars. For the DDS program, this means a potential loss of more than $100,000. With one DD Specialist retiring at the end of this fiscal year, it is planned to eliminate that position, as well as virtually eliminate any "extra help" positions, which provide needed client monitoring activities required by the state. This will result in an increased workload for the remaining staff, decreasing their ability to adequately ensure the health and safety of DD individuals receiving services. To respond to this potential change, management and staff are analyzing the program's structure, considering reorganization scenarios, and prioritizing work tasks.

- One fast-growing client population is comprised of sex offenders. Though the individuals served by DDS are DD sex offenders, this trend is being seen nationally in a number of social service agencies, including those serving children and seniors. There are a number of issues which need to be addressed in a proactive, planful manner, including appropriate service planning, development of additional residential settings, access to specific training, and community communication and education. With the impending listing of all convicted sex offenders on the Internet, interagency planning and discussion is needed. DDS is initiating a series of conversations between programs that serve DD sex offenders, in order to develop a more complete picture of the issues involved.

- The DD population is aging, resulting in a population with increased needs that are accessing resources at a greater rate than before. We also have a significant increase in aging caregivers, who are unable to continue to support

their family members in their homes. Current community capacity is ill equipped to expand services or provide the level of service that these new challenges present.

- Low provider pay, and inadequate training and provider oversight provide a constant challenge in meeting the needs of the population accessing comprehensive services. High provider turnover rates and lack of adequate respite providers are ongoing issues for the DD population. Adult foster care is expanding and supporting some of the most challenging of individuals in our services. Group home and vocational providers struggle with turnover rates of roughly 65%. Recruitment and retention issues within our infrastructure are having a direct impact on our ability to provide adequate resources for the needs being presented. Federal Medicaid rules make portability of funding for services across programs such as DD and mental health challenging, if not impossible.

- The DDS service delivery system continues to struggle with a population of young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/Asperger's syndrome, alcohol/ drug abuse, and increased incidents of serious criminal behavior.

- Funded children's residential programs are at capacity, and movement is slow due to lack of resources that may allow the transition of a child into another setting. The state has allowed for development of local children's residential services, yet funding to develop these services is not readily available. Increased efforts to partner with outside agencies have been critical in meeting the needs of our children. Access to state operated facilities for adults is also faced with the same challenges. The crisis delivery system has worked collaboratively and creatively with county and state partners to meet the needs of individuals needing services despite our funding and resource limitations.

- DDS Manager Karuna Neustadt began her tenure with the program in December, 2007. She brings 22 years of experience with an Area Agency on Aging (AAA), ten of which were as the program manager. The AAAs are part of Seniors and Persons with Disabilities, the state agency which includes the DDS program, so she is very familiar with rules, regulations, and state personnel.

III. FAMILY MEDIATION PROGRAM (Donna Austin, Program Manager)

During the last six months, the Family Mediation Program completed a total of 209 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 611 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.

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

HSC Budget

Two preliminary FY07/08 Human Service Commission (HSC) budget scenarios are being assembled that illustrate the serious fiscal challenges facing health and human services in Lane County.

- **Budget #1** assumes that the County will receive the federal Secure Rural Schools and Communities funding for County operations and the HSC receives $514,317, a reduction of $30,672 from what would have otherwise been budgeted.

- **Budget #2** assumes the County will not receive federal Secure Rural Schools and Communities funding. This provides no general funds to HSC, a reduction of $544,989, and the first time since the creation of the Joint Fund/HSC in 1972 that the county would not contribute some general funds.

  Six HSC programs that currently receive County general funds were not prioritized to be funded under this scenario. These programs include:

• HSC Family Violence Abuse Neglect	($72,701)
• HSC Health Care –Community Health Center	($71,983)
• HSC Homeless and At-Risk Youth	($70,279)
• HSC Prevention Programs for Children & Families	($90,998)
• HSC Senior & Disabled Services	($74,573)
• HSC Veterans Services	($164,455)
Total Potential Reduction	**($544,989)**

  Both these scenarios do not include $366,516 in one-time agency payments whose funding sources are no longer available

  The HSC with the joint participation of the Community Action Advisory Committee (CAAC) will determine which specific programs would be reduced in this scenario.

Additionally, Community Health Center could end FY 2006-2007 with a deficit of approximately $250,000 or more. Covering this deficit along with a projected revenue shortage of $276,000 in FY 07-08 could leave the HSC with an inadequate contingency fund of $193,000 in FY 07-08. The following are a list of questions the HSC is working on as part of planning for the future of the Community Health Centers.

- Can the County, with jurisdictional support sustain the Community Health Centers? Otherwise, we will need to seek out other alternatives or be forced eventually to curtail operation at the current Springfield-Eugene sites.
- Will the private sector partnership through United Way's 100% Access Project come up with enough support to assist in sustaining the Community Health Centers? Pacific Source has recently pledged $100,000 for the Community Health Centers which has the potential to be matched by the other United Way 100% Access partners.
- A future full service clinic site in Eugene is possible in the new Public Health Building and other opportunities exist for additional school based locations.
- With declining operating contingency fund who will pay for cost overruns if health care reimbursements were to come in a level less than budgeted?

Options to consider:

- The HSC will need to consider wiping out a part or all of the list of discretionary agency payments and leave only agency payments required by grant or contract.
- Request additional assistance from the cities of Eugene and Springfield as we did last year in the case of an immediate emergency. Also, the City of Eugene is embarking on a housing and homeless revenue strategy through the Mayors Blue Ribbon Homeless Task Force.
- Implement long-range human service plan and recommend new revenues dedicated to support human services; address growing needs of underserved low-income County residents and addressing how these cumulative cuts have significantly reduced services to the most vulnerable members of our community.

Given the tenuous nature of the HSC Budget, even if the County Payments revenue comes in, the HSC will still need to go through a prioritization of the non-committed and one-time agency payments to determine which services we would fund from the list. The HSC also will need to consider restoring a minimum amount of funding to the operating contingency.

Community Health Centers Service Expansion

Expanded Medical Capacity federal grant began operation in the beginning of February with additional services and hours being added to the Churchill High School Based Health Center in Eugene. Beginning on April 9, 2007 the Churchill clinic will be open for services three days a week from 8 a.m. to 5 p.m., one day 8 a.m. to 4 p.m., and one evening a week until 6 p.m.

RiverStone clinic has added hours effective April 7, 2007 with five additional morning and evening hours during the week and four hours on Saturday mornings, making services more accessible to farm laborers and working families. The clinic will be open on Monday and Friday from 8:00 a.m. to 5:00 p.m., Tuesday from 8:00 a.m. to 7:00 p.m., Wednesday from 8:00 a.m. to 8:00 p.m., Thursday from 10:00 a.m. to 7 p.m. and Saturday from 9:00 a.m. to 1:00 p.m.

Together, the Program Services Coordinator and the Outreach Specialists are currently identifying migrant and homeless students and families in Springfield and Eugene school districts. Their goal is to meet with families and educate them about resources in the community that can help them access health care and health insurance. They present information at local school events (i.e. kindergarten orientations, Latino parent night, Resource Center open house), receive referrals from the school district's Homeless Liaison, School Based Health Center and Family Resource Center Coordinators. They help families with the application process for public health insurance and subsidy programs such as OHP, SCHIP and FHIAP. Families are referred to CHCLC clinics close to their location for primary health care, and Outreach Specialists help them schedule appointments and complete registration paperwork.

In December 2006 a referral process was created to better connect students and families that visit Churchill SBHC with CHCLC Outreach staff. Referral materials and an OHP prescreening guide were developed and these were implemented February 1st. Churchill now has OHP applications and materials on-site and the Outreach Specialists meet regularly with families to assist with OHP enrollment.

A remodel of the RiverStone Clinic's central reception and office area began with demolition on October 24, 2006 and was completed on December 21, 2006. This alteration, funded by the EMC grant and Community Development Block Grant funds from the City of Springfield, provides better space utilization. Additional office space was created transforming a large open area in the front office and reception area into additional office space for nursing, care coordination, enrollment and outreach and the RiverStone Clinic manager. The front desk space now has three HIPAA compliant windows for patient registration, rather than a large open semi-circle front desk that was both a poor utilization of space and not as confidential for patients. This reconfiguration improved clinical flow between the front desk and the north and south pods allowing for staff and paperwork to flow easily between both sides of the clinic. Fifteen exam rooms are now available for primary care and family planning services, where previously enabling services and offices consumed a few exam rooms.

The Churchill High School Clinic has been expanded from one to two exam rooms. An adjacent rest room was converted to create the exam room. This will make the clinic site more productive for expanded services.

In October 2006 a Latina bilingual and bicultural Outreach Specialist was promoted and assigned to be the Program Services Coordinator for the Migrant and Homeless Outreach program, Caminos de la Salud/Pathways to Health. At that time, a full-time Outreach and Enrollment Specialist was transferred in to back-fill the work previously performed by the new Program Services Coordinator. In February 2007 a part-time 30 hours a week Promotora (health promoter) was hired. Two additional Outreach Specialists and an additional Promotora will be hired in July 2007. One Outreach Specialist will work with homeless and at-risk youth and the second will work with homeless families. All staff will be skilled in working with the homeless community and Latino population.

A Nurse Practitioner who is finishing out her National Health Service Corp service agreement with the CHCLC began in the beginning of February. This is helping make up for not being able to promptly hire an additional Physician. A Physician and an additional Nurse Practitioner will be hired after July 2007, the beginning of our new fiscal year.

In February at the Churchill High School Clinic, a Nurse Practitioner began working for CHCLC under an agreement with Eugene School District 4J. She has increased her hours from part-time 20-hours to full-time 40 hours.

At the time of submission of the EMC, the CHCLC had six providers (two physicians and four nurse practitioners) providing 5.5 FTE in clinical coverage. A family planning Nurse Practitioner was added July 2007 increasing the total to seven providers. Once fully implemented, the EMC adds 3.0 FTE, increasing the number of providers to 10.00 FTE.

A 7-passenger van has been leased starting March 2nd, to help transport MSFWs and homeless families to their appointments. In the summer, this van will be used to bring information and education services to MSFWs at farms and places of employment.

Project Homeless Connect for Lane County

The HSC was a leader in sponsoring and organizing Project Homeless Connect for Lane County which took place at the Lane County Fairgrounds Exhibition Hall on Thursday, February 8th.

Project Homeless Connect for Lane County was a local effort to:

- improve access to services for people who are homeless or at risk of being homeless in Lane County;
- offer our community with one day and one location in which individuals and families who are without safe and stable homes can address basic needs and access critical services;
- engage and increase the involvement of individual volunteers, the business and non-profit community to work together to provide access to services for people who are homeless;
- leverage private, corporate and foundation money and in-kind support to augment city and county efforts to expand service capacity for people who are homeless in Lane County

Project Homeless Connect for Lane County brought a vast array of services to one place, for one day. Homeless neighbors were connected with essential services they might otherwise go without, including: Medical, dental, vision, public benefit programs, housing programs and even veterinary care, bicycle repair and haircuts. Free hot meals, new socks and other basic necessities were also offered and made possible by community sponsors and donors. Lane Transit District provided free rides to and from

the event, as well as vouchers so participants can access follow-up services after the event. The event provided concrete opportunities for all of the community to become involved in ending homelessness.

CHCLC began its homeless service expansion through participation at the event. The following medical services were provided.

- 104 physician or nurse practitioner consultations
- 60 vouchers for a free follow-up appointment at RiverStone Health Clinic
- 50 free visit vouchers for appointments at White Bird Dental/Medical clinic
- 12 dental consultations
- 56 vouchers for a free follow-up dental appointment
- 131 tested for vision and hearing
- 2 speech evaluations
- 12 acupuncture treatments
- 30 assisted with prescriptions
- 63 flu shots
- 362 had vital signs checked
- 68 tested for diabetes
- 19 tested for HIV
- 8 needle exchanges
- 10 safer sex packets
- 16 hygiene packets
- 2 completed OHP applications, 9 appointments at RiverStone health clinic to complete OHP applications
- 150 received information about health insurance

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.

Beginning in January, LaneCare contracted with two new mental health providers. Willamette Family has initiated a mental health treatment component of their program. Valia is a new organization started by mental health consumers and employing mental health professionals including a psychiatrist. Both organizations are experiencing the challenges of initiating a new program and complying with all state regulations.

Change and instability continue to challenge the mental health system and LaneCare. The past couple of years have been fraught with budget reductions and other destabilizing situations. LaneCare received a significant budget reduction effective January 1, 2006. This is based on reductions in capitation rates or the amount

LaneCare is paid for each member we provide coverage. The LaneCare budget reduction was approximately $2,500,000, representing 17% of our previous budget.

However, in January 2007 LaneCare received a 13% increase in our capitation. This increase was much higher than the increases received by other MHOs in different regions. Most MHOs experienced an additional decrease. LaneCare received this increase based on performance, enrolling a higher percentage of members and providing more services to members than any other MHO for the eighth consecutive year.

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. However, for the first time, in 2006 LaneCare expenses exceeded our revenues. Current analysis indicates that we had expenses exceeding revenues by approximately $1,500,000. Fortunately this was projected in the budget and there were sufficient reserves to cover the additional expense.

Despite the significant capitation and budget increase for LaneCare this year it is likely that LaneCare will again have expenses that exceed revenues. It is clear that LaneCare must plan for budget changes and service reductions in the future. Demand for mental health treatment continues to increase, particularly for psychiatric services. LaneCare is establishing a strategic planning process to assure that future budget allocations are in line with community values, client need, and service priorities. This will begin in May, 2007.

LaneCare is continuing efforts to move the system toward evidence-based practices and has sponsored several trainings to help providers develop new skills. LaneCare contracted with a local agency to provide trainings by and for consumers in 2006 and these individuals are beginning to find employment opportunities in the mental health system.

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. The first year of operations was extremely challenging. We believe that we have entered a more stable period.

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

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

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

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

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

- The health care system in the United States is in serious trouble and there are many reform efforts underway both at the State and Federal level to develop improvements. It is unclear what effects these changes may have on Lane County or LaneCare. The Manager is involved in tracking these issues.

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

Outpatient Mental Health Clinic

Adult Services: This past fiscal year has seen some changes in outpatient clinic services. The Adult Services component is now being supervised by Walter Rosenthal. The clinic continues to serve large numbers of clients without returning to former staffing patterns. Access and enrollment data suggests that increasing numbers of uninsured Lane County citizens are seeking services through county programs. There has been a steady rise in enrollment since November of 2006. The clinic is currently serving 1000 adults at any given time, and now needs to narrow the eligibility requirements in order to carefully regulate the flow into the clinic, primarily limiting access to those consumers who are at the highest risk of hospitalization, or who are coming out of the hospital, needing to access outpatient services. With the uncertainty of the budget for the '07-'08 fiscal year, Mental Health is hesitant to make any additions to the staff, though is fairly confident that they will not have to make any personnel cuts either. As with prior years, the clinic intends to proceed slowly and carefully in order to continue to meet as much of the demand as is reasonable.

Mental Health has contracted out more than $200,000 in funding to the adult serving mental health agencies to increase their capacity to serve clients who lack Oregon

Health Plan. This may not continue into the new fiscal year, given the uncertainty about the amount of funding available for this purpose.

Mental Health has enhanced clinical development with regular in-service and on-site trainings for the clinical staff, and has hired the first consumer staff person, serving as a Community Service Worker. He will be able to provide much needed consumer-centric support to consumers out in the community. The goal is to increase skills and resources for consumers, so that they will depend less on the county system, thereby freeing up Mental Health Specialists to work with incoming consumers needing more intensive and frequent services. The program is actively seeking "alternative" treatments to the traditional psychiatry medical model, as a result of increasing requests in the community.

The adult program continues to run 11 groups, with the most recent additions being a tobacco cessation group and a wellness group, a "hands-on" group focusing on diet and nutrition skill building.

As part of the ongoing implementation of Evidenced Based Practices (EBP), Mental Health is primarily employing Motivational Interviewing and Cognitive Therapy for Psychosis. These two treatment models satisfy the State's requirement for implementing EBPs.

Ron Hjelm continues to provide guidance on the accounts receivable process by providing process improvements and administrative support in the tracking and capturing of much needed revenue.

Child and Adolescent Services: The program continues to provide rapid access and psychiatric care to Lane County children and families with acute and chronic, moderate to severe, complex psychiatric disorders. The average monthly enrollment in outpatient services is 350 children/youth/families. In the current 06-07 Fiscal Year Mental Health has enrolled 170 new children and will serve 500+ children annually. In addition Lane County Mental Health is an Intensive Community Treatment Service (ICTS) provider and averages 27 children/youth per month in ICTS services. LCMH and LaneCare are mutual gatekeepers of publicly funded psychiatric residential treatment programs and extended hospital care with LCMH providing Level of Need Determination and Care Coordination services to community kids and families who are not OHP eligible (uninsured or underinsured) and require access to high levels of state funded care. 76% of LCMH ICTS referrals are community children/youth who may or may not have access to OHP. In addition to gate-keeping and coordinating care LCMH facilitates the child and family team meetings and in partnership with parents/legal guardians develops comprehensive service coordination care plans with our system partners including child welfare, special education, juvenile justice, primary care, developmental disabilities, etc. On 3/27/07 the Governor signed an Executive Order (#07-04) shifting the (Mental Health) Children's System Change Initiative into a state-wide Children's Wraparound Project directing the highest levels of state government to participate in system reform

in the care and delivery of services to Oregon's most vulnerable children with mental health and psychiatric needs. LCMH Child and Adolescent Program will be an active participant in such system reform.

In addition to gate-keeping and coordinating high levels of care LCMH Child Program conducts or provides comprehensive mental health evaluations, crisis evaluations, psychiatric assessments, psychiatric medication management, clinical case management, community consultation, screening and referral, individual, play and art therapy, family therapy, group therapy including evidence based Dialetical Behavior Therapy for adolescents engaged in self-harm behaviors. We are developing a contractual relationship with Siletz Tribal Headstart Program in Springfield offering mental health consultation, observation, parent education and training, referral and treatment of preschool age children and their families. Members of the LCMH Child Team participate on the Lane County Suicide Prevention Steering Committee, Family Advisory Committee, Juvenile Subcommittee of the Public Safety Coordinating Council and chair the Lane County Oregon State Hospital Coordinating Committee.

Residential Programs

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

The Summit Residential North program (previously know as the Paul Wilson Home) located at 525 S. 57th Place, Springfield is operated in conjunction with Elder Health and Living. Elder Health and Living (EHL) provides the residential care services (e.g., food services, medical care) and LCMH staff 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 Summit Residential North program tends to run at capacity throughout the year. The mental health services that are provided to the residents are Medicaid covered services and are billed to the state Office of Medical Assistance Programs of on a Fee-For-Services basis.

The Summit Residential South program (previously known as the Bender Home) located at 622 S. 57th Place, Springfield is another joint venture between LCMH and EHL. This home is a four person home designed to serve a particularly difficult population of women with complex mental health and physical health conditions, as well as challenging behaviors who have spent long stays in the State Hospital. The residents of this program are targeted to be Lane County residents who are returning to the county after a lengthy period of hospitalization at a State Hospital. This program has now been operating several years and has proven very successful in maintaining very challenging residents in the community avoiding costly stays at a State Hospital. Like Summit Residential North, these mental health services are covered by Medicaid on a Fee-For-Service basis with service charges billed to the Office of Medical Assistance Programs.

The Enhanced Care Facility (ECF) is located at 622 N. Cloverleaf Loop, Springfield, Oregon. This program is operated in conjunction with Gateway Living incorporated. The ECF is a secure, 16-bed, co-ed residential facility for individuals who have a severe and persistent mental illness as well as a significant medical condition. This facility replicates a home-like environment with support from both mental health staff and nursing care staff. 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. LCMH is reimbursed a fixed daily rate by the Addictions and Mental Health Division. A fiscal challenge is presented with maintaining LCMH as a provider of mental health services at the ECF. A combination of annual increases in budget expenses and a fixed daily rate per resident is moving this program into a deficit spending mode. At this point in time, LCMH is examining the possibility of the mental health services at the ECF being provided by another community agency.

The ECF program has an after-care component to assists the residents to transition into more integrated community placements as their skill and independence allows. This Enhanced Care Outreach Services (ECOS) program is operated by LCMH staff and currently serves a census that varies between six to eight individuals. The ECOS services have been very instrumental in keeping individuals with severe mental disorders in community placements avoiding higher cost institutional placements.

Acute Care Services

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

has added additional psychiatric time and business support to the team, funded as well by LaneCare.

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

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). Mental Health has negotiated a reasonable "cap" on such reimbursements with PeaceHealth that will allow Lane County to be able to budget funding for the Transition Team and other alternatives in the next fiscal year. Obviously Lane County would continue to be financially responsible for any such costs incurred in out of area hospitals when the local beds are full, as well as transport costs. Clearly it is critical that this Team be successful in keeping local beds available and out of area admits to a minimum. Since the closure of LCPH (March 31, 2004), Lane County has seen a dramatic increase in out of area admissions. If anything, that trend has continued and has the potential to get worse as there are threats of closure of additional beds across the state, which will further add to the acute care bed crunch statewide and the likelihood that Sacred Heart's Johnson Unit will be full most of the time. This creates not only potential financial concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have had to increase our FTE devoted to commitment to stay compliant with the statutory requirements and to bring that service back up to historical staffing levels. In addition, we have learned recently that Lane County receives the lowest funding Regional Acute Care dollars per capita of any County in the state. Discussions are underway with the Addictions and Mental Health Division of the State to correct this significant inequity. We have received some assurances that it is the State's intent to correct this inequity in the FY07/08 budget.

A final area of significant planning and development is for crisis system enhancements to help create alternatives to expensive inpatient care and to allow earlier intervention

where possible. On the child side, a comprehensive, county-wide crisis response system has been developed, provided by a partnership of three child-serving agencies (SCAR-Jasper Mountain, Looking Glass, and Child Center) which has mobile crisis outreach and support 24/7, in home crisis respite, foster care based crisis respite and facility based crisis respite for children and adolescents. This serves the entire County from Florence to Oakridge and McKenzie Bridge and from South Lane to Coburg. Funding for these enhanced services is from increased State crisis funds provided by OMHAS and LaneCare reinvestment funds. This program has now been in operation for over a year, and is proving to be well utilized and highly effective in reducing referrals to area emergency rooms and in resolving crises at an earlier point than previously possible. A one year evaluation report was prepared and distributed which highlights the accomplishments of this program, compares the program favorably to nationally recognized best practice guidelines, and does this at a fraction of what similar programs have cost in other states. Planning is currently underway for ways of enhancing the adult crisis system. The program has essentially given up on expanding CAHOOTS at this time, and we are focusing our efforts on developing some urgent care psychiatry hours, as well as developing some additional respite and step down beds. Much of the discussion of new crisis resources is currently on hold pending greater clarity around budgets for FY 07/08.

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

Communicable Disease Service

Immunizations: The Lane County Public Health (LCPH) immunization program has provided 1,297 immunizations and 1,286 tuberculosis skin test in the past five (November – March) months. In addition, the ten LCPH immunization delegate clinics have provided 2,480 immunizations in the same time period. The new Human Papillomavirus vaccine is now available at LCPH. In addition to providing immunizations, clinic staff provided several educational in-services for delegate clinics regarding the coding and eligibility to utilize state supplied vaccines.

Since October 2006, LCPH gave 3,329 influenza vaccines and 98 pneumococcal vaccines in routine immunizations clinics and fourteen community clinics. LCPH participated in the Project Homeless Connect in February and gave 32 tetanus/diphtheria/pertussis vaccines.

Tuberculosis: In 2006, Lane County had 6 cases of active tuberculosis. None of these cases were associated with the homeless population. Numbers of tuberculosis cases and converters has continued to decline in Lane County. Currently there are five active cases of tuberculosis on treatment in Lane County and none are associated with a homeless shelter.

In the past six months, there have been six people associated with the Mission who converted their tuberculosis skin test from negative to positive. We are gratified that

unified public health efforts and collaboration with the shelter is yielding such positive results in preventing the spread of tuberculosis in our community.

Our preventive treatment program for latent tuberculosis infection (LTBI) has decreased from an average of 50 clients per month on medication to 30 clients per month receiving medication. This decrease illustrates the effective measures public health takes in reducing the spread of disease in the community. By utilizing evidence based practices, such as Direct Observed Therapy, and maintaining a standard of care that is used across the United States and internationally, the spread of tuberculosis has been reduced in our community.

Other reportable communicable diseases: Between October 2006 and March 31, 2007, LCPH investigated 352 reportable communicable diseases including confirmed, presumptive, and suspect cases. Hepatitis C accounted for 218 of the reports to LCPH. In July 2005, a positive lab result for Hepatitis C became reportable. Many people who are positive may have been infected years ago but are just being tested for the antibody.

Sexually Transmitted Diseases: Lane County had 998 reported cases of chlamydia in 2006. Unfortunately this is probably a record high and is consistent with what is occurring statewide. Oregon began reporting and counting chlamydia numbers in 1987. Lane County had an incidence of 1.8 cases of syphilis per 100,000 population in 2006 with a total case count of 6. While these are small numbers, this does represent an increase over the immediately preceding year and is of concern. Lane County cases of gonorrhea were substantially increased in 2006 with a total number of 131 cases – more than doubling the number from the previous year and giving an incidence rate of 38.6/100,000.

These elevated numbers point out a number of things. It is critical to continue to have the support of an in house state DIS (Disease Information Specialist) and the state supplied STD medications. For most of the previous six months, LCPH was without a DIS when the previous one moved out of state. Chlamydia numbers were surging. The state was able to provide support to investigate only the highest priority cases including STDs in pregnant women and all cases of syphilis and gonorrhea. All counties are responsible for reporting and investigating reportable STD cases with or without a DIS. Public Health kept one communicable disease nurse and much of a community service worker busy with this effort for months and were not able to follow-up as thoroughly as would be ideal. The newly hired DIS started in February, 2007. That presence and the newly added STD database, which is an extension of the CD database, are now reducing investigation and reporting times and keeps team members on the same page during investigations.

Changes in eligibility and auditing procedures in the Family Planning Expansion Project (FPEP) have applied fiscal pressure to community partners and have led some, including Planned Parenthood, to refer clients who can not afford to pay for office visits to the LCPH STD which is required to make testing and treatment services available

without regard to ability to pay. This means that at a time when STD numbers are increasing, scarce LCPH clinic time can be disproportionably taken up with low risk clients with symptoms of infections that are not reportable STDs. We have responded to this situation by meeting with Planned Parenthood leadership and clinic staff to increase their understanding of the limits of our capability and our programmatic priority to stop the spread of reportable STDs. We have also instituted a STD clinic triage system which prioritizes STD cases, contacts, high risk activity, and symptoms of these STDs. This means that some low risk clients are being triaged out of STD clinic due to capacity limitations. We are also instituting limited appointment scheduling for some STD cases and contacts.

HIV and Hepatitis Prevention Program: Lane County Public Health strategically provides evidenced-based interventions and services to members of the community who are most at-risk for infection or transmission of HIV and Hepatitis. In Oregon and Lane County, gay and bisexual men (and other men who have sex with men) continue to make up 70% of all new HIV infections. Injection drug users account for 15% of all new HIV infections and 70% of all Hepatitis C infections. Both of these populations are also at increased risk for Hepatitis A and B, which can cause complications to HIV or Hepatitis C infections. This data as well as recommendations from the CDC and Oregon DHS to guide Public Health's prevention work.

The CDC estimates 25% of HIV-positive individuals do not yet know their status. LCPH has been strategically offering HIV-testing services to reach these individuals so they can receive the benefits of medical care and prevent spreading the infection. By offering targeted services and utilizing its new Social Network Recruitment program, 74% of the HIV tests performed by LCPH and its subcontractor HIV Alliance (September through December 2006) were for individuals with the very highest risks—those with male to male sexual risk (MSM) and those with injection drug risk(IDU) (322 out of the 438 tests). In 2007 LCPH alone, although continuing to offer testing to the general public on Tuesdays and Thursdays, reached the highest risk populations with 67% of its tests (January through March), 194 out of 289 given.

In collaboration with HIV Alliance and local private providers who care for HIV infected patients, LCPH is providing a Social Network Recruitment program. In this program, LCPH works with gay and bisexual men who are HIV-positive or at high-risk to refer members of their social network and partners to LCPH for rapid HIV testing. This is an incentive-based program which helps to increase the number of referrals and those who present for testing. This program is funded by Oregon DHS and is based on CDC intervention shown to find more positives than conventional testing programs.

Since September of 2006 LCPH's Social Network Recruitment program has interviewed nine individuals from high risk MSM social networks. LCPH selected four of these individuals and coached them to refer friends and network associates for incentive-based testing. These recruiters distributed 116 cards, and 59 persons were tested from high risk networks. This testing helped identify two individuals who were positive for HIV

and got them into services. Additionally a secondary benefit was achieved with the four recruiters themselves through sixteen consultations provided to them by LCPH staff, consultations that resulted in positive behavior changes for the individuals and increased pride in their contributing to HIV prevention.

For our third year, LCPH continues to offer state-funded Hepatitis C testing for injection drug users. We also provide needle exchange services, Hepatitis A&B vaccinations, and a contract for needle exchange services on the streets (through HIV Alliance). LCPH exchanges around 2,000 needles a month (over 20,000 a year). HIV Alliance exchanges over 40,000 needles a month (an amazing 650,000 a year). They are the largest needle exchange program in the state of Oregon.

LCPH works closely with private and public partners in the Lane County Harm Reduction Coalition, which works to reduce the impact of injection drug use and other substance abuse on public safety, community health, and individual health. This coalition has been successful in leveraging funds and health services for injection drug users in our county. Recently, the LCHRC worked with Sacred Heart and Riverstone (CHC) to fund a medical practitioner position at HIV Alliance's needle exchange van. This position will provide direct wound care to clients on the streets. Only a handful of programs like this exist in the country, putting Lane County at the leading edge of partnership in services for Oregon.

Environmental Health

The purpose of the Environmental Health Program is to give quality inspection services to facility owners and to protect the health of residents and visitors in Lane County as they use any of our 2,934 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 5.25 FTE Environmental Health Specialists that are responsible for 4,660 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 (931), mobile units (118), commissaries and warehouses (30), temporary restaurants (897), pools/spas (282), traveler's accommodations (112), RV parks (66), schools/summer food program serving sites (357), day cares (148), organizational camps (16). EH continues to work closely with the Communicable Disease (CD) teams and Preparedness Response teams as needed to ensure safe food and tourist accommodations for everyone in Lane County.

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

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 8,012

Food Handler Cards annually. The program continues to work with Chemeketa Community College to offer Food Handler Card testing through an on-line "e-commerce" program. The program also offers in-office and worksite and testing in both English and Spanish. On 2006, 6,110 food handlers' cards were issued through our on-line testing service. The on-line testing site is accessed from the www.LaneCounty.org website. We are currently exploring the possibility of partnering with Lane Community College for provision of these on-line services.

Environmental Health licensing fees have recently been increased in order to keep pace with costs. The Oregon Restaurant Association was made aware of the need for increased fees and we received no negative feedback for the upward adjustment.

During the summer, the EH Program again conducted West Nile Virus public education and testing of dead birds. Environmental Health Staff collect and ship state approved specimens to the state laboratory for testing. Mosquitoes were also trapped, identified and tested. To date we have had one crow test positive for West Nile Virus in Lane County.

We continue to utilize the new data collection system that was created with the Environmental Public Health Tracking (EPHT) "mini-grant." The database is being fine-tuned and further developed. We are currently working on adding an automated receipting function to this program. This will help to streamline revenue collection. GIS mapping functions have been added as well. to date we have shared the fruits of this project with Deschutes, Jackson, Douglas, Sherman, Gilliam and Morrow Counties. We will be requesting additional funds to expand this data-sharing project as the opportunity presents.

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

The EH Program has initiated an Internship Program in cooperation with Oregon State University Health Studies Program. We have recently completed a project with a second intern from OSU and are looking forward to continuing and expanding these internship opportunities.

In conjunction with the State Food Program and other counties, the EH Program has committed to becoming standardized through the FDA Standardization Project. We have recently completed three of nine FDA standards.

Maternal Child Health

The goal of the Maternal Child Health (MCH) program is to optimize pregnancy, birth, and childhood outcomes for Lane County families through education, support, and

referral to appropriate medical and developmental services. MCH direct services for pregnant and postpartum women and for young children and their families are provided through the following program areas: Prenatal Access, Maternity Case Management, Babies First, CaCoon, and Healthy Start.

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

The program also encourages dental care during pregnancy by referring women to their newly assigned Oregon Health Plan dental office and by giving supplies for dental hygiene. Research has shown that improved maternal periodontal health lowers the risk of a preterm or low birth weight baby and the transmission rate of maternal oral bacteria to the baby after birth.

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

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

injuries and poisoning, fewer emergency room visits, and fewer subsequent and increased spacing of pregnancies.

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

Healthy Start: Healthy Start offers support and education services for first-time parent families in Lane County through voluntary home visiting services. 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 the Oregon Commission on Children and Families. Healthy Start home visiting has been shown 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 parents report that the program was helpful to them in their parenting.

Beginning April 1, 2007, first time mothers are being offered a telephone check-in for depression at around six weeks postpartum through the Parent HelpLine. Parent HelpLine staff have been trained in preparation for these calls through a grant obtained by Healthy Start that has been the basis of forming the Lane County Perinatal Mood Disorders Consortium. The purpose is to support moms who may be suffering from postpartum depression or anxiety and refer them for help if they request such help. This, in turn, promotes the well being and safety of children.

Challenges and Opportunities: During this past year, Public Health MCH and Health & Human Services Administration have worked together to address Lane County's disturbingly high rate of fetal-infant mortality. The Perinatal Periods of Risk (PPOR) approach was used to identify and analyze relevant data. Data collected reflects an overall high rate of fetal-infant mortality (higher than the U.S., Oregon, and comparable Oregon counties). The PPOR approach is also used by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). The goal of the initiative is to mobilize the community to develop prevention strategies to address fetal-infant death in the county.

Three community meetings have been held thus far – May and October, 2006 and March, 2007, to share information about the PPOR process and to begin looking at

possible interventions. More than 25 key community leaders have been involved, including members of the Lane County Health Advisory Committee, United Way, Peace Health Medical Group, McKenzie-Willamette Medical Center, Oregon Deaprtment of Human Services, PacificSource, Relief Nursery, Food for Lane County, Oregon Network for Infant Mental Health, WIC and March of Dimes.

As a result of these meetings, three task groups were formed: Maternal Health, Infant Health and Data. These task groups have met to discuss best practices and possible intervention strategies. One project that has been identified and supported is to establish a Lane County Fetal-Infant Mortality Review (FIMR). The FIMR will help identify factors associated with individual deaths and help determine if factors represent community-wide problems. Current community prevention efforts will focus on interventions that have been proven to lower fetal-infant mortality. The Health Advisory Committee has chosen the reduction of fetal-infant mortality as their focus for 2007.

Preparedness

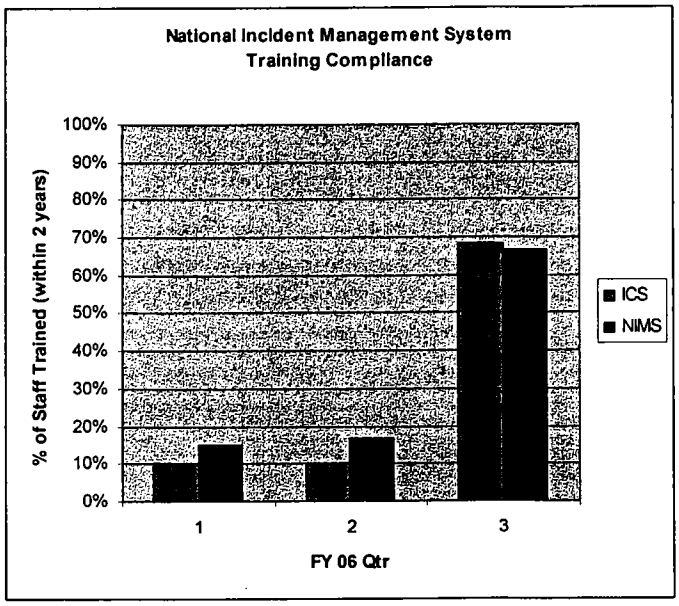
Preparedness for disasters, both natural and man-made, is a public health priority. This priority is realized through the Lane County Public Health Services Public Health Emergency Preparedness and Communicable Disease Response Program ("PHP Program"). The program develops and maintains the capacity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

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

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

Training & Professional Development: To ensure competence in an emergency Lane County Public Health has drafted a training program incorporating professional standards, and state and federal guidelines. The plan as drafted outlines training goals and priorities, maps training requirements according to professional and emergency roles, establishes a timeline for implementation, and defines a means for evaluating the plan's success. This training plan applies to all Lane County Public Health Services employees, volunteers with identified emergency response roles, and specific Lane County personnel with direct management and support roles for the Public Health Services program.

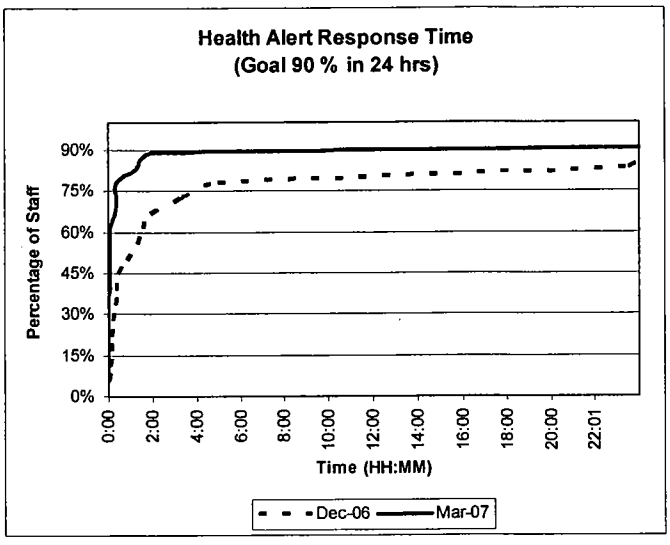
At the minimum all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Beyond the minimum standards, employees with specified emergency response roles require additional training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate.



Significant progress has already been made to achieve a minimal baseline level of training within the past 6 months. Less than 15 % of the work force could demonstrate training within the past two years in ICS or NIMS as of the first quarter of FY 2006-07, while nearly 70 % had achieved this standard by the end of the third quarter. All Public Health Services personnel are slated to achieve this standard by the end of the current fiscal year.

Plan Development, Exercises & Drills: In addition to developing a training plan, the PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Currently existing plans are undergoing a thorough review and revision to comply with national standards, and to incorporate lessons learned from past exercises in drills. Plans currently in revision include: Health Surveillance and Disease Outbreak Response; Emergency Public Information and Notification; Radiological Events; and Pandemic Influenza Response.

To prepare staff and improve emergency response capabilities, plans are exercised on a regular basis. Successful exercises lead to an ongoing program of process improvements. All exercises and drills result in reports to assist Lane County Public Health in achieving preparedness excellence by analyzing results of the exercises, identifying strengths, and identifying areas for improvement. All reports are available by request from the Public Health Preparedness Coordinator.



Communications systems are tested frequently through the use of drills and brief tests. For example, preparedness staff responds to regular tests of the Oregon Health

Alert Network, a statewide emergency notification and collaboration system for public health emergencies. Through drills, performance review, and targeted training, a 90 % response rate was achieved within 1 ½ hours in March of 2007, rather than several days as seen in December of 2006.

In addition to regular drills, two large scale exercises were conducted in the fall of 2006. In both drills, Lane County Public Health practiced a hypothetical response to a moderate influenza epidemic in Oregon and throughout the world. In the first drill, conducted in October 2006, Lane County Public Health tested plans to distribute vaccine to high-priority groups, and successfully simulated distribution of vaccine to a population of 200 Spanish speaking adults. In a second scenario, conducted in November 2006, LCPH simulated a coordinated response and planning effort. The exercise was conducted in cooperation with several local partners including: Sacred Heart Medical Center, Peace Harbor Hospital, Cottage Grove Hospital and McKenzie Willamette Medical Center.

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

Community Partners in Preparedness

Vulnerable Populations Emergency Preparedness Coalition

State & Local Government
Dept of Energy
State of Oregon
City of Eugene
City of Oakridge
Department of Energy
Douglas County
Lane County
Lane Council of Governments
Siletz Tribe

K-12 & Higher Education
Eugene School District 4J
Lane ESD
OSU Extension Services
U of O Disability Services.

Health and Medical
Sacred Heart
LIPA
Pediatric Assoc./DMAT
VA Clinic
Volunteers in Medicine

Emergency Management
Central Lane (911 Center)
Junction City Police Dept.
Springfield Fire
Red Cross
HRSA Region 3

Social Services
Food for Lane County
Looking Glass
Lane Care
Pearl Buck Center
Parish Health Ministry Netwk
St. Vincent de Paul
The Eugene Mission
United Way

Other
CAUSA
CVALCO
Lane Transit District (LTD)
Neighborhood Watch
Willamalane

Recent efforts have focused upon bringing together local partners to plan for the needs of the community's most vulnerable populations. In March, 2007 the Vulnerable Populations Emergency Preparedness Coalition was formed. The group consists of

more than forty persons from 36 agencies representing children, older adults, emergency management, mental health, developmental disabilities, homeless, tourists, tribes, and non-English speaking persons. The group will work to enhance the community response in times of emergency.

Chronic Disease Prevention Programs

Oral Health: *Early Childhood Carries (Cavities) Prevention Program (ECCP) - Oral Health Promotion for Pregnant Women and Young Children*

Funded by a grant from the state's Public Health Division, Office of Family Health, the purpose of the Lane County Early Childhood Cavities Prevention Program is to improve the oral and overall health of low-income pregnant women and young children through community collaboration, preventive treatment, and education services and activities.

The oral health of low-income pregnant women and young children is of particular importance and concern for a number of reasons. For example, low-income women often lack dental insurance and qualify for the Oregon Health Plan which includes dental insurance only during pregnancy. For this reason, it is important to encourage and support women in accessing dental care during this time to address long-standing oral health needs. Furthermore, a pregnant woman's oral health problems can increase the risk of miscarriage, so improving oral health also improves pregnancy outcomes.

In addition, dental cavities are an infectious and communicable disease. The bacterium that causes cavities can spread from mother-to-baby and dissolve the enamel on the surface of the baby's teeth. This leads to increased childhood cavities. Preventing dental cavities in pregnant women reduces the chance harmful bacteria is transmitted from mother to child. Educating parents also prepares them to teach their children how to care for their teeth. Finally, helping parents access a dental provider improves the chance that the whole family will receive future dental care.

Lane County' Public Health Educator for Physical Activity and Nutrition and Oral Health coordinates the ECCP program efforts and the Lane County Oral Health Coalition with community members, dental professionals and other healthcare organizations. In addition, Lane County's Maternal Child Health Nurses deliver direct oral health services to clients and children during home visits including screening and educating adult clients on strategies to improve their dental health and that of their children. The Maternal Child Health nurses also screen and assess infants and children in MCH programs for risk of oral health problems, apply a fluoride varnish to children at high risk for cavities, encourage and help parents to make regular dental appointments for themselves and their children.

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

Current Obesity Rates:

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

Lane County Employees' reported Body mass index (BMI*) (Self-report from Survey Monkey Survey November of 2005 and November 2006

	Underweight (BMI < 18.5)	Healthy Weight (18.5 to 24.9)	Overweight (25 to29.9)	Obese (30 or higher)
2005 (Sample size 435)	0% (0)	36% (151)	33% (139)	31% (132)
2006 (Sample size 404)	1% (2)	37% (148)	32% (127)	31% (123)

Healthy Worksites Initiative

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

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

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

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

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

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

The results of the Lane County Employee baseline and one year later follow up survey show that Lane County employees report increased levels of physical activity since the initiation of the Healthy Worksite program in the fall of 2005. In addition, a greater number of Lane County employees report consuming 5 or more servings of fruit/vegetables in the past week than they did at the program's inception (please see tables below).

2005 = baseline measure at beginning of program
2006 = after one year of program implementation

Physical activity

Lane County Employee Survey Monkey Survey Self-report	Percentage of Responses	
	2005	2006
Met CDC physical activity recommendation *(CDC recommendations include moderate activity for at least 30 minutes, 5 or more days per week or strenuous activity for at least 20 minutes, 3 or more days per week.)*	35%	55%
Ate 5 or more serving of fruits/vegetables everyday in the past week	8%	12%
Employees who were aware of physical activity promotions at work.	29%	82%
Among those who were aware, percentage that had participated in such events.	33%	48%
Employees who were aware of health education classes available through their worksite.	44%	48%
Among those who were aware, percentage who had attended these health education classes.	17%	29%

While continuing to support worksite wellness efforts for Lane County employees, in this second year of this pilot project's implementation (FY 06/07), the program expanded to provide support to other large employers' Worksite Wellness programs. The Public Health Educator for the program now provides technical assistance and coordinates a monthly worksite wellness training and networking session for six other large employers in Lane County including:

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

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

Like most traditional worksite wellness efforts, before this collaborative, many of these organizations were primarily working to encourage health behavior change with their employees at the individual level. Some organizations were not involved in any worksite wellness efforts before joining the workgroup. Now, about six months into this collaborative effort, the employer representatives have increased their understanding of public health and understand wellness issues such as obesity, tobacco use, and breastfeeding from a public health as opposed to individual health perspective.

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

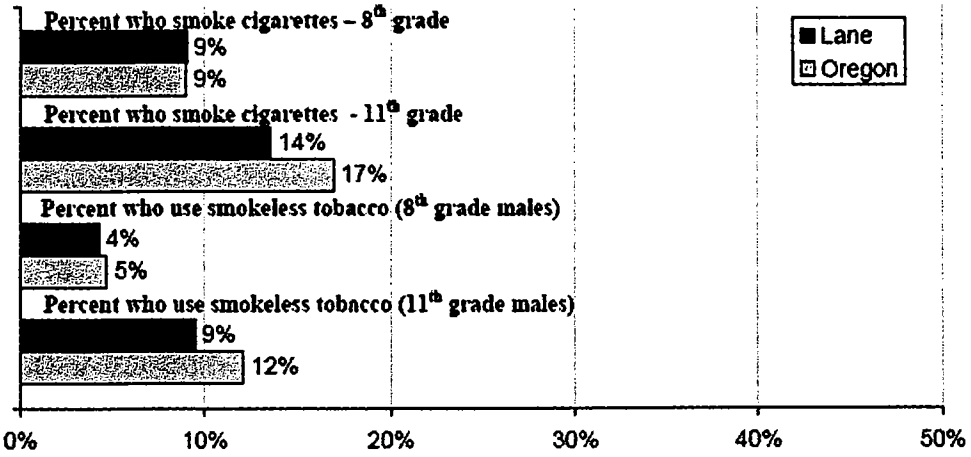
Lane County is one of two counties who have been asked by the state's Physical Activity and Nutrition program to submit a reapplication for a third year of funding for this pilot project to continue implementation through the end of FY 07/08. Public Health is hopeful that given the substantial and increasing obesity problem in this nation, the state and in Lane County, physical activity and nutrition efforts will garner increasing attention and resources to combat this deadly problem in the near future.

Tobacco Prevention: Tobacco is still the leading cause of preventable death in the US, Oregon, and Lane County. In Oregon, tobacco causes more than five times as many deaths as motor vehicle crashes, suicide, AIDS, and homicide combined. These deaths are mainly due to one of three causes: cardiovascular diseases, cancers, and respiratory disease. In Lane County tobacco kills 683 people every year. The Lane

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

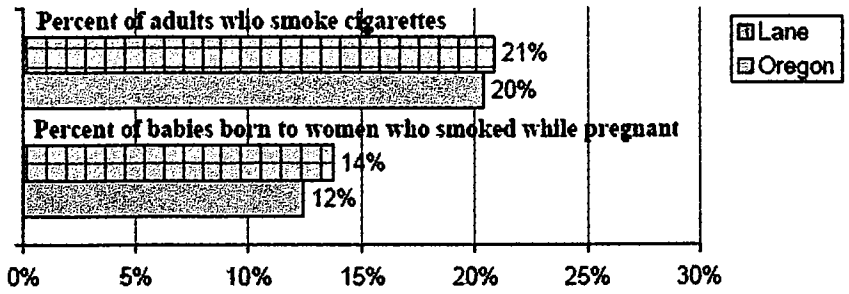
Current data indicates that while Lane County youth (8th & 11th graders) use tobacco at similar or lower rates than other Oregon youth, adults and pregnant women are using tobacco at higher rates than the state average (see graphs below). Higher tobacco use rates among pregnant women is especially concerning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

Tobacco use among Lane County youth



(Oregon Healthy Teens Survey 2004 through 2005)

Smoking among Lane County adults and pregnant mothers



(Behavioral Risk Factor Survey 2002 through 2005)
(Birth Certificates 2002-2005)

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

Tobacco-free Hospitals

- PeaceHealth went tobacco-free campus wide at all locations in Lane County on November 16th which was also the Great American Smoke-out. The event was covered by several local media stations and the Register Guard. The Tobacco Free Lane County (TFLC) Coalition and the TPEP Public Health Educator

continue to work with PeaceHealth to support the implementation and enforcement of the new policy.

- The TPEP Coordinator is also working with the administration and staff of McKenzie Willamette Medical Center. The Center has committed to going tobacco-free campus wide on July 4, 2007.

University of Oregon Tobacco Prevention

- TPEP staff and TFLC members have been working with the University of Oregon's Environmental Health & Safety Committee and Students for a Smokefree Campus to move the UO towards being a smoke-free campus. This activity aligns with the work plan objectives that focus promoting tobacco control policies at the UO over the next three years. By working with the Environmental Health & Safety Committee, TFLC will hopefully influence the University to ban smoking within 25 feet of its buildings and to take steps that reduce the visibility of smoking on campus. Both of these measures will denormalize smoking as a "college-age" activity which has been shown to lead to reduced initiation of smoking by the student population.

Enforcement of Clean Indoor Air Laws

- TPEP staff continues to observe the IGA between county and state DHS by responding to complaints generated by the public, state DHS, or local coalition assessment activities regarding violations of the State Clean Indoor Air Law. TFLC members also continue to monitor business compliance with Eugene's Clean Indoor Air Law and City of Eugene staff response to complaints of violation. Since November 2006, staff have responded to two indoor smoking complaints including one site visit.

Tobacco-Free Schools

- As of January 1, 2006 all schools in Oregon are required to have policies in place establishing tobacco-free school grounds (OAR 581-021-0110). Lane County TPEP is working with the American Lung Association of Oregon to monitor and support compliance with this mandate. Currently 9 of the 16 school districts in Lane County have recorded comprehensive policies. The TPEP Public Health Educator continues to provide assistance to the remaining school districts to complete their policies.

Tobacco-Free Child Care Facilities

- The TPEP Public Health Educator has been working with Lane Family Connections (local childcare resource/referral service) to develop a survey for child care providers that will assess knowledge of secondhand smoke and compliance with state and local laws among regulated childcare providers. The survey will be launched in April, 2007. Result will be used to develop a training for child care providers that promotes and supports tobacco-free child care facilities.
- In response to the high rates fetal infant mortality and the high rates of tobacco use during pregnancy, the Chronic Disease Prevention Team (the TPEP and

Physical Activity and Nutrition Public Health Educators) has developed a proposal to increase tobacco cessation and relapse prevention among clients at WIC. This proposal has been submitted to several funding agencies including the Northwest Health Foundation and the American Legacy Foundation. We will continue to pursue funding opportunities for this important population.

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. WIC Registered Dietitians provide nutrition counseling to clients identified as high risk. These WIC services are a critical part of the community-wide efforts to address Lane County high rate of fetal-infant mortality.

In March 2007, the WIC Program was serving 7,666 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 7,252. The assigned target vouchered caseload level is 8,022 vouchered participants per month for this program year. The program is maintaining at 90.4 percent of this assigned caseload due to vacant staff positions and new state procedures that have affected caseload. The state WIC Program is aware that the new voucher procedures have caused a decrease in vouchered participants while clients are becoming accustomed to increased requirements for class attendance. In December 2006, a plan was submitted to the state outlining strategies to increase the caseload to within 97% of the assigned target caseload.

WIC class evaluations were recently tabulated for an 8 month period of July 2006-February 2007. A total of 5,194 clients attended classes and submitted evaluations. An overwhelming majority of responses were very positive about their WIC class experience. The responses indicated that the classes were informative and that they were encouraged to participate: 96.8% of respondents indicated that the classes were useful in meeting their needs.

A new cooperative arrangement was made with the Eugene Public Library to offer Read for Joy sessions in the WIC classroom to pregnant women and women with infants up to 18 months of age. A nutrition reading example has been incorporated so that clients attending can fulfill their WIC nutrition education requirement and receive their WIC vouchers at the session. These classes are now offered in English and Spanish and sessions are available every month.

The program continues to provide a small number of clinic days in Cottage Grove, Florence, and Oakridge. These rural clients often wait up to 4 weeks for appointments for the limited WIC clinics in these outlying areas. As a result of the new state procedures, more classes are now scheduled in the rural clinics as well as the in Eugene WIC office. This has impacted the number of WIC appointments offered in the

rural clinics.

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

Methadone Treatment Program

The Methadone Treatment Program provides outpatient substance abuse counseling services and medical evaluation for individuals addicted to opiates. The program provides daily dispensing of methadone and group, individual, couple and family counseling. The overall goal of treatment is recovery from addiction to all substances.

During the last six months the methadone program has served 125 individuals including one pregnant patient. The program currently has three pregnant patients in its care. The program currently has 12 individuals on the wait list.

In October 2006, the methadone treatment program had it's second CARF accreditation survey, as required by federal regulation. The Commission on Accreditation of Rehabilitation Facilities (CARF) is an accrediting body that establishes consumer-focused standards to help organizations measure and improve the quality of their services. The surveyors reviewed all aspects of our program, including clinical, fiscal, strategic planning, and safety/emergency services. In November, CARF announced that the program has been accredited for a period of three years. This is the second consecutive three-year accreditation from CARF.

In the award letter, CARF stated that "This accreditation outcome represents **the highest level of accreditation that can be awarded to an organization** and shows the organization's substantial conformance to the standards established by CARF. An organization receiving a Three-Year Accreditation outcome has put itself through a rigorous peer review process and has **demonstrated** to a team of surveyors during an onsite visit **that its programs and services are of the highest quality, measurable, and accountable.**" The Methadone staff is very proud of the reflection this accreditation has on our program.

The Methadone treatment staff continues to focus on incorporating evidence-based practices (EBP) to strengthen its program. During this last six month period we have included a 12 Step Facilitation group. This group is a brief, structured, manual driven approach designed to facilitate an introduction and active participation in community based self-help options. It is utilized to breach the gap between formal treatment and long term support and is based in behavioral, spiritual, and cognitive principals that form the core of 12-step fellowships such as AA/NA. Group participants have maintained a 75% attendance rate at support groups after ending their participation in the 12-step facilitated group.

One of the program's goals for 2007 has been to reduce the stigma patients experience within their community. Despite the years of research showing the effectiveness of

Methadone treatment, there is still a lack of understanding of the cost benefits of medicated assisted treatment in the community. Patients report feeling judged or misunderstood by professionals in child welfare, corrections, counseling and medicine. With the assistance of a Masters in Social Work (MSW) student intern, we have conducted focus groups with patients, and created a PowerPoint presentation to educate child welfare workers, medical professionals, university students and others who work with individuals with addiction issues.

Due to the current budget situation, the counselors are being asked to increase their caseloads by 8% (38 to 45). There is concern that this rapid increase in caseload will have an adverse affect on the quality of patient care, which in turn has contributed to the program's success with accreditation and other program reviews.

Sex Offender Treatment Program

The Sex Offender Treatment Program treats convicted adult male and female sex offenders who are on supervised probation, parole, or post-prison supervision in Lane County. The program goal is to promote community safety and prevent further sexual abuse by treating sexually offending behaviors.

The Sex Offender Treatment Program prioritizes admission of clients based on the level of offender risk. The program also provides treatment to a significant number of clients who are indigent and present with other mental health disorders in addition to their sexually acting out behaviors. The program currently has 34 individuals in treatment and an additional 6 clients in aftercare services. There are 7 clients currently in the intake process.

The program is based on approaches which are research-based and proven to be effective in reducing recidivism. The primary approach is the use of cognitive behavioral interventions, rather than "process" therapy. Staff also use motivational interviewing practices to engage mandated clients in the change process, especially in the earlier stages of treatment, when clients are usually the most resistant.

The Sex Offender Treatment Program has had a solid reputation within the educational community as a training clinic for Bachelor's and Master's level. We currently have 6 student interns from the University of Oregon and Portland State University participating in group and individual client sessions. In addition, we are working with a student intern through the U of O who will be conducting a client survey on the prevalence of disassociation related to trauma.

A major challenge in the coming months, as with many other county programs, will be our ability to continue to serve the number of clients who need treatment. This is largely dependent upon the outcome of the upcoming budget cycle. With the possibility of reduced funding our program could see the elimination of one FTE therapist and a .2 FTE reduction in Office Assistant support.

DUII/Offender Evaluation Unit

The DUII/Offender program provides mental health and substance abuse assessments to offenders who are supervised by Lane County courts or Parole and Probation. Clients served by our office include those charged with DUII, domestic violence, drug possession, harassment, assault, and other charges. The program provides client evaluations, treatment referrals and case monitoring.

The program strives to provide accurate and timely evaluations of clients' mental health and substance abuse needs, and refer them to appropriate treatment services. Between October 2006 and March 2007 the program served 1052 new DUII client cases. This is an increase of 90 new cases since the previous six months and the largest number of DUII cases seen by our office since 2004. In addition, our office provided another 286 DUII re-referrals to treatment services. During this same time period the staff provided ongoing monitoring of treatment progress to the courts on 2,336 client cases.

The program also conducted 89 corrections evaluations during the last 6 month period. This is an increase of 18 new cases over the last 6 month reporting period and the highest number of corrections evaluations conducted by our program since the spring of 2005. As stated above these cases typically involve individuals convicted of assaults, drug possession, harassment and domestic violence. Of the 89 clients seen, 46 of these cases (52%) were related to domestic violence. This is the second six month period where we are seeing an increase in the number of domestic violence cases referred to our office. It is worth noting that along with our increase in DV evaluations, local batterer intervention programs are also experiencing an increase in the number of clients referred to them. One reason for this increase could be that the Circuit Court Judge who oversaw Violations of Restraining Orders has changed, shifting the way violations are now handled (i.e., referred for treatment in place of incarceration). Although the staff feels the increase of the additional work load, from a policy standpoint the increase is a welcome response in support of the community's concern regarding domestic violence.

The Evaluation Units Occupational Driver's License Program (ODL) provides services for individuals who need a "mental health recommendation" to get a restricted Oregon driver's license. This includes a screening for program eligibility and a monthly monitoring group for those who are eligible. This program has maintained services to 12 clients during this same reporting period.

Depending on the outcome of the County budget, the program may need to discontinue all evaluations except for DUII offenders, due to staff reductions in the worst case scenario.

Adult Parole and Probation

The caseload at Parole and Probation on April 11, 2007 was 3,616 offenders. That number includes 111 cases that are Drug Court only, and are not supervised by P&P. It also includes Interstate Compact cases and pre-release inmate cases which are being "investigated", either for inmate release planning, or for an offender's possible move to Oregon from another state.

The risk level of these 3,616 cases is as follows:

High/medium	54%
Low/Limited	38%
New/Unclass.	8%

The cases being investigated are generally in the "new/unclassified" category until the offender arrives in Lane County. The "new/unclassified" category also includes new cases entering supervision which have not yet been assessed.

This number (3,616) also includes 350-400 misdemeanor cases, predominantly domestic violence, but also including sex offenses. These are cases that do not generate state funding in the formula used to distribute community corrections funding.

Parole & Probation's staffing is currently at 35 full-time permanent officers, 4 extra help/retired officers, and 6 vacant positions. Two of the extra help officers are recently retired, and will continue to manage their caseloads as extra help for the next few months. Two of the 35 officers are assigned full-time to the Sherman Center, and thus do not carry a caseload.

With the other two extra help/retired officers, we have started a new "casebank" for probationers who are assessed at the lowest risk level ("limited") at the beginning of their probation. This is a departure from our usual practice of assigning all offenders initially to a "case-carrying" PO. This was done to minimize workload, while continuing to focus on the higher risk cases. Correctional practice research shows that recidivism is reduced most effectively by focusing on high and medium risk offenders, rather than low risk. Given the size of our caseloads, and the number of officers we have, we need to maximize officer time for supervising their high and medium cases, which in and of themselves are equivalent to an entire caseload.

Until the County's recent budget uncertainty, Parole & Probation was fast-tracking the recruitment and hiring of new PO's. In February, Lane County had five new officers graduate from the Basic P&P class at the DPSST Academy. Since then, however, we have slowed recruitment, until greater certainty about the budget is available.

The trend regarding the "aging of the work force" and subsequent retirements is quite prevalent at P&P. Of our current 35 officers in permanent positions, 14 (40%) have been here three years or less (6 have been here one year or less).

The five officers who recently graduated from the Academy are a diverse and very well-qualified group. They include a Licensed Clinical Social Worker, a former corrections officer from the Department of Corrections' "boot camp" program, a former therapist with a doctorate degree, a former police detective, and a former corrections officer from the Lane County Sheriff's department.

In spite of the challenges of community corrections, including inadequate resources, we do have positive outcomes with offenders. Approximately 70% of supervised offenders are not convicted of a new felony crime within three years from their entry to supervision. On an anecdotal level, the following case history is from the caseload of one of our newest officers:

"John" is 39, a long time heroin addict, and a chronic absconder who was constantly being arrested on possession and delivery of heroin. He was released, rearrested, released, etc. He "signed" at intersections, and stole for drug money on a daily basis. On his last arrest, because of the amount of heroin involved, the DA planned to give him 24-28 months in prison. However, before trial, the PO got John into methadone treatment, got him off the street and living in a recovery house, and plugged him into the GED program (which he will take later this month). John found an NA/AA sponsor and has a job. Because of John's success in recent months, the DA agreed to a downward departure, i.e., John was sentenced to probation rather than sent directly to prison. If John continues to do well in the community, he will avoid prison time and become a more productive member of society.