Bd. of Health
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Agenda Cover Memo

AGENDA DATE: May 6, 2009

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. ADMINISTRATION (Karen Gaffney, Assistant Department Director)

PREVENTION PROGRAM

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

Suicide Prevention: Funding from the Garrett Lee Smith Memorial Act continues to fund an excellent opportunity to bridge both public health and mental health services in the county. Since its implementation in 2006, project outcomes have focused on: increased knowledge among clinicians, crisis response workers, school staff, youth, and lay persons.

Several members of the Lane County Suicide Prevention Steering Committee participated in the first Oregon Suicide Prevention Conference, March 13 & 14, held in Medford, OR. The conference was sponsored and coordinated by staff in Lane, Jackson and Josephine counties. The conference provided conference attendees opportunities to learn about evidence-based practices, work to support special

populations including veterans, and statewide efforts to continue the work. Other local educational efforts include the Applied Suicide Intervention Skills Training, ASIST, which was offered in February19 & 20, and the upcoming training for mental health professionals: Assessing & Managing Suicide Risk: Core Competencies for Mental Health Professionals will be held May 26. Additionally, every middle and high school in Lane County has been contacted and encouraged to implement the evidence-based suicide prevention curriculum, RESPONSE, which can be purchased using grant funds, and technical assistance is offered for efficient implementation. Question, Persuade, Refer (QPR), trainings in both English and Spanish, continue to be delivered to a variety of organizations and groups.

Healthy Babies, Healthy Communities Initiative: Prevention and Public Health staff continues to work on the Healthy Babies, Healthy Communities initiative (HBHC). The goal of HBHC is to reduce fetal-infant mortality and increase infant health in Lane County. Staff has been working with the U of O Project FEAT to increase and enhance prenatal alcohol and drug screening by conducting a pilot with the Oregon Medical Group (OMG). Based on a focus group of OMG nurses in January, nurses reported that they feel better informed, have more awareness of the issues and process and now have better resources to utilize and give to patients. Discussions are ongoing as to how we might best implement this model in other Lane County clinics.

A HBHC public awareness outreach campaign was developed to involve dads in supporting healthy behaviors before, during and following pregnancy so that babies are born healthy and stay healthy. Brochures, posters and flyers and bus ads were created and distributed and information posted on the county prevention website.

Supporting Parents: Lane County Prevention Program continues to support parenting education efforts through partnerships with school districts and Family Resource Centers (FRCs), located across the county. Substance abuse prevention dollars fund various evidence-based parent education programs, including Strengthening Families for parents with children age 10-14. This program has received high praise from parents who have successfully completed the program and continued funding will permit the program to continue next biennium.

Problem Gambling Prevention: Lane County's problem gambling prevention program continues to be a leader in the field in its comprehensive prevention approach. Innovative youth presentations, media efforts, and other strategies have helped increase the awareness among youth and families about problem gambling as a public health issue. Middle school participants have scored an average of 88.6 percent on awareness posttests during the 2008-09 school year thus far (our performance measure goal is 80 percent or above). The Lane County problem gambling prevention website, www.lanecounty.org/prevention/gambling, has received an average of 2,409 visits (more accurate measure than website "hits") per month during the first eight months of this fiscal year. Lane County continues to convene a gambling-specific advisory committee, to which staff serves as a facilitator. The committee addresses issues targeted to Lane County communities, including local policies and public awareness

campaigns. Most recently, Lane County's problem gambling prevention program has: 1) in conjunction with the University of Oregon, begun implementing a grant that is specific to on-campus problem gambling awareness & prevention, 2) made available resources and technical assistance for two best practice prevention programs (Reconnecting Youth and Strengthening Families), and 3) built Oregon's first problem gambling prevention & outreach website as a statewide resource for providers and prevention partners. These three efforts have come, in part or wholly, due to specific additional funding allocations from Oregon Problem Gambling Services to Lane County Health & Human Services.

Underage Drinking Strategies: Underage Drinking Strategies: There continue to be three active community coalitions working on preventing underage drinking in their communities. The McKenzie area has hosted two successful Youth Activity Nights, trained community members in Strengthening Families, and is working on a positive ad campaign using their local statistics regarding underage drinking and drug use. Oakridge-Westfir Together is preparing for another seven week session of Strengthening Families and has been increasing the youth activities afterschool. Oakridge also supports their peer court and working to involve their business community in their efforts. Florence is focusing on community education starting with a media "roll out" campaign with information regarding underage drinking being distributed via the local newspaper, local radio station, posters and flyers.

Oakridge has two people preparing for a presentation of meth education and awareness. They will be using the Target Meth "A Community Education Tool: Educating YOU To Take Action and Reduce Drug Use in Your Community" notebooks for community presentations. Florence also has the Target Meth tool and will be using it at community forums. McKenzie will be receiving two of the Target Meth notebooks for use in their community, possibly along with their Strengthening Families classes.

The Lane County Prevention Underage Drinking Web Site has been updated and now includes methamphetamine information and will soon include prescription drug use/abuse and disposal information.

An underage drinking (and other drugs) awareness transit ad has been placed on 4 buses for 12 weeks in Lane County.

Also, the Social Host Ordinance is currently with legal counsel after the BCC agreed that such an ordinance was worth considering. The cities of Oakridge and Cottage Grove have explored and continue to explore the social host ordinance as a possibility and the McKenzie unincorporated area is anxious to have a county-wide ordinance.

Prevention Outreach: During the first eight months of this fiscal year, lanecounty.org/prevention (which does not include the "Healthy Brain Development" nor "Problem Gambling Prevention" sites, tracked separately), received an average of 2,745 visits per month.

II. ANIMAL SERVICES (Karen Gaffney, Program Manager)

DIVISION OVERVIEW

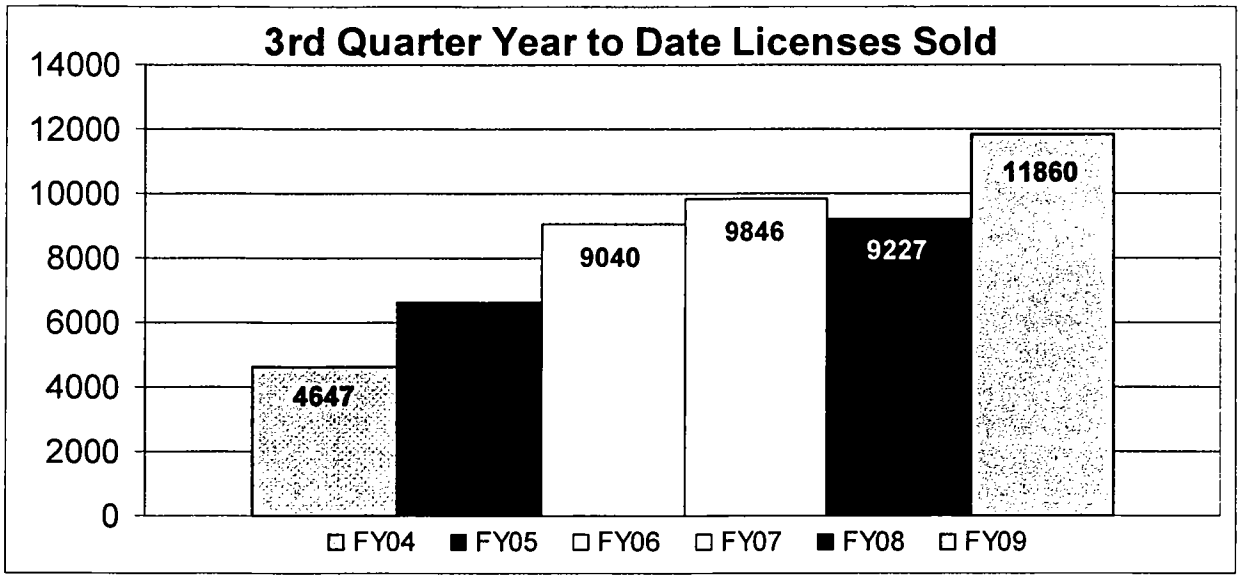
Lane County Animal Services (LCAS) works to fulfill its mission of ensuring public and animal health, safety, and quality of life; and bringing about and maintaining an environment in which people and animals can live harmoniously. This includes animal control and protection services to unincorporated Lane County, the City of Eugene, and by request to all other incorporated cities. LCAS provides progressive adoption, licensing, lost and found, and educational programs. Services include enforcement of state, county, and city ordinances regarding domestic animals and limited livestock situations. LCAS investigates and prosecutes animal neglect, cruelty and abuse cases, and dangerous dog violations. Additionally, staff provides housing and basic medical services for lost, abused, and neglected animals; return animals to their owners; and transfer adoptable animals to local humane societies and rescue groups.

The adopted budget for FY 08-09 eliminated the manager position as well as a full time Animal Welfare Officer position. These changes occurred at a time when the division was responding to the need for improvements in operations. The management of the division was reduced by 50%, and the officer time for unincorporated Lane County was reduced by 66%.

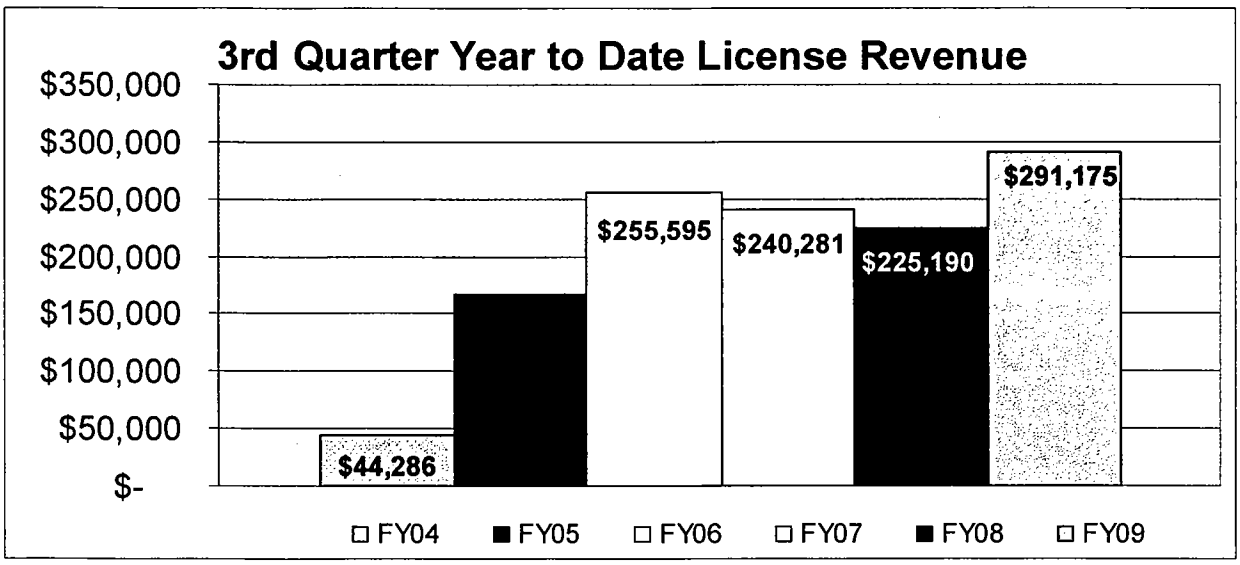
Despite these challenges, significant progress continues to be made, including during the last 6 months:

- Monthly licensing clinics with free rabies vaccinations;
- Pilot testing of a free provisional license modeled on work by other jurisdictions to increase long-term licensing compliance;
- Addition of extra-help veterinarian and contracted behavior and training staff to help with assessment and treatment of animals in our care;
- Improvements in the volunteer program resulting in increased community involvement in many aspects of the shelter (more than 560 hours of volunteer support were provided in March alone);
- Outreach and media work including articles in the Register Guard, features on local television, and an appearance on National Geographic's Dog Whisperer; in addition KMTR produced a third Public Service Announcement focused on adoptions, and with the support of community donations a monthly full page ad runs in the Register Guard featuring pets for adoption.
- Work with Greenhill Humane Society, Lane County Veterinary Medical Association, and the City of Eugene to spay and neuter feral cats and provide community information online at www.feralfix.org

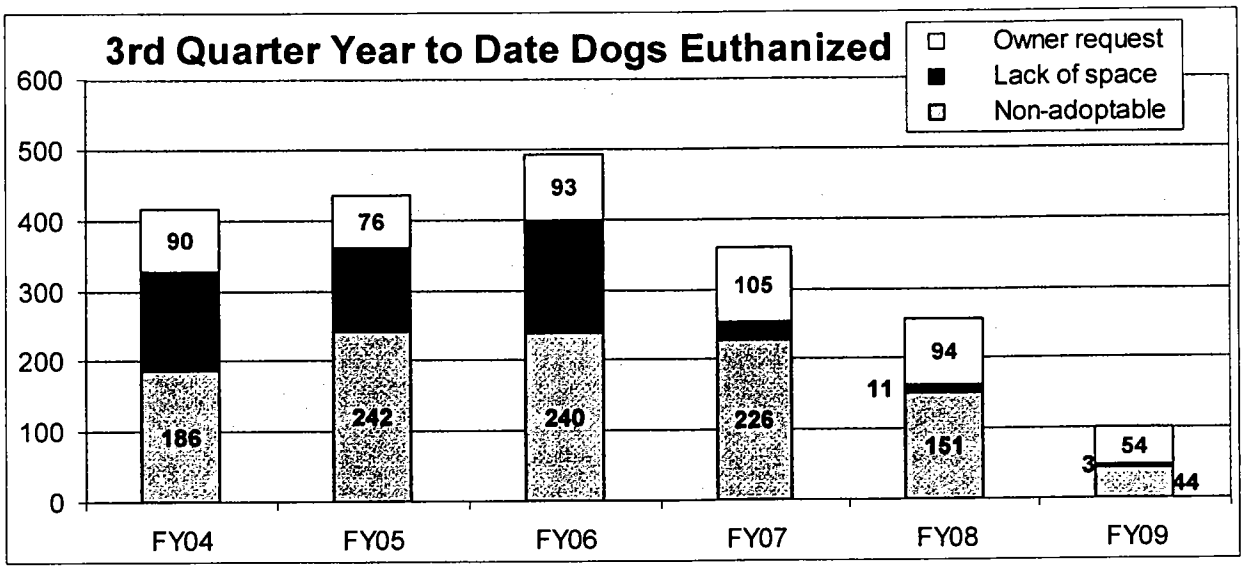
Licenses sold are up over last year, and any other prior year. This is a key area not only because of revenue, but because any animal that is licensed can be returned home immediately without ever coming into the shelter. Increasing licensing compliance will allow us to decrease the number of dogs we impound in the future.



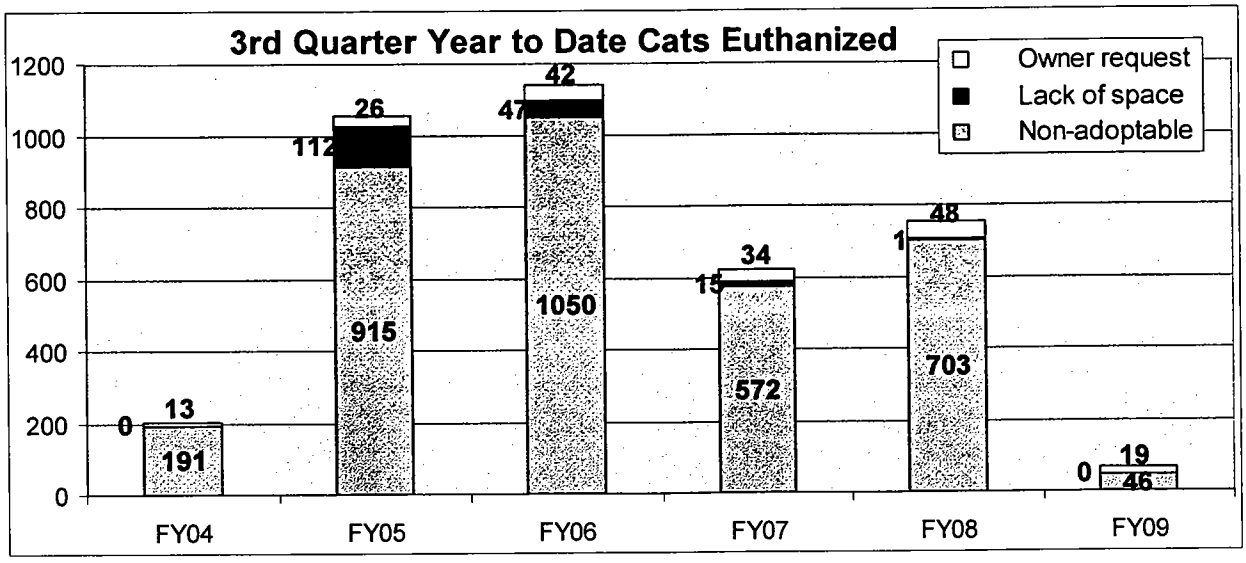
As would be expected, the increase in license sales has resulted in an increase in revenue from sales year to date. This increased revenue has helped support the daily care of animals that have been in our care longer than in the past, and to provide the part time medical and behavioral supports that have been added this year.



The changes are most obvious in the changes in euthanasia numbers at the shelter. Total dog euthanasia numbers are down, across all three categories (owner request, lack of space, and non-adoptable).



A significant contributor to the changes in the number of cat euthanasia is the decision to not accept feral cats into the shelter. Those cats made up a significant percentage of the non-adoptable cat population. Efforts for feral cats are instead directed at promoting Trap Neuter Return.



Despite these changes, there are still many challenges. Some of the most significant are:

- The focus on decreasing euthanasia of adoptable animals has resulted in more animals being housed than the shelter was designed to accommodate. This puts increased pressure on both the animals and the staff who care for them, highlighting the importance of more emphasis on adoptions and rescue work.
- In order to reach the Board's goals regarding saving adoptable and treatable animals, the shelter staff needs to include permanent medical and behavioral

staff. These special needs animals require more staff time to care for them and to find them permanent homes, and the current staffing level is inadequate to meet those needs.

- The reduction in Animal Welfare Officer time in the unincorporated area of Lane County to .5 FTE is having a significant impact in those areas. LCAS is triaging its response to calls, only able to respond to the most serious and dangerous situations. Reports of dog bites and other significant issues have to wait longer for an officer response, and concerns about animal abuse and neglect also have longer response times. The lack of officer time has limited staff ability to follow up on failure to comply with dog licensing.

The LCAS Leadership Team is now working to focus efforts on three main areas: licensing, enforcement, and adoptions. In order to do more in these areas, staff will need to identify some other areas that will not receive attention in the near future so that we can make real progress on the priority areas.

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

Community Health Centers (CHC) received $298K through Health Resources and Services Administration as part of the American Recovery and Reinvestment Act. The funds are intended to increase access for uninsured/underinsured patients and create jobs over a two year period. In order to receive the funding, a grant proposal was submitted to HRSA and includes the following new positions:

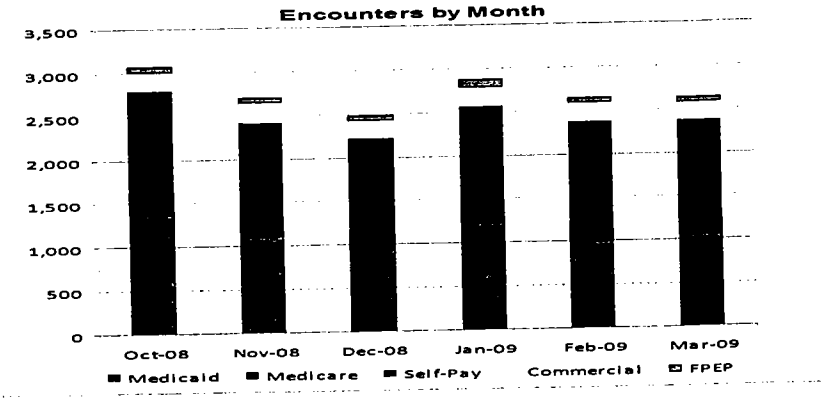
Year 1	Year 2
1.0 FTE Pediatrician Practitioner	1.0 FTE Psychiatric Nurse
1.5 FTE Nurse Practitioners	2.0 FTE Mental Health Specialists
2.0 FTE Medical Assistants	
1.0 FTE Accounting Clerk	
1.0 FTE Nurse	

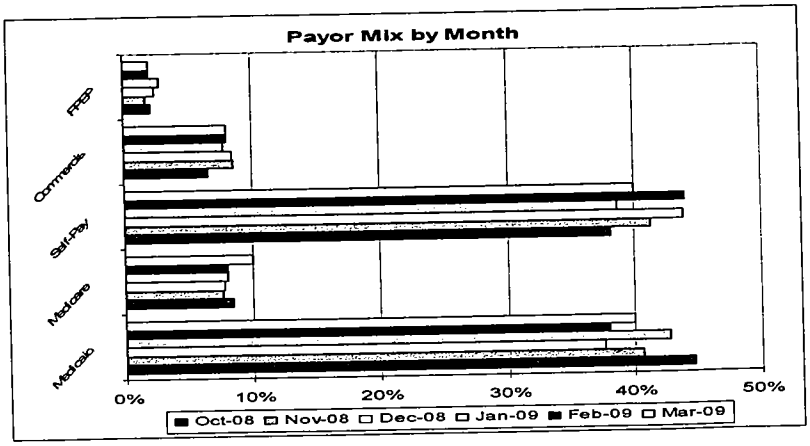
These additional funds help the Community Health Center leverage Medicaid dollars by adding capacity for Oregon Health Plan patients. The funds have been awarded for this project.

We also learned that the health center has been awarded earmarks of $94K for purchase of equipment for the Springfield site. This is in addition to a $100K grant that was awarded last year for the same purpose. We expected that we would use last year's funds to offset some of the costs of expanding the RiverStone location. We have used less than $5K of these funds. We expect that we will use the balance of both awards to defray the costs for a new Springfield site.

The Stimulus Funds bill also includes $1.5B in funds targeted to Community Health Centers for construction, renovation, equipment purchases, and purchase of IT programs - most notably for electronic medical records. The Administration has not yet released detailed information on these funds. We understand that this information will be released in the next month. We are preparing to submit a grant request for these funds.

We continue to increase patient encounters and maintain a favorable payor mix, with the ideal mix at 40% Medicaid and 40% uninsured.





The State implemented a new eligibility and claims processing system in December. Since that time, the State's eligibility information has been somewhat unreliable. In addition, eligibility information which was updated automatically through an interface between our claims processing system and the State must now be done entirely manually. The State is also making significant errors in their claims payments for all claims, regardless of the date-of-service, processed after early December. All of these factors increase the margin of error in our payor mix estimates, which carry over into higher margins of error in our Medicaid revenue estimates. Obviously this is a potentially serious concern because Medicaid is our most important payor. Medicaid accounts for >80% of our total revenue.

The State continues to move back the expected date by which their systems will be operating accurately, so it is difficult to predict when we will be able to have more accurate financial projections.

We have two physicians who have expressed an interest in joining the Community Health Center. The first is a family physician from Colorado who has spent her entire career working for community health centers. She interviewed with us on Monday April 13th. The second physician is an internal medicine physician with specialty training in infectious disease. He visited RiverStone in February while interviewing with Oregon Medical Group (OMG). He has declined OMG's offer and desires to work with our patient population. He is finishing his residency program and available in early September. In addition, we've had several strong candidates apply for our nurse practitioner positions.

We continue to monitor all of our services and sites very closely to look for opportunities to improve our systems and processes. We recently changed nurse practitioners at Springfield High School, moving one our best nurse practitioners to the high school. That change has resulted in over one hundred new patient encounters and a better insurance capture rate. Primary Care services at Lane County Mental Health have proven to be a valuable service to our shared clients. Our nurse practitioner and family physician, who provide medical services at Lane County Mental Health, report that the communication between primary care and the mental health professionals provides a much clearer picture of the healthcare needs for these clients who are often unable to articulate their needs due to severe and persistent mental illness. The clinical teams are working on clinical quality of care, access, and financial evaluative measures that will provide us with data to demonstrate the value of this program. The Chronic Pain program at RiverStone Clinic has been revised with positive outcomes. Our program has become the basis for a community wide pain standard.

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

Lane County Developmental Disabilities Services (DDS) provides an array of community-based services and supports for individuals with developmental disabilities and their families. The program currently offers lifespan case management for 1666 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 105 foster homes for adults and 14 foster homes for children, as well as placements in 47 Child Welfare foster homes. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

PROGRAM SERVICES

Services provided by Lane County DDS are grouped into three areas: services for children, services for adults living in group homes or foster homes, and services for adults who live independently or with families. DDS staff is currently 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 three teams, DDS has a family support program, a crisis program and a quality assurance program. DDS also works in conjunction with Cascade Region, which provides rate-setting, assessment, and technical assistance to a four-county region. The following narrative highlights significant activities and issues in each of these areas during the past six-months.

Services for Children

For the past year, the caseloads of DD Specialists who provide services to children (from birth to 17 years old) with developmental and intellectual disabilities continue to grow in numbers and complexity. We enrolled 80 new children into our services since April 2008. We receive referrals for children from many sources in Lane County including early childhood special education, primary care physicians, school districts, DHS – Child Welfare, Department of Youth services, mental health agencies, and residential treatment programs. Due to the wide ranging referral sources, the children's specialists are working with a wide array of children and their families. These children are eligible for DD Services due to being born with Down syndrome, cerebral palsy, autism spectrum disorders, chronic seizure disorders, complex genetic syndromes, fetal alcohol or drug effects, as well as intellectual impairments or mental retardation. Due to the children's teams positive efforts working with community partners in Lane County, the numbers of children referred to DD Services for case management services continues to grow every year.

Our partnership with DHS Child Welfare and residential mental health programs in Lane County and the I-5 corridor has increased the number of children in DD Services who have complex behavioral and mental health disorders that are challenging for our system to plan for. These children are diagnosed with disorders such as: reactive – attachment, post traumatic stress, bi-polar, and sexual offending among others that complicate the support services DDS can provide to them and their families. It also has impacted our need for a larger reserve of foster care providers and respite care providers who have the skills to work with these challenging children and adolescents.

With the support of the Cascade Regional Team and Lane County's children's crisis specialist, the children's team has been highly successful in finding therapeutic and supportive placements for these children, however this often occurs outside of Lane County (usually in the Portland metropolitan area) due to the allocation of resources in the state of Oregon for children in the DD system who need residential supports. This is an area that has been prioritized by the team for the Cascade Region to look at in terms

of developing local resources for these children. Without local residential resources for children needing group-home level of care, it puts a large strain on their families, as well as on the children who have to leave behind the support, friends, and connections to professionals in Lane County at a time when they are in an emotional and behavioral crisis.

In the area of supports and services to children and their families in Lane County, DDS had two areas of growth over the last year that have been very positive. One has been the expansion of our local Family Support program which provides flexible funding to families to provide extra supports to their children in areas of respite care, community inclusion activities, and specialized equipment and in home support. We now have over 150 families enrolled in this program which has doubled the amount of support Lane County DDS has been able to provide to children with developmental disabilities in our community. Families have been grateful for this funding and it has been rewarding for staff to be able to provide proactive funding to more families than we have in the past.

The other area of growth has been in High School transition supports for adolescents and their families in DD services. By hiring a another HST specialist, the children's team was able to transition children 16-18 years old to a DD Specialist whose primary focus will be supporting the individual and their families as they prepare for supports beyond their high school years. This is a key development, as in July 2009, all young adults eligible for DD Services turning 18 years old will be able to receive community supports from Brokerages in Lane County, while still being able to receive their special education benefits from school districts (this previously did not occur until the individual turned 21 years old). As of July 2009, the children's team will incorporate two High School Transition Specialists who will be working with children from ages 14-18 year olds and their families. This will be a great benefit to family's and their children as they prepare for their adult years and understand the supports available to them in Lane County.

SERVICES TO ADULTS

I. Comprehensive Services

Lane County Developmental Disabilities Services provides comprehensive services to 515 adults who live in group homes, foster care, supported and independent living programs, and who participate in vocational and community inclusion programs. This is an increase of 38 over last year's total. The additional individuals were largely due to out-of-county transfers.

Currently, the average comprehensive services caseload is 1:92, in contrast to the state caseload standard of 1:49, with Lane County comprehensive services case managers working at a 1.9 FTE equivalent. Comprehensive services providers, given the current economic environment, continue to struggle with recruiting and maintaining direct care and first line supervisory workers. Group home and employment providers were given a 2.1% COLA effective July, 2007, and an additional 2.1% COLA effective July, 2008.

Although needed, these increases are small in comparison to the increases in the actual cost of services delivered.

The DDS foster home system in Lane County has expanded and currently provides foster care for 252 adults and 46 children, increases of 13.5% and 18%, respectively, over last year. There are 99 adult foster homes, and 13 children's foster homes. Foster providers are increasingly asked to provide services for individuals who have complex support needs. County cuts, due to the loss of federal Rural Schools funding resulted in the loss of the foster care coordinator position. In the past this position has coordinated the licensing and training of these foster care providers. The licensing tasks were absorbed by a team of current FTE employees. Activities that did not occur this year as a result were an annual DDS Foster Provider and Caregiver Conference, new provider orientations, problem-solving intervention, and monthly training sessions.

Comprehensive case managers continue to implement monthly monitoring visits to group homes and foster homes. Case managers collect valuable information regarding individuals and the operation of the homes during these visits. A residential data base tracks information collected on the visits and this information is periodically reviewed by the DDS quality assurance committee.

It is estimated that 45 new individuals will be added into the comprehensive service system in 2009, including 9 individuals through T-18 (turning 18 years old); 15 individuals added through the Long Term Diversion Crisis system; 10 people from out of county transfers including SOCP step-down, prison exits and out of county crisis referrals.

II. Support Services

The DDS Support Services team works with approximately 756 adults who live on their own or with family members and are not in a comprehensive 24 hour service (such as foster or group home). Currently the average support services team case load is approximately 1:167, in contrast to the state caseload standard of 1:90, or 1.8 FTE. In many cases, Support Services staff assists people in dealing with issues of poverty, poor health, poor decision making skills and issues that arise from domestic violence. When new adults are found eligible for our service, they are routinely referred to the Support Services team. So far in 2009, Support Services team has taken 33 new cases through intake, as well as approximately 10 high school transition age young adults transferring form the children's team. As the word spreads in the larger community, especially in schools, about brokerage services for adults, more and more people seek eligibility. The larger numbers could also be the result of the increase in people receiving diagnoses of autism.

Characteristics of the people who receive service coordination from the Support Services team and are waiting for brokerage services are varied and include, but are not limited to:

- parents who are cognitively delayed
- people with mental health or substance abuse issues in addition to DD
- people experiencing autism
- people who may be severely physically disabled and living with family
- people who may be homeless, some without SSI
- individuals who live with supportive families

The majority of service coordination time is spent in crisis management services, providing information and referral, working to secure community supports, and advocating for individuals with developmental disabilities with other agencies, such as Social Security. Some people are experiencing increasing difficulty in qualifying for Social Security or SSI. This is of grave concern, as these people are sometimes homeless with no means of financial or medical support and for the most part, are unable to work. Their cognitive disabilities may not be physically obvious to others. If people have no family to help them, they often end up at the mission, or on the streets, and extremely vulnerable to others. This phenomenon continues to cost the larger social service system, as people use emergency rooms for medical care, end up in jail or involved with the criminal justice system, may have their children removed, and other societal costly situations.

Specific Support Services Programs

- **Brokerages –**

  Historically, approximately 60% of the individuals on support team caseloads are enrolled in a brokerage for support services. The two local brokerages are Full Access Brokerage and Mentor Oregon Mid-Valley Brokerage. So far, nearly 800 individuals have found good supports for their lives through the brokerage system. Whether they live with their families, or on their own, the brokerages are able to help people find providers for community living, community inclusion, respite services, transportation and an array of other individualized supports. This service is provided mostly through Medicaid billing. Individuals receive services through a brokerage remain on DDS caseloads; the following functions have remained a county function for all individuals enrolled:

  - Maintaining and managing the waitlist and referral process for two local brokerages
  - Annual and revised service plan approvals
  - Title XIX (Medicaid) waiver reviews
  - Crisis resolution - During crisis, DDS staff secures foster placements, locates supports with local health care professionals, and coordinates with community partners to resolve a crisis.
  - The support services team meets with brokerages at least quarterly to maintain open communication and good service provision.

As outlined by the Staley lawsuit settlement, on or around June 30, 2009, we will reach the completion of the enrollment into a local brokerage of all individuals 18 and over, if they so choose. According to the state enrollment schedule, there will still be approximately 50 people who will need enrollment as of that date. There will be a 90-day period in which to enroll the remaining individuals on the waitlist. This will include approximately 12 individuals who initially refused brokerage services, any new eligible adult, and any individuals turning 18.

DDS will no longer have any case management functions for individuals transferred to the brokerages. DDS will still maintain a list of individuals coming through intake/eligibility and turning 18, and manage referrals to the brokerages, as well as provide service provision to any adults who refuse brokerage supports.

When all of those individuals receiving DD services are transitioned into one of the two brokerages serving Lane County, this will result in the dissolution of the Adult Support Team, and roles for those staff members will change. Two DD Specialists who provide high school transition services will become part of the children's team. One DD Specialist will become part of the Comp Team. One DD Specialist will provide protective services to adults. There will also be two DD Specialist who take on a new role, as Service Integration Coordinators. They will work with the brokerages to do pre-crisis staffing and technical assistance with brokerage staff, related to DD individuals experiencing complex needs and potential crisis, as well as addressing communication issues, looking at strategic opportunities, and quality assurance and improvement.

- **Case management only-** The support services team provides annual planning, information and referral and untold community linkages for people on our brokerage waitlist. This percentage remains about 30% of our total caseloads, even though we continue to refer to brokerages at the rate determined by the state. This is due to the steady stream of new enrollees into DDS services. People receiving case management only may be eligible for a Medicaid program titled Personal Care Services. The support services team helps people find appropriate providers and authorizes the service.

- **High School Transition-** The support services team offer specialized services for young adults transitioning form high school to support them to prepare for life in the adult world. This includes working closely with families or individuals to secure benefits, housing, and medical care; and careful work with all Lane County school districts to provide consistent support.

- **Comprehensive 300 Project-** For the last year, the support services team has taken the lead on identifying and developing new comprehensive services for 12 people in Lane County. This project is another condition of the Staley Settlement, that 300 people across the state would have access to newly developed comprehensive services. Guidelines for this program are set by the state.

- **Comp In-Home** –This is a group of about 16 individuals who receive supports through the comprehensive in-home supports program, who live at home and whose services cost over $21,000 a year. The program allows families to keep their family member at home instead of moving to a more restrictive setting such as a foster home or group home. The Support Services team manages those cases, working directly and intensely with the families involved to monitor those services, writing annual plan for the supports needed.

III. Cascade Region

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

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

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

The team is also examining the need for community training and how to support our providers through increased access to training. In addition, a pending new service element may address the need for a different delivery model, adult proctor care.

Over the last six months, Cascade Region has focused on planning and prioritizing in the area of development, in order to best utilize the Development Specialist position. In Cascade Region, this position works with all four counties to initiate and assist in development projects, including "hard" development like working with a provider to open a new group home, and soft "virtual" development, such as helping foster providers remove barriers to accepting additional clients in their foster homes. In particular, the development specialist focuses on developing capacity to serve DD individuals with complex needs. In Lane County, the first development priorities will be the development of a children's residential provider, either children's proctor foster care and/or a group home. These developments will specifically target working with children with complex issues, who now must move to the Portland area to find a placement.

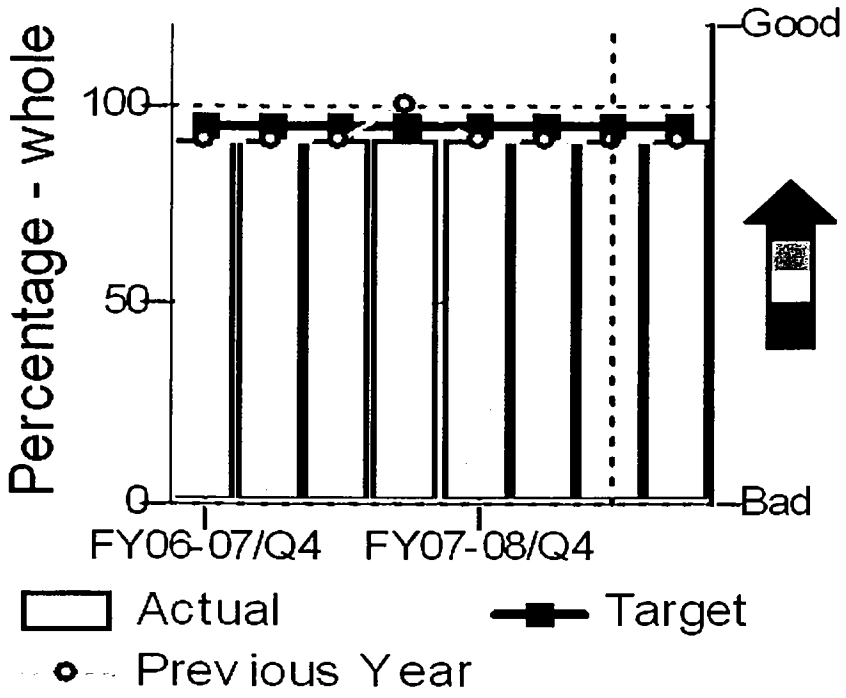
IV. Quality Assurance

The Quality Assurance Program measures performance outcomes related to the services provided by Lane County DDS to ensure that outcomes stay within a specified acceptable target range, and to ensure compliance with state and federal Medicaid requirements. This includes developing an annual QA Plan which complies with applicable Oregon Administrative Rules. The QA Plan addresses seven participant-centered focus areas identified by the Federal Home and Community-Based Quality Framework. These seven areas address participant access to services, participant-centered service planning and delivery, provider capacity and capabilities, participant safeguards, participant rights and responsibilities, participant outcomes and satisfaction, and overall system performance.

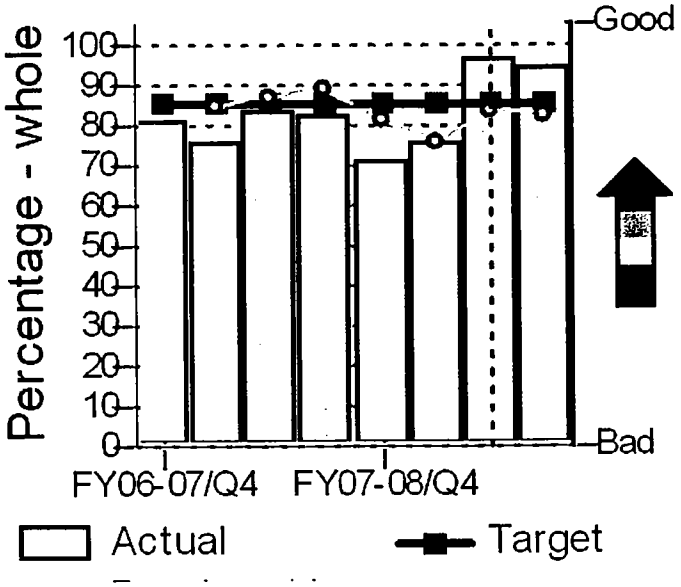
Performance outcomes and accountability measures are featured for each area, including specific percentage targets for each quality measure. In addition, the Lane County DDS Quality Assurance Committee of stakeholders meets quarterly to review the QA Plan and quality assurance activities. This includes providing review and comment on data gathering methods, results of information gathered, and the effectiveness of any corrective actions taken. The QA Committee makes suggestions for quality improvements of funded services for individuals with developmental disabilities in Lane County.

For performance measures, data is collected and tracked on established performance measures in the areas of case management services, contracted services, and quality assurance. Below are examples of graphs from two DDS performance measures:

Graph #1: This measures the percentage of protective services components (tasks) performed in compliance with state requirements. Our target is 95%. Data is collected quarterly, and shows outcomes for FY08-09 Q1-3 consistently at 91%, which is slightly below our established target.



Graph #2: This measures the percentage of Serious Events that were reviewed by the Serious Event Review Team (SERT) and closed within the required number of days established by the state. Our target is 85%. Data is collected quarterly, and shows outcomes for FY08-09 as: Q1: 75%; Q2: 96%, and Q3 94%. Outcomes for Q2 and Q3 exceed target.



Emerging Issues in Developmental Disabilities

- **Current Fiscal Issues** – This year, Seniors and People with Disabilities (SPD), the state agency with which we contract, restructured the statewide county allocation process, which has increased Lane County DDS' 09-11 allocation by approximately $440,000, allowing us to hire additional staff. This will lower caseloads to 1.2 FTE average for case managers, down from the current average of 1.8 FTE. On the other hand, last year DDS lost 2 FTE case management positions because of the loss of county general fund dollars, which were used to leverage these positions at a 60:40 match rate. The two positions that were lost are a DD Specialist on the Support Team, and the Adult Foster Care Coordinator. The job responsibilities associated with those positions have been added to existing staff responsibilities, adding to existing high workloads. Restoration of this funding will further bring caseload size closer to state staffing standards.

- **Staley Settlement** – As mentioned in the Adult Support Team section above, the Staley Agreement will be complete sometime around, or shortly after, June 30, 2009. When all of those individuals receiving DD services are transitioned into one of the two brokerages serving Lane County, this will result in the dissolution of the Adult Support Team, and roles for those staff members will change. Two DD Specialists who provide high school transition services will become part of the children's team. One DD Specialist will become part of the Comp Team. One DD Specialist will provide protective services to adults. There will also be two DD Specialist who take on a new role, as Service Integration Coordinators. They will work with the brokerages to do pre-crisis staffing and technical assistance with brokerage staff, related to DD individuals experiencing complex needs and potential crisis, systems and communication issues, strategic opportunities, quality assurance and improvement.

- **Development Issues** – The crisis and crisis-diversion systems are overburdened with the number and severity of individuals with complex issues requiring support. This reflects the changing needs of individuals entering the developmental disability service system. In addition, a sizeable portion of individuals now being served by the comprehensive services system have autism, criminal backgrounds, mental health issues, mild and moderate intellectual disabilities, serious medical conditions, and/or difficult behaviors, and therefore complex, needs. At the same time, the demand for comprehensive services for children and adults with developmental disabilities is growing. Appropriate situations for individuals with complex needs are becoming scarce. It is critical that the system develop strategies to address capacity building, and increased training and technical assistance resources. To that end, Lane County DDS is working to establish children's proctor foster care and/or residential care. We are also working to encourage providers to utilize empty beds in established adult foster care homes, increasing capacity for adults with complex needs.

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

- **Aging and Individuals with DD** - The DD population is aging, and we are beginning to see a population in care which has increased needs and is

accessing resources at a greater rate than before. We also have a significant increase in aging caregivers, who are unable to continue to support their family members in their homes. Current community capacity is ill equipped to expand services or provide the level of service that these new challenges present.

- **Provider Issues** - Low provider pay, and inadequate training and provider oversight provide a constant challenge in meeting the needs of the population accessing comprehensive services. High provider turnover rates and lack of adequate respite providers are ongoing issues for the DD population. Adult foster care is expanding and supporting some of the most challenging of individuals in our services. Group home and vocational providers struggle with turnover rates of roughly 65%. Recruitment and retention issues within our infrastructure are having a direct impact on our ability to provide adequate resources for the needs being presented. Federal Medicaid rules make portability of funding for services across programs such as DD and mental health challenging, if not impossible. On the other hand, the Oregon Technical Assistance Corporation (OTAC) is working with one local group home, providing ongoing technical assistance and direction in goal-setting and staff recruitment and retention, increasing staff skill levels and ability to serve individuals with complex needs.

- **Behavioral Issues** - The DDS service delivery system continues to struggle with a population of young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/Asperger's syndrome, alcohol/ drug abuse, are increasing in eligibility criteria of children and many young adults, leading to increased incidents of serious criminal behavior. From that group, seems to come a greater number of individuals who are potentially extremely dangerous to themselves and others. Our need to protect them from confrontations with law enforcement, who don't always understand disability-related behaviors, is a growing consideration in our assurance of health and safety for these adults.

- **Children's Residential Services** - Funded children's residential programs are at capacity, and movement is slow due to lack of resources that may allow the transition of a child into another setting. The new development specialist position is focusing on the development of children's proctor foster and residential care. Increased efforts to partner with outside agencies remain critical in meeting the needs of our children.

- **State-Operated Community Programs (SOCP)** - Access to state operated facilities for adults also faces capacity challenges. The crisis delivery system has worked collaboratively and creatively with county and state partners to meet the needs of individuals needing services despite our funding and resource limitations.

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

During the last six months, the Family Mediation Program completed a total of 192 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 652 parents attended the Family Mediation Program's "Focus on Children" class during the six-month period. The court requires that parents attend this, or a similar class, if they are involved in a current Lane County dissolution, legal separation, or legal action to establish child custody or parenting time.

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

Human Services Commission

Economic and Funding Environment

With the severe economic recession human service agencies funded through the Human Service Commission are seeing a dramatic increase in demand for their services.

- Service requests for the non-profit human service agencies have increased by between 33% and 50%.
- Service enrollment for households for our emergency assistance and self-sufficiency programs is up by more than 20% for the same period a year ago.
- Waiting lists for emergency shelter and rental assistance have increased as the number of people who are becoming homeless is increasing monthly.
- Lane County's 2009 One Night Homeless Count, showed a 27% increase in the number of homeless people from last year to 2,673 homeless people on the night of the count.
- Growth of Lane County unemployment rate to over 12.5%

As a result of the economic downturn private funding and State of Oregon revenue for human services is decreasing

- A loss of major employers and their employees and the decline in major donors' stock portfolios has caused United Way of Lane County to cut their contributions to non-profit human services agencies over the two years by 25%.
- Major Private Foundations have less funding available.
- The State of Oregon is considering 30% reductions to their human service programs

Recovery Act Funding

On February 17, 2009, President Barack Obama signed into law the American Recovery and Reinvestment Act (ARRA) of 2009. This legislation authorized "...supplemental appropriations for job preservation and creation, infrastructure

investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization...."

Under ARRA, Lane County and the City of Eugene have received an allocation of several human service and housing funding awards:

- HUD Homelessness Prevention and Rapid Rehousing Program (HPRP) funds in the amount $1,460,050 (Eugene - $567,404, Lane County - $892,646).
- Lane County has also been awarded through the State of Oregon $743,378 in additional ARRA Community Services Block Grant (CSBG) funds.
- Lane County Human Services Commission (HSC) is working with the State of Oregon to also possible obtain ARRA TANF Emergency Funds for the Housing Stability Program (HSP).
- HSC was awarded $2.7 million in DOE Low-Income Weatherization Funds that we are sub-granting a most of the funding to the Lane County Housing and Community Services Agency (HACSA).
- DOE Energy Efficiency and Conservation Block Grant (EECBG) funds were awarded to Lane County in the amount of $561,200 of which HSC is focusing on funding residential energy efficiency projects and solar energy applications on housing projects. The City of Eugene also received $1,485,800 and the City of Springfield received $539,000. The jurisdictions are separately determining how they will apply these funds to public and/or community projects.

HPRP will provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.

- The funds under this program are intended to target individuals and families who would be homeless but for this assistance.
- The funds will provide for a variety of assistance, including: short-term or medium-term rental assistance and housing relocation and stabilization services, including such activities as mediation, credit counseling, security or utility deposits, utility payments, moving cost assistance, and case management.
- We must select and sign agreements with sub grantees (providers) by September 30, 2009. At least 60 percent of funds must be spent within two years; all funds must be spent within three years.

CSBG can provide a range of services and activities to combat the central causes of poverty and assist households in being self sufficient.

- The funds can be used for housing, nutrition, emergency services, employment, education, better use of available income and/or health to combat the central causes of poverty.
- In recognition of the intent of Recovery Act funds, grantees are encouraged to support employment-related services and activities that create and sustain economic growth.
- Services must be provided on or before September 30, 2010, and liquidated on or before December 29, 2010. A final report is due on or before December 29, 2010

HSP assists households with children who are homeless or at risk of becoming homeless. The program is designed to provide assistance to low- and very-low-income homeless or at-risk households with children.

- Eligible services under the program may include payment of shelter costs, including but not limited to: rent, mortgage and utility costs; costs for room and board at a domestic violence shelter, emergency shelter or 'safe home'; moving costs; property taxes for up to one year, if necessary to avoid foreclosure; transportation costs to another area or residence; and cost of repairs necessary to make the applicant's housing habitable, food costs, medical costs not covered by another source, costs incurred for support services deemed necessary to stabilize an applicant's housing situation, including, but not limited to, child care, transportation, counseling, job training, education and life skills training and case management costs.

- Services must be provided on or before September 30, 2010, and liquidated on or before December 29, 2010. A final report is due on or before December 29, 2010

Supplemental Homeless Prevention Funding
HSC implemented Homeless Prevention services for 150 households with the $147,000 in supplemental budget funds approved by the Board of Commissioner. Services are being provided through Human Service Network agencies located in the Eugene-Springfield, Cottage Grove and Florence.

Energy Assistance
The federal government has more than doubled funding for LIHEAP. Last year Lane County received just over $1.7 million in LIHEAP funding and served 6822 households. This year, Lane County has already received $3 million, which should help about 12,000 households, and more is expected. Northwest Natural has increased funding for this year's OLGA program in response to current economic conditions, and EWEB received a record-breaking $300,000 donation from a private donor for this winter's EWEB Customer Care program.

Veteran Services
Veteran Services continues to serve veterans from all era of military services, but this program is seeing more and more veterans from Iraq and Afghanistan. These newest veterans are facing acute physical and mental health concerns based on their recent combat service. Veteran Services works very closely with the Roseburg VA Health Care System to insure that the needs of these veterans are being met to the greatest extent possible, and advocates for them in the VA claim process so that they receive all the benefits to which they are entitled. Veteran Services is also working with the VA and other local veteran service providers to prepare to assist the families of the National Guard soldiers were to deploy to Iraq. The deployment consisted of 3500 Oregonians (over 50% of the Oregon National Guard) with approximately 95% of National Guard members from Lane County expected to receive orders.

Eagan Warming Center
The Egan Memorial Warming Center (EMWC) provided five nights of overflow shelter during extreme weather conditions. The EMWC offered more than 600 bed nights to people who were homeless and needed to come out of the cold. With the help of more than 100 volunteers, including homeless guests and members of the faith and activist communities, 1200 meals were provided, resources were distributed including sleeping bags, blankets, clothing, toiletries and bus tokens. People worked together to clean the building, serve the food, fold the blankets, store the bikes and bags.

This pilot project, which used the former National Guard Armory, reached its capacity to provide services adequately in a setting that could not safely respond to the overwhelming numbers and their complex needs. Capacity issues included lack of adequate sleeping space for men, women and children, the high need for specialty services for homeless guests with complex and chronic medical, mental health and substance abuse issues.

The EMWC pilot project provided a rich opportunity to both help people who are homeless and to analyze the strengths and challenges of this kind of program model. The EMWC Coalition is committed to a long term solution to ensure that homeless people have a place to go during extreme weather conditions in the next winter season.

HSC staff is working with stakeholders on recommendations for extreme weather shelter for the coming year.

Project Homeless Connect

The third annual Project Homeless Connect (PHC)event held on March 6th 2009 served 1,548 people.

- 146 clients seen by providers
- 104 prescriptions given out at the event
- 33 Patient Assistance Program vouchers given out for meds
- 20 flu shots given
- 34 clients given diabetic education and/or supplies
- 143 clients screened at the Lion's Club Van
- 280 clients were screened for visual acuity by Rainbow Optics
- 100 vouchers were given for eye exams and glasses by Rainbow Optics

VII. LANECARE (Bruce Abel, Program Manager)

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

LaneCare has recently had site visits by the State and by Acumentra, representing CMS and the Feds. Both review teams were extremely positive and complementary of LaneCare. The Federal review team stated that we were the most impressive managed care organization they have reviewed in Oregon, Washington or California.

In Contract Year 2008, LaneCare continued the successful partnership with consumers, contractors and system partners. The average monthly membership has increased to 32,500 OHP members. This is an increase of 1,000 members from the previous year and has resulted in an increase in capitation payments. Due to the economic downturn enrollment in OHP increased beyond projections and membership and capitation increased beyond projections.

LaneCare received a 6.5% capitation increase in 2008. This resulted in an additional $1,200,000 annually for mental health services in Lane County. LaneCare received a 4.5% increase in our Capitation rates for 2009. We are expecting a capitation rate increase of up to 13% in 2010 and 4.5% in 2011.

In 2008 LaneCare allocated reserves to balance the operational budget. LaneCare continues to pay for claims for dates of service in 2008 through all of 2009. At this time it appears that LaneCare will use all of capitation received but may not draw down any of the allocated reserves for expenses incurred in 2008. Last year LaneCare implemented a one time risk share return distribution with our out patient contractors to provide a small economic boost to our local mental health system ($450,000). LaneCare will implement the same plan this year to support the County mental health providers by distributing a 5% risk share return (approximately $770,000).

LaneCare has approved a balanced budget for 2009. We implemented an across the board 10% rate increase for all reimbursement rates. This increase is based on historic performance trends and current resource availability as well as our significant revenue increase projected for next year. Current income projections for 2009 indicate that revenues may exceed projections again. As the economic situation deteriorates more people enroll in OHP. With increased membership there in increased capitation revenues. There is also an increased demand for services and LaneCare must assure that system capacity matches service demand by LaneCare membership. We are discussing ways to help contractors expand their staff to better meet consumer demand.

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

Demand for mental health treatment continues to be high, particularly for psychiatric services. As more members are enrolled in LaneCare the provider panel must expand in order to have sufficient capacity.

LaneCare is continuing efforts to move the system toward evidence-based practices and has sponsored several trainings to help providers develop new skills. LaneCare has contracted with a well known trainer to offer a 12-month Cognitive Behavioral Therapy training with ongoing technical supervision and support. Our provider organizations have expressed great enthusiasm for this training. It is scheduled to begin in June, 2009.

LaneCare continues to support the Youth Crisis Network and is developing supports for foster families that have opened their homes to youth with mental health or behavioral disorders. LaneCare has worked closely with DHS regional branch to assure that all youth entering foster care have a mental health assessment to determine their needs for treatment.

LaneCare continues to use funds for prevention, education and outreach projects. This year we have funded 7 community projects that include services for: homeless, at-risk youth; teen parents; life skill classes for adults; and parenting classes for at risk moms.

LaneCare has also awarded 4 community matching grants for: Project Homeless Connect; foster parent support; creative arts project for juvenile offenders; and greenhouse project for adults. These are small system enhancements that are alternatives to traditional mental health treatment.

LaneCare has established a committee to review prevention and treatment services for children under the age of 5 and is requesting recommendations by the end of 2009.

LaneCare has developed draft guidelines for hospital admissions and continuing stay at a hospital and for mental health services for people with autism or an autism spectrum disorder. Both of these represents solutions to identified concerns in the last Board of Health Report.

The last Board of health report identified concerns with services for transition age youth. Transition age youth, 16-25, who have a serious mental health condition, typically do not access the mental health treatment that they need. LaneCare has convened the Transition Age Youth planning committee to review the barriers and make recommendations to better meet the needs of this population. Recommendations have been brought forward with the goal of implementing system improvements by January, 2010.

The LaneCare Manager has attended a national technical assistance conference and is a part of the State advisory committee for developing supports for transition age youth. The local advisory committee has developed a program design for a small pilot project and is looking for system partners to share in staffing and funding the project. LaneCare will likely dedicate funding for the project. On March 30, 2009 the State selected Lane County as a partner on a federal grant application for developing transition age youth supports and services. We will begin discussions in early April.

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

Concern: There is discussion that Oregon will implement a provider tax that will raise sufficient funds to open enrolment in Medicaid and to cover an additional 100,000 adults and 80,000 children. This potentially means an increased LaneCare membership of 10,000 to 20,000 Lane County residents. This will require a significant expansion in the number of providers that LaneCare contracts with.

Concern: The State budget is showing a huge deficit for the reminder of 2009 and for the next biennium. While there are no reductions anticipated for LaneCare it is always possible that the legislature will find reductions necessary.

Of greater likelihood is the reduction of State funds for local indigent care, senior services, hospital care, and other community supports that are essential to maintaining people in their living situations. As the economy declines the stress increases for individuals and families and the demand for all governmentally supported services increases.

Concern: There is a significant increase in the rate of identification of people, particularly youth, with an autism spectrum disorder. It is not clear how best to support these youth and what portion of this support is covered by the mental health benefit of the Oregon Health plan.

Solution: LaneCare will develop guidelines for LaneCare funded treatments and supports for persons whose primary diagnosis is autism or an ASD.

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

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

Concern: In late 2008 the State implemented a new MMIS system. As of March, 2009 it is still not working well. This has been a significant disruption in accurate information on enrollment determination, member information, and payment. The intensity of staff engagement in problem solving has been an unanticipated consequence and cost. It will be many months before there is a final reckoning of the impact on the provider system.

Problem: LaneCare has met with Senior and Disabled Services, Lipa, and PeaceHealth to discuss the mental health needs of seniors. We recognize that the elderly often have a combination of physical and mental health ailments that are difficult to treat.

Solution: We have discussed developing a mental health consultant position that would work with nursing homes, foster care providers, seniors, and staff at Senior and Disabled services to better integrate and coordinate mental health assessments, supports and interventions.

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

This past fiscal year saw Alcohol, Drug and Offender Services coming under what is now called the Behavioral Heath Division. Due to increasing revenue shortfalls primarily a function of decreased DUII arrests and increased failures to appear, a decision was made to recommend the elimination the DUII Evaluation Unit. This is not seen as a core County function and in fact we are one of the very few counties providing this service. Meetings have been held with the various courts involved and as of this writing the DUII Evaluation Unit is scheduled to stop accepting new referrals by the end of April. The courts will be developing contractual relationships with private Alcohol and Drug Evaluation Specialists.

This next year will be a challenging year fore Behavioral Health Services as we struggle to maintain staffing and services despite the likelihood of significant funding reductions. Much effort will be placed on the implementation of Phase II of the electronic medical records and practice management system. Phase II focuses on clinical orders and treatment planning and will occupy a large amount of staff time. In addition, we will be continuing to implement and expand integrated mental health, addictions and primary care services under the FQHC umbrella. Mechanisms for improving care coordination are already underway, and there is discussion about Lane County becoming a pilot for the State's interest in developing models of integrated care. Finally, the Methadone Treatment Program will be engaged in a CARF site review in October, and efforts are already underway to prepare for that.

OUTPATIENT MENTAL HEALTH CLINIC

Adult Services: The Adult outpatient clinic continues to serve large numbers of clients. We are currently serving 1,056 Lane County consumers. Access and enrollment data suggest that increasing numbers of uninsured Lane County citizens are seeking services through County programs. Last month alone we received 171 service requests and were only able to bring in 16 persons (9%). We have been unable to increase access due to serious staffing constraints, and have virtually stopped all admissions, except for those citizens coming out of inpatient psychiatric care or at imminent risk for requiring care. A committee has been formed to develop strategies to increase access, and it is anticipated that we will be able to open access for between 120-150 additional clients. We have filled two open positions with staff that were displaced from Alcohol,

Drug and Offender Services. These personnel transfers have been difficult (and more are anticipated as we close the DUII Evaluation Unit and those MHSs will have bumping rights into positions at LCMH) because these folks are not trained and prepared to work with this population. In an effort to prevent this situation from happening again in the coming year, we are planning to work with HR to consider ways to classify our MHS positions to a less "generic" and a more specialized skill set required to work with our population of Severe and Persistent Mentally Ill adults, with clear expectations for the level of training and education needed to work with this very difficult population.

Lane County Mental Health continues to see more consumers with varying involvement with the criminal justice system. We continue to contract with the City of Eugene to provide Mental Health Court treatment services, for misdemeanor offenders in civil court, although it is not certain at the time of this report whether City of Eugene will be able to maintain the current level of funding. We continue to get increasing pressure from Parole and Probation services to provide more mental health treatment to this population, yet the CCA funding that funds the dedicated MHS position that serves that population is seriously at risk. Our pilot project to assist the courts in providing support and treatment services for consumers who are found "unfit to proceed" in their trials and sentencing hearings is well underway. This project is funded by the State and we are joined by two other counties for the pilot. It is not clear if State funding will continue for this project either.

Mental Health continued in the current fiscal year to contract out more than $350,000 in funding to the adult-serving mental health agencies to increase their capacity to serve clients who lack Oregon Health Plan. With increased pressures on our budget, and the unknown future of State and Federal funds, we expect that we will likely reduce this amount significantly in the next couple of years. In fact, it appears at the time of this writing that all the State funding that allows us to serve non-OHP clients may be eliminated entirely from the DHS budget, moving the public mental health system into a Medicaid only system.

We have "gone-live" with our new electronic health record and practice management system. Key personnel have been temporarily re-assigned to assist in the implementation, which is adding additional pressures on an already resource poor system. Due to lost productivity, we anticipate a loss in revenue during the learning curve direct care staff will have while adjusting to a new electronic system. We anticipate this loss will be temporary as the staff develops skill with the system and eventually we believe we will be able to increase our revenue through the automated billing of services provided.

The adult program continues to run 11 groups, which are well attended. Our consumer empowerment group continues to be well received and we are beginning to obtain outcome data that shows improved functioning for those that attend. We continue to stress the importance of continued education for the staff and are looking at a variety of newer treatment models being developed. In addition, we are now managing the programs that were formally under the Alcohol, Drug and Offender Programs. These

include the DUII evaluations, the Sex Offender Treatment Program, and the Methadone Program. We are holding off recruitment for a much needed Clinical Services Supervisor position while we await a clearer sense of our funding and staffing levels. At the moment our management staff is stretched very thin.

We have experienced significant staff turnover in the past year. We have a new Mental Health Medical Officer, as well as a few other medical and clinical staff. While we have gained some psychiatry time back, we continue to be challenged to provide quick access to requested medication management services.

We are rapidly moving towards a truly integrated system, with mental health, drug and alcohol, and primary care services all in the same location. We firmly believe this integration will position Lane County Behavioral Health Services to be a strong and successful provider of direct service in the health care needs of our citizens. It is also clear that fully integrated care is the direction the Feds and the State want services to be moving towards. Lane County is considering being a pilot demonstration site for integrated care and we are also considering applying for a SAMSHA grant aimed at improving integrated care for the Severe and Persistent Mentally Ill population.

Child and Adolescent Services: The Child and Adolescent Program of LCMH 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 community based services is 300 children and families. An additional 150 children are enrolled annually. In addition to screening, comprehensive evaluation, psychiatric care and management we are providing a wider array of evidenced based clinical services including Dialectical Behavior Therapy Groups for chronically suicidal high risk teens, Individual and Family Therapies, Child and Family Team meetings, Wraparound services, Expressive therapies (Art Therapy, Sand Tray Therapy, Play Therapy), Care Coordination, Multi-Family Group Therapy, Consultation Services and Circle of Security Interventions for high risk infants, toddlers, preschool children and their primary caregiver.

The past 4 months LCMH rolled out new practice management software including an electronic medical records system which over time will give us strategic reports and data which will drive decision making in clinical practice and program management.
Based on preliminary data pulled from LC Cares, aka Elsie (our EMR), from 12/11/08 – 4/7/09 the child program screened 81 Lane County children requesting LCMH services. We admitted into outpatient care 57 of the 81 children (70%). An additional 8 children were admitted into Intensive Community Based Services at LCMH. The remaining 24 children were redirected to other community based mental health providers, including private providers. As technical reports are designed, tested and approved we will gather a wealth of information re: source of referral, primary mental health diagnoses, payer mix (OHP/uninsured/underinsured), primary care access, legal status, gender, race, socio-economic level, service utilization and overall health outcomes.

Lane County Mental Health is a designated Community Health Center (CHC) and provides rapid access to Primary Care Services at our mental health offices (co-location). We have both referred and received child referrals from Primary Care practitioners at LCMH. In addition the Child Program has extended outreach to Springfield High School via the school-based clinic (another CHC) and we have a dedicated child staff member who provides a portion of her FTE delivering mental health services on-site at the high school. It is anticipated in the next school calendar year we will co-lead a variety of skills groups with high school counseling staff, fostering our cross cutting principals of collaboration, reducing stigma, community focus, integrated care and increase access irrespective of insurance status.

As noted above Lane County Mental Health Child Program is also a credentialed Intensive Community Treatment Service provider. We average 18 uninsured/underinsured children and families in our Intensive Services track per month. These community children receive a Level of Needs Determination and a clinical authorization for high levels of state care. As children stabilize they 'step-down' to outpatient services.

From 7/1/07 to 12/31/08 LCMH has served 45 non Medicaid eligible Lane County children and families with intensive needs. From 10/1/08-12/31/08 we continue to serve 23 of these intensive children with comprehensive evaluations, individual therapy, family therapy, group therapy, psychiatric services, care coordination, child and family team meetings, wraparound services, pharmacy and consultation services. To date we have exceeded the state target (serving 25 intensive children/families/year).

The Child Program continues to sub-contract for a 0.5 FTE Family Ally position with the parent to parent organization Oregon Family Support Network (OFSN). The Family Ally continues to provide outreach to LCMH parents and caregivers who have difficulty navigating complex mental health, health, education, child welfare, juvenile justice, DD systems for children with complex needs. The Family Ally is a co-provider with LCMH in monthly Parent Orientation meetings, provides parent support groups and education, youth groups, respite and recreation events. In addition we contracted with The Child Center for additional community supports (skill builders, parent book club) for the non Medicaid population with high needs children. We continue to use child crisis dollars to support the Family Crisis Response Program providing 24/7 county-wide access to emergency services including crisis phone line, crisis intervention response, (face to face), crisis respite (in or out of the home) and crisis consultation.

Members of the LCMH Child Program participate on a variety of prevention and planning committees including the Lane County Suicide Prevention Steering Committee, the Family Advisory Committee, the Juvenile Subcommittee of the PSCC, the Perinatal Health Team and we chair the local State Hospital Coordinating Committee.

RESIDENTIAL PROGRAMS

Lane County Mental Health staff is playing a role in the development of several new residential programs funded by the state Addictions and Mental Health (AMH) division that are projected to open in Lane County. These programs include small residential treatment homes (generally 5 beds) to assist specialized populations. One program will be for a population of individuals with severe and persistent mental illness who are in need of "stepping down" from community programs with more intensive residential services or from hospitalization. This program which is slated to open in April 2009 will speed the integration of these mental health consumers back into the community. Several other homes will address the residential needs of individuals with mental illnesses involved in the criminal justice system. One of these projected homes will address the needs of a forensic population known as "unfit to proceed" (due to mental illness) in the judicial system. Two other homes will be for individuals under the supervision of the Psychiatric Security Review Board. All of these homes will be operated by private nonprofit organizations which have been awarded the projects by AMH and have liaisons with Lane County Mental Health. Siting of projects such as these can sometimes present challenges in working with neighborhoods where the homes will be located. Lane County Mental Health staff is working with the providers and State representatives to coordinate forums for communication and discussion with concerned neighbors and other stakeholders.

ACUTE CARE SERVICES

As reported in the past few Board of Health Reports, with the closure of the Lane County Psychiatric Hospital, the County, in cooperation with PeaceHealth, the State Addictions and Mental Health Division and other system stakeholders did create the Transition Team. This Team is modeled after a number of very successful programs in other states and is considered an evidence-based practice, and will provide for a better overall level of service to individuals either coming out of the hospital or being diverted from an admission. The Team works with these individuals for 8-12 weeks until they can be transitioned into whatever their ongoing care would need to be (back to primary care, less intensive services through another provider agency, or to Lane County Mental Health's outpatient clinic). The Team consists of a PeaceHealth Clinical Supervisor, three QMHP level (Master's or above) clinicians (contributed by PeaceHealth as in-kind support to this program), two QMHA level staff paid for by LaneCare and hired by PeaceHealth, a psychiatrist (Dr. Paul Helms, former Medical Director of LCPH), a Psychiatric Nurse Practitioner, and a business support staff and clinical supervision provided by the County.

We contract with three or four community providers to provide mobile crisis support, in-home services and linkage to peer supports. These providers have had funding added to their existing contracts so they can have adequate capacity to serve Transition Team clients, who will, for the most part, be indigent. The team did expand its staffing with LaneCare funding to begin serving LaneCare members who have impacted the hospital system. The Team is housed at the LCMH clinic. Lane County Mental Health has added

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

A planned annual review of how the Transition Team has done in meeting its mission has been completed, and preliminary analysis seems to indicate that they are providing a high quality and effective service to the target population. The average time of Transition Team involvement is ten weeks, and they have successfully prevented most of the clients served from needing to be readmitted to the hospital. At the present rate, Transition Team will serve around 150 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 and a Clinical Supervisor (over $300,000). At present PeaceHealth is reviewing all its behavioral Health Services in light of a large revenue shortfall, but we have received assurances that their commitment to Transition Team is firm. One concern for us is that we don't as of this writing know what sorts of reductions in State funding we will see in the coming FY, but early indications are that we could use all the "indigent adult funds" as well as the "regional acute care" funds, which will create serious fiscal issues for the County's ability to continue to support our portion of this critical partnership.

A new analysis to evaluate the effectiveness of the Transition Team's efforts with LaneCare clients has been completed and shows similar positive results in terms of both reduced lengths of stay and reduced readmissions to inpatient care within 6 months of Transition Team involvement. This year the focus will also be on diverting individuals from admission at the point of Emergency Department contact. Transition Team has hired additional staff that will function as liaison from the team to the ED crisis workers to facilitate referrals.

With the closure of LCPH, the County again became financially responsible for the costs of indigent County residents placed on emergency psychiatric holds (this has always been the case, but Lane County had a gentleperson's agreement with PeaceHealth that the County would not be charged for such patients on the Johnson Unit as long as LCPH remained operational). We have negotiated what we believe to be a reasonable "cap" on such reimbursements with PeaceHealth that will allow Lane County to be able to budget funding for the Transition Team and other alternatives in the next fiscal year. Obviously Lane County would continue to be financially responsible for any such costs incurred in out of area hospitals when the local beds are full, as well as transport costs. Clearly it is critical that this Team be successful in keeping local beds available and out of area admits to a minimum.

Since the closure of LCPH (March 31, 2004), we have already seen a dramatic increase in out of area admissions. If anything, that trend has continued and has the potential to get worse as there are threats of closure of additional beds across the state, which will

further add to the acute care bed crunch statewide and the likelihood that Sacred Heart's Johnson Unit will be full most of the time. This creates not only potential financial concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have had to increase our FTE devoted to commitment to stay compliant with the statutory requirements and to bring that service back up to historical staffing levels.

In addition, we had learned that Lane County historically received the lowest funding of Regional Acute Care dollars per capita of any County in the state. Discussions have occurred with the Addictions and Mental Health Division of the State to correct this significant inequity. Those discussions have been fruitful and Lane County was awarded an additional $800,000+ in Regional Acute Care funding for the current biennium. These funds were used to increase the contract with Sacred Heart for indigent services at the Johnson Unit and to help offset the costs of out of area admissions and secure transports for Lane County residents. In addition, we will be expanding the pool of flex funds used for Transition Team clients and adding some additional psychiatric prescribing time. It is important to note that this very funding (Regional Acute Care) is slated for elimination if the State moves ahead with 30% reductions, and would seriously challenge our ability to meet statutory requirements.

A final area of significant planning and development is for crisis system enhancements to help create alternatives to expensive inpatient care and to allow earlier intervention where possible. On the child side, a comprehensive, county-wide crisis response system has been developed, provided by a partnership of three child-serving agencies (SCAR-Jasper Mountain, Looking Glass, and Child Center) which has mobile crisis outreach and support 24/7, in home crisis respite, foster care based crisis respite and facility based crisis respite for children and adolescents. This serves the entire County from Florence to Oakridge and McKenzie Bridge and from South Lane to Coburg. Funding for these enhanced services is from increased State crisis funds provided by AMH and LaneCare reinvestment funds. This program has now been in operation for 3.5 years, and is proving to be well utilized and highly effective in reducing referrals to area emergency rooms and in resolving crises at an earlier point than previously possible. A 3 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.

Finally, we worked with the Sheriff and Eugene Police to develop and roll out Crisis Intervention Team training for all law enforcement jurisdictions in the County to improve the officers' ability to deal with mentally ill subjects or subjects in mental health crisis in ways that can hopefully avoid the kind of tragic intervention that was witnessed with the Ryan Salsbury shooting. A grant was submitted to help support this effort, but unfortunately was not funded. There is a desire to resubmit for the next round of funding. Nevertheless, Eugene Police Department remains committed to rolling out CIT training, with the first wave of 20+ trainees going through the week long training the

week of December 15, 2008, with lots of involvement by LCMH staff in teaching the curriculum.

ALCOHOL, DRUG, AND OFFENDER PROGRAMS

On July 1, 2008, the Alcohol, Drug, and Offender Programs (ADO) were integrated into Behavioral Health Services. This was due to the elimination of Supervision and Treatment Services when Parole and Probation moved to the Sheriff's Department. On September 8, 2008, Clinical Services Supervisor Janet Perez left county employment and was replaced on an acting basis by Doug Martin, LCSW, who has worked for the county since February, 1999, as a Mental Health Specialist with the Sex Offender Treatment Program.

Sex Offender Treatment Program:

The Sex Offender Treatment Program (LCSOTP) provides individual and group treatment for adult men (18 and over) convicted of sexual offenses. The former women's program was eliminated due to budget reductions in January 2008. All program clients are on supervised probation, parole, or post-prison supervision in Lane County and are mandated to complete sex offender treatment. The program's goals are to promote community safety and prevent further sexual abuse by treating men who have engaged in sexual offense behaviors. The program uses therapeutic approaches which are research-based and proven to be effective in reducing recidivism. We provide a rigorous treatment modality that focuses on offender accountability and provides interventions designed to maximize community safety.

LCSOTP has been an important part of sex offender treatment in Lane County for over 20 years. It is well known in the treatment community that we work with the most challenging subset of this already difficult population. We not only provide sex offender and mental health treatment to our clients, we also work closely with Parole and Probation to help our clients become stable in the community. Research has shown a direct connection between a lack of community stability and increased recidivism. LCSOTP has a recidivism target rate of 5% a year while in treatment. The program has consistently maintained a rate of less than 3% a year for new sex crimes by clients while in treatment. Since April, 2008, no clients have committed new sex crimes while in treatment.

LCSOTP prioritizes admission of clients based on the level of offenders' risk to reoffend. Many of our clients have been assessed as medium to high risk. We also specialize on providing treatment to the indigent population. Most of this agency's clients are men who have many barriers to rehabilitation and would not receive treatment elsewhere due to these issues. Many of these barriers are financial, including poverty, unemployment, and homelessness. Frequently these issues are exacerbated due to their status as convicted sex offenders. Other barriers include mental health issues and illiteracy. In spite of these barriers, LCSOTP has had many successes working with clients others might view as "untreatable."

Another barrier to treatment has been this agency's dwindling resources. Ten years ago, LCSOTP consisted of four offender therapists and one family therapist. Since that time, staff reductions have resulted in this agency functioning with 1.8 FTE clinicians. The program is currently providing intensive treatment services to 32 offenders. We believe that it is in the public's best interest that our FTE is increased, expanding our ability to work with more clients and thus help ensure community safety.

LCSOTP has increased its collaboration with Lane County Developmental Disability Services in order to provide intensive treatment to this important population. We also have a strong aftercare component, offering a safe environment for continued support in addressing troubling mental health or lapse behavior problems around client sexuality. Some clients will continue to access this support up to 3 years after completion of their treatment goals. The program currently has 9 clients in aftercare services.

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

Methadone Treatment Program:

The Methadone Treatment Program provides outpatient opioid replacement therapy, which includes methadone maintenance, counseling services and medical evaluation for individuals dependent on opiates. The program provides daily dispensing of methadone medication. Individual, group, couples and family counseling are provided as well as extensive case management/coordination of services on behalf of program participants. The goal of treatment is the reduction or elimination of harm associated with the use of any and all substances of abuse.

Since November 1, 2008, the methadone treatment program has served 100 individuals including five pregnant patients. There are currently thirty individuals on the waiting list.

One of our program's performance measures is a reduction in illicit or prescribed opiate abuse. The goal is that at least 72% of patients will be illicit/Rx opiate-free in a 90-days from entering into treatment with us. This is measured each quarter of the year from the results of random urinalysis (UA) testing, and self-report. Almost all patients enter the program using heroin or other opiates several times a day. If 72% of patients attain abstinence from illicit/Rx opiates in the first 90 days, we feel we've done our job. During the last two quarter of 2008 and the first quarter of 2009 the rate of negative UA's for opiates was 80%, surpassing the programs target of 72% of patient UA's that are free of illicit opiates.

The methadone treatment program continues to face serious revenue loss due to the loss of general fund dollars. Consequently, the program lost a mental health specialist position. This has resulted in patients being discharged or transferred to the private methadone treatment program in the community. The loss of a position has also caused the remaining two mental health specialists to serve more patients than is considered best practice.

In spite of these negative impacts, the methadone program continues to provide high quality services to their clients. The staff is comprised of committed professionals that have a high investment in the mission of the program and the clients they serve. They have attempted to offset the loss in general fund dollars by increasing billable contacts. This was partially achieved by having our Office Assistant position start at 6:00 AM, thereby freeing up clinical staff to see their clients during dispensing hours. This commitment to excellence is also exemplified by their on-going commitment to providing community education to other programs about methadone treatment. The counselors make regular presentations to community partners and stakeholders, and have several scheduled in the coming months.

The program's current lack of financial resources has created an unfortunate situation for our community. The treatment needs for opioid dependence continues to surpass our current staffing levels. The challenge for staff in the coming months will continue to be providing high-quality treatment in a resource-thin environment.

In addition, staffing has changed significantly in recent months. Due to slim human resources and the implementation of HHS's new electronic health record system, LC Cares, the Office Assistant position has been filled by several individuals. This has caused a breakdown in administrative functioning and further dollars have been lost due to billing problems. Since September of 2008, the program has also been without consistent administrative supervision. Recently, we have placed Walter Rosenthal into this position. He is providing close administrative over-site and is preparing the program to be surveyed by CARF in October, 2009. This survey will provide a three-year federal accreditation for the program.

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

COMMUNICABLE DISEASE SERVICE

The Lane County Public Health (LCPH) Communicable Disease Programs include the following elements: Immunization, Tuberculosis, Sexually Transmitted Disease, HIV Testing and Prevention, and reportable communicable disease investigation, reporting, and prevention as well as outbreak control.

Immunizations:
LCPH has completed the annual School Immunization Review process for the current school year. School programs gather enrolled children's immunization records on entry and are requested to inform parents of required immunizations throughout the year.

LCPH communicates changes in school immunization requirements throughout the year. In November, LCPH sends out immunization review packets to each school and facility as well as timelines for sending reports back to public health. School reports documenting each child's immunization record are reviewed by LCPH for completeness and missing immunizations. In January, letters are typed and sent to parents of every child with missing mandated immunizations with information about the missing shots, the deadline for documenting that the child has received the missing immunizations, and locations and contact information regarding where the child can receive services. This year 473 institutions were reviewed and 61,598 children's records were assessed. Exclusion letters were sent to parents regarding 2,709 missing or incomplete children's records. By February 18, 2009, Exclusion Day, all but 360 children's records were complete. These numbers are significantly higher than last year due largely to two new requirements in the immunization schedule including the hepatitis A immunization requirement for kindergartners and the Tdap (tetanus, diphtheria, and pertussis) requirement for 7th graders. Tdap is being phased in to the schools, and also recommended to adults, primarily to boost immunity to pertussis, or "whooping cough," and diminish the burden of disease in the community, thereby decreasing morbidity and mortality in young children who are most vulnerable and are not old enough to have been fully immunized. In Oregon, in the past several years, four young children, have died from this largely vaccine preventable disease.

The LCPH school immunization performance measure sets a target of 100% of children's' immunization records up to date by exclusion day each year. Records with valid medical or religious exemptions are not included in this performance measure. This year 99.4% of these thousands of records were complete by exclusion day. This is one measure of assurance of an adequately immunized population of children.

The school immunization review process this year also addressed an issue that is of public health concern and is a stipulated immunization activity in our annual plan with the state. The issues of vaccine hesitancy and declared religious exemptions from mandated school immunization is becoming a national as well as local public health issue. As part of our annual plan, LCPH has undertaken a review of schools with relatively high religious exemption rates and surveys of health care providers who provide children's immunizations and of parents who have declared religious exemption for their children in schools with high rates of this. This year, 3,249 families claimed a religious exemption for their child. The overall rate of religious exemption this year was 5.3%. Last year the overall rate was 4.75% with schools ranging from 0% to 76% religious exemptions. One objective of this year's surveys is to gain understanding into the demographics, reasons for, scope, and potential community risks based on the numbers and locations of under immunized school children. A second reason is to evaluate provider experience and request input into effective methods for addressing parental concerns. Finally this effort, in conjunction with related efforts at the state public health and national level, will help us develop plans and strategies to address vaccine hesitancy and reduce the threat of recurrences of serious vaccine preventable diseases.

By reorganizing and prioritizing our work, LCPH has continued to provide more immunizations this year, with reduced staffing, than we provided last year.

Our immunization vaccine accountability performance measure shows that we continue to meet the state set target of greater than 95%. We are meeting this target at 99%, indicating an effective system for managing this fragile and expensive public resource. It also assures that our clients are receiving safe and effective vaccine.

Tuberculosis:
In 2008, the incidence of active tuberculosis in Lane County fell below 1 case per 100,000 people for the first time since before 1991. There were just 3 cases of disease in all of 2008. Currently, Lane County Public Health is providing case management services for two individuals.

LCPH continues to provide twice yearly monitoring of the ultraviolet light TB prevention system at the community homeless shelter which sustained an outbreak of tuberculosis in 2001/2002.

County wide, our preventive treatment program for latent tuberculosis infection (LTBI) currently has 8 clients receiving medication and evaluation services. At present budget and staffing levels, LCPH evaluates and treats only those LTBI clients who are contacts to active cases of tuberculosis or have other problems which make them, statistically, at greatest risk of breaking down into active disease, causing further spread of tuberculosis in the community.

The decline in incidence of tuberculosis in Lane County is welcome news. None-the-less, LCPH must continue to provide labor intensive, diligent tuberculosis investigation and management services. An individual case can become a serious outbreak without an effective public health response. Epidemics of tuberculosis continue to be profoundly serious worldwide. Delayed detection of tuberculosis results in increased morbidity and in individual and community costs.

Other reportable communicable diseases:
During the months of October, 2008, through March, 2009, LCPH processed or investigated 457 reportable communicable diseases including confirmed, presumptive, and suspect cases.

Reports of previously acquired hepatitis C continue to surge – 341 in the past six months. At our present capacity, surveillance and reporting of chronic hepatitis C is the extent of public health services that we are able to offer. There were also 3 cases of acute hepatitis C reported between October and December, indicating that the disease continues to be transmitted in our community.

Other notable reportable diseases during this 6 month period include several cases of Lyme disease, 36 cases of campylobacter, and several individual cases of relatively unusual, for Oregon, diseases that individuals contracted while in other countries

including single cases of Dengue Fever and Malaria. There were 3 cases of meningococcal disease in March.

Sexually Transmitted Diseases:
From October, 2008, through March, 2009, LCPH served 169 individuals through STD appointments. During the same period last year, 280 clients were served. Reductions in CD nurse staffing and elimination of drop-in STD clinics have reduced the number of clients seen. The percentage of people treated for reportable STDs at LCPH, during these six months was 40% of the clients seen. A year ago, 30% of clients were treated. The treatment percentage increase among current LCPH STD appointment clients reflects our focus on serving clients with indications of STDs. This also means that fewer clients who are seeking STD screening services are able to be seen.

During the months of October, 2008 through March, 2009, there have been 83 cases of gonorrhea reported in Lane County. This represents a significant increase over the number of cases during the previous six months. The total number of cases for 2008 was 102. In addition, Chlamydia cases continue to climb with total cases in 2008 reaching 1,052. Chlamydia became reportable in Oregon in 1987. The Lane County case count for Chlamydia in 2008 was the highest on record.

Surveillance, reporting, and assurance of treatment are all part of the work of the LCPH STD team. We are working closely with our partners in the community such as Planned Parenthood, the University or Oregon, Lane Community College, private providers, emergency rooms and urgent care clinics, to assure that cases and their sexual contacts receive appropriate treatment.

HIV Prevention:
HIV counseling and Testing: During the 6 months from September, 2008 through February, 2009 LCPH and HIV Alliance conducted a total of 513 HIV counseling and testing sessions. The Performance Measure target for this program is that 65% of HIV tests will be for members of populations who are at highest risk for infection – men who have sex with men (MSM), people who inject drugs, and sexual partners of people with these risks. During this 6 month period 68% of HIV tests were provided to individuals in these groups.

Needle Exchange Services (NEX) for people who inject drugs
NEX helps prevent the transmission of HIV, Hepatitis B & C, and the development of serious wound infections, such as MRSA, which often lead to hospitalization and negative impacts on our community health care system.

HIV Alliance provides NEX at several locations in the Eugene-Springfield area and empties syringe drop boxes at 3 community locations including a site at LCPH.

LCPH 10-packs with harm reduction supplies are offered at the LCPH office. From October, 2008 through March, 2009, there were 2,052 ten-packs given and 2,052 individual client encounters with LCPH.

While many supply visits are very brief, a number of these visits provide opportunities for the provision of other communicable disease reducing services and referrals. Here is an example of an important intervention service that occurred because of the LCPH NEX. The front office staff noticed that a young woman, who was obviously pregnant, was a frequent client for ten-packs. Staff notified the HIV counselor who obtained referral and contact information for a Family Early Advocacy & Treatment (FEAT) worker. The FEAT program is through the University of Oregon and offers early intervention for pregnant women who are using drugs. Working together, the front office staff and the LCPH HIV counselor were able to arrange an immediate confidential appointment for the client with the FEAT worker. The client is now in residential treatment, not using, and is obtaining pre-natal care. The client made a special effort to call the LCPH HIV counselor to thank her for her help in steering her to services.

Harm Reduction Coalition: LCPH participates in this community-based coalition which is a structural activity that facilitates the delivery of prevention services to high-risk populations, particularly in support of the Needle Exchange Program at HIV Alliance.

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 2,554 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 7 FTE Environmental Health Specialists that are responsible for 3,693 total inspections completed annually throughout the county. The following are the types and numbers of facilities licensed and regularly inspected by the EH staff: full service and limited service food facilities (946), mobile units (13o), commissaries and warehouses (6), temporary restaurants (1011), pools/spas (289), traveler's accommodations (127), RV parks (71), schools/summer food program serving sites (434), day cares (173), organizational camps (14). EH continues to work closely with the Communicable Disease (CD) teams and Preparedness Response team as needed to ensure safe food and tourist accommodations for everyone in Lane County.

Environmental Health provides a portion of one Environmental Health Specialist to work specifically on public school kitchens and day care facilities which are not licensed by the County but, nonetheless, contract with us for inspection services. The person assigned to this position also assists in conducting training sessions, acts as a public information liaison and is available for presentations on a variety of environmental health issues. EH is in the process of planning a comprehensive 4 hour food manager's training to be held in April of 2009. Food industry workers will be invited to participate.

Testing and certification of food handlers in Lane County continues to be a priority, as a preventative measure against food-borne illnesses. In 2008, Lane County EH issued 31,979 Food Handler Cards. Of these, 2,031 were issued onsite, 2,536 were issued

through an agreement with Chemeketa and 27,412 were issued through our on-line food handlers' testing e-commerce website *orfoodhandlers.org*. Since March of 2008, when the site was launched, EH has extended services statewide and has contracted with seven Oregon counties to offer on-line testing and revenue to those counties. The counties agree to list *orfoodhandlers.org* on their website or as a link through the DHS website. In exchange, Lane County pays each contracted county $8.00 per test. We currently have participating agreements with 22 counties across the state and are generating a healthy revenue stream from the program. We will continue to work with other Oregon counties to get them signed agreements. Prior to this new site, it was costing the program $5 per test to use the Chemeketa Community College testing site.

In the summer of 2008, Lane County EH conducted the West Nile Virus program. EH staff collected and shipped state approved specimens to the state laboratory for testing. Mosquitoes were also trapped, identified and tested. Due to the reduction of 2008 funding from CDC to the state, our local program was also reduced. Lane County EH interns generated GIS maps for the Lane County and for other programs in the state as part of our agreement with the WNV funding program. Our funding has been renewed for 2009.

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

The EH Program continues its Internship Program in cooperation with the U of O and OSU Environmental Health Programs. We are currently working on grant application work related to Blue Green Algae in Lane County. The EH interns recently completed a second project which included remapping of the county districts used for assigning inspections and food-borne illness as well as general complaint follow-ups and investigations. We continue to look for projects for which university interns can be involved.

In conjunction with the State Food Program and other counties, the EH Program continues to be committed to becoming standardized through the FDA Standardization Project. We have recently completed five of nine FDA standards and have passed pre-audits on those completed standards.

Environmental health program has been expanded to include the required inspections for the State Drinking Water Program.

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 services for pregnant

and postpartum women and for young children and their families are provided through the following program areas: Prenatal Access (Oregon Mother's Care), Maternity Case Management, Babies First, and CaCoon.

Prenatal Access/Oregon Mother's Care: The Prenatal Access/Oregon Mother's Care (OMC) program helps low income pregnant women access early prenatal care. Program staff determines eligibility for Oregon Health Plan (OHP) coverage during the prenatal period and directly assist with the completion and submission of the OHP application and verification of coverage. The program helps pregnant women schedule their first prenatal visit by providing prenatal health care resource information. Improving access to care is the most effective means of increasing the percentage of women who receive first trimester prenatal care, and early and comprehensive prenatal care is vital to the health and well being of both mother and infant. Studies indicate that for every $1 spent on first trimester care, up to $3 is saved in preventable infant and child health problems. This program served over 207 low-income women access OHP and prenatal care during the past 6 months. This is down from previous years due to a 20% reduction in staffing. Additionally, the percentage of OMC clients who accessed prenatal care in the first trimester of their pregnancy is down to 62.4% due to the requirement for a certified birth certificate prior to OHP eligibility and care.

Maternity Care Management: The Maternity Case Management program provides ongoing nurse home visiting, education, and support services for high-risk pregnant women and their families during the perinatal period. Community Health Nurses help expectant families access and utilize needed and appropriate health, social, nutritional, and other services while providing pregnancy and preparatory newborn parenting education. Perinatal nurse home visiting has been shown to: increase the use of prenatal care, increase infant birth weight, decrease preterm labor and extend the length of gestation, increase use of health and other community resources, increase realistic parental expectations of the newborn, improve nutrition during pregnancy, and decrease maternal smoking – all of which increase positive birth and childhood outcomes. This program served over 150 at-risk, low-income, pregnant teen and adult women in the past six months

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

increased spacing of pregnancies. This program served over 140 at-risk and medically fragile infants during the past six months.

CaCoon: CaCoon stands for Care Coordination and is an essential component of services for children with special needs. The CaCoon program provides nurse home visiting for infants and children who are medically fragile or who have special health and/or developmental needs. Nurses educate parents/caregivers about the child's medical condition, help families access appropriate resources and services, and provide support as families cope with the child's diagnosis. CaCoon provides the link between the family and multiple service systems and helps them overcome barriers to integrated, comprehensive care. The program's overall goal is to help families become as independent as possible in caring for their special needs child. This program served over 30 medically fragile, special needs infants over the past six months.

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

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

Public Health established a Fetal-Infant Mortality Review (FIMR) in order to review individual, de-identified, case-findings and to help determine what common factors represent community-wide problems. Public Health received a second year of March of Dimes Community Grant funding to support efforts to reduce fetal-infant mortality.

Members of the community-wide fetal infant mortality initiative chose to name their overall effort—Healthy Babies, Healthy Communities—to reflect the significance of infant mortality as an index of community health and well-being. The large community group continues to meet quarterly and serves as the Community Action Team (CAT) of FIMR with the role of planning and implementing systems changes designed to reduce fetal-infant mortality. The multidisciplinary Case Review Team (CRT) meets monthly to review case findings and develop recommendations for the CAT. The Perinatal Health Team is composed of service providers who work together to implement actions to reduce fetal and infant mortality.

Through review of individual fetal and infant death case findings, the CRT identified the following issues: lack of pre-pregnancy health, health care, and reproductive planning; lack of understanding of negative impact of alcohol, tobacco, and other drugs (ATOD) on fetal health and development; lack of consistent, completed prenatal psychosocial, mental health, ATOD, and domestic violence risk screening, follow-up, and referral; lack

of consistent infant/family screening for health, development, and safety (including safe sleep); and lack of consistent grief support and counseling. Those issues and recommendations for suggested community action were shared with the larger community group or CAT. The suggestions included: outreach and education to community and providers regarding importance of (preconception health) pre-pregnancy health, health care, and reproductive planning; community-wide tobacco education and cessation effort development of a user friendly, electronic screening record with corresponding referral and follow-up algorithm and resource guide for providers; development of newborn/infant health and safety screen, referral algorithm, and resource directory for providers; promotion of safe sleep practices by all caregivers; and, outreach to perinatal mood disorders group to coordinate efforts to ensure counseling and support. Work will continue to identify additional resources, and to implement strategies to address the issues and to reduce fetal and infant mortality.

Preparedness

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

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

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

Plan Development

The PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Since the last Board of Health report, the Public Health Emergency Operations Plan has been updated to address the management of public health and medical resources under emergency circumstances. Updates included the following:

- Restructuring of the Public Health Emergency Operations Plan to conform with best practices in all hazards emergency planning
- Updated procedures for the activation and management of volunteers and voluntary response organizations during a disaster
- Outlined procedures for activating, managing, and demobilizing resources

Exercises, Drills

To prepare staff and improve emergency response capabilities, Public Health Services tests plans through simulations and exercises. Since the last report the PHP program

conducted a "tabletop" exercise (a low stress informal discussion of a simulated emergency) in cooperation with the University of Oregon. The exercise, occurred in December of 2008, focused on the roles and responsibilities of the University of Oregon, the Lane County Health Department, and the State Public Health Division in responding to a severe influenza pandemic. The emphasis was on:

- key decisions during a pandemic;
- communication between University, county and state response agencies;
- public health mitigation and prevention strategies; and
- issues related to University and government continuity of operations.

A summary report can be made available upon request from the Public Health Preparedness Coordinator. In addition to the pandemic influenza exercise, LCPH staff have also participated in two additional tabletop exercises exploring the issues surrounding mass casualty management (January 2009) and a severe earthquake response (March 2009).

Community Planning and Outreach

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

Vulnerable Populations

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

In support of this goal, Lane County Public Health applied for and is the recipient of a $194,046 competitive grant to design and implement an emergency planning mentoring program for community-based organizations (CBOs) serving homeless populations. In October 2008 Lane County Public Health (LCPH) began designing and implementing the grant, an emergency planning mentoring program for CBOs serving homeless populations in Lane County, Oregon. Since its implementation, the grant has achieved several goals:

- Surveyed local non-profits about preparedness and training needs
- Conducted focus groups with non-profits on project curriculum
- Identified and adapted the project curriculum
- Conducted the first of 3 workshops, attended by 52 people, representing 37 local agencies
- Scheduled the first of 3 visits for one-on-one mentoring for 26 participating agencies.

Over the life of the project, project staff will assist local CBOs to successfully write, adopt, and test worksite specific plans and policies. It will enhance their capability to

safely and effectively carry out their mission during a pandemic illness or other public health emergency. Emphasis will be placed upon preparations for a pandemic illness, but will incorporate strategies applicable to all hazards. This project will build upon already successful collaborations with the members of several local preparedness efforts, including the Vulnerable Populations Emergency Preparedness Coalition, the Lane Preparedness Coalition, and the Lane Mental Health Disaster Response Alliance

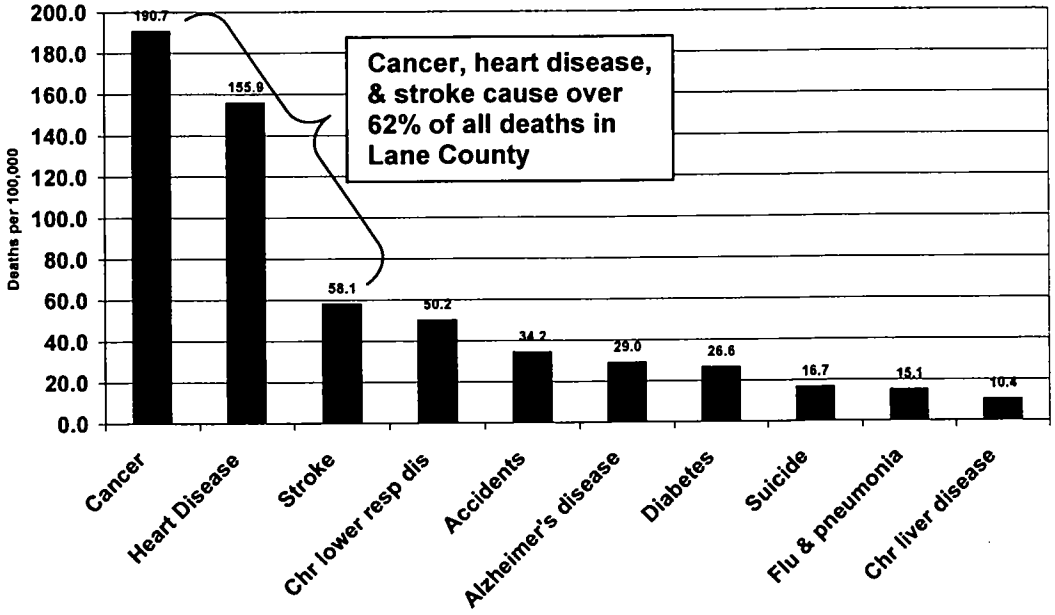
Chronic Disease Prevention:

Tobacco-Related and Other Chronic Disease (TROCD) Prevention Grant:

TROCD program name change: Lane County Public Health's "Tobacco-Related and Other Chronic Disease (TROCD) Prevention" grant was re-named "Healthy Communities" by our funder at the State's Public Health Division. This program will be referred to as ***Healthy Communities*** from now on.

A crucial component of this grant is to increase the capacity of Lane County to implement and coordinate efforts to prevent chronic disease. Why focus on chronic disease?

Lane County Leading Causes of Death, 2005



Chronic diseases are the leading causes of death in the United States, Oregon, and Lane County and are some of the most costly and preventable causes of death, disease, and disability. As such, preventing chronic disease should be one of the highest priorities of public health agencies.

As part of this effort, to date, three public health staff and two community members attended four two-day training institutes organized by the State's Public Health Division, Health Promotion and Chronic Disease Prevention Section. Each of these training institutes included technical assistance and links to data and population-based strategies that increase Lane County's ability to advance the policies and environmental changes necessary to address chronic disease.

Chronic Disease Prevention Community Health Assessment

As another component of this effort, in the last reporting period, Public Health's Chronic Disease Prevention Team completed an extensive Chronic Disease Community Health Assessment. This assessment was completed in collaboration with numerous community partners including input from the Lane County Health Advisory Committee, the Tobacco Free Coalition of Lane County, the Lane Coalition for Healthy Active Youth and our Worksite Wellness Large Employer Partners. The information gathered in the assessment prepares our local public health system to anticipate, manage and respond to chronic disease in our community. The process focused on chronic disease prevention, early detection and management, and will inform a broad network of public

and not-for-profit service and healthcare providers, community decision makers, and citizens.

Now that the assessment is complete, we are analyzing the data collected and pulling out key findings which will be highlighted in an upcoming Executive Summary report. When complete, we will use that document to build awareness in the community regarding the local burden of chronic disease and to motivate action based on evidence-based best practices, with the ultimate goal of producing policies and environments that promote health and reduce disease.

In the last six months, the Chronic Disease Prevention Public Health Educators coordinated a planning process to draft the county's chronic disease program plan for the next three years based on best practices to address prevention, early detection, and management of tobacco-related and other chronic diseases. The plan will include evaluation; policy, environmental, and systems changes; and identify and address disparities. Together, these outputs and partnerships will significantly improve Lane County's ability to advance the population-based policies and environmental changes necessary to prevent and manage chronic diseases.

Key Findings from Lane County's Recent Chronic Disease Assessment

Top three perceived community needs related to chronic disease and health promotion:

1. **Tobacco-Free Lifestyles**: Interest in continuing efforts to advocate for smoke-free university and community college campuses, smoke-free Saturday Market, smoke-free Eugene Celebration, smoke-free County Fair, higher prices (tax), smoking bans at community events and public places, cessation benefits.

2. **Physical Activity**: Interest in efforts to increase students' level of physical activity at school, increase physical activity among retired persons, urban planning and land use policies to promote physical activity, physical education time in schools.

3. **Healthy Eating:** Interest in increasing access to locally grown produce, controlling access to snack foods, incentivizing the purchase of healthy food with food stamps, efforts to improve eating among infants and toddlers, accessibility (price & location) for community members of low socio-economic status, menu labeling.

What are the most serious impediments to reducing these disparities [economic, tobacco-related and chronic disease] disparities?

- Many current large-scale community efforts are focused on access to health care and treatment as opposed to prevention (United Way 100% (health care) Access Coalition, the associated Medical Access Program and the opening of a new hospital (RiverBend)

- A general lack of coverage of these disparities in the local media and a lack of understanding in the community
- The declining economic opportunities in Lane County
- The intellectual and social isolation of the groups we most need to assist
- The government's reluctance to be more proactive

What are the community assets available to address these disparities?

- The county's Health Advisory Committee
- The Lane Coalition for Healthy Active Youth (LCHAY) and other concerned groups
- The University of Oregon
- Oregon Research Institute
- Lane County's Tobacco-Related and other Chronic Diseases and Tobacco Prevention and Education Program Coordinators
- Community Partner Champions

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

Current Rates of Overweight and Obesity among US Adults:

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

Lane County currently lacks funding to specifically address obesity prevention. In fact, the State of Oregon is not currently funding any obesity prevention efforts statewide and does not currently receive any federal funding for obesity prevention. In the attempt to do all we can to combat the obesity epidemic locally despite these constraints, Lane County Public Health staff members continue to seek and apply for funding opportunities in this woefully neglected area, but this is unfortunately still an area where the funding available is generally quite limited.

Healthy Worksites Initiative: Because our formerly-funded Physical Activity and Nutrition program included a strong partnership with large local employers interested in creating healthy worksites, and this group has a lot of energy and ongoing action, the Health Educator coordinating this effort continues to hold monthly training and technical assistance meetings to provide continuing support to their wellness efforts. Research demonstrates that this work is effective and continuing with this work, even without funding, is a strategic decision based on the belief that we will soon see more funding opportunities in this area and that we make ourselves more competitive for these future opportunities with experience and ongoing activities in this area.

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

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

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

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

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

Tobacco Prevention

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

Each year, in Lane County:

- 646 people die from tobacco use (on average);
- 12,626 people suffer serious illness caused by tobacco use;
- 54,356 adults regularly smoke cigarettes;
- Over $101 million is spent on medical care for tobacco-related illnesses; and
- Over $108 million in productivity is lost due to tobacco-related deaths.

The Lane County Tobacco Prevention & Education Program (TPEP) continues to reduce tobacco-related illness and death in Lane County by: reducing exposure to secondhand smoke through the creation of smoke-free environments and enforcement of existing public health laws, decreasing youth access to and initiation of tobacco use, and increasing access to cessation services.

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

Enforcement of revised Indoor Clean Air Act (ICAA), January 1, 2009

- Changes in Oregon's Indoor Clean Air Act (ORS 433.835-870) expanded the list of indoor workplaces that are required to be smoke-free. The State Department of Health & Human Services has delegated authority for enforcement of the state law, at the local level, to Lane County Health & Human Services. Lane County Public Health Tobacco Prevention staff responds to complaints of violation regarding the ICAA. Upon receiving a complaint and verifying that the business is not exempt from the law, an initial response letter (warning letter) is sent to the establishment, along with educational materials and required signage. If a second complaint is received, an unannounced site visit is conducted by staff. During the site visit, if a violation of the law is noted a remediation plan is created with the owner or person in charge. Staff conducts a follow-up site visit, within 45 days of the signed remediation plan, to verify that appropriate action was taken by the business to come into compliance with the ICAA. If a business is found to be out of compliance during the second site visit, staff documents their findings and forwards all complaint information on to the State Tobacco Prevention staff for further enforcement proceedings.

  Businesses out of compliance with the law can receive a $500 fine for each day that they remain out of compliance (not to exceed $2,000 in a 30 day period). In the first quarter of 2009 staff responded to 50 complaints, of which 44 were actionable. Of these 44 actionable complaints, additional complaints were lodged regarding four of the businesses. All four businesses received an initial site visit. During the initial site inspection, three businesses were found to be in violation of the ICAA law, prompting the need for a remediation plan. At the close of the first quarter of 2009, two of the three businesses have received a follow-up site visit at which time both were found to be in compliance with the ICAA.

University of Oregon Tobacco Prevention

- Efforts to implement a tobacco free campus policy at the UO have switched into high gear. In February the Smoke Free Task Force (appointed by the UO Administration) released its' report to the University community. The 125 page report details the work that has been done over the last three years regarding the consideration of the adoption of a smoke free campus policy. The report makes the recommendation that the UO administration adopt a comprehensive smoke free campus policy, which should take effect within the next two years, after an extensive educational campaign at the university. On April 8th the UO

Faculty Senate voted yes to the following motion: "The UO Senate endorses the report of the smoke free task force and recommends that the University of Oregon move toward becoming a smoke free campus." At this time, the UO is in the process of forming a committee that will be charged with drafting the smoke free campus policy and implementation plan.

Lane Community College

- The LCC Wellness and Tobacco Free Task Force continue to assess and try to alleviate problems with LCC's current designated smoking area policy. In February Ty Patterson, a national expert on the benefits of implementing tobacco free campus policies at community colleges, gave an informative presentation at LCC. The event was well attended by people on both sides of the issue. A lively discussion ensued at this meeting. More recently, after hearing that the UO Faculty Senate passed a motion in favor of adopting a smoke free campus policy, the LCC Faculty College asked for a policy update from the LCC Tobacco Free Task Force. The Faculty College then voted 7 to 1 in favor of moving a comprehensive policy forward, as well. The next step will likely be to meet, again, with the LCC Executive Team to attempt to get their endorsement of a comprehensive smoke free policy.

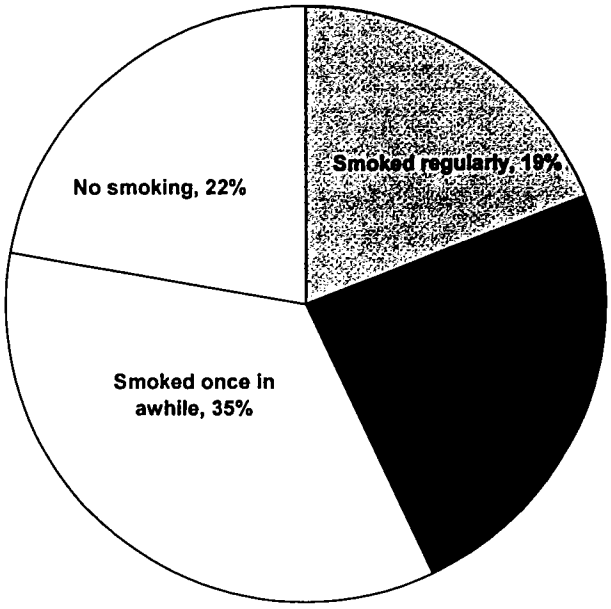
Future Goal Areas of the Tobacco Prevention Program

- In March, program staff submitted the grant/work plan for fiscal year 2009-2010, to the state for their approval and allocation of continued program funding. In addition to the areas discussed above, the local program staff will work with Head Start of Lane County, local hospitals, and members of the multi-unit housing industry, in the coming year, to adopt, implement and enforce policies designed to protect all Lane County citizens from the dangers of secondhand smoke exposure.

Reducing Tobacco Use During and After Pregnancy

- In response to the high rates fetal infant mortality and the high rates of tobacco use during pregnancy, the Chronic Disease Prevention Team (the TPEP and Physical Activity and Nutrition Public Health Educators) developed a proposal to increase tobacco cessation and relapse prevention among clients at WIC. This proposal was initially awarded a grant for $100,000 from the American Legacy Foundation®, and recently received a second year of funding at $50,000.
- Results as of September, 2008:
    - 496 interventions have been reported by WIC staff
    - 58 Quit Dates set = 12% of all interventions with current smokers
    - 170 six week follow-up surveys completed
        - 67% of women reported that WIC advice was useful
        - 60% are considering quitting in the next 30 days
        - 51% report that most of their family members and friends who they see regularly are smokers.
        - 64% have other smokers living in their home
        - 86% report that smoking is not allowed inside the home

- 76% have attempted to quit in the last 6 months
- 57 one year follow-up surveys completed
- Smoking Habits During Last 7 Days



Women, Infants and Children (WIC)

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

In March 2009, the WIC Program was serving 8,638 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 8,253. The assigned target vouchered caseload level is 7,706 vouchered participants per month. The program is maintaining at 107.1 percent of this assigned caseload, which is above the target range set by the state. The state has decided to increase the Lane County WIC caseload assignment beginning in April 2009 to allow the program to continue a higher service level beyond the assigned level of 7,706 mentioned above.

The waiting list currently has over 300 clients and is expected to grow significantly longer. Requests for service from potential clients have continued at higher levels, due to economic hardships across the county. In addition, other county programs have recently eliminated staff positions, which resulted in the loss of several trained WIC staff due to bumping. At this time, 62% of WIC Community Service Worker staff is new to WIC and training is just beginning. As mentioned, this will result in a longer waiting list until new staff has been trained to provide services. Average training time for WIC Community Service Workers is 3-5 months before new staff members are able to carry

full client loads.

The WIC Program is preparing to implement a series of new USDA regulations regarding culturally appropriate and healthier foods to be issued on WIC food vouchers. Client education, staff training and coordination with local health care providers will be necessary in order to implement these changes by August 2009. The changes bring requirements for additional medical documentation for issuance of some of the new foods. Some staff training has begun and anticipatory guidance is now being provided to clients.

Activities for the American Legacy Foundation grant coordinated by Lane County Public Health Educators and the actual smoking cessation interventions continue to be provided to postpartum women who smoked during pregnancy or are currently smoking. These interventions are conducted by WIC Registered Dietitians and WIC Community Service Worker staff.