

## Agenda Cover Memo

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AGENDA DATE: November 25, 2008

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

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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. Now entering its third year, the program has undergone some staff changes, but continues to provide needed services.

This project remains committed and focused upon increasing the training capacity and overall awareness in the community about issues of suicidality. Lane County has partnered with a local community-based agency to provide on-going training and suicide prevention materials in Spanish. Additionally, two specific events have been planned to

meet this goal. First, Lane County is working collaboratively with partners in Jackson and Josephine Counties to organize a regional suicide prevention conference, to be held in March 2009. Secondly, Lane County has contracted with local suicide prevention expert, Jill Hollingsworth, to provide an Applied Suicide Intervention Skills Training, ASIST, in February 2009.

**Healthy Brain Development:** Health and Human Services staff, with assistance from a community-wide Planning Committee, held the second brain conference, *Healthy Brain Development: Key Impacts and Interventions* in October. The two and a half day conference included more than 30 workshops and six keynote speakers and was well received. Approximately 400 people attended, primarily from Oregon, Washington and California. Proceedings from the conference will be posted on the conference website at <http://lanecounty.org/prevention/braindevelopment/>. Attendees from Lane County will be invited to a conference follow-up meeting in January 2009 to discuss how we might use the information gained to strengthen programs and policies in our community.

**Supporting Parents:** Helping parents in Lane County also continues to be a priority for the Prevention Program. Parenting education is provided across the county through partnership with the Prevention Program and the network of Lane County Family Resource Centers. With grant funding from the State of Oregon Addiction and Mental Health Program, a county prevention specialist and three teams of parent educators were trained to implement the evidence-based parenting program, *Strengthening Families* for parents with children ages 10-14. This program was then provided in two sites, Springfield and Oakridge, this past spring and will continue through next year. Bethel will also be offering this program this fall. Community staff from Springfield and Bethel was also trained to provide the curriculum in Spanish. Cottage Grove, Bethel, Springfield/Marcola, Pleasant Hill, Oakridge, and Eugene area Family Resource Centers are also providing other evidence-based parenting education programs for parents with younger children. Prevention staff has had discussions with DHS, District 5 regarding some potential ways to better support foster parents in our county.

**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. Eighty-two percent of all participants (middle, high school, and college students) scored 80 percent or above on program posttests during the 2006-07 school year (2007-08 efforts are in progress). The Lane County problem gambling prevention website, [www.lanecounty.org/prevention/gambling](http://www.lanecounty.org/prevention/gambling), has received an average of over 2,146 visits per month thus far 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) received additional funding from Oregon Problem Gambling Services to build Lane County's problem gambling prevention website as a statewide resource for providers and prevention partners.

***Underage Drinking Strategies:*** Prevention program staff continue to support community-based prevention coalitions to implement effective prevention activities and strategies within the community. Three local communities have active prevention coalitions and one community is in the process of developing. McKenzie area continues work to change community norms around youth alcohol use, Oakridge-Westfir Together and the Siuslaw Area Partnership to Prevent Substance Abuse (SAPPSA), are continuing work on information dissemination and education of the community regarding underage drinking. Cottage Grove is currently working with county prevention staff to establish a new community-based prevention coalition.

Following a successful "Town Hall" meeting in April of 2008 the McKenzie Community for Substance Free Youth (MCSFY) joined county prevention staff in presenting a proposal for a county-wide Social Host Ordinance (SHO) to the Board of Commissioners in August of 2008. The Board of Commissioners supported the concept and authorized legal council to explore the SHO idea further.

## **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 last six months have included a significant number of changes at LCAS. The adopted budget 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%.

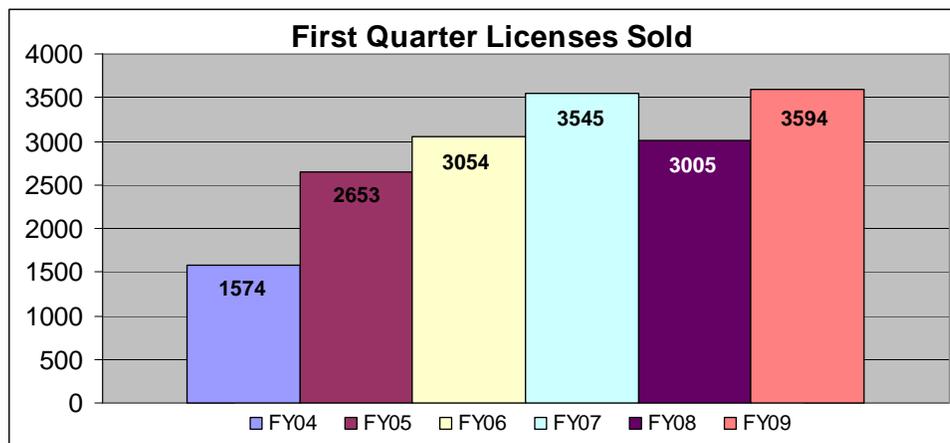
Despite these challenges, some significant progress has been made, including:

- Access to services has increased, with the shelter being open over the lunch hour and until 6:00 most evenings.

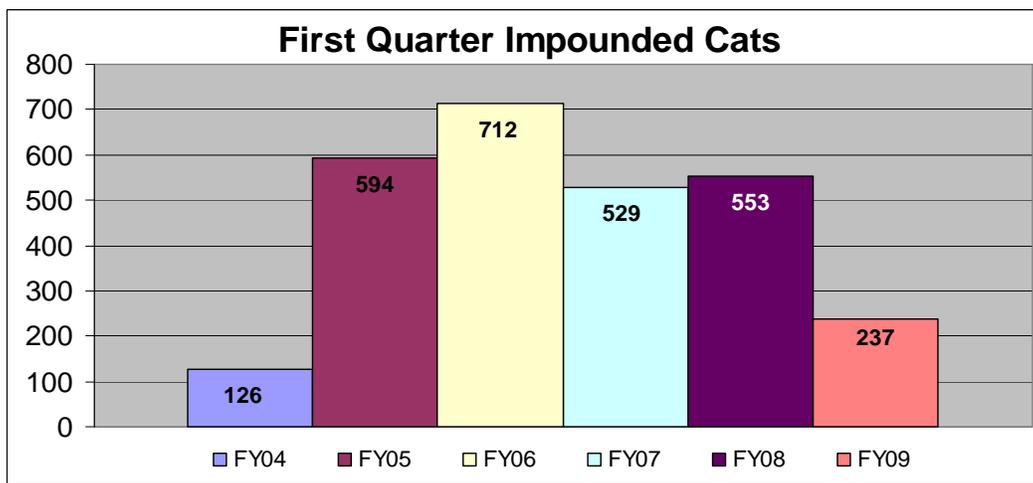
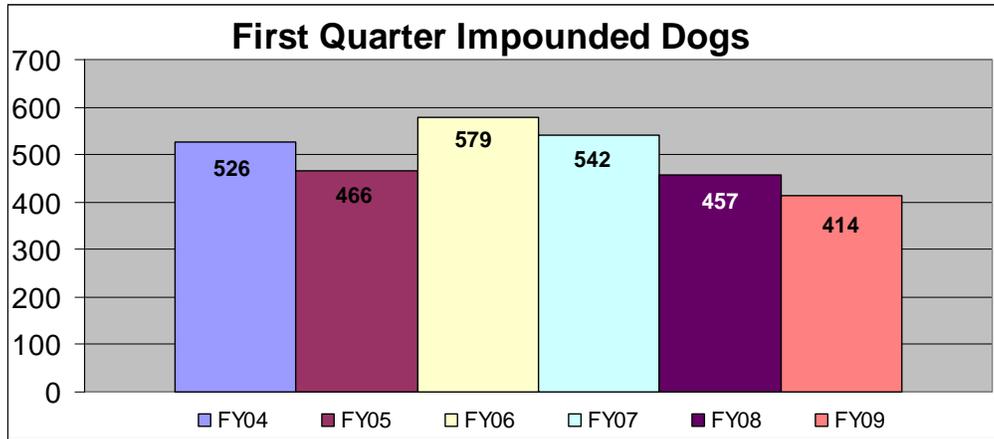
- Web access has improved, with a web site re-design better highlighting animals in our care.
- Policies and procedures have been written for all aspects of the division.
- On-line licensing is now available, making it easier to license dogs.
- Great new outreach materials have been developed, including brochures, Public Service Announcements, and newspaper advertisements.
- A partnership with Greenhill Humane Society, Lane County Veterinary Medicine Association, and City of Eugene was established to provide no cost spay neuter for feral cats.
- A pilot project for door-to-door licensing was completed, and a future work session on licensing scheduled.
- All staff participated in a customer service training designed to improve our work with the public.

These strategies, along with a lot of hard work from the staff, have resulted in some positive changes at the shelter which are demonstrated by looking at data collected over time.

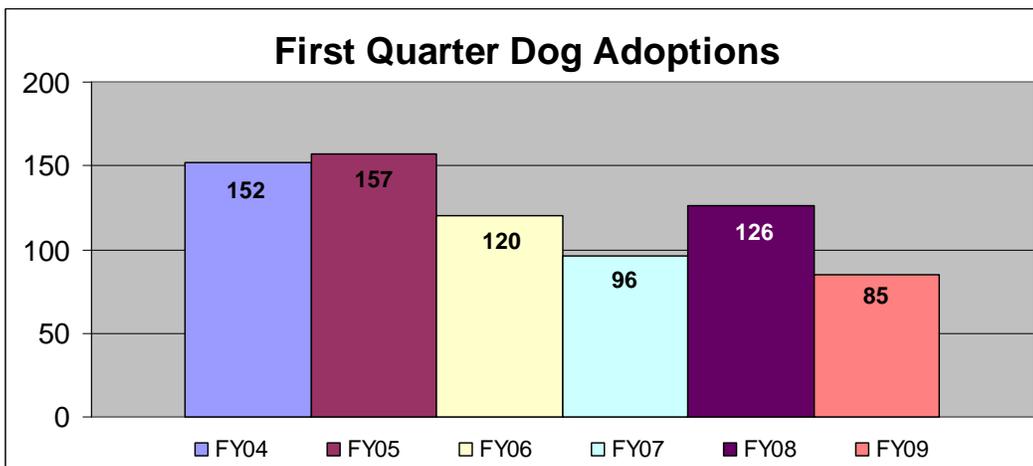
Licenses sold were up during the first quarter, and again in October. This is a key area not only because of revenue, but because any animal that is licensed can be returned home immediately without ever coming into the shelter.

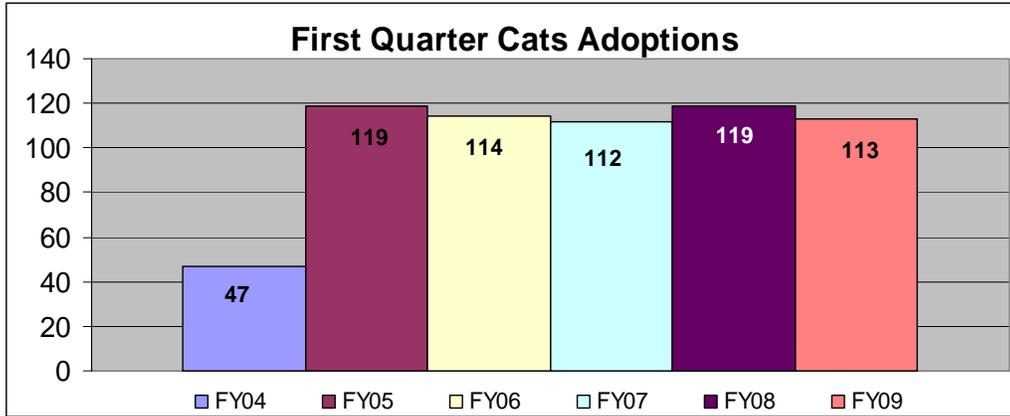


The number of animals impounded in the first quarter is down. Contributing factors include one less officer on the road doing enforcement, as well as the policy change to no longer impound feral cats.

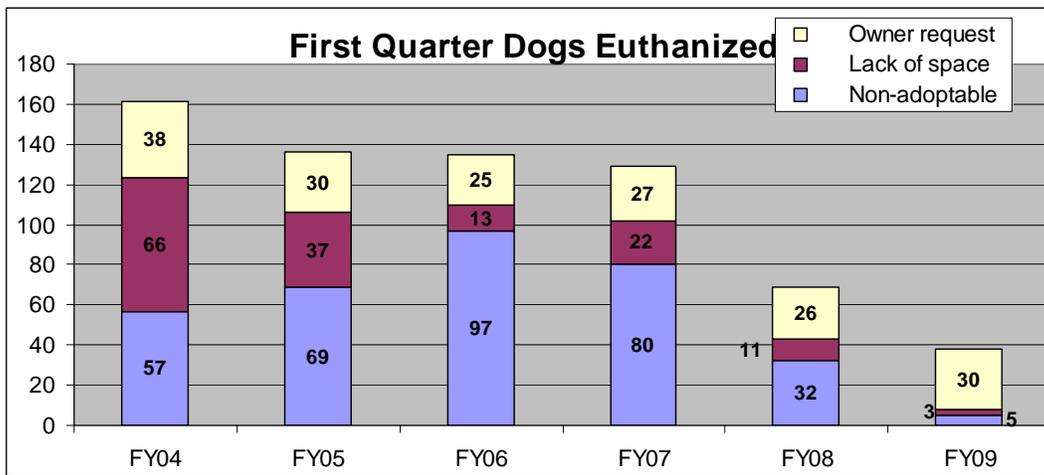


Adoptions are an area for work during the rest of this fiscal year, as a key strategy for moving animals through the shelter. The numbers are trending up each month with dog adoptions moving from 25 in July, 26 in August, 31 in September, and 54 in October.

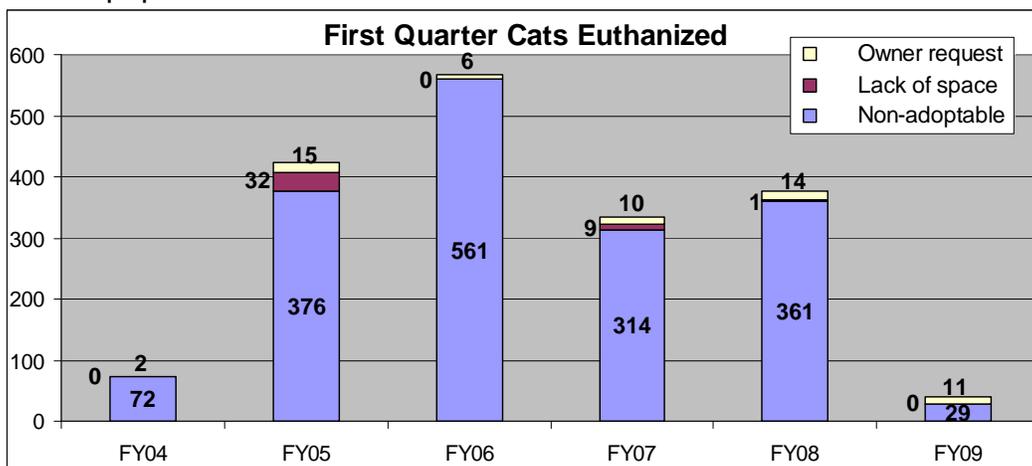




The changes are most obvious in the changes in euthanasia rates at the shelter.



A significant contributor to the changes in the cat numbers is the decision to not accept feral cats into the shelter. Those cats made up a significant percentage of the non-adoptable cat population.



Despite these changes, there are still many challenges. Two 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 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)**

The Community Health Centers continue to focus on two key areas, payor mix and increased productivity. The number of health center encounters increased in September following the customary downward trend during the summer months in the school-based, Safe & Sound, and dental programs. There were 600 more encounters in September than in August. The number of September encounters matched the number one year ago.

The payor mix has improved every month during the past five months. The self-pay percentage has decreased from 54% in April to 42% in September. During this time, Medicaid encounters have improved from 27% in April to 37% in September.

We had anticipated that the self-pay percentage would increase slightly in September when we began seeing more activity at the school-based health centers. The school-based locations have traditionally had a higher percentage of self-pay patients. We are very pleased that the self-pay percentage at the school-based centers appears to be improving as well – in fact our self-pay percentage held steady at 42% while our Medicaid percentage continued its beneficial trend upward.

The total number of encounters in September, 2008 was on par to the number of encounters one year ago. However, the improved payor mix will result in approximately \$95,000 greater reimbursement than was received for services in September, 2007, when our payor mix was 19% Medicaid and 63% self-pay.

The Health Center Clinical Financial Officer, Ron Hjelm, filed a rate review request last month with DMAP to modify our Medicaid rate. We were successful in receiving a 4.7% enhancement to our DMAP rate, effective October 1<sup>st</sup>. This increase will bring in approximately \$175K – \$200K of additional revenue to the Community Health Centers

and to Lane County Mental Health. (Slightly less than 50% of this would be attributable to the CHC activity. The balance is attributable to the behavioral health activity at Lane County Mental Health.)

The Bureau of Primary Health Care is requiring annual reporting of six Clinical Quality Indicators by all health centers in 2008. The indicators are; trimester of entry into prenatal care, childhood immunization rates, adult women (21 to 64 years old) who received one or more pap tests during a two year period, percent of births < 2,500 grams to health center patients, diabetes (HbA1c level indicating control vs. inadequate control, and percent of patients 18 years and older diagnosed with hypertension and last blood pressure < 140/90. Since we do not have an electronic medical record, we are required to do manual chart audits to determine how well we are meeting these measures.

We continue to evaluate services provided at all sites, Riverstone Clinic, Springfield High School, Churchill High School, Safe and Sound, and our newest primary care site, Lane County Mental Health. We are working with school district administrative staff to determine if student health insurance information can be shared with the community health center. This will increase billable services at both sites. We have recently scaled back services offered at Safe and Sound to two days per week. Youth needing services can access care at one of our other sites on days we do not provide coverage at the Safe and Sound site. Primary Care at Lane County Mental Health has been well received. The nurse practitioner reports seeing many adult patients who have not had a primary care visit in a number of years and have multiple acute and chronic medical issues.

#### **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 1652 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 99 foster providers for adults and 13 foster providers for children. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

### **PROGRAM SERVICES**

Services provided by Lane County DDS are grouped into three areas: services for children, services for adults living in group homes or foster homes, and services for adults who live independently or with families. DDS staff is organized in three teams to meet these specialized needs: the children's services team, the comprehensive team

and the support services team. In addition to these 3 teams, DDS has a family support program, a crisis program and a quality assurance program. 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:***

This year, our caseloads have continued to grow in number and complexity. DDS has added 63 new children (birth to 17 years old) to our combined caseloads since January 1<sup>st</sup>, 2008. Aside from typical developmental disabilities, we are now providing services for children whose diagnoses are increasingly complex. In addition, many of the children in DDS services display behaviors related to post traumatic stress disorder, reactive attachment disorder, and other effects of early childhood physical & sexual abuse or neglect. The children's services case managers' continue to be challenged by the greatly increasing number of children with sex offending behaviors, autism spectrum disorders (ASD), and fetal alcohol & drug effects (FADE). These children require specialized treatment and supports, as they often have co-occurring mental health diagnoses and case managers and support providers will need additional training to be successful with them. In addition, the children with ASD and FADE typically are not cognitively impaired and therefore are a challenge to our system of foster care providers, who may not be used to the complexity of these children's emotional and behavioral disorders vs. children whose primary disability is cognitive.

Responding to crises for children in need of residential or foster placement continues to be an area consuming a great deal of time and attention. DDS receives a consistent number of new referrals for eligibility related to children who are in a residential treatment facility and are in need of a placement once they discharge from the treatment facility. These children often are receiving a developmental disability diagnosis (usually Asperger's Syndrome or Pervasive Developmental Disorder NOS) for the first time, but have a long-standing history of mental health treatment and highly difficult emotional and behavioral disorders. These are typically children DDS has never had contact with, therefore a lot of time and energy is spent by case managers and crisis specialists in locating appropriate foster care, proctor care or group home placements.

The children with a dual diagnosis of cognitive or developmental disabilities and mental health disorders are often in need of a higher level of residential & behavioral support than the services we are able to provide families in Lane County. DDS does not have any group homes in Lane County, therefore children and adolescents are placed 1-3 hours from their families in Salem or the Portland Metro area. This is a significant area of development that DDS children's services needs in order to allow children to remain close to their family and community even if they are no longer able to live in their family homes, due to behavioral challenges.

DDS is always in need of new providers with skills in the areas of behavior management and, increasingly, sex offending behavior. This is a particularly risky group to place in foster care and maintain the safety of everyone in the environment. DDS continues to partner with DHS Child Welfare to provide case management and foster care support services for children in the DHS Child Welfare system, who also qualify for eligibility for DDS' children's services. Many of the children with sexual offending behaviors and dual diagnosis enrolled in Lane County DDS are wards of the court and in the DHS Child Welfare system.

Children turning 18 that have received foster or residential supports are entitled to continuing supports after they become young adults. In the past this was a fairly routine process but now requires many months of lead time in order to insure adequate financing and placement. There are many steps in this process and staff works to complete all the tasks for the significant number of 18 year olds who are transferring to adult services. A significant issue in this area is the need for development of residential services that can provide skilled care for adolescents and young adults with complex behavioral support needs.

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

Lane County DDS continues to manage family support services in fiscal year 2008 with funds that have been significantly reduced compared to previous biennia. The available funding provides necessary support for almost 80 children under the age of 18 living in their family home. This funding is used to reduce the incidence of out of home placement. Funding constraints dictate that family support services are not available to all eligible children who are enrolled in case management services so a waitlist is maintained by program staff. Family support services provide supports such as family training, behavior consultation, respite care, environmental accessibility adaptations, community inclusion, and other supports as needed for the individual with developmental disabilities and their family.

Respite care is the most requested service by the majority of families. To that end, Lane County DDS has contracted with LifeSpan Respite, to develop a database of active, trained respite providers, which can be accessed by families in the community.

Lane County DDS is currently working to move families off the waiting list, with the intent of offering this service to all the individuals who qualify (currently about 300 on the waiting list. The service will seek to provide a somewhat reduced level of service that will provide increased access to services in high demand, such as respite.

## SERVICES TO ADULTS

**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.

**Support Services:** The DDS Support Services team works with approximately 746 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 1:166, 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 2008, Support Services team has taken 15 new cases through intake, as well as approximately 20 high school transition age young adults transferring from 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***

- **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.
- **Brokerage** - Approximately 60% of the individuals on support team caseloads are enrolled in a brokerage for support services. Brokerage referrals are the major component of the Staley Settlement. Individuals receive person centered community and in home supports through one of two area brokerages. They

remain on DDS caseloads; the following functions are performed by county staff for all individuals enrolled:

- Maintaining and managing the waitlist and referral process for two local brokerages
- Annual and revised service plan approvals
- Title XIX waiver reviews
- Crisis resolution - During crisis, 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. The two brokerages serving people in Lane County are Full Access Brokerage and Mentor Oregon Mid-Valley Brokerage, to whom the support services team is currently referring 15 individuals per month.

By the end of the fiscal year, July, 2009; the state projects completed brokerage roll-out, according to the Staley settlement. Our referral numbers have recently increased to accommodate the large numbers of people waiting for brokerage services in Lane County. The support services team continues to refer people according to priorities set by the Staley Implementation team. It is currently unknown if the Lane County roll-out will really be completed by that time.

- **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 from 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.

**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, through the Diversion Utilization Team. In addition, the Region continued to partner with community programs to continue with development efforts despite funding constraints.

The service delivery system continues to struggle with a population of children and young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/Asperger's, alcohol/drug abuse and increased incidents of serious criminal behavior. In addition, a population in care, which is aging and has increased needs, is accessing resources at a greater rate than before. As a result, there have been increased incidents of civil court commitment statewide for DD clients, which 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.

Each of the five regions has received a new 1 FTE 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.

### ***Quality Assurance:***

The Quality Assurance Program serves a lead role in the implementation of performance measures for DDS. This includes developing an annual QA Plan which

complies with applicable Oregon Administrative Rules. In July, 2008, the QA Plan changed its reporting structure from a calendar year to a fiscal year. This restructuring improved QA's alignment with Lane County's performance measure system, giving us consistency with data measures and reporting.

DD's QA Plan for FY 08-09 describes systems and processes that are implemented on a local level to ensure compliance with applicable state and federal Medicaid requirements for services for people with developmental disabilities. These services include all funded services provided within the county for individuals with developmental disabilities.

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.

### ***Emerging Issues:***

- **Current Fiscal Challenges** – Because the Secure Rural Schools was discontinued, DDS lost 2 FTE case management positions, which had used general fund money to leverage these positions at a 60:40 match rate. At this time, some of this funding has been restored to the county, and decisions will be made about whether DDS will be able to restore these positions. 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, and resulting in 1.8 FTE workloads.
- **Funding and Local Authority** – Through the Association of Community Mental Health Programs subcommittee, Mental Health Directors, Program Managers and Seniors and People with Disabilities (SPD) management staff have been discussing the implementation of a new allocation formula model for the Community Developmental Disabilities system. SPD is interested in changing the allocation methodology to one based on caseload ratios, and hopes to implement it in FY 09. Under this formula, SPD would specifically fund protective services investigations and eligibility, two mandated functions which, up to this

time, have not been broken out from the general allocation. Lane County stands to receive an increased allocation under this new formula. SPD has been soliciting information and opinions from various stakeholders about whether DD programs should remain with counties, move to regional structures, or contracted out to private non-profits. A few counties, overburdened with work, seek to break off pieces of the DDS system, so that they will be structured differently. The majority of counties (including Lane County) not only want to keep the DDS programs, they seek to strengthen and centralize services, making the DDS programs a one-stop shop for services, information and referral.

- **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 hopes to benefit from the activities of the new development specialist position in the Cascade Region.
- **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.

- **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, and increased incidents of serious criminal behavior.
- **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 state has allowed for development of local children's residential services, yet funding to develop these services is not readily available. Increased efforts to partner with outside agencies have been critical in meeting the needs of our children. Access to state operated facilities for adults is also faced with the same challenges. The crisis delivery system has worked collaboratively and creatively with county and state partners to meet the needs of individuals needing services despite our funding and resource limitations.

## **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**

With the current significant economic downturn our network of contracted human service agencies are seeing a dramatic increase in demand for their services, especially among working poor people who are ineligible for public assistance. Depending on the service location and type of service, requests have increased by anywhere between

33% and 50%. Service enrollment for households for our emergency assistance and self-sufficiency programs is up 19%, year-to-date, over the total enrollment for last year to 20,402 households with 36,629 individuals (according to our OPUS MIS system). Increases have been noted in the number of two parent families requesting assistance.

According to the U.S. Census Bureau's American Community Survey, more Lane County residents are living in poverty from the rates reported in the 2000 Census, with the poverty rate increasing by 1.7 percent moving from 14.4 percent to 16.1 percent in 2005. Household income has declined from the inflation-adjusted 2000 income levels. The income level has decreased to \$37,290, representing a 13.7 percent decline. When comparing total percent of decline, we rank as 1 of 14 counties with the greatest percent of decline for the household income level in the State.

Over the past year increases in food and energy costs, unemployment, growth in part-time only employment, and an increase in the number of low-wage jobs has made the working poor population in the County more vulnerable.

Given the budgeted reduction in County general funds, the current service level for human services has been supported by a one-time contribution of \$140,000 from the City of Eugene. Also, the City of Eugene provided \$150,000 for 4% cost of doing business adjustment for Eugene based agencies. Agencies outside of Eugene did not get a cost of doing business adjustment. Leveraging is forecasted to be impacted by a reduction in charitable donations to non-profit agencies given the down-turn of the economy. United Way has reduced support to agencies by 13% and foundations are also constricted.

To ease and prevent the crisis of hunger and homelessness for families with children and adults in Lane County due to the economic crisis, the Human Service Commission (HSC) has requested consideration of additional county funding as part of the mid-year budget process.

The HSC finds that homelessness frequently results from a temporary economic crisis such as loss of employment, medical emergency, ineligibility or loss or interruption of public benefits. It is also found that prevention of homelessness, as opposed to temporary shelter, is cost effective, preserves family self-respect and helps to keep families intact.

The Human Service Fund is the only local governmental source of funding for the prevention of homelessness and we are requesting consideration of strengthening the community food and housing programs. These programs support the needs of hungry and homeless people and those at risk of becoming homeless with the basic necessities of life by allocating funds to local agencies providing food, rent, mortgage, utility assistance, prescription expenses and other emergency and relief services.

The programs are operated through the contracted Human Services Network (HSN) and provide a continuum of care to accommodate a broad spectrum of specialized

needs. The programs also assist low-income and homeless individuals with needs and disabilities that are not effectively met by mainstream social services. The Network's hallmark is to provide services with compassion to foster a nurturing, healing environment that can effectively end an individual's cycle of homelessness.

The programs provide direct aid administered efficiently through five existing major hub agencies providing access to seven other HSN agencies and their clients to address equitable geographical, life cycle (age) and special needs population distribution. Service hubs are located in Eugene-Springfield, Cottage Grove and Florence.

Many of our energy assistance funders are responding to the tough economic times by increasing funding for energy assistance programs. The federal government has more than doubled funding for Low Income Home Energy Assistance Program (LIHEAP). Last year Lane County received just over \$1.7 million in LIHEAP funding and served 6,822 households. This year, Lane County has already received \$3 million, which should help about 12,000 households, and more is expected. Northwest Natural is increasing funding for this year's OLGA program in response to current economic conditions, and the Eugene Water & Electric Board (EWEB) received a record-breaking \$300,000 donation from a private donor for this winter's EWEB Customer Care program.

Veterans' Services continues to serve veterans from all era of military services, but this program is seeing more and more veterans returning from Iraq and Afghanistan. These newest veterans are facing acute physical and mental health concerns based on their recent combat service. Veterans' Services works very closely with the VA Roseburg Healthcare System (VARHS) 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. Veterans' Services is also working with the VA and other local veteran service providers to prepare to assist the families of the National Guard soldiers who are scheduled to deploy to Iraq in the spring of 2009. The planned deployment will consist of 3,500 Oregonians (over 50% of the Oregon National Guard) with approximately 95% of National Guard members from Lane County expected to receive orders.

We are preparing for the 30<sup>th</sup> Annual Senior Holiday Dinner, sponsored by the Human Service Commission and the Board of Commissioners. Annually, more than 700 seniors spend Christmas Day at the Hilton Eugene & Conference Center enjoying a turkey dinner, music, dance, and other activities. Senior meal sites are closed on Christmas Day and many seniors are not able to share the day with relatives locally.

## **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.

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.

LaneCare received a 6.5% capitation increase in 2008. This will result in an additional \$1,200,000 annually for mental health services in Lane County. LaneCare has completed final negotiations for our Capitation rates for 2009 and will receive a 4.5% increase. We have also discussed the per capita cost report produced every 2 years which sets capitation rates for the following biennium and are expecting a capitation rate increase of 13% in 2010 and 4.5% in 2011.

In 2007 LaneCare allocated reserves to balance the operational budget. LaneCare continues to pay for claims for dates of service in 2007 through all of 2008. At this time it appears that LaneCare will use only a portion of the allocated reserves. Current projections indicate we will draw reserves down by \$1,000,000. We 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 has completed the budget planning for 2009 and have approved a balanced budget. We are able to offer our contractors an average 10% rate increase. This increase is based on historic performance trends and current resource availability as well as our significant revenue increase projected for next year.

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. LaneCare implemented a plan in 2007 so that contractors would be able to schedule a new client within 2 weeks. We monitored this on a monthly basis and met our goals. We are prepared to implement the plan again in 2008 if we need it.

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 identified this as a focus for 2008 and 2009. We are currently in negotiations 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.

LaneCare is pleased to report that all positions are currently filled with the most qualified staff we have ever had. Our new Medical Director, Michel Farivar, started his employment October 20, 2008.

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

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

**Solution:** LaneCare convened a rate review committee to address rate issues for 2009. This committee met for several months and reviewed current rates paid by LaneCare compared to reimbursement rates paid elsewhere. The committee made specific recommendations within the allocated budget and these were accepted by the Executive Committee. The average rate increase for 2009 will be 10%.

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

**Solution:** LaneCare has met with PeaceHealth and will incorporate rate increases for the hospital that match other rate increase for providers. PeaceHealth participated in the Rate Review Committee and has supported the committee recommendations. We continue to meet and actively discuss the high local hospitalization rate and the longer than average length of stay and have a significantly improved relationship with hospital staff.

**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 is taking a lead in the state in trying to identify the mental health treatment supports that are most appropriate for people with an autism spectrum diagnosis. A committee has been convened to develop clinical guidelines in 2009.

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

**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:** Transition age youth, 16-25, who have a serious mental health condition, typically do not access the mental health treatment that they need.

**Solution:** 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 will be brought forward with the goal of implementing system improvements in 2010.

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

This next year will be a busy year for Lane County Mental Health, as we will be engaged in a number of large and important projects. First we will be rolling out the implementation of the newly purchased UniCare Practice Management Software, including an Electronic Medical Records component. This will position us well for the future of integrated behavioral health and primary care. The “Go-Live” date for implementation of the new electronic system is 12/11/08, and the month of November will be spent in getting staff trained so that we will have minimal disruption upon go-live. We do anticipate an initial reduction in productivity as staff gets used to the new system. This is entirely expected. The second big initiative is to develop the partnership between the Community Health Center and Lane County Mental Health in which LCMH has come under the FQHC provider number and is eligible for the higher Medicaid reimbursement rates afforded to FQHCs. This will serve to both stabilize the funding for LCMH as well as for the Community Health Center. As part of that partnership, we have completed a remodel at the 2411 MLK location to add an additional medical exam room and we now have 2+ days per week of both primary care for adults and pediatric services available at LCMH. Finally, we have completed a critical recruitment for our new Mental Health Medical Officer, as Dr. Reaves retired in June, 2008. Dr. Farivar’s first day with us was October 20, 2008.

### **OUTPATIENT MENTAL HEALTH CLINIC**

**Adult Services:** The Adult outpatient clinic continues to serve large numbers of clients. We are currently serving 1,051 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 are unable to increase access, due to serious budget/staffing constraints, and have virtually stopped all admissions, except for those citizens coming out of hospitalization. We have filled two open positions with staff that were displaced from Alcohol, Drug and Offender Services. These personnel

transfers have been difficult 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 have our positions re-classified, 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. We continue to get increasing pressure from parole and probation services to provide more mental health treatment to this population. 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 underway. This project is funded by the State and we are joined by two other counties for the pilot. As we are still not able to provide quicker access to psychiatry services, this pilot is showing some weakness as a viable alternative to sending this population to the State Hospital.

Mental Health continues to contract out more than \$200,000 in funding to the adult-serving mental health agencies to increase their capacity to serve clients who lack Oregon Health Plan. With increased pressures on our budget, and the unknown future of State and Federal funds, we see that we will likely reduce this amount significantly in the next couple of years.

We are about to “go-live” on 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 currently recruiting for additional supervisory staff to assist us in managing these programs. We intend to re-organize the entire division.

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.

***Child and Adolescent Services:*** The child program continues to provide rapid access and psychiatric care to Lane County children and families with acute and chronic, moderate to severe, complex psychiatric disorders. The average monthly enrollment in outpatient child services the 2008 calendar year is 325 children and families. An additional 125 children are enrolled annually. Our average monthly enrollment has declined this past year (350 to 325) for several reasons: 1) OHP eligible children with intensive needs are able to access psychiatric care with other LaneCare providers. 2) LCMH is providing a broader array of evidence based clinical services and supports including Dialectical Behavior Therapy groups, Family Therapy, Wraparound, Expressive Therapies including Art Therapy, Sand Tray Therapy, Play Therapy in addition to Individual Therapies and Psychiatric Services. 3) Several members of the Child Program were temporarily pulled off line to customize practice management software to meet child program needs (USIT).

Nonetheless, community demand continues to exceed program capacity and we routinely redirect 2/3 of child referrals to another community provider.

In addition Lane County Mental Health is an Intensive Community Treatment Service (ICTS) provider and averages 15 children/youth per month in ICTS services. 44 unduplicated enrollments have occurred in FY 07-08. LCMH and LaneCare are parallel gatekeepers of publicly funded psychiatric residential treatment programs, day treatment programs, treatment foster care, and extended hospital care with LCMH providing Level of Need Determination and Care Coordination services to community kids and families who are not OHP or LaneCare eligible (uninsured or underinsured) and require access to high levels of state funded care.

Of the 44 Intensive children and families served in FY 07/08, 31 (70%) were community children who are not Medicaid/OHP eligible. All Lane County children/youth needing an extended hospital level of care (formerly Oregon State Hospital level beds) go through Lane County Mental Health for Level of Need Determination. In addition to gate-keeping and coordinating comprehensive care plans, LCMH facilitates child and family team meetings in collaboration with our system partners including parents, child welfare, special education, juvenile justice, primary care, developmental disabilities, etc. We have expanded our contract with Oregon Family Support Network to include a 0.5 FTE Family Ally who provides parent to parent peer support in engaging/motivating/supporting LCMH families with a high needs mental health child. The Family Ally participates in child and family team meetings encouraging, developing and supporting a planning process where parents are equal partners in care decisions. In FY 08-09, Lane County issued a contract to The Child Center to provide additional services and support for high needs children and families who are not Medicaid eligible. Our state target is to serve 25 families annually. We exceeded the state target with 6

additional children. LCMH Child crisis dollars with LaneCare dollars fund the Child and Family Crisis Response Program providing 24/7 county-wide access to emergency services including a crisis phone line, crisis intervention response (face to face), crisis respite (in home and out of home) and crisis consultation.

In addition to gate-keeping and coordinating high levels of care LCMH Child Program conducts or provides comprehensive mental health evaluations, crisis evaluations, psychiatric assessments, psychiatric medication management, clinical case management, community consultation, screening and referral, individual, play and art therapy, family therapy, group therapy including evidence based Dialectical Behavior Therapy for adolescents engaged in self-harm behaviors.

We provide services to the Siletz Tribal HeadStart Program in Springfield offering mental health consultation, observation, parent education and training, referral and treatment of preschool age children and their families. In addition, we are involved in a collaborative project with The Relief Nursery, Options Counseling and HeadStart of Lane County offering early childhood interventions (birth-3) using the evidence-based practice Circle of Security. Our most recent collaboration is a partnership with the Community Health Center, providing integrated physical and behavioral health care on site. Pediatric services are available two days/week. A Family Nurse Practitioner is available two days/week. We continue our contract with Oregon Family Support Network for parent support groups and parent education.

Members of the LCMH Child Team participate on the Lane County Suicide Prevention Steering Committee, Family Advisory Committee, Juvenile Subcommittee of the Public Safety Coordinating Council, Perinatal Health Team, and chair the Lane County Oregon 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 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 who 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 will

work with the providers and State representatives to coordinate opportunities for communication and discussion with concerned neighbors and other stakeholders.

Additionally, Lane County Mental Health continues to participate in the operation of two residential facilities:

The Summit Residential North program (previously know as the Paul Wilson Home) located at 525 S. 57<sup>th</sup> Place, Springfield is operated in conjunction with Elder Health and Living. Elder Health and Living (EHL) provides the residential care services (food services, medical care) and LCMH staff provides mental health services to the residents. This 10-bed facility is a secure, residential treatment center for individuals with severe and persistent mental illness who are in need of placement from state psychiatric hospitals. The Summit Residential North program tends to run at capacity throughout the year. The mental health services that are provided to the residents are Medicaid covered services and are billed to the state Office of Medical Assistance Programs of on a fee-for-services basis.

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

Staff at both of these homes is currently engaged in revising program policy regarding smoking by staff and residents on the facility's grounds as a result of the passage of Senate Bill 571 (that addresses second-hand smoke issues in public places). Both programs are developing efforts towards smoking cessation for the residents and by the time the law takes effect smoking will not be allowed on the program grounds. This will be a huge change for many of the residents since a large percentage of the residents are tobacco users.

## **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 130 clients in the current fiscal year. Data indicates that transition team has reduced inpatient days for the clients it serves by an average of 1.5 beds per day for an entire year. That translates to almost 550 bed days saved, and since this team has been targeting primarily indigent clients, that is a considerable savings to PeaceHealth in non-reimbursed care and thus has resulted in a continued commitment from PeaceHealth to remain in partnership in this successful venture with their contribution of the costs of 3 QMHP staff and a Clinical Supervisor (over \$300,000).

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 gentleman'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 receives the lowest funding 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 will be 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.

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.

Planning is currently underway for ways of enhancing the adult crisis system. We have essentially given up on expanding CAHOOTS at this time, and we are focusing our efforts on developing additional respite and step down beds, using some of the new crisis funding received from the State. Finally, we will be working 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. Nevertheless, Eugene Police Department is committed to rolling out CIT training, and a committee has been meeting to develop the training curriculum, with the first wave of 20+ trainees scheduled to go through the week long training the week of December 15, 2008.

## **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. The program goals are to promote community safety and prevent further sexual abuse by treating sexually offending behaviors.

The Sex Offender Treatment Program prioritizes admission of clients based on the level of offender risk. The program also provides treatment to a significant number of clients who are indigent and who present with other mental health disorders in addition to their sexually acting out behaviors. The sex offender treatment program uses approaches which are research-based and proven to be effective in reducing recidivism. The program provides a rigorous treatment modality that focuses on offender accountability and provides interventions designed to maximize community safety.

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.

In January 2008, one of the program's mental health specialists retired. Due to the uncertainty of future funding, this vacant position was eliminated in the 08/09 budget. As a result, the program is currently providing intensive treatment services to 32 individuals. The program has increased its collaboration with Lane County Developmental Disability Services in order to provide intensive treatment to this important population. The program has 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 2 years after completion of their treatment goals. The program currently has 10 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.

#### ***DUII Evaluation Unit:***

The DUII Evaluation Unit provides client evaluations, treatment referrals and case monitoring to clients who are supervised by Lane County courts. On July 1, 2008, the former Corrections evaluation component (domestic violence, drug possession, harassment, assault, and other crimes) was eliminated due to budget cuts. A full time Alcohol/Drug Evaluation Specialist (ADES) position was also eliminated. In addition, the Evaluation Unit's Occupational Driver's License Program (ODL), which provided services for individuals who needed a "mental health recommendation" to get a restricted Oregon driver's license, has been eliminated.

The program strives to provide accurate and timely evaluations of clients' mental health and substance abuse needs, and to refer them to appropriate treatment services. The staff is highly invested in their client's success in treatment, and spends extensive time monitoring their progress and providing status report to the courts. Between April 1 and September, 2008, this program served 1,116 new DUII client cases. This number is consistent with the last report period, and demonstrates a continued need for this service to the community. In addition to these new cases, this program provided another 273 DUII re-referrals for clients to treatment services. The program also conducted 38 Corrections evaluations between April 1 and June 30, 2008.

#### ***Methadone Treatment Program:***

The Methadone Treatment Program provides outpatient substance abuse counseling services and medical evaluation for individuals addicted to opiates. The program provides daily dispensing of methadone medication. Individual, group, couples and family counseling are provided as well as extensive case management/coordination of

services on behalf of patients. The overall goal of treatment is recovery from addiction to all substances.

Since May 1, 2008, the methadone treatment program has served 125 individuals including three pregnant patients. The program currently has 120 patients in treatment, including two pregnant women. There are currently nine individuals on the waiting list; the average wait list is typically twelve addicted individuals.

One of our program's performance measures is a reduction in patient opiate use. The goal with the opiate use outcome measure is that at least 72% of patients will be opiate-free in a 90-day period. This is measured each quarter of the year from the results of random urinalysis (UA) testing. Almost all patients enter the program using heroin or other opiates several times a day. If 72% of patients stayed abstinent from opiates for at least 90 days, that would be a significant reduction in use. During the last quarter of 2007 and the first quarter of 2008 the rate of negative UA's for opiates was 90% and 91.53% respectively, surpassing the programs target of 72% of patient UA's that are free of opiates.

The methadone treatment program faced a decrease in revenue during this current fiscal year as a result of loss of its general fund dollars. Consequently, the program lost a mental health specialist position. This has resulted in 14 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 patients. The staff is comprised of committed professionals that have a high investment in the mission of the program and the patients they serve. This is exemplified by their continued commitment to providing community education to other programs about methadone treatment. The counselors recently made a presentation to Relief Nursery, and have future plans to present to two other local agencies. Past presentations include Addiction Professionals Association of Lane County (APAL), Options Counseling Services of Oregon and the National Association of Social Workers (NASW).

The program's current lack of financial resources due to budget cuts has created an unfortunate situation for our community. The need for treatment for opioid addiction 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.

### ***Treatment Participation Rates***

Successful engagement in evidence-based treatment programs is shown to be effective in reducing recidivism. The state DOC and Lane County have assessed four of our local treatment programs (those which receive CCA funding), and all of them have scored "satisfactory" or better on the Correctional Programs Checklist. This indicates that they are using evidence-based treatment approaches.

This measure reflects the number and percent of active cases where the offender is in treatment on the day of the report. This measure does not capture offenders who have already completed treatment, or those who have been referred to treatment but have not yet entered.

Lane County	13%
Statewide	21%

## **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. The Communicable Disease program sustained significant reductions in capacity in June of 2008. The 4.15 FTE of communicable disease nursing time was reduced to 3 FTE. Public Health Officer hours were reduced. The part time lab technologist position was eliminated which reduced the number and types of testing that could be done and increased the load on the nursing staff to assure that some basic testing capability was maintained. The fundamental capacity for communicable disease services, mandated in the Program Elements in the LCPH contract with the state, was preserved, at basic functional levels. This capacity is needed to maintain Lane County's public health authority.

#### ***Immunizations:***

The LCPH immunization program has provided 1,879 immunizations in the past six (April 2008 – September 2008) months. In addition, the LCPH immunization delegate clinics have provided 3,507 immunizations in the same time period. When compared to the same 6 month period the year before, the delegates have provided 800 more immunizations and LCPH has provided 200 more. This is remarkable given the decrease in staffing, the discontinuation of drop-in immunization clinics, and the elimination of two of the immunization sites at Lane County Corrections and Willamette Family Treatment Center (WFTC). We are pleased that doing immunizations by appointment instead of drop-in clinics has continued to meet community needs in this area. Several new combination immunizations have become available and the state has added two new requirements for school immunizations. LCPH anticipates a busy immunization review season which begins after the holidays.

We regret that the availability of immunizations at WFTC and at Lane County Corrections has been discontinued. The provision of hepatitis A and B immunizations in these two high risk populations was an important effort to reduce the incidence of blood borne pathogens in our community. We are able to continue to address this important need in some of our client populations at greatest risk for disease by providing hepatitis A and B vaccinations to our clients who present for HIV and STD testing. In addition, a

volunteer nurse for LCPH and our sub contracted organization, HIV Alliance, provides hepatitis A & B immunization on the needle exchange van about one evening per month

LCPH is a good steward of our expensive and fragile vaccine resources. Our immunization program continues to exceed the performance measure target of 95% in vaccine accountability.

***Tuberculosis:***

During the previous six months (April 2008 -September 2008), only 2 people have been receiving initial active TB case management for disease. Currently, there is 1 person undergoing case management and Directly Observed Therapy for active tuberculosis.

With the reduction in funding and staffing levels, LCPH discontinued tuberculosis testing at the Eugene Mission in May of 2008. Because of the intensive and sustained efforts of LCPH working in conjunction with the Mission from 2001 through May of 2008, the transmission of tuberculosis at the community homeless shelter was stopped. The incidence of tuberculosis continues to increase in populations living in homeless shelters throughout the country and the Northwest. Without a current outbreak, LCPH does not have a public health mandate to continue testing or other prevention activities at the homeless shelter. We remain vigilant for any newly reported cases in the community and attentive to any association with cases related to high risk populations or facilities. LCPH continues to provide twice yearly monitoring of the ultraviolet light TB prevention system at the Mission.

County wide, our preventive treatment program for latent tuberculosis infection (LTBI) currently has 23 clients receiving medication and evaluation services. In the past, LCPH has provided LTBI services for any resident of Lane County with documented infection. Clients were often referred by private providers for services at no charge to the client with state medications and county provided case management. With our reduced budget and staffing, LCPH now evaluates and treats only 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.

***Other reportable communicable diseases:***

During the months of April, 2008, through September, 2008, LCPH processed or investigated 499 reportable communicable diseases including confirmed, presumptive, and suspect cases.

Reports of previously acquired hepatitis C continue to surge – 360 in the past six months. Most of these continue to be chronic cases from the years before affordable testing and referral became available. At our present capacity, hepatitis C surveillance is the extent of public health services that we are able to offer. From March of 2007 through April of 2008, using state supplied hepatitis C testing kits, LCPH provided 123 testing and counseling sessions with 43 (35%) of these tests returning positive for hepatitis C. Although test kits continue to be available to us from the state, on-site

hepatitis C counseling and testing has been discontinued due to lack of staffing resources.

Other reportable diseases during this 6 month period include Lyme disease, 15 cases of pertussis (whooping cough), 12 cases of salmonella (some associated with an event), and 3 cases of hepatitis A. The good news here is that hepatitis A case numbers are remaining low in Oregon and Lane County, thanks to increased hepatitis A immunization coverage.

***Sexually Transmitted Diseases:***

The majority of reported cases of STDs come from private providers and not from public health clinics. Lane County Public Health, unlike private providers, is the entity responsible for assuring treatment of contacts of reportable STDs, and therefore, reducing the spread of these diseases throughout the population. The STD treatment and prevention work is labor intensive and requires not only the work of the state Disease Information Specialist (DIS), but also the collaborative work of the LCPH STD nurses and cases report staff as well as use of the county acquired STD database. Surveillance, investigation, and assurance of treatment of cases and contacts are included in the county required Program Elements of the LCPH contract with the state. LCPH has recently lost our state provided DIS. Discussions are ongoing with the state regarding staff replacement in this position and interim measures to assure coverage of the duties.

With budget and staffing reductions, LCPH was unable to staff our twice weekly drop-in STD clinics. We changed to an appointment only model and refocused our services to those who are contacts of reportable STDs or are symptomatic for chlamydia, gonorrhea, or syphilis. Opportunities for screening appointments for clients have decreased substantially, and clients are referred to private medical providers or Planned Parenthood for these services. Screening and testing at clinics other than LCPH do not waive fees and some clients may not be able to afford these services.

From April, 2008, through September, 2008, LCPH served 259 individuals through STD appointments, approximately the same number of individuals that were seen at LCPH at drop-in STD clinics during the same 6 month period the previous year. However, the percentage of people treated for reportable STDs at LCPH, primarily chlamydia, during the 2008 segment increased from approximately 24% to 40% of the clients seen. The rates of reportable STDs in Lane County are similar in both 2007 and 2008. The treatment percentage increase among current LCPH STD appointment clients indicates that, by focusing on serving clients with indications of STDs, we are reaching populations who are at increased risk of spreading STDs in the community.

***HIV Prevention:***

As specified by our principal funding source, the Oregon Department of Human Services, the mission of this program is to deliver the following service objectives in a way that has the highest impact on the populations at greatest risk for HIV transmission:

- 1) HIV counseling, testing, and referral services

- 2) Evidence based Health education and HIV risk reduction programs
- 3) Structural activities that facilitate the delivery of HIV prevention services to high-risk populations

## Activities and Outcomes

- **Community Promise: Community Level Prevention Intervention for Gay and Bi Men:** This multi-year program is designed to decrease HIV transmission among gay, bi, and other men who have sex with men. *Community Promise* is being conducted for Lane County, under contract, by HIV Alliance. The program has involved a detailed assessment of gay and bi men in Lane County and of their risks related to HIV infection. In the next phase brief stories will be created from the lives of some of these men indicating how they were able to take steps toward reduced HIV risk in their lives. These stories will be delivered on hand cards by a cadre of MSM volunteers to their peers in various settings.
- **HIV counseling and Testing:** During the 6 months from April through September 2008, LCPH and HIV Alliance conducted a total of 510 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 69% of HIV tests were provided to individuals in these groups. Epidemiologically, the highest risk group in Oregon for HIV infection is MSM and 34% of testing was given to people who identified this risk.
- **Needle Exchange Services (NEX) for Injection Drug Users**  
NEX helps prevent the transmission of HIV, Hepatitis B & C, and the development of serious wound infections, such as MRSA, which may 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 April through September, 2008, 1,905 of these 10-packs were given to individuals
- **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 3115 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 6 FTE Environmental Health Specialists that are responsible for 4,751 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 (1050), mobile units (138), commissaries and warehouses (27), temporary restaurants (959), pools/spas (292), traveler's accommodations (115), RV parks (72), schools/summer food program serving sites (268), day cares (181), organizational camps (13). 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 January 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. Since January 2008, Lane County EH has issued 23,339 Food Handler Cards. Of these, 21,802 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 will continue to work with other Oregon counties to get them signed contracts. Prior to this new site, it was costing the program \$5 per test to use the Chemeketa Community College testing site. Under the new system anticipated testing will be \$.50 per test.

We anticipate that Environmental Health licensing fees will again need to be adjusted upwards to keep pace with the rising personnel costs. The Oregon Restaurant Association will be made aware of the need for increased fees. In the past we have received no negative feedback for the upward adjustment.

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.

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 has initiated an Internship Program in cooperation with the U of O and OSU Environmental Health Programs. We are currently working on a project involving the registering and mapping of vulnerable population facilities in Lane County. This will allow first responders to quickly locate these care homes in the event of a disaster. A second project for our interns 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.

## **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 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 275 low-income women access OHP and prenatal care during the past 6 months.

***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 220 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 160 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 50 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. Pacific Source Health Plans provided \$25,000 in funding for the FIMR process, and the March of Dimes provided an additional \$22,500.

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. In October 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 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. During the 2007-08 fiscal year, the Lane County Public Health Services Emergency Operations Plan underwent a thorough review and reorganization. That review process was completed and the updated document was circulated to all staff in June 2008. Updates included the following:

- Restructuring of the Public Health Emergency Operations Plan to conform with best practices in all hazards emergency planning
- Updated Case Reporting Forms and Investigative Guidelines
- Adoption of new Incident Command System Forms (all can be completed electronically and are consistent with forms used by other local emergency response partners)
- New Job Action Sheets (checklists for each Incident Command Position)
- New Legal Forms and Templates (e.g. Declaration of Emergency, Quarantine)
- Updated News Release and Fact Sheet samples and templates

### **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 has worked cooperatively with the University of Oregon to develop a “tabletop” exercise (a low stress informal discussion of a simulated emergency). The exercise, scheduled for December of 2008, will focus 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 will be 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 will be made available upon completion of the exercise and can be made available by request from the Public Health Preparedness Coordinator.

### **Public Health Emergency Response**

Occasionally, local events require LCPH to implement its emergency plans to protect the health and safety of the public. Two recent events required such a response. As part of an ongoing program improvement process, results of each event were evaluated, including strengths identified and areas for improvement in a post event debrief.

### Symantec White Powder Incident, May 2008

On May 20, 2008, Lane County Public Health was notified by local HAZMAT of a suspicious white powder at the Springfield Symantec office. The facility was locked down after the substance was found. As a precautionary measure, fire officials responded to the event as if the substance were anthrax; however on-scene analysis of the suspicious white powder in question was not consistent with Anthrax or other hazardous biological substance and did not require an additional response. During this event, Lane County Public Health assisted as technical advisors to the response team. Additionally, LCPH alerted local hospitals, and worked with the State Public Health laboratory, in Portland to confirm the identity of the substance and recommend appropriate action.

### 2008 Olympic Trials Preparation

The U.S. Track and Field Olympic trials were held in Eugene in June, 2008. In anticipation of the increased potential for a public health emergency during the event, LCPH took several preventative steps. The Communicable Disease team and Environmental Health team operated according to a staffing and response plans developed for the event. Special attention was given to preventative education and inspection of food vendors at the venue, and inspection of hotels and lodging in the surrounding community.

Also in preparation for the trials, LCPH assisted the Lane County Medical Society in the creation of a medical triage and referral program to provide visitors to the Eugene/Springfield area non-emergent paramedical evaluation and referral to local medical providers during the time of the Olympic Trials. This innovative triage system created a short term service to serve a large but limited population that may have otherwise, unnecessarily, taxed the area's regular emergency services.

### **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. Starting in October 2008, and working through September 2009, Lane County Public Health (LCPH) will design and implement an emergency planning mentoring program for CBOs serving homeless populations in Lane County, Oregon. The mentoring

program 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.

West Lane Emergency Group

To improve its presence and ability to assist in emergencies in Western Lane County, Lane County Public Health recently became an associate member of the West Lane Emergency Group.

Mutual Aid Agreements

To maintain an adequate level of resources in a local emergency, agreements have been established with neighboring county public health departments. Through these agreements, LCPH can now access facilities, volunteers, staffing and other support. The signing of these agreements marks the conclusion of several years of negotiations and cooperative work among the partnering counties.

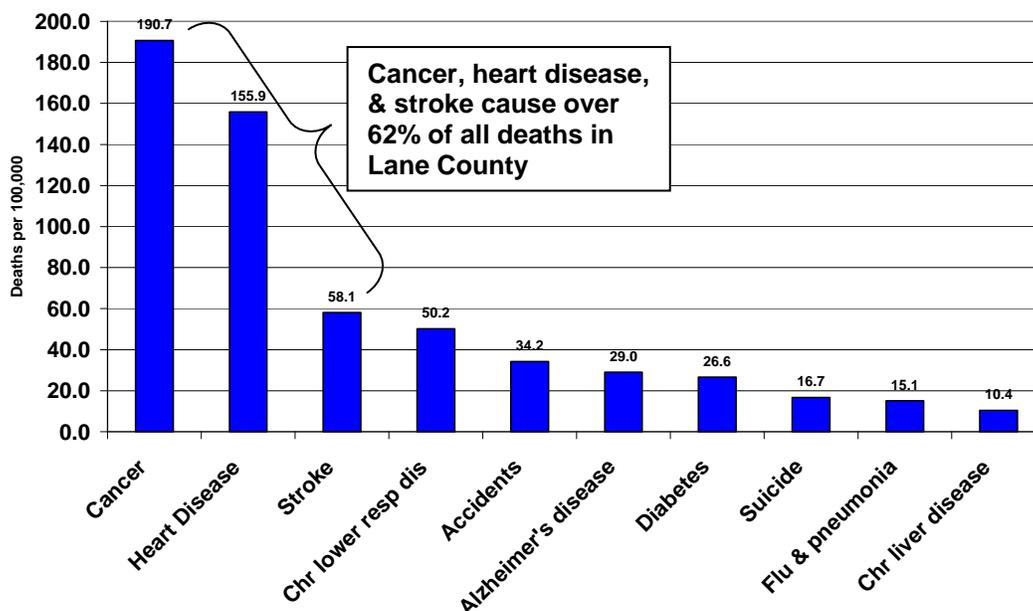
**Chronic Disease Prevention:**

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

**Training Institutes**

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 three 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 six months, 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.

The Public Health Educators are also in the process of coordinating 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:

- 636 people die from tobacco use (on average);
- 12,431 people suffer serious illness caused by tobacco use;
- 55,363 adults regularly smoke cigarettes;
- Over \$100.3 million is spent on medical care for tobacco-related illnesses; and
- Over \$101.2 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, creating smoke-free environments, 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.

### **Preparing for New Smoke-free Workplace Law, January 1, 2009**

- Changes in Oregon's Smoke-free Workplace Law (ORS 433.835-870) expand the list of indoor workplaces that will be required to be smoke-free starting January 1, 2009. In Lane County, the City of Eugene has had a smoke-free ordinance since 2001.
- Workplaces that must be smoke-free statewide starting January 1<sup>st</sup> include but are not limited to:
  - Bars and taverns, including bar areas of restaurants
  - Bowling centers
  - Bingo halls
  - Private and fraternal organizations
  - Employee break rooms
  - Restaurants
  - Private offices and commercial office buildings
  - Retail and wholesale establishments

- Manufacturing plants and mills
- Truck stops
- Child and adult day care
- Assisted living facilities
- Movie theaters and indoor entertainment venues
- At least 75 percent of hotel/motel sleeping rooms
- Work vehicles that are not operated exclusively by one employee
- The expanded law applies to any business or organization that has one or more employees or is ever open to the public.
- The law also prohibits smoking outside any business within 10 feet of any entrance, exit, window or air intake vent.
- The only exceptions to the Smoke-free Workplace Law are certified smoke shops, cigar bars, tribal casinos and up to 25 percent of hotel/motel sleeping rooms. Smoking of noncommercial tobacco for American Indian ceremonial purposes is permitted under certain circumstances.
- Anyone can file a complaint confidentially by contacting the county Tobacco Prevention Program, calling 1-866-621-6107, or by completing an online complaint form at [www.healthoregon.org/smokefree](http://www.healthoregon.org/smokefree).
- Lane County Public Health Tobacco Prevention staff will respond to complaints. It is anticipated that the number of complaints will increase significantly in the first part of 2009 as the new law goes into affect. Upon receiving a complaint and verifying that the business is not exempt from the law, an initial response letter will be sent to the establishment. If a second complaint is received, an unannounced site visit will be conducted by staff. During the site visit, if a violation of the law is noted a remediation plan will be created with the owner or person in charge. A follow-up visit will verify that the remediation plan has been followed.

### **University of Oregon Tobacco Prevention**

- Efforts at UO continue with a strong group of student advocates taking the lead. The student CAP (Clean Air Project) organized a number of Butt Clean-Up events to highlight the litter issue on campus. These events also provided useful information for media advocacy efforts. The President's appointed task force held two town hall meetings in May to collect input from the campus community on the possibility of becoming smoke-free. Both sessions were well attended by CAP advocates and very sparsely attended by opponents. The final report from the President's task force has not been released yet.

### **Lane Community College**

- The LCC Wellness and Tobacco-free Initiative task force was able to meet with key stakeholders including the Executive Team, the Student Government, and several faculty and student councils. The task force also implemented a student and employee survey regarding secondhand smoke on campus. The response to the online survey was impressive and encouraging. Over 5,200 students and employees participated in the survey which was available when they logged into their LCC electronic accounts. The survey revealed that over

50% of students report being exposed to secondhand smoke every day on campus and 64% reported being bothered by it. Almost one quarter of students reported having some immediate health effect from smoke exposure on campus. Additionally, over 58% students said they would choose a smoke-free college over a college that allows smoking on campus. Three out of 5 students also agreed that it's ok for colleges to prohibit smoking on campus if that's what it takes to keep second-hand smoke away from other students and employees. The task force has been working to reduce secondhand smoke exposure on campus by reducing and consolidating the number of designated smoking areas.

### **Creating tobacco-free events and worksites**

- The Tobacco Free Lane County coalition was successful in working with the Eugene08 Olympic Trials Steering Committee to make the Trials a tobacco-free event. In addition, our partnership with LCHAY (Lane Coalition for Healthy Active Youth) helped pave the way for the first Springfield Farmer's Market to open as a tobacco-free event. Our work with large employers in the county also helped connect us with PacificSource, a local health insurance provider, who decided to implement a tobacco-free campus this November.

### **Enforcement of Clean Indoor Air Laws**

- TPEP staff continues to observe the IGA between county and state DHS by responding to complaints generated by the public, state DHS, or local coalition assessment activities regarding violations of the State Clean Indoor Air Law. TFLC members also continue to monitor business compliance with Eugene's Clean Indoor Air Law and City of Eugene staff response to complaints of violation. Since May 2008, staff has responded to six indoor smoking complaints.

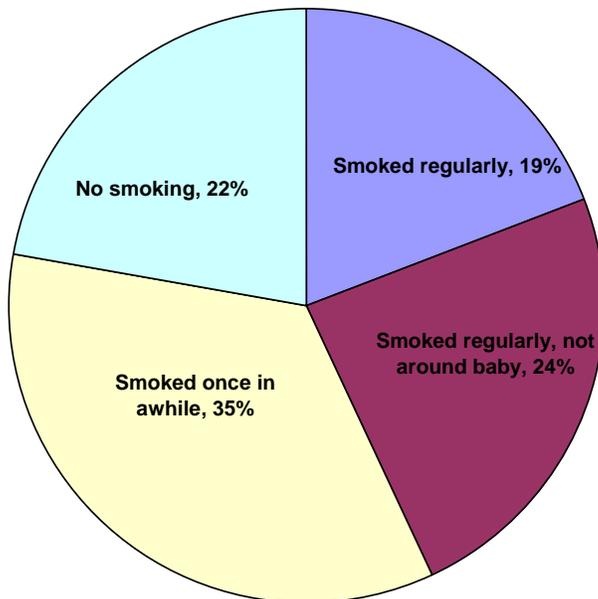
### **Tobacco-Free Schools**

- As of January 1, 2006 all schools in Oregon are required to have policies in place establishing tobacco-free school grounds (OAR 581-021-0110). Currently, 15 school districts in Lane County have existing tobacco-free policies that meet or exceed the "minimum standard" outlined in the OAR. Only one district has an incomplete policy at this time. TPEP staff continue to work with school districts to promote their tobacco-free policies.

### **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:
  - 339 interventions have been reported by WIC staff

- 57 Quit Dates set = 17% 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
  - 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 the community-wide efforts to address Lane County's high rate of infant mortality.

In October 2008, the WIC Program was serving 8,465 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 8,118. The assigned target vouchered caseload level is 7,706 vouchered participants per month. The program is maintaining at 105.3 percent of this assigned caseload, which is now above the target range set by the state.

After several months with vacant staff positions, hirings have been completed and staff positions are filled. New staff members are nearing completion of their training. This has resulted in a significant WIC caseload increase and has allowed the program to

provide appointments to a very large number of clients from the wait list. The wait list averaged over 1,000 clients for the past several months but within the last month has averaged 150 clients.

At the same time that program capacity has increased because of the filled staff positions, requests for service from potential clients have also been increasing. This seems reflective of the economic hardships currently being experienced by a large number of county residents. At this time there is a wait list of 115 clients; of these, 74 clients are waiting for appointments in the Eugene WIC clinic and 41 clients are awaiting appointments in the rural clinics. Show rates for all appointment types have also increased.

The WIC program issued Farmers' Market coupon booklets to 1,500 clients during the months of June – August, 2008. These \$20 coupon booklets are used to purchase fresh fruits and vegetables from Farmers' Market and farm stand vendors. WIC families who received coupons were educated about the nutritional value of fresh fruits and vegetables and the benefits of shopping with local farmers.

Program staff is implementing new USDA procedures on providing value-enhanced nutrition assessments and targeted participant centered education to WIC clients. State trainings and staff observations have been occurring for the past 6 months and will continue for 3 additional months before the transition is completed.

Activities for the American Legacy Foundation grant mentioned in the section above are coordinated by Public Health Educators and the actual smoking cessation interventions continue to be provided by WIC Community Service Workers and WIC Dietitians. WIC staff has conducted smoking cessation interventions for 400 postpartum women who smoked during pregnancy or are currently smoking. Data collected from follow up surveys is described in the section above. These success rates achieved thus far are very encouraging and indicate that the interventions may be very effective in improving the health of the postpartum mothers and their infants as well.