

## Agenda Cover Memo

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AGENDA DATE: June 9, 2010

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.

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## 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 initial Garrett Lee Smith Memorial Act (GLSMA) was extended through May, 2010 to continue suicide prevention efforts in the county. Additional GLSMA funding was awarded last year and will provide a small amount of funding to conduct trainings and public awareness campaigns through September, 2010. The countywide Suicide Prevention Steering Committee has met monthly and continues to work on its primary goal: to facilitate community efforts to prevent youth suicide in Lane County. Focus is on identifying services, increasing coordination and awareness of resources and assisting schools and communities in the county to increase their suicide prevention efforts.

Several trainings were offered to increase identification and intervention skills. Applied Suicide Intervention Skills Training (ASIST) was provided January 14-15 with another one planned for May 20-21. A Question, Persuade, Refer (QPR) training was held February 26<sup>th</sup> in Eugene and a QPR for youth was presented to a church youth group. Two QPR trainings will be delivered in May, one in Florence and another at a church in Eugene. Presentations to parents were held at South Eugene High School (January 21) and Kelly Middle School (April 5). Outreach continues to encourage high schools in Lane County to implement RESPONSE, an evidenced-based suicide prevention curriculum.

The “Teen-Proof Your Home” campaign was developed as a first step to informing parents about suicide risks. The campaign focuses on ways parents can make their homes safer for kids, related to suicide prevention, alcohol and drugs, and internet safety. Thus far, a flyer was developed and has been widely distributed, an article appeared in the Oregon Family newspaper, and a Facebook ad was created, linking viewers to information on the Prevention Program website.

Staff continues to meet with personnel at Sacred Heart RiverBend to discuss ways to strengthen hospital follow-up reporting and coordination of referrals. Staff is providing outreach to parents and youth following a suicide attempt and feedback being collected to better assess needs and gaps in the process.

***Healthy Babies, Healthy Communities Initiative:***

Prevention and Public Health staff continues to work with the Healthy Babies, Healthy Communities initiative (HBHC). The goal of HBHC is to reduce fetal-infant mortality and

increase infant and family health in Lane County. The Perinatal Health Team, an HBHC work group, has been meeting monthly to develop strategies, share resources, determine training needs and assist in dissemination efforts.

A Women's Lifespan Screening committee was formed to develop a comprehensive electronic preconception and perinatal screening tool. Partners in this work include Prevention and Public Health, U of O Project FEAT, Health Policy Research Northwest and WellMama.

Staff continues to work with the Commission on Children & Families, United Way's Success by Six, and Health Policy Research Northwest to convene a Home Visiting Project Group to explore ways to enhance collaboration, expand capacity and increase quality of home visiting services in the county. Home visiting is known as an effective strategy for reducing substance abuse, child maltreatment and abuse.

With a small grant from the CJ Foundation for SIDS, HBHC has created a "Quit Smoking for Your Family" educational piece and will be developing a poster, with the assistance of Lane Community College graphic design students.

Planning has begun on the 2010 Healthy Babies Award. This award was created last year to recognize efforts in Lane County that align with the goals of HBHC. Nominations and selection of the recipients will take place in May and June with the awards reception scheduled for the fall.

**Supporting Parents:** Lane County Prevention Program continues to support parenting education efforts through partnerships with school districts and Family Resource Centers (FRCs), located across the county. Substance abuse prevention dollars fund various evidence-based parent education programs, including 'The Incredible Years' and 'Strengthening Families' for parents with children age 10-14. Although funding for the Strengthening Families Program from the State was cut, parent education remains one of our priorities and we continue to make efforts to fund parenting classes focusing especially on rural areas, as well as parenting classes with Latino families.

**Supporting Youth:** The Prevention Program continues to support the implementation of 'Reconnecting Youth,' an evidence-based, school-based curriculum for high school youth at risk of dropping out. Prevention staff provides program supervision for the three schools implementing the program: Kalapuya, Pleasant Hill and Elmira High Schools.

**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. Results from 434 surveys of middle school participants showed an average of 92 percent on awareness posttests thus far during the 2009-10 school year, and high school/college participants scored an average of 88 percent (our performance measure goal is 80 percent or above).

The problem gambling prevention website has changed domains during this period. Formerly [www.lanecounty.org/prevention/gambling](http://www.lanecounty.org/prevention/gambling), the new website is [www.preventionlane.org/gambling](http://www.preventionlane.org/gambling) and hosts videos and other interactive content. Our program continues to receive correspondences and requests from across the state and nation in response to the website. Our program continues to receive additional funding for the development, maintenance and hosting of the Oregon Problem Gambling Services website for prevention providers, [www.problemgamblingprevention.org](http://www.problemgamblingprevention.org).

**Community Engagement:** Prevention program staff currently work with five active community coalitions, HBHC, McKenzie, South Lane, Oakridge and Siuslaw, each working with staff to develop work plans specific for their community. All community coalitions are examining ways to address underage drinking and illegal drug use as this continues to be a concern in Lane County.

Siuslaw is in the beginning stages of 'Communities that Care,' an evidence-based prevention community mobilization process. In the past 6 months, outreach has been a major focus of the Coalition and wider community representation has resulted.

Oakridge, Cottage Grove and McKenzie communities are interested in environmental/policy changes to address underage drinking. McKenzie was very active in working with key leaders to support the Social Host Ordinance which was passed by the Board of County Commissioners February 2010. Cottage Grove is currently considering adopting a similar ordinance.

**Data:** The South Lane Substance Abuse Coalition has met monthly this period. Using the 'Communities That Care' prevention-planning model, prevention staff has worked to compile extensive data related to the risk factors in that community, and this data will be used to determine priorities for the coming year. This process has led to a data collection template which will be utilized in other communities.

**Prevention Outreach:** The prevention program most recently launched a new website, [www.preventionlane.org](http://www.preventionlane.org), which offers a host of new prevention resources and social networking for the communities in Lane County. The website also connects users to our new PreventionLane Facebook page ([www.facebook.com/preventionpage](http://www.facebook.com/preventionpage)), which has over 100 fans and continues to grow as a free media tool to connect those in our community with local prevention resources.

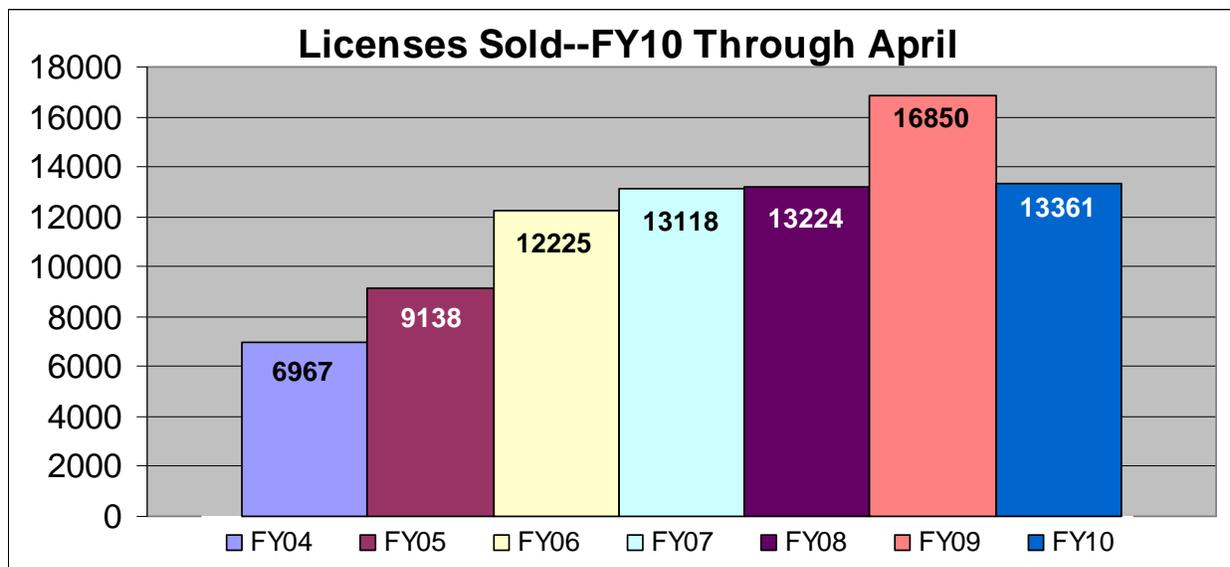
## II. ANIMAL SERVICES (Karen Gaffney, Assistant Department Director)

### 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 outcomes at LCAS continue to trend positive on the primary indicators.

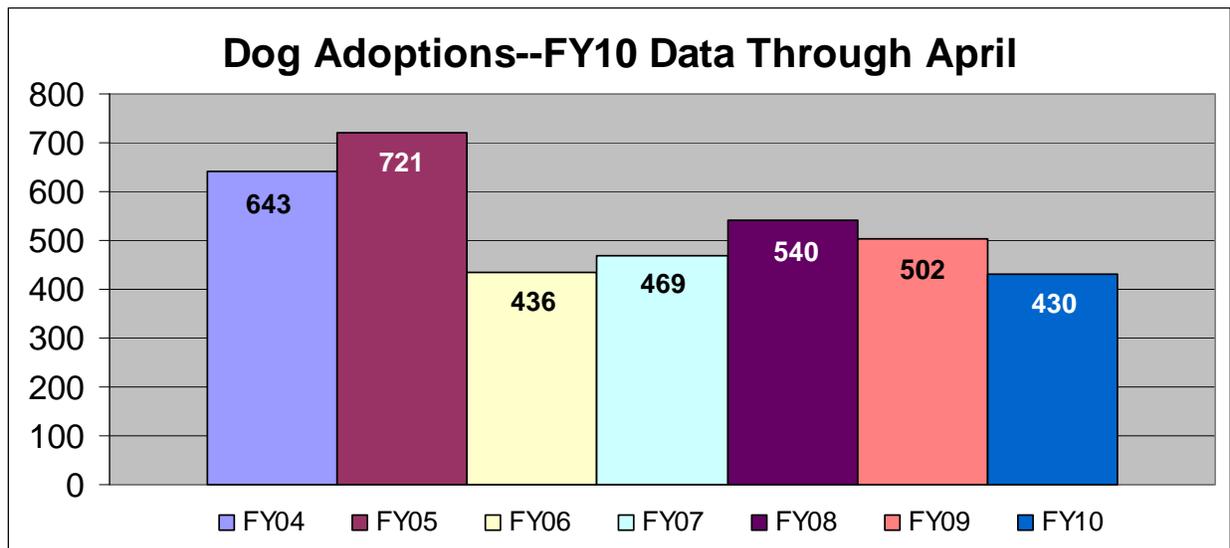
**License sales** were up significantly in FY09, and the chart below shows current sales through the end of April, showing sales are on pace to maintain the higher level. This is a key area not only because of revenue, but because any animal that is licensed can be returned home immediately without ever coming into the shelter. Increasing licensing compliance will allow us to decrease the number of dogs we impound in the future.



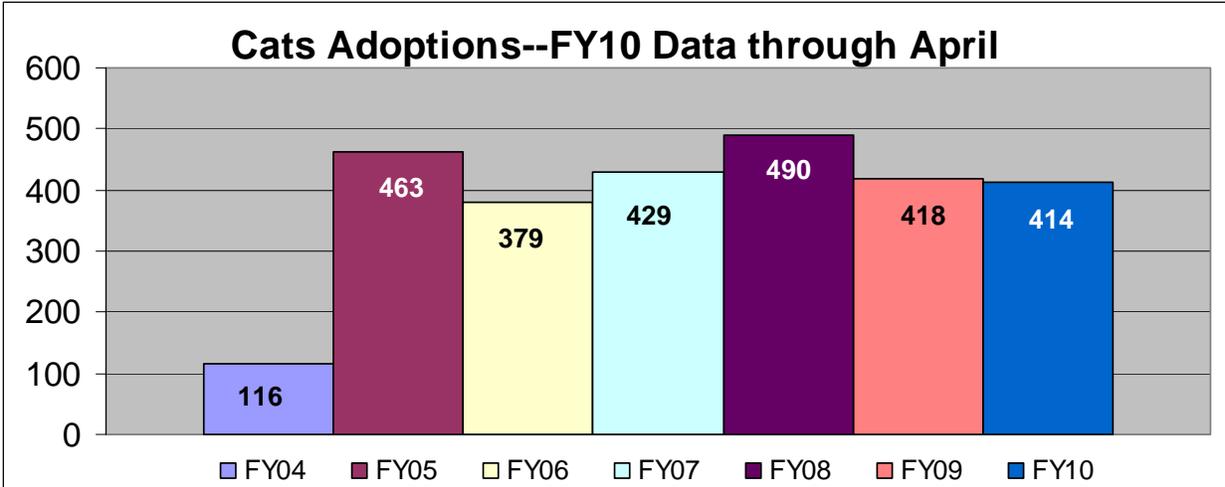
Increasing sales continues to be a priority for LCAS, and after review of results from the last two years, this summer efforts will focus on regular licensing clinics (with rabies and microchip options) stationed throughout the community instead of a door-to-door canvass.

**Strengthening adoption efforts** has also been a focus of attention the last six months. While the raw numbers of cats and dogs entering the shelter has decreased (a goal of our licensing and spay/neuter efforts), LCAS has been able to maintain and even increase the raw number of animals adopted from the shelter. This has been the key to increasing the live release rates from LCAS over the last several years. While the condition of the facility continues to be a barrier for some strategies, staff is using available resources to help animals in our care find permanent homes. During the last six months, those efforts have included work with staff and community members to redesign the information available to the public about our animals both inside the shelter and through the media. Specifically,

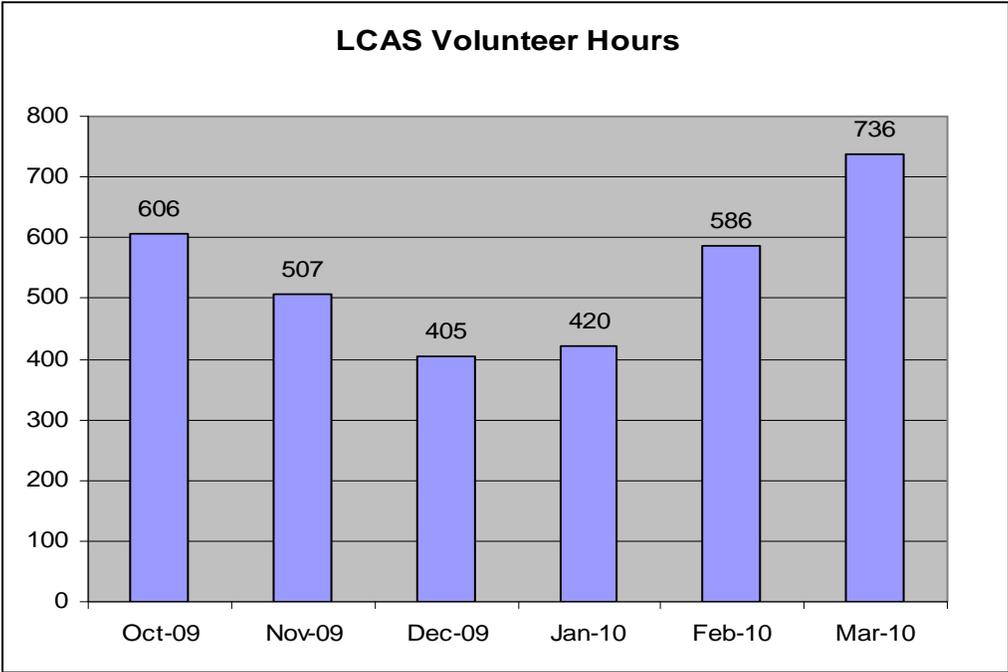
- Kennel cards now list more information about an animal's temperament and needs
- As soon as animals become the property of LCAS, staff develop adoption plans and descriptions to help find them homes quickly
- Animals available for adoption are listed on our website, and information and photos are also posted to [www.PetFinder.com](http://www.PetFinder.com), a national website for animal adoptions
- Volunteer photographers are regularly taking beautiful pictures of the animals to be used on the internet, in our sponsored Register Guard monthly ads, and in posters and flyers about the animals



By the end of April, cat adoptions had already equaled the total for last year, so should be significantly up by year end. Much of this effort can be attributed to the addition of the Cat Program at LCAS last year, where members of the community who found cats were engaged in helping to provide them care for two weeks prior to impounding them into the cattery. During this two week period, LCAS provides a medical examination and vaccinations, so when the cats come into the cattery they are healthier and ready for adoption. This has significantly improved the health of the cattery and has helped us find homes for more cats.



**Effective use of volunteers** remains a key to implementing and sustaining new programs at LCAS. During the last six months, volunteers have logged a total of 3,396 hours at LCAS, in addition to the tremendous number of hours given by people in the community who provide foster homes for animals in our care. Boosting this cadre of volunteers continues to be a priority at LCAS, helping as dog walkers, cat cuddlers, yard and facility improvers, office support, Tweeters, and in many other ways.



**Preparing to respond to animals in the event of a disaster** has also been a priority during the last six months. In January the core team that has been working on this effort (LCAS, Public Health, Greenhill Humane Society, and Lane County Veterinary Medical Association) launched the Animals in Disaster Response Team. This will be the cadre of trained volunteers who are able to respond in the event of a disaster to staff companion

animal shelters, livestock shelters, and/or specialized animal search and rescue. About 100 people attended the Eugene community meeting, and another 40 attended a similar meeting in Florence held in March. Applications are currently available on the website, and the first regular volunteer training was held on May 1<sup>st</sup>.

Also during this period, the Lane County Veterinary Medical Association voted to purchase and donate an emergency response trailer to be available for public education events and to respond in the event that shelters need to be established. The member veterinary clinics are now sponsoring an Equip the Trailer Fundraiser, with the goal being to provide all the necessary equipment for the trailer to be able to respond and set up needed shelters. While this fundraising effort is happening, efforts continue to refine the plan and prepare for table top and other exercises of the response plan. The County Emergency Manager facilitated a partners meeting with various members of the emergency response system to provide feedback about the plan and continue the discussions of how the community could work together in the event of a disaster.

***The need for a new facility for LCAS and the City of Eugene contract*** was the subject of significant discussions during the last five months. At the request of the Board, staff presented to the Joint Elected Officials about the need for a new facility, and staff from Lane County, Eugene, and Springfield developed a series of options for consideration. The jurisdictions agreed that the current facility has outlived its useful life, however there needs to be more discussion with the jurisdictions to gain agreement on next steps for how a new facility could be financed. These efforts are on hold until the completion of the budget process.

The Eugene City Manager proposed a \$200,000 reduction to Eugene's contract for animal services, which the Budget Committee reduced to a \$100,000 reduction—still a significant reduction in funding (14%). The final contract is not yet negotiated to determine the corresponding service reduction; however a reduction of that level will not be able to be absorbed without a reduction in services.

***Other significant highlights from the last six months include:***

- **Code Changes:** After months of work, a package of updates and improvements to Lane Code were adopted by the Board of Commissioners. This completes efforts under discussion since the 2003 Task Force Report, and hopefully sets the stage for work with the other jurisdictions to create more alignment between County and city codes.
- **Website Enhancements:** As part of the County's website redesign, the LCAS website has also rolled out several improvements. The LCAS webpage continues to be the most visited of the County web pages, helping bring constituents to the County site. The LCAS page now has a cleaner, easier to navigate look and includes a section of help for pet owners and a section highlighting animals with special needs.
- **Media Work:** LCAS continues to focus efforts on community engagement through both earned media and advertising. During this period there have

been significant stories on LCAS's work with challenged dogs as well as the importance of dog licensing, in addition to interviews on the Betty Snowden Show and radio shows. LCAS continues to appear regularly on KMTR's Pet of the Week to highlight specific animals for adoption. Additionally, LCAS continues to seek sponsors to cover the cost of monthly full page Register Guard ads on adoption, and worked with Eugene Area Radio Stations in January and February to run public service announcements about the importance of dog licensing. The television public service announcements developed in past years with KMTR continue to run as free PSAs on a variety of stations.

- **Bully Breed Spay/Neuter Vouchers:** LCAS is approaching the one year anniversary of creating this program to provide almost no-cost surgeries for pit bulls and other breeds that are likely to end up in a shelter and have a difficult time being adopted. This is a partnership with Greenhill Humane Society and Eugene Spay/Neuter Clinic who provide discounted surgeries, with LCAS providing a voucher to cover the bulk of that discounted cost. In addition to providing the voucher, staff works hard to follow-up to make sure the voucher is redeemed and help remove barriers to getting the surgeries done. As a result, estimates are that more than 1,000 unwanted puppies have been prevented this year—a figure that increases exponentially when calculating all the future unwanted litters that have also been prevented.

### **III. CLINICAL FINANCIAL SERVICES (Ronald Hjelm, Clinical Financial Officer)**

Clinical Financial Services provides financial services support to the Community Health Centers (CHC) and Behavioral Health Services (BHS) operating units. These services include ensuring that the patient information is collected and maintained to ensure accurate and timely insurance billing, processing insurance billing, and posting of payments for services provided in the operating units.

The CFS unit is an active participant in preparing and submitting grant proposals to local, State, and Federal agencies. The unit is also responsible for monitoring financial transactions related to grant funding to ensure regulatory compliance, and is responsible for compiling many of the required grant reports.

#### **Grants Filing**

The CFS program has overseen implemented a major grant program during the past six months:

- American Reinvestment and Recovery Act – Capital Improvement Program (CIP) Grant. Received award for \$716,480 over two years. This grant will provide the BHS programs with funding for the expansion of an electronic health record. Additionally the grant is providing funding for renovation of the CHC's new primary care site in the Charnelton Building.

## **Regulatory Reporting**

CFS staff is responsible for preparing and filing reports to State and Federal agencies to ensure the County remains in regulatory compliance for the receipt of these grant awards. The CHC has received four major grant awards totaling \$2,333,155 during this year. Each of these awards requires extensive quarterly and/or annual reports on financial and operational performance. During the past six months, the CFS program compiled the following grant reports:

- Quarterly ARRA Grant Reports filed for the Capital Improvement Grant (\$716,480) and the Increased Demand for Services (\$294,588) Grant. We have received \$699,130 of these funds through March 31<sup>st</sup>. To date the ARRA funding has enabled the CHC to retain/hire 10.09 FTEs. The ARRA funding has also enabled the CHC to provide 6,345 medical visits to 5,256 patients.

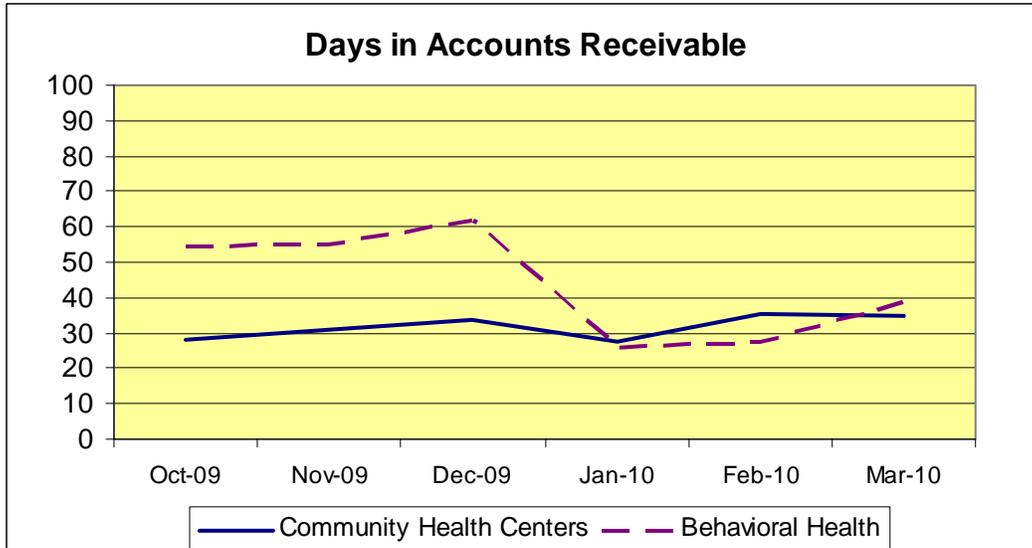
## **Days in Accounts Receivable (A/R)**

Days in A/R is derived by dividing the total dollar value in accounts receivable by the organization's average charges per day. Many organizations only look at the total dollar amount in accounts receivable, or in the accounts receivable aging. (That is, the total dollar amount of A/R that is 30 days past due, 60 days past due, etc.)

Days in A/R is a single measure that combines all of these other measures into a single indicator. For example, an organization with 45 days in A/R would take 45 days, on average, to collect payment for services from the day those services were provided. This measure reflects many aspects of how well the organization is functioning including:

- How accurately front office staff collect and enter payor information, and collect patient payments,
- How quickly and accurately medical and administrative staff collect and enter encounter data,
- How quickly and accurately the billing staff send out claims,
- How quickly payors process and pay claims,
- How quickly and accurately the billing staff post remits and,
- How accurately the billing staff "work" denials, and send out corrected claims.

A solid industry benchmark for days in A/R would be less than 45 days. The CHC has always out-performed the industry standard, and is routinely below 30 days. The mental health accounts receivable was quite high earlier in the year due to payment delays with key payors. We have made tremendous progress during the past six months in resolving payment issues for the mental health claims, and have met or exceeded the 45 day target for mental health receivables during each of the past three months.



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

**Charnelton Community Clinic** - Community Health Centers (CHC) opened Charnelton Community Clinic on February 16, 2010. The new health center has the capacity to serve an additional 8,750 new patients. We opened the doors with a full-time family physician, two nurse practitioners and a .80 FTE pediatrician. We continue to see steady growth at this site with 674 patient visits in April, 2010. Staff continues to promote the site and have distributed several thousand fliers to local partner agencies.

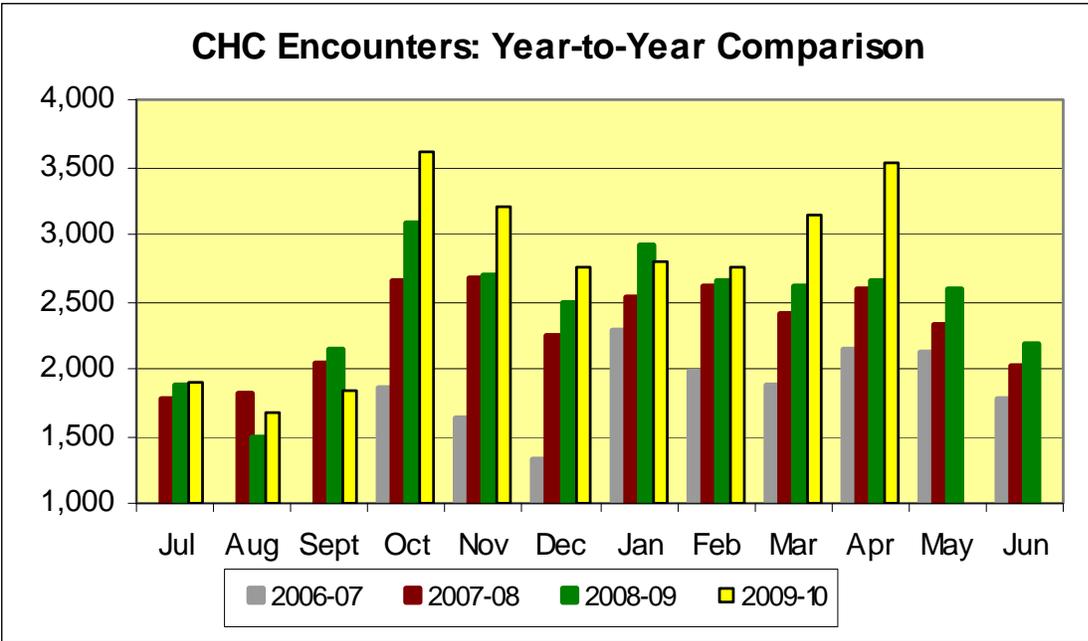
**Health Reform** - Health Reform authorizes \$9.5 billion to Community Health Centers across the United States over the next five years. The primary purpose of this funding is to increase capacity to serve 20 million new patients in the next five years. Key issues to Lane County include:

- **Base Grant Adjustments** – CHC of Lane County receives Health Resources and Services Administration (HRSA) base grant of \$1.2 million each year. Base grants remain the same year to year with minor cost of living adjustments as funding allows. We received two ARRA grants 2009-2011, based on a patient/encounter formula totaling \$1 million. We have been told that HRSA is considering using the same formula to increase base grants. We are in favor of the formula based increase.
- **Facility Investment Program** - This is the grant to fund the Olympic building renovation/remodel \$4.9 million. HRSA received over 600 applications and funded 85. Oregon received one award (Portland). We continue to hear that HRSA will make an announcement in August/September to fund projects with a score above 90%. We scored 92% on our grant application.

- Expanded Capacity - HRSA is scheduled to announce Expanded Capacity grant opportunities in late 2010 early 2011. These grants allow health centers to provide services in new areas or to add new services. We will begin planning for these new opportunities this summer. Early thoughts include adding small health centers in Cottage Grove/Florence and opening a dental clinic in Eugene/Springfield. We will proceed cautiously as we learn more about base grant adjustments and increased enrollment in Medicaid.
- National Health Service Corp – Health reform authorized \$1.5 billion over the next five years for this program. This is key in recruiting medical providers to community health centers. The program provides \$50,000 tax free to medical, dental, and mental health professionals making a two year commitment to work at a community health center. The loan repayment program can be extended up to seven years. We have recruited three medical providers who are taking advantage of this program.

**Prenatal Program** - CHC has been in discussion with PeaceHealth for a number of months regarding the transition of prenatal services to the CHC. Oregon Department of Human Services made available a CAWEM (Citizen/Alien Waived Emergency Medical) program to counties in October of 2009. Seven counties participated in the initial project, Benton, Clackamas, Deschutes, Hood River, Jackson, Lincoln, and Multnomah. These seven counties partnered with the state to provide Oregon Health Plan to pregnant women under this program. The counties pay the OHP premium cost for these women. In Lane County, the county contribution is estimated at \$72,000 per year. If the CHC takes over the prenatal program from PeaceHealth, all of the prenatal visits become eligible for the Prospective Payment System. Additionally, the children born to women in this program are eligible for Medicaid. The CHC has three physicians with prenatal care experience making this a relatively easy transition. We have also hired four pediatricians to care for the babies and children of these families. We hope to begin offering prenatal services in October 2010.

**Services** - We continue to uphold our mission of providing care to the uninsured. Year-to-date we have provided 10,911 self-pay encounters, which is 279 more self-pay encounters over the same period last year.



**Electronic Health Records** – CHC is developing a Request for Proposal to acquire an electronic health record system in 2011. Federal incentives become available to medical providers adopting electronic record systems in 2011. We are on track to take advantage of those incentives. Acquiring an electronic system will allow us to manage our patients more effectively and efficiently.

**V. DEVELOPMENTAL DISABILITIES SERVICES (Karuna Neustadt, Program Manager)**

Lane County Developmental Disabilities Services (LCDDS) 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 1799 individuals who meet state-mandated eligibility criteria. In addition to case management, LCDDS directly provides crisis services for children and adults and family support services. LCDDS also subcontracts with seventeen local agencies to provide residential, transportation and employment services for adults. LCDDS authorizes funding and collects licensing information for 122 foster homes for adults and 19 foster homes for children, as well as placements in 44 Child Welfare foster homes. LCDDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

**PROGRAM SERVICES**

Services provided by LCDDS 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. Historically, LCDDS staff and programming have been organized in three teams to meet these specialized needs: the children’s services

team, the comprehensive team and the support services team. With the completion of the brokerage rollout, the support services team has disbanded and been replaced by a brokerage liaison team. In addition to these three teams, LCDDS has a family support program, a crisis program and a quality assurance program. LCDDS 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**

The amount of children (from birth to 17 years old) receiving case management with developmental and intellectual disabilities, continues to grow in numbers and complexity. We receive referrals for children from many sources in Lane County including early childhood special education, primary care physicians, school districts, the state Child Welfare program, Department of Youth services, mental health agencies, and residential treatment programs. Due to the wide-ranging referral sources, the children's service coordinators are working with a wide array of children and their families. These children are eligible for DD Services due to being born with Down syndrome, cerebral palsy, autism spectrum disorders, chronic seizure disorders, complex genetic syndromes, fetal alcohol or drug effects, as well as intellectual disabilities. The Family Support program has become widely publicized by referring agencies, in particular Early Childhood CARES, therefore more families are contacting Lane County DD Services for case management/family support funding for their children with developmental disabilities.

An ongoing and significant change for Children's Services has been the addition of our first bilingual Spanish language DD Service Coordinator. Outreach to the Latino community has been a growing need in our community over the past 10 years and we are now able to offer culturally competent access to the Spanish speaking children and families in Lane County. Twenty initial families were transferred to this service coordinator's caseload, whose caseload also includes children in all areas of the DD children's system: intake, eligibility, in home support, family support, foster care, and residential programs. This is a great development for the children's team and the community we serve, and will allow LCDDS to more effectively service this community.

Our close partnership with DHS Child Welfare and mental health programs in Lane County has increased the number of children receiving services through LCDDS who have complex behavioral and mental health disorders that are challenging for our system serve. These children are diagnosed with disorders such as: reactive-attachment, post-traumatic stress, bi-polar disorder, and sexual offending, among others that complicate the support services LCDDS can provide to them and their families. It also has increased our need for a larger pool of foster care providers and respite care providers who have the skills to work with these challenging children and adolescents, both in and out of the family home.

With the support of the Cascade Regional Team and Lane County's children's crisis specialist, the children's team has been highly successful in finding therapeutic and supportive placements for children who need residential supports; however, there are few such resources in Lane County, and these resources are mostly located in the Portland metropolitan area. Development of local resources is an area that has been prioritized by the children's team for the Cascade regional team development specialist to pursue. The Cascade regional development specialist has been very helpful in attempting to address this need through discussions with provider agencies about increasing their capacity to serve more children in proctor care in Lane County, specialized foster care for children with complex behavioral and developmental issues. At this time, we still have been unable to maximize this type of development due to SPD rules regarding the development of specialized foster/proctor care homes and group homes outside the metro area.

In the area of supports and services to children and their families in Lane County, LCDDS continues to have two ongoing areas of growth in Children's Services that have been very positive, though challenging to address. One has been the expansion of our local Family Support program which provides flexible funding to families to provide extra supports to their children in areas of respite care, community inclusion activities, and specialized equipment and in home support. We now have over 300 families who can potentially access this program which almost quadruples the amount of support LCDDS has been able to provide to children with developmental disabilities in our community from two years ago. Families have been grateful for this funding and it has been rewarding for staff to be able to provide proactive funding to more families than we have in the past.

The other ongoing area of growth has been in the area of High School Transition (HST) supports for adolescents and their families in DD services. By having two HST specialists, whose primary focus is supporting the individual and their families as they prepare for supports beyond their high school years, LCDDS is able to coordinate with community partners (schools, brokerages, vocational rehabilitation, social security, etc) as adolescents prepare to transition into DDS/Brokerage Services when they are 18 years old.

## **SERVICES TO ADULTS**

### ***Comprehensive Services***

Lane County Developmental Disabilities Services provides comprehensive services to 558 adults who live in group homes, foster care, supported and independent living programs, and who participate in vocational and community inclusion programs. Currently, the average comprehensive services caseload is 1:70, in contrast to the state caseload standard of 1:49.

The LCDDS foster home system in Lane County currently provides foster care for 277 adults and 58 children. There are 115 adult foster homes, and 16 children's foster

homes. Foster providers are increasingly asked to provide services for individuals who have complex support needs, and have a corresponding increased need for specific training and technical assistance.

Comprehensive case managers assure the completion of the annual Individual Service Plan (considered the Medicaid Plan of Care) as well as reviewing the Medicaid Title XIX waiver each year. The implementation of the Unicare Profiler Database has allowed LCDDS to more effectively capture and record TCMs (Targeted Case Management, the unit of billing in DD Services). Along with the children's team, comprehensive case managers are now able to establish and track baseline goals for these resulting in increased performance in this area. In addition, service coordinators continue to implement monthly monitoring visits to group homes and foster homes, resulting in an increase from 73% to 84% of our performance goal. 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 LCDDS quality assurance committee.

It is estimated that 30 to 40 new individuals will be added into the comprehensive service system in 2011, either through T-18 (turning 18 years old), individuals added through the Long Term Diversion Crisis system, or from out of county transfers which includes State Operated Community Program (SOCP) step-downs, prison exits and out of county crisis referrals.

### ***Brokerage Liaison Services***

As of July 1, 2009, the Support Services team officially disbanded. This was a result of the impending completion of the brokerage wait-list roll-out, which shifts most of the day-to-day responsibility for DD individuals from LCDDS to the two Lane county brokerages, Full Access, and Mentor Oregon. An approximate total of 755 individuals with developmental disabilities will have been rolled out to the brokerages when it is completed.

Support services staff was reassigned to other program areas. Two of those LCDDS positions were designated by the state to work as Systems Improvement Coordinators with local brokerages in Lane County. One coordinator was designated for each brokerage, Full Access (serving 450 individuals) and Mentor Oregon Mid-Valley Brokerage (currently serving 302 individuals and growing). The Systems Improvement Coordinator positions, which are continuing to evolve, currently include the following 5 functions.

1. Focus on systems and communication between support services brokerages and LCDDS. This includes but is not limited to customer referrals, wait-list issues, community and home based waiver issues, grievances and complaints, crisis management, protective services and emergency preparedness

2. Focus on strategic opportunities to enhance system performance in the community, including but not limited to provider capacity, staff training and enhancing relationships with community partners
3. Quality assurance and improvement
4. Technical assistance with brokerage staff regarding individuals in pre-crisis situations
5. Participation in state level activities as prescribed

The two systems improvement coordinators also meet with individuals found newly eligible for DD Services. People must be found eligible for DD Services before being referred to a local brokerage. During 2009, the average has been 4-5 new people referred through intake per month. If they are unable to be referred immediately to a brokerage due to capacity issues, the systems improvement coordinators maintain those individuals in a wait-list capacity, including development of annual plans, information and referral, and referral to other parts of the LCDDS system as necessary, such as protective services and/or comprehensive services.

### **Cascade Region**

LCDDS 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.

Cascade Region, along with the other four regions statewide, is redefining its role. Last year, the state ReBAR (Restructuring Budgets and Rates) Unit, has assumed primary responsibility for the determination of service rates for group homes and adult foster care. It is planned that they will also determine vocational rates in the near future, also. Since these areas have historically been the purview of Cascade Region and the other regions, the five statewide regions are currently discussing with Seniors and People with Disabilities (SPD) future regional roles. Cascade Region has identified our role as being more proactive in preventing a crisis that would result in an out-of-home placement or multiple moves within the comprehensive system. One strategy to achieve this is by supporting the two regional diversion specialists in becoming certified as OIS

(Oregon Intervention Systems) trainers, allowing them to provide bi-monthly free training to foster providers and families in the OIS system. OIS provides a proactive and focused response system for those working and interacting with individuals with highly reactive behavioral issues. Learning these approaches to behaviors will help to maintain health and safety for individuals with developmental disabilities. The Region has also developed a comprehensive listing of behavior specialists that can go into a family home or foster home to identify areas that would better support a person, such as safety plans to maintain the person in their current living situation. Acting in a clearinghouse capacity, the Region has this year identified numerous situations where these supports have been able to help a person maintain their current placement either in a foster home or their family home.

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, providing direction to the development specialist.

### ***Regional Development***

The Cascade Region has utilized the development specialist position in all four counties to work with providers to increase capacity, resources, and provide client-requested services. Currently "hard" capacity projects in Lane County include development of children's foster care, group homes for individuals with significantly challenging support needs, and enhanced supports through agencies for individuals living on their own. Initial planning for a development project has also begun with the end goal of building a new model of support that assists young adults transitioning from children's residential services into adult residential services. This new model will teach these young adults self-sufficiency skills, preparing them for the most independent future they are able to self-manage.

An example of a "soft" capacity development project is the Lane DD Training Cooperative, which was created and launched in March, and which is responding to the need by providers to provide ongoing targeted training to their staff. The goals are twofold: to expand skills of individuals working with the individuals they already serve, and also to simultaneously increase provider confidence in working with additional individuals, and in that way to increase capacity. The goal is to share the efforts and expense of trainings by rotating responsibilities to host trainings among the residential, vocational, county, regional, and brokerage community partners. These trainings have been made available to all local stakeholders including hosting agencies, foster providers, families, caregivers, self-advocates, and other support personnel across the

county. It is planned to use video conferencing, so that the training co-op can function throughout the region.

With special attention to the most vulnerable clients in services, foster providers across the region also received training in disaster/emergency preparedness. In addition, the Development Specialist continues to work with the foster licensors/certifiers and foster providers to address issues that have prevented them from serving more of our clients by providing training or bringing in supports to the home.

### **Quality Assurance**

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

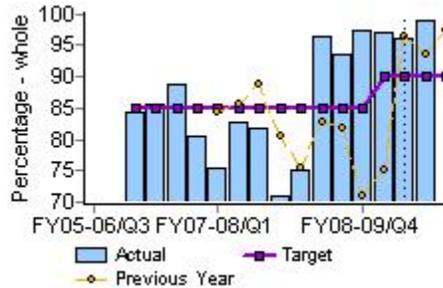
Performance outcomes and accountability measures are featured for each area, including specific percentage targets for each quality measure. In addition, the LCDDS Quality Assurance Committee of stakeholders meets quarterly to review the QA Plan and quality assurance activities. This includes providing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

For performance measures, data is collected and tracked on established performance measures in the areas of case management services, contracted services, and quality assurance. Monitoring is a core function and responsibility of LCDDS Quality Assurance Program. Oregon statute requires monitoring and evaluation systems for programs to assure that individuals are protected from harm (health and safety), that their rights as individuals and citizens are protected, and that services are provided through activities that support self-determination and full inclusion.

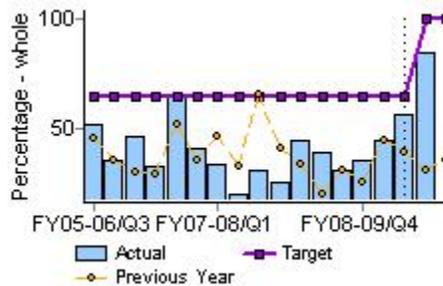
Two monitoring systems featured in this report are the SERT system (Serious Event Review Team) and site monitoring visits to group homes and foster homes. Both of these systems are designed to monitor the health and safety of individuals with developmental disabilities who live in the community in group homes or foster homes.

The Serious Event Review Team meets monthly to review serious events such as ER visits, hospitalizations, police, fire or ambulance calls, involving individuals who live in group homes or foster homes. Follow-up actions are reviewed, documented, and

tracked on a statewide data system, with timelines established by the state. Below is a graph showing our quarterly performance meeting the state timelines for SERT reviews. As you can see, outcomes have improved over the past couple years, and are now in the mid-high 90 percentile range.



Monitoring visits to group homes and foster homes provides another way to assure the health and safety of individuals living in group homes and foster homes. The state requires that homes with 1-2 residents receive quarterly monitoring visits, and that homes with three or more residents receive ten visits each year. The graph below shows our quarterly performance in this area. Historically, due to the high number of homes we have, and the limited staff resources, our performance was low in previous years, but has steadily increased over the past year, and will continue to increase to meet our current target of 100%.



### **Emerging Issues in Developmental Disabilities**

- **Current Fiscal Issues** – SPD is facing difficulties in the current biennium and in the FY11-13 biennium. Problems in the current biennium are in children’s long term care, vocational, and rent subsidies. SPD is looking at rebalances and management actions to manage these problems, which look as though the main effect will be to limit client service plan costs.

In order to more accurately project costs for the FY11-13 biennium, SPD is building continuous service levels using current costs per case and levels of service. All state agencies have been asked to percent budgets with three levels of cuts, from 10-30%.

- **Outreach to the Latino community** - This year, LCDDS added a new bilingual case manager position. Proactive outreach is one of the main goals for this position, to make contact with Latino families with children with developmental disabilities, who may not have yet accessed services through LCDDS. Contact with diversity specialists in the public schools, as well as with other community organizations, are providing avenues of communications with these families. Currently, this case manager carries 25 Latino families on her caseload, in addition to the rest of her caseload. That represents a full 20% increase in Latino families receiving services from LCDDS, since the inception of the position earlier this year.
- **Adult Abuse Investigations** – With the passage of HB 2442 earlier this year, the State of Oregon significantly expanded the definitions for abuse of an adult with developmental disabilities. Specifically, the new statute has implemented or expanded abuse definitions for individuals not in Medicaid waived services. These are adults who either live independently or with family members. Previously, the developmental disabilities system only investigated abuse allegations that involved individuals who were receiving waived services through developmental disability case management program. With the new law, abandonment, financial exploitation, neglect, restraint/restriction, sexual and verbal abuse definitions are either entirely new or greatly expanded for this population of very vulnerable adults. Such protections are long overdue; but the impact on adult abuse investigations is proving to be dramatic.

These sweeping changes have a significant effect on the LCSSD adult abuse investigation team. After the first quarter of 2010 the team is facing a projected increase of 60+% more Investigations for this year. In 2007-2009, we already saw an increase in total completed investigations from 26 in 2007 to 63 per year. In 2010 we are now projecting a total of between 100 – 120 Investigations by year's end. The abuse Investigations team has struggled to keep up with this volume and LCDDS has needed to shift an additional 1.5 FTE to the Abuse Investigations Team, in addition to the 1.5 FTE provided in our state staffing allocation. This doubles the FTE allotted to LCDDS in our State contract, diverting FTE from other case management programs; but is necessary to assure that investigations and protective services for abused adults are thorough, timely, and successful.

- **Development Issues** – Cascade Region's development specialist has worked in several development areas with all four counties to work with providers to increase capacity and provide client requested services. Currently, "hard development" projects have included developing group homes and foster homes in response to specific client needs. Development of a children's group home or proctor home has been delayed, due to the inability to add additional "slots" into the children's residential system, and by OARs specifying monitoring functions as SPD's. In order to respond to the need to develop more local children's resources, development is focusing on specialized recruitment of and technical assistance for children's foster providers in Lane County.

“Soft” development projects, which can expand current capacity limits, have focused on the areas of training and technical assistance. One such project initiated by the regional development specialist, is the Lane County training cooperative, which is a shared membership organization including group homes, vocational providers, and foster care providers. The training co-op has already presented two trainings since its inception three months ago, and has trained a total of 122 participants. The region also presented two emergency preparedness training sessions for foster care providers, a total of 83 participants.

In addition, the Development specialist continues to work with the foster license/certifiers and foster providers to provide technical assistance in addressing issues that have prevented them to serve more of our clients by providing training or bringing in supports to the home. Technical assistance is more individualized and in-depth than general trainings, and often focuses on expanding providers’ skills in working with specific behavioral or medical issues. The goal is to provide increased capacity for the crisis and crisis-diversion systems in serving individuals with complex needs, including autism, criminal backgrounds, mental health issues, mild and moderate intellectual disabilities, serious medical conditions, and/or difficult behaviors, and therefore complex, needs. To date, eight foster care providers have received technical assistance.

- **Sex Offenders** - One fast-growing client population is comprised of individuals with developmental disabilities and sex offending behaviors. Though the individuals served by LCDDS are individuals with developmental disabilities who have sex offending behaviors, 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. LCDDS has been meeting regularly for several years with other programs that serve DD sex offenders, such as law enforcement and the justice system, in order to develop a more complete picture of the issues involved, and to develop interagency strategies.

Currently, LCDDS is working with a residential provider, who is developing a new group home that will serve DD sex offenders, and who expects to open its doors to three individuals, by January, 2011.

- **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 typical turnover rates of roughly 65%, though the downturn in the economy has lessened this somewhat. Recruitment and retention issues within our infrastructure are having a direct impact on our ability to provide adequate resources for the needs being presented. Federal Medicaid rules make portability of funding for services across programs such as DD and mental health challenging, if not impossible.

The implementation of the new ReBAR (Restructuring Budgets and Rates) system, which began in 2009, is expected to be completed at the end of 2010. ReBAR, which is based on the SIS assessment tool, structures service rates into six tiers, based on an individual's needs, and adjusted by the size of the setting in which they reside. The goal is to provide accurate assessment of individuals' needs, and consistency across the state system. Because the system pays relatively more for an individual in a setting with fewer residents, there has been some loss of capacity as providers have restructured themselves down to maximize payments in the new system. Though there has been some small loss of capacity, all changes are done with the approval of LCDDS, and with the intention to provide quieter, less chaotic residential situations.

After the completion of ReBAR in group homes, the next focus will be on vocational settings.

- **Behavioral Issues** - The LCDDS service delivery system continues to struggle with a population of young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/Asperger's syndrome, alcohol/ drug abuse, are increasing in eligibility criteria of children and many young adults, leading to increased incidents of serious criminal behavior. From that group, seems to be comprised of a greater number of individuals who are potentially extremely dangerous to themselves and others. Our need to protect them from confrontations with law enforcement, who don't always understand disability-related behaviors, is a growing consideration in our assurance of health and safety for these adults.
- **State-Operated Community Programs (SOCP)** - Access to state operated facilities for adults also faces capacity challenges. The crisis delivery system strives to work collaboratively and creatively with county and state partners to meet the needs of individuals needing services despite our funding and resource limitations.

## **VI. FAMILY MEDIATION PROGRAM (Donna Austin, Program Manager)**

During the last six months, the Family Mediation Program completed a total of 170 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 510 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.

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

### **One Night Homeless Count**

On January 27, 2010 the Human Services Commission, Lane County's anti-poverty program, along with its community partners, counted 3,971 homeless people. These include homeless community members on the streets, under bridges, in parks, at food pantries, day access centers, churches, emergency shelters, transitional housing and other locations.

More than 100 staff and volunteers from 23 agencies (including 92 programs) led the most comprehensive One Night Homeless Count (ONHC) to date. Unique to the 2010 Count was the inclusion of homeless liaisons who counted homeless students and their families in both the metropolitan and rural school districts. Their participation added 919 individuals to the count. In addition, increased participation from the Food for Lane County pantries added to rural area numbers.

#### **One Night Homeless Count Highlights:**

- 607 homeless families
- 1,215 chronically homeless individuals
- 317 homeless veterans
- 2,541 unsheltered people

Innovative local efforts to change conditions for people who are homeless include the Egan Warming Center and Project Homeless Connect. These projects demonstrate the community's ability to have a positive impact on homeless people's lives. The Egan Warming Center, with the aid of more than 400 volunteers, provided 1,551 shelter beds at five faith-based sites this winter season.

The one-night count takes place across the state of Oregon each January. It provides a snapshot of the problem of homelessness to help policymakers target resources to the areas of the state experiencing the greatest need.

One-night counts are required by the Department of Housing and Urban Development which provides funding for housing and services to single adults, families and youth who are homeless in Lane County.

## **Veteran's Services**

Wait times for Veteran's Services appointments at the end of April were 15 days to get an appointment. At the time of this report we are now at 22 days.

Last May, 2700 members of the 41st Brigade Combat Team (BCT) of the Oregon National Guard deployed to Iraq. Approximately 400 of them left from Lane County. In April they returned home. Upon their return, they "may find themselves embroiled in marital crises, employment crises, mortgage crises or homelessness, dealing with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and/or Military Sexual Trauma (MST) and may turn to self-medication. The possibility of interaction with law enforcement increases with these stressors." (Oregon Partners in Crisis, "Veterans at Risk Statistics")

The Veterans Administration and the Lane County Veterans Services Office are working hard to ensure veterans receive the services and benefits they need and have earned. While counseling and other help is available from the Veterans Administration (VA) for the service members once they leave active duty, the demand upon the VA may exceed their ability to provide a timely response. There are few governmental resources available for spouses or families that will be confronting the issues along with the returned warrior.

We learned that they were eager to get back to their home communities but did not want to be met with a big celebration. Rather, they appreciated a low-key arrival that included welcome home greetings from community members, respect for the services they provided to their country and a listening ear but not pressure to talk. They said that a request for information about what it was like to be in battle was not helpful to them. Neither were attempts to engage them in a debate about national foreign policy or politics.

Among other needs of our returning service members include employment. A survey taken by the Oregon National Guard of the deployed 41st BCT members found that 51 percent of them will be unemployed once they return home. The state Employment Division in partnership with the ONG has developed a program to help veterans with job skills and the Division is working to identify employers who may provide jobs. In some instances, they have found a concern from the employer that PTSD and other trauma issues would interfere with the veterans' ability to work. This stigma puts a barrier before the veteran at a time when supports and meaningful employment are needed. These returning veterans have learned to follow instructions, to work as a team member, to deliver their service under conditions of extreme stress and to follow through to job completion. All of these qualities they will bring into positions of employment. Many of our community leaders are veterans whose experience helped them develop skills that translated into meaningful work benefitting their communities.

While the challenges facing returning military may be significant, history has shown that 80 percent of them successfully make the transition into civilian life. It is hoped that our communities will become educated about the supports needed and the part each citizen

can play that will increase that percentage of successful reintegration and make the transition smoother for all of our citizens and families.

After two or three deployments, many of them understand the VA claims process and we've been seeing many of them as clients already. Many of the claims we're filing are to re-evaluate currently service connected conditions, or to add new conditions to existing claims. However, we've been surprised with how many are filing original claims, even though this isn't their first deployment. It appears that the health conditions which they thought they could either deal with on their own, or that weren't a big deal, are now becoming issues that they would like help with. While seeking help is certainly a good thing, we are concerned that it reflects the severity of the conditions after multiple deployments.

### **Poverty Awareness Month**

Members of the Human Services Commission of Lane County (HSC) and the Community Action Advisory Committee will present information to the Lane County Board of Commissioners regarding Poverty Awareness in Lane County. 11:30 a.m., Tuesday, May 18 Board of Commissioners Conference Room, 125 E. Eighth Ave., Eugene. Media are encouraged to attend. Speakers will be available for interviews following the presentation.

In honor of National Community Action Month – a commemoration held in May to highlight the anti-poverty work of Community Action Agencies across the country – the Lane County Board of Commissioners will take action on a proclamation in recognition of our community's commitment to partnerships in poverty solutions.

Since its inception in 1972, HSC and its nonprofit partners have led the way in developing innovative programs to meet the needs of Lane County's communities. HSC works collaboratively across the county, in rural towns and on city streets to help individuals help themselves. During these difficult economic times, partnerships have been the key for HSC to keep helping low-income individuals weather the storm.

During fiscal year 2009, the HSC (Lane County's Community Action Agency) with the help of its nonprofit partners, assisted 63,509 individuals in 50,911 households to achieve stability, improve their health, gain greater independence and establish a higher quality of life.

"In the first four months of 2010, the data show a 71 percent increase in the demand for services from 2009," said Lisë Stuart, HSC Management Analyst. "Individuals and families are seeking assistance at partner agencies for housing, basic needs such as utility assistance, laundry and food."

### **Human Services Plan**

The Human Service Plan for Lane County is intended to be a 10-year policy guide for Human Services Commission (HSC) and the local jurisdictions through 2020. In

September 2008, the Human Services Commission approved the development of a human services plan to guide service priorities based on research data, a community survey, community forums, consumer focus groups and stakeholder input. It has been over a decade since the Human Services Commission adopted its current funding priorities.

In the last decade Lane County has undergone significant change both in demographics and service delivery needs. Policy and investment scenarios have been reviewed by staff, an advisory committee with expertise in the human service field, and the human services provider network.

The human service priorities in the plan are based on the changing needs of county residents, and note the fluid state of the economy, the growing diversity, the aging population, and increasing capacity to collaborate within the service providing community.

The HSC's policies help define how the City of Eugene and Springfield and Lane County responds to local needs. They determine the types and level of programs and funding provided to community based organizations and to residents, the service delivery methodologies employed to ensure efficient and effective services, who should be served and the collaborative nature of service provision.

Implementation of the recommendations found in the plan prioritize the need for additional evidence based prevention programs for the long-range that reduce risk factors that start people down the road towards problems, particularly children, youth and families, and to build protective factors that may mitigate those risks. While continuing to care for basic needs for seniors, veterans, disabled and others for whom immediate intervention, treatment and support are needed.

These risk factors if untreated are known to cause many social problems, such as child abuse and neglect, drug and alcohol misuse, school failure, teenage pregnancy, and chronic homelessness and unemployment.

Research shows that certain preventable conditions and experiences may have an influence on future problems. If children have cognitive problems and have lacked warm, nurturing care in their early years, they are more susceptible to risky behavior, including criminal activity.

### **VIII. 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 2010, LaneCare has continued the successful partnership with consumers, contractors and system partners. The average monthly membership has increased from 37,000 to 40,000 OHP members. This has resulted in an increase in capitation payments. Due to the economic downturn enrollment in OHP increased beyond projections and membership and capitation increased beyond projections. LaneCare expects this trend to continue for a couple more years.

In addition, in 2010 OHP enrollment will increase significantly as OHP Standard membership increase statewide (3,000-4,000 more members in Lane County) and as children are enrolled in the federal health care expansion (7,000-8,000 more members in Lane County). LaneCare could see enrollment increase to over 50,000 people within the next two years.

In 2009 LaneCare determined that it would not use all of capitation received in paying for claims. LaneCare implemented a risk share return distribution with our contractors to provide additional economic support to our local mental health system. This means that we allocated and distributed unspent funds across all contracted providers.

LaneCare implemented an across the board 10% rate increase for all reimbursement rates in 2009.

In 2010 LaneCare determined that a risk share return distribution was no longer the preferred approach to sharing risk with providers. The more typical approach is through a withhold. In 2010 LaneCare implemented a 25% rate increase for most outpatient services and implemented a 20% withhold. This means that if our 2009 payment rate was \$100, we increased the rate 25% to \$125. At the same time we reduced the payment through the withhold by 20% (\$25) to \$100 so the effective reimbursement has remained the same. At the end of the year we will determine what percentage of the withhold remains in the withhold pool and we return to contractors a withhold.

LaneCare still maintains the highest utilization and penetration rates 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. The most recent report documents that LaneCare serves 10% of our membership while the state average is about 6%. We also provide significantly more services per "standard healthcare dollar" than other areas of the State.

Demand for mental health treatment continues to be high, particularly for psychiatric services. As more members are enrolled in LaneCare the provider panel must expand in order to have sufficient capacity. We completed a contracting process in 2009 that has resulted in a robust LaneCare provider panel for 2010.

LaneCare is continuing efforts to move the system toward evidence-based practices and has sponsored several trainings to help providers develop new skills. LaneCare has

contracted with a well known trainer to offer a 9-month Cognitive Behavioral Therapy training with ongoing technical supervision and support. This training was initiated in September 2009 and is drawing to a conclusion this summer.

LaneCare has established a committee to review prevention and treatment services for children under the age of 5 and is requested recommendations by the end of 2009. There is a recommendation for LaneCare to invest up to \$100,000 in a project but a clear project has not yet emerged from this committee.

LaneCare convened a Transition Age Youth planning committee that met for a couple of years and developed a project recommendation that has resulted in an RFP for mental health services and supports for young adults 14-25. A provider will be selected by June, 2010.

LaneCare is recognized by the State as being a high performing MHO. The Department of Human Services (DHS) appreciates the cooperative working relationship that LaneCare has with the regional DHS program and in particular, child welfare services. We have had teams from different communities observe our meetings and consider adopting our local practices. The LaneCare Manager participated on several State committees addressing mental health and DHS integration and service development issues. These committees include:

- Health care integration
- Wraparound Implementation
- Mental Health Assessments of kids in Foster Care
- Kids in Foster Care and psychotropic medications

LaneCare has developed and funded a mental health consultant position that works with nursing homes, foster care providers, seniors, and staff at Senior and Disabled services to better integrate and coordinate mental health assessments, supports and interventions. After 10 months, this position is providing stabilization supports and behavioral interventions for seniors with behavior challenges.

LaneCare submitted an application to be a participant in the wraparound pilot project and was not selected. A lot of community effort was put into the proposal.

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

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

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

individuals and families and the demand for all governmentally supported services increases.

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

**Solution:** The LaneCare Manager is involved in tracking these issues and is on many committees addressing healthcare reform. LaneCare has an excellent relationship with LIPA, the fully capitated health plan in Lane County. LaneCare is involved in discussion of expanding the FQHC as a resource in Lane County, especially integrating mental health services. LaneCare and LIPA are coordinating several shared performance improvement activities. The LaneCare Manager has been invited to participate in a local planning committee to consider developing a regional Accountable Care Organization.

**Concern:** The State Extended Care Management System is in extreme disarray. This affects clients, providers, and family members. The State has asked communities to help manage this system.

**Solution:** LaneCare will begin in September 2010 to manage access to and utilization of these resources. Additional funding will be added to the LaneCare budget to serve up to 30 additional clients in intensive community service and support environments. Over the next several years additional responsibilities and funds will be transferred to MHOs.

## **IX. MENTAL HEALTH SERVICES (Behavioral Health) (Al Levine, Program Manager)**

This next year will be a challenging year for Behavioral Health Services as we struggle to maintain staffing and services despite the threat of significant funding reductions. Much effort will be placed on the implementation of Phase II of the electronic medical records and practice management system. Phase II focuses on clinical orders and assessment and treatment planning and will occupy a large amount of staff time.

In addition, we will be continuing to implement and expand integrated mental health, addictions and primary care services under the Federally Qualified Health Center (FQHC) umbrella. Mechanisms for improving care coordination are already underway, and there is discussion about Lane County becoming a pilot for the State's interest in developing models of integrated care. We are developing our integrated care models, and we are seeing good progress in the integration of primary care at the Mental Health site. In the next few months we will be recruiting for and developing the model for a full Behavioral Health component to be co-located at the new RiverStone Clinic location on Olympic Street in Springfield. This will include a psychiatrist, a Mental Health specialist and a Mental Health Nurse that will be providing a full range of mental health services to meet the mental health needs of RiverStone's enrolled primary care patients. In this

regard we have already begun providing on site psychiatric evaluations and consultations for the RiverStone patients. The next phase of integration will be to bring addictions treatment under the Community Health Center umbrella. Discussions are underway to include the Methadone Treatment Program into the CHC when it moves to the Charnelton Place site later this summer. Access to primary health care for methadone clients will be a wonderful step toward achieving healthy outcomes, and the fiscal benefits of being eligible for the higher Medicaid reimbursements will help to stabilize and perhaps allow the program to grow to meet the high demand for this service.

An additional emphasis will be placed on improving staff productivity in terms of providing face to face clinical services that are eligible for the FQHC Wrap payments. It is these payments that will enable the LCBHS programs to be fiscally viable going forward if we can assist staff in meeting their productivity targets. At present, this focus is showing very positive results, and may serve to stabilize these programs so they can be self sustaining and less subject to the whims of public funding.

## **OUTPATIENT MENTAL HEALTH CLINIC**

***Adult Outpatient Services:*** The Adult outpatient clinic continues to serve large numbers of clients. We are currently serving 1,120 Lane County citizens. Access and enrollment data continue to suggest that increasing numbers of uninsured Lane County citizens are seeking services through County programs. We have been unable to increase access due to serious staffing constraints, and have stopped all admissions, except for those citizens coming out of inpatient psychiatric care, or for those that are at imminent risk for requiring care. In this past year, we have lost four FTE Mental Health Specialists. Due to budget shortfalls, we have only been able to fill two of these positions. This has placed a significant burden on the remaining staff.

The State of Oregon has just released new administrative rules they are calling “Integrated Services and Supports Rule” (ISSRs). The supervisory and lead staff has been trained on them and we are working with LaneCare to develop an implementation plan to roll these out to the staff and clients. These new rules demonstrate a paradigm shift in the framing and delivery of mental health services towards a model that emphasizes resiliency, recovery, and active client participation in treatment planning. The State has also completed its administrative site review and has found us in substantial compliance with applicable Oregon Administrative Rules. There were a few recommendations and corrective actions.

We have partially implemented our new Electronic Health Record, LC Cares. Phase two, which are the clinical assessments and treatment plans, of implementation is underway with other Behavioral Health programs. However, roll-out of this phase for Adult Outpatient programs has been postponed until the implementation of the new ISSRs is complete.

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

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

The Methadone Treatment Program is currently serving 105 individuals including two pregnant patients, and two HIV+ patients. There are currently thirty individuals on the waiting list.

The Methadone Treatment Program has been made financially stable in recent months, but looks to be going into the new fiscal year in deficit. While we have stabilized the Office Assistant position, the continued lack of an additional Mental Health Specialist position has continues to require the remaining two mental health specialists to serve more patients than is considered best practice. In terms of risk management, we remain concerned about staffing in the event that one of the MHS is unable to work for any extended timeframe. We have also lost one of our contracted nurses, leaving only one nurse to cover all dispensing hours.

In spite of these negative impacts, the methadone program continues to provide high quality services to their clients. The staff is comprised of committed professionals that have a high investment in the mission of the program and the clients they serve. This commitment to excellence is also exemplified by their on-going commitment to providing community education to other programs about methadone treatment. The counselors make regular presentations to community partners and stakeholders, and have several scheduled in the coming months. They continue attempts to offset the loss in general fund dollars by increasing billable contacts.

The program's continued lack of financial resources has created an unfortunate situation for our community. The treatment needs for opioid dependence continues to far surpass our current staffing levels. It is estimated that 3000 county citizens are opiate dependent and are abusing their use of prescribed medication or are using heroin. One significant challenge for staff in the coming months will continue to be providing high-quality treatment in this resource-thin environment, serving only 100+ patients. It is estimated that the only other methadone program in this community is also serving around 100 patients. This leaves somewhere in the neighborhood of 27-2800 citizens without methadone as a treatment option. We are looking into bringing the methadone treatment program under the umbrella of the Federally Qualified Health Center upon our move to a new location later this year. If becoming part of the FQHC is an option, we will be able to hire back the lost counselor, and perhaps we'll be able to expand further.

The Methadone Treatment Program successfully completed their CARF review, and has been awarded a three year accreditation.

**Child and Adolescent Services:** The Child and Adolescent Program of LCBHS continues to provide rapid access and psychiatric care to Lane County children and families with acute and chronic, moderate to severe, complex psychiatric disorders.

The average monthly enrollment in outpatient community based services is 325 children and families. The average monthly enrollment in Intensive Child services is 20 children and families. From 07/01/09 – 04/30/10 the Child and Adolescent Program enrolled 155 children/families into clinic services. 19 of these 155 children enrolled in Intensive Services.

In addition to screening, comprehensive evaluation, psychiatric care/management and clinical case management we offer a wider array of evidenced based clinical services including Dialectical Behavior Therapy Groups for chronically suicidal high risk teens, Individual and Family Therapies, Child and Family Team meetings, Wraparound services, Expressive therapies (Art Therapy, Sand Tray Therapy, Play Therapy), Care Coordination, Multi-Family Group Therapy, Consultation Services and Circle of Security Interventions for high risk infants, toddlers, preschool children and their primary caregiver. 80% of all CAP encounters are wrap-eligible encounters (face to face) resulting in higher payments under the Community Health Center.

We have added Parent Orientation and Foster Parent Orientation groups to better inform families of the services and supports offered at LCBHS, including patient and provider rights and responsibilities. Since 1/1/09, 85 children's parents/foster parents/Legal Guardians have attend a Parent Orientation meeting. In addition we have added an evidence based practice Collaborative Problem Solving Parent Book Club, based on the work of Stuart Ablon and Ross Greene Treating the Explosive Child. To date we are running these 8 – 10 week parent groups on a quarterly basis.

The past 12 months LCBHS continues to customize, refine, train and implement new practice management software including an electronic medical records (EMR) system which over time will provide strategic reports/data to drive decision making in clinical practice and program management.

Based on preliminary data pulled from LC Cares aka 'Elsie' (our EMR) from 07/01/09 – 04/30/10 the child program screened via phone or clinic walk-in 225 Lane County children requesting LCBHS services. 10% of the screening calls required an emergent or urgent response (within 24-72 hour response time). We admitted 136 children into outpatient services and 19 children into intensive services (69%) The remaining 70 children were redirected to other community based mental health providers/programs, including private providers. As technical reports are designed, tested and approved we will gather additional information re: source of referral, primary mental health diagnoses, payer mix (OHP/uninsured/underinsured), primary care access, legal status, gender, race, socio-economic level, service utilization and overall health outcomes.

Lane County Behavioral Health Services is a designated Community Health Center (CHC) and provides rapid access to Primary Care Services at our mental health offices (co-location). We have both referred and received child referrals from Primary Care practitioners at LCBHS. In addition the Child Program has extended outreach to Springfield High School via the school-based clinic (another CHC) and we have a dedicated child staff member who provides a portion of her FTE delivering mental health services on-site at the high school. In the current school year we are available to co-lead a variety of skills groups with high school counseling staff, fostering the departmental cross cutting principals of collaboration, reducing stigma, community focus, integrated care and increase access irrespective of insurance status. LCBHS Child Program is a member of a mental health schools steering committee which brought 4 community forums to Lane County this past year. These mental health school forums were highly successful. Topics included Autism Spectrum Disorders, Positive Behavioral Supports, Evidence Based Mental Health Therapies, and Systems Integration.

As noted above Lane County Behavioral Health Services is a credentialed Intensive Community Treatment Service provider for uninsured/underinsured and OHP eligible youth ages 5-18. We average 20 uninsured/underinsured children and families in our Intensive Services track per month. These community children receive a Level of Needs Determination and a clinical authorization for high levels of state care. These children and their families are followed monthly with the goal to coordinate care and return to Lane County with the development of additional formal and informal community services and supports. As children stabilize in psychiatric residential facilities they 'step-down' to intensive community outpatient services at either LCBHS or another credentialed ICTS community provider such as Day Treatment or Treatment Foster Care.

From 7/1/07 to 04/30/10 LCBHS has served 63 non Medicaid eligible Lane County children and families with intensive needs. From 07/01/09 – 04/30/10 we served 45 non-Medicaid intensive children providing comprehensive evaluations, Level of Need Determination, individual therapy, family therapy, group therapy, psychiatric services, care coordination, child and family team meetings, wraparound services, pharmacy and consultation services.

The Child Program continues to sub-contract for a 0.6 FTE Family Ally position with the parent to parent organization Oregon Family Support Network (OFSN). The Family Ally provides outreach and parent support/engagement to LCBHS parents and caregivers who have difficulty navigating complex mental health, health, education, child welfare, juvenile justice, and DD systems for children with complex needs. The Family Ally is a co-provider with LCBHS in monthly Parent Orientation meetings, provides parent support groups and education, youth groups, respite and recreation events. As mentioned above we added the Collaborative Problem Solving Parent Book Club, a partnership with LCBHS CAP and OFSN. 10 families attend 10 week parent education and training support groups at LCBHS offices. Child care and pizza are provided to encourage and ease parent participation. We continue to use LCBHS child crisis dollars to support the Family Crisis Response Program providing 24/7 county-wide access to

emergency services including crisis phone line, crisis intervention response, (face to face), crisis respite (in or out of the home) and crisis consultation.

Members of the LCBHS Child Program participate on a variety of prevention and planning committees including the Lane County Suicide Prevention Steering Committee, the Family Advisory Committee, and the Juvenile Subcommittee of the PSCC, the Perinatal Health Team, the Early Childhood Intervention Committee and the LaneCare Clinical Issues Committee. In addition we chair the local State Hospital Coordinating Committee.

## **FORENSIC SERVICES**

### Psychiatric Security Review Board:

Five clinicians at Lane County Behavioral Health provide community based treatment and supervision for 21 individuals on Board jurisdiction. Services provided include: behavioral therapy, group therapy, case management, home visits and medication compliance monitoring. All 21 have been and remain stable living and working in a variety of settings in our community.

### Fit to Proceed/370 Project:

This relatively new project provides support to individuals found unable to aid in their defense in criminal charges as a result of their mental illness. The project aims to support individuals as they return to the community after hospitalization at the Oregon State Hospital. The project has served 25 individuals over the past six months. Clients receive a combination of individual therapy, case management, medication management, support and benefit assistance. A key component has been the addition of a transitional residential treatment home operated by the private non-profit Shangri-La Corp. The home provides housing to five individuals for a 3 – 6 month period. The home opened in October and as of May 1<sup>st</sup> was at capacity. A recent change in structure has, unfortunately, eliminated Municipal Court charges being eligible to be assign to this project, leaving the individuals with Circuit Court charges as the sole location for referrals.

### Mental Health Court:

This wildly successful venture with City of Eugene has entered its 5<sup>th</sup> year. The program continues to provide excellent services and outcomes to individuals who have received municipal court charges and have been found to have mental health issues. Services include individual and group therapy, case management, medication management and monthly court hearings to ensure compliance. These past six months 45 individuals entered the program and 86% completed the program successfully and had their charges dismissed.

### Sex Offender Treatment Program:

Currently 29 individuals are participating in group and individual therapy, including regular polygraphs as part of their treatment. The program has had 5 successful graduations over the past six months. The program continues to focus serving

individuals who are high-risk offenders and/or are indigent with limited resources to pay for treatment. The program is an invaluable resource for community as many of these individual would otherwise go untreated in our community.

#### Probation and Parole:

Probation and Parole officers have become increasingly cognizant of the needs of some chronic offenders whose mental health disorders significantly impact their community stability and safety. This joint project between the Lane County Sheriff's Office and LCBHS offers individuals who are on formal probation or parole and are demonstrating mental health issues a venue to get individual therapy, case management, and medication management, as needed. This program has been providing Lane County individuals with valuable services since 2004. There are currently 60 individuals receiving services at Lane County Behavioral Health Services under Probation or Parole.

#### Residential Services

Lane County Behavioral Health Services coordinates referrals, placement and licensure for adult foster homes. Lane County has 22 homes designated for individuals with severe and persistent mental illness who are unable to live independently. There are over 120 residents in homes across the county. Additionally, staff manages individuals returning to the community from residential placements around the state including the Oregon State Hospital. The state Addiction and Mental Health Division has recently announced plans for significant changes to the state-wide Extended Care Management Unit (ECMU). LCBHS along with LaneCare have agreed to be early adopters to local management of the funds and referrals of the ECMU facilities in Lane County.

#### Integrated Services with the Community Health Centers of Lane County

In 2008 Lane County Mental Health joined forces with the Community Health Centers of Lane County to improve the essential integrated care to some of our most vulnerable residents. Over these past 6 months our attention to integrated care for the severe and persistent mentally ill has resulted in improved care to over 350 jointly served clients. It has been well publicized that individuals with a severe and persistent mental illness die on average 25 years younger than the general population. Serving clients at the same facility by familiar staff has improved communication and coordination of care, and will improve the overall health of clients at LCBHS. Clinicians and primary care staff take frequent, brief consultations with clients to ensure essential care information is shared by all. Lane County remains ahead of the curve in our state as our existing integrated care services is the model for pilot projects in two other communities in Oregon.

#### **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 Assertive Community Treatment programs in other states and is considered an evidence-based practice, and provides 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 now consists of a PeaceHealth Clinical Supervisor, four Qualified Mental Health Professionals level (Master's or above) clinicians (contributed by PeaceHealth as in-kind support to this program), three Qualified Mental Health Associates 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 a number of community providers to provide mobile crisis support, in-home services, linkage to peer supports, and access to housing. 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, and has served 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.

Annual reviews of how the Transition Team has done in meeting its mission have been completed, and analysis indicates 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 210 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, which translates to a cost savings of approximately \$660,000 to the County and PeaceHealth. Since this team has been targeting primarily indigent clients, this is a considerable savings to PeaceHealth in non-reimbursed care and thus has resulted in a continued commitment from PeaceHealth to remain in partnership in this successful venture with their contribution of the costs of 3 QMHP staff and a Clinical Supervisor (over \$300,000). At present PeaceHealth is reviewing all its behavioral Health Services in light of a large revenue shortfall, but we have received assurances that their commitment to Transition Team is firm. One concern for us is that we don't, as of this writing, know what sorts of reductions in State funding we will see in the next FY, but early indications are that we could lose a significant percentage of the "indigent adult funds" as well as the "regional acute care" funds, which will create serious fiscal issues for the County's ability to continue to support our portion of this critical partnership.

Recent analyses to evaluate the effectiveness of the Transition Team's efforts with LaneCare clients have been completed and show 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, and has implemented a medication clinic to meet the needs of those discharged from the ERs or inpatient care whose primary need is access to psychiatric medication.

The County is financially responsible for the costs of indigent County residents placed on emergency psychiatric holds. 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.

We continue to see 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 fiscal concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have had to increase our FTE devoted to commitment to stay compliant with the statutory requirements and to bring that service back up to historical staffing levels.

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

A final and exciting development has just occurred with the Lane County Behavioral Health/PeaceHealth partnership with transition Team being one of 30 sites selected nationally to participate in Phase 2 of the rollout of the RAISE project, a National Institutes of Mental Health research study that developed a new evidence based intervention for individuals experiencing their first psychotic break. This study RAISE (Recovery After Initial Schizophrenic Episode) is designed to create and test a new

treatment paradigm aimed at providing intensive, comprehensive community based services to such individuals, ages 16-40, in order to shore up and solidify natural social supports, critical linkages with school work and family, and focused treatments aimed at symptom reduction and community functioning that can help steer such individuals toward recovery and away from the typical downward spiral of increasing disability and symptom severity. This is an evidence based practice that will provide three years of treatment using the RAISE model, and will be compared to usual and customary treatment for those sites that are part of the control group. Transition Team staff are in Chicago this week to get training in the RAISE model, and they will begin recruiting clients for this study by end of May. We are the only site selected in Oregon.

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 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 4 year evaluation report was prepared and distributed which highlights the accomplishments of this program, compares the program favorably to nationally recognized best practice guidelines, and does this at a fraction of what similar programs have cost in other states.

Finally, we worked with Eugene Police to develop and roll out Crisis Intervention Team training for all their sworn officers 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. So far this year a second group of 20 officers have received the 40 hour training, and in mid May a third contingent of 20 officers will go through the training. Lane County Behavioral Health staff has helped develop the curriculum and are providing much of the training. We have also conducted a similar but condensed training for Florence Police and first responders in March of 2010.

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

Public Health is the science of preventing disease, prolonging life, and promoting health through organized community efforts. In medicine, the patient is the individual; in public health the patient is the community. For public health, prevention is primary, and the public health system works to prevent disease by looking at the environment and public policies as well as the individual and the disease agent.

## **Public Health science is summarized in the three Core Public Health Functions:**

- Assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities;
- Policy development through advice and assistance to community and government leaders, designed to address identified health problems;
- Assurance that all populations have access to appropriate and cost-effective health services, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

## **COMMUNICABLE DISEASE**

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.

Through the autumn of 2009 and into the first months of 2010, H1N1 influenza continued to dominate the LCPH Communicable Disease Program efforts in conjunction with the Preparedness Program, drawing significantly from the work efforts of every program in Lane County Public Health, as well as from other divisions and the leadership of Health & Human Services. Between October 1<sup>st</sup>, 2009, and March 31<sup>st</sup> 2010, there were 189 cases of influenza-related hospitalizations and 10 deaths due to confirmed influenza. The many cases of influenza in the community, who were not hospitalized, were not officially reported or counted. H1N1 was the dominant influenza virus during this timeframe, while the anticipated seasonal influenza viruses were a no-show.

By April 2010, internal and external evaluations of the effectiveness and lessons learned from our response to the pandemic were being undertaken. We have had a full year of H1N1 related work, and while worldwide surveillance indicates that the virus is still circulating, we are, cautiously, hoping for a more “normal” influenza season next year. Please see the Preparedness Program report for more complete documentation of the LCPH response to the H1N1 pandemic. Significant federal funding was provided to state and local health departments to support the H1N1 effort. However, certain core activities, including surveillance and reporting and H1N1 vaccine management were led and provided by the qualified and experienced communicable disease staff solely through county general funds.

### ***Immunizations:***

The LCPH Immunization Program was markedly affected by the H1N1 immunization effort. Between October, 2009 and April 30th, 2010, LCPH directly provided over 19,000 H1N1 immunizations at the following clinic sites: at LCPH by appointment and drop-in; at large off-site LCPH H1N1 immunization events such as fairground clinics; at schools not immunized by school based health centers or school nursing staff; at facilities for underserved or at-risk populations including group homes, day facilities, and assisted

living facilities; at community events such as Project Homeless Connect; at shopping malls.

Permanent and professional extra-help LCPH immunization staff trained 79 extra help and volunteer nurses and 2 doctors to provide these H1N1 immunizations.

In addition to the direct LCPH H1N1 immunization effort, LCPH immunization staff provided H1N1 vaccine support and allocation to 90 community partners throughout Lane County including hospitals, outpatient clinics, pharmacies, private medical providers whose clients were within the targeted increased risk populations such as those serving children and pregnant women, and school based health clinics. By the end of March 2010, over 106,000 doses of various formulations of H1N1 vaccine were allocated and distributed within Lane County with the direct involvement of LCPH.

LCPH anticipates that the H1N1 flu immunization effort will continue, in a limited form, into the next fiscal year and flu season. We are continuing our efforts to identify and immunize vulnerable populations with limited access to services. We are prepared to ramp up H1N1 immunization efforts based on influenza surveillance information and direction from the state and CDC.

In January, 2010, LCPH reviewed 53,483 school immunization records for completeness for the 2009/2010 school year for all children in public and private schools, and in preschools and certified day care facilities. We worked with 158 school and 144 children's facilities to address omissions in immunization records. On February 3<sup>rd</sup>, 2010, school exclusion letters were issued for 2,522 students. Of these, 407 students were excluded from school until immunization records were documented as being in compliance with state requirements. LCPH, therefore, achieved over 99% of our 100% target for completed school immunization by exclusion day on February 17th.

It is particularly remarkable that the School Immunization Review effort was so successful this year, in that the same team of vaccinating nurses and school immunization coordinating staff was simultaneously running the H1N1 community immunization work.

Another measurement that the School Immunization Review process addressed is the religious exemption (RE) rates in all schools, pre-schools, and certified day care centers in Lane County. In 2009, the overall RE rate for these Lane County facilities was 5.4%, representing 2,903 children.

In the spring of 2009, LCPH undertook a survey of parents who chose religious exemption for their child's school immunization requirement in large schools with excess (>10%) RE rates. A survey was also conducted of Family Practitioners and Pediatricians to determine their experience, concerns, and approaches with such families. Based on the results of this effort, LCPH has developed an immunization program objective around decreasing RE rates in certified daycares and preschools.

In fiscal quarters 2 and 3 of 2010, LCPH directly provided 1,648 non-flu immunizations. Our delegate clinics provided 3,138 in the same timeframe. When compared to the same timeframe last year, the LCPH Immunization program was able to provide 86% of the number of non-flu immunizations provided the previous year, while managing the enormous H1N1 community immunizations effort.

With the hiring of a new communicable disease nurse and the planned effort to keep-current recently trained extra help and volunteer nursing staff, LCPH appears well positioned to be able to sustain a robust community immunization program as well as to retain the capacity to rapidly increase our efforts should the need arise again. In addition, a new volunteer nurse with LCPH and our community partner HIV Alliance has been identified and trained and will resume providing hepatitis A and B immunizations at community needle exchange sites.

Throughout the H1N1 immunization effort, LCPH maintained our vigilance about vaccine handling, storing and accountability. LCPH remains a good steward of our expensive and fragile vaccine resources and has an overall Vaccine Management Performance Measure of 99% through March of 2010.

***Tuberculosis:***

Lane County continues to be a low incidence area for active tuberculosis. The official count of verified tuberculosis cases for 2009 was 1 with an incidence of 0.3 cases per 100,000 population. However, 2 other cases, which required substantial TB investigation and case management work over several months, were not included in the official count due to residency issues. In addition, LCPH provided initial tuberculosis investigation and treatment for several clients, in whom mycobacterium tuberculosis was subsequently ruled out.

The low incidence of tuberculosis in Lane County is welcome news. None-the-less, LCPH must continue to provide labor intensive, diligent tuberculosis investigation and management services. An individual case can become a serious outbreak without an effective public health response.

LCPH is currently following 5 cases of active disease. Contact investigation for two of the epidemiologically linked cases is in process and includes home, community, and worksite review of 27 contacts who must be evaluated, tested, and provided with education when initially identified, and again 2 to 3 months later. None of the current cases is from the homeless population. One case is foreign born; two are related to a case from another state; the third case moved here from another state after his initial diagnosis.

The two linked cases also demonstrated the disparity in understanding among Lane County physicians and health care providers regarding tuberculosis diagnosis and appropriate referral as part of a comprehensive differential diagnostic evaluation. Providing this professional education is part of the work of LCPH communicable diseases nurses and the public health officer.

LCPH continues to provide twice yearly inspection of the UV lights that were installed at the Eugene Mission. Unified public health efforts and collaboration with the shelter are yielding positive results in preventing the spread of tuberculosis in our community.

LCPH will continue to provide ongoing B2 Waiver tuberculosis evaluation and follow-up for those referred from immigration.

***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 the collaborative work of the LCPH STD nurses and case report staff and the state Disease Information Specialist (DIS). 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. This winter, LCPH successfully transitioned from the Multnomah County STD Data Base to the statewide ORPHEUS database. Initial training has been completed and the new database is facilitating confidential communication and morbidity reporting with the state STD program as well as between counties.

Lane County chlamydia cases have continued to climb with 629 cases being reported between October 1<sup>st</sup>, 2009 and March 31<sup>st</sup>, 2010. In 2009, the overall incidence of reported chlamydia cases in Lane County was 365.9 per 100,000 population. The total number of gonorrhea cases decreased from 92, during the same months in the previous year, to 37. The incidence of chlamydia is the 4<sup>th</sup> highest in the state behind Multnomah, Marion, and Jefferson counties. Syphilis counts remain low, with a total of 5 cases in Lane County in all of 2009.

While it appears that these numbers represent a true increase in the incidence of chlamydia in Lane County, it should be noted that Planned Parenthood in Lane County received funding to promote, test, and treat more individuals for STDs in 2009.

LCPH's ability to provide STD screening appointments was hampered in the fall and early winter by the diversion of staff resources to H1N1 related activities. At the height of the H1N1 response, during the fall and winter of 2009/2010, LCPH partnered with the Community Health Centers of Lane County (CHCLC) who examined, tested, and treated people with symptoms of STDs upon referral from LCPH. The CHCLC also tested and treated contacts of reportable STDs who were referred by LCPH or the state Disease Information Specialist.

LCPH will be addressing the rise in STDs by increasing the number of appointments available for clients in our office. A new communicable disease nurse will be joining our team and beginning her training in May, 2010. LCPH nurse will continue to perform the essential lab functions that were added when the Lab Technician position was eliminated.

**Other reportable communicable diseases:**

During the months of October, 2009, through March, 2010, LCPH processed or investigated 680 reportable communicable diseases including the H1N1 cases who were hospitalized or died.

Lane County was fortunate that there were no other serious outbreaks of communicable diseases during that time. The usual diseases, including *e-coli O157*, *pertussis*, *meningococcal disease*, etc., continued to occur in small numbers which were readily addressed by our epidemiological nursing staff.

Reports of previously acquired hepatitis C continue to surge – 323 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, surveillance and reporting of chronic hepatitis C is the extent of public health services that we are able to offer. There were also 5 cases of acute hepatitis C reported from October through March, indicating that the disease continues to be transmitted in our community.

**HIV Prevention:**

The LCPH HIV Program continues to focus program resources and efforts on testing and prevention services to populations at greatest risk for disease. This emphasis is reflected in both our in-house and outreach efforts at LCPH and in our support and collaboration with our subcontracted agency, HIV Alliance. As funding at both the state and local level continues to decrease, we strive to increase accessibility to members of these populations.

**Needle Exchange Services (NEX) for Injection Drug Users**

NEX is an evidence based practice which helps prevent the transmission of HIV, hepatitis B & C, and the development of serious wound infections, such as MRSA, which can lead to hospitalization for critical illness and the subsequent negative financial impact on our community health care system.

HIV Alliance provides NEX at several locations in the Eugene-Springfield area and empties syringe drop boxes at community locations including a site at LCPH. From April through September 2009, HIV Alliance provided 189,175 clean needles.

LCPH has been providing 10 pack needle exchange services at our front counter as well as drop-box availability for used syringes behind the public health annex. From October through December 2009, LCPH provided 2,467 10 packs (or 24,670 needle kits) at our front counter.

In anticipation of our July move to a different public health facility, LCPH and HIV Alliance have planned the transition of the LCPH 10 pack services to HIV Alliance. We have begun communication to the injection drug clients served at LCPH that, after June 1<sup>st</sup>, they will need to go to one of the HIV Alliance needle exchange sites to receive supplies. LCPH will shift our supplies and continue to support HIV Alliance's services with skilled staff back-up and funding for supplies during the transition. We are also

surveying the clients who come in to LCPH to help HIV Alliance determine the most effective way to increase needle exchange services.

HIV Counseling Testing and Referral Services (CTRS) continue to be provided by appointment and, if possible, when clients drop-in for testing. From October, 2009, through March, 2010 LCPH provided these services in-house and also at Willamette Family Treatment Center (WFTC). Outreach and testing was also added at Buckley Detox & Sobering Center. Wednesday afternoons remain a reserved and promoted time for testing men who have sex with men (MSM) at LCPH. In addition, the LCPH HIV counseling and testing staff member has collaborated with HIV Alliance during this time frame to provide HIV testing at special events including Project Homeless Connect, World Aids Day, and National Black HIV/AIDS Awareness Day at the University of Oregon.

LCPH has a Performance Measure to focus at least 65% of our HIV testing to populations at increased risk of HIV including MSM, injection drug users (IDU), and sex partners of people in these populations. During the previous six months LCPH and its subcontracted partner together exceeded that goal every month and provided almost 500 HIV tests.

LCPH continues to actively support and participate in the Lane County Harm Reduction Coalition (LCHRC) which consists of private and public partners with the purpose of reducing the impact of injection drug use and other substance abuse on public safety, community health, and individual health.

### **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 3,001 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 7 FTE Environmental Health Specialists that are responsible for 4,815 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 (934), mobile units (138), commissaries and warehouses (34), vending machines (5), temporary restaurants (1000), pools/spas (297), traveler's accommodations (116), RV parks (72), schools/correctional facilities/treatment centers (177), summer lunch program (6), day cares (159), organizational camps (13). EH continues to work closely with the Communicable Disease (CD) team 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. In the spring of 2010, two food manager's classes were hosted by Lane County Environmental Health – 36 of the 38 students earned a certificate.

The Environmental Health Program was expanded in 2009 to include the State Drinking Water Program and that segment of the work is now fully funded through fee based inspections and consultations.

Testing and certification of food handlers in Lane County continues to be a priority, as a preventative measure against food-borne illnesses. In 2009, 30,242 Food Handler Cards were issued statewide through our on—line food handlers' testing e-commerce website [orfoodhandlers.org](http://orfoodhandlers.org). 7717 of those cards were issued to Lane County residents. An additional 1,557 were issued onsite.

Since March of 2008, when the site was launched, EH has extended services statewide and has contracted with several Oregon counties to offer on-line testing and revenue to those counties. The counties agree to list [orfoodhandlers.org](http://orfoodhandlers.org) on their website or as a link through the DHS website. In exchange, Lane County pays each contracted county \$8 of \$10 per test. We currently have participating agreements with 22 counties across the state and are generating a healthy revenue stream from the program. We will continue to work with other Oregon counties for signed agreements. Prior to this new site, it was costing the program \$5 per test to use the Chemeketa Community College testing site.

In the summer of 2009, 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. Lane County EH interns generated GIS maps for the Lane County and for other programs in the state as part of our agreement with the WNV funding program. We are currently awaiting funding approval for 2010 from the state.

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

The EH Program continues its Internship Program in cooperation with the U of O and OSU Environmental Health Programs. The EH interns have completed a user friendly mapping project for locating vulnerable populations as a part of the disaster preparedness endeavors and are working on expanding that project to a statewide registry. We continue to look for projects for which university interns can be involved.

The program is currently training staff in GIS technology and will be using this tool on internal mapping projects related to our food protection efforts. 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 (OMC) program helps low income pregnant women access early prenatal care. Program staff determines eligibility for Oregon Health Plan (OHP) coverage during the prenatal period and directly assist with the completion and submission of the OHP application and verification of coverage. The program helps pregnant women schedule their first prenatal visit by providing prenatal healthcare 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 218 low-income women access OHP and prenatal care during the past 6 months. This is down from previous years due to a 20% reduction in staffing. Additionally, the percentage of OMC clients who accessed prenatal care in the first trimester of their pregnancy is down to 64.5% due to the requirement for a certified birth certificate prior to OHP eligibility and care.

***Maternity Care Management:*** The Maternity Case Management program provides ongoing nurse home visiting, education, and support services for high-risk pregnant women and their families during the perinatal period. Community Health Nurses help expectant families access and utilize needed and appropriate health, social, nutritional, and other services while providing pregnancy and preparatory newborn parenting education. Perinatal nurse home visiting has been shown to: increase the use of prenatal care, increase infant birth weight, decrease preterm labor and extend the length of gestation, increase use of health and other community resources, increase realistic parental expectations of the newborn, improve nutrition during pregnancy, and decrease maternal smoking – all of which increase positive birth and childhood outcomes. This program served 283 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 204 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 55 medically fragile, special needs infants over the past six months.

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

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

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

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

Through review of individual fetal and infant death case findings, the CRT identified the following issues: lack of pre-pregnancy health, healthcare, and reproductive planning; lack of understanding of negative impact of alcohol, tobacco, and other drugs (ATOD) on fetal health and development; lack of consistent, completed prenatal psychosocial, mental health, ATOD, and domestic violence risk screening, follow-up, and referral; lack of consistent infant/family screening for health, development, and safety (including safe sleep); and lack of consistent grief support and counseling. Those issues and recommendations for suggested community action were shared with the larger community group or CAT. The suggestions included: outreach and education to community and providers regarding importance of (preconception health) pre-pregnancy health, healthcare, and reproductive planning; community-wide tobacco education and cessation effort development of a user friendly, electronic screening record with corresponding referral and follow-up algorithm and resource guide for providers; development of newborn/infant health and safety screen, referral algorithm, and resource directory for providers; promotion of safe sleep practices by all caregivers; and, outreach to perinatal mood disorders group to coordinate efforts to ensure counseling and support. Work will continue to identify additional resources, and to implement strategies to address the issues and to reduce fetal and infant mortality.

### **PREPAREDNESS**

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

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

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

#### ***Plan Development:***

The PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Since the last Board of Health report, Lane County Public Health implemented a \$15,000 grant to begin continuity of operations planning for Lane County Public Health and Health and Human Services Administration. Implementation of this grant began in early October and is now nearing completion. The approved plan will be released in June, 2010, and describes worksite specific plans to enhance LCPH’s potential to carry out its mission during and after any emergency.

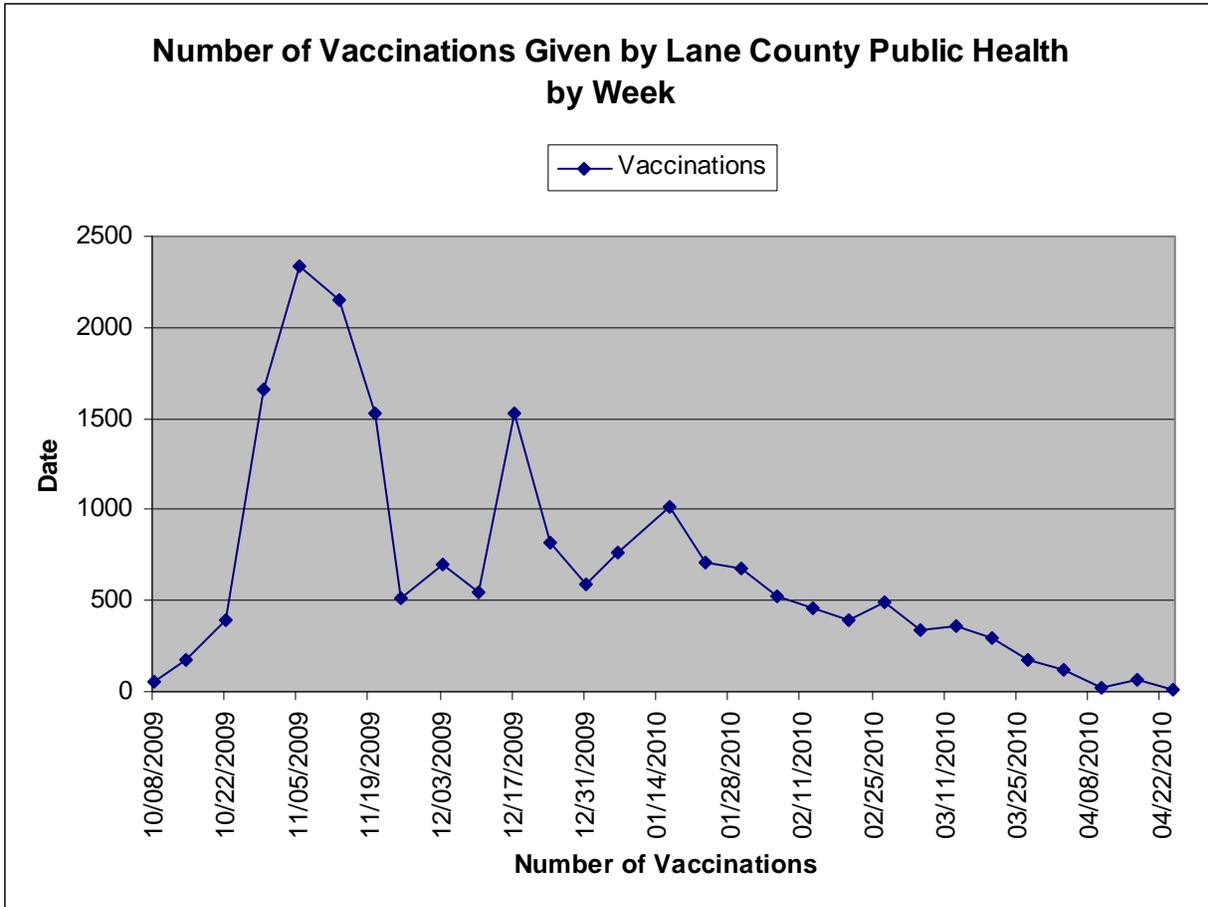
The Public Health Emergency Operations Plan is also being updated to address the management of public health and medical resources under emergency circumstances. Currently, planning is underway to identify locations for the deployment of Federal Medical Stations in Lane County. Federal Medical Stations are a resource available through the U.S. Department of Health and Human Services that can be made available during large scale emergencies. When deployed, they can provide large-scale primary healthcare service in the form of non-acute hospital bed capacity, special medical needs sheltering capacity, or quarantine support.

***Accreditation:***

As of April, 2010, Lane County Public Health has voluntarily agreed to participate in the nationally recognized “Public Health Ready” in an ongoing effort to assure continual improvement and readiness of Lane County Public Health. By participating in the project, LCPH will be partnering with the Oregon DHS Public Health Division, the National Association of County and City Health Officials and several counties in Oregon. By conclusion of the project, Lane County Public Health will have demonstrated its achievement of readiness in all-hazards planning, workforce capacity development, and quality improvement through exercises and real event response.

***Public Health Emergency Response:***

Occasionally, local events require LCPH to implement its emergency plans to protect the health and safety of the public. The recent H1N1 Influenza Pandemic has required such a response. Lane County Public Health has continued to plan for and respond to the H1N1 crisis since April, 2009. Lane County Public Health provided leadership and implemented the local public health response in Lane County, Oregon. The emergency tested Lane County Public Health’s pandemic illness response plans and its ability to implement them. The response included regular risk communication, public information and media coordination, development and communication of guidelines for stakeholders and the general public, case investigation, disease surveillance, coordination of vaccine distribution, receipt and distribution of medical supplies and pharmaceuticals (including antivirals), and implementation of community control measures – specifically the temporary cancellation of classes in local school districts and private schools. The first shipment of H1N1 vaccine arrived in Lane County on October 12<sup>th</sup>, 2009, initiating what would become a six month campaign to vaccinate against the H1N1 virus. Through a coordinated network of over 90 vaccination partners (local hospitals, pharmacies, and physicians), and over 80 volunteer nurses, Lane County Public Health assured that over 74,000 doses of vaccine were administered in Lane County. LCPH directly provided nearly 26% of all vaccinations through walk-in clinics at the downtown office, at malls, at schools, through community based organizations and in other community venues throughout the county.



One year after initiating its response to the H1N1 influenza pandemic, Lane County Public Health resumed normal operations in April 2010. Between July 1, 2009 and March 31, 2010, Lane County Public Health had committed nearly 13,000 person hours and \$900,000 to respond. Many additional hours were also required of local partners. The effort tested existing plans and procedures and provided ample opportunity to identify and develop new strategies that can be applied to future public health emergencies. A full report of the Response, objectives, evaluation, and action plan is currently being drafted and is expected to be released in June 2010. A summary report can be made available upon request from the Public Health Preparedness Coordinator.

**CHRONIC DISEASE PREVENTION**

***Healthy Communities Program:***

In the United States today, seven of ten deaths and the vast majority of serious illness, disability, and health care costs are caused by chronic diseases, such as obesity, diabetes and cardiovascular disease. Key risk factors - lack of physical activity, poor nutrition and tobacco use – are major contributors to the nation’s leading causes of death.

More than 75% of healthcare expenditures in the United States are spent to meet the health needs of persons with chronic conditions. ([www.cdc.gov/nccdphp/overview.htm](http://www.cdc.gov/nccdphp/overview.htm)) Many Americans die prematurely and suffer from diseases that could be prevented or more effectively managed.

Understanding patterns of health or disease requires a focus not only on personal behaviors and biologic traits, but also on characteristics of the social and physical environments that offer or limit opportunities for positive health outcomes. These characteristics of communities – social, physical, and economic – are a major influence on the public’s health and have both short- and long-term consequences for health and quality of life. Research has shown that implementing policy, systems, and environmental changes, such as improving physical education in schools, improving safe options for active transportation, providing access to nutritious foods, and other broad-based policy change strategies, can result in positive behavior changes related to physical activity, nutrition, and tobacco use, which positively impact multiple chronic disease outcomes.

The primary goal of Lane County Public Health’s Healthy Communities Program is to implement community-wide policies, systems, and environmental changes that reach across all levels of the socio-ecological model and include the full engagement of the leadership in city government, boards of health, schools, businesses, community and faith-based organizations, community developers, transportation and land use planners, parks and recreation officials, healthcare purchasers, health plans, healthcare providers, academic institutions, foundations and many other community sectors working together to promote health and prevent chronic diseases. Our program builds on existing programs and resources in the community.

Major programmatic activities in the last six months include:

- Lane County Public Health was selected by the State of Oregon as one of two counties to compete for ARRA funding for Obesity Prevention. Application for \$4.2 million grant submitted. Application approved but not funded. Should additional funds be made available in the next 12 months, this initiative focused on policy changes to make the healthy choice the easy choice could still be funded.
- Agreement between the county and Courthouse Café that the café will post calorie counts for all food items on their menu boards.
- WIC program began implementing monthly smoking cessation support groups for clients (program designed and supported by Chronic Disease Prevention team).
- WIC program began systematically faxing client referrals to the Oregon Tobacco Quitline for clients interested in quitting.
- Healthy Communities Coordinator did two TV interviews related to local obesity problem.
- Supported the development of a grant application submitted by the Lane Coalition for Healthy Active Youth (LCHAY) for a Healthy Corner Stores Initiative to the Northwest Health Foundation.

### **Tobacco Prevention:**

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

Each year, in Lane County:

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

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

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

Application for \$4.2 Million CDC Communities Putting Prevention to Work grant

- Lane County Public Health was selected by the State of Oregon as one of two counties to compete for American Recovery and Reinvestment Act funding for Tobacco Prevention. The \$4.2 million grant was submitted to the CDC in December. In March we received word that the application scored well, and was approved but not funded due to the large number of grants received (over 400). Should additional project funds become available to the CDC in the next 12 months, the CDC indicated they will reconsider our grant application for funding.

Lane Community College Tobacco Free Campus Initiative

- Lane Community College is in the process of transitioning to a tobacco free campus by fall term 2010. TPEP staff continues to provide technical assistance to the LCC implementation committee charged with creating an educational/media outreach plan as well as setting up a protocol for enforcement of the new policy.

Smoke-free Multi-Unit Housing

- In July of 2009, the U.S. Department of Housing and Urban Development, the Office of Public and Indian Housing and the Office of Healthy Homes and Lead Hazard Control jointly issued a notice on the topic of non-smoking policies in public housing authority buildings. Notice PIH -2009-21 (HA) clearly explains its purpose: "This notice strongly encourages Public Housing Authorities (PHAs) to implement non-smoking policies in some or all of their public housing units." The HUD notice stressed that secondhand smoke exposure especially affects the health of the elderly, the young and those with chronic illnesses such as

respiratory infections, asthma, cardiovascular disease and cancer. Residents between the ages of 0-17 and those over 62 comprise 54 percent of public housing tenants. Reports from the Centers for Disease Control and Prevention document that “children in poor families are more likely to have ever been diagnosed with asthma or to still have asthma than children in families that are not poor”; and “adults in poor families have higher percentages of emphysema, asthma and chronic bronchitis than adults in families that are not poor.”

In response to the call to action from HUD, Lane County Public Health, in partnership with the Housing and Community Services Agency of Lane County (HACSA), commissioned a smoking/secondhand smoke exposure survey of 1,376 tenants living in HACSA owned/managed properties. Preliminary data from the 56% of tenants, who completed the survey, indicates a high level of support (64%) for eliminating smoking inside the housing units. The HACSA administration is carefully considering the survey results and the experiences of other public housing authorities that have already gone smoke free, as they formulate their next steps.

#### Concept of Tobacco Free H&HS Campus Policy Introduced

- TPEP staff is currently working with the H&HS Director and Assistant Director to implement a tobacco free campus policy at Lane County properties occupied by H&HS programs. The policy phase in will occur over a one-year period of time. TPEP staff is in the process of conducting employee trainings among the various H&HS divisions and will be forming a policy implementation team.

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

- In the last six months, staff responded to 21 complaints, of which 17 were actionable. Of these 17 actionable complaints, 8 required initial warning letters, and 9 were referred to the City of Eugene for enforcement action.

### **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. Large group classes are provided to clients to enhance their nutritional status.

These WIC services are a critical part of public health efforts to address Lane County's high rate of infant mortality.

In April 2010, the WIC Program was serving 8,584 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 8,206. The state-assigned target caseload level is 8,294 vouchered participants per month. The program is currently maintaining at 98.9 percent of this assigned caseload level.

Since last fall, the WIC Program began implementing a series of new USDA regulations regarding culturally appropriate and healthier foods that are now issued through the WIC food vouchers. Client education is ongoing with regard to the new foods being issued. The changes have required greater coordination with local health care providers and medical documentation for issuance of new foods to clients with particular health care needs.

Participant Centered Education strategies are also being implemented in accordance with the state WIC Program plans. This process involves significant staff training, which is occurring over a two year time period. The first year of this project focused on providing individual education to clients. For this year, the focus will be on providing participant centered education in our nutrition education class setting.

Smoking cessation interventions continue to be provided to postpartum women who smoked during pregnancy or are currently smoking. These interventions are conducted by WIC Registered Dietitians and WIC Community Service Worker staff. In addition to the interventions, staff is now offering fax referrals to the Oregon Tobacco Quitline for clients who are ready to set quit dates.

In addition to client services, the WIC Program is now in the process of preparing for the move to the Charnelton building in July 2010. A client welcome event, which will also serve as a WIC nutrition education contact, is being planned for the fall of 2010.