

Agenda Cover Memo

AGENDA DATE: November 10, 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



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.

Special Fiscal Note:

We have received the proposed 2011-2013 reduction option packages from both the Oregon Health Authority (OHA) and the Department of Human Services (DHS). The OHA was carved out of DHS; as a funder for us it includes Addictions, Mental Health, and Public Health services. DHS still includes Developmental Disabilities services. The two agencies combined are our biggest funders.

These agencies were given a 25% reduction target in creating their budget requests for the next biennium. Between them there is a proposed \$1.3 billion cut in state general funds and a cut of \$3.1 billion to total funds. Total funds include lottery and federal matching funds, such as in Medicaid.

In the current biennium (2009-2011) DHS and OHA provide approximately \$97 million in funding for local services (not counting LaneCare); about \$60 million goes directly from the state to local providers. The potential cuts have a significant impact on both clients and providers. We do anticipate that we will not take a full 25% reduction, but the political "competition" will likely be high among schools, public safety, and human services. There appears to be a lot of sentiment that K-12 should not absorb the next round of proposed state cuts. If this turns out to be true, cuts would have to be more significant in other areas.

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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. In August of this year, the program expanded the areas of focus to include mental health promotion, along with the prevention of suicide, problem gambling, and underage drinking. The program supports multiple strategies, including community engagement, environmental or policy, education including parenting and school-based curricula, and dissemination of accurate information. Highlights from the last six months include work in the following areas.

Special Project: Lane County Prevention Program was a key partner in coordinating the 2010 Oregon Prevention Conference. The conference was held in Eugene at the University of Oregon and was a tremendous success. Approximately 350 people attended the conference with over 90 presenters and 20 exhibitors also participating in the conference. The Prevention Program supervisor served as co-Mistress of Ceremonies, while County Commissioner Rob Handy and Lane County HHS Director, Rob Rockstroh, welcomed conference attendees.

Suicide Prevention: Funding from the Garrett Lee Smith Memorial Act (GLSMA) continues that will provide a small amount of money to conduct trainings and public awareness campaigns through September, 2011. 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 referral and screening services, promoting coordination and awareness of suicide-related resources, increasing opportunities for provider and public education, implementing public and parent educational youth suicide prevention campaigns, and assisting schools and communities in Lane County to increase their local suicide prevention efforts.

The capacity to offer evidence-based suicide prevention trainings has increased as we have supported five local people to become certified Applied Suicide Intervention Skills Training (ASIST) trainers and four Question, Persuade, Refer (QPR) instructors. In addition, two individuals residing in rural parts of the county (Florence and Cottage Grove) are currently in the process of becoming certified QPR instructors. Trainings continue to be offered to increase identification and intervention skills. An ASIST training was held May 20-21 with another one planned for November 4-5. Outreach continues to encourage high schools in Lane County to implement RESPONSE, the evidenced-based suicide prevention curriculum.

The "Teen-Proof Your Home" campaign continues, serving 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. The campaign includes tips for parents in a one-page "Teen and Tween-Proof

Your Home” piece now available in both English and Spanish, “Teen-Proof Tips” which are short clips that can be easily inserted in school newspapers and e-newsletters, a parent presentation, and information posted on the Prevention Program’s website. The flyer has been distributed at several community activities, including ‘We are Bethel’, Cottage Grove Home Show and Oakridge Town Hall. Additionally, the “Teen Proof Your Home” flyers were inserted in more than 3600 utility bills in South Lane County.

Healthy Babies, Healthy Communities Initiative: Prevention and Public Health staff continues to work on the Healthy Babies, Healthy Communities initiative (HBHC). The goal of HBHC is to reduce fetal-infant mortality and increase infant and family health in Lane County. Based on community data, the HBHC initiative will focus on prevention of parental obesity and alcohol, tobacco and other drug prevention as they have been identified as key risk factors in infant death. The Perinatal Health Team, an HBHC work group, has been meeting monthly to develop strategies to address these issues.

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. A ‘Poverty 101’ training is scheduled for October for home visiting staff in the county.

With a small grant from the CJ Foundation for SIDS, HBHC has created a “Quit Smoking for Your Family” educational piece that has been translated into Spanish. This piece was inserted in 2500 bags handed out at the Lane County Fair in August.

The 2010 Healthy Babies Award reception was held September 30th to recognize efforts in Lane County that align with the goals of HBHC.

Supporting Parents: Lane County Prevention Program continues to support parenting education efforts primarily through partnerships with school districts and Family Resource Centers (FRCs), located across the county. Limited substance abuse prevention dollars fund the evidence-based parent education program, ‘Strengthening Families’ for parents with children age 10-14. Additionally, prevention staff worked with FRC coordinators to successfully apply for the LaneCare’s Prevention, Education and Outreach funding to support evidence-based parenting education. Proposals to continue these programs for this year are currently being drafted.

Supporting Youth: The Prevention Program continues to support the implementation of ‘Reconnecting Youth,’ (RY), an evidence-based, school-based curriculum for high school youth at risk of dropping out, suicide or addiction. Prevention staff recently coordinated training for Reconnecting Youth group leaders in South Lane School District and Siuslaw School District. South Lane will implement the program in both Cottage Grove High School and Kennedy High School during this school year. Prevention staff continues to work with Siuslaw and Mapleton School Districts to secure implementation of RY this year.

Problem Gambling Prevention: Lane County's problem gambling prevention program continues to be a leader in the field in its comprehensive prevention approach. Innovative youth presentations, media efforts, and other strategies have helped increase the awareness among youth and families about problem gambling as a public health issue.

Middle school participants scored an average of 87 percent on awareness posttests during the 2008-09 school year, and high school/college participants scored an average of 90 percent (our performance measure goal is 80 percent or above). The Lane County problem gambling prevention website, www.lanecounty.org/prevention/gambling, received a total of 29,701 visits during the 2009 fiscal year (averaging 2,475 distinct visits per month). Our program continues to receive correspondences and requests from across the state and nation in response to the website. Most recently, Lane County's problem gambling prevention program has: 1) in conjunction with the University of Oregon, begun implementing a grant that is specific to on-campus problem gambling awareness & prevention, 2) made available resources and technical assistance for two best practice prevention programs (Reconnecting Youth and Strengthening Families), and 3) built Oregon's first problem gambling prevention & outreach website as a statewide resource for providers and prevention partners. These three efforts have come, in part or wholly, due to specific additional funding allocations from Oregon Problem Gambling Services to Lane County Health & Human Services.

Community Engagement: Prevention program staff continues to support community-based prevention coalitions across the county: HBHC, McKenzie, South Lane, Oakridge and Siuslaw. Each coalition works with prevention 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 continued to be a major focus of the Coalition and wider community representation has resulted. The group has recently begun to collect local data.

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. Oakridge passed a Social Host Ordinance and the city of Westfir is considering one as well.

Prevention staff continues to work with 11 Family Resource Centers (FRCs), in 9 school districts throughout the County. The prevention program has been able to provide a small amount of funding to support evidence based parenting education series. Staff provides technical assistance to the FRC Network.

The South Lane Substance Abuse Coalition, with the assistance of Prevention staff, has been preparing to apply for a Drug Free Communities grant; unfortunately, there were some unavoidable barriers that resulted in a postponement in applying.

An extensive data collection process was led by Prevention staff which will provide a template for other Lane County communities in informing their work and developing their strategic plans.

Prevention Outreach: The prevention program launched the new website, www.preventionlane.org, earlier this year and has been very successful. The website offers a wide variety of prevention resources and social networking for people not only in Lane County, but around the state as well. The website also connects users to our new PreventionLane Facebook page (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)

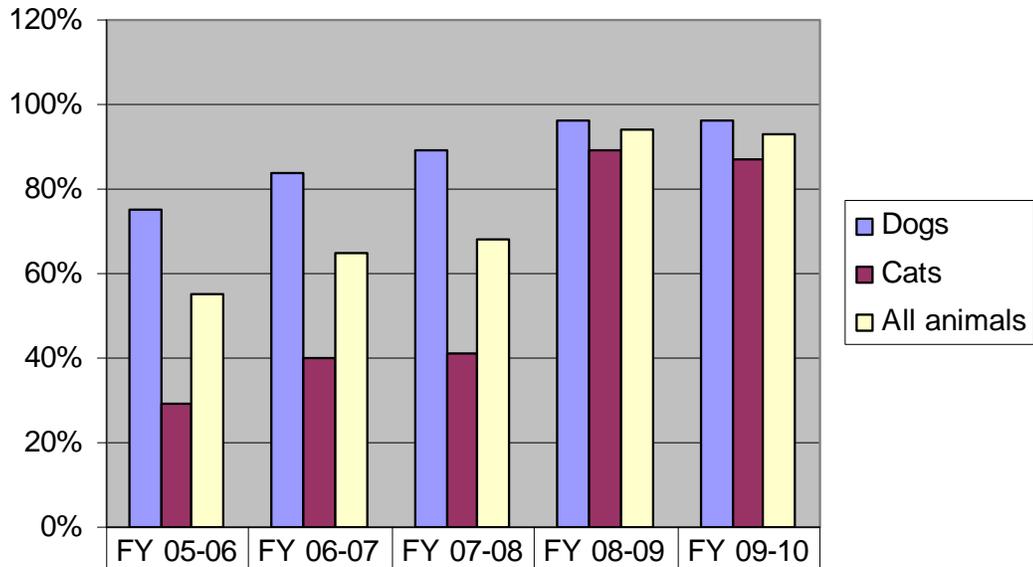
DIVISION OVERVIEW

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.

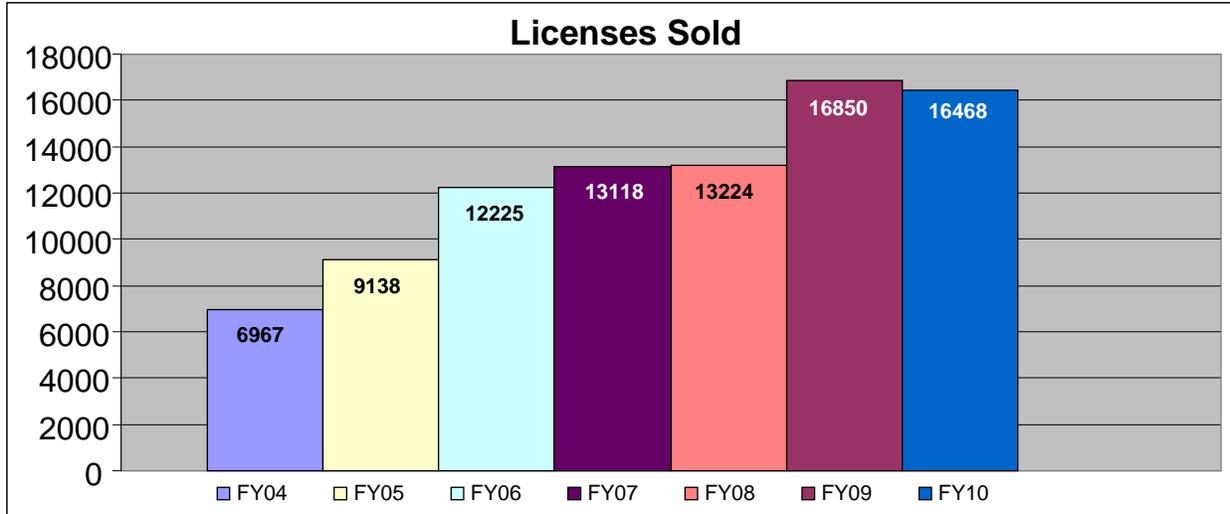
The changes at LCAS are most obvious in the changes in euthanasia numbers at the shelter. The standard measurement for shelters nationally is to calculate a Live Release Rate, which takes into account differences in raw numbers of animals impounded, those returned to owners, those adopted, and those who are euthanized. LCAS is an open door shelter, meaning that all stray, abused, and neglected dogs in our jurisdiction are impounded, regardless of whether they are adoptable based on medical and behavioral needs. Based on national data, LCAS has set a target that at least 90% of the animals that enter our shelter would leave the shelter alive, either returned home to their owners, or placed in new adoptive homes or otherwise rescued. LCAS exceeded that goal for the first time ever in FY 09 with an overall live release rate of 94% and again exceed that goal in FY 10 with an overall live release rate of 93%.

LCAS Live Release Rate

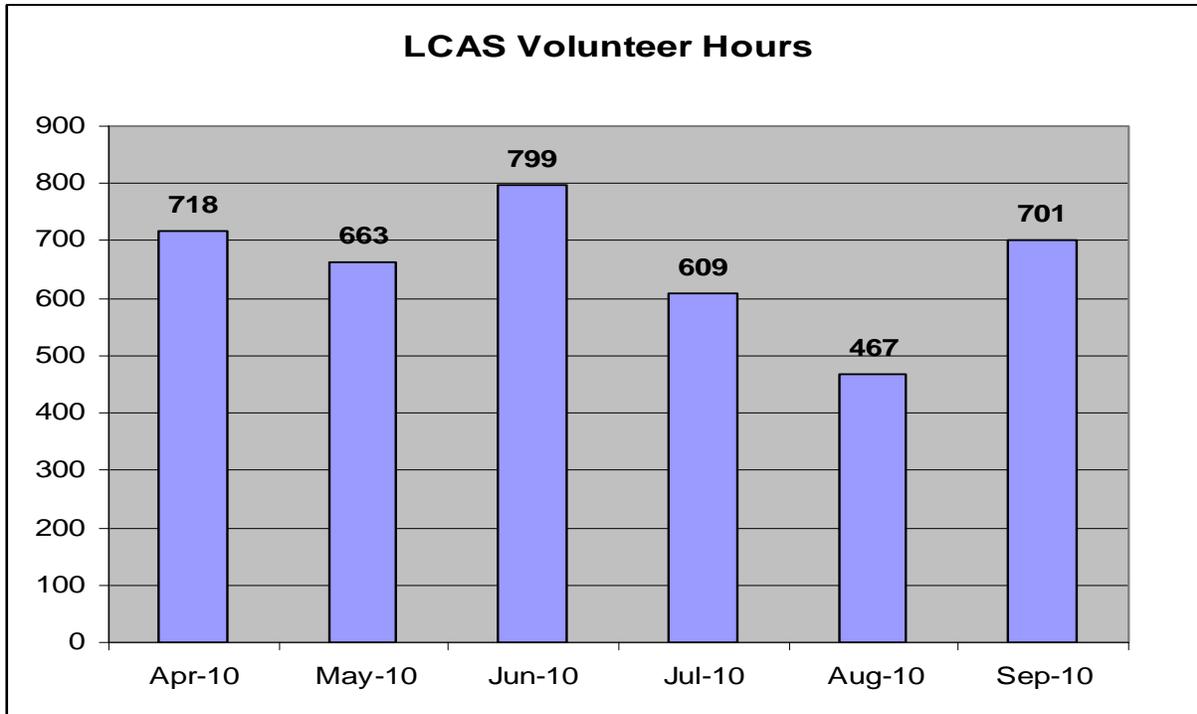


Dogs	75%	84%	89%	96%	96%
Cats	29%	40%	41%	89%	87%
All animals	55%	65%	68%	94%	93%

At year end, licenses sold were down slightly after seeing significant increases in prior years. 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. In response to the decrease in license sales LCAS is in the process of creating a License Writer position. This position will focus solely on license sales and will have the ability to cite dog owners who do not license. With the reduction of another animal welfare officer the remaining officers have limited time to follow-up on unlicensed dogs. The License Writer position will be able to fill that void.



A key to implementing and sustaining new programs at LCAS has been through the effective use of volunteers. During the last six months, volunteers have logged a total of 4,208 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. Forty eight animals were fostered during the past six months. This does not include the kittens that were being cared for by citizens through the Cat Program. Volunteers have helped tremendously in making physical improvements to the facility, donating 142 hours towards the beautification of the facility. Dog walkers contributed 2,204 hours, giving the impounded dogs a very needed break from their kennels which reduces stress. Most dogs are walked every day. Boosting this cadre of volunteers continues to be a priority at LCAS.



Examples of specific program efforts during the last 6 months include:

- Continuing with the monthly licensing clinics with free rabies vaccinations, which are offered off-site in different parts of the County;
- The stray cat program has been a great success in our efforts to save the adoptable animals that come to the shelter by engaging community members in providing two weeks of home care after an initial medical exam and vaccinations for found cats and kittens prior to impounding, resulting in less illness in the cattery and more adoptable cats;
- Development of training standards for Animal Welfare Officers along with medical staff and a plan to ensure that sufficient training is provided for all staff;
- Enhanced spay/neuter efforts with low cost or free spay/neuter vouchers for “bully breed” dogs (pit bulls and pit mixes). In the first year of the program over 200 “bully breeds” were altered;
- Creation of a full time Behavior and Training Coordinator position has given us the ability to expand our efforts to assess the dogs as they come to the shelter and to develop behavior modification programs for the special needs animals;
- The “LCAS Challenged Dog Team” has given us a new format to deal with the more challenged dogs in order to find better solutions in their placement;
- Our partnership with Lane Workforce Partnerships has given LCAS critical coverage in areas where staff cannot be available, and is a training tool for Lane County residents re-entering the job market;
- Collaborative efforts with Greenhill Humane Society and Lane County Veterinary Medical Association (LCVMA) continue to move forward in support of the Animals in Disaster Response Team. In September, LCVMA donated an emergency response trailer and funds to equip it for community education and

disaster response needs. The group continues to recruit and train volunteers and plan community education events to encourage disaster preparedness.

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

- The reduced funding from the contract with the City of Eugene resulted in the elimination of an Animal Welfare Officer position. The reduction in Animal Welfare Officer time in the unincorporated area of Lane County to .5 FTE and within the city limits of Eugene by 1 FTE is having a significant impact in those areas. LCAS is triaging its response to calls, only able to respond to the most serious and dangerous situations. Reports of dog bites and other significant issues have to wait longer for an officer response, and concerns about animal abuse and neglect also have longer response times. The lack of officer time has limited staff ability to follow up on failure to comply with dog licensing. Staff from the City of Eugene is working at the direction of City Council to examine options for providing animal services in Eugene, and to determine if there are models from other communities or different strategies that could be employed to decrease the expense associated with this service.
- The focus on decreasing euthanasia of adoptable animals has resulted in more animals being housed than the shelter was designed to accommodate. This puts increased pressure on both the animals and the staff who care for them, highlighting the importance of more emphasis on adoptions and rescue work.

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.

Grant Awards

The Community Health Center was notified in October that we were awarded a \$4.9MM grant. This grant was awarded through a competitive application process:

- American Reinvestment and Recovery Act – Facility Investment Program (FIP) Grant. Received award for \$4,920,023 over two years. This grant will provide almost 60% of the funding to renovate and equip the CHC's replacement for the RiverStone Health Center.

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 \$666,691 of these funds through September 30th. To date the ARRA funding has enabled the CHC to retain/hire 11.5 FTEs at our health centers and to fund approximately 3 FTE construction positions during the Charnelton remodel. The ARRA funding has also enabled the CHC to provide 13,542 medical visits to 10,421 patients.

Days in Accounts Receivable (A/R)

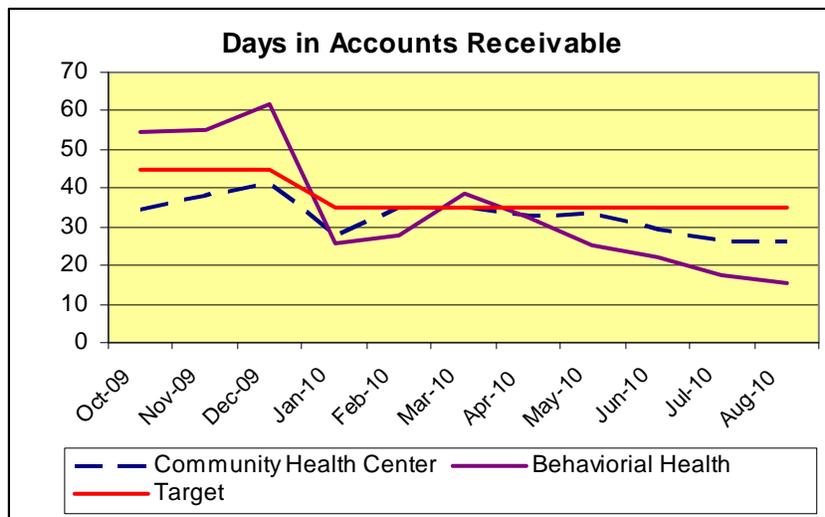
Days in A/R is derived by dividing the total dollar value in accounts receivable by the organization's average charges per day. Many organizations only look at the total dollar amount in accounts receivable, or in the accounts receivable aging. (That is, the total dollar amount of A/R that is 30 days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

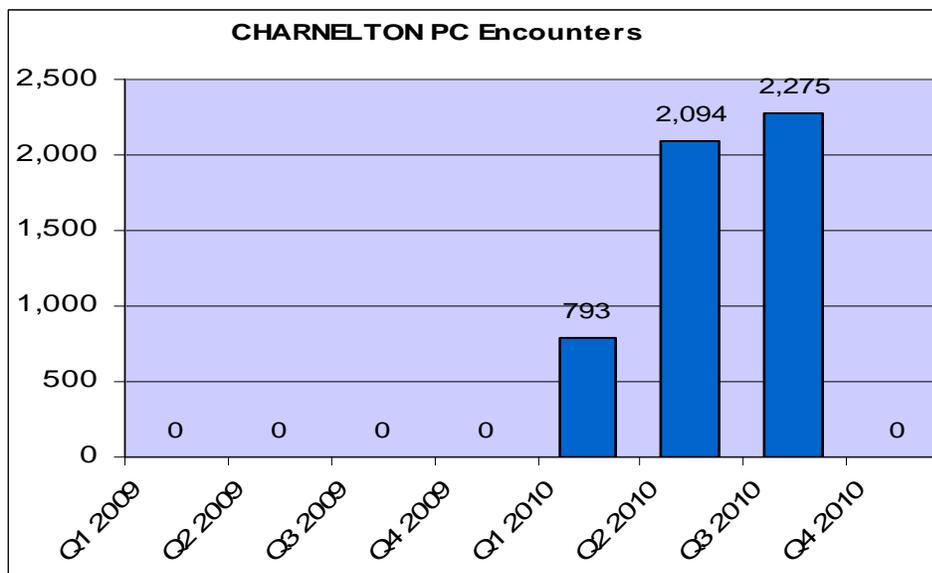
A solid industry benchmark for days in A/R would be less than 45 days. The CHC has always out-performed the industry standard, and is routinely below 30 days. The mental health accounts receivable was quite high earlier in the year due to payment delays with key payors. We reduced our target from 45 days to 35 days at the beginning of the year. We have made tremendous progress during the past year and consistently out-perform against our internal and industry benchmarks.



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

RiverStone Clinic – Health Resources and Services Administration, through the Affordable Care Act, awarded Community Health Centers of Lane County \$4,920,023. These funds will be used for the renovation and construction cost of the new RiverStone Clinic on Olympic Street in Springfield. We are scheduled to move into the new facility in March 2011. This facility is almost twice the size of the existing clinic and will allow us to serve an additional 5,500 patients.

Charnelton Clinic – The newest of our clinics, we continue to see steady growth, with 5,190 patient appointments completed this calendar year. We are working closely with WIC to streamline the referral process between primary care and WIC clients.



Prenatal Program – We are scheduled to begin prenatal services in January 2011 through a partnership with PeaceHealth. The CHC has three family physicians that will provide prenatal care in collaboration with a PeaceHealth nurse midwife. PeaceHealth’s midwives and OB/GYN’s will continue to do the deliveries. Once the women have delivered their babies, the CHC offers an on-going medical home for these families.

Electronic Medical Record – The CHC received 9 responses to our RFP. We are in the process of scoring the proposals. We anticipate making a final selection by the end of this year.

Primary Care Home – The CHC joined a primary care medical home initiative through Oregon Primary Care and Qualis Commonwealth Foundation in 2009. The medical home is an approach to primary care organized around the relationship between the patient and the personal clinician. First championed by the American Academy of

Pediatrics, the medical home is broadly defined as primary care that is "accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective."

Medical homes are associated with better preventive care and improved chronic disease management (chronic diseases are a major source of high health care costs). Forty-two percent of people with a medical home have regular blood pressure checks, for example, compared with 20 percent without a regular source of care or medical home. Furthermore, patients with medical homes are more likely to report better access to care, better coordination of care, improved communication with their primary care provider, and fewer medical errors. Data shows that medical homes do not just improve, but actually eliminate disparities in getting needed medical care.

Medical homes also produce efficiencies. U.S. adults with medical homes were less likely to have medical reports unavailable during a visit or to have to undergo duplicative tests.

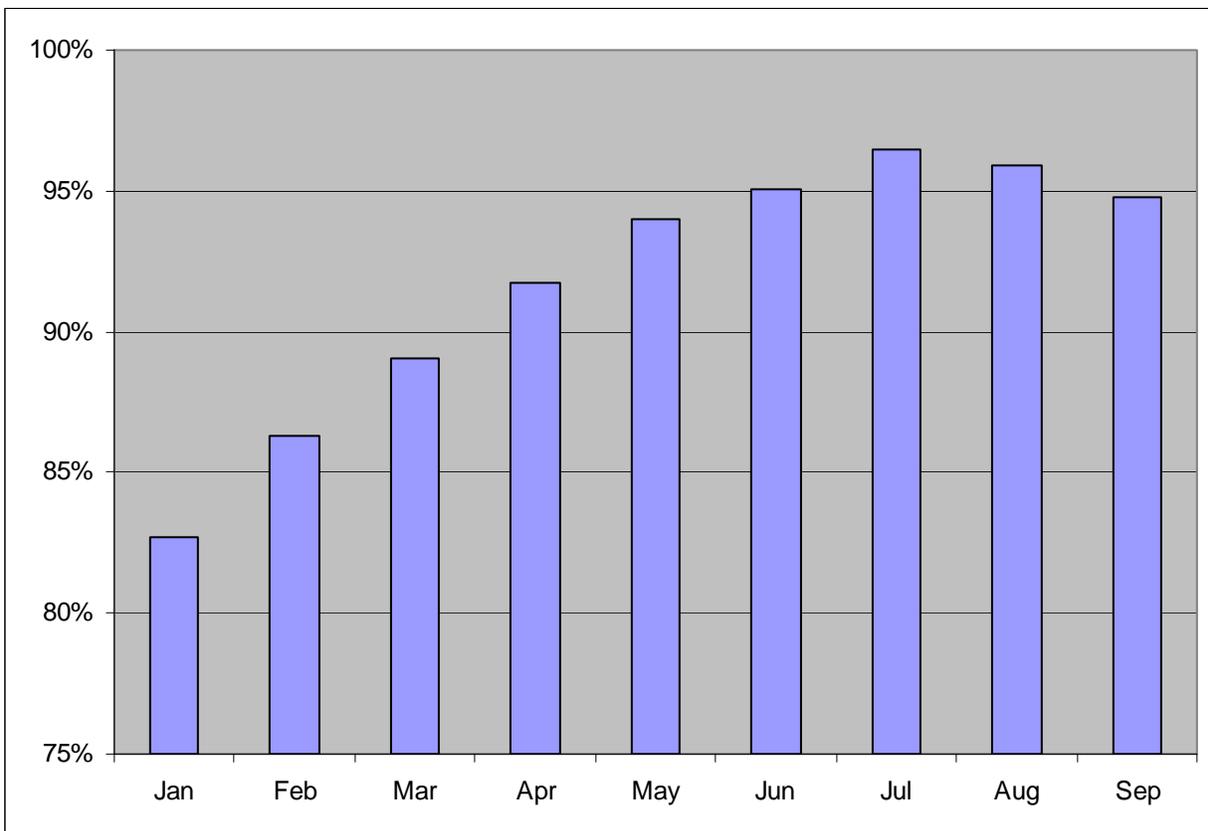
Developing metrics to recognize and monitor medical homes is an ongoing process that was kicked off by the National Committee for Quality Assurance (NCQA) in 2007. According to NCQA's national measures, to qualify as a patient-centered medical home a practice must demonstrate proficiency in at least five of the following 10 areas:

- written standards for patient access and patient communication;
- use of data to show they are meeting this standard;
- use of paper-based or electronic charting tools to organize clinical information;
- use of data to identify patients with important diagnoses and conditions;
- adoption and implementation of evidence-based guidelines for three conditions;
- active support of patient self-management;
- tracking system to test and identify abnormal results;
- tracking referrals with paper-based or electronic system;
- measurement of clinical and/or service performance by physician or across a practice; and
- reporting performance across the practice or by physician.

One of the first metrics being used by collaborative is assigning individual patients to a specific medical provider. The graph below demonstrates the CHC's progress in meeting this metric.

2010 Empanelment - % of Active Patients Empaneled

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
a. Numerator	5422	5670	6010	6455	6790	7052	7552	7690	7840
b. Denominator	6556	6569	6751	7034	7221	7417	7830	8017	8275
Percent (a/b)	83%	86%	89%	92%	94%	95%	96%	96%	95%



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 1844 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 117 foster homes for adults and 17 foster homes for children, with five additional child foster homes in the certification process, 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

LCDDS provides case management services to children (from birth to 17 years old) with developmental and intellectual disabilities, and this number continues to grow in size 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.

Due to the children's team's positive outreach efforts working with community partners in Lane County, the numbers of children served by LCDDS for case management services has grown to 468 from 452 last year. 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 last year, 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 has been a great development for the children's team and the community we serve, and will allow LCDDS to more effectively service this community.

Outreach has also been impacted by a positive change in case management services, as Family Support funding is now connected to children's case management as an entitlement support. As the Lane County community continues to be aware of this funding source – despite budget reductions, more families are contacting Lane County DD Services for case management/family support funding for their children with developmental disabilities

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 this often occurs outside of Lane County (usually in the Portland metropolitan area) due to the allocation of resources in the state of Oregon for children in the DD system who need residential supports. This is an area that has been prioritized by the team for the Cascade Regional Team to look at in terms of developing local resources for these children. Unfortunately, due to the way the State of Oregon allocates funding for children's residential placements, Lane County has been unable to develop any local resources for challenging kids and adolescents needing placement out of their family home.

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 400 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 allocation from SPD has been reduced over the last two years, which caused the funding to families to be deduced to \$200 per family (down from \$500 in 2009 & \$1,350 in 2008). This has increased the com has made the job of the service coordinators more challenging – as a good portion of families struggle to spend within this new limit, requiring more time from service coordinator's to assist with this process. Unfortunately, the Family Support program is slated to be discontinued, in March, 2011, due to budget constraints.

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

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.

SERVICES TO ADULTS

Comprehensive Services

Lane County Developmental Disabilities Services provides comprehensive services to 580 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 1:69, in contrast to the state caseload standard of 1:49.

The LCDDS foster home system in Lane County currently provides foster care for 291 adults and 61 children. There are 117 adult foster homes, and 17 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 LC Cares date base 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 to 80% of our performance goal, as opposed to 44% from two years ago. Case managers collect valuable information regarding individuals and the operation of the homes during these visits. Information collected on the visits is tracked electronically, and is periodically reviewed by the LCDDS quality assurance coordinator and management team.

It is estimated that 20-30 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

After the completion of the roll-out to the two brokerages serving Lane County, one brokerage liaison positions, or Systems Improvement Coordinators, were designated for each brokerage, Full Access and Mentor Oregon Mid-Valley Brokerage. The Systems Improvement Coordinator positions included 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

Due to current budget constraints, these two positions have been eliminated. The High School Transition team (part of the Children's Team) and the Adult Comp team lead worker will assist adults into and out of Brokerage services as needed.

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.

Last year, the state ReBAR (Restructuring Budgets and Rates) Unit, 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. 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, and the training is in high demand. Learning these approaches to behaviors will help to maintain health and safety for individuals with developmental disabilities. The Diversion Specialists are also providing technical assistance to families and foster providers related to behavioral issues. The Region expects to identify 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.

In an effort to increase much needed group home capacity for adults in services, the Cascade Region, in coordination with the State DD Office and Lane County DDS, is hosting a Forum for residential agencies. The purpose of this event is to strategize new group home development within those local agencies ready to expand.

The Cascade Region is also working with the City of Eugene Adaptive Recreation program to create new recreation activity groups for children in DD services. The goal of this program is to experience more of the leisure activities that Lane County has to offer. This will also give these children a much needed opportunity to expand their community and learn the skills necessary to engage in activities outside of specialized recreation.

An example of a "soft" capacity development project is the Lane DD Training Cooperative, which was created and launched in January, 2010, 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.

Another project that is designed to increase existing capacity is technical assistance that is provided to foster providers to expand their skill levels. They may self-refer, or be referred by LCDDS staff. Such technical assistance has included meeting Oregon Administrative Rules (OARs) requirements, client behavioral plans, and emergency preparedness.

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. Due to the current budget crisis, the QA program has lost 100% of its funding. LCDDS has chosen to continue with 1 FTE for QA (reduced from 3 FTE), in order to preserve the QA function of monitoring performance measures, conducting file

reviews, and collaborating with management to monitor the QA plan. Historically, the QA plan was required by the OARs, but with the termination of QA funding, its functions have been moved under the Management Plan, though it may not retain as many focus areas. Typically, the QA Plan addressed 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.

Another QA function which has been discontinued is the QA Committee. The QA Committee made suggestions for quality improvements of funded services for individuals with developmental disabilities in Lane County. Another main function of the committee was in monitoring and advising LCDDS about the performance outcomes and accountability measures featured for each area, including specific percentage targets for each quality measure. This included providing review and comment on data gathering methods, results of information gathered, and the effectiveness of any corrective actions taken.

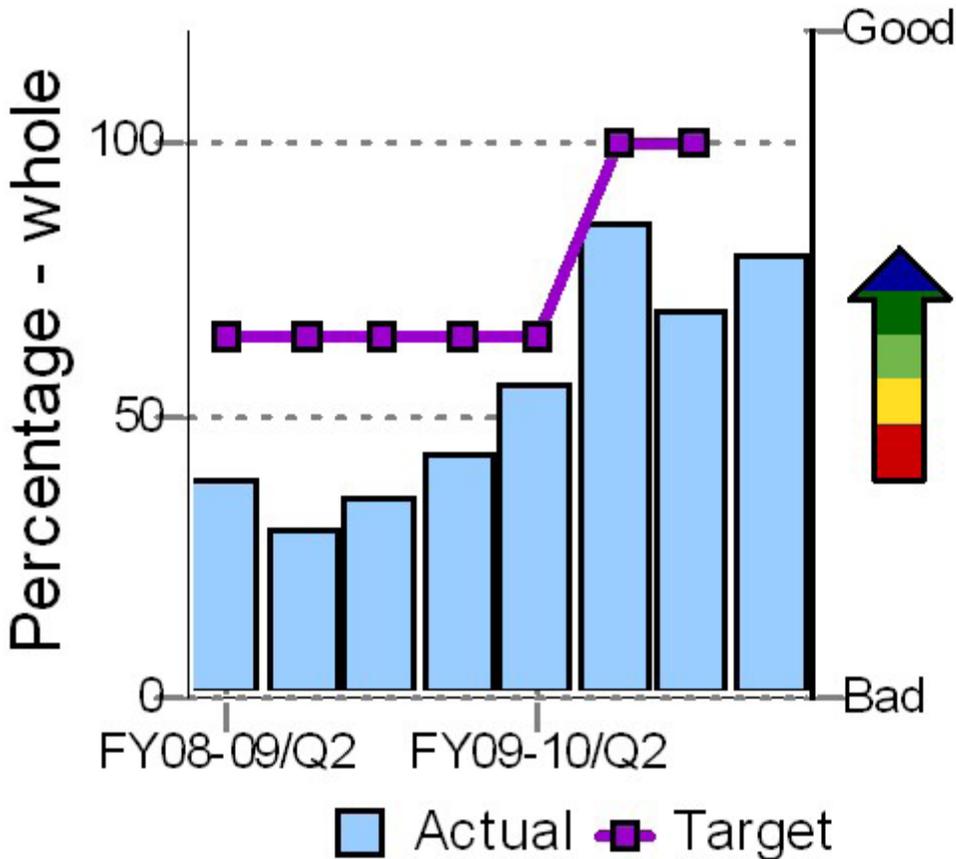
For performance measures, data is collected and tracked on established performance measures in the areas of case management services, contracted services, and quality assurance. Monitoring is a core function and responsibility of LCDDS quality assurance program. OARs historically required monitoring 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.

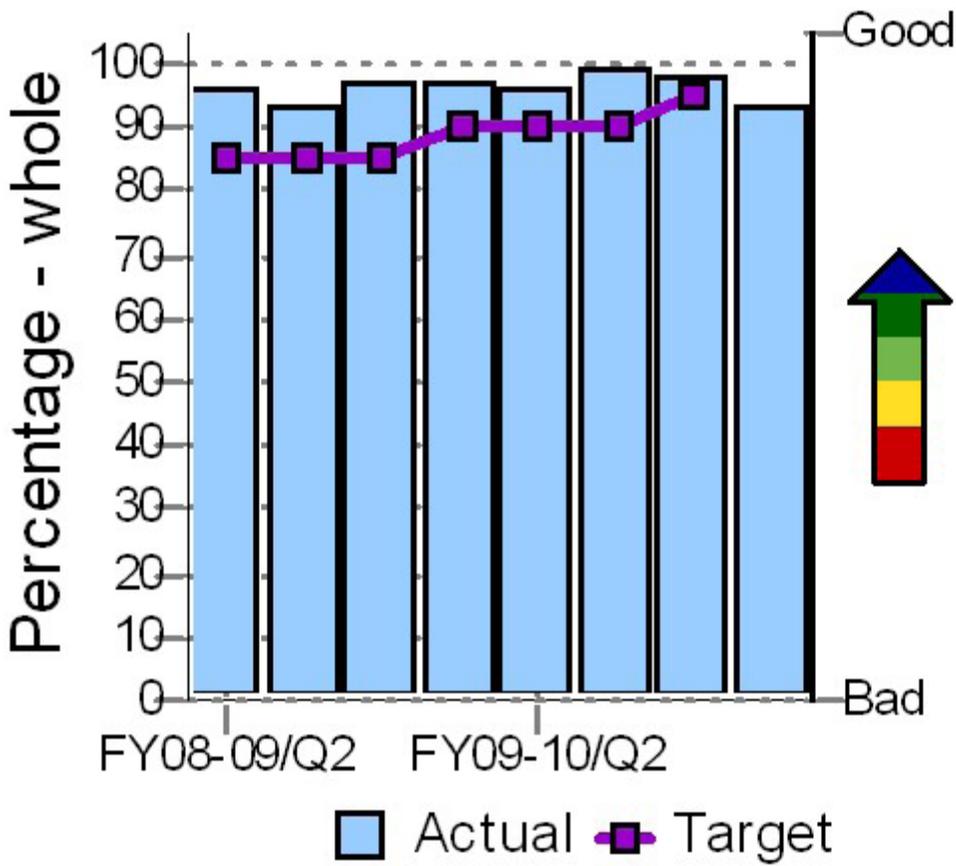
Due to budget reductions, changes to the SERT program have reduced the types of SERTs that must be recorded to PSIs (abuse allegations), medical hospitalizations, psychiatric hospitalizations, and deaths. The Serious Event Review Team historically met monthly to review serious events such as ER visits, hospitalizations, police, fire or ambulance calls, involving individuals who live in group homes or foster homes; with budget reductions, the team will only meet quarterly, and only to review the new categories of SERTS. Follow-up actions will be reviewed, documented, and tracked on a statewide data system, with timelines established by the state.

One of the major components of the Quality Assurance Program is to provide oversight in the area of health and safety for individuals living in DD foster and group homes. To help accomplish this, QA tracks the monitoring visits conducted at our DD foster and group homes by the DDS services coordinators. This year we have made huge improvements in the number of monitoring visits we have conducted, as shown in the

graph below. The eight bars on the graph represent quarterly outcomes for monitoring visits. As you can see, our performance increased significantly from FY09-10 Q2 (44%) to a soaring 86% the next Q3, FY09-10, and continuing with high outcomes since that time (70% Q4, FY09-10, and 80% Q1, FY10-11). These improvements are a result of renewed prioritization in this area, and diligent work by our DD services coordinators.



Another component of the Quality Assurance Program in the area of health and safety is the review of serious events that occur with individuals living in DD foster homes, group homes, and supported living settings. The Serious Event Review Team (SERT) used to meet monthly, but now meets quarterly as a result of requirement changes at the State level. Our SERT reviews are thorough, and follow-up measures are discussed for individuals being hospitalized either for medical reasons or psychiatric reasons. Deaths are also reviewed. Below is a graph showing outcomes for the past eight quarters in meeting SERT timelines established by the State. As you can see, our outcomes consistently meet or exceed our target.



Emerging Issues in Developmental Disabilities

- **Current Fiscal Issues** – SPD is facing deepening budget problems in the current biennium and in the FY11-13 biennium. During FY 11, budget reductions have included 10% reduction to targeted case management (DD48), elimination of the QA program, 10% reduction in Admin funds (DD02), 10% reduction to the regional budget, totaling over \$414,000. In addition, there has been a 6% reduction in service payments to residential and vocational providers. Support brokerages also took a 10% cut in targeted case management, and a 10% reduction in Admin, which affects individuals that we also serve.

In order to deal with a severe shortfall in the Short Term Diversion (DD 44) or “crisis” budget, funds are currently being swept back to the state, to be re-allocated at an unknown reduced level. Significant additional reductions, up to 25%, are proposed for the next fiscal year. This budget shortfall will lead to some local procedures to be streamlined, causing level of care decisions to be made quickly, and possibly inaccurately. Other procedures may slow down, leading to some individuals having to wait significantly longer to move into new living situations.

In order to more accurately project overall costs for the FY11-13 biennium, SPD is simultaneously building continuous service levels using current costs per case and

levels of service, and also preparing a budget with 25% reductions, as directed by the Dept of Administrative Services.

- **Outreach to the Latino community** - Last 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. This represents over 6% of the families we serve, which is significantly higher than the overall percentage (4.5%) of Latinos in Lane County.

- **Adult Abuse Investigations** – With the passage of HB 2442 last 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.

So far the biggest impact has been a dramatic increase in call volume for Abuse Screening. We receive between 15 and 30 calls per week vs. about 5 per week in 2007. 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. In addition, for the first time, LCDDS has hired investigators who have law enforcement backgrounds, reflecting the Office of Investigations and Training's (OIT) emphasis on quasi-legal investigations and reports. The newest member of this team is the 1.0 FTE dedicated to Screening and Protective Services. This individual screens reports in or out and performs Targeted Case Management activities as needed for clients at risk.

- **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 a provider development forum, in order to encourage new development of adult group homes and foster homes in response to specific client

needs. With no changes in the children's residential system, Cascade Region is continuing to focus on technical assistance and specialized recruitment of 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 240 participants. The region also presented two follow-up emergency preparedness training sessions for foster care providers, a total of an additional 50 participants, in addition to the previous sessions' 83 participants.

This year, 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.

- **Aging and Individuals with DD** - The DD population is aging, and we are beginning to see a population in care which has increased needs, including dementia, 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 staff 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 ReBAR (Restructuring Budgets and Rates) system, which began in 2009, was expected to be completed at the end of 2010, but instead will see that end delayed. Because of the severe shortfall in STD funding, there will be a sharply increased need to speed up SIS assessments for individuals in crisis, which will delay the completion of ongoing ReBAR conversions. 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 195 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. In order to handle an increased number of pro se litigants in June, July and August of 2010, the Program began offering weekly group orientation sessions for mediation clients and developed procedures to triage cases prior to scheduling individual mediation sessions.

A total of 613 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)

The Human Services Commission (HSC) provides and funds for services that break the cycle of poverty and make lasting changes in people's lives by meeting the community's basic needs, increasing self-reliance, building a safer community, and improving access to human services. Starting in the fall of 2008 and concluding in the winter of 2009, HSC engaged in a comprehensive planning process that involved extensive community input. This process resulted in a long range blueprint for human services. A significant outcome was the adoption of the *Human Service Fund Priorities* in July, 2010. This strategic framework was used for the HSC to determine funding policy and decisions for our community as a result of extraordinary economic and financial circumstances.

Over the past several months, HSC staff worked with City of Eugene and Springfield staff, the Human Services Commission, and the Community Action Advisory Committee to develop two key policy documents: *Human Services Commission Priority Area Outcomes and Human Services Commission Funding Policies*. These documents guide the implementation of the HSC request for proposal process for contracted human services with non-profit agencies for FY12 & FY13. These materials are located at <http://www.lanecounty.org/Departments/HHS/hsc/> and include:

- Human Services Plan for Lane County
- Lane County's Ten Year Plan To End Chronic Homelessness
- Eugene-Springfield Consolidated Plan 2010
- Human Services Commission Human Services Fund Priorities for FY 2012 and 2013
- Human Services Commission Priority Area Outcomes
- Human Services Commission Funding Policies

Human Service Funding Policies

The adopted *Human Services Commission Funding Policies* provides a sensible way to ensure efficient and effective use of limited resources. The policies provide a level playing field for all non-profit and public providers of human services to access the funding process and to be compensated equitably. They ensure geographic parity in access to basic needs and self-sufficiency services. They require accountability through measurable outcomes. The policies ensure coordination and collaboration with schools, public safety, and other service providers and engage the community in finding solutions.

The nine newly adopted human service funding policies are as follows:

- 1) Proposals submitted must be consistent with the planning documents (also available on the HSC website).
- 2) Contracts will be awarded for services delivered in one of the four regions and/or countywide.
- 3) Contractors must coordinate with schools, hospitals, public safety and other service providers and address collaboration and linkages with community organizations
- 4) HSC funding cannot exceed 85% of the total program's budget.

- 5) HSC funds applied to administrative costs shall not exceed 15% of the total amount of HSC funds requested.
- 6) Awards will be based upon available revenue; \$25,000 per year will be the minimum amount awarded, and \$175,000 per year will be the maximum amount for program awards.
- 7) Contracts will be awarded to ensure programs are adequately funded to achieve the desired outcomes and the HSC administrative staffing levels associated with reporting and oversight are sustainable.
- 8) Funding cycles will be for two years with the option to renew based upon the availability of revenue and satisfactory performance.
- 9) Priority Area funding levels are based on FY 09-10 amounts less ARRA and Limited Duration funding.

Request for Proposals

The Human Services Commission provides and funds for services that break the cycle of poverty and make lasting changes in people's lives by meeting the community's basic needs, increasing self-reliance, building a safer community, and improving access to human services. Currently, the HSC Division on behalf of the Cities of Eugene, Springfield is seeking proposals from community-based organization for services that contribute to a continuum of care within Lane County and are consistent with approved Human Services Commission's (HSC) jurisdictional priorities and strategies included in the documents below.

The total amount to be contracted under the RFP is \$4 million. This year the amount of contracted services is \$4.3 million plus an additional \$2 million of contracted service supported by ARRA funding. The final amount of revenue is likely to be less based upon additional federal, state or local funding reductions.

Based on the \$4 million dollar amount the following are the funding levels by priority area:

<u>Priority Area</u>	<u>Funding Level</u>
• Priority 1: Meeting Community Basic Needs (TIER I)	up to \$1,724,177
• Priority 2: Increase Self Reliance (TIER II)	up to \$1,805,210
• Priority 3: Building a Safer Community (TIER II)	up to \$298,886
• Priority 4: Improving Access to Services (TIER III)	up to \$171,727

The timeline for the RFP process is as follows:

- **Monday, October 4, 2010** - RFP Packets Available
- **Thursday, October 14, 2010** - Pre-proposal Conference
- **Thursday, November 4, 2010** - RFP Due
- **Monday, November 15, 2010** - Notification of Committee Recommendations
- **Wednesday, December 15, 2010** - Contract Awarded by Board of Commissioners
- **Friday, July 1, 2011** - Services Begin

Key Concerns for the *Human Services Commission moving forward* are:

- Declining revenues from funders at all levels of government will require that we equitably distribute funds to meet the priorities and service needs of the full range of populations. Limited duration funding from Eugene, Springfield, and Lane County in the amount of \$698,434 will not be available. These funds had previously been used to address the needs of homeless youth, families and singles and those impacted by the recent recession. On-going state and federal revenues will decline by an estimated minimum of \$200,000. Temporary American Reinvestment and Recovery Act funding in the amount of \$2.4 million will no longer be available.
- We continue to be challenged with high unemployment, newly struggling families/individuals that are economically displaced by the recession, increasing needs in terms of both the number of people needing service and the complexity of their needs, as well as the resulting persistent growth of poverty and homelessness. The population of elderly, veterans, and people with disabilities needing services continues to grow. Cultural and language diversity in households adds to the complexity. We realize these combined challenges will substantially impact how we deliver services.

We look forward to working with are jurisdictional partners to find solutions for our most vulnerable neighbors.

Training and Technical Assistance

HSC prioritized technical assistance this year for provider partner staff to include trainings, seminars, and technical assistance toward the following goals:

- Provide HSC providers with technical assistance, support and accountability
- Provide a forum for information sharing, planning, coordination, establishing common standards and practices
- Build specific skills
- HSC provided eight trainings during fiscal year 2010 ending June 30 including 86 training hours for more than 600 participants. Evaluations completed at each of the sessions were overwhelmingly favorable with 92% of respondents rating the trainings as Applicable to Their Needs, and the Overall Presentation as Good to Excellent.

In addition, HSC provided monthly OPUS trainings for more than 90 provider staff, three Energy Program trainings for 52 participants and trainings related to implementation of the Homeless Prevention Rapid Re-Housing program. HSC Staff provided trainings including:

- Situational trainings like HPRP implementation
- Ongoing monthly OPUS trainings
- Energy related trainings

Provided 78 hours of training for 565 participants

Training Consultants provided specific technical skills such as:

- Case Management
- Employment
- Financial Literacy
- Social Security Benefit Access
- Self Care

Training Evaluations indicated:

95% value added

Comments ranging from, " *This changed my life* "to " *If I had none this when I started my job, I would have been a lot more effective*".

Social Security Benefit Access for Homeless People in Lane County

As part of the Continuum of Care planning process, HSC prioritized increasing access to social security benefits for homeless people. Staff revisited the 2005 Lane County/SOAR planning process and initiated contact with Lane County participants to determine the level of interest in implementing a community wide initiative.

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are disability income benefits administered by the Social Security Administration (SSA) that generally also provide either Medicaid and/or Medicare health insurance to individuals who are eligible. For people who are homeless with mental health problems that impair cognition or who are returning to the community from institutions (jails, prisons or hospitals), access to these programs can be extraordinarily challenging. The application process for SSI/SSDI is complicated, detailed, and often difficult to navigate. Nationally, about 37 percent of individuals who apply for these benefits are approved on initial application. Appeals take an average of 1-3 years to complete. Yet, accessing these benefits is often a critical first step in recovery.

SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps local communities to increase access to mainstream benefits for people who are homeless or at risk of homelessness through training, technical assistance and strategic planning. SOAR currently works in 34 states and Los Angeles County and has replicated a model that has resulted, thus far, in success rates on initial application of 70 percent compared to the usual 10-15 percent for applicants who are homeless.

On June 23, 2010, 34 representatives of state and local agencies met in at Lane County Mental Health to learn about the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative and to develop an action plan for implementing SOAR in Lane County.

Information was shared among State offices of social security, disability determination, presumptive eligibility and welfare and self sufficiency regarding what works, how it works, strategies to reduce barriers and increase collaboration and commitment to our shared goal to increase access to social security benefits for homeless people. The

Lane County Social Security office indicated that would take a lead to help facilitate this process locally.

Local public and private partners including nonprofit service providers, PeaceHealth, LCMH, CHC, and Senior & Disabled Services described the system currently in place, provided some data about homeless people in our community and shared challenges and opportunities to help inform the planning process. The afternoon was devoted to developing an Action Plan. The process was tightly structured, well facilitated and highly productive.

First year accomplishments included:

- White Bird and ShelterCare received intensive on site and combined training and technical assistance funded by OHCS and HSC.
- Two staff, one from public sector and one from nonprofit sector, attended a four day Train the Trainer even in Seattle in August funded by SAMHSA.
- Lane/SOAR Coalition met August 10 to begin to further develop and implement the Lane/SOAR Action Plan.

The HSC Continuum of Care including the Ten Year Plan to End Homelessness is taking the lead to ensure the Lane/SOAR Initiative to increase access to social security benefits for homeless people is met and the systems are embedded for the long term. As a result, at least 100 people receive benefits this year, move into housing, access health care and are self sufficient.

Veterans Services

With the return from Iraq in April of the largest deployment of Oregon National Guard troops since WWII, Lane County Veteran Services has been assisting many of the 400+ local residents who are members of that unit. This was the third combat deployment for many of these veterans since September 11 2001 and their concerns have been numerous. Furthermore, the office continues to provide services to many WWII & Korean War veterans who need long-term care and Vietnam veterans who are approaching retirement. Last FY, the office helped their clients obtain over \$5,630,370 in lump sum benefits.

VIII. LANE CARE (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 45,000 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.

LaneCare still maintains the highest utilization and participation 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.

In September 2010 LaneCare assumed responsibilities for managing services contracted to us as a part of the Adult Mental Health Initiative (AMHI). This has resulted in additional funds (\$800,000) and a significant increase in workload. LaneCare has assumed responsibility for managing access to and transition from long term care facilities for adults with a serious mental illness.

LaneCare continues to use funds for prevention, education and outreach projects (PEO). This year we have funded 14 community projects that include services for: homeless, at-risk youth; teen parents; life skill classes for adults; and parenting classes for at risk moms. The RFP for PEO projects funded in 2011 will be released in November, 2010.

LaneCare will implement two projects that will review contractor performance. LaneCare will establish pay-for-performance criteria and will track performance of contractors on engagement of clients and on error-free submission of claims. LaneCare has contracted with an organization to implement the ACORN survey which monitors

client outcomes by monitoring weekly a clients' response to a short questionnaire. LaneCare expects approximately 100 clinicians to participate in the first year.

LaneCare is taking a State and National leadership role in developing Medication Optimization Guidelines for the prescribing of psychiatric medications.

For the past twelve years LaneCare has shared a Medical Director with Lane County Mental Health. Effective November, 2010, LaneCare will contract with a psychiatrist to provide 10 hours of Medical Director services. LaneCare is also adding an additional Care Coordinator and a new Program Supervisor.

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 was a recommendation for LaneCare to invest up to \$100,000 in a project. LaneCare reviewed the proposal and has approved funds for the project which will be overseen by the Relief Nursery.

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. Funds were allocated for this project and the contract was awarded to Looking Glass. Services started in July 2010.

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. LaneCare will continue funding this position for a second year.

LaneCare's covered lives (this is the number of clients eligible for Medicaid funded mental health services) had significant increases in the last few years, and is anticipated to grow further. We are working to restructure LaneCare's committees and councils to both work more efficiently and effectively to get community input and recommendations, and to assist us in system improvement and service delivery. We are also looking at a broader range of voices and some new members. With the combination of increases in client caseloads, expectations to support and collaborate in integrated health care, and with additional projects, such as the AMHI above, we need to be more efficient and effective in our use of time.

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. We had thought there were no reductions anticipated for LaneCare. With the extent of the budget deficit we are anticipating possible reductions that range from manageable to extremely drastic.

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 will have a significant impact of LaneCare members. 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.

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. Fortunately we have benefitted from the increased Medicaid payments that come as a result of being under the FQHC umbrella. 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 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 this 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. The Methadone Treatment Program came under the scope of the FQHC in October, which should help stabilize that programs funding, perhaps allow for expansion to serve individuals on the waitlist, and access to primary health care for methadone clients will be a wonderful step toward achieving healthy outcomes.

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 PPS 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 diminishing public funding.

OUTPATIENT MENTAL HEALTH CLINIC

Adult Outpatient Services: The Adult outpatient clinic continues to serve large numbers of clients. We are currently serving 1,200 Lane County adults. Access and enrollment data continue to suggest that increasing numbers of uninsured Lane County citizens are seeking services through County programs. We have been able to increase access a little due to filling two open Mental Health Specialist positions and 1.5 Licensed Medical Professional positions. We continue to prioritize admissions to those

citizens coming out of inpatient psychiatric care, or for those that are at imminent risk for requiring hospitalization.

We have recently implemented the State of Oregon's new Integrated Services and Supports Rules (ISSRs). 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. Staff has been trained and many of our forms and reports now reflect the language and process changes the new rules require. One of the requirements of the new rules is to track and evaluate clinical outcomes. We are working with our MHO, LaneCare, to develop the ACORN system of surveys and questionnaires which will gather data on the individual's response to treatment services and continually assess the therapeutic alliance between providers and the individuals they serve. These data will be trended to a national data base of clinical outcomes. All management personnel and direct care providers have been introduced to the ACORN system and we have completed initial development of the survey questions. Implementation of this system is expected to begin in January, 2011.

Additionally, the new ISSRs has necessitated the development of a revised Quality and Performance Improvement program for our division. A new committee has been formed and a performance improvement work plan has been developed. The first QI committee is scheduled to meet later this month.

We are preparing to implement phase two of our new Electronic Health Record, LC Cares. Phase two, which are the clinical Assessments and Integrated Services and Supports Plan has been delayed for several months so that the division could adopt the new ISSRs. With this complete, we are ready to begin. Full implementation of phase two is expected to be complete by April, 2011.

Integration of Mental Health Services with Primary Care services has continued to develop. Expansion of Mental Health Services into the Community Health Clinics is expected to begin in the next several months. A small task force has been formed to explore various models of integration and will report back to the FQHC leadership in the next couple of months.

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 102 individuals, including two pregnant patients, and two HIV+ patients. There are currently thirty-five individuals on the waiting list.

At the end of this past July, and with State and Federal approval, we moved the program to the new Health and Human Services building at 151 W. 7th Ave (informally known as Charnelton Place).

The Methadone Treatment Program has maintained financial stability in this past year. As of October 1st, 2010, the program has been brought under the umbrella of the FQHC. The expected enhanced reimbursement rate will allow us to move ahead with the much needed expansion of services. We intend to hire a third counselor in the next few months and we expect to provide treatment services to an additional 35 persons. Additional expansion is being considered. In recent months our medical Director has decided to retire and we are now recruiting for a new Medical Director. We expect the new doctor to be in place in the next couple of months. In addition, we are looking into increased coordination with Primary Care Services, now that we are co-located with one of our Community Health Centers.

In spite of many challenges, the methadone program continues to provide high quality services to our clients. The staff is comprised of committed professionals that have a high investment in the mission of the program and the patients we serve. This commitment to excellence is also exemplified by our on-going commitment to providing education to other community programs about opioid dependence and methadone treatment. The counselors make regular presentations to community partners and stakeholders, and have several scheduled in the coming months.

The treatment needs for citizens with opioid dependence continues to far exceed our ability to provide treatment services. Even with our planned expansion, we cannot meet the need. 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.

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. Enrolled children are generally eligible for Oregon Health Plan. The average monthly enrollment in outpatient community based services is 300 children and families. The average monthly enrollment in Intensive Child services is 20 children and families. From 07/01/09 – 06/30/10 the Child and Adolescent Program enrolled 180 unduplicated children/families into clinic services. 23 of these 180 children enrolled in Intensive Services (13%) and 157 children enrolled in Outpatient Services (87%).

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), Intensive 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 direct services). Parent Orientation groups are offered monthly to inform families of LCBHS services and supports including family rights/responsibilities, informed consent, role of medications and alternative treatments. In FY 09-10 sixty-seven families attended Parent Orientation meetings and are actively engaged in services and supports offered from our parent support organization Oregon Family Support Network (OFSN). In addition we offer evidence based Collaborative Problem Solving Parent Book Club, based on the work of Stuart Ablon and Ross Greene Treating the Explosive Child. We offer these 8 – 10 week Collaborative Parenting groups on a quarterly basis. They are co-facilitated by CAP staff and OFSN staff. The parenting groups are well received and attended by families with a light supper and childcare provided to ease family attendance.

The past fiscal year 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. All CAP screenings, assessments, treatment plans and clinical/medical progress notes are now in the EMR, allowing ease in faxing records, recording and sharing of records from multiple sites. The next implementation is e-prescribing and the development of reports to track and review prescribing practices in the treatment of complex childhood psychiatric disorders.

Based on data pulled from LC Cares from 07/01/09 – 06/30/10 the child program screened via phone or clinic walk-in 253 Lane County children requesting LCBHS services. 7% of the screening calls required an emergent or urgent response (within 24-48 hour response time). We enrolled 157 children (87%) into outpatient services and 23 children into intensive services (13%) The remaining 73 children were redirected to other community based outpatient and intensive 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, River Stone Clinic and the Charnelton Building. In addition the Child Program has extended outreach to Springfield High School via the school-based

health clinic (CHC site) and have a dedicated child staff member who provides a portion of her FTE delivering mental health services on-site at the Springfield High School. LCBHS Child Program is a member of a mental health-schools steering committee which brought 4 community forums to Lane County this past school 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 15 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 goals to stabilize acute care needs, coordinate and manage intensive services, development of integrated child and family teams, return to Lane County with 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 06/30/10 LCBHS has served 64 non Medicaid eligible Lane County children and families with intensive needs. From 07/01/09 – 06/30/10 we served 38 non-Medicaid intensive children providing comprehensive evaluations, Level of Need Determination, individual therapy, family therapy, group therapy, collaborative parenting, psychiatric services, care coordination, child and family team meetings, wraparound services, pharmacy and consultation services. Flexible dollars have purchased additional services/supports/alternative treatments when needed to enhance community based placement.

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. 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. We contract with Jasper Mountain Safe Center for 72 hour community crisis beds.

Members of the LCBHS Child Program have participated 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. Members of the LCBHS Child Program are on the LCBHS Diversity Committee, the building Safety Committee and on the county wide DAC 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 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 supports individuals as they return to the community after hospitalization at the Oregon State Hospital. The project has served 40 individuals over the past year. 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 6 - 8 month period.

Mental Health Court:

This wildly successful venture with City of Eugene has entered its 6th 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 78% completed the program successfully and had their charges dismissed.

Sex Offender Treatment Program:

Currently 27 individuals are participating in group and individual therapy, including regular polygraphs as part of their treatment. The program has had nine successful graduations over the past year. 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. The program was evaluated using the Corrections Program Checklist, an evidenced based evaluation of services, in October. The findings demonstrated improvement from the last evaluation, in 2006, while maintaining the highest rating level possible of Very Satisfactory.

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. 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 mentally 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 from around the state including the Oregon State Hospital. As of September 1, 2010 the state Addiction and Mental Health Division has rolled out an adult mental health system initiative titled AIMHI. AIMHI is intended to decrease the capacity and utilization of the state hospital allowing for greater flexibility, and therefore enhanced utilization of residential beds at the county level. LCBHS along with the Managed Health Organization in Lane County, LaneCare are partners in facilitating this dramatic change.

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 600 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 QMHP level (Master's or above) clinicians (contributed by PeaceHealth as in-kind support to this program), three QMHA level staff paid for by LaneCare and hired by PeaceHealth, a psychiatrist (Dr. Michel Farivar, (the Mental Health Medical Officer), 2 Psychiatric Nurse Practitioners, and 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 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 stands for 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 have been recruiting individuals for subjects in the study, were in fact the first site to get a number of individuals approved, and are on track to exceed the number of subjects required for the study.

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. Planning is currently underway for additional crisis and hospital diversion services for the adult mental health system.

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 and third group of 20 officers have received the 40 hour 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 Springfield Police earlier this year.

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.

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) 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.

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.

In 2009, there were 673 newly reported cases of chronic Hepatitis C in Lane County. In 2010, we have received 460 new reports of chronic Hepatitis C. If the present rate of reporting holds, we are on track for a decrease of about 60 total reported cases this year. Reporting of chronic Hepatitis C became required in July of 2005. Since that time we have been learning about the depth of the pool of old disease in our community. Large numbers of old cases continue to be identified, so it continues to be difficult to ascertain the beginning of the cases. Health and financial implications are significant, since the long term health effects of chronic Hepatitis C are numerous, expensive to treat effectively, and not available to certain segments of the population. Hepatitis C is now the leading cause of liver transplants.

In 2009 there were 5 cases of acute, newly acquired Hepatitis C reported in Lane County. Thus far, in 2010, we have received 5 new reports. While these are not large numbers, new reports do indicate that there is transmission occurring. New reports of acute Hepatitis C are investigated to identify contacts and provide education to the case regarding self care and prevention of the spread of the disease.

In September of this year, LCPH accepted an amendment to the Department of Human Services Intergovernmental Agreement to accept \$30,000 for the current fiscal year to conduct enhanced surveillance and investigation in individuals less than 30 years of age who are newly reported cases of chronic Hepatitis C. It is postulated that transmission of Hepatitis C is most likely to be occurring among younger people. By investigating newly reported cases in younger individuals, we may be able to document where new infections are being transmitted and take steps to reduce the risk of transmission.

Another reportable communicable disease of note during the six months between April and September, 2010, is the reemergence of Pertussis. There have been 33 reported cases during this time frame. Pertussis, or whooping cough, is a vaccine preventable

disease which has regained public health significance in recent years. While most reported cases in Oregon, and in Lane County, occur in individuals more than 10 years old, the most serious complications of the disease occur in infants and young children. Since a booster vaccine for adults to prevent pertussis became available, a key public health message is to vaccinate older children and adults who may have contact with young children.

The January through September, 2010 Lane County total case count for reportable communicable diseases, including sexually transmitted diseases, is 1,727.

Immunizations

The LCPH immunization program has provided 2,145 immunizations in the past six (April, 2010 – September, 2010) months. Numbers of immunizations given at LCPH have returned to pre-H1N1 levels. In addition, the hiring of a 4th Communicable Disease nurse was completed in May. She has completed her initial comprehensive immunization training and is providing client services.

In addition, the LCPH immunization delegate clinics have provided 2,886 immunizations in the same time period. LCPH continues to provide immunization support to delegate clinics. At present these include 4 school based health centers, 4 Community Health Centers of Lane County, and Health Associates in Florence. One other school based health center is transitioning back on the LCPH delegate immunization program. In the 2010 state Immunization Program Triennial Review of our program, the reviewer noted the enormous positive impact to the community that results from our coordination and management of so many delegate immunization clinics.

As part of our Immunization Comprehensive Triennial Plan, LCPH is continuing the identified research and education activities to address excessively elevated (>10%) Religious Exemption (RE) rates in large schools in Lane County. Activities this year include:

- Listing the individual vaccine not accepted by parents for each religious exemption student,
- Scheduling trainings with the 5 identified schools on
 - Ways for the schools primary immunization staff to approach immunization topics with parents
 - New state rules and processes for reporting REs

Now that the LCPH Immunization Program is under the same roof, in the Charnelton Building, as WIC and one of the Community Health Center clinics we are planning new ways to interface with those programs to streamline information and access between the programs regarding immunizations.

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

Tuberculosis

The LCPH TB nurse Case Management staff has been busy since the beginning of calendar year 2010. Eight cases of active disease were initially evaluated and placed on daily directly observed therapy. Three more people who were initially suspected of having active TB disease were fully evaluated until it was determined that their disease was not active tuberculosis. Each identified case was followed by intensive contact investigation which yielded a total of 24 new latent TB infections and 1 case of active disease. Contacts to one of the cases that needed to be evaluated included 2 contacts in Los Angeles, California and 2 in Jackson County, Oregon. LCPH TB nurse case management staff worked with their counterparts in the locations outside of Lane County to assure that appropriate information was transferred and contact investigations were completed. Those infected were assessed and placed on medication to treat their latent tuberculosis infection. Of the active cases, six active were foreign born. Cases this year were from countries in Central Asia, Africa, and Latin America. One case returned to their home country for an extended period and the LCPH TB nurse case manager made the necessary international arrangements to assure appropriate ongoing treatment while the case is out of the country.

County wide, our preventive treatment program for latent tuberculosis infection (LTBI) currently has 20 clients receiving medication and evaluation services. At present budget and staffing levels, LCPH evaluates and treats only those LTBI clients who are contacts to active cases of tuberculosis or have other problems which make them, statistically, at greatest risk of breaking down into active disease, and potentially causing further spread of tuberculosis in the community.

This year again, Lane County has not had cases of tuberculosis in the homeless population. This continues to be an at-risk community and LCPH continues to provide twice yearly monitoring of the ultraviolet light TB prevention system at the community homeless shelter which sustained an outbreak of tuberculosis in 2001/2002. The epidemiologic profile in Lane County is consistent with the state as a whole.

We continue to provide ongoing B2 Waiver tuberculosis evaluation and follow-up for those referred from immigration services. In the past six months, 3 individuals referred through this process required further county health evaluation to assure that they had not acquired active tuberculosis disease.

The LCPH Communicable Disease program relocated from the Health Annex to the new facilities in the Charnelton Building in July. We now have 2 functioning negative pressure rooms with documented air exchange rates that exceed OSHA requirements. This is protective for LCPH staff as well as clients and is an important step to assure that we can safely provide care to clients who may be seen with highly infectious reportable communicable respiratory diseases, including tuberculosis, measles, or pertussis. Generally such infectious clients are served by LCPH outside the facility, but it is vitally important to be able to separate and isolate such potentially infectious clients when they do present in our office.

Sexually Transmitted Diseases

Reported Lane County chlamydia case counts for the period between April 1, and September 30, 2010, are at 616. For all of 2010, Lane County is reporting just a few cases less than was seen in last year's record number. This elevated incidence of chlamydia is consistent with the large numbers seen throughout the state. Chlamydia remains, by far, the disease with the highest case counts of any reportable communicable disease in Lane County. In addition, with most cases of chlamydia being asymptomatic, it is estimated that the true case count is 3 to 4 times greater. Surveillance reports show that the greatest burden of disease is in those people less than 25 years of age. These numbers do not reflect the increased morbidity, including hospitalizations or fertility impacts such as increased ectopic pregnancies, in those who sustain complications from chlamydia infection.

The total number of gonorrhea cases remains below levels reported in the past two years, with 22 reported between April 1 and September 30, 2010. LCPH has received 2 reports of syphilis in 2010.

Provision of sufficient access to clinical exams, testing, and treatment is currently challenging and is being addressed on several fronts and through collaborative public/private efforts. Planned Parenthood is once again offering testing for reportable sexually transmitted disease to those 24 years of age or younger who also meet low income and insurance access criteria. One of the core functions of LCPH is to provide referral to services in the community. As STD calls come in, our nurses provide assessment and screening to help clients get to the most appropriate and affordable services. For example: a young adult with STD concerns might also need contraception services. The LCPH nurses are able to help the client evaluate her resources and health needs and refer her to either one of the Community Health Centers (CHC) of Lane County or Planned Parenthood for the Family Planning Expansion Program (FPEP) and STD testing. The client may have primary health care needs in addition to STD testing and can be provided with necessary information to get an appointment at a CHC site.

Clients with symptoms of STDs, or who are contacts to reportable STDs, are provided with appointments for testing and treatment at LCPH. Appointment opportunities for STD screening at LCPH remain below optimum levels. Currently, there is ongoing discussion at the state and county level regarding the scope of practice for nurses in STD clinics. While LCPH nurses operate under standing orders reviewed and signed by our public health officer, the results of the scope of practice discussion may require adjustments in the manner in which we provide direct client services.

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. LCPH has resumed joint street HIV outreach efforts in conjunction with HIV Alliance. While outreach efforts are focused on encouraging clients to test for HIV, LCPH takes the opportunity to prevent disease and promote health in other ways during these activities. In April, LCPH was able to provide, at no cost to the client, H1N1 flu immunizations.

HIV Counseling Testing and Referral Services (CTRS) continue to be provided by appointment and, if possible, when clients drop-in for testing. From April through September, 2010 LCPH provided these services in-house and also at Willamette Family Treatment Center (WFTC). Outreach and testing is also done 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 National HIV Testing Day on June 29th, and National Coming Out Day at the University of Oregon. The event provided an opportunity for a number of individuals with high risk histories, who had never previously tested, a comfortable and supportive setting to learn their HIV status and receive harm reduction, client-focused HIV counseling.

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 488 HIV tests.

Needle exchange (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 the site behind the old Health Annex building. In June of 2010, LCPH transitioned our in house needles exchange efforts to HIV Alliance. With LCPH support, walk-in clients can now receive packs of 10 to 20 new syringes and infection prevention supplies during daily hours at HIV Alliance.

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 3,156 restaurants, hotels, public swimming pools, schools, and other public facilities (this is an increase of 155 public facilities for this six month reporting period). There are a couple reasons for this increase. One is the trend we are seeing for food vendors to choose mobile units and temporary restaurant facilities as a method for selling food. Secondly, there has been a rule change requiring mobile unit operators to obtain a commissary license to serve as a base of operation for their mobile units when previously this was not required. Environmental Health (EH) employs 7 FTE Environmental Health Specialists that are responsible for 4,953 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 (990), mobile units (165), commissaries and warehouses (47), vending machines (4), temporary restaurants (1082), pools/spas (296), traveler's accommodations (119), RV parks (75), schools/correctional facilities/treatment centers (162), summer lunch program (6), day cares (173), 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. Environmental Health will host a food manager's class on October 19. Twenty-seven students are scheduled to attend.

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 the last twelve months, 67,073 Food Handler Cards were issued statewide through our on-line food handlers' testing e-commerce website orfoodhandlers.org. 8,619 of those cards were issued to Lane County residents. An additional 1,355 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 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 26 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.

In the summer of 2010, 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 2011 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 have expanded that project to a statewide registry. They are also working on a mapping project to locate and risk-categorize local restaurants. We continue to look for projects for which university interns can be involved.

The program continues 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.

The Environmental Health Program recently completed its Triennial Review by the state Public Health Division and received excellent marks with zero deficiencies in both the Food/Tourist and Travel and Drinking Water Program.

MATERNAL CHILD HEALTH

The goal of the Maternal Child Health (MCH) program is to optimize pregnancy, birth, and childhood outcomes for Lane County families through education, support, and referral to appropriate medical and developmental services. MCH services for pregnant and postpartum women and for young children and their families are provided through the following program areas: Prenatal Access (Oregon Mother's Care), Maternity Case Management, Babies First, and CaCoon.

Prenatal Access/Oregon Mother's Care

The Prenatal Access/Oregon Mother's Care (OMC) program helps low income pregnant women access early prenatal care. Program staff determines eligibility for Oregon Health Plan (OHP) coverage during the prenatal period and directly assist with the completion and submission of the OHP application and verification of coverage. The program helps pregnant women schedule their first prenatal visit by providing prenatal 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 193 low-income women access OHP and prenatal care during the past 6 months.

Maternity Care Management

The Maternity Case Management program provides ongoing nurse home visiting, education, and support services for high-risk pregnant women and their families during the perinatal period. Community Health Nurses help expectant families access and utilize needed and appropriate health, social, nutritional, and other services while providing pregnancy and preparatory newborn parenting education. Perinatal nurse home visiting has been shown to: increase the use of prenatal care, increase infant birth weight, decrease preterm labor and extend the length of gestation, increase use of health and other community resources, increase realistic parental expectations of the newborn, improve nutrition during pregnancy, and decrease maternal smoking – all of which increase positive birth and childhood outcomes. This program served 256 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 216 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 40 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 Program (“PHP Program”). The program develops and maintains the capacity of the department to:

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

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

Plan Development

The PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Since the last Board of Health report, the PHP program released and adopted a new continuity of operations plan for Lane County Public Health and Health and Human Services Administration. The approved plan 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. Several sites throughout Lane County have tentatively been identified as possible locations to house the resource during an emergency. Formal agreements and written plans are expected to be finalized by June 30, 2010.

Accreditation

As of August, 2010, Lane County Public Health has begun to assess and document the programs excellence through participation in the nationally recognized recognition program "Project Public Health Ready." This review process is part of an ongoing effort to assure continual improvement and readiness of Lane County Public Health. LCPH is 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. This ongoing project will be finalized in fall of 2011.

Training & Professional Development

To ensure competence in an emergency, Lane County Public Health adopted a comprehensive training program incorporating professional standards, and state and federal guidelines. The plan was adopted on October 1, 2010. At the minimum, all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Beyond the minimum standards, employees with specified emergency response roles require additional training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate. All Lane County Public Health and some supporting roles in Lane County Health and Human Services Administration will achieve the targeted training requirements by June 30, 2011.

Plan Development, Exercises & Drills

In addition to classroom based training, the PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. PHP staff is currently drafting a 3 year exercise program. This program, targeted for adoption by December 2010, will be designed to progress through simulations or exercises that gradually increase in complexity. Each exercise is intended to build upon lessons learned in previous exercises and in each cycle specific capabilities will be addressed. To prepare staff and improve emergency response capabilities, the plan will also specify drills conducted on a regular basis.

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, supplemental foods and individualized nutrition education to address their specific risk conditions. WIC Registered Dietitians provide more in depth nutrition counseling to clients identified as high risk. Group classes are provided to clients to enhance their nutritional status.

Forty percent of pregnant women in Lane County participate in the WIC Program, which indicates the broad impact that the program has on prenatal health and birth outcomes. WIC services are a critical part of public health efforts to address Lane County's high rate of infant mortality.

In September 2010 the WIC Program was serving 8,395 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 7,948. The state-assigned target caseload level is 8,294 vouchered participants per month. The program is currently maintaining at 95.8 percent of this assigned caseload level and efforts are in place to increase the vouchered caseload. Office closures during the move to the Charnelton building impacted the number of appointments available and initially it was a challenge for some clients to find the new WIC location, so show rates have been somewhat lower than normal for the past two months.

Participant Centered Education strategies are being implemented in accordance with the state and federal WIC guidelines. 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 is now directed towards providing participant centered education in the group nutrition 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.

The WIC program issued Farm Direct checks to 1,809 clients during the months of June-September, 2010. These \$20 checks are used to purchase fresh fruits and vegetables from farmers' markets and farm stand vendors. WIC families who received the Farm Direct checks were educated about the nutritional value of fresh fruits and vegetables and the benefits of shopping with local farmers.

New changes in state regulations now allow clients to spend some of their regular monthly WIC vouchers at farmers' markets and farm stands as well. This season WIC staff attended farmers' markets in Eugene and Springfield to educate clients on site about the differences in using the two types of vouchers/checks. This part of the

'farmers' market' program is ongoing throughout the year as long as fruits and vegetables are available at markets and farm stands.

Both of these 'farmers' market' projects provide opportunities for clients in this county to purchase healthier and locally grown foods, which impacts longer term food choices and helps to address the obesity issue. For farmers, the estimated reimbursement from the Farm Direct checks is \$32,000 (for this growing season) and the annual projection for reimbursement from the regular WIC fruit and vegetable vouchers is expected to be \$622,944 for Lane County.

The WIC Program completed a successful move to the Charnelton building in July 2010. The new clinic space includes a dedicated classroom which allows for larger class sizes and greater efficiency. In late September, the program held a client welcome event to familiarize many clients with the new location. The event also served as a WIC nutrition education class and an opportunity for clients to learn about other related community resources. Staff from other Public Health programs, service providers from various community organizations and a local farm participated in the welcome event. Approximately 220 clients attended the event, which was well-received.

Move to Charnelton Building

For the first time, all Lane County Public Health services are housed in one location. Staff is daily recognizing the benefits of co-locating services, for example, the ability to refer WIC clients down to the Community Health Center clinic or to Environmental Health for food handler cards or to Communicable Disease for immunizations, etc. In September all public health staff participated in an event to learn more about each of the programs so we can be more effective and efficient in our referrals to each program. Clients comment often how nice it is to be able to go from one floor to another for a variety of services.