Agenda Cover Memo

AGENDA DATE: May 4, 2011

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.

DIVISION REPORTS

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. Last 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.

Overall: Although the Prevention Program provides a variety of resources countywide, program staff has concentrated their efforts on two communities within the county: South Lane and Siuslaw areas. The goal of this focused work is to be more efficient and effective in helping to increase the communities' understanding of shared risk factors that contribute toward suicide, problem gambling and substance abuse. Once the community-based prevention coalition has developed a plan to target identified risk factors, the prevention program staff will work with other communities in the county.

Suicide Prevention: Prevention staff continues to lead a Lane County effort to prevent youth suicide and promote mental health. With the help of a small Garrett Lee Smith Memorial Act (GLSMA) grant, staff is able to provide 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. Additionally, the committee is focusing on identifying suicide prevention, 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. A South Lane County Suicide Prevention Committee was formed in November 2010 that also meets monthly to focus on local efforts and resources.

The capacity to offer suicide prevention and mental health promotion trainings in the county continues to increase. Lane County has several individuals certified to provide two suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR) for Suicide Prevention. In addition, we now have the ability to provide Mental Health First Aid (MHFA) trainings in the county. MHFA is a "groundbreaking public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders" and in doing so, helps increase mental health literacy and decrease sigma. To assist in bringing this program to Oregon, Lane County staff organized a MHFA Instructors Training in January 2011 where 30 individuals from across Oregon (five from Lane County) and several other states became certified to present these trainings. The first MHFA

trainings were held in Eugene and Cottage Grove in February and were very well received. Additional trainings are already planned for May and June.

Outreach continues to encourage high schools in Lane County to implement RESPONSE, the evidenced-based suicide prevention curriculum. In March, staff presented at a 4j school district in-service based on this curriculum to more than 30 staff.

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 Teen and 'Tween-Proof Your Home flyer continues to be distributed at community events and a month long Facebook ad campaign targeting parents in Lane County began in April.

Staff is collaborating with two researchers from the Oregon Research Institute on a new prevention initiative called WEAVE Lane County (**W**eaving **E**nvironments and **A**ctions that **V**alue **E**veryone). This initiative focuses on how we, as a community, can make wise investments in prevention – that is, programs and practices that are effective in promoting healthier children and youth and preventing the development of serious and costly problems like drug abuse, depression and suicide, and criminal activity.

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.

Supporting Parents: Lane County Prevention Program continues to support parenting education efforts, primarily through partnerships with nine school districts and eleven 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. Prevention staff continues to support FRC coordinators in applying for other funding to support evidence-based parenting education.

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. South Lane has implemented the Reconnecting Youth program in both Cottage Grove High School and Kennedy High School during the 2010-2011 school year.

***Problem Gambling Prevention*:** Lane County's problem gambling prevention program continues to be a leader in the field of problem gambling. Innovative and evidence-based youth presentations, media and social media efforts, and other strategies have helped increase the awareness among youth and families about problem gambling as a public health issue. In addition to its original programming, Lane County problem gambling prevention continues to make available curriculum support and technical assistance for two best practice prevention programs (Reconnecting Youth and Strengthening Families).

During the 2010-11 school year to date, staff provided direct in-class lessons to 316 middle school students and presentations to 130 high school and University of Oregon students. Middle school students scored an average of 88 percent on awareness post-tests, and high school participants scored an average of 90 percent. Survey results from University of Oregon participants revealed that 100 percent responded that, after the presentation, their knowledge of problem gambling increased.

Oregon Problem Gambling Awareness Week was March 6-12 this year; Lane County provided a host of efforts to increase awareness about hope and help for problem gamblers and their loved ones. Additionally, the week was an opportunity to reveal new youth data from the Oregon Student Wellness Surveys. Information about the new data and OPGAW efforts in Lane County may be found at www.preventionlane.org/gambling/opgaw.htm. The website affiliated with our program, www.preventionlane.org/gambling, had 1,141 distinct visits in March.

Additionally, our program continues to receive additional funding for the development, maintenance and hosting of the Oregon Problem Gambling Services website for prevention providers, www.problemgamblingprevention.org, and for corresponding social media for on behalf of Problem Gambling Services.

Finally, our program was invited to serve on the National Conference on Problem Gambling planning committee for 2011.

Community Engagement: Prevention program staff continues to support community-based prevention coalitions across the county: HBHC, South Lane, 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 and South Lane communities are both implementing 'Communities that Care,' an evidence-based prevention community mobilization process. The communities are currently reviewing data in preparation for the development of a community plan that addresses the risk and protective factors leading to the problem behaviors that are present in each location. Both communities are interested in environmental/policy changes to address underage drinking, and are considering which strategies are needed to address their individual risk factors in order to have the best results.

Prevention Outreach: The prevention program launched the new website, www.preventionlane.org, earlier this year and it 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 150 fans and continues to grow as a free media tool to connect those in our community with local prevention resources.

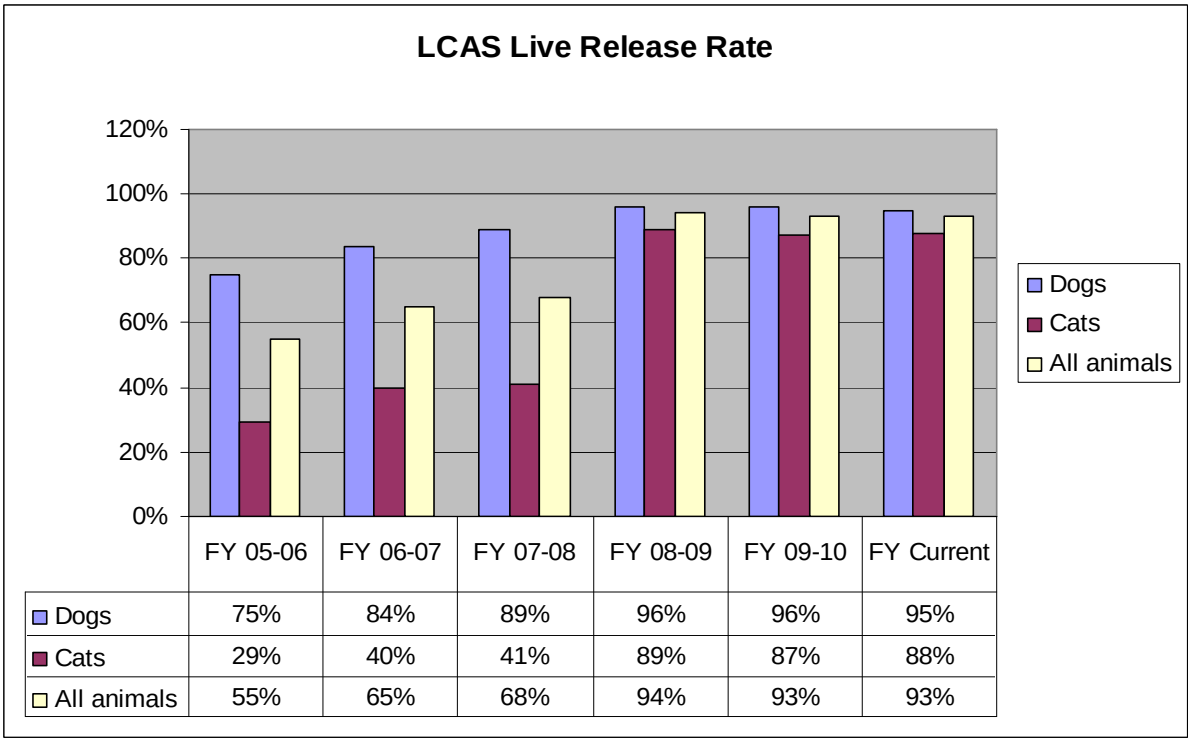
Also, the Lane County Prevention Program moved to the new location at 151 W. 7th Ave. in December 2010. The Prevention Program has a resource library for the region which also moved to the new location, requiring an assessment of current and relevant materials. New materials, including educational pamphlets on relevant topics are now available in the new location, in both the lobby on the first floor and the Prevention Library, located on the 5th floor next to HHS Administration.

II. ANIMAL SERVICES (Rick Hammel, Acting Program Manager)

DIVISION OVERVIEW

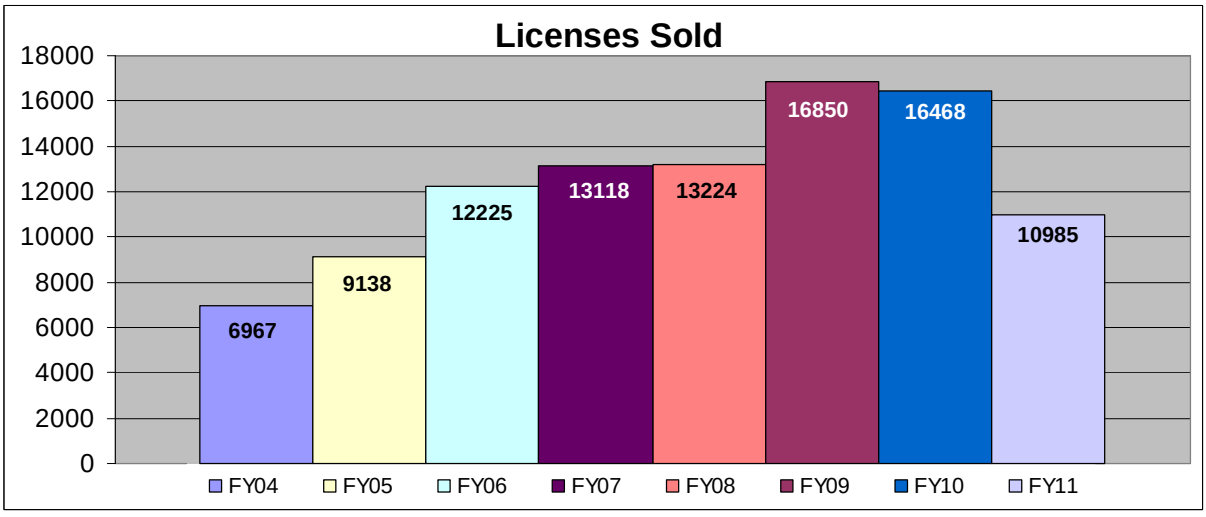
Lane County Animal Services (LCAS) has a mission to ensure public and animal health, safety, and quality of life within our community; and bringing about and maintaining an environment in which people and animals can live harmoniously. This includes animal control and protection services to unincorporated 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%. So far for FY 11 we are maintaining a 93% Live Release Rate.

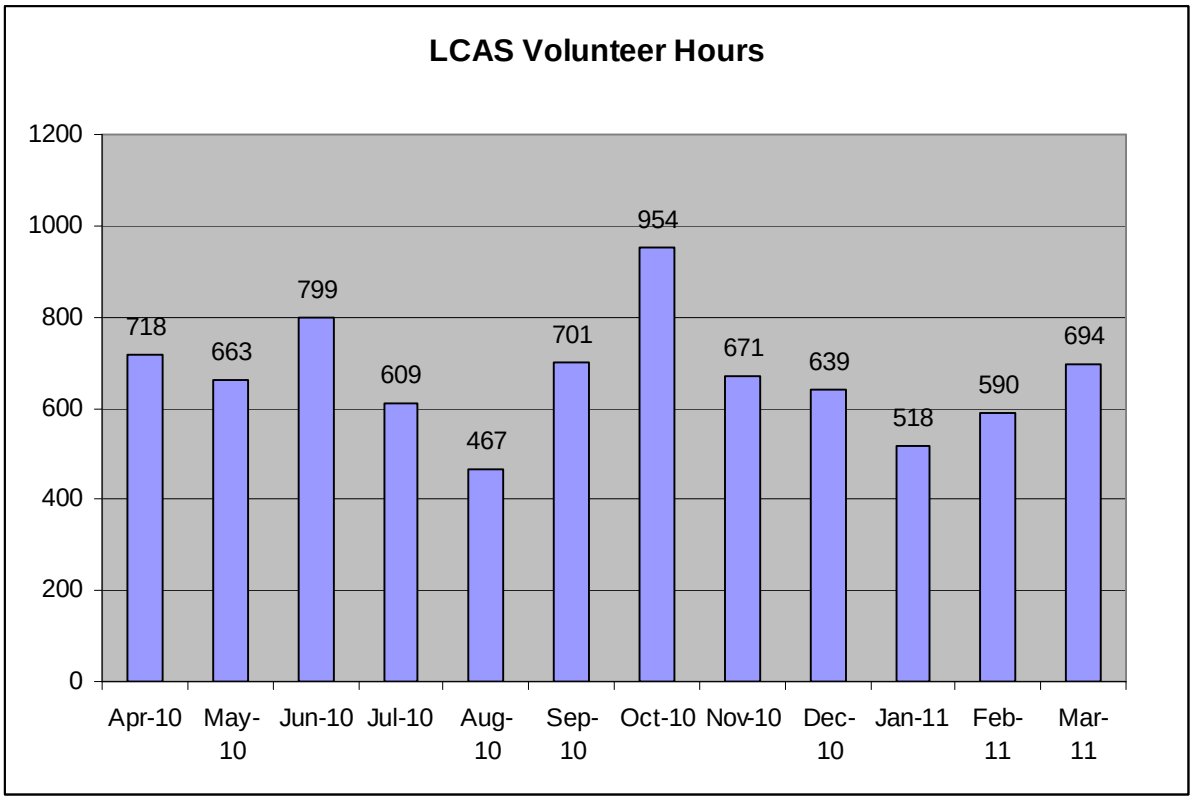


	FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY Current
Dogs	75%	84%	89%	96%	96%	95%
Cats	29%	40%	41%	89%	87%	88%
All animals	55%	65%	68%	94%	93%	93%

Year to date license sales are down by 22% after seeing significant increases in prior years. The recent media coverage of our License Writer position, however, resulted in March exceeding the monthly goal by 33% and April is looking similarly successful. 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. We will monitor the effectiveness of the License Writer position thru June 2011 to determine its long term impact on revenue and sales.



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 4,066 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. 126 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 over 100 hours towards the beautification of the facility. Dog walkers contributed over 2,000 hours, giving the impounded dogs a much 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 both on-site some months and 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 been working on using social media to expedite adoptions and transfers of dogs and cats before they need full attention of the team. LCAS's new Facebook page and networking with the NW Red Alerts Facebook has resulted in new connections and positive transfers for challenging dogs. We've also expanded the Alerts e-mails and our Special Needs pages to include cats as well.
- 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. It also puts a spotlight on the immense need to have a new and larger facility. Such a facility better designed to promote adoptions is a must to assure LCAS can continue a high Live Release Rate.

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. We have received $3.3M of this award to date and expect that we will draw the balance of the grant funds within the next 90 – 120 days.

Grant Applications:
The CHC submitted a grant application to HRSA for $283,784 to implement a program to integrate mental health services into the primary care clinics. The approval of this grant request is contingent on congressional funding to HRSA and approval of our specific grant request.

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:

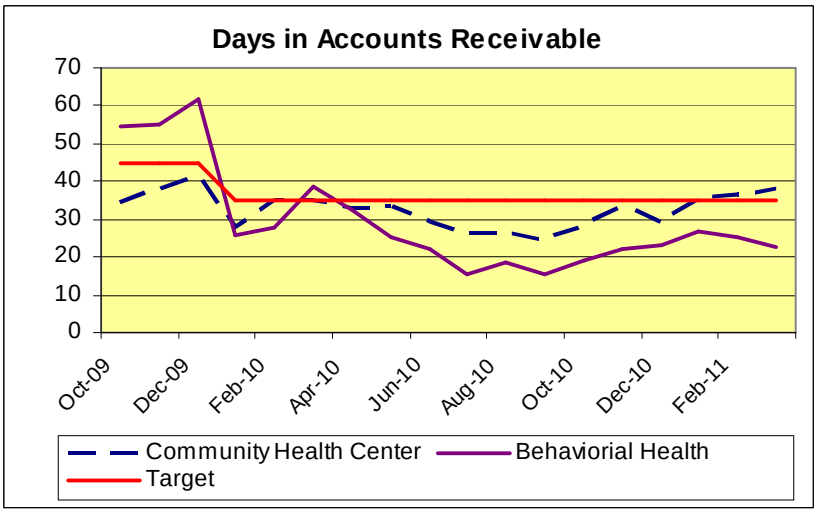
- Quarterly ARRA Grant Reports filed for the Capital Improvement Grant ($716,480) and the Increased Demand for Services ($294,588) Grant. We have now received all of these funds. The ARRA funding has enabled the CHC to retain/hire 11.5 FTEs at our health centers. The ARRA funding has also enabled the CHC to provide 20,997 medical visits to 15,909 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 receivables have gone up the last three months due to temporary staff absences which delayed claims processing. 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 now consistently out-perform against our internal and industry benchmarks.



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

RiverStone Clinic – RiverStone Clinic moved into the new location and began seeing patients on March 22, 2011. The new facility has 24 exam rooms, consolidates administrative services to one building, and allows for an additional 5,500 patients to be served. Open house is planned for Friday April 22nd.

Charnelton Clinic – The prenatal program opened on February 16 and continues to exceed our initial expectations. As a result, of the new service being offered at Charnelton Clinic, our pediatric practice is growing rapidly. We continue to work with WIC to refer patients between the two programs.

Electronic Medical Record – The CHC received 9 responses to our RFP. We are in the final stage of selecting our electronic medical record and begin the contracting process.

Primary Care Home – We continue to make progress in implementing patient centered primary care home principles. Several staff attended a national meeting in Boston in early March where the concept of patient centered medical home is being tied to the federal health reform plan as best practice. Oregon Primary Care Association continues to advocate for payment reform to support this model.

Federal Budget Reduction – We are monitoring the federal budget reductions and potential impact on the Community Health Center as the details of the cuts become available. The initial $1.3 billion reduction has been reduced to $600 million, which passed in the house. The National Association of Community Health Centers is recommending holding harmless existing health centers and taking any reductions that pass from expansion plans.

Integrated Primary Care and Mental Health – Lane County Mental Health and the Community Health Center are working together to provide comprehensive mental health services within primary care, increase access to traditional mental health services at LCMH, and to provide primary care to the severe and persistently mentally ills clients at LCHM. We are working together to evaluate the effectiveness of primary care services provided to this population at LCMH. We will evaluate health outcomes, emergency department utilization, hospital stays, and medication management.

Provider Recruiting – We have several excellent medical provider candidates that we will interview in April, a bilingual family physician, a bilingual physician assistant, and several nurse practitioners. We recently interviewed and hired a bilingual/bicultural psychiatric nurse practitioner.

Lean Training - Over the next few months, Community Health Center staff will be trained in Lean principles, taken from Toyota, these principles will teach staff to effectively identify and eliminate waste in their work processes. Staff will learn to clearly identify all activities, including content, sequence, timing, and outcome. They will clearly

define all connections to every customer, the pathways to serving our customers (patients) and to continuously improve upon those processes. The Lean process has been implemented successfully in several community health centers in Oregon and helps to support the patient centered medical home concepts.

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 1856 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 18 foster homes for children, with five additional child foster homes in the certification process, as well as placements in 36 Child Welfare foster homes. LCDDS also serves as the lead agency in Lane County for providing abuse investigations and protective services for adults with developmental disabilities.

PROGRAM SERVICES

Case management 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 was disbanded and been replaced by a brokerage liaison team; however, funding for the brokerage liaison team was eliminated, without any replacement funding. In addition to the two remaining case management teams, LCDDS has a family support program, a crisis program, a quality assurance program, and an abuse investigation team. 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 the Childhood Development Rehabilitation Center and Early

Childhood CARES, therefore more families are contacting Lane County DD Services for case management/family support funding for their children with developmental disabilities.

Outreach continues to be impacted by this positive change in case management services, with Family Support funding now connected to children's case management as a potential 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. Because Family Support's funding is 100% General Fund, it is slated to be eliminated at the end of the current fiscal year.

Our close partnership with DHS Child Welfare and behavioral 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, bipolar 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 continues to be 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. Due to the fact that children's residential services are contracted centrally through SPD and that there is no additional funding available for new service development, it isn't possible for Lane County to increase their capacity for proctor care or group homes. Instead, the Regional team has been active in supporting children's services in other ways: offering OIS training to families and child foster providers, and also providing 1:1 and group trainings for DD and DHs foster providers. These supports and trainings have been invaluable to the Service Coordinators, parents/providers, and the kids.

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 expanded access to 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 three years, which caused the funding to families to be reduced to $200 per family (down from $500 in 2009 and $1,350 in 2008). This 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.

An ongoing and significant change for Children's Services has been the addition of our 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.

.

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.

Finally, the current budget crisis in the State of Oregon has reduced the availability of short term supports for children living with their families since November 2010 and capped long term funding to support children living in their family homes since February 2011. This has placed additional stressors on these children and their families, as well as having a significant impact on DD Services ability to assist families whose children are in crisis due to medical or behavioral issues. The Services Coordinators are doing well to come up with alternative community resources, but the reality is these are few and far between for children with developmental and intellectual disabilities who also struggle with disruptive behavioral difficulties.

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 1:65, significantly higher than the state caseload standard of 1:49.

The LCDDS foster home system in Lane County currently provides foster care for 306 adults and 72 children. There are 117 adult foster homes, and 18 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 77% 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 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. However, funding for these positions was eliminated. This has created the difficulty of having to absorb some of the functions of the liaison positions within existing staff FTE.

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.

This year, the state ReBAR (Restructuring Budgets and Rates) Unit who have primary responsibility for the determination of service rates for group homes and foster care, returned the crisis foster portion of the assessments to the region. Rebar will continue to administer the group home assessments while designing a similar tool for both vocational and supported living services. July 1 they will begin converting told foster rates with the current foster assessment tool to bring all rates into compliance.

Cascade Region continues to provide proactive strategies for families and foster care homes to avert a crisis of out of home placement or multiple moves for the people we serve. 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 providing free bi-monthly 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. ; A challenge that will increase with the elimination of the development specialist position.

Regional Development

The Cascade Region has historically utilized the development specialist position in all four counties to work with providers to increase capacity, resources, and provide client-requested services. However, in response to a 10% budget reduction in FY 11, it is anticipated that this position will be eliminated. Most critical development projects will likely be delayed or cancelled due to the elimination of this position, requiring remaining personnel to address these needs as they are able.

In the current fiscal year, “hard” capacity projects in Lane County have included 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 was also initiated with a local residential provider, 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.

As an example of a hard capacity project, the goal of which was to increase group home capacity for adults in services, the Cascade Region, in coordination with the Seniors and People with Disabilities and LCDDS, hosted a development forum for residential agencies. The purpose of this event was to strategize new group home development within those local agencies ready to expand. The feedback from the forum confirmed that only one agency had the finances to afford to expand at this time. Additionally, one out-of-area agency stated interest in developing new capacity in Lane County. At this time, new group home development is critically limited by the recent and anticipated budget cuts to residential agencies. Since January, two new group homes have been opened and filled. One of these homes supports medically fragile individuals. The other is a duplex developed to offer two couples the opportunity to create their own home environment typical of many married couples. LCDDS is in the process of developing two additional new homes, both of which are designed to support young adults with significant behavioral support needs.

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. Though the original plan included expansion throughout the four counties in Cascade Region, this part of the project is no longer active, due to the anticipated elimination of the development specialist position.

Another project that is designed to increase existing capacity is technical assistance that is provided to foster providers to expand their skill levels. This project has filled a significant gap, by providing necessary skill-building to providers, especially those serving children. They may self-refer, or be referred by LCDDS staff. Such technical assistance has included meeting Oregon Administrative Rules (OARs) requirements and acceptable behavior supports within the DD system.

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.

Community developmental disability programs must complete file reviews for a sample of individuals, documenting results on a Title XIX Waiver Review Checklist designated by the State. These waiver reviews are an important component for assuring compliance with federal and state OAR regulations. LCDDS Quality Assurance Program completed the first phase of Title XIX Waiver Reviews. Files were identified by random selection in various service areas for individuals living in group homes, foster homes, supported living, etc. Primary areas monitored for OAR timelines and compliance included: a review of individual support plans, annual level of care determination for services, notification of rights, and implementation of individual preferences. Outcomes from the file reviews were as follows:

- Individual Care Plans were reviewed for compliance with individual choice. 100% of the plans reviewed reflected individual preference and choice. This is the fifth year of 100% compliance in this area.

- Individual Support Plans need to be done annually. Plans were reviewed for compliance with this annual timeline. Outcomes show 98% compliance for timeliness. This is a 4% increase from last year.

- DD eligibility documentation is required for enrollment into comprehensive, support services and behavioral model waivers. Eligibility information was reviewed for compliance. Outcomes reflected 98% compliance with eligibility criteria. This is slightly below our 100% outcomes from last year.

- An overall outcome for waiver reviews in compliance with requirements was 95%. This is down 5% from last year's 100%.

Emerging Issues in Developmental Disabilities

- **Current Fiscal Issues** – SPD is facing deepening budget problems in the FY11-13 biennium. During FY 11, budget reductions have included a 10% reduction in case management funding (DD 48), the elimination of the QA program, a 10% reduction in Admin funds (DD02), and a 10% reduction to the regional budget, totaling over $414,000. The 10% reduction in DD 48 was delayed and is expected to be effective July, 2011. 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, crisis criteria have been significantly narrowed, resulting in an 85% decrease in crisis expenditures in Lane County. This budget shortfall has lead to some local procedures to be streamlined, including increased use of all other available resources before requesting DD 44 funds. Other criteria have lead to a significant delay in any increase in service payments to providers, due to increased client needs.

  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 scenarios with up to 25% reductions, as directed by the Dept of Administrative Services.

- **Direct Contracting –** SPD is in the process of changing to direct contracting with many providers. This will shift the bulk of contracting responsibility to SPD. LCDDS will still retain the local authority regarding authorizing services.

- **Outreach to the Latino community –** Two years ago, 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 two years ago, 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 waivered services. These are adults who live in the community, either independently or with family members. Previously, the developmental disabilities system only investigated abuse allegations that involved individuals who were receiving waivered 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.

We receive between 15 and 30 calls per week on the Abuse Reporting Line, 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 1.0 FTE to the Abuse Investigations Team, in addition to the 1.5 FTE provided in our state staffing allocation. This almost 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 .5 FTE dedicated to Screening and Protective Services. This individual screens abuse reports 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 presented two trainings this year, and has trained a total of 110 participants in the past six months, and 340 in total. In addition, a 4-part sex education class was successfully initiated this year for individuals with developmental disabilities.

  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, 51 child foster providers, working for 40 foster homes have received technical assistance, either individually or in groups.

- **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, is expected to be completed in the next month for individuals in residential group homes. 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 was 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 supported living settings.

In addition to the SIS, there is a comparable assessment tool for individuals living in foster settings, called the SNAP. The SNAP will be completed by Cascade Region. Local control of the SNAP process is expected to provide faster turn-arounds, which will allow LCDDS to be more responsive to the needs of individuals receiving foster services.

- **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.
  The High School Transition program is part of the Kids' Team, which focuses exclusively on youth who are approaching the end of their high school careers. The team works with those youth, their families, and schools to start planning for the major changes that they will face at that time. In addition, they initiated and help staff a multi-disciplinary team (the Transition Linkage Coalition or TLC), including members from the public schools, brokerages, and other youth advocates, to plan and implement ongoing programming designed to present programs designed to encourage conversation between families and schools, related to transition issues.

- **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 275 court-referred mediation cases. These cases involved open legal actions concerning child custody and/or parenting time disputes. The parents in these cases were parties to a Lane County dissolution, legal separation, modification, or (if unmarried) legal action to establish or modify child custody or parenting time.

A total of 546 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)

Human Services Commission – Human Services RFP

Last year, the HSC developed a countywide plan to align a variety of contracted human services and supports to serve more than 82,000 people of all ages. Developed with community involvement during the past two years, HSC jurisdictional human service policies and plan priorities guide a proposal process to allocate limited funding. The HSC plan's four priorities are to break the cycle of poverty and make lasting changes in people's lives by:

1. Meeting the community's basic needs;
2. Increasing self-reliance;
3. Building a safer community; and
4. Improving access to human services.

Services funded through the HSC help people meet their basic needs and overcome barriers to improving their economic security. These services help low-income individuals and families succeed. Assistance is provided to victims of domestic violence, and to help people who are at risk of becoming homeless maintain housing and those who are homeless to secure shelter and supportive housing. People are helped to access employment to move them toward self sufficiency. Low-income households are assisted with their utility bills and we help them improve their energy conservation skills and the energy efficiency of their homes. Seniors, people with disabilities, veterans and their families to access appropriate benefits that will improve their health and welfare.

A request for proposals for services was released in September. Twenty-eight local agencies responded, submitting a total of 66 proposals. The proposals totaled nearly $6.5 million, which was approximately $2.9 million more than available for award in 2011.

All proposals were reviewed and scored by community evaluation teams with residents from Eugene, Springfield and Lane County in November 2010. Thirty-nine proposals have been approved for contract award totaling more than $3.8 million. However, only about $3.6 million is available for award based on further reductions in available revenue since the initial awards. In other words, service reductions of more than $200,000 will need to be identified.

Last month, the Lane County Board of Commissioners (BCC) approved the final selection of contracts with non-profit human service programs, which are administered through the HSC Fund. Previously the BCC approved on December 15 an initial list of awards. The current annual amount available for award represents a projected 28.7 percent reduction in revenues available in fiscal year 2010-2011.

Additional reductions in available federal funding for human services is likely given congressional and presidential proposals for deficit reduction through cuts in discretionary grant programs that assist communities help those in need. Also, the

Governor's Budget has proposed reductions of state support for some human service programs and the legislature will be deciding on the final selection of those reductions. The HSC and its citizen advisory committee are in the process of reviewing critical gaps in services created by declining revenues and are engaging community members, faith based and civic organizations to help develop creative solutions to address unmet needs. Recommendations for addressing those gaps will be presented to Lane County and Cities of Eugene and Springfield Budget Committees later this spring.

To date the following annual service gaps have been created by the revenue shortfall:

- Reduction of 11 units of emergency family shelter serving 81 families with children (277 individuals);
- Loss of inclement weather Warming Center Program serving 475 homeless individuals;
- Loss of pre-treatment services and outreach for 250 homeless adults and youth;
- Loss of transitional housing and support for 50 domestic violence survivor households;
- Loss of transitional housing for 110 individuals in households with children;
- Loss of senior home care coordination services for 2,549 individuals; and
- Loss of cultural and lingual access to basic needs services for 1,200 Latino Spanish speakers.

We greatly appreciate our local governments and public utilities support for these critical services to maintain the ability to help people in need in these difficult economic times. This local support ensures that families can heat their homes, and senior and disabled residents on fixed incomes aren't forced to choose between their buying medicine and staying warm. It ensures that victims of domestic violence and child abuse in our communities are safe, seniors and persons with disabilities can remain housed in the community, we can continue to assist in sheltering the homeless, and our feeding programs may operate so that hungry families may get a food box and hot meals and children can go to school fed.

The continued high unemployment leaves Lane County families with fewer resources to address their most basic needs – food, heat, and shelter. The services funded through HSC resources will continue to help address the needs of adults and children in poverty yet there is much more work to be done in our communities. We will work in the coming months to bring faith, private non-profit organizations, civic organizations and community members together to be creative in addressing the funding and service challenges that we face.

Project Homeless Connect 2011

The fifth annual Project Homeless Connect for Lane County (PHC) was held at the Lane Events Center on March 17, 2011 from 9:00 to 3:00. The idea is to bring a broad array of services to one place on one day to serve the people who are homeless or at risk of homelessness.

PHC 2011 opened its doors to 1,595 guests, people who were homeless or at risk of homelessness. One third of our guests spent the previous night sleeping outdoors or in an uninhabitable place; 27% were doubled-up with another household and 22% reported being housed, but at risk of homelessness.

Lastly, community volunteers connected with our guests; 378 service providers and businesses offered 106 categories of services. We had 168 cash and In-kind donors this year. As a result, the 2011 Project Homeless Connect was an effective event for all those who benefited from the array of services provided that day.

Lane County Oregon 2010 Grant Application Projects
HUD Continuum of Care Homeless Assistance Program

The projects summarized below which are included in the 2010 HUD Continuum of Care application, maintain critical services for homeless families and persons with disabilities while beginning to address the housing and services gap. **$2,305,667**

The Human Services Commission Continuum of Care grants include the following:

AMAZON TRANSITIONS Amazon Transitions is a supportive housing project which facilitates the movement of homeless individuals and families to permanent housing. Homeless individuals and families may participate in Amazon Transition up to 24 months and receive supportive services that enable them to live more independently. Amazon Transitions serves 23 households with children and four individual at any given point in time. *Approximately 108 unduplicated households will receive housing and/or support services annually.*

CHRONIC HOMELESS PROJECT The Chronic Homeless Project is a Supportive Service Only (SSO) project which provides supportive services to chronically homeless adults with mental illness. Ongoing participants of the Chronically Homeless Project receive case management to coordinate application for public health, disability, and income benefits, to facilitate entry into local emergency shelters, day rooms and access centers and to develop case plans to increase stabilization of health care, income, skills and reduction of incidence of homelessness. *Approximately 93 chronically homeless individuals will be served annually.*

EMERALD OPTIONS Emerald Options is a permanent housing project providing long-term, community based housing and supportive services to homeless persons with disabilities including developmentally disabled individuals and families, chronically homeless individuals living with HIV/AIDS and chronically homeless youth, ages 16-21. Emerald Options serves 17 individuals and three households with children at any given point in time. *Approximately 33 unduplicated households will receive housing and/or support services annually.*

MCKENZIE TRANSITIONS McKenzie Transitions is a transitional supportive housing project which facilitates the movement of homeless individuals and families to permanent housing. Homeless individuals and families may participate in McKenzie

Transition up to 24 months and receive supportive services that enable them to live more independently. McKenzie Transitions serves 79 households with children and 20 individual at any given point in time. *Approximately 226 unduplicated households will receive housing and/or support services annually.*

SAFE HAVEN SHANKLE Safe Haven Shankle is a supportive housing project that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services. Safe Haven serves as a portal of entry providing basic needs (such as food, showers, clothing), as well as a safe and decent residential alternative for homeless people with severe mental illness who need time to adjust to life off the streets and to develop a willingness and trust to accept services. Safe Haven offers 16-bed permanent residential units/12 participant day use slots/12 scattered permanent housing units. A*pproximately 48 unduplicated individuals receive housing and/or support services annually.*

In addition, HUD funds the following housing programs managed by **St. Vincent de Paul (SVDP**) and **Housing and Community Services Agency (HACSA):**

Connections Connections provides 36 units of transitional housing for homeless families with children. Housing is provided in SVDP owned and managed affordable housing complexes scattered throughout Eugene and Springfield. All complexes have on-site managers, and Resident Services Coordinators provide an additional array of youth activities, homework clubs and tenant education activities. The project is designed to help clients acquire the means move to self-sufficiency. *Approximately 55 unduplicated households will receive housing and/or support services annually.*

LIFT (Living Independently Following Treatment) LIFT is an inter-agency collaborative project designed to fill an unmet need for services to promote self-sufficiency of chronically homeless individuals and families with co-occurring mental illness and addictions. Participants are provided permanent housing in St. Vincent de Paul-owned affordable housing complexes in the Eugene/Springfield area. Households receive housing, education, and intensive case management to help clients obtain the skills and income needed for self sufficiency, self-determination and housing stability. LIFT serves 18 households at any given point in time. *Approximately 21 unduplicated households will receive housing and/or support services annually.*

Vet LIFT and Vet LIFT IV The Vet LIFT and Vet LIFT IV are permanent housing projects serving chronically homeless veterans with dual diagnoses of a mental disorder with substance abuse. The projects address the need for permanent housing for homeless individuals with disabilities and their need of skills and resources to obtain and maintain self-sufficiency. Participants are housed in single bedroom apartments and receive an array of supportive services to address the multiple barriers to stability. Vet LIFT and Vet LIFT IV serve 13 unduplicated households annually. A*pproximately 17 unduplicated individuals will receive housing and/or support services annually.*

SHELTER PLUS CARE Shelter Plus Care (S+C) is a sponsor-based rental assistance program which provides housing to families and chronically homeless individuals with a mental illness. The majority of the participants have co-occurring substance abuse issues. The goal of the program is to promote clients' independence and help them acquire permanent housing. S+C offers 27 one bedroom units, 17 two bedroom units and 4 three bedroom units. *Approximately 99 unduplicated households will receive housing and/or support services annually.*

SOAR SSI/SSDI Outreach, Access & Recovery

On March 12, 2010, the Human Services Commission provided a day-long training by national social security benefits consultant Michael Walling with more than 60 participants. The event included local experts from Lane County Social Security office, Senior & Disabled Services, Peace Health eligibility specialists, legal experts as well as approximately 50 staff from local nonprofits who serve homeless people and public agencies such as Community Health Centers and Lane County Mental Health. The training was very well received and the overriding theme of the day indicated consensus that Lane County lacks the infrastructure to adequately address the need to help homeless people access social security benefits. As a result, HSC staff took the lead to research options and strategies to address this critical gap in the system.

Several training opportunities were provided. OHCS awarded the HSC a grant for training and technical assistance for two Lane County providers with existing benefits specialists on staff. Training was provided July 19 - 30, 2010. On-site trainings for the designated benefits specialists were held at two locations - White Bird Homeless Program and ShelterCare's administrative office. The trainings included three days at each site individually and three days with staff from both sites. In addition, OHCS recommended two Lane County staff, one from the private sector and one from the public, to participate in a four day training session in Seattle, August 9-12. The SAMHSA funded SOAR Train the Trainer program prepares staff to provide SOAR training to local staff. In addition, staff representing rural areas will participate in a Train the Trainer program in December. We will then have a cohort of trainers to provide benefits specialist three or four trainings in the coming year.

The next task for the Lane/SOAR Coalition is to identify a Steering Committee to guide the development of a system to ensure efficient access to benefits over the long term. Currently, partners are examining options to expand existing access, create additional access, and ensure barriers to access unique to homeless people are addressed. The attached draft flow chart indicates some of the partners engaged in the process. Currently our federally qualified health centers, Lane County Mental Health and Community Health Centers, as well as Peace Health are considering their role in the process while our local nonprofit providers revisit their roles. We anticipate reconvening the Coalition within the next few months to work together on the system design maximizing the considerable components that are already in place to establish a Lane/SOAR Benefits Access System that significantly increases the number of homeless people in Lane County who access benefits.

2011 One Night Homeless Count

2,155 people were counted in Lane County during the 2011 One Night Homeless Count:
This number includes homeless community members who were counted on the streets, under bridges, in parks, at food pantries, day access centers, churches, emergency shelters, transitional housing, Safe Havens and other locations on January 26, 2011. The One Night Homeless Count, administered by the Lane County Human Services Commission, used the sites of 20 organizations (including 57 programs) with the assistance of 92 staff and volunteers.

Homelessness - County-Funded Social Services:

- 8,177 households including 10,708 who were homeless sought social services through Lane County Human Services Commission-funded programs during calendar year 2010.
- 896 unduplicated individuals (2,354 shelter beds) were served at the Egan Warming Center during 19 nights of extreme weather at five faith-based sites during the 2010-2011 winter seasons.
- 1,850 homeless students attended public school in Lane County during the 2009-10 school year (Oregon Dept. of Ed.).

Cost of Homelessness (updated fall, 2010 Lane County HSC):
Homelessness affects all Lane County residents because people without shelter require costly support services:

- $312 is the average cost of a visit to the Sacred Heart Hospital Emergency Room at RiverBend
- $737 is the average daily cost of care at the Johnson Unit, Sacred Heart's acute psychiatric care facility, where the average stay is 6.5 days
- $220 is the daily cost of in-patient detoxification services at Willamette Family, Inc's Buckley Center
- $134 is the daily cost for "housing" per inmate day at the Lane County jail

Low-Income Energy Assistance & Weatherization Programs

Although Lane County had another significant year of LIHEAP funding, it didn't feel like it. For the first time ever, Lane County closed the doors to new applicants on November 30. This compares to March 15 last year, and June 30 the year before. Although the funding has remained relatively stable the last three years, the need and desperation for energy assistance has clearly skyrocketed.

Lane County's LIHEAP allocation is approximately $3,000,000, which is projected to serve approximately 10,000 Lane County households.

Lane County's Weatherization partner, Housing and Community Services Agency of Lane County, continues to weatherize over 300 homes a year. Thanks in part to generous ARRA funding, Lane County and HACSA can invest more per household, addressing health and safety issues as well as energy conservation. ARRA funding

makes it possible to weatherize multi-unit buildings, in addition to the mobile homes, manufactured homes and traditional stick-built homes that normally make up most of Lane County's weatherization projects.

VETERANS SERVICES

Claims Assistance

In FY 2009-10, our clients received $1,062,782 in new, continuing monthly benefits and $6,734,373 in one-time lump sum benefits. In the first two quarters of FY 2010-11, clients received $724,306 in new and $4,103,278 in one-time benefits.

Due to projected state budget reductions, we are projecting that the program will lose a .5 FTE Temporary position which will increase waits for clients to get an appointment from approximately 4 weeks to at least 6 weeks.

Oregon National Guard Deployments

The Oregon National Guard is still being called upon to support efforts in Afghanistan and Iraq. Currently, no deployed units are based in Lane County, but each unit pulls from across the state and so there are likely Lane County residents in each of the units listed below.

Oregon National Guard/Reserve Units Currently Deployed and estimated Return Date:

B/1-168 AV: June 2011
3-116 CAV: September, 2011
A/641 AV: October 2011
1249th Eng: November 2011

Units Scheduled to Deploy in Federal FY 2011

116 ACS, 173 SFS and 1186 MP CO.

The 2/162nd Infantry Unit, now based at the Springfield Armory, returned April 2010 from their third combat deployment since 9/11 (twice to Iraq, once to Afghanistan). DOD has instituted a 5-year rotation for Guard units and so they should not be called on to deploy again until ca. 2014.

VIII. LANECARE (Bruce Abel, Program Manager)

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

In Contract Year 2011, LaneCare has continued the successful partnership with consumers, contractors and system partners. The average monthly membership has increased from 37,000 to 52,000 OHP members and may approach 60,000 by the end of 2011. 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.

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 was contracted to move 24 adult members from a hospital level or residential care level of care to a lower level by June 2011. LaneCare has exceeded this by over 100% having helped 50 individuals move to lower levels of care.

LaneCare continues to use funds for prevention, education and outreach projects (PEO). This year we have funded 24 PEO community projects that include services for: homeless, at-risk youth; teen parents; life skill classes for adults; and parenting classes for at risk moms.

LaneCare funds a variety of projects through carve-outs. These include:

- Adult Crisis Diversion
- Consumer services and supports
- Dual; diagnosis program integration
- Early Childhood mental Health project
- Youth Crisis Network

- Lane County Behavioral health crisis and residential supports
- Ombudsperson
- Transition Team
- Psychiatric Nurse at Senior and Disabled Services
- Crisis response at WhiteBird
- Young Adults in Transition program

LaneCare will implement two projects that will review contractor performance in 2011. 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. Protocols were developed at an Oregon Symposium in November 2010 and LaneCare is currently helping to have them adopted in Oregon and Lane County.

For the past twelve years LaneCare has shared a Medical Director with Lane County Mental Health. Effective November, 2010, LaneCare contracted with a psychiatrist to provide 10 hours of Medical Director services. This has helped case review significantly. LaneCare is also added an additional Care Coordinator and an additional Office Assistant. LaneCare is currently recruiting for a new Program Supervisor.

LaneCare contracted in 2011 for a new program addressing significant mental health needs of young children. The project will be overseen by the Relief Nursery. After just a couple of months of operation the program has already helped coordinate referrals from primary care and direct them to appropriate services.

LaneCare also contracted for a Young Adults in Transition program with Looking Glass. This program accepted their first referrals in the fall of 2010. After a slow start the program has now reached capacity and has reported making significant differences in the lives of these young adults.

LaneCare has funded a mental health nurse 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. Senior and Disabled Services reports that this position has saved over a million dollars in health costs by preventing seniors from moving to higher levels of care.

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, 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 reductions that range from 15%.

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.

Solution: LaneCare convened a Budget Response Committee that has developed recommendations to LaneCare for ways to manage these budget cuts. If implemented the mental health system will be profoundly impacted and services will be reduced, but the system will survive.

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 efforts underway both at the State and Federal level to develop improvements. The current recommendations from the State eliminate Lane Care beginning in July 2012 and create a Coordinated Care Organization.

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 and Lipa are in formal discussions planning a public-private partnership to create a Lane Medicaid Coordinated 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. 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 year 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. 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 fully integrate addictions treatment services at both the LCBHS clinic and at RiverStone. The Methadone Treatment Program came under the scope of the FQHC in October, which has helped stabilize that programs funding, and 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 public funding. We are also poised to implement a more inclusive measure of productivity that takes into consideration all of staff's value added activities.

Finally, Lane County Behavioral Health Services is closely monitoring the rapidly changing healthcare landscape as we seek to be a prominent player as healthcare reform moves forward. Being part of the Community Health Centers of Lane County and leading the way with primary care-behavioral health integration locally has us uniquely positioned in for being an important provider of well coordinated services. We are also facing some very real space challenges, as we have essentially turned every alcove and storage space in our building into office space and are now out of room. Efforts will be made to reclaim the child clinic space that is now occupied by Family Law, or to find alternative space to accommodate the clinical needs of the Behavioral Health programs.

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 May, 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. Recent developments include work towards putting together a joint CHC/BH Performance Improvement/Quality Assurance team that will look at integrated care domains.

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 end of summer, 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.

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 are recruiting for a third counselor and we expect to provide treatment services to an additional 35 persons. Additional expansion is being considered. Our Medical Director has decided to retire and we have contracted with Dr. Rob Norvich, a psychiatrist who was the original Medical Director of the Lane County MTP. 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 250 children and families. The average monthly enrollment in Intensive Child services is 15 children and families. From 07/01/10 – 03/31/11 the Child and Adolescent Program enrolled 111 unduplicated children/families into clinic services. 16 of these 111 children enrolled in Intensive Services (14%) and 95 children enrolled in Outpatient Services (86%).

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 10-11 thirty-six new families have 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 Parenting, 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 07/01/10 – 03/31/11 the child program screened via phone or clinic walk-in 177 Lane County children requesting LCBHS services. 15% of the screening calls required an emergent or urgent response (within 24-48 hour response time). We enrolled 95 children (54%) into outpatient services and 16 children into intensive services (9%) The remaining 66 children were redirected to other community based outpatient and intensive mental health providers/programs, including private providers. It should be noted during this timeframe Child and

Adolescent Services had reduced program capacity with a 5 month vacancy of a Child Mental Health Specialist and the planned retirements of our 2 long-term contracted child psychiatrists. The pending retirements (12/31/10) of our physicians impacted access into the program. In February 2011 the program returned to full capacity with the hiring of a full-time child psychiatrist and a full-time Licensed Professional Counselor. 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 12/31/10 LCBHS has served 74 non Medicaid eligible Lane County children and families with intensive needs. From 07/01/10 – 12/31/10 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.

Members of the LCBHS Child Program have actively participated in the Lane Care Early Childhood Project. LCBHS is a member of a multidisciplinary team that provides case consultation and review of high needs children ages birth – 5. We are collaborating with the WIC Program and offering a spring 10 week Nurturing Mothers class at the WIC location to help young and expectant parents in the bonding/attachment, care needs and supports of their infant children.

FORENSIC SERVICES

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 31 individuals are participating in group and individual therapy, including regular polygraphs as part of their treatment. The program has had 13 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 also has a Special Needs component for developmentally delayed clients. The program is an invaluable resource for community as many of these individual would otherwise go untreated in our community. The program was last evaluated in October 2010 by the State of Oregon using the Corrections Program Checklist, an evidence-based evaluation of services. The findings demonstrated improvement from the last evaluation in 2006, while maintaining the highest rating level possible of Very Satisfactory. Of primary concern is whether the program will receive an adequate level of CCA funding to remain viable. Early indications from the LCSO are that they are anticipating significant CCA funding reductions along with reductions in county funding, so the likelihood is high that the CCA funding for SOTP will be reduced. Given that LCBHS is already “subsidizing" this program, the survival of this program is very much in question.

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. Lane County Behavioral Health has given notice to the Sheriff that it is our intention to end this service in June, 2011. We have found that it is increasingly difficult to get appropriate referrals (individuals with Severe and Persistent Mental Illness), and many of the referrals we have gotten are individuals with minimal motivation for treatment and who do not have significant mental illness. We prefer to devote the clinical FTE that had been serving the P&P population to our more typical clientele, as access to these services is quite limited. We have offered to assist the sheriff in identifying an alternate provider if they are interested in doing so.

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. At this point Lane County has been quite successful in affecting more than 200% of the required transitions, and is far ahead of other regions in the state in this regard.

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, which 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 have run out of space to adequately house the expanded team and the RAISE program (see below). Discussions are underway with H&HS Administration and county facilities to explore space options.

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.

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 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. 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 and county government, the county board 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.

Programmatic highlight from the last six months:
ACHIEVE Grant: In February of 2011**,** Lane County Public Health was one of 40 organizations across the nation selected for a Centers for Disease Control and Prevention-funded ACHIEVE grant. ACHIEVE (Action Communities for Health, Innovation and Environmental Change) is sponsored by the Centers for Disease Control and Prevention (CDC). This initiative is an effort to enhance local communities' abilities to develop and implement policy, systems, and environmental change strategies that will help prevent or manage health-risk factors for heart disease, stroke, diabetes, cancer, obesity, and arthritis. Specific activities are directed toward reducing tobacco use and exposure, promoting physical activity and healthy eating, improving access to quality preventive healthcare services, and eliminating health disparities.

In June, Lane County Public Health will lead a group of 10 community leaders to a week-long national training in Baltimore. Committed leaders to date include Lane County's Interim County Administrator Liane Richardson and Laurie Trieger, Executive Director, Lane Coalition for Healthy Active Youth. Public Health held a community leaders information session on Monday April11th in the Charnelton Building attended by such leaders as the Mayor of Eugene, the Directors of LCOG, Willamalane, Springfield City Manager, a county Commissioner and many others.

This grant provides training and technical assistance to support a chronic disease-related community health assessment and subsequent development of a three-year community action plan to prevent chronic disease in Lane County.

Tobacco Prevention
Tobacco is 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.

Tobacco's Toll on Lane County in One Year

- 50,492 adults regularly smoke cigarettes
- 13,550 people suffer from a serious illness caused by tobacco use
- 693 people die from tobacco use (23% of all deaths in Lane County)
- $127 million is spent on medical care for tobacco-related illnesses
- $116 million in productivity is lost due to tobacco-related deaths

The Lane County Tobacco Prevention & Education Program (TPEP) continues to lead policy initiatives proven to reduce tobacco-related illness and death in Lane county including:

- 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 for tobacco users interested in quitting

A few highlights from the last six months include:

Smoke-free HACSA housing

Encouragement and collaboration between Lane County Public Health's Chronic Disease Prevention team and Housing and Community Services Agency of Lane County (HACSA) staff, lead to HACSA's implementation of a new indoor smoke-free policy for all HACSA owned and managed properties on February 1, 2011 (approximately 1500 units).

New RiverStone Clinic opens tobacco-free

As part of the effort to transition all H&HS Department properties to tobacco-free campuses, the new RiverStone Clinic in Springfield opened as a tobacco-free property in April. RiverStone joins the Charnelton Building as the county's second property with a tobacco-free campus status. Efforts at the Behavioral Health campus are also ongoing and staff anticipates initiating efforts at Lane County Animal Services in the next reporting period.

Tobacco-free University of Oregon

The University of Oregon recently announced their intent to make their campus tobacco-free as of fall of 2012. This announcement is the result of years of collaborative efforts on the part of Lane County Public Health and university staff.

Lane Community College

Public Health staff support for Lane Community College's efforts to reduce exposure to second hand smoke in the core of their campus is ongoing.

Stephanie Young-Peterson presents at tobacco prevention conference in Missouri

In April, Young-Peterson presented on Lane County Public Health's efforts to encourage LCC and the UO to adopt and implement gold standard tobacco-free campus policies to a large audience of staff working on tobacco-free campus initiatives across the nation.

COMMUNICABLE DISEASE SERVICE

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

Immunizations

In January, 2011, LCPH reviewed 53,054 school immunization records for completeness for the 2010/2011 school year for all children in public and private schools, and in preschools and certified day care facilities. We worked with 158 schools and 152 children's' facilities to address omissions in immunization records. On February

2nd, 2011, school exclusion letters were issued for 2,766 students. Of these, 328 students were excluded from school until immunization records were documented as being in compliance with state requirements. LCPH, therefore, achieved over 99% of our 100% target for completed school immunization records by exclusion day on February 16th.

Another measurement that the School Immunization Review process addressed is the religious exemption (RE) rate in all schools, pre-schools, and certified day care centers in Lane County. In the 2010/11 school year, the overall RE rate for these Lane County facilities increased slightly from 5.4% to 5.7%, representing 3,024 children. The rate varies widely from school to school and by geographic areas in the county. LCPH is now in the second year of our 3 year plan to evaluate and address these concerning disparities and information gaps regarding vaccine hesitancy among parents, practitioners, and school staff particularly in a few schools with excess REs and large numbers of children. We are also working with other programs within Lane County Public Health including WIC and the Maternal Child Health programs to address under immunization of the vulnerable young children our programs serve and vaccine hesitancy among parents.

In quarters 2 and 3 of fiscal year 2011, LCPH directly provided 2,007 non-flu immunizations. This number represents an almost 20% increase in the number of immunizations provided over the same time frame in the previous year. The increase can be attributed to both the addition of a fully trained 4th Community Health Nurse and the efficiencies of our new location in the Charnelton building. Our 9 delegate clinics provided 4,708 in the same timeframe.

LCPH has maintained our vigilance regarding vaccine handling, storage, and accountability. LCPH remains a good steward of our expensive and fragile vaccine resources and has an overall Vaccine Management Performance Measure of 99% through March of 2011. The Oregon Immunization Program requirement is 95%. The success of this effort is due to scrupulous temperature monitoring and inventory management which has been enhanced with laboratory grade refrigeration equipment and a 24/7 computer monitoring and temperature notification system installed in the move to the new Lane County Public Health building in July, 2010. Real time Inventory management and individual vaccination reporting is in the process of improving further with staff training and transition to the ALERT IIS immunization registry. The system will allow us to improve our planning and assure that adequate stocks of vaccine are available when clients present to the clinic.

Tuberculosis

Lane County continues to be a low incidence area for active tuberculosis. The official count of verified tuberculosis cases for 2010 was 8 with an incidence of 2.3 cases per 100,000 population. Currently, LCPH has just 2 individuals with tuberculosis receiving public health case management services.

Tuberculosis cases in 2010 were both foreign born and home grown, with 2 related cases stemming from the long ago illness of a deceased relative in another state. All of the individuals with tuberculosis, who were in the working age group, were employed. None of the cases in 2010 were homeless. LCPH continues to provide twice yearly inspection of the UV lights that were installed at the Eugene Mission.

Following a thorough investigation to identify and prevent related cases, each case of active disease requires 6 to 12 months of intensive, multidisciplinary case management led by LCPH communicable disease nurses in conjunction with our health officer, support staff, state tuberculosis control program staff, private medical providers, and other individuals and organizations in the community related to the case.

Sexually Transmitted Diseases

The majority of reported cases of STDs come from private providers and not from public health clinics. Lane County Public Health, unlike private providers, is the entity responsible for assuring treatment of contacts of reportable STDs and, therefore, reducing the spread of these diseases throughout the population. The STD treatment and prevention work is labor intensive and requires the collaborative work of the LCPH STD nurses and case reporting staff and the state Disease Information Specialist (DIS). Surveillance, investigation, and assurance of treatment of cases and contacts are included in the county required Program Elements of the LCPH contract with the state.
With the addition of a 4th fully trained Communicable Disease nurse, the capacity to provide STD appointments has increased. With efficiencies gained in the move from the Health Annex to the new facility in the Charnelton building, LCPH has been able to more readily serve our clients referred for or seeking STD services. Also, in response to the move to a new facility and to address points in the 2010 Triennial Review, LCPH has written a new lab manual. The manual is focused on specific policies and procedures for nurses providing both the STD examination and treatment client services, as well as attending to lab sample collection and packaging in accordance with state and OSHA requirements. With the hiring of a new Public Health Officer, the Communicable Disease STD staff is able to address gaps in laboratory expertise that occurred when the lab technologist position was eliminated. In addition, LCPH has recently hired an extra help nurse practitioner to provide STD exams one afternoon a week. It remains to be determined if the budget will allow this to continue in the next fiscal year.

HIV

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 continue to decrease, we continue to strive to increase accessibility to members of these populations.

HIV Counseling Testing and Referral Services (CTRS) continue to be provided by appointment and, when possible, for clients who drop-in. In 2010 LCPH provided these

services in-house and also at Willamette Family Treatment Center (WFTC). Outreach and testing was also provided 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 members continue to collaborate with HIV Alliance to provide HIV testing at special events such as Project Homeless Connect and at the University of Oregon during times dedicated to awareness and services to African American/Black and Latino communities.

LCPH has a Performance Measure to focus at least 65% of our HIV testing on populations at increased risk of HIV including MSM, injection drug users (IDU), and sex partners of people in these populations. In 2010 LCPH and its subcontracted partner together exceeded that goal every month and provided a total of 1,032 HIV tests. LCPH itself provided 410 of these HIV tests, exceeding our goal of 400. Program plans for HIV testing in fiscal year 2012 call for LCPH to provide 445 HIV tests. HIV Alliance will continue to have testing capacity. The estimated number of HIV tests that HIV Alliance will perform during the same time frame is 590.

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.

Other reportable communicable diseases

During the months of October, 2010 through March, 2011, LCPH processed or investigated non-STD 438 reportable communicable diseases.

Reports of previously acquired, but newly reported, hepatitis C continue to surge – 298 in the past six months. The total number for 2010 was 612, just 21 less than the previous year. It does not appear that the deep reservoir of chronic hepatitis C cases has been fully identified yet. The surveillance data is important for both the concern about continued transmission and for evaluating the health and economic impact of this disease on our community. There was just 1 case of acute hepatitis C reported from October 2010 through March 2011.

LCPH continues to participate in a one year project with the state 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 communicable disease of note is the continued presence of reported cases of pertussis, or whooping cough, in our community as well as in outbreaks in other parts of the country. LCPH received a total 52 reports of pertussis in 2010 including 18 reports in the 6 month period between October 2010, and March 2011. This undoubtedly under represents the burden of disease in Lane County. While most reported cases occur in individuals more than 10 years old, the most serious complications of the disease occur

in infants and young children, including those with certain chronic conditions and immune disorders. It is significant that pertussis is a vaccine preventable disease. Some of the most at risk individuals are too young to be immunized, or do not mount an effective immune response when vaccinated. It is important that the community around them maintain a high level of immunity to increase protection for the most vulnerable individuals.

LCPH completed the transition to the state ORPHEUS database for communicable disease reporting. With strict confidentiality protections in place, the database has improved the cooperative reporting between the county and the state as well as with surrounding counties in select situations.

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 3,025 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 7 FTE Environmental Health Specialists that are responsible for 4,534 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 (950), mobile units (152), commissaries and warehouses (37), vending machines (4), temporary restaurants (1075), pools/spas (266), traveler's accommodations (116), RV parks (73), schools/correctional facilities/treatment centers (160), summer lunch program (5), day cares (175), organizational camps (12). 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 classes in the fall of 2010 and winter of 2011. Forty-three food service workers successfully passed the comprehensive course.

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 2010, 69,789 Food Handler Cards were issued statewide through our on-line food handlers' testing e-commerce website orfoodhandlers.org. (8,791 of those cards were issued to Lane County residents). An additional 1,403 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.

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.

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 176 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 255 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 208 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 to 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 30 medically fragile, special needs infants over the past six months.

Challenges and Opportunities in MCH

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

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

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

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

Through review of individual fetal and infant death case findings, the CRT identified the following issues: lack of pre-pregnancy health, 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

Lane County Public Health Services has a priority to be prepared for natural and man-made disaster. The Public Health Emergency Preparedness Program ("PHP 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.

Accreditation & 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. As of August, 2010, Lane County Public Health has begun to assess and document the program's excellence through participation in the national recognition program "Project Public Health Ready." This review process is part of an ongoing effort to assure the highest standards of readiness for Lane County Public Health. LCPH has partnered 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 readiness in all-hazards planning, workforce capacity development, and quality improvement through exercises and real event response. This ongoing project is targeted for completion in fall of 2011.

As a result of the Project Public Health Ready review process, three areas of the Public Health Emergency Operations Plan have been targeted for revision and are being updated:

a. The pandemic influenza response plan;
b. The environmental health surety plan; and
c. The emergency dispensing site plan.

All updates are targeted for completion by June 30, 2011. The pandemic influenza response plan is being updated based upon lessons learned from the 2009-2010 H1N1 influenza pandemic response. It will outline the strategies to be used by Lane County Public Health to control and limit the spread of a new and/or highly contagious outbreak of influenza. The Environmental Surety plan will describe the ways in which Lane County Public Health will assure that hazards to public health and the environment are assessed and managed effectively and efficiently during a local emergency. Lastly, the emergency dispensing site plan describes the methods used by the program to quickly

distribute medical supplies, pharmaceuticals, or vaccines to address a community wide public health or medical emergency.

The PHP program is also developing a new plan to identify locations for the deployment of a Federal Medical Station in Lane County. This resource from the Strategic National Stockpile can be made available to provide hospital surge capacity during large scale emergencies. Since the last report, the PHP program was awarded a $19,000 demonstration grant to assist with the local planning activities. A planning committee has been formed with local hospitals and emergency managers and several sites throughout Lane County have been identified as possible locations to house the resource during an emergency. Formal agreements and written plans will be finalized by June 30, 2011.

Training & Professional Development

To ensure competence in an emergency, Lane County Public Health adopted a comprehensive training program that incorporates state and federal guidelines with professional standards. The plan was adopted on October 1, 2010. At the minimum, all Public Health employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). In addition, employees with specified emergency response roles will receive training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate. As of October 2010, 38% of staff had met the minimum National Incident Management System requirements. Nearly 60% of staff had met the training requirements by February of 2011. 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

The PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. A 3-year exercise program was drafted and was implemented in January 2011. This program is designed to provide ongoing practice and improvement of plans by providing opportunities for staff 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 also specifies drills to be conducted on a regular basis.

Since the last report the PHP program conducted a “tabletop” exercise (a low stress informal discussion of a simulated emergency). The emphasis was on a severe weather emergency in Lane County, Oregon and specifically evaluated:

- Plans to sustain operations and recovery of the organization before, during, and after a severe weather event.

- Plans describing the key responsibilities and functions of the local public health authority before, during, and after a severe weather emergency.

A summary report can be made available upon request from the Public Health Preparedness Coordinator.

Public Health Emergency Response
Occasionally, actual events require LCPH to implement its emergency plans to protect the health and safety of the public. Since the last report Lane County Public Health has activated its emergency response leadership structure and plans in response to two local emergencies:

1) Local impacts from the recent Japan earthquake, including the tsunami warning on the Oregon Coast, and the release of radiation from damaged nuclear reactors in Japan; and
2) Severe rain and wind storms in January 2011.

The responses included regular risk communication, public information and media coordination as well as coordination with other responding agencies.

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

The program has continued to emphasize efforts which bring together local partners to plan for the needs of the community's most vulnerable populations. Since the last report, the program's efforts have been nationally recognized as a "Model Practice" by both the National Association of County and City Health Officials (NACCHO) and the Center for Disease Research and Policy (CIDRAP). Efforts have been highlighted in national magazines and program staff have presented on program work at several local and regional conferences. Additionally, program staff continues to provide ongoing support to the Lane County Vulnerable Populations Emergency Preparedness Coalition. It includes a mix of government, private business and non-profit organizations with a very specific interest in enhancing preparedness for vulnerable groups by promoting and enhancing collective and individual readiness.

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.

As of March 2011 the WIC Program was serving 8,444 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 8,163. The state-assigned target caseload level is 8,294 vouchered participants per month. The program is currently maintaining at 98.4% of this assigned caseload level. This is an increase of over 2% in the last six months which can partly be attributed to participants becoming more familiar with our new location, more staff trained to see a broader variety of participants, calling of participants who have not used their vouchers and calling participants who have missed visits to reschedule them. The WIC Program was able to increase participating caseload by 215 participants since September 2011.

Participant Centered Education strategies are continuing to be implemented in accordance with the state and federal WIC guidelines. WIC is in the second phase of this extensive training. The first year of this project focused on providing individual education to clients. This year, the focus is on providing participant centered education for groups. WIC staff has already attended two of these trainings. One of those trainings was hosted by our staff in our new building which was well received by all who attended.

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.

Encouraging and supporting women to breastfeed their infants is a priority for WIC. Our client initiation rate is very good ~ 95%. We know that breastfeeding initiation rates are high and that duration rates drop off significantly across the nation. As a preventive measure to maintain breastfeeding rates, the WIC staff now calls all women on the caseload once the baby is born to discuss breastfeeding and offer encouragement and support, including lactation consultations, breast pumps, and answer any general breastfeeding questions. Referrals to other resources are also made if needed. In addition, WIC partners with Sacred Heart Medical Center (SHMC) for the medically fragile infants by providing Lactina pumps to WIC clients currently at SHMC. There were 292 WIC Lactina pumps issued at the hospital and at WIC in the last twenty-four months. Another significant drop in the breastfeeding rates often occurs in the third month, often due to the mom returning to work. In order to help increase the rate at the third month, WIC staff issued 314 pumps to moms returning to work or school over the last year.

Starting in June 2011, the WIC Program will once again partner with the Farmers Market. In 2010, $30,212 worth of vouchers was issued to local farmers through the Farm Direct Program. The $20 checks issued to clients are used to purchase fresh fruits and vegetables from farmers' markets and farm stand vendors. WIC families who received the Farm Direct checks are 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.

Move to Charnelton Building

For the first time, all Lane County Public Health services are housed in one location, increasing the efficiency and effectiveness of our programs working closer together. 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, to Vital Records for birth and death certificates, etc. Clients comment often how nice it is to be able to go from one floor to another for a variety of services.