

## Agenda Cover Memo

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AGENDA DATE: November 9, 2011

TO: Board of County Commissioners

FROM: Karen Gaffney, Interim Director  
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

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The following report to the Board of Health is a summary of recent or current health and human service highlights and possible future directions. It is designed to keep the Board advised of the status of health and human services in Lane County.

The report deals with each program area separately, although as a health and human service system, services are integrated to the greatest degree possible to ensure our support of Lane County citizens' health in an effective and efficient manner.

Several significant changes are currently underway in H&HS. Since the last Board of Health report, the department has restructured its medical staff to create an overall Health Officer (Dr. Pat Luedtke) who provides key medical leadership for the overall department and supervises Associate health Officers in the Community Health Centers and in Behavioral Health. Additionally, the Department Director retired after almost 25 years of services, and post is currently filled on an interim basis. Also, the DD Manager retired in June and has been replaced by Andrea Muzikant, formerly of Multnomah County.

The department is also moving through change processes directed by the legislature in the areas of health care and early childhood services. Both of these efforts will be shaped by the upcoming legislative session.

In order to improve the Board of Health Report, future editions will include data on important health indicators. In our role as the Public Health Authority and Mental Health Authority, the County is charged with maintaining and improving the health status of people in Lane County. Staff is currently working to design this report and collect relevant data, and that will be included in future editions.

**DIVISION REPORTS**

I. [ADMINISTRATION](#) ..... 3  
II. [ANIMAL SERVICES](#) ..... 9  
III. [BEHAVIORAL HEALTH](#) ..... 13  
IV. [CLINICAL FINANCIAL SERVICES](#)..... 17  
V. [COMMUNITY HEALTH CENTERS](#) ..... 19  
VI. [DEVELOPMENTAL DISABILITIES](#)..... 20  
VII. [FAMILY MEDIATION](#)..... 24  
VIII. [HUMAN SERVICES](#) ..... 25  
IX. [LANECARE](#) ..... 31  
X. [PUBLIC HEALTH](#) ..... 34

## **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. The program recently expanded the areas of focus to include prevention of high risk drinking among 18-25 year olds, along with mental health promotion, 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:** The Prevention Program continues to provide a variety of resources countywide, emphasizing efforts in rural parts of the county. Rural Lane County continues to be a priority due to need and lack of resources. Because of the emphasis in rural Lane County, the Prevention Program has developed a 'Prevention Resource Notebook' to give rural school districts. This notebook is organized in such a way so that school staff can easily identify resources by topic and in all the areas needed for a comprehensive prevention program (e.g., topic = suicide prevention; resources for parents, communities and schools). Resources include those that the Lane County Prevention Program can offer as well as those of other community partners. Feedback from school staff has been quite positive and the goal will be to provide all districts at least one 'Prevention Notebook'.

**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 and continues to meet 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 enabled several individuals to become 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 stigma.

Thus far, 88 people have attended the four MHFA trainings held in February and June (one held in Cottage Grove) and the response has been very favorable. Four QPR classes were offered—two in Cottage Grove (total of 47 attending) and two in Florence (total of 34 attending); another training is scheduled for October in Eugene. An ASIST training will be provided in October.

Three public awareness campaigns were completed. The first was a continuation of the “Teen-Proof Your Home” campaign to increase parental awareness of home environmental conditions that could increase the risks of teen substance use, suicide, problem gambling and other problem behaviors.

A Facebook ad was published from April 15-30, 2011. There were more than 1.6 million impressions appearing on Facebook sites of individuals ages 30-60 residing in the Lane County area. As a result, there were 321 clicks made on the ad which would connect the viewer to our fact sheet and website and there were over 380 visitors to the teen-proof webpage created specifically for this campaign. Teen-Proof Your Home flyers were distributed at various events and sites including Cottage Grove, Florence and Eugene-Springfield. Over 500 flyers have been distributed this year.

The second campaign was based on SAMHSA’s anti-stigma campaign, “What a Difference a Friend Makes.” The goal is to increase the knowledge by youth so they are better able to identify and support their friends who might be depressed or have a mental health issue. A Facebook ad was published from April 15-30, 2011. There were more than 1.3 million impressions appearing on Facebook sites of individuals ages 30 and under residing in the Lane County area. As a result, there were 288 clicks made on the ad which would connect the viewer to the online brochure and website. During that time period there were over 225 visitors to the What a Difference a Friend Makes webpage created specifically for this campaign. The brochure was distributed at various events and sites including Cottage Grove, Florence and Eugene-Springfield. More than 200 brochures have been distributed thus far.

In September, a public awareness campaign was organized as part of the National Suicide Prevention Awareness Week. The goal of this campaign was to increase awareness, develop relationships with local media, and promote Lane County suicide prevention resources and trainings. Articles appeared in the *Register-Guard*, *Siuslaw News* and *Cottage Grove Sentinel* — featuring interviews with prevention staff and members from both committees. In addition, a proclamation was passed by the City Councils in Cottage Grove and Dunes City. An interview with Prevention staff was aired on KKNU radio and PSAs appeared on all four major television stations. A page devoted to this campaign was added to the preventionlane website, and was viewed 74 times during that week alone.

Outreach continues to encourage high schools in Lane County to implement RESPONSE, the evidenced-based suicide prevention curriculum. Technical assistance has been provided to staff in the Bethel, Pleasant Hill, Marcola, Springfield, and South Lane School Districts. Staff in-services are planned in October for Pleasant Hill and Marcola.

Prevention staff has also met with Emergency Department staff at Sacred Heart Medical Center and McKenzie-Willamette Medical Center to assist them in assessing and strengthening their procedures and patient support efforts.

Staff is collaborating with two researchers from the Oregon Research Institute (ORI) 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. Thus far, ORI and Prevention staff have given 16 WEAVE presentations to various community and governmental groups.

**Strategic Prevention Framework:** Lane County was recently awarded funding from the State of Oregon Addictions and Mental Health Division through the Strategic Prevention Framework State Incentive Grant (SPF SIG) to reduce rates of high-risk drinking among 18-25 year olds. High-risk drinking includes heavy, binge, and underage drinking. Lane County was identified by the State as having statistically significantly higher rates of alcohol use through data from the 2004 to 2007 Behavioral Risk Factor Surveillance System. Lane County was among 12 counties and nine tribes throughout Oregon that received this three-year funding.

Their overall goals of the SPF-SIG are to 1) Build prevention capacity and infrastructure, 2) Reduce substance abuse-related problems, and prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking.

In order to facilitate the development and implementation of the Strategic Prevention Framework within Lane County, Lane County Prevention Program is establishing a coalition of community leaders committed to reducing alcohol abuse and dependence. The first meeting was October 20<sup>th</sup>. In addition to completing a needs assessment, the coalition will be creating strategic plan that focuses on changing the culture and environment of alcohol use in our community through policy and advocacy.

**Healthy Babies, Healthy Communities Initiative:** Prevention and Public Health staff continue 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. The HBHC initiative includes the Perinatal Health Team (PHT), an HBHC work group comprised of community partners including: Birth to 3, Relief Nursery, University of Oregon, Douglas Supporting Teens, Planned Parenthood of Southwestern Oregon, Lane Individual Practice Association, Department of Human Services, Health

Policy Research Northwest and Lane County Public Health and Prevention. Based on community data, the HBHC initiative will focus on prevention of maternal obesity and alcohol, tobacco and other drug prevention as they have been identified as key risk factors in infant death. The Perinatal Health Team meets monthly to develop strategies to address these issues. One of the strategies currently being focused on by the PHT is universal screening.

**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. Prevention staff serves as liaisons at many community meetings as representatives for the FRC Network.

**Supporting Children and Youth:** On September 29<sup>th</sup> there was a training for Good Behavior Game, one of the low-cost evidence-based practices in the WEAVE presentation. Kindergarten, first and second grade teachers from nine school districts attended. Districts participating in the training were: South Lane, Oakridge, Marcola, Fern Ridge, Crow-Applegate-Lorraine, 4J, Siuslaw, Bethel, and Lowell.

The Good Behavior Game, a prevention best practice, has tremendous (longitudinal) research regarding reducing future problem behaviors and is cost effective.

Proven Results (for schools and students) of Good Behavior Game:

- 50% to 90% reduction in disruptive or disorderly behaviors in classrooms, hallways and other public spaces.
- 30% to 60% reduction in referrals, suspensions or expulsions
- 10% to 30% reduction in the need for special education services, while providing real support for special needs children in your classrooms.
- 25% more time for teaching and learning, amounting to the equivalent of another month or more of school for "free."
- 20% to 50% increase in children being fully engaged in learning.

Proven Results of the Good Behavior Game throughout the Student's Lifetime:

- 50% reduction in the use of tobacco or other drugs over a child's lifetime, so that the next generation of children come to school with fewer problems.
- 50% to 70% reduction in mental health difficulties (e.g. ADHD and conduct symptoms)
- Reduction in directly observable symptoms of ADHD such as inattention and fidgeting, even for children not on medication.
- Reduction in observable symptoms of Oppositional Defiance and Conduct Disorders, whether or not the child is in therapy or the family is receiving interventions

**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, staff provided direct in-class lessons to over 300 (275 evaluations were completed) middle school students, and to over 130 high school and University of Oregon students (121 evaluations were completed). Middle school students scored an average of 88 percent on awareness post-tests, and high school participants scored an average of 90 percent. Evaluations of guest lectures given at University of Oregon indicated that 87 percent of participants reported increased knowledge about, and resources to address, problem gambling.

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](http://www.preventionlane.org/gambling/opgaw.htm). The website affiliated with our program, [www.preventionlane.org/gambling](http://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](http://www.problemgamblingprevention.org), and for corresponding social media for on behalf of Problem Gambling Services. Ninety-two percent of our website survey respondents rated the website as "good" or "excellent."

Finally, in September our program was invited to serve on the newly formed prevention committee for the National Council on Problem Gambling, and to take the lead on developing an online social network for the group.

**Community Engagement:** Prevention program staff continues to support community-based prevention coalitions across the county. Each coalition works with prevention staff to develop work plans specific for their community. All community coalitions are examining ways to address problem drinking and substance use. South Lane and Siuslaw are looking at the possibility of adding an e-coalition component to their meetings. With fewer staff and less flexibility in many of the agencies, Prevention staff is working with communities to find new ways to continue the work and forward movement. The e-coalitions will allow communities to "fit the meeting in" to individuals time and, in the future, to share work between communities. Both communities see this opportunity as another option to involve youth in the work without requiring them to "sit at the table".

Siuslaw and South Lane communities are both implementing 'Communities that Care,' an evidence-based prevention community mobilization process. The communities reviewed 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. The Siuslaw coalition has created a strategic work plan and has begun implementation. The South Lane Coalition has created a menu of options and is currently working to build capacity to implement some of the prevention best practices that are on the list.

The Siuslaw coalition decided to focus on information dissemination through presentations (the PTA will be hosting an event on October 18<sup>th</sup>, the Florence Area Coordinating Council and the Florence Chamber of Commerce each saw presentations by the Lane County Prevention Program). The hope is that this will increase community readiness to address ATOD prevention as well as opportunities for agency collaboration.

The Siuslaw coalition also decided to focus on availability (and perceived availability) of alcohol. Almost 49% of 8<sup>th</sup> graders in the Siuslaw School District reported that it would be "easy" or "very easy" for them to get beer, wine or alcohol, compared to 47% in the State of Oregon as a whole. 80% of 11<sup>th</sup> graders in the Siuslaw School District reported that it would be "easy" or "very easy" for them to get beer, wine, or alcohol, compared to 72% in the State of Oregon as a whole. The work plan states that coalition members will look at community laws and norms, such as alcohol outlet density. In 2009, there were 57 alcohol outlets in Florence, whose population is 9,580. That means that the rate of liquor outlets in Florence was 5.95 per 1,000 people, more than twice the rate for Lane County as a whole.

The South Lane Coalition is currently looking at the number of alcohol outlets in their area (with 57 outlets and a population of 9,400 people their community rate of 4.55 is much higher than Lane County at 2.75 and the state with a rate of 3.66). There is interest in implementing a reward and reminder program and hosting a retailer training. They are also looking into a positive norms campaign since only 65% of the 11<sup>th</sup> grade students report that adults over 21 in their neighborhood think it is "wrong" or "very wrong" for kids their age to drink alcohol (both Lane Co. and the state report 72.8%) and addressing family management problems through a variety of parenting classes.

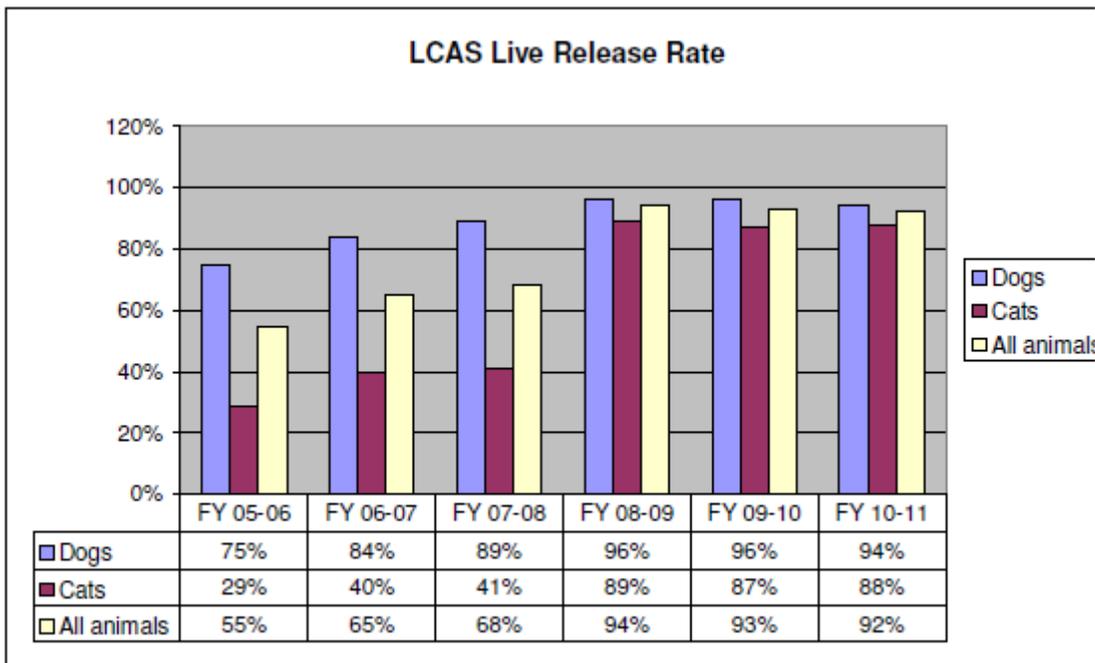
Siuslaw is the first community in Lane County to install a permanent Prescription Drop Box. The Drop Box is located in the lobby of the local police department and is open to the public to drop off any and all medications from 8:00 am to 5:00 pm Monday – Friday. South Lane (along with Eugene, Springfield and the Lane County Sherriff's Office) is looking into a permanent drop box also. Both communities will be discussing the possibility of Social Host Ordinances (Eugene is currently looking at a local Social Host Ordinance, also).

## II. ANIMAL SERVICES (Rick Hammel, 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.

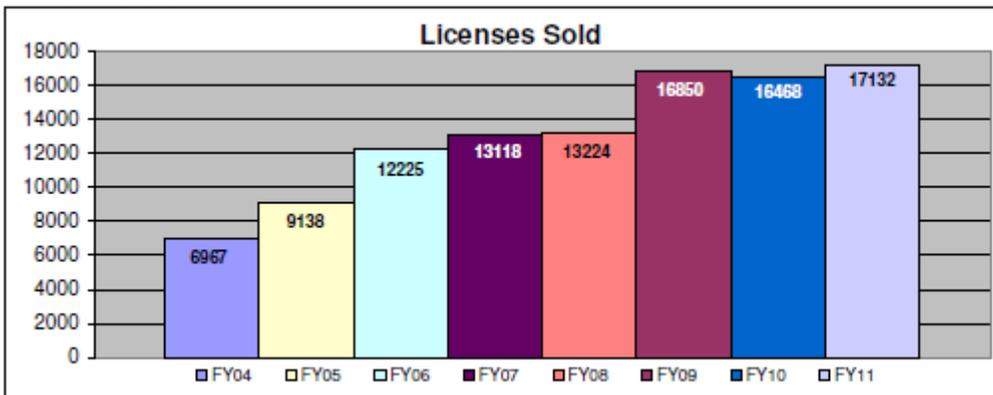
The outcomes at LCAS continue to trend positive on the primary indicators. The changes at LCAS are most obvious in the changes in euthanasia numbers at the shelter. The standard measurement for shelters nationally is to calculate a Live Release Rate, which takes into account differences in raw numbers of animals impounded, those returned to owners, those adopted, and those who are euthanized. LCAS is a code enforcement based 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. 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 has exceeded that goal since the FY 2009 and now has a three-year average of 93% through the FY 2011.



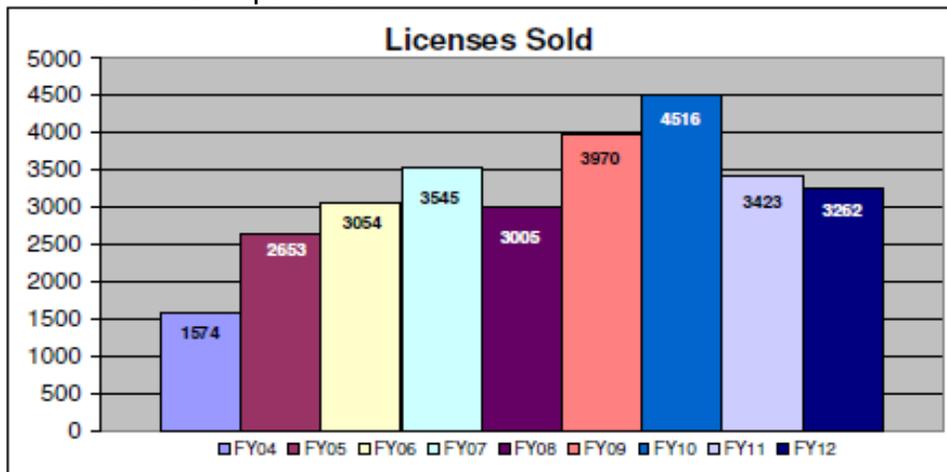
Year to date license sales were down by 22% near the end of the 3<sup>rd</sup> quarter for the FY 2011. The recent media coverage of our License Writer position, however, resulted in a year over year 4% increase in licenses sold and 6% increase in overall license revenue for the 2011 FY. The first quarter of the 2012 FY is on par with 2011.

License sales 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 2012 to determine its long term impact on revenue and sales.

### Annual Totals



### First Quarter Comparison



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 3,088 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. Nearly 200 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 more than 100 hours towards the beautification of the facility. Dog walkers contributed more than 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 six 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 and in the FY 2011 “The Libation Foundation” donated \$2,000 to cover our “101 Pit Bulls” program. This paid for 101 spay / neuters in just over three months.
- 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. 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. BEHAVIORAL HEALTH SERVICES (AI Levine, Program Manager)**

The past six months have been very busy at Behavioral Health Services. We had a couple of our psychiatrists leave, creating a shortage of psychiatric prescriber time and making access for new clients quite difficult as we struggle to cover the needs of our already enrolled clients. We are actively recruiting to replace those medical staff. We have hired a much needed Clinical Supervisor for Adult services, Teresa DaVigo PhD., who comes to us from the Oregon State Hospital. We have been engaged in efforts to change some of our business practices to improve efficiencies, customer service and outcomes, and we have had five workgroups meeting over the last few months to develop recommendations to our management team. Those workgroups have submitted their proposals on access/egress, staff productivity, integration with primary care, and supervision. We have begun to implement the first step of Centralized Scheduling, which should improve clients' ability to schedule or reschedule appointments without having to speak directly to their provider, and have instituted reminder calls for all clinic appointments to help reduce the "Not Show" rate.

As part of the effort to be able to report on outcomes, we have implemented the ACORN tool, which feeds our client data into a national database that can report on client level of distress, clinical change, and a measure of the therapeutic linkage between client and therapist, normed to national data on similar clients. We have revitalized our Quality Improvement/Process Improvement Committee, developed a new QA/PI work plan and have assigned a quality assurance coordinator to the process.

We are excited about the prospect of our Child and Adolescent Program being able to reclaim the space that was designed for them in our building once family Law moves out (projected March, 2012). This will allow an important separation of adult and child clients that currently share a common waiting area, and also provides space specifically designed to serve children and families. With this move is an opportunity for a remodel to add two additional medical exam rooms for primary care at our site plus a reconfiguration of space for the staff that support primary care, which should allow for greater efficiency and the ability to serve more clients. Plus, we intend to add two additional group room spaces to allow us to provide substance abuse treatment services integrated with our mental health services for our clients with co-occurring disorders. In this regard we are working on a plan to seek a license to provide Substance abuse treatment and are going to the Board with a request to create a new clinical supervisor position for substance abuse treatment services, who would help develop this program, oversee the Methadone Treatment Program and be the County staff person providing oversight to the A&D provider system.

Over this next six months, we will be continuing to position ourselves to be a central player in the healthcare transformation that seems to be coming, and we are focusing on the Triple Aim of providing quality care that produces good outcomes, being efficient in our use of resources (improved staff productivity and other workplace efficiencies) and improved customer satisfaction (reduced wait times, improved access, etc.).

## **OUTPATIENT MENTAL HEALTH CLINIC**

**Adult Outpatient Services:** The Adult outpatient clinic continues to serve large numbers of clients. We are currently serving 1,000 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 are having difficulty with access at this time. We are short staffed both in our medical services, as well as in our case management/therapy services. Recruitment to fill vacant positions is slow moving. 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 successfully worked with our MHO, LaneCare, to develop and implement the ACORN Outcome measurement system. These surveys and questionnaires are beginning to give us data on the individual's response to treatment services and assessment of the therapeutic alliance between providers and the individuals they serve. These data are being trended to a national data base of clinical outcomes. All management personnel and direct care providers have been introduced to the ACORN system. More detailed training is scheduled for early December 2011.

We have assigned an Administrative Analyst to head up our Quality Assessment and Performance Improvement initiatives (QAPI). She is completely reorganizing all of our QAPI measures and work plans across all programs and services, as well as forming a new QAPI committee, with representatives from all programs and members that are receiving our services.

We have stopped further implementation of our electronic health record system (LC Cares), in hopes of being able to implement the electronic system that the Community Health Centers is implementing. A combined record will facilitate our integration efforts.

Integration of Mental Health Services with Primary Care services has continued to develop. Expansion of Mental Health Services into the Community Health Clinics has occurred. We are also beginning to look at obtaining a State letter of approval for becoming an Alcohol and Drug treatment provider as well. Our intent is to provide concurrent A&D treatment for our existing population of clients.

### ***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 98 individuals. We continue to have a long waiting list for those wishing to get into treatment, or transfer from other programs.

We have recently hired back a third counselor, and are beginning to increase our census. Training of new staff, and the new patient admission processes are long and complicated. Once formal training is complete, we hope to bring in an additional 20-30 patients.

In spite of many challenges, the methadone program continues to provide high quality services to our clients. The staff is comprised of committed professionals who 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 throughout the year. During our last State site review, we received no findings at all. This is a first for this program, and reflects the staff's on-going commitment to excellence in all that they do.

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 3,000 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 be to continue 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 2,800 citizens without methadone as a treatment option. Further expansion is clearly needed.

## **ACUTE CARE SERVICES**

The Transition Team, a County/PeaceHealth joint venture, has been operating with great success since the closure of the Lane County Psychiatric Hospital. This team works with individuals who are either being discharged from inpatient care or diverted from inpatient care by providing a high level of intensive community based outreach services to these clients. Services often include medication management, case management, assistance in getting into housing, help with school or work, and provides an intensive bridge from hospital to community to assure that the community integration is successful. Last year the Team was one of 30 sites nationally selected to implement a new, experimental treatment approach for individuals experiencing an initial psychotic break. This program, called RAISE (Recovery After Initial Schizophrenic Episode) encompasses much of what Transition Team already did, but added key components of working intensively with the individuals family or natural social support system using an established curriculum and very prescribed approaches. The Lane county site proved to be the first to reach the enrollment targets and is getting high marks from the researchers for their efforts. This project continues for two more years following the

same clients, but will not be enrolling any additional clients. That has led us to think about initiating an EAST program in Lane County, which is a program similar to RAISE and considered a best practice. The Transition Team will be exploring this approach over the coming months.

Acute Care Services is also the cost center that covers the costs of psychiatric inpatient care for indigent Lane County residents. The county is statutorily responsible for these costs. The bulk of that money goes to Sacred Heart's Johnson Unit, the local acute psychiatric facility, but there are many out of area admissions that happen when the Johnson unit is full. Acute care Services covers those costs as well, in addition to secure transport to those facilities and the costs of commitment investigations and hearings as well. We are seeing record high volumes of commitment investigations which is challenging the 2.0 FTE of Sr. Mental Health Specialists that are responsible for them. Due to the economic downturn we are also seeing more individuals who previously had health insurance through their work but who now are medically indigent. We are closely following what is happening at the Federal level as it relates to entitlements like Medicaid, as that could have huge financial impacts on our services.

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

Clinical Financial Services provides financial services support to the Community Health Centers (CHC), Public Health Services, and Behavioral Health Services (BHS) operating units. These services include ensuring that the patient information is collected and maintained for 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.

##### **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 major grant awards totaling \$5,636,503 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:

- ARRA Grant Reports filed for the Capital Improvement Grant (\$716,480), and Affordable Care Act Capital Development Grant (\$4,920,023) We have received all funds and filed the close-out documents for the ARRA grant that provided funding for the renovation of the Community Health Center (CHC) clinic in the Charnelton building. We have also filed the required quarterly reports for the capital improvement grant that is providing funding for the CHC's RiverStone clinic renovation.

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

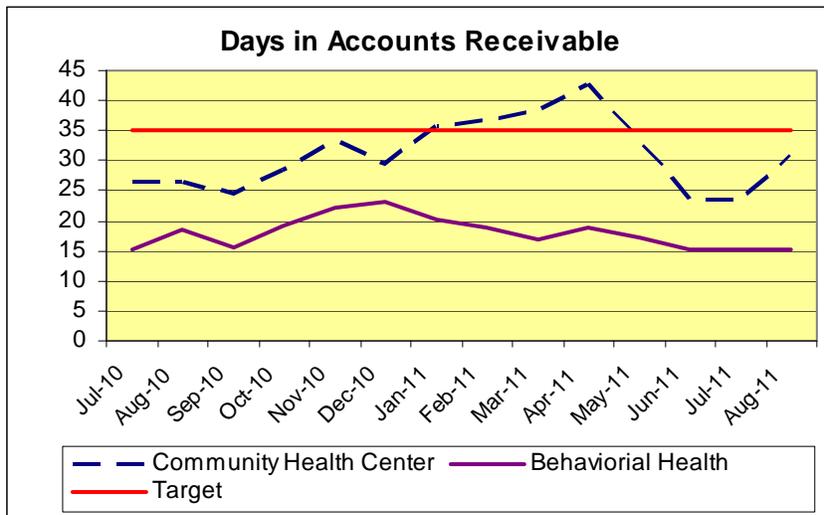
Days in A/R is derived by dividing the total dollar value in accounts receivable by the organization's average charges per day. Many organizations only look at the total dollar amount in accounts receivable, or in the accounts receivable aging. (That is, the total dollar amount of A/R that is 30 days 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
- 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. The CHC AR days increased earlier this year due to significantly increased volume of activity as a result of the CHC growth and temporary reductions in staffing. The mental health accounts receivable has been very low due to the successful adoption of strategic initiatives and process improvements during the past two years.



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

**Electronic Medical Record** – The CHC has selected NextGen as our new practice management and electronic health record. We will begin implementation of the practice management system after the first of the year and the electronic health record in the spring.

**Primary Care Home** – We have received additional funding to support implementation of patient centered medical home from the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services. Both of these funding sources will enhance our ability to become certified through the National Committee for Quality Assurance. The national recognition will position the health center to take advantage of payment reform associated with becoming a medical home. Additionally, the funding supports our integrated behavioral health services.

**Federal Budget Reduction** – The National Association of Community Health Centers and Health Resources and Services Administration (HRSA) was able to maintain existing health center funding earlier this year when \$600 million in funding to community health centers was cut in the deficit reduction negotiations. HRSA used funding that was intended to expand health centers to maintain existing funding. We continue to monitor and advocate for hold-harmless budget consideration with the Federal Super Committee.

**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 ill 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 several of whom are bilingual. Our mental health team within primary care is fully staffed with two psychiatric nurse practitioners and two behavioral health staff members for RiverStone and Charnelton.

**Lean Training** - Community Health Center staff were trained in Lean principles, taken from Toyota, these principles teach staff to effectively identify and eliminate waste in their work processes. We have several process improvement teams working on systems that impact the entire clinic operation.

## **VI. DEVELOPMENTAL DISABILITIES SERVICES (Andrea Muzikant, 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 1,900 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 authorizes services provided by seventeen local agencies to provide residential, transportation and employment services for adults with developmental disabilities. In previous years the county has subcontracted with these agencies but currently Seniors and People with Disabilities (SPD) contracts directly with these provider agencies. LCDDS licenses approximately 120 adult foster care homes and certifies 25 child foster care homes specifically for people with developmental disabilities. Our service coordinators monitor the health and safety of the residents living in these homes. We work in partnership with DHS Child Welfare as there are children who are our clients placed in those homes as well. 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.

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 to serve. There is an increased 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 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 offers information and referral to families about community resources as well as at times provides minimal funding to purchase supports for their children such as respite care, community inclusion activities, or specialized equipment. We have approximately 400 children who are enrolled in this program. 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.

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.

## **SERVICES TO ADULTS**

### ***Comprehensive Services***

Lane County Developmental Disabilities Services provides comprehensive services to 600 adults who live in group homes, foster care homes, 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 care home system in Lane County currently provides foster care for 315 adults and 90 children. There are 125 adult foster homes, and 25 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 database has allowed LCDDS to more effectively capture and record TCMs (Targeted Case Management, the unit of billing in DD Services). Along with the children's team, comprehensive case managers are now able to establish and track baseline goals for these resulting in increased performance in this area. In addition, service coordinators continue to implement monthly monitoring visits to group homes and foster homes, resulting in an increase to 77% of our performance goal, as opposed to 44% from two years ago. Services coordinators monitor group homes, vocational programs, and foster care homes in order to review and evaluate the services that are being provided to our clients and to ensure their health and safety.

It is estimated that there will be a substantial increase in individuals who will enter the comprehensive service system in 2012, 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 position, or Systems Improvement Coordinator, was 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 has 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 old 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.

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

The Family Mediation Program is struggling to adapt to a significant budget reduction which resulted from recent legislation which abolished dedicated funding to mediation programs. The legislation revokes the County's authority to add dedicated fees to domestic relations court filing fees. Under the new legislation, the Mediation Program is now funded by an allocation from a state fund for mediation and conciliation services. Lane County's allocation from the fund falls 26% short of last year's revenue. The Program remains committed to providing quality service to Lane County families. At this time, the Program is reducing staffing and looking at revenue generation options in an effort to maintain services at or near current levels.

During the last six months, the Family Mediation Program completed a total of 215 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 564 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.

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

### **Energy Assistance**

The federal Department of Health and Human Services has not released funding yet for this winter's Low Income Home Energy Assistance Program (LIHEAP). The LIHEAP program helps income-qualified households with their home energy bills in the winter.

Due to an emphasis at the federal level on deficit reduction, it is very likely the LIHEAP program will experience significant cuts. Oregon has been instructed to plan on a 50% cut in program funding. Additionally, the likelihood of continuing budget resolutions may cause a delay in the funding release. We are anticipating reducing the number of households served in Lane County a year from 10,000 to 5,000.

The LIHEAP program is a winter-time program that provides qualifying households with a one-time payment towards their energy bill. It can be applied to electricity, natural gas, home heating oil, propane, wood pellets and wood.

Beginning Tuesday, November 1, non-profit and senior agencies that administer the program throughout Lane County began placing households on appointment waiting lists. Interested households can place themselves on a waiting list by calling one of the agencies that operate the program

If LIHEAP funding is released to Lane County in several smaller allocations, the waiting list may close and later re-open during the winter season.

### **Veterans Services**

With a reduction of .50 FTE Temporary Veterans Service Officer, wait time to get an appointment with a Veterans Service Officer is seven weeks. We are planning on experimenting with a one-day walk in appointment schedule to see if we can get some folks in sooner.

Younger veterans are beginning to seek services and more are expected to reach out in the next few years. The number of Iraq and Afghanistan veterans seeking services from the Lane County Veterans' Program is increasing. Their numbers are expected to continue to rise as these new veterans follow the pattern of Vietnam era veterans who took several years to seek help.

We're seeing an increase in Vietnam era veterans as they approach retirement seeking health care benefits or to maximize the benefits that they are eligible for as their ability to compensate for their service connected disabilities has diminished due to their advancing age, causing greater impacts to employability.

Multiple deployments are impacting Iraq and Afghanistan war veterans. This cumulative strain impacts service members physically, psychologically, socially, and economically.

Severe mental health issues, including PTSD are affecting more veterans. The national recession is making it difficult for returning veterans to find employment.

The national unemployment rate for male veterans 18-24, in 2010 was 21.9%.

## **Human Services & Housing**

The Eugene City Council has formed a Council Committee on Human Services Funding and is tasked with reviewing revenue options for the support of human services in the City of Eugene and to report back to the Council and the Eugene Budget Committee.

The landscape of human services has changed dramatically this fiscal year; particularly because of the ongoing economic downturn.

**Regional human services funding is unstable**, with the state and federal governments reducing or eliminating historic funding for human services. Requests made to the Human Services Commission for 2011-2013 funding were focused on emergency services to prevent homelessness, financial assistance and food provision, employment support services, child and youth development, and access to services. These issues and funding challenges are not unique to Lane County and we will continue to work with the Human Services Commission and our regional partners to identify long-term funding mechanisms to meet the human services needs of the community.

- **Impact of Cuts:** With the downturn in the economy the demand for human services in our recent human service Request for Proposal process far exceeded resources available for human services. As a result, human service agencies made severe staff and service cutbacks. Decreases to federal and state have caused reduced hours of operation, reductions in services offered, and an overall instability to the local safety net.
- **ARRA Funding:** During the past two fiscal years over \$3 million was awarded to the Human Services Commission through ARRA for human services. However, this funding was a one-time infusion of funds that is time-limited (most has been expended and the modest balance must be expended this fiscal year). Most funds were supporting very specific county-wide activities and are not intended to support the local safety net over time. Further, the majority of the funding was in the form of rental assistance to individuals and families impacted by the recession, and thus provided little or no operating support to local nonprofits by design.
- **Growth of Needs:** While human services have experienced deep reductions the needs of our community continue to grow. The need for human services in Lane County is greater than ever, as we are experiencing high unemployment and poverty, decreased housing and economic stability, decreased state and federal public assistance and job training resources.

**The ongoing economic conditions increase the needs of our most vulnerable** while State and Federal funding is shrinking. Here are just a few indicators of the growing need for financial and other forms of assistance:

- The Poverty Rate for Lane County has risen approximately 4.1% between 2000 and 2010 to 18.6% of all county residents are now living below the Federal Poverty Line (FPL). In the City of Eugene, the percentage of people living below the poverty line increased from 16.1% in 2000 to 21.4% in 2010. While this figure is inclusive of students, it still represents a 4.1% increase in the percentage of people living in poverty from 2000 to 2010.
- People living at or below 150% FPL in Lane County in 2010 are 104,596 or 32%. Eugene residents living at or below 150% FPL in the City of Eugene are 47,873 or 30%. (2010 Census table S1702).
- The homeless one night count has increased from 1523 in FY 2001 to 2503 in FY 2011.
- 10% increase in the number of homeless children in Oregon who are in the Public School system (20,545 up from 19,040 in 2009-10). Lane County's numbers are 2,285, up from 1,850.
- Food needs have increased significantly - 27% increase in people seeking food assistance at the major Eugene sites between July, 2010 and June, 2011. In Lane County, one out of 4.5 people are on Food Stamps; it was one in seven before the recession began in 2008. The food supply is "less than adequate." The food supply is lower than it should be and the food being distributed lacks sufficient protein, is not varied and half is perishable. This results in a shorter time frame for a household's food supply to last in a given month.
- With a 58% decrease in FEMA Food & Shelter Board Funding, local food and shelter providers have fewer resources available, family shelter units have been decreased dramatically as well as the food supply purchased from these funds.
- With a 50% decrease in federal Low-Income Energy Assistance Funds (LIHEAP) funds for the number of households receiving energy assistance will be reduced from 14,000 to 7,000. Even with increased funding last fiscal year we were forced to stop adding potential clients to the list on November 30, 2010, before the cold winter months even began.
- With American Recover and Reinvestment Act (ARRA) funds sun setting we will no longer be able to provide rental assistance to keep 929 people housed per year.
- Senior and Disabled Services serves people who either qualify as disabled or are over 60 and have seen a huge growth in clients.
- There are more long-term unemployed, particularly among the 16-24 age group and the 50+ population. Unemployment numbers mask the true issue. Many are working part-time who need full-time employment with benefits to be economically self-sufficient.

## **Balanced Approach of Best Practices**

As we contemplate future investments in human services we know that best practices particularly in the areas of ending homelessness, childhood and youth development, and integration of services can move our community forward.

**Housing First models** have significantly improved the quality of life of formerly chronically homeless residents and demonstrated reduced costs to public emergency systems. As part of the Ten Year Plan to End Homelessness in Lane County, we have emphasized permanent supportive housing for people who are extremely vulnerable along with homelessness prevention for those at-risk housed. By providing a high level of specialized services along with supportive housing, residents are getting healthier and engaging positively in our community. The dramatic success of projects like St. Vincent dePaul Vet LIFTs, or Sponsors, and HACSA/Shelter Care's Shelter Plus Care received national attention and validates our investment in this best practice.

**Evidence supporting the importance of healthy early childhood and youth development** has proliferated. Advances in neuroscience continue to refine our understanding of the extent to which early childhood experiences shape the developing brain and set the stage for lifelong health. Adverse childhood experiences such as extreme poverty, abuse, and neglect have damaging, long-term effects. Policies and programs that support children, youth and families reduce the need for more costly interventions down the road. Like many parts of the human service system, budget challenges are affecting our region's ability to sustain current services.

**Integrating behavioral health, primary care, social, and housing services** is more effective than past approaches. Over 30 studies have proven that a patient-centered, team approach to treating people with mental illnesses or substance abuse disorders are more successful than the usual methods. In integrated care models, medical, behavioral health and housing staff works as a team. Care coordinators systematically screen patients using evidence-based tools, and help people get the right level of care – including access to specialized mental health care when needed. The care team then checks in with patients and takes action if they aren't showing improvement. The success of these models both locally and around the country means we'll see more work on integrating service systems in the years to come.

**Funding crises are reducing social services budgets, making local human services more important than ever.** With revenues still declining as a result of the recession and budget reserves largely drained, the federal and state governments have made spending cuts that reduce necessary services to vulnerable people. Recently, the State of Oregon implemented across-the-board reductions to homeless, mental health and other services. The loss of these and other basic services increases the strain on local human services as our programs struggle to fill the gap.

## **Sobering & Detoxification**

At the request of the board and county Administrator, staff is working with community partners to secure funding commitments to maintain Sobering and Detoxification services at Buckley House through the end of the fiscal year. This is to attempt to offset the \$200,000 reduction in county general fund made in supplemental #1 from the old "Sheriff's Levy". This is one of many services for indigents who need alcohol and drug and/or mental health services that are being cut back. To date, the City of Eugene has pledged \$66,667, the Springfield City Council approved a \$22,222 one-month contribution to these critical services, while PeaceHealth has pledged \$17,000. With the Lane County Health and Human Services contribution of \$50,000 in state revenues we have secured enough revenue to support the continuation of Sobering services through the end of April. We still have requests to PacificSource, LIPA, LaneCare and McKenzie Willamette that will be considered. We have begun a conversation with the University of Oregon about their involvement in the future as well. We have established a work group of partner agencies that first met on October 21<sup>st</sup> to begin the long-range planning for support and operation of these services.

## **Project Homeless Connect**

Project Homeless Connect organizers have decided that Project Homeless Connect cannot continue in FY 2012. This is as a result of decreased resources and staff time available to organize PHC 2012. Several issues have caused this decision: long term leadership stepping down, concern about competing for financial resources with struggling non-profits, and much less staff time available to coordinate a labor intensive event which requires approximately four months of solid planning to implement.

Primary Leadership: originated with jurisdictional support in staff and funds from City of Eugene (Richie Weinman), City of Springfield (Kevin Ko) and Lane County (Pearl Wolfe). With this tri-jurisdictional foundation, agencies and nonprofits were able to contribute staff and resources in planning the event and providing the one-stop shop services. United Way had functioned as the fiscal agent through agreements with the jurisdictions, and also provided the volunteer coordinator and managed a volunteer online database.

Significant changes have occurred in budget reductions throughout the community which has an impact on the participation of agencies and organizations.

- *Lane County/ Pearl Wolfe Chair* – HSC provided significant hours of staff support with Pearl as Chairperson and supervisor of the event coordinator. Diana Alldredge (HSC) provided clerical support and minutes. In addition, the Human Services Commission managed the data collection for the final report using two additional HSC staff; The HSC supplied office space for the event coordinator. The HSC cannot continue the staffing with reduced staff.
- *City of Eugene/ Richie Weinman Co-Chair or Event Coordinator* – Richie retired from City of Eugene last year and served as the paid staff PHC Coordinator for 2011 event. He could continue to participate in some capacity. Stephanie Jennings

could not coordinate Eugene's support which in the past included funds, vans for transportation, phone cards, graphic works, and some staff time. We understand that Michelle Mortensen (City of Eugene) who provided logistic support last year will be unable to participate in the upcoming year.

- *City of Springfield/ Kevin Ko* – provided funds from the City and staff support by Kevin Ko who was Logistics Lead during the planning phase and Bicycle Repairs Lead on the day of (recruiting staff and materials). Kevin will not be returning, and financial donations will be limited.
- *United Way* cut staff 20% and will not be able to provide a Volunteer Coordinator. United Way could only continue as the fiscal agent if the a10% admin fee were provided.

In summary, many of the cornerstone organizations that had provided funds and staff support will not be able to participate due to budget reductions.

By 2011, five Project Homeless Connect events took place serving 1,007 individuals at the first PHC (2007) to the largest attendance of 1,595 guests at the last PHC (2011).

Project Homeless Connect succeeded on all fronts, showing growth each year in terms of people served, community involvement, volunteers and services. It became one of the most remarkable community events ever staged in Lane County and everyone who touched it was proud of their involvement.

## **IX. LANE CARE (Bruce Abel, Program Manager)**

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

In 2011, LaneCare average monthly membership has increased to 55,000 OHP members and may approach 60,000 by the end of 2012. This has resulted in an increase in capitation payments.

In October 2011 the State initiated a revised contract with the County and reduced capitation payments by 11%. This has resulted in the need to work with contractors to conserve resources without seriously impacting consumers of mental health services. We managed these reductions in partnership with our providers by maintaining access to care and preserving our rates but reducing the average amount of care each client will receive. We have also committed LaneCare reserves to preserving financial solvency.

The State is moving toward Coordinated Care Organizations that will replace the current health plans. Lane and Lane County have been in discussions about how to form a public/private partnership for almost 2 years. The LaneCare Manager was appointed to the State OHA Coordinated Care Criteria Committee and is helping to develop recommendations for how to implement these organizations in Oregon. These discussions are proceeding toward organizational agreements in structure, governance, and processes. We are already developing a shared member handbook and have established a shared consumer advocacy committee.

A Lane County Health Policy Board meets monthly and is conceptualizing a service delivery system and governance structure to manage funds and services. A regional Opportunity Conference is being convened in December for invited health care representatives to look at data, assess current system strengths and weaknesses, and to make recommendations for areas where system improvements in access, quality, and consumer experience can also result in better health and lower costs.

LaneCare and Lane County participants are actively engaged in these community discussions, articulating the essential role of the County in health care. We believe we will continue to be integral in the management and delivery of services in the future.

The State budget is showing a huge deficit for the next biennium. We are anticipating reductions to OHP of up to 20% effective next October. It is difficult to imagine how the delivery system can survive reductions of this magnitude. As we discuss the situation we have come to recognize that the only way to survive these reductions is to have all health care providers work together to reduce inappropriate or unnecessary care and to

reduce the number of individuals entering the hospital through better primary care. A better integration of behavioral health care with primary care is a significant part of the plan. Many of the most challenging and most expensive patients have both mental health and physical health conditions.

As we prepare for future changes in the OHP system, LaneCare has negotiated an agreement with Lipa, the OHP fully capitated physical health plan in Lane County, to assume management of their chemical dependency benefit beginning in January, 2012. We have also agreed to manage the Trillium Medicare mental health benefit beginning in January 2011. This will require hiring an additional Administrative Assistant to help manage office work. We are hoping in the future to have an integrated treatment system where an individual will go to one organization and get both mental health and chemical dependency services. We also hope that providers can submit a single authorization, conduct a single assessment, and maintain a single clinical file.

LaneCare maintains the highest utilization and participation rates of all MHOs 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 State report documents that LaneCare serves 10% of our membership while the state average is fewer than 6%. We also provide significantly more services per “standard healthcare dollar” than other areas of the State. As we design the health care system of the future we will incorporate existing LaneCare management approaches to maintain the quality of the mental health system.

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 exceeded this by over 100% having helped 56 individuals move to lower levels of care. Due to our success we have been contracted to help even more individuals move this year. LaneCare has created an additional Care Coordinator position to work with LaneCare members living in adult foster care situations and will be filling this position by the end of the year.

LaneCare continues to use funds for prevention, education and outreach projects (PEO). We have continued to fund the same 24 PEO community projects that we funded last year to 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 implemented two system improvement projects that reviewed contractor performance in 2011. LaneCare established pay-for-performance criteria and tracked performance of contractors on their engagement of clients and on error-free submission of claims. LaneCare distributed these performance bonuses to contractors in October, 2011.

LaneCare contracted with an organization to implement the ACORN survey that monitors client outcomes by tracking at every therapeutic contact a clients' response to a short questionnaire. LaneCare expects approximately 100 clinicians to participate in the first year. When we review the data we find that several contractors are showing significantly positive outcomes for their clients based on national data. This confirms our belief that Lane County has some of the best mental health providers in the country.

LaneCare hired a new Program Supervisor, Lucy Zammarelli, and she is working out extremely well.

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.

United way has repurposed a State grant to fund development of a training program for Community Health Workers and to fund five community health workers for one year. LaneCare has agreed to partner in this project to help train and fund Community Health Workers to work with individuals with mental illness. We expect these individuals to be trained and employed by April, 2012.

## **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](http://www.cdc.gov/nccdphp/overview.htm)) Many Americans die prematurely and suffer from diseases that could be prevented or more effectively managed.

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

The primary goal of Lane County Public Health’s Healthy Communities Program is to implement community-wide policies, systems, and environmental changes that reach across all levels of the socio-ecological model and include the full engagement of the

leadership in city 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 (June – October 2011):

**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 led a group of 10 community leaders to a week-long community health Action Institute in Baltimore, MD. Participating community members comprise Public Health's ACHIEVE Chronic Disease Prevention "Community Health Action and Response Team" or CHART:

1. Rick Kincade, MD, a Vice President at PeaceHealth;
2. Alexa Shook, Director of PacificSource's Healthy Lifestyles Initiative
3. Marci Torres, Director of the University of Oregon's Healthy Campus Initiative
4. Sandy Shaffer, Manager, Youth & Family Services, City of Eugene
5. Laurie Trieger, Executive Director, Lane Coalition for Healthy Active Youth
6. Clare Feighan, Development Director, Eugene Family YMCA
7. Luci Longoria, Community Programs Manager, Health Promotion Chronic Disease Prevention, Oregon Health Authority
8. Patrick Luedtke, MD, MPH, Lane County Public Health Officer and Chief Medical Officer Community Health Centers of Lane County
9. Liane Richardson, Lane County Administrator
10. Jennifer Jordan, MPH, Senior Community Health Analyst, Chronic Disease Prevention, Lane County Public Health

Since the Action Institute, the team above has conducted a series of baseline 14 chronic disease prevention policy and environment assessments with organizational leaders across Lane County using the Centers for Disease Control and Prevention's CHANGE tool (<http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>). Two additional "Community at Large" assessments are scheduled with staff in the City's Managers' offices in Eugene and Springfield next week (Springfield assessment with City Manager Gino Grimaldi) and in early November (Eugene assessment with City of Eugene staff Keli Osborne and Matt McRae).

## CHANGE Tool Benefits

- Allows local stakeholders to work together in a collaborative process to survey their community.
- Offers suggestions and examples of policy, systems, and environmental change strategies.
- Provides feedback to communities as they institute local-level change for healthy living.

## The Five Sectors of the CHANGE Tool

For each sector, this tool includes specific questions to be answered in the areas of demographics, physical activity, nutrition, tobacco, chronic disease management, and leadership. In addition, the school sector includes questions related to the school district and after-school program.

- Community-At-Large Sector includes communitywide efforts that impact the social and built environments, such as improving food access, walkability or bikeability, tobacco use and exposure, or personal safety.
- Community Institution/Organization Sector includes entities within the community that provide a broad range of human services and access to facilities, such as childcare settings, faith-based organizations, senior centers, boys and girls clubs, YMCAs, and colleges or universities.
- Health Care Sector includes places where people go to receive preventive care or treatment, or emergency health care services, such as hospitals, private doctors' offices, and community clinics.
- School Sector includes all primary and secondary learning institutions (e.g., elementary, middle, and high schools, whether private, public, or parochial).
- Work Site Sector includes places of employment, such as private offices, restaurants, retail establishments, and government offices.

## Tracking Progress with the CHANGE Tool

CHANGE is a data-collection tool that allows community team members to track progress across a five-point scale, so incremental changes can be noted. As problem areas are identified, health-related policies are implemented, and systems and environmental change strategies are put in place, team members can document the community-level changes.

The team will conduct annual reassessments with the 16 participating partners in 2012 and 2013.

## Three-year Community Health Action Plan

The CHART Members above are currently working together to analyze the baseline data collected with the CHANGE tool and use the data to build a collaborative 3-year Community Health Action plan.

## **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) uses policy, systems, and environmental change strategies to address the following goals:

- 1) Eliminate exposure to secondhand smoke
- 2) Prevent youth from initiating tobacco use
- 3) Identify and eliminate tobacco-related disparities in all populations
- 4) Help smokers quit

TPEP continues to lead policy initiatives proven to reduce tobacco-related illness and death in Lane County. Two areas of significant focus in the last six months were:

### **Lane County Behavioral Health Services – Tobacco Free Campus policy**

Tobacco exacts a particularly devastating toll on persons with addictions and mental health issues. While smoking rates in the general population have dropped over the years (currently just over 18% of the Lane County adult population smokes) the proportion of smokers with psychiatric diagnoses has increased. Seventy-five percent of individuals with either addictions or mental illness smoke cigarettes. As part of the effort to transition all H&HS Department properties to tobacco free campuses and improve overall community health, Lane County Behavioral Health Services implemented a tobacco free campus policy on August 1, 2011. Policy implementation followed a yearlong effort by TPEP staff and the Behavioral Health Tobacco Integration Team to educate both staff and clients about the benefits of a tobacco free campus policy and integration of tobacco addiction and cessation training into the treatment protocol.

### **Smoke & Tobacco free University of Oregon - update**

The University of Oregon Smoke & Tobacco Free University policy, which will take effect in the fall of 2012, had its awareness campaign kickoff at the October 6<sup>th</sup> home football game. This policy success comes after many long years of policy advocacy work led by the Student Health Center and their Student Health Advisory Committee in partnership with the Lane County Public Health TPEP program. In March of 2011, Robin Holmes, UO VP of Student Affairs, appointed TPEP Sr. Community Health Analyst, Stephanie Young-Peterson to co-chair the Smoke & Tobacco Free Implementation Team. The implementation team was charged with creating a draft policy and communication/education rollout plan. The draft Smoke & Tobacco Free

Campus policy is currently under review by the UO Administration. The awareness campaign is being made possible by two new initiative partners. PacificSource Health Plans, who in 2010 awarded the UO a five-year grant to launch its Healthy Campus Initiative, and Nike, Inc., who is providing the creative branding of the awareness campaign, free of charge.

In addition to protecting people from secondhand smoke exposure, tobacco free environments support individuals interested in quitting tobacco and create social norms of a tobacco free lifestyle which reduces smoking rates across the population.

*For a complete listing of local Tobacco Prevention policy successes please access the following link on the Public Health webpage: <http://www.lanecounty.org/TobaccoFree>*

The comprehensive Tobacco Prevention & Education Program is producing results. Oregon’s per capita cigarette consumption decreased 48% between 1996 and 2009. In Lane County, smoking prevalence has dropped among the following targeted populations:

	<u>1997</u>	<u>2011</u>
Adult smokers	21%	18.4%
Women who smoked during pregnancy	20%	15%
11 <sup>th</sup> graders who smoke	25.9%	15%
8 <sup>th</sup> graders who smoke	21.3%	8%

**COMMUNICABLE DISEASE SERVICE**

The Lane County Public Health (LCPH) Communicable Disease Program includes 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**

The purpose of the LCPH Communicable Disease Immunization Program is to reduce the incidence of vaccine-preventable diseases in the community. LCPH work includes a comprehensive program of community vaccination assessment, delegate immunization partner education and management, healthcare provider education and training, community education, provision of direct immunization services, and vaccine management.

LCPH provides immunization support to nine delegate clinics, including five school-based health centers, three Community Health Centers of Lane County, and Health Associates in Florence. Resources provided to the delegate sites include training on providing safe, effective, and accurate immunization services; training on vaccine eligibility and coding; ongoing support for vaccine storage and management; and access to federal and state programs that provide vaccine refrigerators and monitoring equipment and assistance in setting up and using this equipment. The delegate clinics provided 4,619 immunizations between April 1 and September 20, 2011. An increase in

the number of immunizations provided by Health Associates in Florence and the Charnelton and RiverStone CHC delegate clinics accounted for a 60% increase in number of immunizations provided by the delegate clinics over the same time period last year.

During the 2010-2011 School Immunization Review, it was noted that there was a slight increase in the overall religious exemption rate in all schools, pre-schools, and certified day care centers in Lane County. A team of CD employees continue to analyze these rates to assess and address the increased local risk for outbreaks of vaccine-preventable diseases including measles, mumps, pertussis, and varicella. The program is currently working with the Lane Council of Governments GIS Mapping program and the Oregon Public Health Division Immunization Program to further delineate antigen specific risks and where the greatest risks are by school, geographical area, and age of child.

LCPH remains a good steward of our expensive and fragile vaccine resources. With the 1,441 direct immunizations that our clinic provided between April and September 2011, the immunization program continues to exceed the performance measure target of 95% in vaccine accountability.

### **Tuberculosis**

Lane County continues to be a low incidence area for active tuberculosis. In the United States there were 11,182 cases in 2010. Oregon had 87 cases in 2010. There were six individuals who completed treatment with Lane County Public Health for active tuberculosis between October 2010 and now. Currently, LCPH has just two individuals with tuberculosis receiving public health case management services. LCPH also has between 10 and 25 individuals with latent TB infection. Evolved drug resistant forms of tuberculosis have, thus far, been uncommon in Oregon.

LCPH continues to provide twice yearly inspection of the UV lights that were installed at the Eugene Mission. LCPH has developed and maintains a comprehensive internal Respiratory Exposure Prevention Protocol including initial tuberculosis testing of all public health employees and conducts an annual fit testing of respiratory protection equipment for employees whose work may put them at risk of exposure. Finally, we continue to provide ongoing B2 Waiver tuberculosis evaluation and follow-up for those referred from immigration services.

TB Case Management is the unique service that only local public health provides. Following a thorough investigation to identify and prevent related cases, each case of active disease requires six to 12 months of intensive, multidisciplinary case management led by LCPH communicable disease nurses in conjunction with Public 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.

Reported Lane County chlamydia case counts for the period between April 1 and September 30, 2011, are at 647. Chlamydia remains, by far, the disease with the highest case counts of any reportable communicable disease in Lane County. In addition, with most cases of chlamydia being asymptomatic, it is estimated that the true case count is three to four times greater. Surveillance reports show that the greatest burden of disease is in those people less than 25 years of age. These numbers do not reflect the increased morbidity, including hospitalizations, or fertility impacts such as increased ectopic pregnancies, in those who sustain complications from chlamydia infection.

LCPH has initiated a monthly “Get Yourself Tested” campaign and drop-in STD clinic focused on those under 30 years old. As the promotional campaign continues, it is anticipated that the clinic will continue to grow.

The total number of gonorrhea cases is once again increasing, with 38 reported between April 1 and September 30, 2011. LCPH has received six reports of syphilis in 2011.

## **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.

LCPH has a Performance Measure to focus at least 65% of our HIV testing on populations at increased risk of HIV including Men who have Sex with Men (MSM), injection drug users (IDU), and sex partners of people in these populations. LCPH and its subcontracted partner together exceeded that goal every month.

Of concern is an increase in recent months in the number of individuals newly testing positive for HIV. This has been noted both at LCPH and HIV Alliance. The Oregon Public Health Division HIV-STD-TB Program epidemiology section is following this increase.

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 April 2011 through September 2011, LCPH processed or investigated 505 non-STD reportable communicable diseases. The majority of investigations involved diseases including pertussis, salmonellosis, Hepatitis C, Giardiasis, and campylobacteriosis. *Cryptococcus gattii*, a fungal infection of the lungs, has been emerging in the Pacific Northwest and is a recent addition to the diseases capturing public health attention.

Current efforts of the LCPH Communicable Disease program include the Hepatitis C Enhanced Surveillance Project and the Perinatal Hepatitis B Prevention Program. The Hepatitis C project is funded through a state grant and is expected to receive continuing CDC support for the next year. With 265 newly reported cases of chronic Hepatitis C in Lane County between April and September of this year, such support and focus is important. The Perinatal Hepatitis B Prevention Program is an ongoing mandated part of state and local communicable disease programs and assures that every mother, baby, and household member of a Hepatitis B-positive mother receives appropriate and adequate testing and immunization to prevent the spread of this liver-damaging disease.

In June 2011, LCPH responded to an outbreak of a severe respiratory illness in a Lane County care facility. The CD team worked with partners within the County as well as with local hospital and medical personnel to diagnosis, treat, and control the outbreak. The final case count was 23, including seven hospitalizations and three deaths. The organism was identified as human metapneumovirus. The public health outbreak effort required a rapid and sustained response for two weeks.

In summary, the work of the LCPH Communicable Disease Program consists of population-focused services and programs in the following areas:

- Communicable Disease – prevention, surveillance, reporting, treatment
- Outbreak management
- Tuberculosis
- Sexually Transmitted Diseases
- Immunizations
- HIV prevention, surveillance, and testing

### **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 3,183 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 6.8 FTE Environmental Health Specialists that are responsible for 4,480 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 (998), mobile units (191), commissaries and warehouses (44), vending machines (4), temporary restaurants (1083), pools/spas (287), traveler's accommodations (105), RV parks (75), and organizational camps (12). In addition to inspecting licensed facilities, Environmental Health also conducts inspections on non-licensed facilities. In the last twelve months Lane County inspected 160 unlicensed facilities (including schools, correctional facilities and treatment centers), five summer lunch program preparation sites, and 198 daycares. 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. On September 14, 2011 Environmental Health hosted a ServSafe course. This course is designed to prepare food managers to successfully pass a nationally recognized certification test. Thirteen food service workers successfully passed the comprehensive course. An additional class is scheduled for February 2012.

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

Testing and certification of food handlers in Lane County continues to be a priority, as a preventative measure against food-borne illnesses. In the last twelve months 67,527 Food Handler Cards were issued statewide through our on-line food handlers' testing e-commerce website, [www.orfoodhandlers.org](http://www.orfoodhandlers.org). Of those cards, 8,180 were issued to Lane County residents. An additional 1,542 cards 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 [www.orfoodhandlers.org](http://www.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 received through the individual counties or the OR state website. Due to the additional participation of Washington County, a large remittance recipient EH has had to reduce its payments to \$6 per test to all participating counties. EH is also experiencing increased online advertising costs due to competition from a discount testing company. EH currently has participating agreements with 26 counties across the state and is still the number one testing site in the state.

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

The EH Program continues its Internship Program in cooperation with the U of O and OSU Environmental Health Programs.

The program continues training staff in GIS technology and will be using this tool on internal mapping projects related to 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.

Lane County Environmental Health was again asked by the state to participate in the annual West Nile Virus program. Mosquitoes were surveyed for a seven week period: no presence of the virus was found in Lane County mosquitoes.

### **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 assists 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 206 low-income women access OHP and prenatal care during the past six 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 251 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 209 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 42 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 (“PHEP 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. The PHEP program addresses public health mitigation, preparedness, and

response and recovery phases of emergency response through plan development, exercise and plan revision.

### **Accreditation**

In August 2010, Lane County Public Health began 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; however, due to funding reductions, the program is no longer participating in this voluntary recognition process. Still, participation in the process up to this point has proven useful in identifying important strengths and areas for improvement. Staffing resources have been reprioritized to address many noted gaps in all-hazards planning, workforce capacity development, and quality improvement through exercises and real event response.

### **Plan Development**

As a result of the Project Public Health Ready review process, two areas of the Public Health Emergency Operations Plan were targeted for revision were updated:

- a. The pandemic influenza response plan; and
- b. The emergency dispensing site plan.

The pandemic influenza response plan was updated to address lessons learned from the 2009-2010 H1N1 influenza pandemic response. It outlines 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 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 PHEP program has also completed a new site plan identifying 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 support to the local health care system during large scale emergencies. Since the last report five sites in Central and Western Lane County were identified to house the resource during an emergency. A formal agreement (memorandum of agreement) was established with one site and is nearing completion for three other sites.

Lastly, several plans have been targeted for updating this fiscal year including:

- Continuity of Operations
- Public Health Surveillance, Outbreak Control & Response
- Environmental Surety
- Medical Countermeasures Distribution
- Emergency Public Information and Notification
- Health and Medical Resource Management

### **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 90% of targeted staff had met the training requirements as of June 30, 2011. Ongoing training continues to reach the targeted goal of 100%.

### **Exercises & Drills**

A three-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 PHEP program conducted a “tabletop” exercise (a low stress informal discussion of a simulated emergency). The emphasis was on an infectious disease outbreak in Lane County, Oregon and specifically evaluated:

- Plans capability to mobilize, manage, coordinate, and support environmental health, epidemiological surveillance, and outbreak investigation operations.
- Plans and protocols which support effective coordination between the environmental health and communicable disease programs and any gaps, limitations, or barriers which hinder coordination.

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

### **WOMEN, INFANTS, and CHILDREN (WIC)**

The WIC Program serves pregnant and postpartum women, infants and children under age five 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 on a wide variety of nutrition topics are provided to clients to enhance their nutritional status.

Currently 49% of all pregnant women in Lane County participate in the WIC Program, which indicates the broad impact that the program has on prenatal health and birth outcomes. WIC services are a critical part of public health efforts to address Lane County’s high rate of infant mortality.

In September 2011 the WIC Program was serving 8,575 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that

month) was 8,200. The state-assigned target caseload level is 8,059 vouchered participants per month. The program is currently maintaining at 101.75% percent of this assigned caseload level.

The State WIC Program has acknowledged that Lane County may continue to maintain the WIC caseload slightly above the 100% level at this time. This is an indicator of the need for WIC services in our county. Within the next few months, the state will determine whether they will be able to revise our assigned caseload level to a slightly higher level or if federal funding will not accommodate this, then the state would advise our county to implement a slight decrease in caseload to the 100% level at that time.

Participant Centered Education strategies are being implemented in accordance with the state and federal WIC guidelines. WIC is in the second phase of this extensive process which involves significant staff training over a two year time period. The first year of this project focused on providing individual education to clients. For this year, the focus of staff training is directed towards providing participant centered education in the group nutrition class setting.

Smoking cessation interventions continue to be provided to postpartum women who smoked during pregnancy or are currently smoking. These interventions are conducted by WIC Registered Dietitians and WIC Community Service Worker staff. In addition to the interventions, staff is now offering fax referrals to the Oregon Tobacco Quit line 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 95%, which is excellent. 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. WIC partners with Sacred Heart Medical Center (SHMC) for the medically fragile infants by providing loaner pumps to WIC clients currently at SHMC. There were 292 WIC 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 mother returning to work. In order to help increase the rate at the third month, WIC staff issued 314 pumps to mothers returning to work or school over the last year.

Special events were held in September in recognition of World Breastfeeding Week. The purpose of the events was to promote awareness of the importance of supportive and consistent breastfeeding messages and environments. One event was geared to WIC breastfeeding mothers and the other event was designed for all staff who works in the Charnelton building. Both events were well attended.

The WIC program issued Farm Direct vouchers to 1,500 clients during the months of June-August, 2011. This summer, \$30,000 worth of vouchers (supplied by the State WIC Program and the state Department of Agriculture) were issued to local farmers through our WIC Farm Direct Program. These vouchers are each worth \$20 and are used to purchase fresh vegetables and fruits from farmers' markets and farm stand vendors. WIC families who received the Farm Direct checks were educated about the nutritional value of fresh fruits and vegetables and the benefits of shopping with local farmers.

Recent changes in state regulations now allow clients to spend some of their regular monthly WIC vouchers at farmers' markets and farm stands as well. This season WIC staff attended farmers' markets in Eugene and Springfield to educate clients on site about the differences in using the two types of vouchers/checks. This part of the 'farmers' market' program is ongoing throughout the year as long as fruits and vegetables are available at markets and farm stands.

Both of these 'farmers' market' projects provide opportunities for clients in this county to purchase healthier and locally grown foods, which impacts longer term food choices, helps to address the obesity issue and helps the local economy. For farmers, the estimated reimbursement from the Farm Direct checks is \$30,000 (for this growing season) and the annual projection for reimbursement from the regular WIC fruit and vegetable vouchers is expected to be at least \$623,000 for Lane County.

The WIC Program is collaborating with the Community Health Center to offer dental services to WIC children and pregnant women as part of their WIC appointments. Currently, an LAP Dental Hygienist is stationed in WIC two days per week. This project began in April 2011. By August, 1,000 WIC clients had received dental services including assessments, referrals and fluoride varnishing for the children. This program generates income for the Community Health Center, which will allow them to expand these services to five days per week. This means that these dental services will become accessible to approximately 90% of all Lane County clients who participate in the WIC Program.