Lane County
Mental Health and Addictions Implementation Plan
2009-2011

Lane County Health & Human Services

February 2008

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Introduction

This implementation plan provides an outline of future goals and priorities for mental health and addictions services in Lane County 2009-2011. Planning for the future is an important task, yet it is especially complicated at this time as Lane County, like many other Oregon counties, are preparing for significant funding cuts due to the uncertainty of the Secure Rural Schools (federal timber) funds. Lane County is facing a 26.7% reduction in the General Fund due to this cut in revenue. These funds represent approximately $40 million or 12% of the total budget and have been appropriated to support public safety, public health and welfare, and other general operating expenses. Preparing for the uncertain future of our county funding adds to the complexity of planning for mental health and addictions services. Despite the unknown, and perhaps because of it, it is clear this is the time to connect resources and creativity to better serve the people in our community. This plan reflects a summary of a collaborative planning process which contributed to the identification of countywide priorities and key strategies in the mental health and addictions fields

This implementation plan is specific to the public funds received to support local mental health and addiction services. These funds are apportioned to the Lane County Department of Health and Human Services, HHS, which is responsible for planning, administering programs, and allocation of funds for services.

The mission of Lane County Health and Human Services is to *promote and protect the health and well-being of individuals, families, and our communities*. Fulfilling the mission is accomplished through the cross-cutting principles applied to all the divisions and programs within the department. These principles are:

- Evidence-based practices
- Data-driven decision making
- Reduction of stigma and barriers to services
- Culturally competent services
- Community and consumer-focused services
- Integrated and coordinated care
- Countywide accessibility
- Stewardship of public funds

The commitment to these principles is evidenced through the partnership of other community organizations and the level of effective practices supported throughout the county.

Standard Requirements

Planning Process

Lane County HHS and the Lane County Department of Children and Families, DCF, have a rich and positive history of working collaboratively. Indeed, Lane County HHS, partnered with the Lane County DCF, to develop the local comprehensive plan. During 2007, DCF established a year-long planning process, including numerous countywide community meetings and a telephone survey, which ultimately provided the necessary input for the development of the six-year 'Partners for Children and Families' plan. Rather than duplicating this extensive process, HHS has utilized the method and results for the purpose of this biennial implementation plan. Although there has been local success at partnership, it is also understood that the true integration of both the comprehensive plan and the biennial mental health and addictions plan is very challenging. In fact, this understanding is affirmed in the document describing the guidelines for the 'Partners for Children and Families: Improving Outcomes for Children and Families':

> State partners are committed to exploring the alignment of due dates for local service and funding plans over the next few years – perhaps shifting one or more planning due dates each biennia. (Examples of services plans are Mental Health, Alcohol and Drug Prevention and Treatment, among many others.) As much as the original legislation required state and local partners to move to a single comprehensive plan for children and families, there has not been a consensus that that is doable, or in and of itself will lead to better results for children and families.

State and local partners agree that the focus and energy should be less on how to merge everything into one document, and be more on encouraging connection of local planning and allowing communities to determine the issues they will address in their areas of focus. ORS 417.775 (6) states:

> "Subject to the availability of funds (a) The local coordinated comprehensive plan shall include identification of ways to connect all state and local planning processes related to services for children and their families into the local coordinated comprehensive plan to create positive outcomes for children and their families; and (b) provisions for a continuum of social supports at the community level for children from the prenatal stage through 18 years of age, and their families, that takes into account areas of need, service overlap, asset building and community strengths."

Locally, we recognize the challenges of merging plans, yet also strive toward greater integration of the plans. This year, the process used to engage the community is one way in which we have merged efforts. Following is an excerpt from the Executive Summary of the Lane County Comprehensive Plan which outlines the planning process and presents the community priorities. It is understood that while these are the priorities identified for the comprehensive plan, specific priorities to

mental health and addictions will be highlighted later in this document and supported through the implementation of this biennial plan.

Over the course of 2007, the Lane County Commission on Children and Families completed an intensive and broad-based community outreach effort that has resulted in a focused and detailed plan of action for addressing the needs of children and families. It included the following elements: data collection; community phone survey; extracting focus areas from existing plans and planning staff; broad-based interactive and educational community meetings; agency provider meetings; plan development; approval by Commission on Children & Families and Board of County Commissioners.

The community process helped the Commission to identify where there were gaps in services and which gaps were most critical in the eyes of both the public and professionals. Our outreach efforts demonstrated where there was public support or "traction for action" and the professional community helped flesh out the plan.

In addition to fulfilling the requirements laid out by the planning guidelines developed by Oregon's Partners for Children, we had two additional goals of our own for our year of planning and prioritizing. 1) That the CCF have a greater understanding of our previous plans and their impact and incorporate the current priorities into their workplans; and, 2) That the prioritization and planning process will have had even broader community representation than previous efforts. We believe we have succeeded on both counts.

In past plans, Lane County CCF has presented a broad agenda or vision for improving services for children and families including twenty High Level Outcomes. Following State guidelines, our goal during the 2007 planning process was to narrow the focus to three measurable priority areas. The intent was to create a plan which demonstrated the effectiveness of concentrating efforts on a select group of community supported issues.

Following State guidelines, the focus areas we targeted were: early childhood; mental health; substance abuse treatment; substance abuse prevention; public health; and high risk juvenile crime behavior. Using the work-plans from local planning groups specializing in these six focus areas, we were able to put together a process that could identify the community priorities, and was driven by the best available knowledge from data as well as professionals.

Data collection dominated the first phase of this process. Work-plans from planning teams in early childhood, mental health, substance abuse treatment, substance abuse prevention and high risk juvenile crime behavior were analyzed and issues that needed most attention were pulled out and examined. This part of the process involved effort and involvement from many key local agencies and departments, and built on the working relationships, past collaborative work and mutual respect that CCF has generated since the start of the SB555 process.

Data collection on key high level outcomes in the state was also collected, examined and a Databook for Lane County was created. A working group was

formed consisting of representatives from each of the issue areas. This group processed the data about needs and developed a list of focus areas. At the same time, the community outreach phase of the plan kicked into gear. This included the phone survey and a variety of well attended community meetings.

Balancing the information provided by this more objective statistical data collection, the CCF commissioned a more subjective phone survey of 401 randomized Lane County residents to assess the interest level in the issues the CCF works on. Following are the four categories on which questions were answered and the issues ranking “very important” for respondents:

- Children’s Health and Welfare
  - Abused children (97%)
  - Hungry children (94%)
  - Health care (91%)
  - Children in poverty (90%)
- Children’s Education
  - Dropping out of high school (84%)
  - Children ready for kindergarten (56%)
- Social Issues
  - Teenage drug use (90%)
  - School violence (89%)
  - Juvenile crime (89%)
- Economic Issues
  - Unemployment (70%)
  - Affordable Housing (69%)

With regard to connecting in person with the community, we recognized that broad invitations to the public are not always effective, so our outreach plan included a series of contacts to community groups prior to the community-wide meetings. The decision was made to contact a cross-section of community groups in order to encourage their participation in the planning process as well as to educate the community about the process. We made a significant and successful effort to reach out to groups and individuals who may not have known or been previously involved in SB555 planning efforts.

We targeted organizations that served diverse populations in Lane County (Centro Latino, the NAACP and PFLAG), business organizations (Chambers of Commerce), civic organizations (Rotary and League of Women Voters), youth organizations (YAB), religious groups (Religious Response Network) as well as family and children organizations (YMCA, Stand for Children, Family Resource Centers). Contacts, ranging from visits to group meetings to phone contacts, were made with groups representing diverse populations, young people, parents, the business community, the religious community, civic groups, and service consumers. All were encouraged to comment, participate and be involved in the priority setting process in these informal gatherings.

Meetings were held with either leadership or membership of the identified groups. A short explanation about the SB 555 process was presented and members of the groups were invited to attend the community meetings. In this process, community members got a better sense of what the CCF is, what we

provide to the community and how individuals could be involved in determining the future of Lane County's services to children and families. The CCF, in turn, got feedback from a diverse section of the community.

In an effort to reach a wide range of residents in our large county, we facilitated a collection of large community-wide meetings in three distinct geographical areas: Eugene/Springfield, Florence and Oakridge. Effort was made to widely distribute invitations to the public, service consumers and parents and families.

Community Priorities

An interactive model was used for all the public meetings. Experts representing the key focus areas- early childhood, mental health, substance abuse treatment, substance abuse prevention, public health and juvenile crime- were asked to prepare short presentations. Meeting participants were separated into small groups and given the opportunity to hear from each expert, ask questions and indicate which strategies they felt were most important. Participants were then asked to spend some time discussing what they had heard, if it corresponded to their own experiences and what resonated most strongly with them. They were then asked to prioritize the focus areas based on what they believed were the most significant needs for Lane County.

Following the community meetings, the CCF hosted a meeting for providers which followed a similar pattern. In addition, providers were asked to identify the gaps in services that they saw, paying particular attention to the specific needs of minority populations. The sixty-plus attendees represented many different service providers from all of the focus areas. The providers were also asked to vote on their priorities. The votes from all of the community meetings, representing over 180 participants, were tabulated and analyzed.

The resulting prioritization of the six focus areas was:

- Early Childhood (22%)
- Mental Health (18%)
- Substance Abuse Treatment (18%)
- Substance Abuse Prevention (18%)
- Public Health (15%)
- Juvenile Crime (15%)

These strategies were presented to Lane County's CCF on November 28, 2007 and three were picked as "top priorities". The final result is a plan which highlights specific strategies that the Lane County CCF will focus on for the next 6 years. The Commission and the Board of County Commissioners, BCC, were both given the opportunity to review all the above details and ask questions about the planning process, and they voted on the final 3 focus issues for Lane County:

Final Three Focus Areas

1. Reduce Child Maltreatment for high risk families
2. Increase quality childcare for 0-3 year olds
3. Transitional services for moderate to severe psychiatrically impaired youth/young adults ages 16-24

As previously stated, these priority focus areas were identified in the Comprehensive Plan. Specific priorities to mental health and addictions follow.

Mental Health

Borrowing from the Mental Health America, Lane County shares a common vision for the citizens of our community: "…a just, humane and healthy society in which all people are accorded respect, dignity, and the opportunity to achieve their full potential free from stigma and prejudice."

Mental Health High Priorities

1. Development of additional hospital diversion resources, including expansion of Transition Team
2. Development of a full array of services targeting transition age youth, including residential options.
3. Development of jail diversion services as described below
4. Work with school districts and Lane ESD to explore collaborative efforts aimed at addressing the mental health needs of school age children that are impacting school functioning

A. ADULT

Function linkages to the State Hospital system and acute care providers

Lane County maintains an active participation in the State Hospital Co-Management Plan. Two staff are assigned to maintain contact with the State Hospital system regarding Lane County residents needs for discharge planning. A Co-Management Team, including the Program Manager, Adult Services Supervisor, Residential Services Supervisor, Transition Team Supervisor, and LaneCare Care Coordinator meet on a monthly basis to review all Lane residents in the State Hospital and help in the development of appropriate discharge plans. In addition, we meet monthly with the ECMU at the BUMR meeting (Bed Utilization Management and Review) along with all Lane County ECMU providers and LaneCare. Functional linkages with acute care providers occur through contracted funds for crisis evaluators at all 4 hospital ERs in

Lane County, as well as daily contact with all inpatient psychiatric units where Lane residents are hospitalized. Commitment Team works closely in both coordinating the need for hearings, but also in assisting with discharge planning. Transition Team gets involved as well.

Coordination with the criminal justice system

Lane County is part of a pilot to work with the "370" population, (individual classified as unfit to proceed). The goal is to transition them into the community and get them out of the criminal justice system. In addition, with the new funds added this biennium for this purpose, Lane County is recruiting for an additional Mental Health Specialist, Mental Health Associate, and psychiatric prescribing to provide an intensive community case management program for individuals with mental illness impacting the jail. We have identified a liaison at LCMH for jail related contacts, we operate a MH Court funded currently by Eugene Municipal Court, and will be conducting CRT training, co-sponsored by the Lane County Sheriff for all law enforcement jurisdictions in the County.

B. CHILD AND ADOLESCENT

Coordination of continuity of care

Lane County Mental Health and LaneCare provide access to a full spectrum of intensive child providers until age 19. Care coordination is provided at both the provider level via credentialed ICTS programs and at the systemic level via LaneCare. Child Intensive Services and Adult MH services are co-located at Lane County Mental Health creating administrative and clinical pathways to refer and transfer high end youth to adult services, including adult residential services. Adult residential coordinators work closely with LCMH child providers in developing age appropriate foster homes (developmental assurance) or assisting with access/referral to local and statewide resources (Heeran Center, Summit North, Summit South, etc.) There is ample opportunity for child and adult treatment teams to develop protocols and processes for transition age youth. LCMH treatment teams partner closely with schools, voc rehab, law enforcement, etc. and demonstrate flexibility in family driven care irrespective of age limitations for the 18-21 y/o Medicaid population. After age 21 all care must be transferred to the adult treatment team. Consultation is readily available across treatment teams.

Families and youth participation in planning of services at clinical and systems level

Families and youth can and do participate on several Quality Assurance, QA, committees at both LCMH and LaneCare. Examples include the Family Advisory Committee, Community Care Coordination Council, 4C's committee, the MH Advisory Committee, including a MH subcommittee whose area of interest is children's mental health services. In addition family members participate in the LCMH Child QA sub-

committee. Efforts are underway to have a family member or youth participate in the LCMH Diversity Committee.

LaneCare contracts with Oregon Family Support Network who are located in the same wing of the Lane County Mental Health building with LaneCare. Oregon Family Support Network, OFSN, has convened a youth advisory committee that has already presented at several conferences and to LaneCare providers.

Cultural competency

All staff at LCMH are required to have an annual minimum of 3 hours of cultural competency training. LCMH child clinical staff routinely exceeds this requirement. Examples have been group viewing of National Child Traumatic Stress Network, (NCTSN) Culture and Trauma Speaker Series in 2007 and bringing outside diverse speakers to the Child Program Team Meeting. The LCMH Diversity Committee is an advisory committee to the Management Team. Consumers have been added to this committee to advise management on hiring decisions, policy/procedures and working protocols.

LaneCare offers at least two trainings each year that address topics relevant to cultural competence. LaneCare also offers a rate enhancement to therapists who speak a language other than English with a client.

Improvements in array of services available to families

Several years ago Lane County implemented a system change initiative and developed intensive community based services for youth in Lane County. Currently, these are serving approximately 170 youth each month.

LaneCare has several advisory committees and community committees that review services and recommend system improvement efforts. These are built into the Quality Improvement workplan each year. This year LaneCare will survey families who have received Intensive Community Treatment Services, ICTS, and ask questions to determine what has helped most, and what might have helped more.

Consumer feedback cards are available at the reception window and reviewed in Child QA meetings. LCMH partners/contracts with OFSN and have added a OFSN representative to our hiring interview committees so family voice is heard in hiring decisions. In addition OFSN participates in the LCMH Child QA Committee with other system partners (child welfare, schools, DD, and juvenile justice) so areas of improvement can be identified with recommendations from this committee. LCMH participates in the Family Advisory Committee to hear of broader systemic concerns. In addition OFSN and NAMI are co-located at the Mental Health Services building, allowing ease of access to decision makers.

Collaboration with other child-serving entities

LCMH is an ICTS provider and care coordination is a key component. LCMH routinely coordinates with primary care, schools, child welfare, developmental disabilities, juvenile courts, and most importantly with families. 50% of all services provided by the

child team are case management/care coordination, demonstrating an ongoing commitment to integrating and coordinating care and care plans. LCMH is under the scope of the Community Health Center with plans to provide primary care at LCMH offices. It is critical health care is integrated and for a subset of clients with severe behavioral, emotional, or psychiatric needs the 'medical home' be integrated into the 'clinical home'. LCMH is moving in that direction. In addition the school based health clinics and Safe and Sound medical Clinic are also part of the Community Health Center so administrative, financial, data reporting needs, clinical and medical care will be come increasingly linked under one administrative structure, allowing ease in clinical pathways, protocols and processes.

C. OLDER ADULT MENTAL HEATLH SERVICES (SB781)

Current capacity to meet needs of older adults

While Lane County has adequate capacity to meet the current demands for service from this population, this is typically a population that tends to not seek mental health services. Outreach efforts are indicated, co-sponsored by LCMH and LaneCare to provide psycho-educational sessions, materials and presentations to be conducted at senior centers and other places that seniors congregate addressing emotional well being in later life.

Outline workforce development efforts needed to assist in delivery system in working more effectively with older adults

LCMH and LaneCare will develop a series of trainings for providers on issues pertinent to addressing the mental health needs of older adults. Such trainings will include Geropsychiatry, differentiating between medical symptoms that appear as mental health symptoms, understanding dementia, coping with grief and loss, suicide prevention, etc.. We have a number of geriatric experts in the system, but will also bring in trainers from the UO Center for Gerontology, and other recognized experts in the field.

Gaps or unmet needs: primarily are in the area of workforce development

Gaps in the mental health system were identified through the comprehensive planning process. They are listed below.

Local:

- Gap between schools and MH system, especially in rural communities –need connections and resources, need to coordinate between what happens in MH services and in schools
- Gap between MH services for children and for families – economic and cultural barrier
- Need for transitional services for late adolescents 18+ who are not eligible for OHP
- Cost
- Availability of Spanish speaking counselors

- Rules about how providers are paid for family services
- Infant, toddler, preschool age:
- Difficult to get a diagnosis, not many providers understand early childhood,
- Can't treat without a diagnosis
- Overmedication of young children
- Expulsions from preschools due to MH problems- where do they go?

State:

- Need for flexibility in what can be paid for
- No comprehensive state human services plan – whoever shouts the loudest gets heard – need a holistic view/plan
- Need more funding with more flexibility

Alcohol and Drug Treatment

"When you start looking at the data, it becomes abundantly clear that many of our most pressing public health, public safety, and human services needs have a direct link to substance use disorders." -- *Mr. Charles Curie, Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA)*

People need and are demanding treatment; yet, the capacity of our system is unable to respond to the growing need. In Oregon, the estimated need for adult treatment is based upon a formula that factors in regional population figures among other criteria. In Lane County (part of Region 3) the need for intervention and treatment is significant. Currently, the formula for estimated treatment need shows that 15.3 percent of Lane County adults need alcohol and other drug treatment**.** This rate is alarmingly higher than the national estimated need for treatment, an estimated 9.8 percent of the total population. (Source: Substance Abuse and Mental Health Administration, Office of Applied Studies. *2004 National Survey on Drug Use and Health: National Findings*)

'Stabilizing the A&D system was identified in the 2007-2009 biennial plan as the first priority and continues as the number one priority. Essential to the full continuum of services within the system is detox, and with funding for this service being threatened, stabilizing the system, will be a very difficult challenge.

Alcohol and Drug Treatment High Priorities

1. Stabilize the A&D system
2. Secure community support/funding for detox and sobering services
3. Continue to support evidence-based approaches to services across the continuum
4. Increase knowledge and access to services for very high risk and/or inadequately/underserved segments of the county's varied population(s).

Access to Treatment

Lane County data highlights the need for treatment services. According to our most recent statistics from the state, in the 2005-06 fiscal year data, a total of 8,789 people, (both youth and adult) received treatment services, ranging from detoxification, to outpatient, to residential care. The majority, 32 percent, were receiving treatment for driving while under the influence of intoxicants.

Many more individuals sought treatment and were put on waiting lists for entry into the publicly funded slots. The monthly average number of people on the waitlists is reported below and compares the 2005-06, 2006-07 and 2007-08 (year to date) data.

Average Monthly Number of People Waiting for Treatment Services

Client Group	Type of Service	2005-06	2006-07	2007-08 YTD
Youth	Outpatient	16	14	26
Adult Corrections Clients	Outpatient	85	95	111
Adults (Non-corrections)	Outpatient	66	124	140
Adult Latinos	Outpatient	4	7	7
Girls	Residential	7	6	4
Men	Residential	43	32	25
Women	Residential	54	43	43

The number of individuals seeking outpatient treatment continues to rise and probably does not really capture the number who would seek treatment if it were available on demand. This is because individuals in the priority list will be put on the waitlist and into services ahead of others who are not in the priority groups. Clients who receive **priority for admission to treatment services are:**

1. Pregnant, intravenous drug using women
2. Pregnant women
3. Intravenous drug using women
4. Individuals referred from the Department of Human Services (parents)
5. Drug Court clients
6. All others in order of date assigned to the wait list

Indeed, if an adult male with no children and no criminal involvement seeks treatment in these publicly funded slots, his name probably will never rise to the top of the waitlist. This results in people opting out of treatment. Consequently, the waitlist numbers, though substantial, do not really capture the number of people who have presented

themselves for services and been told to wait or been told that no services are available for them.

In 2007-08, the state Legislature adopted the Children's Health & Safety Initiative. This legislative act resulted in funding for Intensive Treatment and Recovery Services (ITRS) that target parents at risk of losing custody of their children because of parental addiction disorders. (This particular client group was called out in our 2005-07 county implementation plan as an urgent and unmet need.) As a result of the legislative action, Lane County received funds to serve an additional 119 parents annually in outpatient services as well as receiving two additional bed slots for residential treatment for these selected parents and two additional bed slots for dependent children of parents who are in residential treatment. It is hoped that these additional services will meet the treatment need for those parents referred from DHS.

There is still a gap in regard to the needs of the dependent children. Our residential provider has seven beds for these children which is dramatically short of the need. As a result, mothers entering residential treatment are restricted to bringing one child only into the residential facility with them. We can postulate on the negative impact this has on the family system when one child is prioritized to accompany their mother over other siblings. There is <u>no</u> capacity for dependent children when it is the custodial father who is admitted to residential treatment.

The required outcome for these new services is a 60 percent rate of family reunification following completion of treatment. The national average is 75 percent. So, it is anticipated that Lane County will meet the requirement resulting in healthier families and a lowered demand upon the foster care system. These increased services to DHS referred parents should also allow other adults to be admitted into the non-ITRS outpatient treatment slots, thus, decreasing the number of people waitlisted for services.

Another legislative act brought fiscal equity across the state in regard to outpatient treatment service funding. Lane County had been under funded for outpatient treatment services in comparison with other counties in the state since the Oregon Health Plan reduction in March of 2003. The Addictions, Mental Health Division had undertaken a study to evaluate what was needed to bring equity among counties. The study resulted in a five-year plan that would have shifted funds among counties to achieve an equitable distribution of service dollars. However, the state legislature prioritized dollars for these treatment services and Lane County has received the increase of $96,000 in one year. This has been a welcomed surprise adding the funding into our continuum of care services. However, an unwelcome turn of events at the federal level may impact how these funds are used in Lane County.

Lane is one of 735 counties across the nation that receives federal dollars paid for Bureau of Land Management forest lands. These funds are paid in lieu of property taxes that would accrue from private ownership of the forested land. However, the legislation known as Secure Rural Schools that provides for the revenue has expired and the U.S. Congress, so far, has declined to extend it. As a result, Lane County may lose 40 million dollars in federal revenue, of which twenty million supports the Lane County general fund and $275,244 of county general fund supports addiction disorder treatment services.

The services at risk of being cut from the county general fund include:

- Detox services – 1,177 bed days (stay approximately 3-5 days with medically monitored withdrawal from physical dependence upon alcohol and/or other drugs);
- Outpatient treatment for offenders supervised by Lane County Parole & Probation – 6 slots;
- Residential treatment for female offenders supervised by Lane County Parole & Probation – 2 bed slots that serve approximately 15 women annually; and,
- Sobering services – 4,713 admits (stay until a field sobriety test is passed).

"Detox is an essential service. If we close this, it is like closing the front door of a hospital." – (local deputy sheriff)

The Alcohol and Other Drug, AOD, Subcommittee of the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee met to provide input on the county's 2008-09 budget development process. The committee's recommendation was to prioritize service funding as shown above. If county general fund dollars are lost, Lane County will request a waiver to the "Maintenance of Effort" requirement in the planning guidelines and the subsequent intergovernmental agreement.

The potential funding loses would impact the continuum of care for adult treatment services in Lane County as well as service capacity for treatment of offenders with an AOD addiction disorder. The chart on the following page presents a snapshot of the Lane County contracted treatment system in place during the 2007-08 fiscal year. This chart does not present a full picture of services since it does not include services provided through the Oregon Health Plan. Services at risk of being lost from the Lane County contracted system are bolded.

Coordination with the criminal justice system

Contracts securing publicly funded AOD addiction treatment services for offenders and others who are unable to pay for their treatment and are not on the Oregon Health Plan are administered through the Department of Health & Human Services. The department director is a member of the Public Safety Coordinating Council and is advised by the Mental Health Advisory Committee/Local Alcohol Planning Committee. The Program Service Coordinator responsible for administration of the treatment service contracts provides support to the AOD Subcommittee of the LADPC, the Adult Safety Committee of the PSCC and the Drug Court that operates in Lane County. In the discharge of those roles she is able to obtain and provide valuable information to and from all three entities that are used in planning and coordination of services. In addition, Supervision and Treatment a division of H&HS, provides treatment services for offenders as well as Parole & Probation.

Monthly meetings of the AOD Issues Forum provides opportunities for public input and

oversight in regard to the treatment service system. These meetings are facilitated by the chair of the AOD Subcommittee of the MHAC/LADPC and are attended regularly by county treatment providers, representatives from the Area 7 DHS, the Relief Nursery, a clergyman from a local church community and members of the MHAC/LADPC.

In 2006, the Forum received a presentation from Lieutenant Hooley (Alternative Programs) and Janice Gotchall (Management Analyst) from the Sheriff's Office on the implementation and developmental progress of the Defendant/Offender Management Center. The Sheriff's Office is moving toward evidence-based practices in regard to offender management and treatment that will decrease the rate of recidivism and is working with area treatment providers to develop resources for referrals.

The Forum was instrumental in locating two peer support programs that are alternatives to AA/NA and in bringing a presentation from one of them, Secular Organization for Society (SOS), to a meeting attended by Forum members and staffs/representatives from the Sheriff's Office, Parole & Probation and the Drug Court. AA/NA alternative peer support programs are needed to respond to the 9th Circuit Court of Appeals requirement and the First Amendment in offering a non-religion-based peer support alternative to offenders in Supervision. The Forum is continuing to pursue the local chapter of Wellbriety for a presentation.

Agendas and minutes for the monthly Forum meetings are distributed to regular Forum attendees, staff at the Sheriff's Office, Parole & Probation (Manager) and the Drug Court Coordinator, the Eugene Police Department, and all were notified of the planning meeting on January 17, 2008 that resulted in the recommendations and conditions set forth in this plan.

It should be noted that currently there is a process in place which may result in the relocation of Parole & Probation from the Department of Human Services to the Lane County Sheriff's Office. If the proposed transfer is successful, the function of planning and subcontracting for offender treatment services will also move to the Sheriff's Office. This proposed transfer would take place effective July 1, 2008. Should that happen, coordination between community corrections and the AMH funded treatment programs will continue but will require specific intention in future.

LANE COUNTY AOD SYSTEM OF CARE 2008-09

Includes AOD Treatment Services for Corrections Clients

Services at risk due to funding gaps are bolded.

Service	Population	Annual Service Units	County General Fund	One-time-only Beer & Wine Tax	2145 Beer & Wine Tax	DHS AMH Fund	DOC CCA Fund	HSC Joint Fund	Oregon CJC Grant	Serbu Grant	1xonly Court Fund
Sobering Services	**General population**	**4,713 admits**	**x**	**x**							
Detox Services	**General Population**	**1,177 bed days**	**x**								
		1,980 bed days				x					
		509 bed days						x			
		306 bed days			x						
	Supervised Offenders	7,300 bed days					x				
	Dual-Diagnosis	3,600 bed days				x					
Outpatient Treatment (OPT)	**Supervised Offenders**	**6 slots**	**x**								
	Supervised Offenders	60 slots					x				
	Bridge Offenders	50 slots					x				
	Drug Court Supervised	4 slots									x
		20 slots							x		
		10 slots				x					
		19 slots					x				
		14 slots								x	
	ITRS/DHS Referred Adults	80 slots				x					
	Women	9 slots				x					
	Methadone for Adults	76 slots	x		x	x					
	Urban Adults	69 slots				x					
	Rural Adults	6 slots				x					
	Minority Adults	12 slots				x					
	Urban Youth	23 slots				x					
	Rural Youth	4 slots				x					
	Girls	4 slots				x					
Critical Support Services	Families of mothers in OPT & Res	20 families				x					
Residential Treatment Services (Res)	**Supervised Female Offenders**	**2 slots**	**x**								
	ITRS/DHS Referred Parents	2 beds				x					
	Women	27 beds				x					
	Men	18 beds				x					
Residential for Dependent Children	ITRS/DHS Children	2 beds				x					
	Others (mostly DHS referrals)	5 beds				x					
Alcohol/Drug Free Housing Services	Coordination	28 individuals				x					
	Rental Assistance	141 Months				x					

AOD = Alcohol and Other Drugs

Updated 1/17/2008

ITRS = Intensive Treatment and Recovery Services

DHS AMH = Department of Human Services; Addictions, Mental Health Division

DOC CCA = Oregon Department of Corrections; Community Corrections Act

HSC = Lane County Human Services Commission

Oregon CJC = Oregon Criminal Justice Commission

:\Admin\CCAA PSC\Budget\Budget FY 07-08\Imp Plan Service funding 2009-11

A. Adult Continuum of Care

The 2007-08 Lane County continuum of care for adults includes; sobering services, detox services, residential treatment, outpatient treatment, and aftercare. In addition, there are a few ancillary services – Alcohol/Drug Free Housing Coordination and Rental Assistance; Residential Housing for Dependent Children (whose mothers are receiving residential treatment); and, Critical Support Services for Families (while the mother is in residential or outpatient treatment).

Sobering services are not a recognized best practice in regard to recovery from AOD addiction disorder and, none of the AMH funding may be used to support this service. However, sobering services are an integral part of our community corrections system for adults and provides a safe environment for intoxicated individuals to pass a field sobriety test. At that time, they leave the facility, continue their stay in the detox services or are referred to a treatment facility. The main beneficiaries of this program are the individuals who use it, the Eugene community, the Lane County Jail, the Eugene Police Department and area hospitals. These services were originally funded with a Sheriff's levy. The sobering services diverted individuals who would otherwise have been incarcerated in an overcrowded jail. Over time the levy funds became integrated into the general fund and support continued for the services. However, ongoing county general funds were eliminated for sobering services on July 1, 2007. Since that time, sobering services have been supported with one-time-only carryover funds. There is sufficient carryover funding available to support 60 percent of the sobering services budget during the 2008-09 fiscal year. This extension could allow a community task force to determine what will happen in the future to this resource. It is not known at this time, whether there will be sobering services available in Lane County in the 2009-11 biennium.

Detox services are a best practice, an integral part of the continuum of care for adults in recovery from an AOD addiction disorder and are an important asset to the Lane County community corrections system. These services are medically monitored detoxification and support for physical withdrawal from mood altering chemicals. Detox is required prior to admittance into an addiction disorder treatment program for some individuals. Physical withdrawal symptoms may be very severe and, without proper medical attention, can result in death. Detox services in Lane County are currently provided under subcontract to a local provider. Financial support for detox services is provided with multiple streams of funding including AMH, Department of Corrections (DOC), 2145 Beer & Wine Tax, the Lane County Human Services Commission and, Lane County general fund.

Residential treatment services are built into our continuum of care for adults but not for youth. During the 2009-11 biennium, residential services for adults will continue to be funded with a potential loss of two bed slots designated for female offenders supervised by Lane County Parole & Probation. These two beds have been supported with county general fund dollars which may be reprogrammed or lost if the federal Secure Rural Schools funds are not secured. Should that happen, the female offenders who would

have been served in the lost beds (approximately 15 a year) would become part of the population served in the remaining 35 beds for women and would no longer have a protected service slot. So, they would be admitted to an available bed according to where they fit in the list of prioritized clients as previously indicated.

Fifteen, (15) residential beds/slots will continue for men with priorities listed below:
1. Intravenous drug user;
2. Referral from DHS;
3. Drug Court referral; and,
4. All others in order of date assigned to the wait list.

B. Youth Residential

Unhappily, the availability of residential services for youth will be almost non-existent in Lane County in the next biennium. The lack of local residential treatment for youth is especially disappointing because evidence based best practices assert the importance of treatment within the context of the family, peer support system and community. Despite the availability of possible local facilities, funding to support a residential program has not been realized. Pathways residential treatment facility for adjudicated boys provides eight bed slots and will close at the end of June 2008 due to lack of funding. The program was supported with county general funds. This closure will mean that boys needing residential treatment will be sent out of county. The one remaining residential treatment facility in Lane County is operated by Willamette Family and serves non-adjudicated girls. This four bed program is supported entirely by grant funding obtained by the agency. If funding were available, the demand for services could easily fill up an eight bed program. The need for local residential treatment services for youth is very glaring. Indeed, the Commission on Children and Families has listed it as the number 4 Focus Area in the SB555 Plan for the 2009-11 biennium. Once the plan is accepted by the state, the Commission with the aid of staff in the Department of Children and Families will work through advocacy to increase the residential treatment options of youth in Lane County.

Coordination of Out-Patient Services

Outpatient treatment services are provided through subcontracts (except for Methadone services) by client population and are supported with various streams of funding. Population groups include; urban youth (Eugene/Springfield), rural youth, girls, minority adults, urban adults, rural adults, women, DHS ITRS referrals, Drug Court supervised offenders, Lane County Parole & Probation supervised offenders. In this outpatient treatment system:

- 39 percent of the slots are dedicated to treating offenders including Drug Court clients;
- 34 percent of the slots are dedicated to treating adults;
    - ✓ These slots are filled with adults according to the following priorities - pregnant, IV drug using women; pregnant women; IV drug user; DHS referred client.

- ✓ Historically, approximately 30 percent of adults served in these slots are receiving treatment for driving under the influence of intoxicants.
- 17 percent of the slots are dedicated to treating parents at risk of losing custodial rights over their children;
- 7 percent are dedicated to treating youth (These are children who do not have access to the Oregon Health Plan); and,
- 7 percent are dedicated to treating minority adults. According to 2000 census data, approximately 4.6% of Lane County's population identifies as Hispanic.

In this outpatient treatment system, six slots may be lost due to funding cuts. These are general fund supported slots for supervised offenders. (DUII offenders are not counted in this client population.) The six slots at risk represent three percent of the total slots dedicated to this client population. If lost, the portion of slots dedicated to outpatient treatment for supervised offenders will drop from 39 percent to 38 percent.

*Identified gaps from the Comprehensive Planning Process for Substance Abuse

SUBSTANCE ABUSE GAPS

Local:

- Funding local and state level, knowing if we've done a good job = ability to evaluate
- Stigma associated with substance abuse
- Inconsistent support for referring entities for treatment
- Housing
- Silo funding

State:

- Funding
- Awareness of treatment and expectation that treatment will be completed o (or consequences)
- Support continuum of need: Prevention >> Treatment
- Support services for people not meeting ASAM criteria (i.e. intervention) note: appreciate that Juvenile Justice does address high risk youth

Legislative:

- Funding for services
- Need increase affordable training for providers
- Improve post treatment (transitional support for teens and adults)
- Educate police community etc. regarding substance abuse, treatment and other resources

Alcohol and Drug Prevention

Lane County continues the commitment for implementing research-based prevention programs while continuing to build capacity locally for a stronger, enduring prevention

effort. Priorities for the current biennium, as well as the priorities for the 2009-2011 biennium, are consistent with the Center for Substance Abuse Prevention, CSAP, strategies for effective prevention programming. Coordination of prevention priorities with the Comprehensive Plan (SB555) was facilitated through joint planning efforts of the Departments of Children and Families and Health & Human Services and is in alignment with associated high-level outcomes listed in the local comprehensive plan.

Lane County's long history of successful prevention efforts have been shaped, in part, because of the ongoing commitment to community based processes. Local prevention coalitions have been an essential component of Lane County's prevention programming and will continue to be the foundation from which all other programs are implemented. Although this commitment exists, implementation of this concept continues to be a challenge. Lane County is a large county with diverse regions and people and one community-based coalition cannot represent the entire county. All evidence based practices for community mobilizing includes dedicated staff support; yet, with budget cuts, continued staff support to rural coalitions remains a challenge. Lane County's prevention budget was cut by $100,000 in the 2005-07 biennium and although the county was successful in receiving additional grant funds for targeted prevention,(Safe and Drug Free Schools Grant), none of the additional funds could be used for community engagement/mobilization. Nevertheless, community mobilization is a priority for substance abuse prevention. County prevention staff, partners and members of community-based coalitions continue to discuss the ways to best support local efforts while funding sources continue to decline.

Professional staff development of the county prevention coordinator is a priority for helping maintain the effectiveness and efficiency of local prevention efforts. The county prevention coordinator is a certified prevention specialist and also serves as the supervisor for HHS prevention program, which includes substance abuse prevention, problem gambling prevention and suicide prevention. The county has a commitment to ensure continuation of these credentials and by so doing provides annual training resources and allowances for the coordinator. Additionally, all Lane County H&HS prevention staff are either certified or are supported to gain their credentials. The assistant director of Lane County H&HS also serves as the manager of the prevention unit and is also a certified prevention specialist.

Center for Substance Abuse Prevention Strategies

Community mobilization/Community based processes

Activities:

1. Support existing community based substance abuse prevention coalitions
2. Mobilize new community based coalitions as indicated
3. Examine local norms, policies and laws that contribute toward use

Prevention education

Activities

1. Support parent education specifically for Latino parents
2. Support parent education specifically in rural areas

3. Support school-based prevention education, (Reconnecting Youth), which targets high risk youth,(*continued funding essential)

Information dissemination

Activities
1. Work with media to disseminate accurate information regarding the use of alcohol and other drugs, including: the impact of substance abuse on the developing brain, methamphetamine, and underage drinking
2. Conduct community forum or key stakeholders meetings to disseminate relevant information

Environmental/Systems coordination

Activities
1. Continue coordination of services and systems in prevention with key prevention partners including the Commission on Children and Families, sheriff's office, juvenile crime prevention, school based prevention efforts, and child abuse prevention.
2. Continue work with community leaders to identify local and state policies or laws that help or hinder the health of our community members.

Problem Gambling Services

Gambling opportunities are more widely available than ever, and in addition to Oregon's growth of state-sponsored gambling and tribal casinos, a host of emerging new gambling trends have become popular among the public. Television shows featuring poker and blackjack games, sales of poker sets, mobile gaming, and gambling-oriented websites have enjoyed unprecedented popularity. These trends have brought forth debate about the influences of gambling on youth, and prompted many prevention experts, parents, legislators, and other community members to question the potential impacts of the increased availability, accessibility, and acceptability of gambling opportunities.

Little research has been conducted in the area of youth gambling attitudes and behaviors. Problem gambling research in general is in its infancy, and scarce funding currently exists for local prevalence studies. However, limited research combined with anecdotal evidence suggests that the rate of problem gambling among youth appears to be on the rise. Several risk factors appear to be involved. First, youth in general are two to four times more likely than adults to have a gambling problem (Gupta & Derevensky, 1998; Shaffer & Hall, 1996), and research shows that the earlier an individual begins to gamble, the more at risk he or she is of developing a gambling problem (Burge, et al., 2004; Derevensky & Gupta, 2000; Gupta & Derevensky, 1997, 1998). Additionally, family history appears to play a key factor in whether a youth develops a gambling problem. Research consistently shows higher rates of pathological gambling in teens whose parents gamble excessively (Gupta & Derevensky, 1997; Jacobs, 2000; Wallisch & Liu, 1996). In Oregon, children of parents who gamble are nearly twice as likely to be weekly or daily gamblers than children

whose parents don't gamble (Carlson & Moore, 1998). Surveys of middle school youth conducted since 2003 by Lane County's problem gambling prevention program show that three in four middle schoolers report having gambled, with the average age of gambling onset of nine years old.

- Many have questioned why prevention experts are concerned about the rise of gambling behavior in youth. Frequently, gambling is seen as a benign activity, even a healthy substitute for substance use, alcohol use, or other risky activities. It is true that the vast majority of people gamble with few or no consequences, however, the incidence of problem gambling has increased as gambling opportunities have become more available. In Oregon, over 74,000 adults (2.7%) and 10,000 teens (one in 25 youth, ages 13-17) meet the criteria for problem or pathological gambling (Moore, 2006; Carlson & Moore, 1998). This growing public health issue affects individual problem gamblers, their families and communities, and causes great social, economic, and psychological costs.

Effective prevention and treatment programs present the most significant opportunities to reduce the burden of problem gambling. Lane County continues its commitment to supporting the continuum of care through its award-winning problem gambling prevention and treatment programs.

'emergence' (sic) is the regional problem gambling treatment provider, as well as host of the statewide problem gambling Helpline. According to the 2006-2007 year report, 'emergence' treated 263 problem gamblers, 79 family members and received 6,038 calls to the Helpline. 'emergence' staff work closely with the Lane County HHS staff, including the problem gambling prevention coordinator, to ensure community members are aware of and utilize this free service.

The prevention program, provided through Lane County HHS, aims to address the aforementioned risk factors for problem gambling through presentations, media and other information dissemination efforts, a community coalition dedicated to reducing the effects of problem gambling in Lane County communities, and collaboration with other prevention and treatment partners. Over 800 Lane County youth per year are served through the program's problem gambling prevention workshops, and thousands of additional community members are served through presentations, public service campaigns, and additional efforts.

Lane County's problem gambling prevention program has also partnered with the University of Oregon in conducting a pilot project for problem gambling prevention/awareness efforts on campus. Additionally, the prevention program has been key in helping shape statewide prevention services planning.

For a detailed listing of problem gambling prevention objectives, please refer to the "2009-11 Workplans and Updates" section of this plan.

Minority Services

Providing culturally relevant and adequate services in Lane County is one of the overall key priorities previously identified in this plan. It is especially important to reach the

Latino community as it is one of the fastest growing populations in our county and state. Lane County HHS will continue its support to maintain funding in support of prevention and treatment services for the diversity of people living in our community. Dedicated funding for prevention programs and outpatient alcohol and drug treatment funding will continue with the current level of funding. Additionally, the gambling prevention program has increased specific activities regarding information, education, outreach and referral program directed toward the Latino community.

In the previous biennium, a strong recommendation came from the MHAC/LADPC alcohol and drug subcommittee regarding this subject and is worth repeating. There is a recognition and support for the work that must be done to become more culturally relevant and appropriate in the provision of all social services. However, reduction in funding continues to create challenges in meeting basic needs of all kinds for all populations. Therefore, to truly make this a priority, ***the committee recommends the state take the lead in this area and dedicate a base allocation of funds to each county directed toward ensuring minority services are supported.***

Workplans

2007-2009 County Biennial Implementation Plan

Prevention Strategy Sheet

County: Lane County Prevention Coordinator: C.A. Baskerville

Using the grid below, list all the proposed programs for which the County is requesting funding. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs. All outputs and outcomes must be measurable.

Proposed Programs	Proposed Outputs (Process Objectives)	Proposed Outcomes (Educational, Attitudinal & Behavioral Objectives)
1. Information Dissemination A. Substance Abuse Prevention Coordination/Systems Collaboration B. Alcohol and Other Drug Specific a. Methamphetamine b. Fetal Alcohol Spectrum Disorder c. Underage Drinking	A1) Coordinate with other prevention partners, including Juvenile Crime Prevention, the Commission on Children & Families, University of Oregon, and Success By Six, on monthly basis A2) Provide four trainings/technical assistance to prevention partners and practioners annually B1) Coordinate countywide information dissemination activities, including a comprehensive media campaign, with county partners B2) Conduct follow-up information dissemination efforts post October 2008 conference on brain development B3) Coordinate with other partners to pilot enhanced prenatal substance use screening methods.	A1) Increased collaboration will be reflected in countywide plans; including the comprehensive plan, juvenile crime prevention and substance abuse prevention submitted biennially A2) 50% of participants receiving training or technical assistance will report and increase in prevention knowledge as measured by self report B1). Lane County residents will report an increase in knowledge regarding methamphetamine and underage drinking through a countywide survey. B2) 70% conference attendees will report an increase in knowledge regarding the impact of substance abuse on the brain and other key impacts on brain development. B3) 50% of participating providers will report an increase in consistent prenatal substance use screening.

2. Community Based Processes A. Prevention Coalitions B. Underage Drinking	A1) Existing community-based coalitions will develop annual work plans addressing risk factors contributing toward problem youth behavior and increasing protective factors and assets. A2) Staff support will be provided to offer technical assistance and training to community members on a monthly basis. A3) Provide substance abuse prevention funds to support evidence-based practices as identified by community-based coalition plans B1) Prevention staff will work with community based prevention coalitions to host annual community forums focused on underage drinking B2) Prevention staff will continue to work with local community based coalitions and media to disseminate information and data	A1) Work plans will be developed by each community-based coalition as demonstrated by their annual plan submitted to H&HS. A2) Each community-based coalition will receive staff support as documented in monthly MDS reports. A3) 75% of prevention activities supported with substance abuse prevention funds will be based on research and prevention best practices. B1) Community members will report an increase in knowledge regarding impact of underage drinking per community survey B2) Ten media stories will be published (print, TV or radio) annually Funded projects will demonstrate an increase in participants/youth awareness of the impact of alcohol use.
3. Prevention Education A. Parent education B. School-based prevention education (Reconnecting Youth) ** This activity will continue if funding continues through Safe & Drug Free Schools*	A1) Work with Family Resource Centers and other community based partners to offer parenting education and support within the community. Ensure services are offered in rural and urban locations, in English and Spanish. A2).Provide staff support & coordination to community partners offering the Strengthening Families 10-14 parent education programs. population. B1) * If funding continues, Reconnecting Youth will be implemented twice per school year in three schools, for a total of 80 sessions per semester, 8-12 youth per site, 24 youth per school year/maximum *(Schools selected for implementation will be determined on interest level, availability of staff and*	A1) Two sessions for a total of twenty parents will receive parent education classes in rural Lane County. A2) 60% of participants will report an increase in parenting skills. A3) Two parent education sessions for a total of thirty Latino parents will receive parent education classes. A4) 60% of participants will report an increase in parenting skills. B1) The first year of program implementation, youth enrolled in Reconnecting Youth will demonstrate: • 10% improvement in school performance • 10% decrease in school dropout

	supporting data)	• 15 % decrease in alcohol and other drug use • 15% decrease in anger and aggression problems 15% decline in perceived stress and suicidal behaviors
4. Environmental/Policy A. Community Laws & Norms	A. Support efforts of community based coalitions to educate policy makers and key leaders regarding impact of laws related to alcohol and other drugs; including but not limited to social host ordinances, Minor in Possession, and alcohol tax	A) Community members will report an increase in knowledge in working with key leaders regarding policy.

Problem Gambling Prevention Plan

County: Lane

Prevention Coordinator: Julie Hynes

See attached sample. Using the grid below, list all the proposed programs for which the County is requesting AD 80 funding in 2009-11. Include all the Program Outcomes (process objectives) and Intermediate-Level Outcomes (educational, attitudinal & behavioral objectives) for each of the proposed programs. All outputs and outcomes must be measurable.

Proposed Programs	Proposed Outputs	Proposed Outcomes
1. **"My Money's on ME!" youth prevention & parent awareness.** *Reduce gambling behavior among youth by addressing the risk factors that may increase the risk of problem gambling that may minimize the risk of problem gambling.*	1. Develop and provide a minimum of 20 lessons per school year on problem gambling for middle/high school students (either universal or indicated) 2. Reduce availability and accessibility of gambling opportunities to youth through school policies • Include gambling behavior in school conduct codes • Grad night and fundraising effort alternatives free of gambling themes 3. Engage local middle school youth to participate in the 2008 Oregon Problem Gambling Awareness Week art contest 4. Continue to represent Lane County on PGS curriculum development subcommittee; goal to integrate problem gambling prevention component to substance abuse	1a. Seventy percent of youth participants will demonstrate increased knowledge about problem gambling as a risky activity 1b. Seventy percent of youth participants will demonstrate increased knowledge about treatment resources 1c. Fifty percent of youth participants will demonstrate attitudinal improvement in relation to gambling 2. At least one Lane County school will incorporate alternatives to gambling into existing school functions 3. At least 50 Lane County students will participate in the 2008 art contest 4. As a result of curriculum development efforts, at least one

	prevention curriculum 5. Combine resources, training, and support with Lane County A&D70 plan to include problem gambling information in evidence-based prevention parent program(s).	Lane County school will integrate problem gambling lesson(s) into addictions curriculum 5. At least 60 percent of participants will report an increase in parenting skills.
2. General community outreach. *Increase community awareness about the effects of problem gambling, and promote awareness that problem gambling is a preventable and treatable public health problem.* *A component of this project will be special outreach to the Florence area community, as the area borders a casino.*	1. Develop and implement a public information campaign designed to increase public knowledge of problem gambling, and to increase awareness of prevention and treatment resources 2. Participate in Oregon Problem Gambling Awareness week efforts, including collaboration with other regions/state PGS in planning 3. Provide at least 10 speaking engagements to community groups, coalitions, key leaders, prevention/treatment providers, Latino groups, and others (two of these presentations will be to the local LADPC and DCF) 4. Develop and provide information and resources on problem gambling at Lane County problem gambling prevention website (www.lanecounty.org/prevention/gambl ing)	1. Results from Lane County adult community surveys will reflect an increase of perception of risk of gambling behavior & increased awareness of efforts to reduce problem gambling in Lane County. 3a. At least eighty percent of participants will report increased awareness resulting from presentations. 3b. At least eighty percent of participants will rate introduction of problem gambling issues to their agencies/ groups as useful. 4. Problem gambling prevention website will receive an average of at least 500 distinct visits per month.

3. College student prevention/outreach. *Using local data, implement a problem gambling prevention/outreach project to increase awareness among college student populations about the effects of problem gambling, and promote awareness that problem gambling is a preventable and treatable public health problem.*	1. Using data from 2007 University of Oregon college gambling survey, partner with on-campus substance abuse prevention, housing staff, health/student life centers on problem gambling prevention/outreach efforts 2. Provide at least 2 presentations in college/university addictions/prevention courses. 3. Website: Develop and provide information, resources, and additional pages specific to the regional college population at www.lanecounty.org/prevention/gambling/college.htm. In coordination with emergence gambling treatment program, publicize http://oregongamblinghelp.info on our website and in college prevention/outreach efforts. 4. Supervise local university student(s) to work on college prevention project(s).	1,2a. At least 80 percent of participants will report increased knowledge about problem gambling 1,2b. At least 80 percent of participants will report increased knowledge about resources to address problem gambling 3. College gambling web pages will receive at least 100 distinct visits per month.

4. Community-based processes. *Build and maintain partnerships of individuals, agencies, and community groups to help support a community approach to problem gambling prevention; establish and enhance existing meetings on gambling prevention designed to foster collaboration with stakeholders and the general public on prevention strategies across disciplines.*	1. Build capacity and involvement of Lane County Problem Gambling Advisory Committee. 2. Collaborate with Oregon Problem Gambling Prevention Committee to further statewide efforts and support regional efforts.	1. At least 80 percent of participants will rate committee efforts as good or excellent. 2. Lane County problem gambling prevention coordinator will collaborate with statewide problem gambling prevention committee on at least one policy change effort

RESOURCE ALLOCATION

Allocations for the 2009-2011 biennium are difficult to predict given the uncertainty of Federal allocations to the state, changes in the state budget, and loss of local revenue. Lane County is currently in the process of developing the 2008-2009 budget with various scenarios, including the loss of federal funds, which impacts the county's general fund. Among other things, county general fund currently helps support mental health and adult alcohol and drug treatment services. Depending on priorities established through the budget process, both mental health and alcohol and drug treatment services may be reduced. Maintaining the current continuum of care in both areas are essential and without the final budget, changing allocations of state funds is not reasonable. Therefore, the expectation is that current services funded with state funds will continue. A list of services and current providers are listed below.

Mental Health

There will no significant changes in state resource allocation at this time. Given the current unpredictability of funding for mental health services, no new projects will be started and no reallocation of state funds will be made pending final state budget development. A complete list of current service elements and allocations for Lane County mental health services is attached in the appendix.

Although no state funds will be allocated differently, LaneCare, Lane County's mental health organization, will allocate continue the allocation of $50,000 toward the co-occurring treatment. These funds will be matched by local beer and wine tax funds to create this program.

Alcohol & Drug

Prevention

According to current predictions, prevention funds will remain the same as the base allocation for 2007-2009 biennium. The base allocation provides funding to support, the county prevention coordinator, the ongoing support and development of community-based coalitions, efforts to educate the community on the impact of underage drinking, and parenting support/education. All other strategies in the work plan, including school-based prevention programs such as Reconnecting Youth, will be addressed if any opportunities made available either through additional state resources or elsewhere.

Treatment

On January 17, 2008 the AOD Subcommittee of the Mental Health Advisory Committee/Local Alcohol and Drug Planning Committee met. Additional attendees included members of the AOD Issues Forum, the coordinator of the Drug Court in Lane County and the Operations Support Division Manager of the Eugene Police Department. Representatives from the Lane County Sheriff Office and Lane County

Parole & Probation were invited to the meeting but were unable to attend. They were, later, informed of the committee's recommendation. At the meeting the committee received information on this issue and provided input that was used in the county's 2008-09 budget development process. The committee's recommendation was to prioritize service funding as shown above. If county general fund dollars are lost, it will prevent Lane County from maintaining AOD treatment services at the 2007-09 levels. If this occurs, we will request a waiver to the "Maintenance of Effort" requirement in the planning guidelines and the subsequent intergovernmental agreement.

Problem Gambling

Total DHS/Lottery annual funding available: $92,004
Problem gambling prevention received a slight increase in funding during the 2005-07 biennium. A revised work plan was submitted to reflect the increase of funding in 2005. It is anticipated the funding level will remain the same for 2009-2011 biennium thereby maintaining the update prevention work plan presented in this plan. The anticipated allocation for problem gambling treatment is static. emergence (sic) is the current local problem gambling treatment provider.

Office of Mental Health and Addiction Services – Attachment 1

LIST OF 2007-2008 SUBCONTRACTED MENTAL HEALTH SERVICES FOR LANE COUNTY

Provider Name	Approval/ ID Number	Service Element	AMH Funds Contracted	Specialty Service
Center for Family Development	Certificate of Approval	#20	$20,005	indigent
City of Florence	na	#25	$5,000	crisis transport
DePaul Industries	na	#20	$24,668	
DePaul Industries	na	#22	$12,332	
Directions Services	Certificate of Approval	#20	$20,005	indigent
Freedman, Bazil	MD10211, OR	#22	$72,000	psychiatrist
LaurelHill Center	Certificate of Approval	#20	$50,000	indigent
McKenzie-Willamette	Hospital	#25	$15,000	crisis indigent
Mt Retreat Secure Transport	na	#24	$1,000	secure transport
Options Counseling Services of Oregon	Certificate of Approval	#20	$42,737	indigent
Options Counseling Services of Oregon	Certificate of Approval	#20	$20,000	Hispanic
Oregon Family Support Network	na-consumer organization	#22	$1,100	ICTS youth
PeaceHealth Counseling	Certificate of Approval	#20	$20,000	indigent
PeaceHealth Counseling	Certificate of Approval	#25	$15,000	crisis
PeaceHealth Oregon Region	Hospital	#24	$748,000	acute
SAFE, Inc.	Certificate of Approval	#20	$11,600	consumer services
SCAR/Jasper Mountain	Certificate of Approval	#25	$200,000	child/youth crisis
SCAR/Jasper Mountain	Certificate of Approval	$24	$48,000	child/youth subacute
Secure Transportation	na	$24	$45,000	secure transport
ShelterCare	Certificate of Approval	#25	$260,539	crisis
ShelterCare	Certificate of Approval	#20	$93,766	indigent
South Lane Mental Health	Certificate of Approval	#20	$47,368	indigent
South Lane Mental Health	Certificate of Approval	#25	$15,000	crisis
WhiteBird	Certificate of Approval	#25	$92,877	crisis
WhiteBird	Certificate of Approval	#20	$118,148	indigent
Willamette Family Treatment	Certificate of Approval	#25	$36,000	co-occurring crisis bed

LIST OF 2007-2008 SUBCONTRACTED ALCOHOL AND DRUG SERVICES FOR LANE COUNTY —Attachment 2

Provider Name	Approval/License ID Number	Service Element	OMHAS Funds in Subcontract for 2005-2007	Specialty Services
Willamette Family (7/1/09-6/30/10 only) TBD 7/1/10-6/30/11	Certificate of Approval	AD 60	$109,898 $109,898	Housing & rental assistance
Willamette Family (7/1/09-6/30/10 only) TBD 7/1/10-6/30/11	#52, #67, #80	AD 61	$1,407,440 $1,407,440	Adult residential
Willamette Family (7/1/09-6/30/10 only) TBD 7/1/10-6/30/11	Certificate of Approval	AD 62	$ 77,635 $77,635	Dependent beds; children for mothers in treatment
Center for Family Development (7/1/09-6/30/10 only)	#187, #203	AD 66	$177,542	Outpatient Treatment
Centro LatinoAmericano (7/1/09-6/30/10 only)	#2, #56	AD 66	$39,407	Outpatient Treatment
Emergence (7/1/09-6/30/10 only)	#189, #194, #198	AD 66	$158,624	Outpatient Treatment
Lane County (7/1/09-6/30/10 only)	#01	AD 66	$68,416	Outpatient Treatment
Looking Glass (7/1/09-6/30/10 only)	#61, #78	AD 66	$66,578	Outpatient Treatment
Willamette Family (7/1/09-6/30/10 only)	#49, #213	AD 66	$413,401	Outpatient Treatment
Willamette Family (7/1/09-6/30/10 only)	Certificate of Approval	AD 66	$ 71,495	Critical Support Services
Willamette Family (7/1/09-6/30/10 only)	Certificate of Approval	AD 66	$199,553	Detox
TBD (7/1/09-6/30/10)	Certificate of Approval	AD 66	$96,122	TBD
TBD (7/1/10-6/30/11)	Certificate of Approval	AD 66	$1,402,102	Out-patient, detox & critical care
Willamette Family (7/1/09-6/30/10 only) TBD 7/1/10-6/30	#52, #67, #80	AD 67	$ 335,800 $ 335,800	Capacity care
Lane County	Certificate of Approval	AD 70	$ 324,998	Prevention
Lane County	N/A	AD 80	$ 184.008	Problem Gambling Prevention
Emergence (7/1/09-6/30/10 only) Lane County (7/1/09-6/30/10 only) TBD 7/1/10-6/30	Certificate of Approval	AD 81	$ 384,042 $20,213 $404,255	Problem gambling treatment

Review and Comments

Office of Mental Health and Addiction Services – Attachment 3

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County: ___Lane_________________________________

In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: ___Faye Stewart

Address: ___Lane County PSB; 125 E. 8th Ave., Eugene, OR 97401__

Telephone Number: ___(541) 682-4203_______________________

Signature: ____

Office of Mental Health and Addiction Services – Attachment 4

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE

REVIEW AND COMMENTS

County: _Lane_________________________________

Type in or attach list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to designate members who are minorities (ethnics of color according to the U.S. Bureau of Census).

In accordance with ORS 430.342, the _Lane_____________________ County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2009-2011 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: __Jennifer Wells____________________________________

Address: ____

____

Telephone Number: ____

Signature: ____

LOCAL MENTAL HEALTH ADVISORY COMMITTEE
REVIEW AND COMMENTS

County: ___Lane________________________________

Type in or attach a list of committee members, including addresses and telephone numbers.

The __Lane_________________________ County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2009-2011 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: __Jennifer Wells__________________________________

Address: ____

____

Telephone Number: ____

Signature: _________________________________

Office of Mental Health and Addiction Services - Attachment 6

COMMISSION ON CHILDREN & FAMILIES REVIEW & COMMENTS

County: ___Lane_________________________________

The __Lane____________________________ County Commission on Children & Families has reviewed the alcohol and drug abuse prevention and treatment portions of the county's Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: Judy Hampton____________________________________

Address: ____

____

Telephone Number: ____

Signature: ____

Office of Mental Health and Addiction Services - Attachment 7

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County: _Lane____________________________

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2009-2011 is not lower than the amount of county funds expended during 2007-2009.

__Robert Rockstroh____
Name of County Mental Health Program Director

____
Signature

____
Date

Office of Mental Health and Addiction Services – Attachment 8

REVIEW AND COMMENTS BY THE LOCAL SERVICE DELIVERY
AREA MANAGER FOR THE DEPARTMENT OF HUMAN SERVICES

County: _Lane____

As Service Delivery Area Manager for the Department of Human Services, I have reviewed the 2009-2011 Biennial County Implementation Plan and have recorded my recommendations and comments below or on at attached document.

Name of SDA Manager: ___John Radich___________________________

Signature: ____

Date: _____________________________________

REVIEW AND COMMENTS BY THE LOCAL PUBLIC SAFETY COORDINATING COUNCIL

County: __Lane____________________________________

The Local Public Safety Coordinating Council has reviewed the 2009-2011 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on an attached document.

Name of Chair: __John Clague____

Address: ____

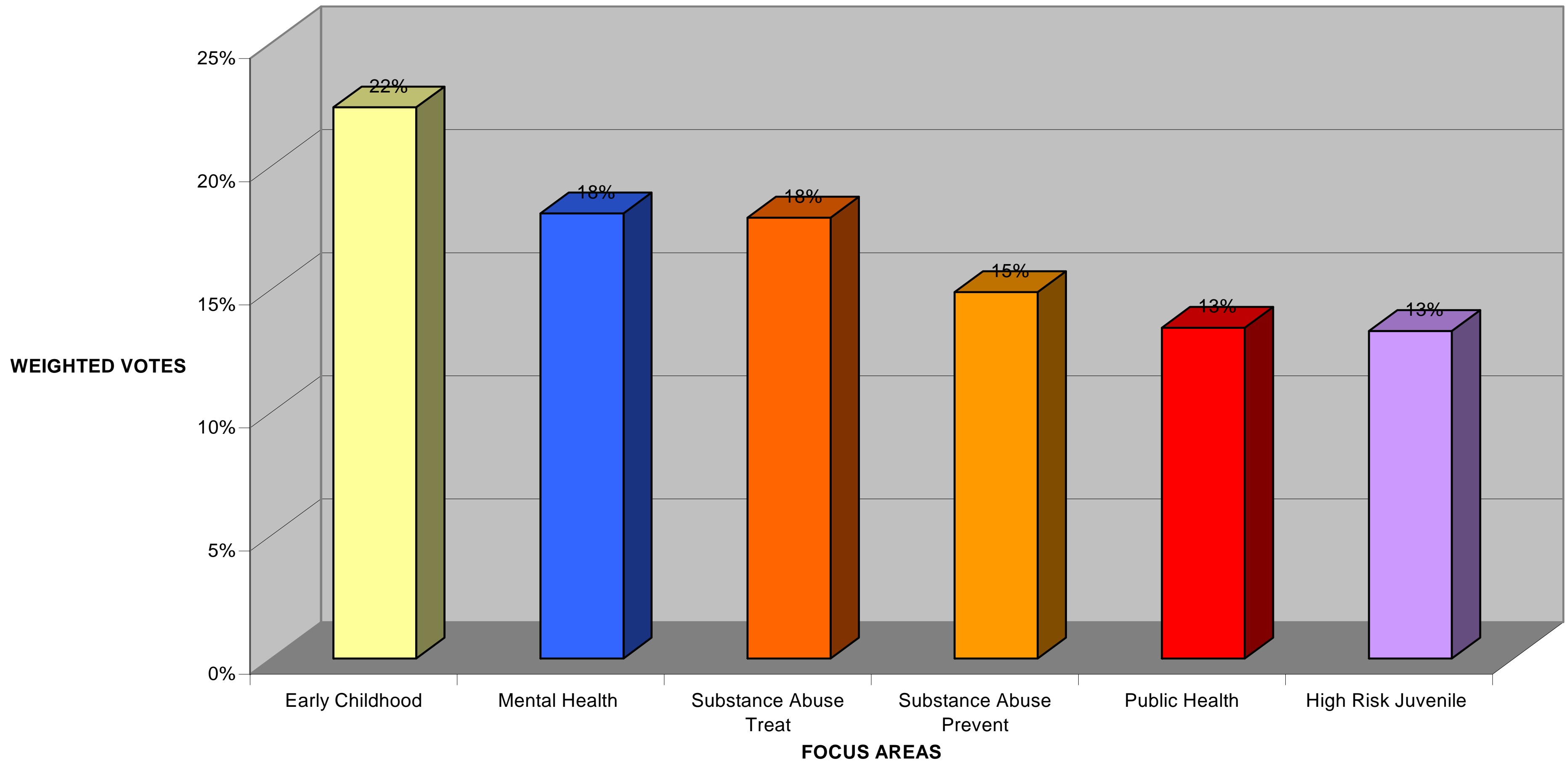
____

Telephone Number: ____________________________________

Signature: ____

Date: _____________________________

Attachments



Comprehensive Planning Vote Summary

Executive Summary

Lane County Survey of Children and Families

2007

*By Stephen Johnson
and Christine McCaslin*

Introduction

Oregon's Lane County Department of Children and Families (DCF) commissioned a survey of Lane County residents regarding issues important to children and families first in 1996, and again in 2007. Representatives from DCF and Lane Council of Governments (LCOG) collaborated to devise survey questions that can measure public priorities for benchmarks set to improve the lives of residents in Lane County. Northwest Survey & Data Services (NSDS) was selected to collect data for the 2007 survey. Topics included issues in children's health and education, as well as general economic and social issues. Some of the questions were included on the original 1996 survey, and some are new to this year's data gathering efforts.

Methodology

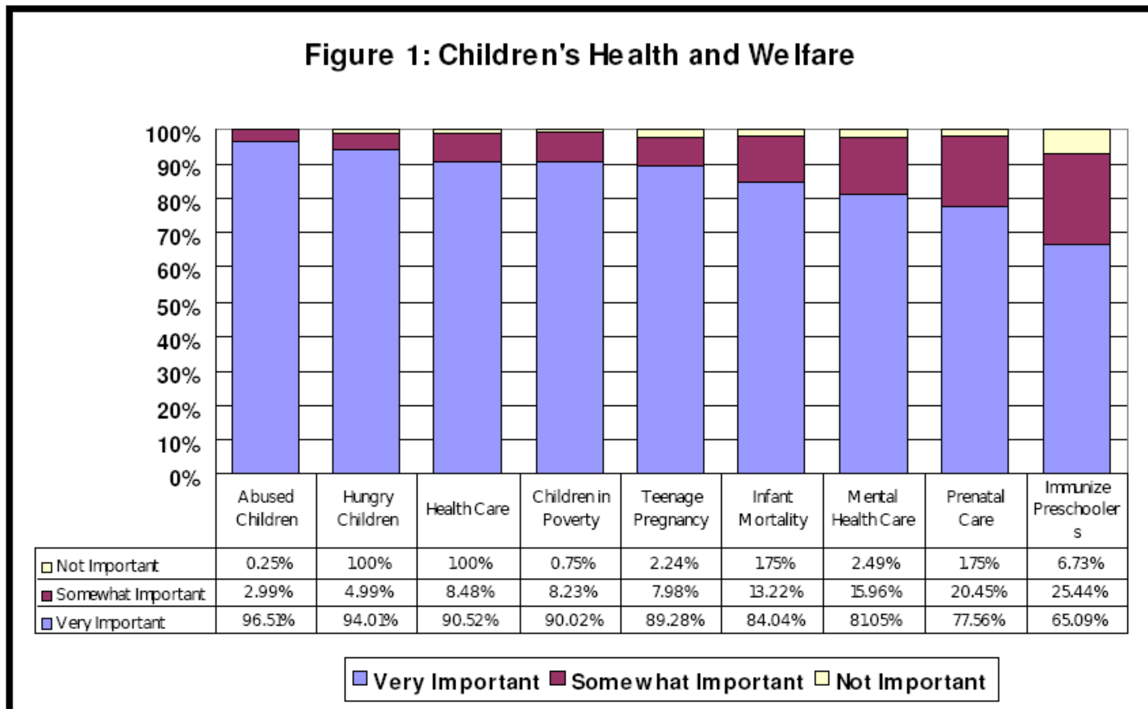
For the 2007 survey, potential respondents were selected at random from all working telephone numbers in Lane County, Oregon. All interviews were conducted at residences; no interviews were conducted at businesses, government offices, or other non-residential locations. For this survey of 401 respondents, the margin of error is +4.9%. This means that for any result the true answer, if generalized back to the entire population of Lane County, will be within 4.9 percentage points above or below the result reported here. For answers in which a large percentage of respondents all have the same opinion, the margin of error will be smaller. For example, a result in which 85% of people have the same opinion has a margin of error of only +3.5%. Please see the Sample Report section of this document for information regarding the response rates and call attempt efforts.

Survey Results

In order to qualify for the 2007 survey, respondents had to be over age 18, live in Lane County, and be either the head of their household, or someone who jointly made household decisions. After qualification, respondents were asked to rate the importance of 29 items or social issues. For each item they were asked if it was "very important", "somewhat important", or "not important." The items can be broken down into four distinct categories: items related to children's health and welfare; items related to children's education; general social issues; and general economic issues.

Children's Health and Welfare

Respondents were asked about nine issues related to children's health and welfare. All nine items were considered "very important" by a majority of respondents. In fact, for four of the nine items, over 90% of respondents thought this issue was "very important." Topping this list was the issue of child abuse, where 97% of respondents gave a rating of "very important." This was the highest rated issue of all 29 items. The two items with the lowest percentage of "very important" scores were prenatal care and childhood immunization, with 78% and 65% respectively. Figure 1 below shows the importance ratings for all nine issues.



	Abused Children	Hungry Children	Health Care	Children in Poverty	Teenage Pregnancy	Infant Mortality	Mental Health Care	Prenatal Care	Immunize Preschoolers
Not Important	0.25%	1.00%	1.00%	0.75%	2.24%	1.75%	2.49%	1.75%	6.73%
Somewhat Important	2.99%	4.99%	8.48%	8.23%	7.98%	13.22%	15.96%	20.45%	25.44%
Very Important	96.51%	94.01%	90.52%	90.02%	89.28%	84.04%	81.05%	77.56%	65.09%

Although general support for idea that these are important issues is very high, there is some variation among respondents. For eight of the nine issues women are more likely to think the issue is "very important" than are men. In most cases this difference is around 10 percentage points, although on the issue of reducing the number of hungry children the difference is almost 20 percentage points. The only one of the nine issues where men were more likely than women to think the issue was "very important" was for childhood immunization. This issue was the lowest ranked of the nine child health and welfare issues, and only a few more men than women (2%) rated it "very important."

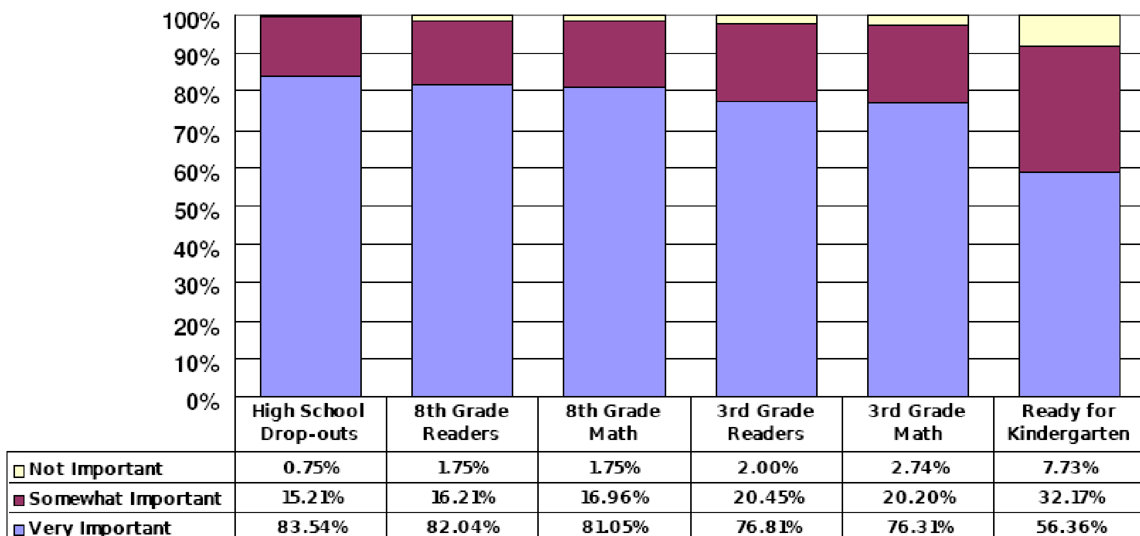
Similarly, households with children present consistently had a higher percentage of respondents who rated each of these nine issues as "very important" when compared to households without children present. The difference between these two types of households was not as striking as the difference between men and women, but typically averaged about five percentage points.

Finally, it was common for older respondents, respondents with high incomes, and those with a higher education to have a slightly lower percentage when rating each of these nine issues as "very important." This difference did not always exist, but sometimes was substantial. See the Banner Tables Section of the report, for example Table 29, on access to mental health services for children and youth.

We have no information as to why these classes of respondents might rate any of these nine issues related to children's health lower than the general population. But it is possible that they are either past the age where they are likely to be involved with children on a daily basis, or are affluent enough that access to health services is not a barrier in their lives.

Children's Education

In addition to questions about issues of children's health, respondents were also asked six questions related to children's education. Here too, a majority of respondents rated all nine issues as "very important." However, in general this high importance rating was given by fewer respondents than was seen with children's health issues. The children's education issue seen as most important was the reduction in number of high school students who drop out of school. Almost as important was to increase reading and math scores at the 8th grade level, followed closely by increasing reading and math scores at the 3rd grade level. The issue seen as least important was to have more children prepared for kindergarten. Figure 2 below shows the rating scores for children's educational issues.



	High School Drop-outs	8th Grade Readers	8th Grade Math	3rd Grade Readers	3rd Grade Math	Ready for Kindergarten
Not Important	0.75%	1.75%	1.75%	2.00%	2.74%	7.73%
Somewhat Important	15.21%	16.21%	16.96%	20.45%	20.20%	32.17%
Very Important	83.54%	82.04%	81.05%	76.81%	76.31%	56.36%

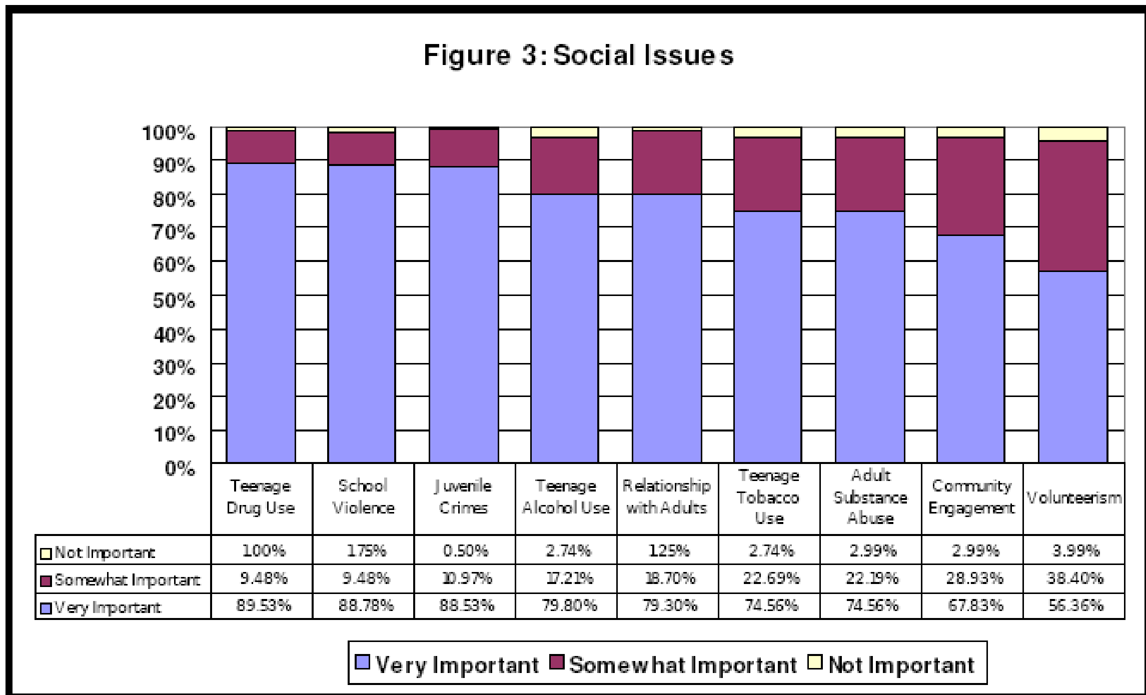
Figure 2 shows an interesting result. The issue seen as "very important" by the highest percentage of the population of Lane County concerns the oldest children, those in high school. The next two highest issues concern the next oldest children, eight graders. This pattern continues, with third grade reading and math issues next in the ratings and finally, kindergarten is at the bottom. Although this survey gathered no information that would

help explain this result, it appears that concern for children's education increases as the children get older. When the two extremes, kindergarten and high school, are examined, the percentage of respondents who feel the issue is "very important" is one and a half times greater for staying in high school vs. being prepared for kindergarten.

Among the respondents, the biggest variation in ratings was again due to gender, with more women than men giving a "very important" rating to all six of the educational issues. For some of the issues, dropping out of high school, and preparation for kindergarten, respondents with children at home were more likely to give a high importance rating than those without children. For the other 4 educational issues the differences between those with or without children in the home were insignificant. Similarly, age, income, and education were occasionally related to lower rating scores, but not consistently. See the Banner Tables Section of this report for more detail.

Social Issues

Although just over half the questions in the 2007 survey focused on either children's health or educational issues, the survey also included nine questions on social issues related to adults and youth. Some of the questions concerned dangerous youth behaviors such as school violence, teenage drug use, and juvenile crime. Not surprisingly, these issues were seen as "very important" by approximately 90% of all respondents. Other issues, such as teen alcohol use, teen tobacco use, and adult substance abuse were seen as "very important" by 75% to 80% of respondents, as was the importance of teens having more supportive relationships with adults. The other social issues asked about, increasing community involvement and increasing volunteerism, were seen as "very important" by substantial majorities of the population of Lane County, but not at the same level as the importance of reducing the negative social issues involving substance use and violence. See Figure 3 below for the ratings for all nine of these issues.



	Teenage Drug Use	School Violence	Juvenile Crimes	Teenage Alcohol Use	Relationship with Adults	Teenage Tobacco Use	Adult Substance Abuse	Community Engagement	Volunteerism
Not Important	100%	175%	0.50%	2.74%	125%	2.74%	2.99%	2.99%	3.99%
Somewhat Important	9.48%	9.48%	10.97%	17.21%	18.70%	22.69%	22.19%	28.93%	38.40%
Very Important	89.53%	88.78%	88.53%	79.80%	79.30%	74.56%	74.56%	67.83%	56.36%

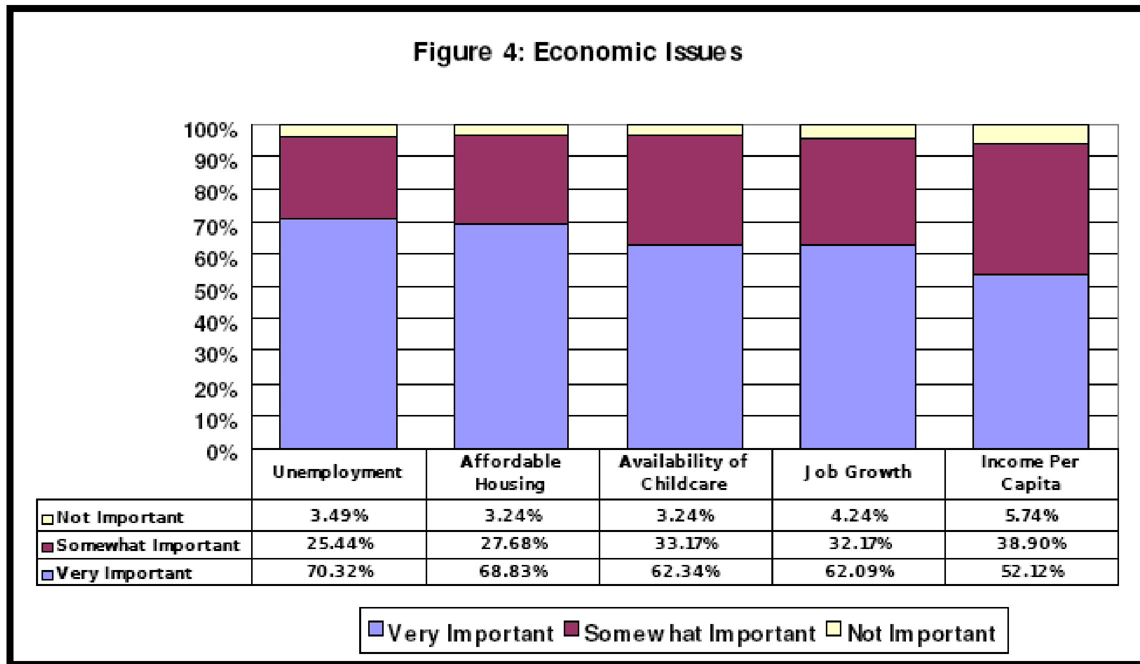
The difference between the percentage of women and the percentage of men who gave "very important" ratings to these nine social issues is again the dominant individual difference. For all nine issues women were 10 or more percentage points ahead of men in giving the highest importance rating. One issue, reducing adult substance abuse, was particularly interesting, with 81% of women thinking it was "very important", while only 64% of men felt that way. Another issue where there was an interesting gender difference was on the topic of volunteerism. Sixty-one percent of women thought it was "very important" to increase volunteerism, while only 48% of men felt similarly. This was one of only two issues in the survey where a majority of men did not feel that an issue was "very important."

The lack of presence of children in the respondent's home, higher education, high income, and older age all had occasional effects on reducing the importance level. However, these effects were not systematic and rarely exceeded a few percentage points. See the Banner Tables section of the report for more detail on demographic differences.

Economic Issues

The final set of issues asked about in the 2007 survey were five questions related to economic issues. All five of these questions had a majority of Lane county residents who

thought they were "very important." However, as a group these questions had the smallest percentage of respondents who reported feeling this way. Ratings of "very important" had a high of 70% for the idea of reducing unemployment, down to 52% for increasing income per capita. The issues of increasing affordable housing, child care, and job growth were all scored as "very important" by approximately 65% of respondents. See Figure 4 for rating scores for these five issues.



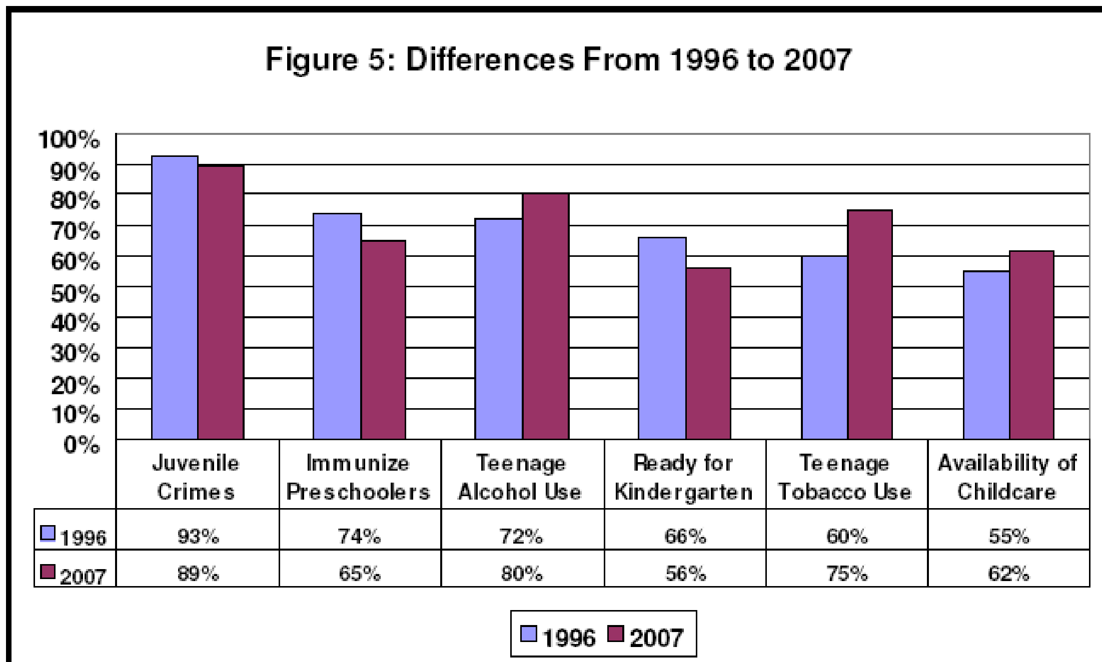
	Unemployment	Affordable Housing	Availability of Childcare	Job Growth	Income Per Capita
Not Important	3.49%	3.24%	3.24%	4.24%	5.74%
Somewhat Important	25.44%	27.68%	33.17%	32.17%	38.90%
Very Important	70.32%	68.83%	62.34%	62.09%	52.12%

Some of these five economic issues brought out distinct differences between respondents based on gender, income, and education. In particular, the issue of increased income per capita did not have a majority of strong support among men (46%), those with incomes over $65,000 a year (40%), or among those with undergraduate college degrees (39%). On all five issues women were more supportive than men, and high income and high education levels continued to have the effect of reducing the percentage of respondents who saw these issues as "very important."

Comparisons with the 1996 Survey

The 1996 Lane County Survey of Children and Families measured attitudes toward 12 of the 29 issues measured in 2007. These issues included: abused children; juvenile crimes; children in poverty; teen pregnancy; teen use of drugs; teen use of alcohol; teen use of tobacco; high school dropouts; childhood immunization; preparation for kindergarten;

and childcare facilities. When looking at these items, one issue that stands out clearly is child abuse. Both in 1996 and 2007, more respondents felt it was "very important" to reduce the number of abused children in Lane County than any other issue (96% and 97%, respectively). For six of these issues, the percentage of respondents who saw the issue as "very important" has remained the same or within one or two percentage points from the results in 1996. These small changes are well within the margin of error for the two surveys and it is best to conclude that public attitudes on these six issues have not changed. However, for six of the issues there have been changes from 4% up to 15% in how the public views the importance of each issue. Figure 5 below shows the percentage of "very important" scores given for each of these six issues in 1996 and in 2007.



	Juvenile Crimes	Immunize Preschoolers	Teenage Alcohol Use	Ready for Kindergarten	Teenage Tobacco Use	Availability of Childcare
1996	93%	74%	72%	66%	60%	55%
2007	89%	65%	80%	56%	75%	62%

As can be seen from Figure 5, the percentage of respondents who view each of these issues as "very important" may have gone either up or down. Compared with 1996, many more respondents in 2007 gave a "very important" rating to teen uses of tobacco and alcohol, and to the availability of childcare. However, the perceived importance of childhood immunization, preparation for kindergarten, and juvenile crimes have clearly declined since 1996.

It is also worth noting here that the five issues with the largest swings in perceived importance between 1996 and 2007 are also the five issues out of the 12 measured in 1996 that had the lowest percentage of "very important" scores attached to them. In other

words, those issues for which opinion was most divided in 1996 were also the issues that showed the most change between 1996 and 2007. For the issues where opinions were almost uniform (80% or greater) that the issue was "very important", there was almost no change in opinion between 1996 and 2007.

Conclusion

The 2007 Lane County Survey of Children and Families asked the adult population of the county to assess the importance of 29 issues of medical, educational, economic, or social importance. All of these were serious issues and not surprisingly all were seen as "very important" by a majority of the county. Nevertheless, there were differences in the extent to which the public viewed issues as important. Child abuse had a higher rating of "very important" than all other topics in the survey. Children's health issues, with the exception of immunization – a somewhat politicized issue – were generally seen as "very important" by almost everyone. Children's education was seen as "very important" by a strong majority, but did not get the extremely high scores that some of the health issues received. Similarly, some social issues, with the exception of violence, crime, and teen drug use, were seen as "very important" by an even smaller majority of people. And finally, all the economic issues were seen as "very important" by relatively small majorities.

Although it is not possible to know the exact priority Lane County residents might assign to each of the 29 issues investigated in the 2007 survey, it is reasonable to assume that those issues seen as "very important" by large majorities are more important to the population as a whole, than those where smaller majorities assigned the highest importance score. However, it is also clear that each of these issues has a majority of support for the idea that it is an important issue and needs to be addressed.

This report summarizes the significant survey results. Readers can look at the Topline Section of the report for the exact question wording and the summarized responses to each question. Readers may refer to the tables in the Banner Tables Section of this report for more detail and to find cross-tabulations of each question with a wide range of demographic information.