

**Local Government Advisory Committee  
Room 473, Human Services Building, Salem  
January 12, 2007  
Minutes**

**ATTENDING**

Katherine Bradley	DHS – Public Health Division
Gary DiCenzo	Clackamas County Human Services
Ron Dodge	Polk County Commissioner
Cara Fischer	Association of Oregon Counties
Linda Fleming	Conference of Local Health Officials
Ramona Foley	DHS – Children, Adults and Families Division
Tom Fronk	Benton County Health Department
Bruce Goldberg	DHS – Director
Sharon Guidera	Association of Community Mental Health Programs
John Hartner	Oregon Association of Community Corrections
Tony Howell	League of Oregon Cities
Julie Strauss	DHS – Finance and Policy Analysis
Fritz Jenkins	DHS – Finance and Policy Analysis
Chris Johnson	Yamhill County Health and Human Services
Linda Modrell	Benton County Commissioner
Bob Nikkel	DHS –Addiction and Mental Health Division
Gina Nikkel	Association of Community Mental Health Programs
Debra Patterson	Oregon Juvenile Department Directors’ Association
Anne Paltier	Conference of Local Health Officials
Jeannie Phillips	DHS – Division of Medical Assistance Programs
Rob Rockstroh	Lane Co. Health & Human Services (via conference call)
Clyde Saiki	DHS – Deputy Director
Cindy Scheick	DHS – Finance and Policy Analysis
Jim Scherzinger	DHS – Director’s Office
Naomi Steenson	DHS – Governor’s Advocacy Office
Bill Thomas	County Commission on Children and Families
James Toews	DHS – Seniors and People with Disabilities
Matthew Tschabold	Oregon Commission on Children and Families
Bill Wagner	Cascade West Council of Governments
Gillian Wesenberg	Douglas County (via conference call)
Wendy VanElverdinghe	Community Action Directors of Oregon

**WELCOME & INTRODUCTIONS**

Linda Modrell called the meeting to order and roundtable introductions were made.

## **APPROVAL OF MINUTES & AGENDA**

The minutes from December 2006 were reviewed and approved.

## **ADDITIONAL AGENDA ITEMS**

There were no additions to the agenda.

## **DIRECTOR'S REPORT – Bruce Goldberg**

The Legislature is in session and there is a sense of hope and opportunity. DHS would like to include community partners, clients and staff in their Ways and Means presentations to demonstrate that there is a large network of people who deliver human services. The Legislature needs to understand that. The ultimate goal is how to strengthen human services overall.

Linda Modrell stated that due to the forest safety net money going away, some counties will suffer huge impacts on their budgets. In some counties, up to half of their general fund dollars will be lost.

## **LEGISLATIVE UPDATE – Patty O'Sullivan**

The Legislature has hit the ground running. The House is meeting on the floor three days per week to allow more time for committees and they will begin meeting every day starting in March.

DHS will be giving an overview in front of Rep. Tomei's Human Services and Women's Wellness Committee next Wednesday. Another overview will also be presented to the full Ways and Means Committee. This will be a global overview of the Department, the people that we serve and the service delivery systems.

Patty O'Sullivan asked members of LGAC to let her know what information they would like from her at LGAC meetings. LGAC members can email Linda Modrell and Linda will forward them to Patty.

Suggestions were overall funding information, such as Healthy Kids and any themes, confusion or questions that the locals can respond to or help educate their representatives.

Chris Johnson suggested that a DHS bill tracker could do a crosswalk with the AOC tracker. Patty O'Sullivan said that DHS could run a report on the bills DHS supports and send it to AOC for review, but DHS does not have the staff to do the crosswalk.

Cara Fischer reported that AOC has a program that she believes can do this and will check on it.

**Action Item:**

Patty O’Sullivan will get with Diana Woods and see how best to get the information out to LGAC.

**PAIN COMMISSION – Naomi Steenson**

The Pain Commission falls under the Governor’s Advocacy Office, which is part of the Director’s Office of DHS. The Pain Commission is a 19 member commission of medical professionals from various disciplines that review the issues of pain, design education standards, developed up a one-hour pain education course required by most boards such as the nursing board, medical examiners, pharmaceutical boards and represent patients who are in chronic pain.

People with a history of substance abuse or addiction issues who are being prescribed pain medication is a hot issue.

Today with all of the modern medicine available, more people than ever before are surviving diseases and catastrophic events that were once fatal. People are living longer and as a result, there are more people living in compromised conditions where their quality of life is not that good because of chronic pain issues.

The Pain Management Program did a lot of information gathering and it was clear across the board that doctors, patients and others had different attitudes about pain and did not understand pain or how to treat it.

On the national level, the Drug Enforcement Administration has been scrutinizing providers that are prescribing pain medications. There have been steps taken to restrict or monitor doctors in a manner that assures they are not inappropriately or over prescribing.

In this legislative session, the Board of Pharmacy is behind an initiative to develop an electronic prescription monitoring database specific to controlled substances for research gathering and to possibly monitor and restrict problematic areas.

Some of the reasons that pain medication is prescribed so much is that the managed care systems have reduced the amount of time a doctor can spend with a patient and many health insurance benefit packages often do not cover pain management treatments or alternative treatments such as acupuncture or certain therapies without a specific diagnosis, so prescriptions are easier and may be

covered by these plans. Many doctors simply do not want to deal with someone who has pain issues or are simply at a loss of what to do with them. As a result, there are a lot of patients who seek other types of medications including street drugs and there is still the problem of individuals with substance abuse or a history of addiction.

The Pain Commission recommends a multidisciplinary approach. Pain is subjective and can come from many sources, physical, mental, emotional and/or spiritual. The recommendation is to have psychiatrists, therapists, and alternative therapies looking at the individual to find the basis for their pain. This approach has been successful and patients who were previously considered as drug seeking have gone on to lead healthy, productive lives.

In regard to the use of Oxycontin, for some people experiencing acute or chronic pain, being treated with Oxycontin has been a godsend. Oxycontin has received a lot of attention because people are seeking and abusing it and as a result more providers are reluctant in prescribing it. The Commission does not promote dispensing prescriptions, they view it as a last resort or temporary fix until something better can be found.

For additional information on Pain Management or the Pain Commission, contact Diana Norton, Governor's Advocacy Office at (503) 945-6904.

## **LOCAL/STATE/FEDERAL PARTNERSHIPS, LOCAL LEVERAGING –**

### **Tom Fronk**

Tom Fronk, Benton County, presented information on how the State and local partners could use an approach to leveraging federal funds that would produce the best result while managing our risks.

There are four basic federal leveraging strategies: to provide more or fewer services, to include more or fewer clients, to include more or fewer types of providers, and pay better or worse. Where all four strategies overlap defines the Medicaid program. The Medicaid program was designed with an underlying tension, the size of the Medicaid program is expected to be limited by how much state general funds or match money the state has available to fund its share of the Medicaid program. The tension is a necessary part of federal strategy around Medicaid at the national level.

There have been a lot of activities by states and locals to interrupt that tension, to qualify more local monies or non-state general fund monies to grow a Medicaid

program. Once that tension is interrupted, the feds will intervene to regain the balance.

There have been some successful efforts by the state and local partners such as enhanced Federal Qualified Health Center (FQHC) reimbursements, extending school based care and targeted case management for HIV and Babies First. Many other efforts are now being discussed.

The preferred approach to using federal financial participation strategies is to provide the highest possible return while managing both the state and local risk. We need to implement a more systematic approach that identifies successful models, anticipates federal direction, identifies sources of matching funds and prioritizes the needs.

Local government is not well organized to be a participant in leveraging and DHS does not have the processes. DHS is currently strengthening the Federal Policy Unit within the Department.

The locals will need to evaluate opportunities or identify a need and whether there is an opportunity to have discussions at a department level whether those opportunities should be pursued, what the risks and consequences are and collectively agree that the risk is worth taking.

Sharon Guidera indicated that TCM is an opportunity for matching that needs a push. Chris Johnson said we have focused on TCM because it is a program that can be implemented area by area as opposed to statewide. Linda Fleming pointed out that the Family Planning Expansion Project (FPED) was a situation that did not require county general fund for the match. Counties did contribute match money and allocated fund centrally so that all counties could benefit. Anne Peltier mentioned the tension between DHS and public health around TCM claiming. Clyde Saiki said that this was a good example of the need for a clearly defined process. Other people matching issues related to maintenance of effort, rate review, risk management and program sustainability.

Lind Modrell agreed to work with AOC to move this issue forward.

### **COMMUNITY MENTAL HEALTH PLACEMENTS UPDATE – Bob Nikkel**

DHS is developing more back-end services and getting adults out of forensics and civil commitment units and into community placements. DHS has projected out the number of placements open by the end of this biennium and should be in pretty good shape in terms of the OSH settlement agreement including the staff-to-patient

ratio at the state hospital. The last month will be ambitious in opening facilities as well as making the discharges. There are no particular concerns to report.

**SB 913 UPDATE, MENTAL HEALTH & THE CORRECTIONS SYSTEM – Bob Nikkel**

SB 913 was passed in the last legislative session that makes it mandatory for DHS to suspend rather than terminate SSI and SSDI benefits when a person with a serious mental illness goes into a local jail, Department of Corrections facility or the state hospital. There is not an easy way to match inmates with eligibility information, so staff from Seniors and People with Disabilities Division (SPD) and the Division of Medical Assistance Programs (DMAP) are working on how to make it easier for local jails to know for sure they have a person who meets the criteria.

One provision of the law is that DHS can do presumptive eligibility for people who are presumed to be SSI or SSDI eligible prior to their release. In the past SPD has done training for prison/jail staff on filling out the required paperwork. Reports indicate that very few inmates have their paperwork for continuation or resumption of benefits completed when they leave prison or jail. John Hartner commented that the amount of work required by prison/jail staff may be a factor in paperwork not being completed. He suggested that another round of training may be necessary. Sharon Guidera suggested that this outreach effort may be a TCM opportunity.

Bob Nikkel will work with John Hartner to work out a plan for increasing the number of people benefiting from assistance in resuming benefits once they are released from incarceration.

Questions can be directed to Mike Moore at (503) 947-5538.

**MONTHLY LGAC TOPIC DISCUSSION – Linda Modrell**

Linda Modrell asked LGAC if having a targeted topic discussion on a monthly basis would be fruitful. DHS or LGAC could identify a person(s) to bring expected information based on the discussion.

A suggestion to have desired outcomes on the agenda would be helpful to organize the conversations. Time elements on the agenda should also be included.

**FUTURE AGENDA ITEMS**

Family Courts/Drug Courts/Treatment Courts, etc. (monthly topic) – Mike Finnegan, MPC Research

Targeted Case Management (what it is, what qualifies for it, etc.) (monthly topic)

Children's Investment in the State (future agenda item) – David Foster  
Briefing on Info 2-1-1 (future agenda item) – David Foster

Adjourned at 12:10 pm

**NEXT MEETING**

The next LGAC meeting is February 9, 2007 (10:00 a.m. – 12:30 p.m.)