

**Local Government Advisory Committee
Room 473, Human Services Building, Salem
March 9, 2007
Minutes**

ATTENDING

Susan Allan	DHS – Public Health Division
Ben Boswell	Wallowa County Commissioner
Barabara Carranza	Oregon Commission on Children and Families
Janet Carlson	Marion County Commissioner
Joe Corsiglia	Columbia County Commissioner
Cara Fischer	Association of Oregon Counties
Linda Fleming	Conference of Local Health Officials
Gordon Fultz	Association of Oregon Counties
Bruce Goldberg	DHS – Director
Sharon Guidera	Association of Community Mental Health Programs
John Hartner	Oregon Assoc. of Community Corrections Directors
Tony Howell	League of Oregon Cities
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
Patricia O’Sullivan	DHS – Director’s Office
Debra Patterson	Oregon Juvenile Directors’ Association
Anne Peltier	Conference of Local Health Officials
Rob Rockstroh	Lane County Health and Human Services
Clyde Saiki	DHS – Deputy Director
Mary Shortall	Multnomah County Aging and Disability Services
Roger Staples	DHS – Division of Medical Assistance Programs
James Toews	DHS – Seniors and People with Disabilities
Gillian Wesenberg	Douglas County Commission on Children and Families

WELCOME & INTRODUCTIONS

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

APPROVAL OF MINUTES & AGENDA

The minutes from February 2007 were reviewed and approved.

ADDITIONAL AGENDA ITEMS

The agenda was approved with the addition of OHP change in practice when a child is moved from one county to another (BRS placement), Tamiflu and the CMS rules change.

DIRECTOR'S REPORT – Bruce Goldberg

The Ways and Means process is better than in the past. Concern is what the Co-Chair budgets will show. It is clear that more General Fund will be going toward education and if that occurs, there only a few places that it can come from.

DHS has information on funding levels from 2001 and how much those levels have dropped. Even with the extra money that is available for the next biennium, it is not close to the amount that was lost.

Action item:

This information will be sent out to LGAC.

LEGISLATIVE UPDATE – Patty O'Sullivan

February 28 was the deadline for bills to be dropped, DHS is now getting a large number of bills to be read and sorted. Each Legislative Committee will be sorting through and deciding what bills will be scheduled for hearings.

Public Health is currently presenting to the Ways and Means Committee.

Healthy Kids continues to move along. The focus is on the sustainability of the Tobacco tax to fund the Healthy Kids program.

DHS provider tax will be coming before the Committee soon, the Public Health bills have had their first hearings and the TANF reauthorization bill is having its second hearing.

HB 2646 is sponsored by a small group of A&D providers (6) who want to have the ability to contract directly with DHS as opposed to having those contracts go through the counties. Those six providers belong to the OPERA organization, but the organization itself is neutral on the bill. DHS is taking a neutral position on the bill.

AOC finds this bill troublesome because of the partnership the counties have built with the State and would like to keep the coordinated system together. It is an issue of the mental health authority residing with the counties, accountability, and the biennial plan done for the use of addiction funds. Concern was expressed that

DHS is not opposing the bill at this time and the soft stance DHS has taken in the past with direct contracting with some service providers.

Linda Modrell suggested that a bigger discussion was necessary after the session about how to best serve the people. DHS said they would testify against HB 2646 if it looked like it was going somewhere.

DRUG COURTS – Judge Dennis Graves, Marion Co. & Karen Wheeler, DHS

Drug Court is a problem solving court and is comprised of a team of professionals which include law enforcement, district attorneys, defense attorneys, probation officers, representatives from the faith community, mental health professionals, pharmacists and psychiatrists. Success is measured by the graduation rate of participants and the recidivism rate. Drug court is normally voluntary unless the person has been adjudicated and placed on probation and that probation is failing, then the probation officer or the district attorney can refer the individual to drug court and that is mandatory. Perpetrators of violent crimes are excluded.

A problem solving court takes an individual and retains involvement with that individual for a minimum of one year. Initial screening is done in the DAs office. The individual is seen once a week by the judge. Requirements for graduating include a GED, a job unless disabled or with young children, and clean UAs for 180 consecutive days prior to graduation. In the first three months of the program, the judge sees the individual every week. During the week, the individual is seen by an addictions counselor at least two or three times per week and they must see their parole or probation officer at least once per week. If they have children that have been placed in foster care, they are required to attend parenting classes. This is a very tough program that requires the individual to be accountable.

The Court can terminate people from the program. The Court understands that relapse is a part of recovery, so if a dirty UA is received or an admission of relapse, the Court addresses that with a sanction. A first relapse is not usually sanctioned. The sanctions are graduated, such as doing four hours of homework or community service. Jail is only used as the last resort.

The motto for the National Association of Drug Court Professionals is “Taking Them to Scale” and the guidelines can be found on the website at nadcp.com. The Drug Courts are currently maxed out and it will take more monetary resources, more judicial officers, and more courtrooms to increase the number of participants. It is believed that Drug Courts save money in the long run.

Other problem solving courts that follow the drug court model include fostering attachment, juvenile drug court, family dependency or fostering attachment courts, mental health courts, re-entry drug courts that serve people coming back into the community from the Department of Corrections and Tribal courts that deal with addiction issues.

Fostering attachment courts focus on parents with very young children or expectant women with addiction issues, which incorporate parenting classes, play therapy along with treatment for the drug use.

DUII courts target repeat DUII offenders. Money is available through the National Highway Traffic Safety Administration for establishing DUII courts.

Some of the advancements in technology include a new urine test that will detect alcohol consumption for 96 hours, the Sobriotor® which is voice recognition product that attaches to the telephone and collects breath samples, and there is also a bracelet that can be worn around the ankle that will detect alcohol in the system.

One of the 10 key components of the National Association of Drug Court Professionals stresses the importance of having a judicial officer serve in the role of the judge and research strongly indicates having a judge serve in that role. It is important not to have a lot of rotation in the position in order to develop a rapport with each person.

DHS has copies of a video of one of the Marion County Drug Court sessions that was held in one of the Capitol hearing rooms. Karen Wheeler will see if she can locate copies.

An additional component of the Marion County Drug Court is the ability to assist individuals with housing.

Action item:

Janet Carlson will provide the Marion County flow chart showing the relationship between housing and Drug Court to Diana Woods to forward to LGAC.

Karen Wheeler has a historical chronology of Drug Courts in Oregon beginning in 1989. If interested, please contact Karen at (503) 945-6191.

PUBLIC HEALTH BRIEF UPDATE ON TAMIFLU – Dr. Susan Allan

Rep. Brian Boquist recently voiced his concern with the State's decision to purchase very little Tamiflu according to an article in the Willamette Week (Flu

Flap, Feb. 28, 2007). Rep. Boquist's concern is the State's decision not to purchase something that would potentially be lifesaving is irresponsible. However, there is no good evidence that if Tamiflu is given to seriously ill people that it mitigate the effects of the flu. When Tamiflu is administered as recommended, it can shorten the duration of the flu by 1½ days.

The federal government is creating a stockpile of Tamiflu and will set aside an allocation for Oregon based on population, enough doses to treat ½ million people. Oregon purchased enough for what is called the "first strike capacity" of 300,000-360,000 doses. If there were a couple of isolated cases in the state there would be enough to help stop the spread. The cost to purchase a stockpile of Tamiflu for Oregon would be \$5.3 million.

OREGON STATE HOSPITAL MASTER PLAN UPDATE – Madeline Olson

The Community Services Workgroup report for the Oregon State Hospital Master Plan was released on February 28, 2007. The top two locations are Salem (south side of Center Street) and Junction City for siting.

Ben Boswell asked if the system will focus on the recovery model. Madeline Olson replied that, in fact, this is the foundation of the community services workgroup's assessment. The assumption is that the length-of-stay will be 20-40% less. One expert (Dr. Fisher) believes the number of beds projected is too many compared with other states. Concerns were voiced about the court, civil and gero populations; this part of the system is very different than the rest. Ben Boswell asked if facilities could be modular. Madeline Olson indicated that is a question for the next phase of discussion.

Chris Johnson sees a battle coming because we built a lot of group and congregate care facilities. A recovery-based model could adversely affect the non-profits because those facilities don't lend themselves to recovery. We need to think through how changes impact the existing system.

The Mental Health Caucus is interested in the community "front-end" services and that conversation should begin next week. DHS has a community services workgroup who has been meeting since last fall and from that workgroup a report will be released on Monday. The report looks at the detail of "front-end" services needed to strengthen the system to minimize the need for people to be admitted to the state hospital.

Action item:

Madeline Olson will send a copy of the report to Diana Woods for distribution to LGAC.

LONG TERM CARE PROVIDER ISSUES – James Toews

A large, multi-state corporation purchased 17 assisted living facilities in Oregon and then gave notice to Medicaid clients that the corporation was going to withdraw from the Medicaid program. One facility in Lincoln County notified DHS that they would immediately stop accepting Medicaid patients. SPD has notices or advance notices that would affect up to 300 clients. This appears to be a trend.

The rates for nursing facilities have increased because of the provider tax, and rates for home care workers have nearly doubled through the collective bargaining process. Assisted living facilities and residential care facilities have not had rate increases in a number of years. Medicaid rates had been around 70-80% of the private paying market, but now have dropped to about 35%. Since the Medicaid rates are so low the private pay rates increase in order to subsidize the Medicaid costs.

SPD is negotiating gradual withdrawal contracts, so people who are on Medicaid are allowed to stay and new Medicaid admissions are titrated down.

There is a bill before the Legislature called the Long Term Care Partnership Act where an individual can prepay for long-term care and the State will automatically grant an exemption to any estate recovery up to the full amount of the benefit package that is capped at \$250,000.

This has huge implications for the Oregon continuum of care beginning with Home Care through institutional care. The implications include cost of care and the availability of facilities and care givers.

CMS LEVERAGING CONCERNS – Linda Fleming & Clyde Saiki

Last month at LGAC Mary Alexander and Cindy Scheick presented proposed changes to CMS rules on intergovernmental transfers. Following that meeting, Clyde and Mary attended a CLHO meeting and presented information on the proposed changes to the CLHO membership. One of the concerns is that local match may have to be local tax revenue.

DHS completed a review of the proposed rules and completed a draft letter to CMS that was sent to CLHO. Linda Fleming will send a letter on behalf of CLHO to CMS.

If CMS passes these rules, the implementation date is September 1, 2007. The Department will clearly identify what can and cannot be used as match. Once the impact is known, a plan can be developed to help mitigate those impacts. Janet Carlson reported that Rep. Walden attended the NACo meeting and indicated that the legislative intent of the CMS tightening of leveraging was purely to ensure that federal dollars were not being used as match for Medicaid.

Action Item:

Clyde Saiki will send Diana Woods the draft letter to CMS to forward to LGAC. Gina Nikkel will send Clyde Saiki a copy of the template from AOCMHP. Linda Fleming will send a letter to the counties with talking points in hopes that the counties will send letters also.

DHS STAFF UPDATE – Clyde Saiki

Dr. Allen Douma has decided to leave his position of Administrator for DMAP. This change is effective Monday, March 12, 2007. Jim Edge has been appointed Interim Assistant Director for DMAP. After session, a nationwide search will be conducted to recruit a replacement.

AOC HUMAN SERVICES REPORT – Janet Carlson

On February 12, the CMS Rule Teams with the Legislative Committee, voted to authorize Bobby Green to sign a letter to send in for comments on the proposed rule changes on intergovernmental transfers. Janet Carlson was able to attend the National Association of Counties conference last week and NACO has sent a letter. AOC Human Services Committee passed a resolution expressing concerns.

Also at the February 12 Legislative Committee Meeting, several items were passed out of the Human Services Committee, that voted to endorse the \$3 million for basic capacity for local commissions, the drinking water and the tobacco prevention packages that CLHO is supporting, and several DD and Mental Health packages.

On February 26 the Treatment Works Addictions Day was held at the Capitol. The event was very well received. A press conference was also held and an article on the event was published in the Statesman Journal.

Don Bishoff will be at the AOC Human Services meeting today to talk about HB2535 and looking for endorsement on that bill. Mary Shortall will also be attending the meeting to discuss the bill that effects the Oregon Project Independence funding.

Letters to the Congressional Delegation on the CMS issue would be good idea also.

FUTURE AGENDA ITEMS

Community Services Workplan

State Commission on Children and Families starting a 6 year planning process

Retroactive audit of mental health settlement process

County Budgets update

Items carried over:

Legislative Concept 1486 (discussion) (future item)

Future of Long-Term Care (post-Session) (future item)

Medicaid Brokerage Impact (future item)

Leveraging Issue – Chris Johnson, Sharon Guidera, Linda Modrell, Cindy Scheick & Clyde Saiki (future item)

Seamless Healthcare for Inmates coming out (training at local level) John Hartner and Bob Nikkel (future item)

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

Fee-for-Service – Long-term Implications (future topic)

Bill Tracking – Cara Fischer and Gordon Fultz to meet with Patty O’Sullivan (future item)

HB 2650 School Nutrition bill (future item)

TOPOFF – Federal Emergency Preparedness Exercise (future item)

Drinking Water (future item)

Adjourned at 12:10 pm

NEXT MEETING

The next LGAC meeting is April 13, 2007 (10:00 a.m. – 12:30 p.m.)