

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

ATTENDING

Ben Boswell	Wallowa County Commissioner
Max Brown	DHS – Office of Federal Financial Policy
Janet Carlson	Marion County Commissioner
Joe Corsiglia	Columbia County Commissioner
Bill Coulombe	DHS – Public Health Division
Ramona Foley	DHS – Children, Adults and Families Division
Gordon Fultz	Association of Oregon Counties
Bruce Goldberg	DHS - Director
Sharon Guidera	Assoc. of Community Mental Health Programs
Bill Hall	Lincoln County Commissioner
John Hartner	Oregon Association of Community Corrections
Charles Hurliman	Tillamook County Commissioner
Chris Johnson	Yamhill County Health and Human Services
Marilyn Miller	Commission on Children and Families
Madeline Olson	DHS – Addictions and Mental Health Division
Fariborz Pakseresht	DHS – Administrative Services Division
Debra Patterson	Oregon Juvenile Directors’ Association
Anne Peltier	Conference of Local Health Officials
Mary Shortall	Multnomah County Aging and Disability
Michael Stickler	DHS – Finance and Policy Analysis
Julie Strauss	DHS – Finance and Policy Analysis
Bill Thomas	Washington County Coalition
James Toews	DHS – Seniors and People with Disabilities
Wendy VanElverdinghe	Community Action Partnership of Oregon
Sandy Wood	DHS – Division of Medical Assistance Programs

WELCOME & INTRODUCTIONS

Chuck Hurliman called the meeting to order and roundtable introductions were made.

Minutes from the September meeting were approved. There were no additions to the agenda.

DIRECTOR'S REPORT – Bruce Goldberg

The legislative session is scheduled for February. There will not be a lot of changes to the budget, but will be geared more toward policy.

DHS will be opening the OHP Standard program to a limited number of people, provided approval is granted from CMS. In preparation, DHS staff along with stakeholders and advocates has been planning how to make the process fair and equitable. OHP has limited funds from provider taxes and federal match; no general funds are used. The program can be opened up to 10-15,000 more people.

DHS is looking at creating a two-step reservation list process. There will be a 30-day communication period notifying the public that OHP Standard will be taking reservations. No one will be disadvantaged because of where they live. Reservations will be accepted for 30 days. Then over the following several months, people will be randomly selected from the reservation list to apply. Some will meet the eligibility criteria and some will not. That process will be repeated over the next few months until the target number (26,000 biennial average) is reached in order to control enrollment. By federal rule, we are not allowed to prioritize people based on need; the program must be open to everyone.

DHS is looking at implementing items that were passed out of session such as the new TANF program, the large initiative on health care reform (SB 329), the Statewide Wraparound Initiative and many people are involved in the TOPOFF exercise to be held next week.

DHS is committed to an agenda of how to operate more efficiently and effectively and to streamline our work. Over the next month, DHS will begin this process with assistance and start looking at benchmarking and base lining the department. The process should be completed by August. We will be working closely with stakeholders. More information on this will be forthcoming.

UPDATE ON OREGON STATEWIDE WRAPAROUND INITIATIVE – Erinn Kelley-Siel

The Governor's Office began working on mental health issues in 2003 and appointed task force to address those issues. There were so many issues with the adult mental health system that the children's mental health services were deferred to a future date. There has been some work around the children's mental health system through the Children's Systems Change Initiative.

There were some positive changes due to the Children's System's Change Initiative, but also some frustration with the integration with other child serving delivery systems such as education, child welfare and juvenile justice. The Governor became more committed to making sure the children's system received more focus and that is what the Statewide Wraparound Initiative is about.

The Governor signed an Executive Order in March 2007 that created a high level steering committee whose mission was to build capacity to effectively serve children, youth and their families through a governance structure that oversees coordinated policy development, comprehensive planning and collaborative budgeting for children's services.

The system of care is a comprehensive spectrum of mental health and other necessary services and supports for children with typically more complex behavioral health needs who are involved in multiple services and their families. It is designed to meet their needs in a different and more coordinated way. The intent is to leverage the existing systems which are inclusive of services and programs to implement an approach to service delivery.

Wraparound is an approach to implementing individualized, comprehensive services within a system of care for children and youth with emotional and behavioral problems.

The target population that focuses on children and youth from birth to age 18 who have emotional, behavioral or substance abuse related needs and are involved in at least two systems. The wraparound project is for all children and youth who meet the definition of the target population, not just those eligible for Medicaid or OHP.

Some of the recommendations from the subcommittees are to serve all children; generate family-driven and youth-guided individual plans; include culturally competent, non-traditional services; blend funding; and monitor outcomes.

A report is due out in the next 2-4 weeks.

DD BROKERAGES – Chris Johnson/ Sharon Guidera

Sharon Guidera and Chris Johnson had questions pertaining to developmental disability services such as where it is heading, if there was any relief for the counties that are struggling to provide case management services and to explain the county's role as the local authority.

James Toews said that in the next 4-6 years the developmental disability system will be completely different. There are three large planning groups with county representation on each group working on this.

Some of the factors are the rate system needs restructuring, the express system has taken over payments on behalf of the counties for most of the 24-hour systems and under the requirement of federal law and all the remainder of the Medicaid payments must be moved into MMIS.

Within the next 2-4 years, DHS will have an assessment system that targets the benefit level the client is eligible for, does the assessments, calculates the rate, and generates the payment directly from MMIS on a fee-for-service basis.

The federal government requires the Medicaid agency have a direct contract with contractors. DHS has argued successfully that counties are a pass-along; they do not hold a distinct authority other than agents of the state for purposes of administering that contract. Under the rules of the government, when someone brokers a contract they cannot take part of the rate for their own administrative fees, that's called factoring.

The issue is determining the relationship between any provider, the state and the county. DHS may look at a type of three-party contractual arrangement where the state has a contract and handles the payment, but there is a local contractual role and partnership and the counties will have direct authority and ability to monitor the performance of the provider. DHS is not trying to build a centralized system; the payment and contractual issues are driven by Medicaid requirements. Increasingly providers are not always specific to a county, many are statewide or multi-county.

Another big issue is the Staley agreement ends at the end of this biennium. Then within 90 days any eligible person who applies must be served. DHS has been able to control the budget by controlling the pace of enrollments of new client coming into the system. With the end of the Staley agreement it will be fully entitled, but fully entitled to what is the issue. James Toews said that DHS will maintain that people are entitled to in-home supports, family supports, but not entitled to 24-hour services.

James Toews agreed to attend the next DD Directors' meeting in October.

UPDATE ON TARGETED CASE MANAGEMENT – Julie Strauss

Julie Strauss gave an update on the work being done with local public health financing in our system. DHS made a commitment to the legislature, AOC and community partners during the last legislative session to move forward and look at primarily targeted case management. There is a concern at the local public health level that their ability to access Medicaid targeted case management for Babies First! and Cocoon may be reduced. DHS agreed to look at primarily home visiting services and opportunities within the Medicaid grant. Katherine Bradley is interested in expanding that to look at public health as a whole and if DHS is effectively using the local public health systems and the nursing services that exist within all of the systems across the agency.

Staff time was dedicated to research national trends, what other states are doing and how Medicaid and other grants are used to finance local public health. Once that information is gathered and synthesized, Katherine is looking to engage consultants, people who have effectively used federal resources in partnership with the local level in other states to come in and help look at the system. A workgroup with local public health administrators along with DHS staff who have information regarding our grants and what is available will begin looking for opportunities where we might be able to enhance and stabilize funding at public health, not just in case management, but in overall in public health nursing.

DHS has an internal policy coordinators workgroup that will be reviewing this issue in October, talking about our many systems around the state, how public health may partner more aggressively with them and facilitate the internal and external workgroups for alternate solutions.

AOC HUMAN SERVICES COMMITTEE REPORT – Janet Carlson

The AOC Human Services Committee meeting starts today at 12:45 p.m. Lunch will be served before the meeting begins. The meeting time has been extended until 3:00 p.m. Items for discussion will be the principles and work plan that was approved last year, county payments and the main focus will be on the meth strategy and what came out of the session and where progress is needed.

NEXT MEETING

Criminal History Checks – Georgina Carrow
SB 5525 Budget Note

Meeting adjourned at 11:52 am