

**Local Government Advisory Committee
Room 473, Human Services Building, Salem
November 3, 2006
Minutes**

ATTENDING

Janet Carlson	Marion County Commissioner
Marsha Clark	Oregon Commission on Children and Families
Joe Corsiglia	Columbia County Commissioner
Bill Coulombe	DHS – Public Health Division
Bill Crowell	DHS – Office of Information Systems
Gary DiCenzo	Clackamas County Human Services
Linda Fleming	Conference of Local Health Officials
David Foster	Oregon Housing and Community Services
Gordon Fultz	Association of Oregon Counties
Bill Hall	Lincoln County Commissioner
John Hartner	Oregon Association of Community Corrections
Tony Howell	League of Oregon Cities
Chuck Hurliman	Tillamook County Commissioner
Chris Johnson	Yamhill County Health and Human Services
Bob Nikkel	DHS –Addiction and Mental Health Division
Gina Nikkel	Assoc. of OR Community Mental Health Programs
Nicole Palmateer	OR Assoc. of Area Agencies on Aging & Disabilities
Clyde Saiki	DHS – Deputy Director
Mickey Serice	DHS – Children, Adults and Families Division
Tim Stumm	Oregon Health News
Gillian Wesenberg	Coalition of County Children and Families Commissions
Sandy Wood	DHS – Division of Medical Assistance Programs

WELCOME & INTRODUCTIONS

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

APPROVAL OF MINUTES & AGENDA

The minutes from October 2006 were reviewed and approved.

ADDITIONAL AGENDA ITEMS

There were no additions to the agenda.

DIRECTOR'S REPORT

Clyde Saiki presented the Director's Report for Bruce Goldberg who was attending a meeting at the Governor's Office.

The full Emergency Board is scheduled for December 1, 2006. The Human Services Subcommittee meets on November 30, 2006. The April E-Board gave the Department \$50 million in appropriations to deal with issues at that time and set aside \$83 million in a special appropriation to deal with future caseload issues. At this time, it appears that the Department will not require the full \$83 million.

Gordon Fultz and Clyde Saiki have had several discussions on how to involve LGAC in budget presentations during the next legislative Ways and Means sessions. Those ideas will be discussed at the next LGAC meeting in December. DHS is very supportive and committed to have people from the counties and other governmental service providers at the table. Performance measures, outcomes and benchmarks are required pieces for the presentation and DHS appreciates LGAC's participation in the discussions. The idea is to present the entire system of services. This is a piece that has been missing in the past.

CHILDREN'S MENTAL HEALTH SYSTEM CHANGE INITIATIVE

Bob Nikkel gave an update on the initiative's current status; that the responsibility for allocating and contracting children's psychiatric day treatment and residential care has moved to the mental health organizations. The results have been positive. The Department is beginning to offer more family-friendly, wrap-around services and relying less on time children spend in out-of-home and day treatment settings. Some of the day treatment programs have integrated with schools. There were some complications, but they have been or are being sorted out.

During the last year the lengths of stay have shortened dramatically, and the focus is on providing alternative services to bring those kids back to their family and community. The actual dollars spent on residential care are about the same as when the process was started, but more children are being served. Financially, managed care rates are not keeping up with reality.

A meeting was held November 2nd on this issue. The actuarial firm thinks the rate is sound although Bob Nikkel believes the rate to be millions of dollars less for the next contract period. There were large questions on whether the residential utilization was fully captured in the rate setting process. The Centers for Medicare and Medicaid Services (CMS) has a deadline of November 3 and Bob Nikkel has asked CMS for an extension.

PANDORA, PUBLIC HEALTH PANDEMIC FLU EXERCISE REPORT

Bill Coulombe gave a preliminary report on the exercise and the final report will be completed in late December. This was a statewide full-scale exercise that involved many hospitals, 32 counties, hospital emergency management, emergency command center and the public health agency operation command center. The core goals and responsibilities were accomplished, but the idea was to make it fail so vulnerable areas could be identified. It was clear that resources become an issue very rapidly. A review of the plan will look at issues like limited vaccines, limited ventilators, communication, etc. More information will be available at the next LGAC meeting in December.

HRSA UPDATE

Bill Coulombe discussed public health planning and behavioral health. Public Health is relying on the HRSA funding that goes to the hospital health system for emergency preparedness. Many of the regions have accomplished a lot and are moving toward mental health planning. Public Health has partnered with Mental Health to develop statewide training and planning activities and working closely with Bob Furlow on preparedness activities.

Bob Nikkel asked Bob Furlow (Eastern Oregon Psychiatric Center) to put together a statewide plan as well as working on business continuation plans regarding the state hospitals.

Both Bob and Bill acknowledged all of the work the counties have done so far on the planning.

PROGRESS REPORT ON MENTAL HEALTH COMMUNITY

PLACEMENTS

Bob Nikkel reported that progress has been made on developing community placements for people with help from the counties and private non-profit providers, although not as much progress as hoped.

Bob has been in contact with Telecare Corporation and asked if they would put together a 50-person assertive community treatment package, based in the Portland area and a proposal was received last week, which is being reviewed. DHS had been unable to find a provider for the additional 15 assertive community slots and Telecare Corporation is willing to accept PSRB people.

Bob Nikkel is authorizing an emergency amendment to a rule that will allow AMH to directly contract with qualified and capable providers who are willing to do a specialized PSRB project anywhere they are willing to do it.

Bob stated that county involvement has been great. One issue has been where to place the facilities. Currently there are eight facilities around the state and DHS is looking to add more. Representatives from some hospitals are opposed to the master plan. They would prefer to have more 16-bed facilities around the state, but without serious community support, this would be a very big challenge. Locating a transitional housing facility next to a jail may not be sending the right message. Comprehensive discussions with county commissioners have not happened. A whole system discussion needs to take place.

DHS is open to funding alternatives and has the flexibility. DHS has never cut funds that support programs that take people out of the state hospital. Bob Nikkel has information by county where PSRB people are located. Bob has a spreadsheet that shows how many PSRB people in and out of each county over the last five years, civil as well as forensic and would be happy to share this with LGAC members.

Gordon Fultz feels the best way to have the conversation with the county commissioners is through AOC. Each commissioner will want to know their county's status and any expectations. There was a suggestion to have a letter sent along with the informational spreadsheet. Another option would be at the AOC Conference, this topic could be mentioned at the business meeting and have handouts available. The Health Advisory Committee also needs to be involved and there should be a deadline for a response if one is required.

Action Item:

Bob Nikkel agreed to draft the letter.

UPDATE ON OUTSTANDING ISSUES

-COUNTY OF RESIDENCY

Bob Nikkel explained that there are no new developments since last month. DHS is moving toward a policy to keep children's residency with their home MHO if they are placed outside that area. The rate setting process is the reason for the delay of implementation. The deadline for implementation is July 2007. Bob Nikkel is willing to discuss other options. Chris Johnson will discuss options with and Sharon Guidera and write a proposal.

-TARGETED CASE MANAGEMENT

Clyde Saiki talked about targeted case management and some of the work that the public health nurses do in the area of child welfare and how that is being charged. Currently this is in the fact gathering stage, determining what kind of services are provided, who gets the service, who provides the service and how it is being billed. DHS is working with child welfare, public health, and local public health people to gather information. A workgroup will meet in early December to come to a solution for this important and vital service that will work for everyone.

The Governor's Office has requested a survey on the West Nile Virus. The survey is about how many vector districts there are in the counties and cities, how are they paid for, any public education campaigns about West Nile Virus, and any local plans separate from public health emergency plans. Linda Fleming sent out a survey to all public health administrators and environmental health supervisors asking those questions. Linda expects to have an answer soon. Malheur County was hit very hard this year and if the West Nile Virus follows science and epidemiology, it should peak next year. The Governor's Office is very interested in this.

The Centers for Disease Control is looking at new guidelines and regulations on HIV testing. They are seriously considering HIV testing become part of the standard testing. If that becomes a reality, caseloads would increase by 1250.

The state is putting together a new system called Oregon Child Health Information Data System (ORCHIDS) and is due to roll out in one year. An interim system due to start in January 2007 and will collect more information than the current system, however some counties are not prepared. This will increase the nurses' time to gather the data and additional time to input the information into system.

The Public Health Alignment Workgroup is comprised of CLHO, Community Health Partnership, Northwest Health Foundation, the MPH Program, Bruce Goldberg, Dr. Susan Allan and several other partners. At a meeting last week, it was decided to support two policy packages for the next legislative session, 1) school nutrition and 2) fluoridation.

AOC HUMAN SERVICES COMMITTEE REPORT

Janet Carlson reported on AOC Human Services Committee. Their legislative agenda will take a comprehensive approach and methamphetamine would be a good umbrella topic. At the last meeting of AOC Human Services Steering Committee a first draft of a strategy for methamphetamine was developed.

Another piece included in the draft matrix is a malt beverage/beer and wine cost recovery fee. A meeting is scheduled on November 9 on a bill involving a beer and wine tax.

John Hartner expressed concern that there was only a brief mention of corrections in the draft document. There is a package coming out this biennium that would adequately fund felony supervision.

A joint meeting of AOC Human Services and Public Safety Steering Committees will be held on November 15th from 9:30 am – 12:00 pm at the Eugene Hilton to determine what to bring forward to the AOC Legislative Committee meeting in December. The direction of AOC is to get everything connected and if there is a process to facilitate a better mix, AOC will be open to this.

TOPICS FOR NEXT MEETING

PANDORA, Public Health Pandemic Flu Exercise Update – Susan Allan

Monthly LGAC Topic Discussion – Linda Modrell

Vector Control – Linda Fleming

Director's Report – Budget – Bruce Goldberg

Election Debrief

AOC Human Services Committee Report – Janet Carlson

Children's Investment in the State (future agenda item) – David Foster

Briefing on Info 2-1-1 (future agenda item) – David Foster

Adjourned at 10:36 am

The next LGAC meeting is December 8, 2006.