

**Local Government Advisory Committee
Room 473, Human Services Building, Salem
June 8, 2007
Minutes**

ATTENDING

Bill Coulombe	DHS – Public Health Division
Gary DiCenzo	Clackamas County Dept. of Human Services
Ron Dodge	Polk County Commissioner
Jim Edge	DHS – Division of Medical Assistance Programs
Linda Fleming	Conference of Local Health Officials
Ramona Foley	DHS – Children, Adults and Families Division
Gordon Fultz	Association of Oregon Counties
Bruce Goldberg	DHS – Director
Sharon Guidera	Association of Community Mental Health Programs
John Hartner	Washington County Corrections
Tony Howell	League of Oregon Cities
Ginger Martin	Department of Corrections
Linda Modrell	Benton County Commissioner
Jim Neely	DHS – Children, Adults and Families Division
Sue Nelson	DHS – Administrative Services Division
Bob Nikkel	DHS – Addictions and Mental Health Division
Gina Nikkel	Association of Community Mental Health Programs
Debra Patterson	Oregon Juvenile Department Directors’ Association
Jean Phillips	DHS – Division of Medical Assistance Programs
Cindy Scheick	DHS – Finance and Policy Analysis
Jim Scheriziner	DHS – Finance
Michael Stickler	DHS – Finance and Policy Analysis
Julie Strauss	DHS – Finance and Policy Analysis
Jessica Van Diepea	Association of Community Mental Health Programs
Bill Wagner	Cascades West Council of Governments
Gillian Wesenberg	Douglas County Commission on Children and Families

WELCOME & INTRODUCTIONS

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

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

DIRECTOR'S REPORT – Jim Scherzinger

As the end of biennium approaches, of the \$2.5 billion in general fund dollars DHS receives, nothing will be left to revert. DHS financial people are watching agency spending every day. Next biennium's budget is in the legislative process and work sessions are scheduled for next week with the DHS budget beginning on Tuesday. The DHS re-shoot estimate came in at \$33 million less than originally proposed in the GRB. Not everything was funded in Co-Chairs budget, but most should come back to the department in some form.

The discussions on SB 184 have been back and forth and appear that it may not pass, but about \$16 million will be funded anyway. There may be other funding made available even if SB 184 does not pass.

Gordon Fultz said AOC have shared services concerns that counties provide on behalf of the state. The major list of shared services are public health, mental health, corrections, assessment taxation, DAs, veterans and juvenile are all short in Co-Chairs budget. AOC has published informational sheets called "Factoid of the Day" and will be sent out in the next few days.

AOC has made a big push that the money returning to counties from timber payments had in it \$33 million for local schools and had already been backfilled by the GRB and Co-Chairs budgets. AOC thought the legislature might earmark that money into shared services. The schools wanted that money, so it will probably go to the schools. The cigarette tax is still in play, as is the beer and wine tax, but not the way AOC had hoped.

There is an amendment to HB 2171 that will allow counties to set their own beer tax. It is going to the Senate floor, possibly as a back-up plan if the beer tax does not pass. This is a retail sales tax, not a wholesale tax. Gordon Fultz was not sure if it will pass or if the AOC membership is behind it.

The beer tax would dedicate 70% for state police, 25% to counties and 5% to cities for law enforcement. Proponents of the bill will be attending the AOC meeting on Monday to discuss this further.

At a meeting between AOC and Co-Chairs of Ways and Means a couple of months ago, the Co-Chairs believed that every shared service of counties in the state had received an automatic increase in their budget over what they had in the previous budget. AOC informed them that the shared service programs that receive grants versus service allotments have no COLA associated with them.

STATEWIDE WRAPAROUND PROJECT – Sharon Guidera

The Systems of Care and Wraparound Model was presented to LGAC about a year ago. The model is built to be a simplified process for families who have need of multiple services across several agencies such as child welfare, juvenile justice, mental health and school systems. This model works at breaking down the silos for both services and funding and concentrates on positive outcomes for the families.

In March, 2007 the Governor signed Executive Order No. 07-04 creating the Statewide Children's Wraparound Project. A steering committee was appointed in May to develop a strategic plan. The steering committee has four subcommittees that will each look at different areas. The finance subcommittee will be looking at the different funding silos involved with children and other successful models of funding across the nation. The local implementation subcommittee will look at the basics needed in the local community including support from the state. The data evaluation subcommittee will be looking at outcomes and accountability. The fourth committee will look at cultural competencies.

So far in Oregon, Lane, Clackamas, Multnomah and the Mid-Columbia (Wasco, Sherman, Gilliam and Hood River) counties have worked to institute the Systems of Care Wraparound Model. Each of the counties have applied for and received competitive grants from the federal government to make this model happen.

The federal government recognizes that putting together a Systems of Care approach, getting the buy-in from all the partners, and understanding the values and principles while delivering services is a multi-year process.

Service integration is one of the components bringing all the partners to the table in what are called "family teams" and wrapping services from all different areas of need to develop an integrated plan. With most models, families are assigned a family care coordinator who facilitates in removing some of the barriers across partners, getting those partners to the table, focusing on strengths the family brings and builds on those strengths.

Members on the steering committee include representatives from child welfare, public health, school system, early childhood education, juvenile justice and Oregon Youth Authority. Most of the committees have had their first meeting and recommendations to the steering committee are due by July 27, 2007. The strategic plan is due to the Governor by September 2007.

EFFECTS ON HUMAN SERVICES AS A RESULT OF COUNTY BUDGET CUTS – Linda Fleming and Gina Nikkel.

A survey was sent to all county health departments requesting information on what would happen to their budget and staffing, and if there were any tax levies on the ballot. Of the 36 counties, 21 responded representing 22 counties. While not all counties responded, a net loss of public health dollars budgeted is just under \$2.5 million along with the loss of 36 FTE positions.

Many counties are considering cutting out programs due to the loss of revenue. Programs identified as taking funding and staff losses are HIV, CASA, STARS, Home Visiting, Immunizations, WIC, Family Planning, Communicable Disease Control and School-based Health Centers.

Even with the cuts, this has been one of the best legislative sessions for public health in many years. The Legislature passed funding for 13 additional school-based health centers, the tobacco prevention education program has been refunded and the drinking water program bill passed to charge a fee and also got \$3 million put in the Co-Chairs budget.

There is not a lot of county money in mental health and addictions. In 2001 and 2003 the budget cuts laid off 1000 addiction workers that were never replaced and 1000 mental health workers that were mostly replaced. Most counties do not have any local budget in their mental health or addictions program. How the counties survive and what they staff their mental health and addiction services with will depend on what happens with the Legislature. Children's mental health has a really good program but it will not be able to sustain itself in about 18 months and there is no extra money coming in.

SEAMLESS HEALTH CARE FOR INMATES – John Hartner/Ginger Martin

The issue of seamless health care for inmates was originally discussed at LGAC in 2005. The discussion was around people who are returning from the state penitentiary, have a serious mentally illness and once they were released into the community with a 30-day supply of medication, they were expected to get themselves connected to SSI Medicare services. Everyone knew this concept was not working.

The discussion was around the obstacles that prevent these people from applying for services prior to being released from the state penitentiary and have those in place once they got into the community.

A group was put together to look at SSI Medicare and policies to determine what could change in order to make this happen. Information was presented at that meeting that two other states had already made exceptions that allow people to apply for Social Security benefits while they were in the institution. It was decided that authority could be granted to the Department of Corrections (DOC) and local jail personnel to apply for benefits on behalf of those inmates.

Lauren Mitchell (SPD) who was already assigned to DOC to implement SB 913, the legislation that would allow Social Security and Medicare benefits to be suspended not eliminated if someone was rearrested and incarcerated for less than a year, volunteered to write the procedures. DOC and the jails began implementation.

Ginger Martin said that a year ago a position was created at DOC for a mental health specialist. This position works with the most seriously ill people transitioning out of institutions. Averaging 12 releases per month that require intensive case management, this specialist works with the county and mental health experts to plan and coordinate the transition. He has put together an eight-week release program to talk about transition issues, medication management, community resources, nutrition and life after prison.

About two years ago, DOC completed a comprehensive review of how inmates with mental illness in prison are managed. This review was in response to a mentally ill inmate's death and the issue of proper transition and coordination of transition came up. A design group was then established to specifically look at issues around transition and a comprehensive list of specific recommendations was identified. Implementation groups were put together to develop a step-by-step process.

DOC is making progress and training has occurred around the state, but recognizes they have further to go. DOC has opened a residential treatment for the last six months of incarceration and prioritized the treatment for those with the highest risk to re-offend and the most serious drug and alcohol problems.

This biennium there are some wraparound funds available for individuals who have been in a residential program and are going to need some continuous stability when they leave. Those funds can be directed to a county or applied on a case-by-case basis.

The number of people coming out of prison is about 400 a month and about 15-20% of those have mental illnesses. In the last couple of years, there has been more effort to not just release people on the street with 30 days worth of medication and DOC has been very helpful with transition services. DOC staff time to qualify people for benefits has been very intense, but by reprioritizing the duties of staff it is getting better.

A DHS study indicated a little over 9% of county inmates have major mental illnesses and 90% are dually diagnosed. The counties process 200,000 admissions per year, which means about 20,000 people with mental illness in addition to the 2-4,000 for DOC. The GRB had \$3 million for jail and prison diversion case management services that will help to do more.

Another issue is the fear the county mental health agencies have for working with offenders. Not all are nice people and some of them are fairly frightening. DOC is talking about that reality and perhaps having the mental health professional come to the probation and parole office could provide some security.

It was suggested that DHS could help educate the mental health community on the best approaches for working with dual diagnosis felons.

DHS Addictions and Mental Health Division have a team of people who are rolling out a co-occurring disorders approach that is comprehensive and recognizes that many if not all the health people need retraining.

DHS recently had a meeting with leaders of the District Attorney's Association because of concerns around PSRB conditional release hearings. Out of this will be a series of discussions about how the DAs see these issues. The goal is to be more transparent with DAs so they understand how DHS operates within the hospital and have more confidence in us.

Bruce Goldberg took a moment to publicly recognize Max Williams and Ginger Martin from the Department of Corrections for their attitude, philosophy and leadership and how to better serve people.

AOC HUMAN SERVICES COMMITTEE REPORT – Gordon Fultz

At the last AOC Human Services Committee meeting

- An extensive discussion on HB 3370 that would dedicate 5% of OLCC state shared funds for drug courts. The bill is probably not moving. AOC favored the resources to the treatment system; however that may not have been the

appropriate vehicle, since it only allows money to go for those who are already in the judicial system not anyone before they reach the judicial system.

- Discussion on SB 184. This bill may not go but some of the programs might. Gina discussed substance abuse and mental health outcomes. Those outcomes have been shared with Legislature and emailed to LGAC.
- There was a large discussion on Children and Families budget that was above Co-Chairs budget along with discussion on HB 3441 for drug forfeiture and the distribution of funds. AOC supported that bill and it is still alive. Paul Denny's bill is getting money from perpetrators to be used for children is looking for a hearing with Ways and Means. It would distribute 80% of the funds to the state Commission on Children and Families, 3% to asset forfeiture and 7% to illegal drug clean up and 10% to the state General Fund.
- There will be no AOC Human Services Committee meeting today.

GOLDBERG'S REMARKS

Earlier today, Bruce Goldberg was called to the Senate Revenue Committee to talk about immigration, citizenship and healthy kids. Human Services Subcommittee is looking at beginning work sessions on Tuesday or Wednesday of next week for budgets and extending out to the middle of the following week.

Bruce said that SB 184 is unlikely to move forward, but the funding for what was in the bill will move forward with dollars for treatment, parents with kids at risk of going into the child welfare system, drug courts and youth prevention. The funding will not come from OLCC, but probably from general fund money.

Bruce is optimistic that the alcohol and drug equity money will happen. There is an interest with Ways and Means to look at county issues from a human services perspective such as funding for county health departments, alcohol and drug equity, and community mental health as important issues that are rising to the top on priorities. Some of the discussion has been around timber revenues and the Legislature understands they need to do everything they can to supplant some of the effects of the timber situation.

AGENDA ITEMS:

Budget -DHS staff, BAM Analysts, John Britton and Sheila Baker (LFO)

How well others did with legislature and how it will affect their piece of the system

- Other associations
- AAAs
- Commission on Children and Families
- Juvenile people
- Oregon Youth Authority (OYA)
- Oregon State Sheriff's Association (OSSA)
- DAs Association
- DHS related associations

Future – brainstorming on policy option packages for next session.

Adjourned 11:50 a.m.