

**Local Government Advisory Committee
Room 473, Human Services Building, Salem
July 8, 2005
Minutes**

ATTENDING

Dr. Susan Allan	DHS – Public Health Director – HS
Ben Boswell	Wallowa County Commissioner
Bill Crowell	DHS – Chief Information Officer – IOS
Ron Dodge	Polk County Commissioner
Gina Firman	Assoc. of Oregon Community Mental Health Programs
Ramona Foley	DHS – Assistant Director – CAF
David Foster	Oregon Housing and Community Services
Gordon Fultz	Association of Oregon Counties
Robert Furlow	Douglas County Health and Social Services
Sharon Guidera	AOCMHP Representative
John Hartner	Oregon Assoc. of Community Corrections Directors
Tony Howell	League of Oregon Cities
Chuck Hurliman	Tillamook County Commissioner
Bryan Johnston	DHS – Interim Director
Barry Kast	DHS – Acting Deputy Director
Linda Modrell	Benton County Commissioner
Bob Nikkel	DHS – Administrator – HS
Anne Peltier	Conference of Local Health Officials
Lynn Read	DHS – Administrator – OMAP
Clyde Saiki	DHS – Deputy Administrative Services – DO
James Toews	DHS – Assistant Director – SPD
Jane-ellen Weidanz	DHS – Legislative/Advocacy Coordinator – SPD
Gillian Wesenberg	Commission on Children and Families

WELCOME & INTRODUCTION/APPROVAL OF MINUTES & AGENDA

Linda Modrell called the meeting to order and roundtable introductions were made. The minutes from the June 10th meeting were approved.

With a slight change in order the agenda was also approved.

At Bryan Johnston's suggestion, the beginning of each meeting will be open for questions.

Gina Firman brought forward a request on behalf of patients and staff at Eastern Oregon Psychiatric Center (EOPC) to change the name of the facility to Blue

Mountain Recovery Center. The name “Eastern Oregon Psychiatric Center” is listed in statute. Barry Kast will look into the possibility of administratively renaming the facility.

A question was raised by John Hartner regarding the possibility of DHS coordinating with the Department of Corrections (DOC) to make Oregon Health Plan Plus eligibility determinations for psychiatrically disturbed inmates, so that upon release, they are immediately eligible for services.

Lynn Read raised two issues: the cost associated with an increased number of eligible persons is not currently built into the budget; and many of the individuals would probably qualify for OHP Standard and that program has been closed since July 2004. However, individuals who are truly disabled and referred, the Department could determine eligibility and if qualified, put them on the OHP Plus right away, and help them through the SSI and SSPI application process.

John Hartner will give Barry Kast the names of people from DOC who could meet with DHS staff to discuss this issue further.

DIRECTOR’S REPORT

-Bryan Johnston

At the last meeting, Bryan shared his concern about the packaging of the Department reshoot numbers and the labeling of items as mandatory and non-mandatory. Items labeled non-mandatory will not make the final budget. The Department has an obligation under current policies to serve people in these categories and will continue to serve them. If the monies are not included in the budget, the Department will go to the November Emergency Board with two options: (1) assist the Department in serving these people by funding the caseload growth anticipated, or (2) approve management action that will result in fewer people getting services.

HB 3108 and SB 1088 are “must have” bills for DHS. SB 1088, which affects operational funds for DHS, is moving, with possible action today.

In concept, SEIU has settled its contract and will take it to its membership for a vote. After a two-year wage freeze, the new contract offers an opportunity to catch up. DHS is not only the largest employer in the state; it is the largest employer of SEIU represented people in the state. People who gross less than \$2000 per month will be the most positively impacted. The COLA package is still an unknown.

CONTRACTS

-Clyde Saiki

Progress is being made around contract language. A meeting was held in the Governor's Office about one month ago. AOC presented a list of eight unresolved issues. Agreement was reached on five of those issues.

About two weeks ago AOC along with several county councils drafted and submitted a proposal for review by DHS and DOJ regarding the remaining three issues. The three remaining issues are:

1. Construction clause. A construction clause holds that any ambiguity in the contract is decided against the drafter of the contract. Rather than have a construction clause, the proposal is to have language that says if there is an ambiguity, the parties get together and try to clarify the intent of the language and arrive at an agreement.
2. Arbitration issue. The proposed language attempts to clarify what can go to arbitration and what is potentially sovereign.
3. Safe harbor provision. Under what conditions can a county reasonably assume that it's following the guidelines and/or directives of DHS, and therefore be protected if they should be challenged on something they are doing; and under what circumstances would that not apply when it is an unknown case that no one could have predicted.

Additional language deals with a related issue -- does a county have an option to repay a misexpenditure other than from future payments?

Gordon Fultz and Clyde Saiki are putting together a contract resolution group that will meet on a regular basis, to discuss and resolve issues of this nature. The group will be comprised of mostly program people, with counsel invited, as necessary.

HB 3303 passed the House and is now in the Senate. The Department's position on HB 3303 remains the same; it is bad public policy to put contract language into statute, and the Department is opposed to it.

Contract extensions were discussed at the June meeting. The counties were pleased to have this option. Most of the counties signed the two-year extension with the understanding that they would do the "me too" piece that was suggested.

OREGON STATE HOSPITAL

-Bob Nikkel

Thanks to county partnerships, on June 30, the Oregon State Hospital census was at an all-time low of 30 patients. The numbers have been as high as 69 or 70. It is anticipated that the numbers will be down to the budgeted census in the next month or so.

Other issues revolve around what the Legislature will or will not approve to continue the Master Plan. The Governor's Recommended Budget (GRB) includes \$350,000 for the completion of the Master Plan process. Assuming it goes through, the anticipated completion date is March 2006.

DHS would need somewhere around \$2 million to go into the debt limitation bill and a \$1 placeholder for a construction bill. That would get DHS into the design construction phase. The architectural design fee is based on a projection of the total cost is where the \$1.6 - \$2 million figure comes from.

A concern was raised by the Benton County District Attorney's office regarding the ability of staff from the Children's Farm Home to call law enforcement when a crime is committed. Clyde explained that the contract is written to avoid the need for assistance from law enforcement by requiring adequate funding and staffing.

CHILDREN'S SYSTEM OF CARE INITIATIVE

-Bob Nikkel

The rate-setting process was delayed and DHS had to put off moving forward into a managed care environment for most of the children's intensive services on July 1. The anticipated date is still October 1. Because of the delay, there were some adjustments that had to be made with regard to the glide path plan. Discussions are continuing with the CMHPs and the MHOs that a compressed glide path would be faster to the 100% managed care environment. CMHPs will need to be responsible for some piece of managing the non-managed care kids that end up in intensive care. CMHPs with the regional approach could probably work out the management for those kids.

Concern was expressed about police officers dealing with a difficult situation in a mental health facility. It was observed that police, with varying levels of training, manage mentally ill people on a daily basis in jails throughout the state. John Hartner agreed to take the lead and reach out to the Department of Public Safety Standards and Training (DPSST) about supplementing their curriculum with a

training session on dealing with mentally ill inmates. John Hartner and Gina Firman will report back with a proposal at the September meeting.

The 2005 Jail Commanders Survey is completed and the reports will be sent to LGAC members.

PLANS FOR PUBLIC HEALTH

-Dr. Susan Allan

Dr. Allan gave an overview of some of the things she feels are important in public health. She is working on bringing all of the public health pieces together in a coherent structure. She understands the local health departments are the ones that make direct service delivery happen. They are the ones who feel the shortages of resources, and the increasing or changing needs in the communities they serve. At the same time, there are legal obligations and technical obligations at the state level that sometimes appear different from or disconnected from what happens at the local level.

Dr. Allan has been working with CLHO and is trying to visit every local health department in the state over the next six months. She sees the business of public health at the state level as an information provider and system support.

Dr. Allan has been working on the subject of emergency preparedness. It is her belief that what occurs in public health everyday has an emergency response or an emergency management component. The primary funding for public health emergency response comes from a grant from the Centers for Disease Control. This year, rather than writing what the CDC wanted, the Department along with the CLHO and all public health programs wrote what Oregon wanted and needed. The grant will be going out on Monday or Tuesday. Three scenarios were developed for use with all audiences and groups for planning: (1) a massive flu outbreak, (2) an accidental chemical spill, and (3) an earthquake.

The CDC conducted its site visit five or six weeks ago to look at the way the grant had been used over the last few years. One of the CDC's concerns was the local health departments were left on their own to figure out emergency preparedness. Another piece was the Department had only been tracking actual financial expenditure, not actual products and the outcomes.

The CDC's recommendation was to provide better technical support to local health departments and require actual on-site monitoring.

The Department in conjunction with CLHO brainstormed solutions and proposed a regional single point-of-contact for technical resources. The Department will do a combination of an annual on-site review of emergency preparedness activities at the local health departments, plus the state primary person.

The local health departments will have staff go to other health departments to help with the assessment. The investment in helping learn from, understand and support neighboring jurisdictions development is very important.

Frustration was expressed that the community mental health centers have the behavioral piece of responses to emergencies, but lack the funding for that piece of the planning component.

Dr. Allan said that the federal government funds community mental health centers through a different grant. There are two grants for health related emergency preparedness. The HRSA Grant goes to the hospitals and is intend to include a mental health component. In Oregon, the planning process has not taken on the mental health side. Dr. Allan plans to move this higher in the planning process and provide for better discussion in the future.

Part of the failure of mental health to engage has been that the traditional approach to mental health support for emergency preparedness was misguided, but better definitions of better models may help. A significant part of the mental health response is more like public information and risk communication. DHS is looking at how to get information to key people in the community, who help calm things down and give out good information. The Department is creating a database that will have a “blast fax” number that, within two hours of an event, every provider will get two pieces of paper; one that has practical information, – status report of what the doctor, the pharmacist, the health provider should and can do – and the other is a one-page patient information sheet.

Several of the members expressed frustration over things the counties have been doing for several years in their own regions and the state comes along and reinvents the same thing. Their frustration comes from the fact the efforts of the counties were not recognized.

Gina Firman informed the LGAC that she had been contacted by HRSA Region 1 regarding a pilot program that would designate one coordinator that would work with regional coordinators as a point of contact. She will keep the group informed on this subject as it progresses.

Linda Modrell invited Dr. Allan to visit commissioners when visiting county health departments or at least let them know when she is in their county.

MEDICAID MANAGEMENT INFORMATION SYSTEM

-Bill Crowell

EDS was the winning vendor to replace the current system. The new system is more than a claims processing and payment system; it will manage providers and provide a new Internet interface into the system so providers can check on payments as well as submit payments electronically to the Department. It will be completely HIPAA compliant. There is also a pharmacy component with surveillance capability that will provide a data warehouse that OMAP can use to track treatment trends that might be of concern.

July 2007 is the target implementation date. It is a 90/10 federally funded project. The total contract is \$88 million, which will cover maintenance, support and operations of the application itself. The Department has a full-time communication person assigned to the project team to assure that all of the stakeholders receive updates.

The Department implemented the eXPRS system on June 20 with plans to go live with payments on August 1. There is a caveat that the county has to have a contract for the Department to make any payment at all regardless of what system it's in, so we encourage you to sign the contracts so payments can be made.

Under the new system, part of the money is going to be provided to the counties, then to the providers and then actually to the individuals, so there will be no big reconciliation problems at the end. The Department also felt there may be a need to provide a prepayment on the 1/12 basis, 1/24 basis, so that capability was built into the system. If for some reason a county hasn't gotten it all done, the old payment method is an option in the new system.

MEDICARE MODERNIZATION ACT UPDATE

-Jane-ellen Weidanz

Questions continue to arise about the different types of enrollment and the federal government continues to add different types of enrollment. Handout #1 explains the different types of plans, populations impacted, timeframes, Medicaid status, Medicare status, and who is contacting them.

DHS is conducting a second round of training for SPD and AAA staff. In the first round, 300-500 staff received basic MMA training. The second round will be with the same staff and will give them tools to help in the 2005 transition.

Nine of our Medicaid fully-capitated health plans are becoming Medicare Advantage Plans which is causing workload issues for field staff because of questions and concerns from card clients. The DHS staff needs to be comfortable with the change from the Medicaid to the Medicare plans and what it means for our clients. Then staff can help address and alleviate concerns for our clients, so they can make the transition as smoothly as possible.

The Department is planning 14 different regional trainings which will be open to all DHS employees, our county employees and our provider staff. The Department is in the process of recruiting volunteers to help with the enrollment piece in the fall. About 175 volunteers are needed to help our dual-eligible population.

DHS is working with Cindy Becker (DAS) and the Senior Health Insurance Benefit Assistance (SHIBA) program to develop a statewide coordinated effort. Cindy Becker is focusing on a statewide media and public education campaign and DHS is focusing on the impact to the DHS populations.

The first big mailing to all dual-eligible clients will be in October. In December, the official notice required by federal law, will go out telling them that their benefits are changing.

CONCLUSION

Agreement was reached that the meeting for August will be cancelled due to vacations, etc. The next scheduled meeting of LGAC will be on September 9, 2005.

TOPICS FOR NEXT MEETING

Budget
Training of Law Enforcement
Children's Initiative
Streamlining in Regulation and Contracting
Data on Survey for DHS Director

Meeting adjourned at 11:58 a.m.