

PUBLIC COMMENTS
COMMUNITY FORUM
HOSTED FROM PENDLETON, OREGON
PARTICIPATING COMMUNITIES – BAKER CITY, BURNS,
HERMISTON, JOHN DAY, LA GRANDE, ONTARIO, PENDLETON
MAY 8, 2008

COMMENTS ARE ORGANIZED BY BUDGET THEME.

Comments that addressed more than one theme were placed under the theme that seemed most closely related. Every effort was made to record comments verbatim, although some comments have been edited for the sake of clarity.

1. VULNERABLE OREGONIANS HAVE ACCESS TO HEALTH CARE.

Comments from the discussion session:

La Grande: I am a county commissioner. I would like to see universal care before we expand any services, because many times the rural areas don't have the number to compete. Universal services is my constant plea. We need to work on community-based partnerships. I know you are working on this and it shows in the organization. We can do things better, and I really appreciate that. One of the brief examples of how partnerships work is the National Association of Prescription Drug Cards the counties have available to them, but only a few counties are enrolled. I want to show you how easy it is. Do you want to get enrolled? Yes. Here is your card. You've just saved about 31 percent for prescriptions. This is a way partners can help with the total process. People need to talk to their county commissioners.

Pendleton: I am a case manager here in Pendleton. You were mentioning earlier about enhancing OHP Standard benefits to the same as OHP Plus. Well, most of my clients are Plus and they still don't have access to good care like mental health treatment. Most of the programs we have here, when people go to a provider, the provider is not all that great. What we need to do is get more focused to paying attention to who is the provider because that in itself will create a lot of savings, not only in the way our clients are served but in the way we will save money. I can't understand how some of our providers got their licenses.

Baker City: One of the shortfalls I saw was in the health care program. We have students where sometimes the difference between staying in school and dropping out is getting a prescription. We have a young lady here who was staying in the woods. I went through the system and helped her get this medication. She doesn't qualify for a lot of services. She went from living in the woods to a 4.0. She doesn't have dental care and her teeth are awful. Health care access sometimes means the difference between getting into and staying in school.

2. OREGONIANS HAVE ACCESS IN THEIR COMMUNITIES TO THE MENTAL HEALTH CARE AND ADDICTIONS TREATMENT THEY NEED.

Comments from the discussion session:

Pendleton: I am an outreach coordinator with Oregon Recovery Homes. We open up and give technical assistance to self-supporting recovery like the Oxford Home models. We are asking for continuous funding from the state. We have expanded to 167 houses in Oregon; over 250 children are involved, which helps the child welfare program decrease the numbers of children it serves. It is an extremely good organization and cost-effective. In Eastern Oregon there are two houses in Pendleton and one in Hermiston. It costs about 87 cents per night.

Baker City: I represent Residential Treatment Northwest. I want to advocate again for increasing residential treatment rates. The rate today is less than in 1999, and there has been an increase of 26-27 percent in the cost of living alone. If you don't maintain the infrastructure, you will never get it back.

John Day: Regarding mental health you referred to the wraparound program for children. Is this through existing mental health?

Pendleton: There is nothing in this area for drug and alcohol, and we are one of the biggest areas for meth. To qualify for treatment you still have to wait six months to a year.

Pendleton: In-patient crisis services for the mentally ill are extremely important here. We either have to go to Boise or Bend.

3. SENIORS AND PEOPLE WITH DISABILITIES LIVE SAFELY AND INDEPENDENTLY IN THEIR COMMUNITIES.

Comments from the discussion session:

La Grande: I am the director of the AAA for several counties. I was really glad to see the support for in-home care. I want to endorse the concept of the statewide network for information referral and evidence-based services. It will help prevent people from going into nursing homes and result in cost containment overall. In my four counties we are spread over 13,000 miles. Staff are spread very thin with the number of responsibilities. I'm glad to see that you are looking to increase support. I support what you are doing for senior services.

La Grande: I represent people with DD. Thank you so much for your commitment to the obstacles we are facing. I am pleased Eastern Oregon Training Center is bringing patients home to our communities.

Ontario: I am the executive director for the Eastern Oregon Center for Independent Living. I wanted to share that the centers need to have their funding restored to the 2001-2003 level. The essential budget level for DHS will include the 720,000. We need DHS to support the 587,000 policy option package to restore our funding to \$1.3 million. These centers provide critical services in the human services continuum and help reduce other expenses. We have documented these savings. We need these funds to leverage other funds to provide these services.

Baker City: I sit on the State Independent Living Council, and they have sent me to the state rehab council.

Pendleton: For vocational training services, they need to lower the chain of command, because people have to go through a whole lot of people and it takes a lot of time. A lot of people give up. Being disabled isn't for sissies; it takes a long time to get everything authorized and get anything done. The counselors we have are really good; they just need to have more authority instead of having to ask for everything.

Ontario: I'm with OCIL. I want to thank you for what you're doing at DHS. I was talking during the break about what a huge difference I see with the

employees in DHS and what you are trying to do to help people with disabilities, and I appreciate what you and your staff do.

4. CHILDREN ARE SAFE AND HEALTHY.

Comments from the discussion session:

Hermiston: I also was glad to see the issue of child care for foster parents discussed. That is also what we see – not only is it difficult to get foster parents, many of our families in Oregon and across the nation are both working parents. In order for them to be foster parents they need access to child care. With the dollars available, many don't qualify and they have to pay child care out of their pocket. This affects how many people are willing to be foster parents. Those kids in foster care are a priority in Head Start. If they happen to find child care and aren't eligible for a subsidy they simply can't afford it.

La Grande: I'm with child care resources and referral. I am just wondering as part of your prevention strategy, is the child care health consultation being considered in the wrap-around initiative?

5. FAMILIES ARE SAFE AND STABLE.

Comments from the discussion session:

John Day: In the slide presentation I noticed that under theme #5 there was a statement that you plan to make parenting classes more available and also that pregnant women will be eligible for services, but I don't know at what point. My question on parenting classes is, how do you plan to make these more available? Do you plan to contract for it? And my question on pregnant women is, at what point in the process do they become eligible? And now to the Healthy Start program, we live in a county that right now has the distinction of the third highest child abuse and neglect rate per 1,000 in the state. We have a full-time person doing Healthy Start home visiting with a full caseload. We also live in a county where gas is \$3.80 a gallon; it's very hard to reach the outlying areas, which is one of our primary focuses with Healthy Start. We have a budget of \$125,000 per year to provide best-

practice services. What is the commitment DHS will make for Healthy Start?

John Day: I work with Head Start and TANF on those referrals. We certainly get better results when we get to people prenatally. We don't have a strong referral system from our local TANF program. There was a regionalization of family supports and connections program that moved it away from our county to Ontario, so we have even less coordination for services for supports for families than we used to have through Family Supports and Connections.

6. DHS PROMOTES PREVENTION, PROTECTION AND PUBLIC HEALTH.

Comments from the discussion session:

Hermiston: Public Health and Head Start provide WIC benefits. State government doesn't provide any General Fund for WIC. Tobacco prevention is big for our area, and in our population there hasn't been a decrease in the use of tobacco. The tobacco settlement funds have disappeared and haven't been used to provide adequate training and support to families. And just the whole thing about the underfeeding of public health is a problem.

Ontario: I'm the HIV service coordinator for the Eastern Oregon Center for Independent Living. I continue to see an increase in HIV diagnoses in Eastern Oregon. One thing in the budget that is not mentioned is HIV reduction services.

Pendleton: I work at Public Health and I was happy to see that you are looking to increase the tobacco funding. I am encouraging you to look at the CDC recommendations to fully fund it.

7. SERVICES ARE SAFE AND AVAILABLE IN COMMUNITIES WHEN THEY ARE NEEDED.

Comments from the discussion session:

Hermiston: I have just a few comments about what I saw in the budget piece. One is you talked about more access to the OHP, and I guess what goes hand

in hand with that is that our clients need access to providers. I work for Head Start and what we see with some of the most vulnerable children is that they may have access to the OHP, but they don't have access to providers. In rural Eastern Oregon, you may have a family in Milton-Freewater who gets assigned a provider in Hood River or The Dalles. Our families can't drive that distance to access a dental care provider. We see that happen more and more. Our kids who have issues with dental care don't have access to providers. It's a big priority – access to health care for people out here.

Baker City: I am here to say thank you. I have been a client since 2004 and the local office staff have helped me through just about everything in the way of physical and mental services, just about all the resources, so I am in a unique position. Because of their help, I will pick up my diploma today and am graduating with high honors. I am here to let you know that you did a lot of work. Not only did I get services, but I came from a welfare home and didn't have a good model. I emulated from the community how to behave and how to get the things done I need to get done.

Baker City: I'm with the Cascade East Rides Program. A little more advertising is needed. I had to go for cancer treatments in Boise. If it had not been for the Rides program I would not have been able to get to treatments. Plus they paid for a place to stay. I didn't even have extra money for food. If it hadn't been for those programs, I wouldn't be here right now. Those kinds of programs are really important. The rate of cancer in Eastern Oregon is big and the support system is great. I also have a mental health issue, but I could not go without saying thank you. You guys really care and we can feel that. I lived in Pontiac, Michigan, and it's scary there when you are a disabled person. The support is seen that you guys really care. I've had people call me outside the office and say, "What can we do for you?" The outreach here is amazing. It has made me feel like I can help other people, and that's why I am here today. If we could expand the program for some things like emergency dental and prescriptions, it would be really great. I want to say thank you so much. I don't have to be like I was grown up to be. I can make a difference and make a change.

8. DHS HAS THE CAPACITY TO MEET CLIENTS' NEEDS.

Comments from the discussion session:

Baker City: The bureaucracy is a frustration. There needs to be a balance between the needs of the client/consumer and the needs of the organization to prove its worth. I was emotionally unstable and I had to go through a lot of bureaucracy and fill out a survey to use the Free and Clear Program.

Pendleton: If you watch the TV commercials over here in Morrow County, there are 5,000 acres of hardwood forest growing. That's funded by the Oregon Lottery and they are going to build a sawmill over there that will hire 100 people. They have created a natural habitat in addition to creating an economic stimulus.

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