

PUBLIC COMMENTS AND PHOTOS
COMMUNITY FORUM
EUGENE, OREGON
APRIL 23, 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 breakout sessions:

There is a problem with PCP closing your medical doctor when you are referred to another provider (DA/MH). Why can't medical doctors be transferred to other providers (e.g., ER visits)?



Lack of access to care reduces the quality of services available.

DMAP rules and licensing rules are not equal.

Kudos to DHS for increasing access to prenatal care and medical services (opening OHP-Standard).

Low-income people have to rely on pro bono dental care due to DMAP not approving services.

Medical coverage is needed for those employed and unable to get coverage from employer.

Dental care needs to be included in medical coverage.

Comments from the discussion session:

Managed dental care is a program you are doing right. Managed care Plus makes the train run. What's not quite so good is the Standard care for adults. That's not so good, but I see you are planning to address that and you are hoping to bring the Standard up to Plus care. Hope you can bring the working poor up to that level of service.

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

Comments from the breakout sessions:

We need increased A&D and mental health services.

We need increased addiction services funding, especially prevention services around addiction and mental health to reduce incarceration.

Target investments in drug and alcohol treatment for parents while children remain in their care.

Increase reimbursement rates for mental health providers to maintain quality staff.

Mandate that pregnant women receive alcohol and drug screenings with medical professionals. Provide additional training for prenatal providers.

The percentage increase in the number of Lane County's mental health needs is higher than the rest of the state.

Drug and alcohol treatment facilities with waiting lists with decreased funding is a problem.

Comments from the discussion session:

A better way to address needs is through integration. A lot of times people fall through the cracks. You can't detox them because they are on benzos. There are a lot of things that are a redundancy of work. They are ostracized from one service they need because of instant gratification and moves on down the line. Integrate health, mental health, domestic violent services; it will save a lot of money.

Are you aware of the study that people in the mental health system die 25 years earlier than the general public? Isn't this an emergency for you? Do you see a problem with support for consumer voice services? Our constituency is so incredibly marginalized. The only thing I'm discovering is how disempowered is.

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

Comments from the breakout sessions:

Increase support for OPI (Oregon Project Independence).

Expand I&R services for elderly and the aging population.

Strengthen in-home services. Back-up support is missing. Do they have respite or back-up care?

Stabilize funding for OPI.

Increase the professionalism for home health care providers via training.

The homeless and disabled are waiting too long for SSI. They have no resources while waiting for a decision. They need housing and other assistance – shelters and car camps and a meal per day. Transportation is lacking. Look at the old general assistance program. How do you assist those people to get support, like housing, so they are not on the street?



Equity for Lane County is an issue. We don't get the right slice of the pie for senior and disabled services compared to the state. There is a formula, but it is not 100 percent equitable. Lane County gets less money than it would for senior and disabled services if it were a state DHS program.

We need more support for family caregivers.

The DD (developmental disability) infrastructure needs comprehensive improvement for training and other needs.

Law enforcement needs to be more involved with interaction of DD clients – coordination and education and protection.

The number of nursing home beds is an issue – Medicaid v. people who have insurance of their own or money to pay for a nursing home bed. There is tension between nursing homes making a profit and accepting Medicaid patients. It's a challenge to find enough nursing home beds for Medicaid patients.

Need more support for family caregivers and respite support needs.

Need to look forward to have a plan for residential and other items for elderly and disabled.

Need additional funding for DD advocates to assist with maintaining kids with parents.

There is a greater need for respite care.

Comments from the discussion session:

Try to move emphasis to prevention rather than reaction. Retaining caregivers is an issue. In our advocacy committee we are hoping for increased support for OPI, but the money you spend trying to keep someone in their own home is miniscule compared to the costs of living in an institution. I know several personal cases where families can rally around because they had those few hours of paid help, and the families were able to pitch in and keep individuals in their homes. The family caregivers are often women who have their own jobs, and they may end up old and poor. There is an increased effect through OPI and we would like to see enough money extended to people with disabilities. I feel very strongly about the equity issue. Lane County should have the same access to services as in any other area of the state.

4. CHILDREN ARE SAFE AND HEALTHY.

Comments from the breakout sessions:

One of the issues is around autism and a higher rate in Eugene. Look at the future needs of the children as they become adults.

We need additional infrastructure for protective services and licensing – be proactive.

Wage enhancement will help recruit and provide better protective services, so we can focus on prevention first to reduce abuse. We need to raise professionalism and increase prevention. It's less costly to do prevention.

We need more education and research facilities for autism.

Look into the benefits of proctor foster homes.

Strengthen direct services and reimbursement rates to support children needing day care and residential care.

Provide more general education or targeted education for pregnant women regarding substance abuse and the impact on children.

Conduct intensive home visits following birth.

Increase dental health for children and adults.

Provide more parent training for parents in the child welfare system.

Increase training for foster parents. Require specific categories of training targeted to the children they serve (e.g., medically fragile infants and children under 5).

Increase the focus on children who have multiple moves. Provide assistance and training on reunification.

Child Welfare needs to provide more batterer interventionist housing.

High-needs kids are being placed in communities. There is not adequate local funding and staffing.

We need services for children whose parents have drug and alcohol issues.

Increase the reimbursement for kids in foster care.

Add school nurses in all schools (K-12). Add funding, also.

Provide counseling money for children who are sexually abused.

Continue to expand school health centers.

Schools play such an important role for us and we may not have the best relationships with the education system that we need to have. How can we use this synergistically?



Expand money to Child Welfare to allow prevention services. Look at criteria to get services.

Interface between mental health facilities and schools (there is a huge unmet need here).

What kind of immediate response do schools need when crisis exists?

Educators and mental health don't share the same language.

Comments from the discussion session:

None.

5. FAMILIES ARE SAFE AND STABLE.

Comments from the breakout sessions:

Develop a comprehensive human services plan that provides a holistic view of children and family services.

Address family homelessness.

Increase staff technical assistance to homeless shelters to keep children and families safe.

Provide financial assistance to help families move out into the community.

Parents with shared custody fall through the cracks. Neither parent qualifies for TANF.

Returning veterans and their families are a huge priority and we don't have any services available for those individuals.

Expand the degree completion program to give TANF clients the ability to maintain child care while in school.

Provide more parent training and on-going supports for TANF parents.

Increase services for families in communities with large, diverse populations by providing more advocates.

TANF participation requirements (employment) seem on the increase.

Provide families with a mentor resource who can link to services when dealing with Child Welfare (particularly when removal of a child is possible).

Look at how screenings for domestic violence are done.

Look at additional issues for domestic violence survivors – violence and abuse are health issues.

Improve prevention by early identification of at-risk moms and children.

Violence intervention and prevention can be improved by looking at multiple factors. How do identify these?

Returning vets with PTSD (young vets and families) need more services.

Comments from the discussion session:

The message of how domestic violence contributes to the whole service delivery gets lost. Domestic violence is a health issue – we need to screen for DV and address it in the health system. Kids are deeply affected by domestic violence – if we stop it we will be way ahead in the future. People with disabilities and the elderly have huge rates of abuse – caretaker abuse is off the charts. This kind of behavior needs to be addressed directly. This kind of thing contributes to the human service problem.

I request that the Oregon Department of Human Services support the development of a statewide 2-1-1 call center system. The national 2-1-1 initiative was launched in July 2000, and 2-1-1 is now available to approximately 76 percent of Americans. It offers callers information and referrals for access to local social services, and it is a powerful tool during times of disaster.

In October 2007 Southern California communities experienced first-hand the role 2-1-1 can play during a disaster. Information about evacuations, shelters and road closures changed by the minute. Over the period of October 21-October 25 more than 130,000 calls to 2-1-1 were answered.

The 2005 Oregon Legislature passed House Bill 3443, designating 2-1-1 in Oregon for access to social services and, in some communities, access to volunteer opportunities. In a time of reduced resources, establishing a cost-effective means to continue to inform the public about available social services is vital. An integrated statewide system of local information and referral service providers will build upon an already existing network of experienced service providers.

OR211 is a statewide board with the primary purpose of providing people in Oregon access to an integrated, easy-to-use, statewide, standards-based information and referral system for health and human services. The 211Info call center in Portland received 63,627 calls last year from people searching for social services. 211Lane.org, an online 211 database in Lane County, received 100,509 hits in March 2008 from people searching for social services.

One of our responsibilities is to talk to legislators who are going to respond to the budget DHS is giving to the Governor. We need to talk to our legislators. That's what we need to do to make this happen. I noticed that the papers said we need more of this and more of that. Politicians don't always

respond well when we always say we need money. The wraparound initiative isn't going to cost more money, it will save money. I think we need to say that to them. If we fully fund addiction treatment, we are going to have a lot less money than we now have going to the police department or foster care. Addiction treatment will save money. A single portal of entry is going to save money. When all of us team members are talking to legislators, that is what we need to tell them.

6. DHS PROMOTES PREVENTION, PROTECTION AND PUBLIC HEALTH.

Comments from the breakout sessions:

Improve environmental health targeting – work closely with DEQ (e.g., on water testing). Look at possible environmental links to health issues such as autism.

Improve maternal and child health; increase public health funding.

Lane County will be losing timber money that will impact public health.

Improve emergency health preparedness. If a crisis occurred, the services aren't there.

Prevention is the focus that has been lost.

Preventive care is important.

Public health services are fragmented due to funding. The demographic area view needs to be replaced with a simpler system.



Look more at involuntary exposure to chemicals in rural communities (via public health investigations). Look more at symptoms and ask more about symptoms.

Exposure affects youth health. Include environmental exposure in newborn screenings.

Fund public health programs.

Continue to support early prevention of chronic disease.

Improve emergency health preparedness.

Look at increased funding for public health programs – there is a great need.

Comments from the discussion session:

I want to emphasize the system of approach and how public health fits into that. We are population-based. Two cases of measles were controlled because they responded right them. We have concerns about school-based health centers and how they provide direct patient care to families. Public health is like having a fire truck available but it's not in the bay ready to come out. I want to support an efficient public health system.

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

Comments from the breakout sessions:

We need more monitoring and training for agencies.

We need to encourage caregivers and providers to get additional training. What incentives can we provide for higher quality service?

It's important to provide training for community partners on community resources and the process for obtaining them.

We need to encourage evidence-based practices; colleges aren't training students to these. This needs to be a requirement in the education of practitioners. This needs financial support.

Offer more services in one location to assist clients with access.

Integrate services more and more and more so that individuals do not have to experience a fragmented system.

Use synergistic relationships – have a single point of entry for everyone as long as they are receiving services from DHS – one point of entry so that an individual would not have to reapply again for other services.

There are competing demands both for the services and for the service dollars, as well as competing demands in the workforce. In Lane County specifically, there just aren't people to hire because people are leaving this particular field of work, which has to do with the compensation. Providers need to receive an adequate rate.

Access is an issue – the difficulty of achieving access in this county and also within the DHS system.

Who is delivering services?

Focus more on collaborative approaches and partnerships.

Access to drug and alcohol treatment is a problem. There is a 3-4 month waiting period. Quick service is important for a parent involved with Child Welfare.

Treatment facilities were told there would be a decrease in paperwork, but this has not happened. Each increase in paperwork required takes away focus from clients.

Funders for services and licensing are in different places and do not look at it together.

Review and update the federal poverty level.

Systems need to come together and share.

Screening is essential to ensure clients' needs are met.

When services are accessed it is determined that there is not the level of service you thought was available. It's there, but not really there.

Comments from the discussion session:

Willamette Family Treatment has more than 110 beds between men's and women's detox. It specializes in pregnant addictive women and family reunification. With the rising costs of transportation, food and health care, the state's rate of \$102 per day doesn't cover costs. Gambling treatment is \$160 per day; mental health is higher. Please address this and support us.

The Oregon Consumer Survivors Coalition is made up of 14 groups all run by psychiatric survivors and consumers. Five years ago the State of Oregon zeroed out money for the statewide voice of mental health consumers and psychiatric consumers. We started this coalition on our own. I have been here 25 years. The Legislature by and large supports us. When we testified last session, they said they supported us, but they did not have enough support to overturn the Governor's budget. The big problem is that the Governor's budget has zero for psychiatric services consumers' voices. We found the money to build a new state psychiatric institution, but we haven't figured out where the ashes will go. A billion dollars, but not one dollar for the coalition. Other states are funded, but not Oregon.

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

Comments from the breakout sessions:

I encourage DHS to develop ombudsman services.

Simplify paperwork for providers and staff.



When paperwork goes down, money goes up.

Efficiency and quality are the goals.

We need resources to cover costs.

Quality of services decreases and the number of clients served decreases. This is not limited to mental health also includes public health.

We're looking at the next legislative budget rather than the big picture and savings.

Invest in a health system; don't fragment systems.

Look for synergies.

Capacity infrastructure needs to be increased.

Interpretation of OARs is mixed.

Look at technology – we should be able to use technology to improve access for our clients and streamline systems.

We're spending about 30 percent of our funds in oversight.

Get into quality assurance and improvements to ensure funding is going to programs.

Extend the time frames for public contracts from 3 years to 7 years.

Make more effective use of staff on administrative costs.

Create one application for ALL services.

Improve coordination of community meetings. There is duplication of information. Improve utilization of time invested.

Expand partnerships to include PCPs.

Improve partnerships among state, counties and community partners.

Comments from the discussion session:

I wanted to address competing interests. In your presentation you talked about efficiencies and the drive toward quality. Sometimes those are competing interests. In our group, we heard that right now many of the providers are being distressed by increasing costs and decreasing revenues, and can't sustain programs. At the same time we are increasing administrative and accountability expectations. Moving toward more evidence-based practices may be better, but they cost more. If we are going to have a quality system, it may be a more expensive system.

I wanted to talk about something near and dear to my heart. We are a graying workforce and we are already having a great deal of difficulty recruiting people because of caseloads, paperwork, low pay. We are losing people faster than we can recruit them. The State of Oregon needs to address this soon. In five years I will be retired and in the middle of the river with a fly rod in my hand and saying, gee I wish you would have listened to me.

I came to this meeting hoping there would be some teamwork being done rather than individualized approaches. I appreciate it that a lot of people work for DHS or a contractor for DHS. We work with DHS. I hope you reach out to the private sector to look at funding streams to see if there can be blending of dollars to reduce duplication. We need to look at how we can work together toward getting rid of what doesn't work and determine what we want to keep. It's important to know there aren't more dollars and we have to work within our means, so it means doing something that's not status quo. I hope you reach out to the private sector to see if there's something they can help with.

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