

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:

Reinstate OHP Standard. Make some revisions like co-pays to make sure that if it is reinstated there aren't barriers.

Offer comprehensive health care; not only intervening when there is a need, but prevention and early intervention to promote wellness. Comprehensive health care is not currently designed for prevention under state and Medicaid rules.



I pay half my income on rent and cannot get dental care. There is a huge need for dental care across the age span.

Lapses in coverage for OHP and having to reapply every six months are issues. One glitch can knock someone out because of a clerical error.

Review co-pays for OHP Standard.

How will OHP Standard be put back without barriers?

Transportation and child care are issues. Dental and medical care for teens is needed.

Integrate and coordinate assistance for transportation for people on Medicaid and make sure the providers who are providing transportation are aware of those other services to free up their resources to do more program delivery.

People need access to medical appointments (transportation).

Providers are dropping out because of low reimbursement rates. People cannot get care.

Provide funding for transportation in rural areas for clients to get to services to agencies other than DHS.

Comments from the discussion session:

TransLink is a resource that provides Medicare transportation for seven counties. Sometimes people fall through the cracks and they don't get the transportation they need. TransLink is probably one of the few agencies that communicate with every single one of your clients in these counties. We want to be a resource.

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

Comments from the breakout sessions:

Increase funding for recovery efforts.

Increase substance, mental health and health care integration.

Link with the county's 10-year plan to end homelessness. DHS needs to be aware of other state and local initiatives. There are many long-term, comprehensive initiatives that could free up resources down the road.

Community-based intervention requires adequate funding.

We need more mental health services for homeless persons.

There is a need for mental health courts in this area.

Comments from the discussion session:

None.

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

Comments from the breakout sessions:

The infrastructure needs to be in place to move people from nursing homes to community services. We can't decentralize without the community support to be successful.



There is a workforce shortage among people who care for seniors. Workers have trouble finding affordable housing.

Change the methodology for home health reimbursement.

Look at a demonstration project model to develop cost-effective ways to offer services such as assistive technology to reduce the need for 24/7 services.

There are no group homes for children with developmental disabilities (DD) and mental health needs. There is a lack of residential capacity.

We need 24/7 services for DD clients.

Help individuals stay in their homes.

Use more community resources to improve protective services for seniors and DD clients. Broaden team support and CAP efforts.

We need to do a better job of recruiting and training providers. Use values-based training.

Comments from the discussion session:

It is difficult to staff all of the programs and facilities if we are not paying a living wage. There are high staff turnover rates, abuse and other care issues that occur when that happens. Projecting 20 years forward, what happens when that population doubles and how are we going to be able to pay?

Rates for 24-hour DD providers have been locked in for many years. There is a restructuring project going on, but it could take two to three biennia, and providers simply cannot wait that long.

Transportation is a major issue. If you don't have local transportation for seniors and DD clients, they can't get to their services.

Protective services caseloads prevent staff from keeping up with all of the abuse cases that we are working on and investigating, but it doesn't help to keep adding more workers. We need to look at the root causes of abuse and stabilize the work force.

Much of the focus has been on keeping disabled people in their communities. We have seen a whole group of our community abandoned since 2002. People who used to have a transitional opportunity from the time they became disabled until they were able to qualify for federal Medicaid or Medicare benefits have found themselves in a position where they don't qualify for OHP when their SS income is pending, which can take over two years. They can't prove their case without medical documentation of their disability. I see them now being housed in the Medford gospel mission and I am asking myself where is our conscience? I ask you to put the pressure on the people you know to remind them that there is a group in our community that we can't let just be forgotten. We need to get them back to being productive members of our community and not be left camping on the shores of Bear Creek.

AARP would like to push you to think about how to create systems of supporting people of being the caregiver and taking care of themselves, like chronic disease management.

4. CHILDREN ARE SAFE AND HEALTHY.

Comments from the breakout sessions:

Increase access for children to school-based health care. Increase the percent of funding that goes to public health, including school-based clinics. Hospitals cannot continue to provide these services.

You need a link with educators; eliminate the silos.

Include comprehensive funding and juvenile justice in wraparound services.

Create an appropriate eligibility category for autism.

Increase funding for foster care based on what it costs to pay for the child.

Simplify the rate structure for community partners like YMCA day care.

Provide funding for teen parent child care while the teen is attending services or school.

Maintain the increases that were instituted regarding child care rates and align DHS and child care division reimbursement rates for school-aged children.

Increase funding for training and support of foster parents to increase retention.

Teen services is an area that could be a funding issue.

Support retention of foster parents by providing funding for child care, transportation and communication.



Children with disabilities with co-occurring mental health needs get bounced back and forth. There is a lack of local facilities. People get disconnected from their local communities.

Comments from the discussion session:

None.

5. FAMILIES ARE SAFE AND STABLE.

Comments from the breakout sessions:

I would like to see you invest time to create self-supporting families.

Offer incentive programs for achieving independence.

We need programs to help people learn functional skills (e.g., balancing checkbooks).

Create multi-generational, multi-family housing units and bring then services to them.

We need more affordable housing.

Strengthen the system to help people stay off assistance. We need flexible supports.

We need more family support – funding for education, training, respite.

Provide funding for domestic violence advocates at Child Welfare offices.

Offer domestic violence (DV) prevention grants to more people. Loosen up the requirements for people to get DV grant services.

Consider changing the way we administer the DV grant advocates; maybe transfer some responsibility to a partner agency so it doesn't take up much DHS time.

Continue to increase housing funding for Oxford House and Oregon Recovery Projects. Provide enough funding to make sure they are safe housing for all residents.

Make sure funding is available for families and children who fall between the cracks for services, particularly families leaving the child welfare system who don't qualify for child welfare or TANF services.



Clarify the 60-month cap for TANF; there seems to be confusion. Clarify the rules for partners and clients.

Explore best practices and evidence-based family support connections and parenting programs. Select programs to support that are evidenced-based.

Expand coverage of DV grants and move administration to the DV advocates to free up time.

Comments from the discussion session:

None.

6. DHS PROMOTES PREVENTION, PROTECTION AND PUBLIC HEALTH.

Comments from the breakout sessions:

We need more local flexibility for disaster preparedness to help communities meet their needs for medicine, food, health care in the case of an emergency when the traditional infrastructure might not be available to serve people.

Oregon is not doing well with health education or standard testing regarding health.

We need more money for identification.

Improve the interface between health care and intervention – obesity prevention, education wellness and reproductive health. Work with higher education to promote workforce development.

Comments from the discussion session:

None.

7. Services are safe and available in communities when they are needed.

Comments from the breakout sessions:

Provide training for providers and clients, and reimbursement.

Increase reimbursement rates for OHP and Medicaid, including contracts to private providers so they can be partners in health care delivery. Rates are lower than the cost to provide the services. Implications include cost shifting to other paying services.

Remove barriers to access to services.

Reinstitute supports for volunteer programs.

Follow through with the Legislature regarding raising reimbursements.

There is a shortage of health care workers. Agencies are shuffling staff.

Providers are getting 36 cents on the dollar.

Discouraged people ask, “What do I have to do to get help?”

Augment services.

Increase cohesiveness for service provisions and decrease fragmenting of services (see the Veterans Administration 10-year model).

Fund service integration pilots.

Expand capacity for local stabilization.

There is a need for SSI application assistance (general assistance restoration).

Infrastructure development is important. We need community-based care funding, coverage for start-up costs, ongoing services and crises services. Create a pool of money (including an emergency fund for crises).

Bolster comprehensive services.

Create one-stop shops for wraparound services rather than referring people to several places.



We are all competing for a piece of the same pie and no one section or group of people is more important than another.

Look at each of the counties' 10-year plans and efficiently disburse the funds.

Pay providers the same for the same services.

Provide service integration model support for when multiple people are using multiple services.

Referrals drop with the implementation of certain policies. It could be implementation or interpretation. Look at why there has been a referral drop in those areas.

I support “no wrong door,” where people come to one place for different services.

Use the 10-year county plans to distribute funds more efficiently. Use outcomes to guide that distribution.

Continue partnering with private businesses.

Fund programs that show success such as Oxford House.

Move people in the Oregon Recovery Home to taxpayers rather than tax users. Oregon Recovery Homes and Oxford House are taxpayers. It costs 87 cents a bed, but the people in the houses are paying taxes.

Reinstitute the general assistance program. It used to be funded through the state, which helped people get by until they qualified. It's a short-term investment until people can get access to federal funds.

The general assistance program that was lost needs to come back. Its loss is leading to homelessness while people wait for benefits.

Volunteerism is extremely important. Get seniors active and engaged and they could be a tremendous resource.

Comments from the open discussion session:

Revise mandatory sentencing so the incarceration rate reduces.

The Family Services Review Commission is a Governor-appointed advocacy group. They meet in Salem; it's an open meeting. They advise on policies and implementation. The makeup of the group is citizens from the business area, policymakers, advocates and former recipients. People can access it through the DHS Web site. You can get your voice heard that way.

I'm struck by the common themes from each group. People need living wages, so we need to index our support payments to the cost of living just like the minimum wage; and we need to invest in the infrastructure for the people who coordinate these resources; and we have common problems around transportation. I like the idea of service integration. I would like to see more of this joining together and putting our energies together to do this. That's what I think is important at this point.

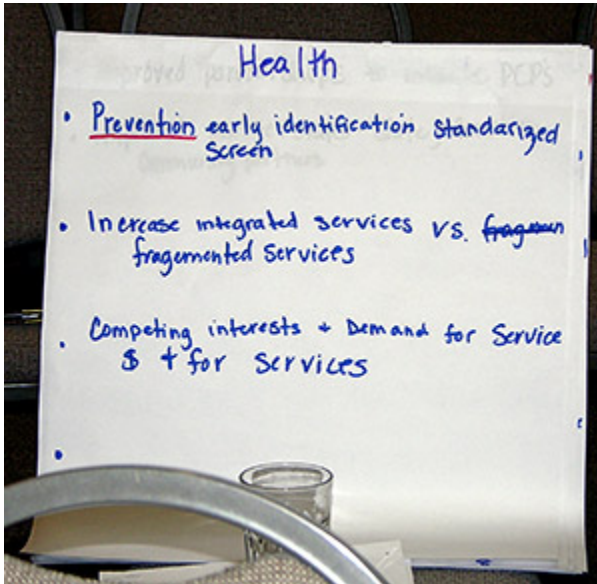
8. DHS HAS THE CAPACITY TO MEET CLIENTS' NEEDS.

Comments from the breakout sessions:

Increase the flexibility of funding streams; reduce silos and allow the system to be more responsive and creative to be more efficient.

Improve infrastructure systems to make sure we can use them to determine population needs and target services.

Identify long-term priorities for the agency so we are not spending a lot of local resources to determine the need of the day. Identify the core program needs and agree that we will do it long-term so that we aren't always coming back to the same spot.



Lots of health care workers will be retiring.

Identify long-term goals v. the latest program – stick with long-term plans and goals; focus on two or three things.

DHS needs to capture data to be available to agencies over time (e.g., the number of homeless).

Increase flexibility in spending.

Add more efficiency with built-in incentives.

Make budget adjustments to meet growing population needs.

Provide funding for staff to support system changes and consistencies among counties and areas.

Focus on funding from DHS that will support system changes that have been proved to work (by grants for nonprofits, drug courts, etc.).

Focus on retention of child welfare workers.

Look at higher demands, such as the widget counting that partner agencies have to go through. We need to streamline and make it simpler.

Turnover in case workers at DHS affects retention of foster parents.

The practical experience of very young workforce in child welfare needs to be increased.

Look at efficiencies like managed health care. Are they really saving money? How effective are they?

Increase coordination of services.

Understand what other agencies offer.

Reduce redundancy.

Partner with the Veterans' Administration.

Comments from the discussion session:

We really need some different infrastructure models for the whole growing population. We can't keep building and staffing the same. We need loans and tax credits and other things that will help generate that kind of new development. Our rate structure doesn't pay for new development.

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