

MINUTES
COMMUNITY FORUM
PORTLAND, OREGON
APRIL 30, 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:

I represent a medical equipment supplier. There have been federal reductions and a decrease in DMAP money for home support equipment. We need to restore funding for home care equipment.

Private contractors need to be more accountable for services they are supposed to provide in competent manner. We need increased transparency and more communications in partnership dialogue.



We need better communications between health care providers around record transfers.

Health insurance access is a huge issue.

We need to look at how to get eligibility up and get co-pays down. We need child care providers and centers well-represented to make sure we keep the new rates up and continue to have access for health care. I heard about a program called 211; it would be good to have funding to expand that service so that folks are aware of all of the services and how we can wrap around together and bring accountability. People were happy with flex dollars and

service of care. We need to look at how to help kids in the juvenile justice system.

Comments from the discussion session:

None.

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

Comments from the breakout sessions:

We need more wrap-around mental health services, particularly around volunteers and peer support programs. People with housing and physical health issues need help.

Regarding recovery services and stabilization, we need to shift funding from the OSH to more community programs – things like addiction treatment and recovery, adult foster care homes, and creating a safe haven for people with mental health issues. Currently they go into the corrections systems. We need more integration of mental health with primary care, especially in rural areas.

SSI assistance for folks with mental health is an issue. They have trouble accessing disability services because of their disabilities.

We need more alcohol and drug outreach. We need more funding for alcohol prevention in schools and addiction treatment.

Gambling prevention programs are starting in schools, which is good.

Stabilize gambling treatment dollars.

Advocate for gambling treatment programs. Support to families is affected.

Support volunteers for mental health and community-based health programs.

Support increase for mental health treatment related to community addictions and mental health programs.

Support exercise services related to mental health and addiction.

Fund population-based services to detect signs of mental health and addiction concerns.

Support community-based recovery systems/housing projects.

Support mental health peer support/volunteer programs.



Restore Oregon State Hospital funding.

Fund mental health emergency subacute services.

Provide facilities co-located with emergency systems. Include this in mental health legislation.

There is an absence of policy for people with mental health needs to move from OSH to community.

Expand and coordinate treatment support (EAST program).

Comments from the discussion session:

None.

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

Comments from the breakout sessions:

I have an autistic son, and I want more structured home care. My son has been waiting in crisis care for 18 months pending placement.

We need full funding for OPI. Be age-neutral and include people with developmental disabilities between ages 18-55. Provide more respite care.

There is no funding for transportation and training of staff (cabs, etc.). Inadequate and inappropriate services are unacceptable.

We need general assistance program funding back.

The AARP coalition has two issues – discharge planning and pre-admission screening.

Central City's concern is lack of support for people with disabilities to get disability services. There is a gap in the system. It takes an enormous amount of time to get DD services approved.

There are lots of people with no family; we need more health care advocates.

SB 1075 failed in 2007, but the needs are still there. Bring it back in 2009.

Elder suicide rates are up. DHS need to address elder suicide prevention.

There is very little planning for Alzheimer's and dementia populations, which are expected to increase in the years ahead.

Housing is unavailable for ER patients and the mentally ill since county services were privatized.

We need funding for supportive employment.

We need better insurance plans for home providers to stabilize the workforce. Implement savings plans for DD as has been done in other states.

Restore hearing impaired funding (HB 3240). Staff was cut to ½ FTE.

A strong focus is needed for protective services. Take it back from counties and centralize or regionalize. Increase funding to support families. Also, the aging population will increase. Expand non-crisis comprehensive services.

Independent living is best.

Cascadia Health Care is in bankruptcy; no interruption in services is the mantra.

A workforce development plan is needed for home health care providers.

The 2003-level funding needs to be restored for OPI services.

There are not enough services for seniors. We need a 37 percent increase in FTE for direct service providers; we have a high turnover rate. We have 50-75 percent turnover rates in the private sector. But it's only 25 percent for state services.

The Oregon Rehabilitation Association wants \$33 million for wages and benefits services.

We would like to see annual or bi-annual automatic increases.

Wages are still an issue. Standards are needed for LTC providers (wages and benefits).

AARP would like better coordination and integration of acute care and chronic care management.

We need better Medicare support related to DMAP's fee schedule for in-home care settings.

We need a brand new agency to serve the profound level of developmentally disabled – something like an individualized classroom for adults rather than leisure developmental disability programs as alternatives to employment. The question is, does the state have grants to start or help a nonprofit to increase capacity, and in this case, Washington County?

Provide back-to-workforce assistance for re-careers for caregivers.

Improve home health services to keep people in their homes

Support adult foster care homes.

Comments from the discussion session:

Regarding Shangri La Corporation, I would like to see the state do more educating of communities regarding people with disabilities so that when organizations like theirs open a facility they are met with open arms.

I'm with Oregon Recovery Homes. We heard a reference today about programs to relieve financial stress. This is a program that takes people off the streets and puts more money for DHS into other people's hands. They get off welfare and become members of the community they live in. I wanted to put that plug out there because it's a good investment and it gives back.



I'm a home care worker. There are many, many issues with that program, but one big concern lately is transportation and transportation services and lack of funding and training for that program. It's especially true when you are dealing with sub-contractors like cabbies, who are not trained. You hear about problems like someone being strapped down in a wheelchair or someone blind being dropped off without help. We need higher reimbursement rates so these people can provide adequate services.

I represent Focused Advocates for Change and Empowering Solutions. We're a group of 501c3s and housing and support services that is ganging up together. We are wondering how we can advocate for this budget in the next legislative session so that you get what we want? How do we do that? We want to know how we can be empowered as citizens voting.

Central City Concern works with a lot of homeless folks. When people fall through the cracks of these programs, they are the ones who become homeless. I got to sit in on a Governor's Council on Homelessness and we had 12 people from different programs, and they spoke to the council, which was great. Let's sit down and listen for a little while. Out of these 12 people, four of them were severely disabled and not getting any help navigating the Social Security disability system, which is extremely complex. I don't think there is any funding for this assistance.

I am very grateful for all the DHS people who have a passion to help other people, and I would like to see them compensated in a more appropriate way. My heart goes out to them. Having an opportunity to share on policymakers, boards, panels and getting those stipends or gift cards are really helpful and it's a great motivator. Social isolation is huge as well. I probably wouldn't have been in as far as the depths of my situation if I had some peer support. If it's an opportunity to volunteer and be that support for somebody, that's huge and it will save a lot of money.

4. CHILDREN ARE SAFE AND HEALTHY.

Comments from the breakout sessions:

We need faster housing services.

We need to make sure that Child Welfare workers are working collaboratively with families, listening to parents and children about needs, and make sure those collaborative systems are in place. There is a need for facilitators for those meetings. This is an area where that funding was cut.

Minority overrepresentation is a major problem in foster care that needs to be addressed. Children need to be placed with relatives. DHS needs to make sure the process of certifying relatives to be foster parents is a fair process that does not discriminate. There is a need for system of care flex dollars; needs go unmet. Unfortunately in the budget system where other programs have been eliminated, these funds that were already reduced were used to backfill other programs in DHS, but there is not enough.

Family-based services is another area that needs support. We need to have the ability to keep kids in their homes so they can be safe with their parents and not have to enter into foster care. Wrap-around initiatives are working very well. There is a need for education advocacy for kids in foster care so that their needs are being met and they are able to grow.

The child care increases were great, but increases also are needed with foster care itself.

Help large families with child abuse issues. Help adoptive families deal with health care, personal records, and transitioning the kids when they turn 18.

We need a circle of security for intervention.

I am angry. My child was sexually abused and still needs counseling services. DHS needs to listen to parents. Services are not available to 18-year-olds. Protect teenagers. Don't do repeated moves – something is wrong with that system.

Create a domestic violence team for child care providers.

Team with child care providers regarding domestic violence.

Adoption is a sacred thing. Records should follow wherever you go.

Teach new parenting skills; that would have a far-range impact.

I like the orientation for new child care providers. Enhance and continue it.

Make child care a priority so that more parents have access. There is no incentive to help low-income kids.

Costs for raising kids is high, and the age of the child affects the cost. The estimated monthly cost is \$735 and Oregon pays \$412. We need an 80 percent increase to meet basic needs. When kids' behaviors improve, rates decrease, which seems backwards.

We need a transitional plan for teenagers within the system as they grow older toward adulthood.

Young adults need health care as they age off parents' insurance plans.

Listen to parents.

Facilitate self-empowerment.

Don't move kids county to county.

Caseworkers should meet face-to-face to explain situations.

Train workers to be nice. I don't want to go into the office.

Caseworkers are overworked and that means the kids in foster care are not getting some of the services that they actually need. I called a caseworker at 9:30 at night and she answered the phone.

Build and keep wrap-around services for mental health, physical health and occupational health (we're going to lose soft funds).

Have a child care subsidy from birth to 12 years.

Provider training needs to be improved. We have the lowest paid/trained workforce interacting with greatest brain development.

Increase training, supervision and oversight for psychotropic medications.



Duplicating case managers would help save money by coordinating services. Use a collaborative style instead of experts in their own silos and rules. The maximum benefit should be for the child; work together.

Kids get attached to caseworkers. Disconnects between workers lead to dropped things. Too many caseworkers are experts in their own silos. Each of them needs to work together for the child's well-being.

Rules prevent parents with criminal records from being with kids.

Do education advocacy to improve educational outcomes for kids in foster care.

Build resource centers for kids exposed to alcohol and drugs, gangs and violence so they have a place to go to be mentored.

Look through the lens of young children when developing POPs.

Support a disclosure requirement related to moving to foster care.

Support visitation access to reconnect families.

Give children a voice in programs.

How we can improve funding to a whole range of programs to children and families? OFR has one of the lowest rates for foster care; services need to improve. A lot of children move through the system, intersecting through adoption services. At 18 how do we address the needs of this population who move into the workforce and need access to health care?

Comments from the discussion session:

I'm with the Coalition for Homeless Families. When children are taken into foster care, it is very traumatizing.

I'm with the Washington County Recovery Association project. One of the things that wasn't really touched on was that there are so many of these children in foster care. One of the things we need to do is get some resource centers for the families coming from addiction; these parents need resources and they need to have a place to go. They need to learn how to fill out applications, fill out resumes. We need mentor programs and to focus on where this is all coming from. It will take a lot of weight off caseworkers and everyone else working out there trying to help kids. It's important that we focus on the problems stemming from addiction and alcoholism.

I haven't heard much about children of incarcerated parents. When my children's mother was in prison, they didn't want to say "Your mom is in prison." I want more collaboration between kids and parents in prison so children can see their parents and so that families can start to build something. It's built-in motivation for their mother to see her kids because she saw how her incarceration affected them. I would like to see those children represented in the budget and programs that help children of incarcerated parents.

5. FAMILIES ARE SAFE AND STABLE.

Comments from the breakout sessions:

We need to fund with clarity and according to needs. Trends are driving the poor into crisis.

Food stamp assistance was cut without any COLA, and heating assistance was cut, and people are in crisis.

Do more to prevent domestic violence – physical, sexual, emotional – the threat of it as well as the actual violence.

I'm a single parent of five children. The day care co-pay went down. At the processing center, the paperwork got lost. I had to get the records. I almost didn't get financial support. I want to provide for my family. My children without health care due to lost papers. DHS workers need more accountability and to be nice to clients.

Intervene and support homeless services. Support the wrap-around Oregon model.

Comments from the discussion session:

I work for Christie Care, and we would like to commend DHS for both the transformation initiative, the wrap-around Oregon initiative and for particularly focusing on outcomes and results, specifically for children and families. Thanks for the mosaic program, supporting 18-24 year-old mental health clients; the Multnomah County Children Receiving Center; and the first Native American culturally specific mental health services in the United States.

6. DHS PROMOTES PREVENTION, PROTECTION AND PUBLIC HEALTH.

Comments from the breakout sessions:

Support public health and prevention efforts around alcohol, gambling, smoking and family planning. Support local health departments and the needs of rural communities. Support the breast and cervical cancer protection program and make it less restrictive as to who can access it. Do more for suicide prevention, not just youth, but across the lifespan.

Focus on sexual violence prevention and its impact on all the other areas.

Build positive outcomes.

Require data collection efforts including Oregon Healthy Teen Survey.

School-based health clinics are important.

We're happy with the school-based health program expansion. More access for kids is needed. Local communities have a hard time sustaining these on their own. Increase the state's contribution to sustainability.

DHS should look at school-based sustainability. Adjust the funding formula to not negatively affect current centers.

Increase school-based health care.

Open new school-based health centers.

Broaden environmental health and core capacity dollars.

Provide at-cost reimbursement of emergency ambulance services.

Collaborate between home and public school-based health.

Support family planning programs.

Increase Public Health Division funding to provide greater support to local health departments.

Health education programs should start at sixth grade.

Advocate for suicide prevention.

Support education for proper use of child restraint seat belt systems.

We need an increased revenue stream to support public health.

We need full reimbursement for emergency medical services, like ambulances.

There is no birth defect surveillance system.

Comments from the discussion session:

School-based health centers have great benefits. It's an all-access model, an amazing model. Those clinics are hugely important and we need continued funding for them.

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

Comments from the breakout sessions:

We need better integration between mental health and primary health care; it's absolutely necessary.

We need more wrap-around services for community-based health systems.

We need more investment in health-related prevention programs.

We need increased access to health care. Preventive programs save dollars (emergency rooms v. health clinics).

Support community-based health care to save resources.

I want DHS to support the 211 information system. Only the metro area has it at this point. Demand appears to be rising, maybe doubling, but 211 has flat funding this year and hasn't had any support from the state. So now we are asking. If efficiencies can be gained from having a strong statewide system, 211 is the access point for services. 1-800-SAFENET is operated by 211. We refer people to many programs that are DHS programs. When we are looking at how people connect with all the different types of services, a single point of entry is very important. Only 75 percent of the country has access, so we have a lot of catching up to do.

Provide more support for FQHCs.

Support Indian health services.

Comments from the discussion session:

None.

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

Comments from the breakout sessions:

Look at ways to improve the infrastructure of DHS. It's very clear there is support for restoring OHP-Standard and support for not leaving federal money on the table.

DHS needs to increase collaboration with schools and community programs. Do more data collection and make the data more available to people who are doing prevention programs, and streamline those systems. Move toward more on-line access.

Reduce duplication in services and cut costs. Create an ombudsman to advocate for health care needs and be an intermediary for people with grievances. Create a dental director at DHS.

We want to make sure the services are actually being provided, not just paid for. We need adequate staff trained in all areas.

The Family Services Review Commission recommends getting client feedback and data on quality services.

Improve communications between divisions and agencies.

Hold providers accountable for improved outcomes.

Increase collaborative work.

Contracts that have existed since the 1980s haven't been reconfigured in many years, although costs have changed. People are tired of subsidizing the state.

DHS actually pays for services. DHS and the state are outsourcing just as corporate America is doing. We are paying less for services, but the quality

of services is negative. We are not able to sustain high-quality youth and family services. Low pay encourages high turnover rates within agencies being contracted with and perpetrates the poverty cycle, as many agencies do not pay living wage.

We need Spanish literature accuracy.

There is a \$7 billion budget for seniors and children's services – where is the money going?

We need access to DHS during and after normal work hours.

Advocate for more state funding match to maximize federal dollars.

Improve work force development and training.

The DHS budget is inadequate.

We need to invest more now to save money in the future.

Look at cost-cutting, efficiency and structural changes to save money.

DHS workers are not negligent, but overworked.

I recognize the important work the folks at DHS do and that there are not enough hours in the day, but many people have had negative interactions with DHS. Workers are frustrated they can't meet the needs of their caseload. We need to make sure we are really able to invest in the workers who are delivering those programs.

Comments from the discussion session:

I'm homeless. We all need to be more appreciative of the people we deal with every day. A lot of us don't come from areas where you come from. We don't collaborate on the same level; we don't know what you do every day and you don't know what we do every day. All we know is what we tell each other. We need to learn each other's language, and be more assertive and more at home with each other. It will make a better community.

I do believe you have brought efficiencies to the department in the very beginning with your transformation project and I anticipate many more in the future. But I just can't leave without asking the folks to look at the budget, the amount of money for human services, and the unmet needs that have accumulated over the past 20 years or perhaps more as we have defunded some of these services. In order for us to achieve the healthy Oregon all of us want, I hope all of us will look at our tax structure and see if there are not ways we can come together as a statewide community and support additional revenues for health care or families for all of us no matter where we are in terms of the age spectrum in Oregon. Because without additional dollars we won't be able to achieve what we really know we need.

I'm with the Family Services Review Commission. DHS needs to gather information from clients during the time they are going through services and after they finish going through a program to find out what worked and what didn't work so we can have that data for outcomes. It would instill some accountability back to the clients.

It's great to see the emphasis on outcomes. We need to find out information by talking to clients. It's a wonderful thing when you see clients get together to give feedback to policymakers on a professional level. I was on a panel with teenagers who have been through the foster care system, and what we need to do is shut up and listen and hear what they have to say. All advisory panels should have people on them who actually have been through the system. They are the ones who know how it really works.

I have been in health services for over 20 years. I can't say enough how important transparency and process is as you go through transformation. That's the stumbling block that happens during change. Think of social isolation because it impacts every population we are trying to impact, from senior suicides to the children of incarcerated parents.

We have to have a revenue source for increasing opportunities for human services. One of the greatest passions of those of us who are social service oriented is that we talk a lot about social services. But when we talk to people about raising taxes, everyone jumps off and votes no. If we want to present a more stable front for schools, our children, the elderly, then we need to be able to bite the bullet and you have to get your hands dirty if any initiative comes out to help social services. They can't say what I am saying to you. I am always putting myself out on a limb to say what I am going to

say. Unless we change the revenue system in this state, the three-leg stool will not continue to work. All the wonderful things we've talked about today will go away without stable funding. It's really important we have to have new revenue in this state to accommodate the present needs and the future. Eighty-four percent of the dollars come to all of you who are working to do great, great work. When the media comes out against DHS, write a letter supporting DHS. One letter from you is one of the best things you can do. When we start handing out initiatives, they say those people aren't doing a good job so why should I give more money. We need to do a better job of being partners and supporting the system.

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