

**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.

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**1. VULNERABLE OREGONIANS HAVE ACCESS TO HEALTH CARE.**

**Comments from the breakout sessions:**

We need to retain the DMAP rate that has been increased. We need to maintain it; it is due to expire.

We need a waiver in Medicaid for nurse practitioners to do their thing.

Lots of legislation passed that can't be implemented because it's out of compliance with federal regulations.

**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:**

Adolescent treatment is woefully inadequate. Invest in addictions prevention and addictions period. Given that addiction touches just about every health, safety and family-child issue that's possible, we would have a collateral reduction in all the other areas.

Regarding increasing the length of stay in residential care, let's do evidence-based care.

Keep kids in mental health services until age 21, so that kids transitioning out of foster care have a way to cope with the outside world and get on with their lives.

We have more peer mentoring needs.

Partner with colleges in 12-step addictions curriculum.

Children's mental health issues need to be addressed across the board and a strategy needs to be developed to increase funding.

Dental care should be included in the OHP, and OLCC needs to be recognized for their investment in prevention, treatment and recovery. We need to be supporting OLCC in their budgeting process to get more inspectors. Inspectors have a huge role to play in preventing underage drinking.

Mental health provision is not enough or quick enough help for children in the home. Sometimes it takes 90 days; by then the foster parent is overwhelmed.

### **Comments from the discussion session:**

I am a recovering compulsive gambler. Regarding getting money from problem gamblers – why would they not want to continue giving us the funds we need for treatment? Because the money is definitely there. Why don't they want to give it to us? After getting all this information, will you be going to the Oregon Lottery? Will you be going there since they are not here?

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I represent Oregon Recovery Homes. We would like to see continued funding for some of the programs that are effective, like Oxford House. It's .87 per night. It's not only preventive, but it also helps families get their children back. It's a safe place for not only women, but also men. We need more funding for recovery centers. That would be a resource like

wraparound services to get some help. We also need to get the message out about .87 a bed – it's working.

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There has been a big backlash against group homes through fear mongering and it's really hampering the placement of good group homes.

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I am the grandparent of a mentally ill child. Has the board considered any form of respite not just for the children, but for the parents or grandparents?

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One of the things that families want to share with you today is not only support around peer-to-peer programs and community-based supports to prevent institutionalizing youth, but also the transition from youths to adults. All we're doing is filling up the new better-looking state hospital. What is DHS doing to help us with that?

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

#### **Comments from the breakout sessions:**

There is a lot of need for respite care and taking care of caregivers.

It's an interesting proposal to take a look at the worst-case scenario. If everybody were in a nursing home or hospital, then back out everyone who used the most expensive services and see what we would save by doing intervention with less expensive reforms.

We need more funding for seniors who have non-nursing home needs.

We need more funding for OPI and for DD.

There are no state services for DHH.

There is a lot of concern about staffing levels and training of people providing services, such as nurses, CNAs and NPs.

We need 24-hour comprehensive DD services.

We need to increase the workforce to care for seniors and disabled individuals.

SPD needs more program support.

**Comments from the discussion session:**

When the DHH office was moved to DHS, DHS promised to help us expand that service and make it better, but lately DHS has been cutting that service instead of expanding. What are you going to do about it?

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OPI since 1975 has saved the State of Oregon and DHS over a billion dollars. None of these other programs has saved the state that kind of money. And all of a sudden, OPI is becoming a stepchild of the division, and I think it's wrong. Now we need to add the disabled to that program, and where is the money going to come from?

**4. CHILDREN ARE SAFE AND HEALTHY.**

**Comments from the breakout sessions:**

Early childhood issues need to be addressed. We need to work with the faith community on some initiatives like Episcopalian Ecumenical Industries of Oregon. Working with that community is needed.

A huge issue is with kids drinking early – age of onset is 11-13 years of age. We need to put 6<sup>th</sup> graders back into the healthy teen survey.

Look very closely at foster and child care providers and increasing their wages. A study has been done that shows that cost is \$737 per child.

Child care providers' wages are too low. The average salary is \$2.50 per hour, which is way below minimum wage.

Reimbursement for child care services (after-school) was taken away.

Look at funding ways to address the root causes of hunger that affect families for children in child care.

Provide health care insurance for foster care and child care providers.

A sibling foster care program being piloted in Florida is now being used throughout the U.S. because it is very effective at keeping siblings together. Foster parents are retained longer. We need to improve the foster parent retention rate.

Continue working on the safety model.

We need education for foster parents. Have an 8-12 week training program, but that is really the tip of the iceberg – not really adequate – maybe create a program at Chemeketa.

Teens aging out of the system who have no place to go will not be successful. We need to have something in place to step alongside these young people and help them be successful. A lot has been invested at this point, and then failure can happen at a very high rate.

Provide after-school child care reimbursement.

**Comments from the discussion session:**

DHS certainly seems to be the heartbeat of Oregon and I'm curious to learn how DHS measures its successes and how those successes impact each community.

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In the 1980s we had a recession in Oregon. As a foster parent I went to the agency to say I needed money to raise my kids. They said we don't have any money, that I need to move to another state, and I did. I see more community involvement now, and I hope you use foster parents a lot.

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I'm a foster parent. One of the things we are obligated to do to get reimbursed is we have to demonstrate to the agency what we are doing. The agency is doing a lot of things right, but no one knows about it. The agency needs to get the word out about all the good things. I called a caseworker the other night at 9 p.m. and she answered the phone! A lot of people are going the extra mile. The agency should spend some time doing some PR.

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One of the things that we haven't talked much about is the Ready to Learn and lack of readability of our children, natural children, children in foster care. That's another piece we need to get to the media, kids are not prepared when they start kindergarten. Our dropout rate has been high, but McKay has been working hard to reduce the dropout rate. This is a key to making communities healthy. How can we address this in the framework of all areas that impact children?

## **5. FAMILIES ARE SAFE AND STABLE.**

### **Comments from the breakout sessions:**

We need respite providers for families, not just foster parents.

Mentoring is another issue we've heard a lot about it. We need to mentor parents on how to be good parents, single parents.

### **Comments from the discussion session:**

None.

## **6. DHS PROMOTES PREVENTION, PROTECTION AND PUBLIC HEALTH.**

### **Comments from the breakout sessions:**

Do more prevention at the population level so we get changes in attitudes around the state about unhealthy behaviors.

Expand trauma care.

Expand funding for public health.

**Comments from the discussion session:**

Talk about what's happening with the Public Health Division. Dr. Susan Allen was here and did wonderful work in reorganizing the health department, but she is gone now, so I want to make sure that all the work she did gets implemented and that it's not forgotten, because it has always been a division that nobody ever heard anything about until they came to the Legislature and asked for a little bit of funding because they get a lot of federal funding.

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

**Comments from the breakout sessions:**

Please increase deaf services and consider using North Carolina as a model. Oregon has no comprehensive services or any array of services for the deaf.

It is important to include home health services in the wraparound.

Expand the experimental program called ACS (aggressive community services).

**Comments from the discussion session:**

I serve on the Commission of Black Affairs. Diversity is a huge issue and it's not being addressed very well, so we have a lot of concerns.

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

**Comments from the breakout sessions:**

There is a workforce shortage. We need to deal with issues like being able to staff and maintain a healthy and viable workforce across many of the program areas.

We need revenue reform. Unfunded mandates need to be addressed.

There is a cultural competence plan in place, but no funding to implement it. Especially given the changing demographics in Oregon, we need to be more culturally aware and responsible.

Get additional staffing for DHS so things move more quickly.

Communicate with the general public through a variety of ways about policy changes. We need a system that will help with better communications and better relationships with DHS – caseworkers and each person along the way – so that everyone is treated with respect and dignity. And have an advocate for foster care and child care providers. Work with faith communities to expand that.

We need more effective and timely processes. It adds a lot of frustration to everyone and the process takes longer.

**Comments from the discussion session:**

I would think that DHS has a huge vested interest in revenue reform.

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