

**Senate Bill 770 Health Services Cluster Meeting
Chiloquin, OR
May 19, 2004**

Attendance

Richard Acevedo	Department of Human Services (DHS)—Director’s Office
Evonne Alderete	DHS—Director’s Office
Nancy Baker	Department of Human Services, CAF
Judy Bowen	DHS – Seniors and People with Disabilities
Deborah Cateora	DHS—Health Services
Rod Clarke	Klamath Tribal Health & Family Services
Caroline Cruz	DHS—HS-OMHAS
Fran Crispen	Legal Right?
Heather Crumb-Martinez	?? Treatment Services
Ron Fisher	DHS – Health Services, OMHAS
David Foster	Oregon Housing & Community Services (OHCS)
Roma Hanson	Cow Creek Indian Tribe
Robert Hardy	Klamath Tribes
Ron Hudson	Grand Ronde
Leroy Jackson Jr.	Klamath Tribal Health & Family Services
Clair Jill, DDS	Dentist, Klamath Tribes
John Lupo	Department of Human Services, Health Services
Mary McNevins	DHS-Children, Adults, and Families
Pam Melser	DHS – Seniors and People with Disabilities
Bob Miller	DHS – Health Services, OMHAS
Jeff Mitchell	Klamath Tribes
Judy Muschamp	Confederated Tribes of Siletz
Toni Phipps	DHS-Health Services, Multicultural Health
Jenna Star	DHS-Children, Adults, and Families
Jim Quaid	Confederated Tribes of Warm Springs
Janelle Read	DOJ-Division of Child Support
Lynn Read	DHS—Health Services-OMAP
Jim Roberts	NW Portland Area Health Board
Barbara Sam	Burns Paiute Tribe
Naomi Steenson	DHS—Governor’s Advocacy Office
Michael Stickler	DHS—Health Services, Office of Mental Health & Addition Services
Lami Subia	DHS—Health Services
Leah Tom	Portland Area Health Services
Gary Weeks	DHS—Director’s Office

Joel Young DHS-Health Services, Public Health Office
Kelly ? Klamath Tribe
Maria ? Klamath Tribal Health

Introductions/Traditional Opening

Leroy Jackson welcomed attendees to the meeting and introduced Jeff Mitchell. Jeff Mitchell introduced the attendees of the Klamath Tribes. Customary prayer and healing song. Each attendee introduced themselves.

Rick Acevedo introduced John Loopo – DHS.

DHS Update (Weeks)

Gary Weeks expressed his happiness to be back with the Department of Human Services. Gary voiced how glad he was to see how the relationship between the department and the tribes has continued to thrive and in the state that is in. Gary will resume meeting with the various tribal councils through out the year as he did in his past posting as the DHS Director.

Budget:

The first item I had to deal with upon my return to the department was to revise the departments budget. Due to the defeat of Measure 30 it was necessary incorporate additional reductions of \$200 million into the routine rebalance process. The department had just three and half weeks to make these revisions. With the help of Lynn Read and her counterparts in each of the clusters a sound document was produced and presented to the April 2004 meeting of the Emergency Board. The Emergency Board approved the rebalance package with only one change, which was to add \$1 million of their funds to the Oregon Project Independence.

One of the significant pieces of this rebalance plan was that the department was able to keep the OHP Plus package available to its current population with no changes. The department was able to continue a portion of the standard portion of the OHP supported by provider taxes, including chemical dependency, physician services, hospitalization services, and prescription services. The MCO's and providers are in agreement to pay for these taxes to support the program, the final approval waiting from the Federal government to use the Hospital Tax portion of it in the way that we would like to raise the federal revenue match. Current the standard OHP plan serves approximately 50,000 people and this new plan will only have the capacity for approximately 25,000 to 26,000 people. This means the department will have to cut about half of those it currently served by the plan by the end of the current biennium.

Because of this plan we were able to balance the budget and kept a lot of services and we are confident that this is the best plan we could do this biennium.

Thinking about the next biennium the department begun a serious of public budget meeting, yesterday. At this point the next biennium is not looking any brighter. Currently forecasts indicate that the State will start the next biennium with approximately a \$6-800 million dollar deficit. Although this is a better outlook than last biennium, we will be faced with another set of challenges. New programs, like the home health care workers contract, will need to be rolled into the next biennium at a higher cost; last biennium was figured at a prorated cost and this biennium the program will need to be funded for an entire biennium.

There are a number of high priorities areas that the department will look at:

- Outpatient and residential services for mental health and alcohol and drug services, especially for young adults and children.
- To working with county public health offices on communicable diseases, testing services, etc.
- Trying to find a way to bolster protective services as whole.
- Staffing ratios, adult and child protective services.
- Keeping caseworkers out of the courts so they can focus their time on the services they should be providing.
- Temporary supports.
 - Access to affordable childcare (quality, local, and affordable)
 - Vocational rehabilitation services – bringing employers up to date on the services provided by the department.

This budget process will be a little different than in the past. This Governor has already announced that he plans set budget principles and priorities for the agencies to build a budget by. In the past the agencies built a budget and marketed it to the Governor who would then revise the budget to align with his priorities. The Governor believes that outlining his principles upfront will save the agencies time and will allow them to come up with a prioritized budget upfront.

Rod Clarke commented that he was glad that the Governor is addressing his principles up front. But that he would like to see an input forum in the formative stages of the budget with representatives from the tribal, private, and vendors communities. Rod also noted that OHP services are 100 percent reimbursable by the federal government and that by cutting the number of tribal members on the plan will reduce the agencies base-budget.

Tribal Updates

Klamath Tribes (Jackson): One of the big projects for tribal health is a new facility that has been in the works for the past two years. Recently a location was chosen. The facility will house medical, dental, and pharmacy services as well as records. We have also been working to improve internal processes like data collection and accurate data entry.

(Clarke): Rod asked to note that an open house was recently held at the Wembly House. The open house received a lot of positive press.

Rod reminded the group that the Chairman put out a memo regarding faith-based recovery; they are desperate to find tribes to carry the voucher system to backfill losses. Rod needs to hear from other tribes that would be interested in the program. The thought is that the tribal systems may be in a better position to run the program since there is not a mandatory separation of religion and state in tribal government. If your tribe is interested in additional information please see Rod Clarke.

The Klamath Tribes will be holding culture camps and youth programs promoting behavioral health, which will incorporate health and science and medical field services in hopes of getting the tribal youth interested in the medical professions. One of the sites they are considering for these programs is OIT.

Weeks also suggested that there may be an opportunity to bring the tribal youth culture groups to the new Public Health Lab once it is up and running at its new location.

Confederated Tribes of Siletz (Muschamp): Judy reported that the Tribes of Siletz have been working on the HIS health facilities and the master planning project. They expect to have the project finalized soon.

Judy also reported that the tribe is planning their second annual youth retreat. The retreat provides a forum to bring fun activities together with health prevention issues. The retreat will be in mid-June.

Judy also reported that Lincoln County's rural areas have recently experienced a high rash of crime and meth. labs due to lack of public safety services in the area. A Meth. Task Force has been established; the members include the tribal police chief, a tribal police force of three, the tribal housing director, the city administrator, and the County Sheriff. The group is working to establish a community vision, mission statements, and how they impact the area crimes.

The Tribe is also working to purchase the Lincoln City Shilo Inn; which is adjacent to the Chinook Winds Casino.

Burns Paiute: The Tribe submitted a letter of support for the State's SAMPHSA grant application.

Personnel wise the tribe is currently interviewing for a juvenile tracker, as well as seeking a shelter home manager.

In regards to the Weed and Seed Grant the Tribe has almost completed the two new parks in the housing development. As part of this project the children of the tribe were interviewed to find out what they would like to see happen with the area, some of the responses included seeing the old cars leave the area and having adequate lighting in dark areas to keep the children safe.

Third party billing is going very well.

The grant application they submitted for a wellness center was turned down.

In the personnel arena the tribe hired new CHR.

This summer the Tribe is working on a culture camp for the youth.

The Tribe is also excited to be working with the State on the archiving project, which will help bring some economic development to the area. The Tribe is also starting an AA enterprise to promote contracting.

Confederated Tribes of Warm Springs (Quaid): The Tribe has arrived at a TCM rate figure and will submit that number to Fritz Jenkins (DHS – FPA) and then will begin billing around July 1. Jim noted that although there is a lot of paper work and procedures involve the program provides a substantial amount of steady funding.

The Tribes of Warm Springs has also been working on a project to expand their Health Services Clinic by approximately 8000 sq. ft. Construction is slated to start between this June and sometime in the fall.

One other issue of concern is to the Tribe was a letter received establishing a policy that children's mental health services could only be provided by managed care organizations or someone participating in a managed care group. That does not fit with the Tribes of Warm

Springs and we ask that a carve out be expand to allow the tribes to provide the services but not be involved in a managed care or health organization.

Stickler provided a copy of the letter referenced (hand-out 21) as well as copies of the proposed policies (hand-outs 22 and 23). Tribes are urged to review the documents and voice any concerns to either Michael Stickler or Rick Acevedo.

Cowcreek: Hired new contract health contact. No other news to report.

Grand Ronde (Hudson): Dick Corbish, 1to1 program, retired. And replacement retiring. Afraid program will be transferred back to the Federal Government. Very concerned. Terry Daily? Meet w/ Grand Ronde staff, Marion-Polk-Yamhill, SDA 4. Limit it to 15 months and they denied that request.

Given per capita, affects incomes of TANF and food stamp recipients. Depending on individual they may be cut or reduced due to this. SSI services, unable to cover costs to but still assuming the costs. Contract that will work them through the SSI process to get them to review and help with re-submittals. SSI year and 1/2 process.

Juvenile justice grants; best practices, what are they no interpretation, needs help trying to figure out how they meet these and determine how to work with them. Youth prevention, youth grant, youth programs 24/7. getting into community activities. Getting more interest and involvement.

GA gone in state, increased their GA in the past for months. Self-sufficiency, request waiver from dept of labor to

Healthcare Update (Read)

Approval for managed care provider tax and implemented it on May 1. Guarantees continuation of OHP standard, at about 1/2 level. Working actively with the hospitals to seek approval with the hospitals for federal approval. Bringing down the numbers to a sustainable number. Closing enrollment on July 1 (or dated before July 1). Those individuals losing OHP plus category will then be eligible to be added to the standard group. Looking at proposal to lowering property level, if we move forward we will try to set this up at redetermination period. FPL, 30-50% of the federal. We would like input or ideas about getting down to that sustainable level. FPL for 1 is around \$784, if we lowered it to 50% would be closer to \$400. No change to OHP plus. About 1800 native Americans or Alaskan Natives.

Starting to look at options of how this new format of the program will operate. Operate close to FHIAP. Reservation list? Or open enrollment periods. OHP standard benefit package will change once federal approval is given. Outpatient mental health, chem. Dep, emergency dental, misc. durable med equipment, ... not available: lesser hospital services, PT, OT, Speech therapy, private duty nursing not covered, chiro services not cover, acupuncture not covered (unless chemical dep.). Still moving forward hoping for august 1 release of new package.

OHP Standard population, co-payments (NA & AN exempt). Judge place judgment that co-payments could not be charged as they are today, but in a modified manor. Move to OHP plus co-pays, \$250 co-pay for hospital stay changing in zero.

OHP standards clients to have OHP plus benefit for NA & AN. Exempt from premium payments. Washington state also requesting similar actions so Oregon has put their request on hold. Washington revised proposal at the end of April and waiting for response. WA taking a proactive response, saying unless we hear from CMS they are going forward in June with proposed activities.

Children's health insurance program? High on governor's priorities and there was enough funding identified in rebalance to continue the program at 185% FPL. There is no cap on this program.

Medicaid standards: reduced by attritions. Those currently on OHP standard will lose benefits if they let their eligibility lapse and OMAP will send letters of reminder to recipients stating how important it is to make sure they do not let their eligibility lapse. Next step to lower FPL level.

Klamath tribes, concerned about the lengthy process of disenrolling their members from managed health care programs. Having problems with co. level and state level and the workers understanding exemptions for NA and their identification of the tribe.

Carolyn Ross – Medicare policy unit, will take the above issue back to her for further and more in-depth training.

Lami: working to train employees.

3 issues, reenrollment issues, managed care issue, not properly identified. June medical reapplication packet will also have the letter reminding them eligibility importance.

See Handouts: 2003 costs incurred will be covered. IHS facilities. If no contract call Nancy Horn, number on the hand out. Reimburse for salary and training.

Proposed rules:

8/1: OHP standard rules, including dental codes. Some changes in language to cover multiple encounters. Questions e-mail Debra by the end of June so changes can be made to the rule if necessary before they are filed.

10/1: Rule changes how tribes can be reimbursed. Title 1, title 5, or 638 status they can change how they are reimbursed; \$260 per instance, 100% cost based ([must cancel contract] direct and indirect), or fee for service model (Eric Larson can tell you what is included in the cost base). 503-945-5991. ... Rod Clarke is requesting training on the 3 types of billing.

Beginning to pay managed care supplemental payments. Difference between payments from managed care to what DHS would have paid for the service. (Medicaid clients). How many tribes are affected? Klamath and NARA. Quarterly. 9 months in arrears. Back to 1/1/03.

North West Area Indian Health Board Updates (Roberts)

Creating budget analysis. Working with Rep. Neverkets, omnibus in January or February of next year. With the election thinks there is a split on the hill and until decision are made there will not be commitment to a decision. Facilities construction. IHS construction methodology. Language including staffing packages to be included. FY06 – Portland area recommendations on March 23rd. Recommended to health service increase of \$476 million dollars.

HHS budget consultation. W/ operating division. To talk about concerns that cross operating lines. Access to recovery funding, march 24th meeting we got approval from SAMSA to work on language that would pro \$100 million, no more then 15 projects, around 10-15 mil per project

Interdepartmental council on Indian programs. Priorities of programs for defunct for 13 years, but resurrected last year. Agency liaison. List in the hand-outs on the council.

Region X, consultation report included in handouts, 12 issues. Self governing, reauthorization. Elevation, elder issues, health promotion, included in handout. Liz Heiley, if there are HHS issues get them to her to get them on the record in the next 30 days.

National Indian health board, Medicare/Medicaid policy group. T-Tag. Formal advisory committee to advise the overall t-tag (tribal leaders) meeting next week, CMS will not add civil rights to their agenda.

Rep from office of civil rights to be in attendance. Big issue in the NW. Provided a copy of the letter w/ the state of WA to prepare a response. WA, attorney suggested. Good response, if you

need background information under trust relationship you can use this letter to get boiler language. Due to actions w/ N. & S. Dakota CMS is looking at Indian service requests in a new lens. I

Indian health care improvement update.

House version that national steering committee developed. Senate bill agreed to take the house's bill and drop them into the senators bill. Other provision, demonstration program. Less than 30 days in session to get this through. Better chance since they have the bill on both sides now. Each committee needs to review and make changes. Sample letter and contact info for the congressional representatives.

OHCS Update (Foster)

Opportunity for Housing Staff to meet with Tribal partners. June 23 OHCS will hold a meeting of housing and energy and weatherization programs. Meet, identify and work on issues. Just one of me.

Still in the planning stages, but tribes with service area overlapping mid-Willamette valley area. Housing fair in July? People wanting to buy a home or looking for housing services.

Health Services Cluster Health rural Oregon/Environmental Health

Rural health office, DHS, and Co's . invites participation in enterprise for a healthy rural Oregon. Promote availability, promote range of ..., promote integration for public health and medical care. Maintaining and strengthening the relationship, sharing resources, best practices (in rural areas), supporting and strategic planning. Disabilities connection to wellness in rural Oregon. Statewide and local partners. (handout – Enterprise for a Healthy Rural Oregon, Executive Summary.)

Safety Net through data-driven policy. Group meeting to shape data and pull that together including some national resources. The are is not safety net policy in Oregon. Oregon Health Policy Council is targeting access, quality, cost, and health status. The cut to OHP standard prompted this group. Governor on board and dedicated his health policy Erinn Kelley-Seil to be a key member of this group. 503-731-4000, Joel Young.

June 10, 9:30-12 for the safety net group,
June 3, La Grand for Enterprise group

Lorena Barch, DHS – HS

1) Environmental Public Health tracking network. CDC funded 20 states to link health and environmental conditions. How can we link in time the information about health and environment. Data focus as well as a people and community focus. Goal: to use information to actually link health and environment in one location at all time to look for patterns. Planning state, looking for stakeholders to find out priorities and concerns. Contact information is on the brochure.

2) mini grant program: (see hand out) mini-grants available for public health capacity building \$5-15 thousand, build capacity at the local offices, would like projects to tie into the tracking network piece. Surveillance, database creation, training on specific issues, RFA will have suggestions.

Quarterly stakeholder meeting quarterly. July, in Portland.

Cluster Reports

(McNeVins): wrote scope of work to review some systemic challenges. Holding an Oregon Tribes training institute. Bringing in 4 regional offices. Slots through DHS training funds, maybe 12 slots available. Begins on Monday, 5/24. Hope to model this throughout the states.

Rep. Delay from TX and others reps got approval to do a study of the child welfare act, bias to barriers with in the act that prohibits placement of children, delays that cause them to be placed. Selected Oregon to be the first onsite visit due to work that has already been done in Oregon. Onsite visit was in January. Study is moving forward and reviewing other states. Survey all states. Implications: they want to amend the child welfare act.

(Cruz): OMHAS – impact of alcohol and drug abuse, prevention efforts reduce costs of other services because alcohol and drugs often list to the use of other services. A&D policy manager – Karen Wheeler.

267: waiver for the tribes to implement in 2005-07 to evidence based practices, 25% of funds must be dedicated. Adapt or create programs to do the research. Report has to go to the legislature, aggregated.

Pursuing state incentive grant around strategic prevention, \$3 million for 5 years, due July 2. may ask for letters of support. Early childhood grant, up to \$75 million to look for education and system for SAMSA conference in San Diego, June. Participating in the planning.

Fetal alcohol training continues, for 9 tribes, NARA, & Chemewa to deal with fetal alcohol syndrome.

Governor's meth. taskforce. Meets for the rest of the year. Subcommittee recommendations.

Violence institute training July 12-15. \$1500 scholarships available,

(Stenson):

Judy: Elder abuse trainings. DHS website gives locations. Older American's month. Governor's proclamation. Administration of Older and Aging site.

Placemats for eating facilities. Pieces for newsletter if you would like on nutrition and legal issues.

Grandparents raising grandchildren handbook. Will be on the website "Oregon Cares".

(Stickler): SAMSA grant being applied to. Health Directors and Burns and Klamath, looking for letters of support. Copies of the policy relating to the children's change and implementation.

Debra

In Closing

Changing date of August meeting.

Next Meeting & Adjourn

The next meeting will be held on August 25, 2004. The Department of Human Services and the Department of Consumer and Business Services will host in Salem. Further details will follow.