SUD 1115 Waiver Application, Implementation Plan & State Plan Amendment
Redmond/ Bend Townhall Minutes

Wednesday, February 19, 2020 – 12:30pm – 1:30pm

Redmond Chamber of Commerce & CVB, 446 SW. 7th St. Redmond, OR 97756- Room 132

Conference Call Line: 1- 866-434-5269, Participant: 3490709

Attendance	
In Attendance	Lindsay Atagi, Clifford B Evelyn, Kelly Harrild, Karen Luding, Roger Olson, Rick Treleven
On Phone	Amy Baker, Donna Burklo, Tanya Burson
Staffed by	Joanna Johnson, Teri Mcclain

Minutes

Topic	Presenter	Discussion
1. Informational	Joanna Johnson	An overview of both the SUD application and the SPA were provided. The goal is to create a full continuum of care for those with SUD. The group decided to start with the application. Waiver activities: 1. Community Integration- Housing Supports 2. IMD +6 bed Exclusion 3. Recovery Supports- a. Provided access to Peer Delivered Services, by current treatment providers before during and after treatment / outside of a treatment plan. It is provided only in treatment currently. b. Create a new Provider type: Peer Run Organizations- who can then provide peer services outside of the traditional treatment model. State Plan Amendment (SPA) Activities- Goal is to create parity in services between MH & SUD so there is equal access to services. 1. Case management 2. Crisis intervention 3. Skills training 4. Early/ Brief intervention services

		5. Prevention services We have 90 days after the SPA for the implementation plan to be submitted to CMS. The application and implementation plan are being submitted together in hopes of expediting the process. The Implementation Plan are the milestones (set by CMS) Oregon must achieve to apply for the SUD 1115 Waiver and how Oregon is or is planning to meet those. The first 10-12 pages of the application are background information. The application for the waiver starts on page 10. A question was asked around behavioral health aides (BHA), which are NOT included, which it was agreed upon a summary in the background should be included. Along with a billing code for housing and those transitioning out of higher levels of care.
2. Questions & Dialogue		• (Comment from attendee) They have done a lot to connect outpatient and residential and there is a huge need for well-funded put together outpatient services like housing and recovery mentors and are able to deal with people who have high medical, high mental health, you could increase capacity if you looked into the length of stay and have a standardized system 4-6 months is normal and if you brought that down to what the evidence point to integrated with intensive out-patient system you could increase your residential capacity in the state without adding a single stay. • (Comment from attendee) it is interesting how we have so many people addicted to drugs and expect them to meet certain expectations for example when they put a person on probations its almost guaranteed the person will fail again. We are doing injustice situations on people for the reason when people get out of jail, we make it almost in possible for someone to get a job or housing. Do you have anyone from Law enforcement on this project for feedback? Joanna- We do not have anyone from Law enforcement looking into this with us but we do understand transportation is an issue, but we would love feedback from Law enforcement. • (Comment from attendee) We have the least amount of treatment in Oregon. We have the third lowest beer tax in the country, there is a lot of places that Oregon

		favors adding substance abuse there was a long period of time where lobbyist discriminated against treatment. We have a long history in Oregon that is unfortunate and frustrating but the development of CCO's have helped us and the change of conversation is happening over time. Joanna- Yes, a lot of these things are not happening statewide, so this is just a start. We are wanting to start these conversations to see if this will work and if it is working if we could expand this to Mental health issues. • (Comment from attendee) my concern is we have lost the focus on outcomes driven contracting and when you do starting driving outcomes driven contracting you don't care how you get there and that's the problem with evidence based practices they didn't create a bump in your outcomes. The things that actually create a bump in outcomes were the relation between the clinician and the client and whether there was housing, if there opioid addicts and if they had suboxone on board that was it. In most of our state the outpatient program is driven by DUII's and not really serving this population and the residential programs are completely isolated from the outpatient system and we have had that since 2014 and I know it's do able. If we can't show outcome all we have left is stigma and you have to drive into that outcome space contracting then you will be able to justify the spending on it, detox needs to be tied to reductions ED utilization that's how you justify the detox expense. (Terri requested his comment information) This is not dual diagnosed bases and a lot of mental health issues aren't included? • Yes, we are aware of co-occurring disorders. This is our chance to build up around substance abuse dis-order and try to do what we can where we can.
3. Oral Testimony		Kelly Harrild a volunteer with NAMI central Oregon- Kelly has a son who is in a treatment center in burns before he was entered treatment he was in a bad space. After Andrew requested treatment, he was then put on a wait list till he got into treatment it took 3 months to get him a bed in treatment. Kelly stated what would have happened in those three months while on a wait list if he didn't have his mom for that

		support. Her son is finally being discharged from treatment but now is put another wait list till a bed is opened up at the state hospital, Andrew had the option to go to families house as a safety net but what happens to the ones who do not have that safety net. We need improvement in transitional housing, access to transitional support and access to treatment. Click **here** for a link to the full testimony
4. Next Steps		Public Comment is from January 14 - February 21, 2020 Have presented to the Alcohol and Drug Policy Commission, Medicaid Advisory Council, and the Addictions and Mental Health Policy Advisory Committee; as well as a Townhall in Portland and one in Roseburg. Town halls to come (See Webpage): • Redmond/ Bend completes the townhall tour Tribal Consultation from January 13 - March 13, 2020 Will be compiling comments and responses to be published by the end of March to the 1115 Waiver Webpage Edits will be made to the application from the comments We anticipate submitting the application and Implementation Plan to CMS in April • Could be approved as early as 90 days post submission
Townhalls have all been held **Oregon's SUD 1115 Waiver Webpage:** https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/SUD-Waiver.aspx		