

MEETING: Disability Services Advisory Council

**DATE:** Friday, September 21, 2018

**TIME:** 10:30AM –11:15AM

**LOCATION:** Lane Council of Governments

5th Floor, Buford Meeting Room

859 Willamette Street

Eugene, OR 97401

**CONTACT:** Kate Scott, 541-682-4137; [kscott@lcog.org](mailto:kscott@lcog.org)

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1. Agenda And Minutes

Documents:

[09-21-18 DSAC AGENDA.PDF](#)

[DSAC MINUTES 7-20-18.PDF](#)

## MEETING NOTICE

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*5<sup>th</sup> Floor, Buford Meeting Room*  
859 Willamette Street  
Eugene, OR 97401  
**CONTACT:** Kate Scott, 541-682-4137; kscott@lcog.org

### A G E N D A

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|------------|--|-------------|
| 10:30 a.m. | 1. Call to Order, additions to the agenda, introductions         | Lana J.     |
| 10:31 a.m. | 2. Consideration of Meeting Agenda                               | Lana J.     |
| 10:33 a.m. | 3. Consideration of last DSAC minutes                            | Lana J.     |
| 10:35 a.m. | 4. Announcements, Updates, Agenda Additions                      |             |
|            | a. Medicaid Changes Update                                       | Brooke E.   |
|            | b. Other   |             |
| 11:05 a.m. | 5. Action Item: Brainstorm – Caregiver Appreciation Activity     | Jody & Kate |
| 11:14 a.m. | 6. Call for Next Meeting Agenda Items & Reminder of Next Meeting | Lana J.     |

**November 16th, 2018, 10:30AM – 11:15AM**  
859 Willamette Street, 5<sup>th</sup> Floor Buford Meeting Room  
Eugene, OR 97401

- |            |            |         |
|------------|------------|---------|
| 11:15 a.m. | 7. Adjourn | Lana J. |
|------------|------------|---------|

**MINUTES  
DISABILITY SERVICES ADVISORY COUNCIL**

**Friday, July 20, 2018**

**10:30 – 11:15 a.m.**

**Buford Room — Park Place Building  
859 Willamette Street – Eugene, Oregon**

**MEMBERS PRESENT:** Lana Junger, Chair; John Ahlen, Joe Basey, Hoover Chambliss, Marianne Malott, Ed Necker, Tina Powell, Peggy Thomas, Sheila Thomas, Dennis Weirich, Lucy Zammarelli

**EXCUSED:** Melanie Carlone

**STAFF:** Jody Cline, Kate Scott, Sondra Marks, Sara Shields

**1. Call to Order/Introductions**

Ms. Junger called the meeting to order at 10:30 a.m. In the absence of any new members or guests, Mr. Necker stated that introductions were unnecessary.

**2. Consideration of Meeting Agenda/Additions**

Ms. Scott would give an update on the OPI Pilot project at the end of the meeting if time permitted. Ms. Cline said she instead of Brooke Emery would present item 5-b on the October Medicaid Changes. The agenda as amended was accepted by consensus.

**3. Consideration of May 18 DSAC meeting minutes**

**MOTION:** Mr. Weirich moved, seconded by Peggy Thomas, to approve the May 18 minutes as presented. The motion carried unanimously, 10:0.

**4. Narcan Training**

HIV Alliance representatives Dane and Marilyn passed out forms to be completed by attendees who wanted to receive Narcan nasal kits from the HIV Alliance Naloxone Distribution Program. They explained that about 89 percent of overdose reversals resulted from use of the kits provided on the streets.

Marilyn provided a historical perspective of the HIV Alliance, founded in 1994 as a hospice program. It currently was providing 15,000 hours of service for over 1,000 people annually who lived in 13 Oregon counties. 43 percent of the clients were men who had sex with men. Services were prioritized based on client need and the view of the agency was that care was prevention. HIV/AIDS was highly prevalent in populations that already faced discrimination.

When working with people with HIV, a term commonly used was “undetectable viral load” which had to do with reducing the copies of HIV in the blood, leading to better health and a reduction in transmission. Statistically, 96 percent of clients had a lab test in the past 12 months and 94 percent had a suppressed viral load while statewide that number was only

73 percent.

Dane shared that HIV Alliance offered HIV testing, which was recommended at least once for those aged 13-64 and every 3-6 months for people at higher risk (e.g., men who had sex with men and their female partners, partners of those HIV positive, those who had unprotected sex with multiple partners, and people who injected drugs). Hepatitis C testing also was offered and was recommended at least once for everyone born before 1965 and every 6 months for those at higher risk. Testing was provided four days per week in Eugene and Roseburg.

Needle exchange also was a key operation. The cost of the syringe exchange was a tiny fraction of that for treatment and the fact that more syringes were taken in than were distributed demonstrated that some areas were being cleaned up.

Pre-Coordination was about pre-HIV drugs for those at risk and involved an eight-day medication protocol that eliminated HIV exposure if given within 72 hours of exposure.

As the HIV Alliance Education Coordinator, Marilyn and her team presented at high schools, middle schools, treatment centers and community organizations.

A graph that showed overdose deaths by county showed an increase in Lane and a decrease in Douglas counties (based on data going back to about 2015). There had been a huge spike in overdose hospitalizations in Douglas County. Looking at ODs by age showed the dramatic impact of opiate prescriptions, with more deaths in younger age groups.

Peggy Thomas requested a copy of the graph and Dane agreed to send it to Ms. Scott for distribution to the group.

Dane reviewed several legislative bills related to amnesty in overdose reporting and treating. SB 384 allowed for anyone to use Naloxone on someone overdosing without being liable if something bad happened. A variety of organizations were allowed to train individuals and give them Naloxone and pharmacists could both train and prescribe. Currently training must meet Oregon Health Authority criteria and be approved by a licensed physician, with retraining to be given every three years using an OHA training video.

HIV Alliance practiced Harm Reduction through practical strategies that reduced the negative consequences of drug use, met people where they were at, and understood that drug use was complex without minimizing the risk and tragic harm and danger. These strategies included syringe exchange, overdose prevention, housing first, and medication-assisted treatment. The Alliance distributed Naloxone on the street because 82.8 percent of reported OD reversals were done by people who used drugs.

Answering Mr. Basey's question, Marilyn said the Alliance was very active in rural counties, including Josephine and Curry, where it may take longer for emergency services to reach

someone who overdosed.

Marilyn explained that Naloxone was an opioid antagonist that stopped the effects of an opioid; it could not be used to get high, was not addictive, and had no effect if the person receiving it had not taken an opioid.

John Ahlen arrived at the meeting at 11 a.m.

Naloxone was administered either by injection or with a nasal spray. Both methods had basically the same effectiveness with an onset of 3-15 minutes and a duration of 30-45 minutes. The spray form, Narcan, was distributed to members at the meeting.

Marilyn reviewed some of the signs of overdose and said the intervention process involved first identifying that the person was in overdose, calling 911, ensuring the airway was open, starting rescue breathing, and then administering Naloxone or Narcan Nasal Spray.

Answering questions, Marilyn noted that the person did not need to be breathing for Narcan to be effective but rescue breathing may need to be resumed for one hour or until EMS arrived. Only rescue breathing was required and not chest compressions. The slides being e-mailed to Ms. Scott would include YouTube links showing how to use the spray. If council members used their kits and wanted a replacement they should e-mail HIV Alliance. Anyone could call the agency to request training and kits. Marilyn asked council members to fill out the sheets distributed earlier now or complete and give them to Ms. Scott later and she would route them to HIV Alliance.

Ms. Zammarelli shared that over 100 kits had been given out at a May community conversation event at the Library and she was amazed at community members' willingness to step up and save lives.

**5. Announcements, Updates, Agenda Additions**  
**a. Lane County Mental Health Advisory Council Meeting**

Ms. Zammarelli and Ms. Scott had attended the council's last meeting which Ms. Zammarelli described as similar to this council's meetings but longer. There was talk of having a member from the county group attend one of the S&DS council meetings and later possibly having a member from each council sit on the other council and/or holding a joint meeting. While the two councils relied on different funding sources they worked with many of the same people.

Answering Mr. Necker's inquiry, Ms. Zammarelli said there were about 12 voting members on the county council whose membership, like this one, included both consumers and professionals, many of whom were involved in the county system. Their meetings were held at the Mental Health building. When Mr. Necker expressed concern about having a conference room large enough to accommodate a joint meeting, Ms. P. Thomas suggested holding such a meeting at Hilyard Center.

Ms. Scott said the meeting she had attended was very informative and had included discussion of programs of whose existence she had been unaware. She hoped her counterpart in that group would attend an S&DS council meeting in September or November but she acknowledged that the logistics of a joint meeting would take longer to figure out. Ms. Zammarelli indicated that meanwhile she was happy to bring information from that council's meetings to this one. She added that new members were being sought now and that anyone could attend the monthly public meetings on the third Wednesday of the month scheduled from 2:30 to 4:30 p.m. Minutes were posted on the website.

**b. October 2017 Medicaid Changes Update**

Ms. Cline reported that a mediated agreement had been reached so the October changes now were moving forward. A revised notice about 7 pages long was to be sent to anyone with a reduction or discontinuation of their long-term services. It included an explanation of each part of the assessment that had caused the service reduction. The State was working on automating the notice creation process so case managers could create it by clicking different options and would not have to create the entire thing manually, which was very labor-intensive.

Responding to Mr. Necker's question about nursing home residents whose long-term care was discontinued, Ms. Cline said such individuals would be those whose condition had improved and at a later assessment were found to no longer be individually eligible for long-term care. A program was being created to provide assistance for those at risk of losing housing by allowing a continuance of benefits until they received help with the transition.

**6. Call for Next Meeting Agenda Items & Reminder of Next Meeting  
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More time would be allowed at the next meeting to discuss the Medicaid changes. Ms. Scott welcomed additional ideas for the agenda.

**7. Adjourn**

The meeting adjourned at 11:22 a.m.

(recorded by Mary Feldman)