

**Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, August 30, 2011**

BUDGET WORKSESSION #3

Chair Jeff Cogen called the meeting to order at 9:42 a.m. with Vice-Chair Deborah Kafoury and Commissioners Loretta Smith and Judy Shiprack present. Commissioner Diane McKeel was excused.

[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS PROGRAM.]

Chair Cogen: KATHY, I WANT YOU TO KNOW THAT WE HAVE ABOLISHED THE OLD ROMAN PRACTICE OF KILLING THE BEARER OF BAD NEWS.

>> THANK YOU! I HAVE BEEN WORRIED ABOUT THIS ALL DAY.

>> BRACE EVERYONE FOR THE FACT THAT WE'RE GOING TO BE GETTING BAD NEWS. WITH THAT, TAKE IT AWAY.

>> HI, I'M JOANNE FULLER, THE CHIEF OPERATING OFFICER FOR MULTNOMAH COUNTY. THIS IS OUR LAST BRIEFING SESSION IN THE SERIES OF SESSIONS TO LET YOU KNOW ABOUT STATE CUTS AND THEIR IMPACT ON THE COUNTY BUDGET. AT THE END OF THE SESSION WE'LL TALK ABOUT WHAT THE NEXT STEPS ARE GOING FORWARD STARTING NEXT WEEK. BUT I WANTED TO FOCUS FIRST THIS MORNING ON THE CUTS TO BOTH DEVELOPMENTAL DISABILITIES AND DOMESTIC VIOLENCE WHICH YOU DIDN'T GET TO HEAR ABOUT LAST TIME. AND MENTAL HEALTH. THE GOOD NEWS, I THINK IN DEVELOPMENTAL DISABILITIES IT'S ALL GOOD NEWS SO WE'LL START WITH THAT IN A MINUTE. I WANT TO ORIENT YOU TO WARN YOU THAT WE ARE TALKING ABOUT MORE MENTAL HEALTH CUTS, DEEPER MENTAL HEALTH CUTS THAN WE HAD ORIGINALLY PROJECTED FROM THE STATE. THESE ARE CUTS THAT COME IN CATEGORICAL AREAS SO THEY ARE THE AS WE WERE TALKING ABOUT LAST TIME WE GET SOME MONEY FROM THE STATE LIKE OUR PUBLIC SAFETY 1145 THAT WE CAN USE IN VERY FLEXIBLE WAYS. WE GET OTHER MONEY THAT COMES IN SPECIFIC CATEGORICAL WAYS. MOST OF THE MONEY FROM THE STATE COMES IN CATEGORICAL WAYS. ONE OF THE THINGS THAT'S PARTICULAR ABOUT THIS CUT THAT I WANT TO EMPHASIZE, KATHY WILL TALK ABOUT MORE DEEPLY, IS THAT THE STATE ACTUALLY IN THE STATE GENERAL FUND AREA, NOT THE MEDICAID AREA BUT THE STATE GENERAL FUND AREA, ALLOCATED THE SAME AMOUNT OF MONEY THEY DID IN THE LAST LEGISLATIVE SESSION, BUT BECAUSE OF A NEW FORMULA THAT THEY ARE USING TO ALLOCATE THAT MONEY TO COUNTIES, THAT'S BASED SOLELY ON POPULATION, WE TOOK A VERY SIGNIFICANT CUT. WE WILL BE

TALKING TO YOU TODAY ABOUT THAT CUT BUT WE'RE GOING TO NEGOTIATE. WE'RE GOING TO BE WORKING WITH THE STATE TO UNDERSTAND MORE CLEARLY HOW THAT FORMULA WAS APPLIED BECAUSE IT SEEMS LIKE SUCH A SERIOUS CUT THAT WE REALLY NEED TO UNDERSTAND HOW IT WAS THAT THAT CAME ABOUT.

>> JUST TO BE CLEAR ABOUT THAT, PREVIOUSLY WHEN THEY WERE ALLOCATING STATE MENTAL HEALTH DOLLARS THEY LOOKED AT FACTORS BEYOND JUST POPULATION LIKE WHAT THE NEED IS, WHETHER THERE ARE URBAN FACTORS, ET CETERA. THE STATE HAS JUST CHANGED THAT.

>> RIGHT.

>> THEY ARE SAYING THE ONLY THING WE CARE ABOUT IS POPULATION RISK. NO MATTER WHAT THE NEED IS. THE NET RESULT IS A HUGE CUT FOR MULTNOMAH COUNTY.

>> THAT'S RIGHT. OVER ALL, BY THE END OF TODAY, YOU'LL HAVE HEARD OF ABOUT 11 MILLION WORTH OF CUTS TO THE. ¶ FROM THE STATE, AND YOU'LL HAVE HEARD OF ABOUT 4 PLUS MILLION DOLLARS WORTH OF ADDITIONS TO OUR BUDGET. THE UNFORTUNATE THING IS MOST OF THOSE ADDITIONS ARE IN VERY SPECIFIC CATEGORICAL WAYS THAT WE NEED TO SPEND THEM SO WE CAN'T USE THAT 4 PLUS MILLION DOLLARS IN GENERAL TO OFFSET THE CUTS THAT WE'RE EXPERIENCING. SO YOU CAN'T KIND OF LOOK AT IT NET-NET AS A \$7 MILLION CUT BECAUSE IN REALTY, THE CUTS CAME IN DIFFERENT PLACES THAN THE ADDS CAME. IT'S AN \$11 MILLION REDUCTION THAT WE'RE TALKING ABOUT OVER ALL.

>> JOANNE, I HAVE A QUESTION. THE INFORMATION THAT YOU GAVE US LAST WEEK FORT BACKGROUND FOR THIS MEETING, IT SAID THERE WAS AN OVER ALL CUT OF ROUGHLY BETWEEN 1.3 MILLION AND 1.8, SO WHAT YOU'RE SAYING IS IN ADDITION TO THOSE CUTS, THERE'S AN ADDITIONAL \$9 MILLION THAT'S ADDED?

>> WELL, THAT 1.3 TO 1.8 WAS THE CUT TO AGING AND DISABILITY SERVICES OR MENTAL HEALTH. SO WHAT'S BEEN ADDED TO THAT IS AN ADDITIONAL CUT TO MENTAL HEALTH THAT WE WEREN'T PROJECTING LAST WEEK.

>> OKAY.

>> SO IT'S NOT -- IT'S ABOUT FIVE MORE MILLION DOLLARS MORE THAN WE WERE TALKING ABOUT BECAUSE WHAT WE HAD BEEN TALKING ABOUT OVER THE WHOLE OF PUBLIC SAFETY AND HUMAN SERVICES WAS SIX PLUS MINOR FOR THE CUSTOMER. WEDNESDAY WHERE WE TALKED ABOUT 6.6, NOW THE NUMBER WE KNOW IS CLOSER TO 11.

>> THIS REFLECTS THE NEW INFORMATION, SO WE'LL WALK THROUGH THAT TO CLARIFY WHERE THOSE DOLLARS SHOW UP.

>>> KARYNE IS CORRECT. IT'S \$7 MILLION OF ADDS AND \$11 MILLION OF CUTS, BUT YOU CAN'T TAKE THE SEVEN AND MINUS IT FROM THE 11, BECAUSE THE SEVEN COMES IN DIFFERENT AREAS THAN THE 11. DOES THAT MAKE SENSE? SORRY TO THROW SO MANY NUMBERS AT YOU. HOPEFULLY BY THE ENDS OF THE SESSION YOU'LL HAVE HAD ALL YOUR QUESTIONS ANSWERED AND WE'LL BE ABLE TO GO FORWARD NEXT WEEK TO TALK ABOUT WHAT OUR PLANS ARE FOR ADDRESSING THE CUTS.

>>> SO I'M GOING TO ASK AT THE RICE TO TALK ABOUT THE GOOD NEWS OF THE DDE FUNDING.

>> LAST WEEK WE TALKED ABOUT THE GOOD, THE BAD AND THE UGLY. WE TALKED ABOUT THE BAD LAST WEEK WHEN WE REVIEWED THE AGING AND DISABILITY REDUCTION AND PATRICE IS HERE TO TALK ABOUT THE ONLY GOOD NEWS WE HAVE.

>> IT'S MEASURED GOOD NEWS THIS MORNING. THERE'S AN EVEN GREATER REDUCTION IN STATE FUNDING THAN WHAT WE HAD ANTICIPATED IN THE FORECAST. I DO WANT YOU TO BE AWARE THAT WE TOOK AN 11% CUT LAST YEAR IN DISABILITIES. WE ANTICIPATED ANOTHER 10-PLUS PERCENT THIS YEAR AND IT TURNED OUT TO BE ONLY 2% IN CASE MANAGEMENT. WE DID HAVE A PLAN IN PLACE THAT ACROSS THAT PLAN WE WERE LOOKING AT CUTTING SIGNIFICANTLY INTO OUR ADMINISTRATIVE STAFF TO PRESERVE CASE MANAGEMENT. CASE MANAGEMENT IS THE HEARTBEAT OF WHAT WE DO. WE'RE HERE FOR OUR CLIENTS. WE WILL DO EVERYTHING WE CAN AS THINGS MOVE ALONG TO PRESERVE CASE MANAGEMENT FOR US. ALL OF THE FUNDS THAT WE GET IN DEVELOPMENTAL DISABILITIES ARE SPECIFICALLY TARGETED FOR ONE PURPOSE OR ANOTHER AND CAN REALLY ONLY BE SPENT IN THOSE FUNDING STRINGS. OUR CAUTION TODAY IS THAT WE KNOW SISTER AGENCIES ARE BEING CUT AND THERE ARE FINITE FUNDS AS WELL, SO WE'RE MOVING FORWARD WITH CAUTION. I'M REALLY LOOKING AT ONLY HIRING TO THOSE POSITIONS THAT WE ARE REASONABLY SURE WE'RE GOING TO BE ABLE TO FILL.

>> QUESTIONS THAT YOU MAY HAVE ALONG THE WAY?

>> IT'S MY UNDERSTANDING THE ADDITIONAL MONEY IN DEVELOPMENTAL DISABILITIES IS NOT ADDITIONAL MONEY TO BETTER SERVE PEOPLE WE'RE SERVING, IT'S ADDITIONAL CASE LOADS.

>> EXACTLY. OUR ACTUAL CUTS IN CASE MANAGEMENT, 2%. OUR GROWTH IS ACTUALLY MORE THAN THAT. BUT THE MONEY THAT WE GOT BASICALLY

MAKES IT COME OUT A CASH. WE'RE ABLE TO SERVE THE CLIENTS WE HAVE WITH INCREASED CASE LOTS.

>> FOR ANY GIVEN PERSON GETTING SERVICES --

>> THEY WILL HAVE LESS TIME AVAILABLE TO THEM, ABSOLUTELY.

>> NOT MORE.

>> ABSOLUTELY.

>> OTHER QUESTIONS FOR PATRICE BEFORE WE LAUNCH INTO MENTAL HEALTH? NO?

>> WE'LL TAKE IT A GOOD NEWS.

>> WE'RE BEING VERY CAUTIOUS. WE ARE TRYING TO MAKE SURE THAT WE ARE DOING WHAT'S APPROPRIATE WITH PUBLIC FUNDS, AND NOT MAKING ERRORS AS WE MOVE AHEAD.

>> AND AS WE GET THIS INFORMATION, I JUST HAVE TO SAY THAT THIS LEVEL OF CARE AT THE TOP SAYS WE HAVE MORE MONEY, WE HAVE LESS MONEY. WE HAVE MORE MONEY OR WE HAVE LESS MONEY TO. ME THAT'S KIND OF LIKE READING A MENU. IT DOESN'T BRING ANYTHING THAT I CAN REALLY GET A BITE OUT OF. WHAT I THINK IS GOING TO BE IMPORTANT IS HOW DO WE DEAL WITH THIS, HOW DOES IT IMPACT OUR CASE LOAD? WHAT IS GOING TO BE THE FALLOUT IN THE COMMUNITY THAT WE SERVE. SO IT'S NOT THAT WE'RE NOT DELIGHTED TO CUT -- AS YOU EXPECTED, BUT IT STILL. [AUDIO NOT UNDERSTANDABLE]

>> IT'S REALLY ABOUT WHAT DO WE DO NEXT.

>> RIGHT.

>> IT MS. SHIPRACK, THE MATCH FUNDS THAT WE HAVE IN CASE MANAGEMENT ARE TARGETED AT CHILDREN. THAT'S BEEN REALLY THE BASIS FOR OUR TARGETING AROUND CASE MANAGEMENT FOR COUNTY GEM FUND FOR A NUMBER OF YEARS T. HELMS SUPPORT THOSE FAMILIES WHO MOST NEEDY, MOST VULNERABLE IN MULTNOMAH COUNTY. THE STATE DID TAKE A SIGNIFICANT AMOUNT OF MONEY FROM US IN ADMINISTRATION AND MOVE IT INTO CASE MANAGEMENT IN ORDER TO SUPPORT THAT, SO THERE ARE SOME SIGNIFICANT ISSUES. WE ARE WORKING WITH THOSE. WE HAVE HAD A LOT OF SUPPORT FROM THE DEPARTMENT IN DOING THAT.

>> THANK YOU.

>> THANKS, PATRICE.

>> I THINK WE'LL LAUNCH INTO TALKING ABOUT MEN HEALTH. TURN IT OVER TO KATHY.

>> YOU SHOULD HAVE IN YOUR PACKET THE SAME SIMILAR FORMS THAT YOU HAVE SEEN IN THE PREVIOUS BRIEFINGS. THE SYSTEM OF CARE SHEET, THE SPREADSHEET THAT GOES BY PROGRAM OFFER, AND THEN ALSO THE POLICY BACKGROUND INFORMATION AROUND THE TWO SPECIFIC FUNDING SOURCES WE'LL BE TALKING ABOUT, STATE MENTAL HEALTH GRAND AND OREGON HEALTH PLAN VERITY FUNDING. BEFORE I LAUNCH INTO WALKING THROUGH THE PROGRAM OFFERS I WANTED TO GIVE YOU AN OVERVIEW ABOUT WHERE THE STATE FUNDING, WHERE IT COMES, HOW WE GET THAT, AND THEN LAUNCH INTO THE INDIVIDUAL PROGRAM OFFERS. IN THE STATE MENTAL HEALTH GRANT THE FUNDING COMES TO US TARGETED AS JOANNE SAID TO SPECIFIC SERVICES. WE HAVE LITTLE OR NO FLEXIBILITY AS TO WHERE WE CAN SPEND THOSE DOLLARS. THE STATE GENERAL FUND DOLLARS PAY FOR SERVICES TO THE UNINSURED AND ALSO SERVICES THAT ARE NOT MEDICAID ELIGIBLE. THE OTHER FUNDING SOURCE AS I SAID IS THE OREGON HEALTH PLAN AND WE CALL THAT VERITY. THESE DOLLARS ARE FOR SERVICES FOR INDIVIDUALS COVERED BY THE OREGON HEALTH PLAN AND COME TO US ON A PER-MEMBER PER-MONTH CAPITATED RATE. WE CURRENTLY HAVE APPROXIMATELY 95,000 MEMBERS AND THAT'S ADULTS AND CHILDREN. THESE ARE RESTRICTED FUNDS. THEY CAN ONLY BE USED TO SERVE THOSE MEDICAID CLIENTS AS WELL AS IT CAN ONLY BE USED ON MEDICAID ELIGIBLE SERVICES. FOR THE STATE MENTAL HEALTH GRANT, OVER ALL WE RECEIVED A NET 1.2 MILLION DOLLAR INCREASE, HOWEVER THOSE ARE ALLOCATED TO SPECIFIC SERVICES. AS JOANNE MENTIONED, WE'RE RECEIVING SOME SIGNIFICANT NEW MONEY FOR SERVICES THAT HAVE TO BE SPENT ON THOSE DOLLARS. WE ARE RECEIVING \$2.3 MILLION FOR LONG TERM ACUTE CARE. THIS IS NEW TO THE COUNTY. IT'S A SERVICE THAT WAS PREVIOUSLY PAID DIRECTLY FROM THE STATE TO COMMUNITY-BASED PROVIDERS, BUT NOW WILL BE COMING THROUGH THE COUNTY. SO IT'S NOT NEW DOLLARS TO THE SYSTEM, BUT IT'S JUST COMING THROUGH OUR BUDGET.

>>> WE'RE ALSO RECEIVING ADDITIONAL STATE GENERAL FUND DOLLARS AT ABOUT \$2 MILLION FOR ADULT MENTAL HEALTH IN ADDITION TIER, OR AIM HIGH. REMEMBER THAT, IT'S INCREASING RESIDENTIAL AND TRANSITIONAL HOUSING FUNDING. IT'S A PROGRAM THAT BEGAN LAST FISCAL YEAR AND IS DESIGNATED TO MOVE MORE INDIVIDUALS OUT OF THE STATE HOSPITAL INTO THE COMMUNITY. ALL OF THOSE DOLLARS ARE RESTRICTED AND NEED TO BE SPENT SPECIFICALLY ON TRANSITIONAL HOUSING AND RESIDENTIAL SERVICES FOR THESE CLIENTS.

>>> FOR THE REMAINDER OF THE MENTAL HEALTH SERVICES, THERE WAS NO CUT AS JOANNE MENTIONED BUT AS THE STATE MOVED TO THE POPULATION BASED METHODOLOGIES, THEY CALL AT THE KESSLER FORMULA, IT IMPACTED THE LARGER COUNTIES SUCH AS MULTNOMAH COUNTY. EVEN THOUGH THE POPULATION IS LARGER THAN, THE NEED IS MUCH GREATER IN THE METROPOLITAN COUNTY. THE MOST SIGNIFICANT IMPACT OF THAT FORMULA CHANGE IS TO OUR CRISIS SERVICES. THERE ARE TWO SERVICE ELEMENTS OR TWO PIECES OF FUNDING THAT COME TO SERVE THAT AND OUR CRISIS SERVICES ARE BEING REDUCED \$3.5 MILLION. THINGS THAT ARE FUNDED BY OUR CRISIS DOLLARS ARE 24-HOUR CALL CENTER, CRISIS LINE, OUR WALK-IN CLINIC AND OUR MOBILE OUTREACH. THOSE THREE THINGS ARE THE BACKBONE OF THE MENTAL HEALTH SYSTEM. WITHOUT PROPER FUNDING OF THOSE WE WILL HAVE INDIVIDUALS WHO WILL EXPERIENCE MORE TRIPS TO THE EMERGENCY DEPARTMENT, COULD BE PICKED UP BY THE POLICE, APPEARED/OR END UP IN JAIL.

>> JUST SO I'M CLEAR ABOUT THIS, I AM OUTRAGED. THESE CRISIS SYSTEMS ARE NOT THE RESULT OF THE STATE BUDGET CUTS, THEY ARE A RESULT OF THE POLICY CHOICE THEY MADE TO STOP FUNDING URBAN AREAS WITH WITHOUT RECOGNITION OF THE DIFFERENCE WE FACE.

>> YOU'RE ABSOLUTELY RIGHT. THE MAJORITY OF THESE DOLLARS ARE FUNDING AS I SAID, THE PROJECT RESPOND, OUTREACH, AND OUR URGENT WALK-IN CLINIC, BOTH ARE SERVICES PROVIDED BY COMMUNITY-BASED PROVIDERS SPECIFICALLY CASCADIA AND I BELIEVE GERALD WALKER IS HERE TODAY. BY THIS LARGE OF A REDUCTION TO THOSE SERVICES, WE WOULD NEED TO LOOK AT A TOTAL REDESIGN ON HOW THOSE SERVICES ARE PROVIDED. WITH THE FUNDING REDUCTION AT THAT SIGNIFICANT OF A LEVEL WE COULD NOT CONTINUE WITH THE CURRENT 24-HOUR STATUS OF THOSE. WOULD IT BE LESS HOURS? WE JUST HAVEN'T REACHED THAT POINT YET TO DETERMINE HOW THAT WOULD BE REDESIGNED OR HOW WE WOULD BE ABLE TO CONTINUE ANY PIECES OF THAT SYSTEM.

>>> INTERNAL TO THE COUNTY, THE LARGEST PIECE OF THE CRISIS DOLLARS FUND OUR 24/7 CALL CENTER. THE REDUCTION THAT WE WOULD BE FACING HERE COULD IMPACT AS MANY AS NINE FTE, WHICH IS THE TOTAL FTE THAT STAFF OUR CALL CENTER, SO WE WOULD NOT BE ABLE TO CONTINUE. WE WOULD NEED TO CLOSE THAT CRISIS LINE AND FIGURE OUT HOW WE -- IF AT ALL WE WOULD BE ABLE TO OFFER THAT SERVICE BY SOME OTHER METHOD. AS FAR AS MITIGATING FACTORS, FUNDING TO BE ABLE TO HELPLESS SEND THE BLOW HERE, WE DO HAVE SOME STATE CARRY-OVER DOLLARS FROM THE LAST FISCAL YEAR IN THE AMOUNT OF ABOUT 1.6 MILLION THAT IF WE HAD APPROVAL FROM STATE WE COULD USE THAT TO MITIGATE SOME OF THE REDUCTIONS. WE'RE ALSO --

>> HOW MUCH WAS THAT BEEN?

>> 1.6 MILLION.

>> IF THE STATE LET'S US DO. THAT.

>> THAT'S ONLY A MERE BAND-AID. THAT'S CORRECT. THESE CUTS TOOK EFFECT JULY 1, SO WE'RE BURNING THROUGH DOLLARS AS WE MOVE THROUGH THIS PROCESS APPEARED UNTIL THE BUDGET REBALANCE.

>> CAN WE BACK UP FOR A SECOND? I WROTE DOWN A NUMBER, AND I WANTED TO CHECK IT WITH YOU. GOING BACK TO THE BEGINNING OF THE YEAR PRESENTATION, HOW MANY PEOPLE ARE SERVED THROUGH VERITY?

>> NUMBER SERVED -- I WOULD HAVE TO LOOK THAT UP. [AUDIO NOT UNDERSTANDABLE]

>> BUT I MENTIONED THE NUMBER OF MEMBERS, WHICH IS AROUND 95,000. SO WE DON'T SERVE EVERYONE WHO IS A MEMBER.

>> SO I GUESS MY QUESTION IS DOES THAT MEMBERSHIP -- IS IT A CONDITION OF ENROLLMENT IN VERITY THAT YOU WOULD BE A MULTNOMAH COUNTY RESIDENT?

>> YES.

>> SO VERITY IS BASICALLY THE OREGON HEALTH PLAN, MENTAL HEALTH INSURANCE FOR PEOPLE WHO ARE MULTNOMAH COUNTY RESIDENTS THERE ARE SOME PEOPLE WHO ARE COVERED WITH A COUPLE OF OTHER PLANS BUT THE BULK OF MULTNOMAH COUNTY RESIDENTS WHO ARE COVERED UNDER THE OREGON HEALTH PLAN ARE ENROLLED IN VERITY.

>> AN ENORMOUS NUMBER. 800,000 PEOPLE IN MULTNOMAH COUNTY. RIGHT AROUND. 95,000 OF THEM -- THAT'S NEARLY ONE IN EIGHT ARE ON --

>> MULTNOMAH COUNTY RESIDENTS ARE ENROLLED IN VERITY.

>> RIGHT. RIGHT.

>> THEN A SUBSET OF THOSE, OBVIOUSLY, NEED MENTAL HEALTH SERVICES, SO THAT'S HOW WE GET A NUMBER OF PEOPLE WHO ARE SERVED THAT SIGNIFICANTLY -- NOT EVERYONE WHO HAS THE INSURANCE NEEDS THE MENTAL HEALTH CARE.

>> SO I THINK I'LL START WALKING THROUGH THE SPREADSHEET. AS WE BEGIN THE FIRST PROGRAM OFFER, MENTAL HEALTH ADMINISTRATION, WE'RE ACTUALLY SEEING -- ON PAGE 2, I BELIEVE, OF YOUR PACKET, WE'RE

SEEING \$32,000 INCREASE IN FUNDING INTO ADMINISTRATION AND THOSE DOLLARS OUR PLAN IS TO NOT ADD ANYTHING INTO ADMINISTRATION BUT TO USE THOSE DOLLARS TO MITIGATE SOME OF THE SERVICE REDUCTIONS. THE NEXT PROGRAM OFFER THAT'S IMPACTED IS THE CRISIS SERVICES FOR STATE MENTAL HEALTH FUNDING WE'RE LOOKING AT A \$3.2 MILLION REDUCTION. THAT'S ESTIMATED TO IMPACT APPROXIMATELY 61,000 CLIENTS. LIKE I MENTIONED, WE WOULD NOT BE ABLE TO FUND AT THE SAME LEVEL THE MOBILE OUTREACH, WALK-IN CLINIC OR THE CRISIS LINE. THE NEXT PROGRAM MENTAL HEALTH COMMITMENT SERVICES, ALTHOUGH YOU SEE AN INCREASE STATE MENTAL HEALTH DOLLARS, THOSE ARE THE NEW DOLLARS I MENTIONED FROM THE LONG TERM ACUTE CARE FUNDING THAT'S A NEW PROGRAM THAT'S COMING THROUGH THE COUNTY. THE DECREASE IN THAT PROGRAM OFFER FROM STATE MENTAL HEALTH GRANT IS \$119,000. THAT FUNDS EMERGENCY HOLDS, PAYS FOR INVOLUNTARY COMMITMENT INTO HOSPITALS. THOSE ARE SERVICES THAT AS BEING PART OF THE LOCAL MENTAL HEALTH AUTHORITY THE COUNTY IS MANDATED TO MAKE SURE THAT THOSE BILLS ARE PAID, SO SHOULD THOSE DOLLARS FROM THE STATE BE REDUCED AND THE HOSPITAL COSTS EITHER REMAIN THE SAME OR INCREASE, THE COUNTY GENERAL FUND THEN IS EXPECTED TO COVER THOSE COSTS.

>>> THE NEXT PROGRAM OFFER AT THE TOP OF PAGE 3 IS THE ADULT MENTAL HEALTH INITIATIVE RESIDENTIAL. THOSE ARE THE NEW DOLLARS I MENTIONED THAT ARE COMING INTO THE COUNTY SPECIFICALLY FOR MOVING INDIVIDUALS OUT OF THE STATE HOSPITAL AND PAYING FOR RESIDENTIAL AND TRANSITIONAL SERVICES. MENTAL HEALTH SERVICES FOR ADULTS, THAT PROGRAM OFFER WE'RE SEEING THE OREGON HEALTH PLAN OR VERITY REDUCTION OF \$1. MILLION. IT PAYS FOR -- \$1.2 MILLION, PAYS FOR MOSTLY SERVICES PROVIDED IN COMMUNITY BASED SERVICE ORGANIZATIONS. THIS EQUATES TO APPROXIMATELY AN 11.2% REDUCTION. ORIGINALLY WE HAD THOUGHT THAT BEFORE THE LEGISLATURE HAD COMPLETED THAT WE WERE LOOKING AT ABOUT A 19% REDUCTION. WE ENDED AT 11%, \$1.1 MILLION ATTRIBUTED TO ADULT SERVICES AND WE MET WITH OUR COMMUNITY BASED PROVIDERS TO TRY TO DETERMINE THE BEST WAY TO MAKE UP THIS DIFFERENCE, AND WHAT IS THE DECISION CAME TO -- LOW LEVEL TREATMENT NEEDS, PUT A CAP ON THE SERVICES FOR LOW LEVEL TREATMENT. IT WILL IMPACT ANYWHERE FROM AROUND 37 ADULTS -- 3700 ADULTS AND 2500 CHILDREN, AND WHAT IT WILL DO IS LIMIT THE NUMBER OF SESSIONS FOR THESE LOWER LEVEL ON THE MORE PREVENTIVE SIDE OF THE MENTAL HEALTH TREATMENT SERVICES. WHAT HAPPENS THEN OR COULD HAPPEN THEN IS THINGS COULD ASK LATE TO THE EXTENT THAT THEY WOULD NEED HIGHER COST SERVICES AND/OR GO INTO CRISIS.

>> BUT THEY WON'T BE ABLE TO CALL THE CRISIS LINE IF THEY HAVE A CRISIS BECAUSE IT WON'T BE THERE.

>>> WE'RE GOING TO MOVE PEOPLE FROM THE STATE HOSPITAL TO OUR COMMUNITY BUT ONCE THEY GET HERE, YOU'RE ON YOUR OWN? EXCELLENT. THANKS. MAKES A LOT OF SENSE.

>> I'M SO GLAD YOU DECIDED NOT TO KILL THE MESSENGER.

>> JUST TO HIGHLIGHT WHAT KATHY WAS TALKING ABOUT ABOUT THE CHOICE IN VERITY, YOU HEARD LAST WEEK ABOUT THE KIND OF PRINCIPLE OF PRESERVING SERVICES FOR THE HIGHER RISK OFFENDERS. IN THIS IT WAS ALSO TRYING TO PRESERVE SERVICES, THE INTENSITY OF SERVICES FOR PEOPLE WHO HAVE THE MOST SERIOUS MENTAL ILLNESS, AND LIMIT THE SERVICES AT THE LOWER LEVEL. PROVIDERS WILL BE ABLE TO BECAUSE MEDICAID REQUIRES US TO PROVIDE EVERY MEDICALLY NECESSARY SERVICE, PROVIDERS WILL BE ABLE TO REQUEST A VERITY THAT THEY HAVE -
- OF VERITY THAT THEY HAVE SPECIAL PERMISSION TO CONTINUE TREATMENT BEYOND WHAT WE HAVE AGREED WILL BE THE LEVEL OF TREATMENT THAT WAS AVAILABLE. SO THAT PEOPLE WOULD IF THEY REALLY NEEDED THE TREATMENT BE ABLE TO GET IT. THIS IS A WAY OF TRYING TO LIMIT HOW MUCH WE'RE SPENDING ON THE LOWER LEVEL PEOPLE SO WITH HAVE ENOUGH MONEY TO SPEND ON THE PEOPLE WITH THE MOST SERIOUS MENTAL HEALTH NEEDS.

>> CAN YOU TELL ME WHAT THAT LOOKS LIKE? GIVE ME AN EXAMPLE. IS THAT GOING FROM ONE THERAPY SESSION A WEEK, FROM THREE, OR --

>> I'M GOING TO ASK JOAN RICE TO COME DOWN AND INTRODUCE HERSELF AND TELL YOU ABOUT THAT. SHE REALLY KNOWS MORE ABOUT THAT THAN EITHER KATHY OR I DO.

>> I'M JOAN RICE, QUALITY MANAGER WITH THE DIVISION. IN ANSWER TO YOUR QUESTION, COMMISSIONER, AT THE LOWEST LEVEL OF CARE, WE USE AN ASSESSMENT OR THE PROVIDERS USE AN ASSESSMENT THAT BASICALLY HAS A RANGE OF SERVICE, BUT IT'S FOR AN ASSESSMENT AND FIVE ADDITIONAL VISITS. WE THINK THAT -- WE HAVE ADVOCATED FOR WHAT THEY CALL A BRIEF SOLUTION FOCUSED THERAPY, SO IF SOMEONE NEEDS A LOW LEVEL, YOU GET IN, GET SEEN FOR A FEW VISITS, THEN TRANSITION OUT. AT THE NEXT LEVEL OF CARE IT'S AN ASSESSMENT AND 10 ADDITIONAL SESSIONS. ABOUT DOUBLE THAT AMOUNT. SO WE'RE PLACING A CAP AT THAT LEVEL AND SOME PROVIDERS HAVE WHAT WE HAVE SEEN IS MORE OF THE PROVIDERS HAVE ASSESSED PEOPLE AS NEEDING THAT LEVEL, BUT GIVEN MORE SERVICES TO LOWER LEVELS AND LESS THAN WHAT THEY HAVE ASSESSED FOR THE PEOPLE AT THE HIGHER LEVEL. SO WE'RE JUST PLACING THAT LIMIT ON WHAT THEY HAVE INITIALLY SAID. THEN AS JOANNE MENTIONED, IF THEY SAY, OH, THIS CHILD NEEDS MORE SERVICES, THEY WOULD JUST -- WE ALREADY HAVE AN ADDITIONAL EXCEPTIONAL NEEDS PROCESS THAT THEY CAN FOLLOW BY CALLING AND ASKING FOR MORE.

>> SO TODAY THEY CAN GET UNLIMITED SERVICES AT THE LOWER LEVEL. BUT WITH THIS NEW PROCESS, THEY WILL STOP AT FIVE AND THEN IF THEY NEED IT, ANY ADDITIONAL, THEY WILL GO UP TO THE SECOND LEVEL AND THEY CAN GET UP TO TEN?

>> YES. THEY WOULD HAVE TO ASK FOR THAT. ACTUALLY SUBMIT A REQUEST. THE PROVIDER WOULD.

>> THE PROVIDER WOULD HAVE TO ASK. OKAY.

>> COMMISSIONER, WE HAVE ALREADY IMPLEMENTED THESE CHANGES. I BELIEVE IT WAS EFFECTIVE ALL OF 15th, SO THE PROVIDERS ARE ALREADY WORKING UNDER THE NEW GUIDELINES.

>> THANK YOU.

>> JUST IN CASE.

>>> THE NEXT PROGRAM OFFER IS THE MENTAL HEALTH TREATMENT AND MEDICATIONS FOR THE UNINSURED. THIS PROGRAM OFFERED PRIMARILY FUNDED BY COUNTY GENERAL FUND, WHAT WE CALL THE MULTNOMAH TREATMENT FUND THAT YOU MAY BE FAMILIAR WITH. WE HAD ADDITIONAL STATE GENERAL FUND BUDGETED IN THAT PROGRAM OFFER THAT HELPED TO PAY FOR THE SERVICES OF UNINSURED SEVERELY MENTALLY ILL INDIVIDUALS AND THOSE WITHOUT FINANCIAL RESOURCES. WHAT THIS IS PROPOSING TO DO IS TO REMOVE THAT STATE GENERAL FUND MONEY AND SO THIS WOULD BE EVEN MORE PRIMARILY FUNDED BY COUNTY GENERAL FUND.

>> AS WE TRANSITION INTO THE SORT OF NEW FRAMEWORK OF MEDICAL TREATMENT PROVISION, ARE SOME OF THESE CUTS ANTICIPATORY OF THAT FRAMEWORK SO THAT SOMEONE IS ANTICIPATING LIKE A LIFE RAFT OUT HERE SOMEWHERE?

>> SO YES. TO SOME DEGREE. WE HOPE THAT AS HEALTH CARE REFORM MOVES FORWARD, MORE PEOPLE ARE COVERED UNDER OHP, SO THERE ARE LESS UNINSURED INDIVIDUALS IN THE COMMUNITY FOR US TO SERVE IN THE MULTNOMAH TREATMENT FUND. WE HAVE BEEN SEEING A DECREASE IN THE LAST YEAR. LAST YEAR WE BUDGETED THE TREATMENT FUND LOWER THAN WE DID THE YEAR BEFORE, SO WE HAVE BEEN KIND OF SEEING A DECREASE IN THAT UNINSURED POPULATION THAT WE'RE SERVING. ONE OF THE CHALLENGES THAT WE HAVE IS THAT SOME OF THE PEOPLE THAT WE SERVE WITH THE MULTNOMAH TREATMENT FUND ARE LOW INCOME INDIVIDUALS THAT ARE COVERED UNDER MEDICARE AND MEDICARE DOESN'T COVER THE CASE MANAGEMENT, SO WE HAVE SOME INDIVIDUALS IN THIS FUND THAT

REALLY, REALLY, REALLY NEED THE SERVICES IN ORDER TO FUNCTION IN OUR COMMUNITY, AND THEY HAVE HEALTH INSURANCE, MEDICARE, BUT IT ONLY COVERS THE MEDICAL TREATMENT, NOT THE CASE MANAGEMENT AND SOCIAL SUPPORTS THAT THEY NEED TO BE SUCCESSFUL. SO THAT'S KIND OF THE CHALLENGE THAT WE HAVE WITH THE MULTNOMAH TREATMENT FUND.

>> SO AT THE TOP OF PAGE 4 ON THIS SPREADSHEET IS THE EARLY ASSESSMENT AND SUPPORT ALLIANCE OR EASA PROGRAM. WE'RE RECEIVING \$76,000 INCREASE FROM THE STATE MENTAL HEALTH GRANT, AND THESE FUNDS WILL BE USED TO INCREASE AND ENHANCE SERVICES TO TRANSITION AGE YOUTH.

>>> THE NEXT PROGRAM OFFER THAT'S IMPACTED IS COMMUNITY-BASED MENTAL HEALTH SERVICES FOR CHILDREN AND FAMILIES. THERE ARE ACTUALLY TWO AREAS OF FUNDING, OREGON HEALTH PLAN IS BEING REDUCED \$592,000, THE STATE MENTAL HEALTH GRANT IS BEING REDUCED \$185,000. AGAIN, FOR THE OREGON HEALTH PLAN, THE METHOD THAT JOAN TALKED ABOUT IN LIMITING THOSE LOWER LEVEL VISITS OR CAPPING THOSE IS THE STRATEGY THAT WE'LL BE USING TO MEET THAT REDUCTION. AND ADDITIONALLY, THE OUTPATIENT SERVICES FUNDED BY THE STATE MENTAL HEALTH GRANT WILL BE DECREASED BY \$185,000. [AUDIO NOT UNDERSTANDABLE] BECOME MORE VULNERABLE TO FALLING THROUGH THE HOLES IN THE NET. ARE THEY GOING TO DEFAULT INTO EMERGENCY ROOMS AND WHO IS -- WHOSE FINANCIAL RESPONSIBILITY IS THAT?

>> IF THEY ARE PLACED ON HOLD, SO THEY ARE FOUND TO BE UNABLE TO CARE FOR THEMSELVES OR A DANGER TO OTHERS, THEN THEY BECOME OUR FINANCIAL RESPONSIBILITY. IF THEY ARE NOT AT THAT LEVEL OF ACUITY AND THEY WIND UP IN THE EMERGENCY ROOM, THEN EITHER THE COSTS ACCRUE TO OHP, VERITY AND/OR THE MEDICAL SIDE OF OHP, DEPENDING ON WHAT THE PROBLEM IS, OR IF THEY ARE UNINSURED THE HOSPITAL WINDS UP HAVING TO COPE WITH THEM. IN THOSE SITUATIONS OFTENTIMES THEY TRY TO DEFAULT TOWARDS A HOLD AND THEN WE SEND OUR INVESTIGATORS OUT AND OUR INVESTIGATORS SAY THIS PERSON ISN'T HOLDABLE ANY MORE AND THEY RELEASE THE HOLD AND THEY GET PAID FOR ONE NIGHT OF CARE.

>> I JUST -- I GUESS IN A CLUMSY WAY TRYING TO POINT OUT WHAT APPEARS TO BE ANOTHER EXAMPLE OF CUTTING AT THE LOW COST, HIGH OUTCOME END IN ORDER TO SEND PEOPLE TO THE HIGH COST, LOW EXPECTATION TO HAVE A GOOD OUTCOME.

>> YES.

>> WHERE HIGHER UPS CAN ARGUE ABOUT WHO HAS THE FINANCIAL RESPONSIBILITY BUT DOWN HERE IN THE SAFETY NET BASKET THE PATIENT IS IN WORSE SHAPE THAN BEFORE.

>> THAT'S A PART OF WHY WHEN WE COME BACK AND TALK TO YOU ABOUT MITIGATION STRATEGIES NEXT WEEK WE'RE GOING TO BE TRYING OUR BEST TO ADDRESS THAT CHALLENGE. BUT IT'S A HUGE -- THIS IS A REALLY HUGE CUT, AND IT'S REALLY ONE OF OUR MORE VULNERABLE SYSTEMS. SO IT'S A REALLY BIG CHALLENGE.

>> THE FINAL PROGRAM OFFER ON THIS SPREADSHEET IS ADULT ADDICTION TREATMENT CONTINUUM. ACTUALLY YOU'LL SEE AN INCREASE OF ABOUT \$540,000. THE MAJORITY OF THAT FUNDING IS GAMBLING TREATMENT, ADDITIONAL DOLLARS INTO THE CONTRACTED SERVICES FOR GAMBLING TREATMENT. AGAIN, CATEGORICAL FUNDING, IT'S LOTTERY DOLLARS THAT CAN ONLY BE USED FOR THOSE SERVICES.

>> SO BEHIND THIS IN YOUR PACKET YOU WILL FIND POLICY BACKGROUND FOR BOTH THE STATE MENTAL HEALTH GRANT AS WELL AS THE OREGON HEALTH PLAN VERITY. I CAN'T WALK THROUGH THAT WITH YOU ALL OR WE CAN ENTERTAIN ANY QUESTIONS THAT YOU MIGHT HAVE ABOUT THE INFORMATION.

>> I JUST -- SO ARE ALL OF THE CUTS OUTLINED HERE DUE TO THE KESSLER OR ARE THERE SOME THAT ARE --

>> SO THE CUTS TO THE OREGON HEALTH PLAN, THE OREGON HEALTH PLAN BOTH IN THE PHYSICAL HEALTH CARE AND THE MENTAL HEALTH CARE TOOK THE ACROSS THE BOARD 11.2% CUT.

>> OHP CUTS --

>> THOSE OHP CUTS WERE ACROSS THE BOARD TO OHP, HEALTH CARE PLANS, SO CARE OR, OUR PARTNERS IN THE PHYSICAL HEALTH CARE, AND VERITY IN THE MENTAL HEALTH CARE. THERE ARE SOME SMALL REDUCTIONS HERE THAT AREN'T BECAUSE OF THE EQUALIZATION FORMULA, THE KESSLER FORMULA, BUT THE CUT TO THE CRISIS SERVICES, WHICH IS THE REALLY BIG CUT, THAT'S THE CUT THAT IS THE RESULT OF THE USING THAT EXCLUSIVELY POPULATION BASED FORMULA.

>> IS THAT CORRECT, JOAN?

>> YES. THAT WAS ACTUALLY LEGISLATED SEVERAL YEARS AGO, IT JUST HAD NOT BEEN IMPLEMENTED IN THESE ECONOMIC TIMES. THE COUNTIES THAT KNEW THEY WOULD BE -- THAT THERE WAS A REDISTRIBUTION TO BE MADE ACTUALLY FORCED THAT ISSUE.

>> WE CONTINUE TO MAKE A PITCH THAT IT NOT BE IMPLEMENTED AND CARL BREMER AND I TALKED A LOT WITH THE STATE FOLKS ABOUT WHAT WE

KNEW. WE DIDN'T KNOW THE EXACT NUMBER, BUT WE KNEW THAT IT WOULD BE A SIGNIFICANT REDUCTION FOR US. THE PROBLEM IS THAT WE DON'T -- WE DIDN'T HAVE VERY MANY ALLIES. WE WERE THE PEOPLE WHO WERE IMPACTED MOST. LANE COUNTY WAS PARK. WASHINGTON. CLACKAMAS COUNTY WAS MOSTLY WASHED, WASHINGTON COUNTY GAINED A LOT. TYPICALLY OUR ALLIES IN A DISCUSSION LIKE THAT ARE OTHER COUNTIES WHO ARE FIGHTING FOR STATE MONEY FOR LOCAL SERVICES THAT THEY DESPERATELY NEED, YET IN THIS CASE THE OTHER COUNTIES WEREN'T NECESSARILY ALLIES TO US BECAUSE SOME OF THEM WERE GOING TO GAIN SIGNIFICANTLY FROM US TAKING THIS REDUCTION.

>> IT WAS A BIG HIT TO US. THAT MONEY GOES PRETTY FAR OTHER PLACES.

>> RIGHT.

>> SO WAS THAT THE FUNDING THAT YOU WERE UNSURE OF A FEW WEEKS AGO?

>> YES.

>> IT WAS THAT PIECE OF IT THAT IS BIGGER THAN WE THOUGHT.

>> YES.

>> THANK YOU.

>> I'M LOOKING AT THIS DESCRIPTION SORT OF WHERE WE WERE CUT AND WHERE WE WERE AUGMENTED. I CONTINUING WOULD BE INTERESTING AND PROBABLY JUST A SUBJECT FOR A WHOLE 'NOTHER BRIEFING TO LOOK AT SOME OF THE CHANGES THAT IT APPEARS FROM THIS SYNOPSIS THAT THE STATE IS TRYING TO PUSH US INTO CHANGING OUR SERVICE DELIVERY MENU SOMEWHAT.

>> SO THOSE TWO PLACES PRIMARILY THAT WE WERE AUGMENTED, ONE IS THIS AIM HIGH MODEL, WHICH IS A PLACE WHERE THE STATE -- WE HAVE BEEN WORKING WITH THE STATE. WE WERE ONE OF THE FIRST TO SAY, WE'LL WORK WITH THE STATE. AND WHAT THAT MODEL DOES IS IT FUNDS AN ARRAY OF SERVICES FOR PEOPLE WHO ARE EITHER LEAVING THE STATE HOSPITAL SO THAT PEOPLE CAN LEAVE THE STATE HOSPITAL QUICKER TO HELP WITH THE NUMBER OF FOLKS IN THE STATE HOSPITAL, AND ALSO PEOPLE WHO ARE LEAVING RESIDENTIAL WHO HAVE BEEN LONG TERM IN RESIDENTIAL TREATMENT AND THERE'S A REALLY DESIRE TO HELP THEM BE MORE EFFECTIVE AT LIVING ON THEIR OWN IN THE COMMUNITY IN SUPPORTED HOUSING OR OTHER SITUATIONS LIKE THAT. THAT'S A BIG POLICY SHIFT AND ALSO A FUNDING SHIFT. WE WOULD BE HAPPY TO TALK MORE IN DETAIL ABOUT THAT. IT'S A REALLY -- IT'S SOMETHING THAT PHILOSOPHICALLY THE

DEPARTMENT AND THE COUNTY HAVE BEEN VERY SUPPORTIVE OF BECAUSE IT'S REALLY ABOUT GIVING PEOPLE A MORE INDEPENDENT LIFE WHO HAVE SERIOUS MENTAL ILLNESS AND ARE CHALLENGED BY THAT. THE OTHER PLACE THAT IS A SHIFT IS THE STATE GIVING US THE LONG TERM CARE DOLLARS. SO THOSE ARE DOLLARS THAT IN A WEIRD, CONVOLUTED WAY, A FEW HOSPITALS IN THE STATE GOT DIRECT PAYMENT FROM THE STATE THAT WAS LONG TIME HISTORICAL KIND OF ANOMALY FOR HOLDING PEOPLE WHO HAD ALREADY BEEN COMMITTED BY THE COURT TO THE STATE HOSPITAL BUT COULDN'T BE ADMITTED TO THE STATE HOSPITAL SO THEY WERE HELD IN A LOCAL HOSPITAL AND PAID FOR THERE. THE STATE WAS PAYING THOSE DOLLARS, AND IT WAS REALLY UNCLEAR -- THERE WASN'T A LOT OF ACCOUNTING FOR HOW MANY PEOPLE, HOW MANY DAYS, WHAT THE WHOLE DEAL WAS, SO THE STATE DECIDED TO GIVE TO CLACKAMAS, WASHINGTON AND MULTNOMAH COUNTY WHERE THOSE HOSPITALS WERE THAT MONEY SO THAT WE COULD MANAGE THAT AS PART OF OUR OVER ALL COMMITMENT MANAGEMENT OF PEOPLE BEING COMMITTED AND MOVED INTO THE STATE HOSPITAL, AND AGAIN, IT'S IN THE STRATEGY OF SAYING, GEE, IF YOU'RE RESPONSIBLE FOR THESE PEOPLE PAYING THESE BILLS, COUNTY, YOU MAY COME UP WITH SOME CREATIVE THINGS YOU DID WITH THESE PEOPLE OTHER THAN HAVING THEM SIT IN THE HOSPITAL AND WAITING FOR THE STATE TO TAKE THEM AT THE STATE HOSPITAL.

>> SOUNDS LIKE A GENERALLY GOOD IDEA, IT SHOWS UP ON OUR BUDGET AS NEW MONEY, IT'S NOT REALLY A COUPLE MILLION DOLLARS OF NEW MONEY, THEY WERE ALREADY IN THE SYSTEM.

>> EXACTLY. EXACTLY.

>> WILL WE BE ABLE TO HELP THOSE FOLKS MORE EFFICIENTLY THAN STAYING IN THE HOSPITAL FOR THAT TIME? THOSE PEOPLE THAT WOULD GO TO -- [AUDIO NOT UNDERSTANDABLE]

>> WE HAVE TO BEGIN TO CHIP AWAY AT WHAT THIS MEANS TO START WITH. AT FIRST WE'RE PROBABLY JUST PAYING THE SAME HOSPITAL BILLS THEY WERE, THEN FIGURING OUT WHO THESE PEOPLE ARE APPEARED WHAT THAT MEANS.

>> WHERE IS THAT, I'M SORRY -- WHICH POT --

>> IT'S IN PROGRAM OFFER 25055. IT'S -- IS THAT RIGHT, JOAN? I'M SORRY, 25058, SHOWS AN INCREASE OF 2.2 MILLION. IT'S INCLUDED IN THERE.

>> LONG TERM ACUTE CARE SERVICES.

>> CORRECT.

>> IT SAYS IT'S A NEW PROGRAM. IT'S COMING TO THE COUNTY BUT USED TO BE SOMEWHERE ELSE SO IT'S NOT REALLY NEW.

>> OKAY. THANK YOU.

>> I'M SORRY, I'M STILL -- IT LOOKED TO ME IN THE REVENUE SOURCE NOTE THAT THE TOTAL INCREASE, WELSHING NOT THE NET INCREASE BUT THE INCREASE, \$5 MILLION, SO A PORTION OF THAT FALLS INTO THAT --

>> RIGHT, A PORTION FALLS INTO THAT 2.2. THEN THE REST OF IT FALLS INTO THE NEXT PROGRAM OFFER ON THE TOP OF THE NEXT PAGE, WHICH IS THE AIM HIGH INITIATIVE, WHICH IS A LITTLE OVER 2 MILLION.

>> IS THIS ANALOGOUS TO REENTRY PROGRAMMING?

>> YES. ABSOLUTELY. EVEN BETTER THAN REENTRY. IN REENTRY PROGRAM IN THE PRISON BECAUSE WE HAVE FIXED PRISON SENTENCING WE CAN'T GET PEOPLE OUT EARLIER, HERE WE CAN GET PEOPLE OUT OF THE INSTITUTION EARLIER AND PROVIDE THEM WITH A BETTER QUALITY OF LIFE.

>> WHERE I'M GOING IS IS THERE ANY EVIDENCE -- ARE WE ON A TRAIN HERE OR SOMETHING LOGICAL THAT SAYS THIS IS GOING TO REDUCE THE TOTAL NUMBER OF CALLS WE HAVE FOR CRISIS SERVICE? I MEAN, IS THERE A LOGIC?

>> BECAUSE THE FORMULA HAS NO LOGIC. IT HAS LOGIC FOR THE PEOPLE THAT GOT MORE MONEY BECAUSE THEY HAVE MORE POPULATION, BUT IT HAS NO LOGIC FOR US WITH OUR URBAN NEED. SO YOU HAVE TO THINK ABOUT IT AS REALLY SEPARATE, AS THE STATE IMPLEMENTING A POLICY THAT THEY HADN'T IMPLEMENTED THAT THEY HAD GOTTEN A LOT OF PRESSURE FROM COUNTIES TO IMPLEMENT SEPARATE FROM WHAT DOES HAVE LOGIC, WHICH IS THEM GIVING US MONEY TO TRY TO GET PEOPLE OUT OF THE STATE HOSPITAL AND BETTER QUALITY OF LIFE IN THE COMMUNITY STEP DOWN FROM RESIDENTIAL TREATMENT.

>> CAN I JUST SAY I THINK THIS IS THE CONVERGENCE OF A SILO SYSTEM OF BUDGETING WITH WHICH IS THE STATE SYSTEM OF BUDGETING WITH A CONTINUUM OF CARE, SERVICE, THANK YOU, MAPPING METHOD OF BUDGETING, WHICH IS WHAT WE'RE WORKING VERY HARD TO IMPLEMENT HERE AND YOU CAN SEE AT THIS POINT HOW INCONSISTENT THAT IS IN LANDING.

>> AND THAT'S SOMETHING THAT WE HAVE BEEN WORKING WITH STATE ON, TRYING TO GET THEM TO GET AWAY FROM THIS PLACE WHERE WE HAVE ALL THESE INDIVIDUAL SERVICE ELEMENTS THAT KATHY WAS TALKING ABOUT THAT ARE THESE CATEGORICAL PLACES WHERE WE COULD HAVE -- WE

COULD GET MORE OF A GLOBAL BUDGET OF THE STATE GENERAL FUND FROM THEM AND THEY COULD SAY, OKAY, THESE ARE THE DELIVERABLES WE WANT FROM YOU, MULTNOMAH COUNTY. THIS IS THE MONEY WE'RE GOING TO GIVE YOU GOVERNMENT TO IT. INSTEAD OF GIVING IT TO US IN THESE LITTLE SILOS THAT WE THEN HAVE TO SPEND IT IN.

>> ANY OTHER QUESTIONS?

>> HAVE YOU HAD TIME TO KIND OF DIGEST THIS AND OTHER PREVIOUS BRIEFINGS WE TALKED ABOUT COMING THE DEPARTMENT IS ASKING FOR TO HAVE IT REFUNDED WITH COUNTY GENERAL FUNDS? I'M WONDERING IF THIS IS A SIMILAR SITUATION, FIGURED OUT PRIORITIZED WHERE YOU WOULD LIKE ASSISTANCE OR POTENTIAL ASSISTANCE APPEARED WHERE WE'RE JUST GOING TO SAY, RAMP DOWN, PHASE OUT, WHATEVER?

>> GIVEN THAT THE CRISIS REDUCTIONS ARE SO CRITICAL TO THE SYSTEM, IT WOULD BE AN AREA THAT WE WOULD BE LOOKING FOR RESOURCES, WHETHER IT'S GENERAL FUND OR NOT, IT IS ANOTHER QUESTION. AS I MENTIONED WE DO HAVE CARRY-OVER DOLLARS. WE HAVE BEEN TALKING ABOUT THE COUNTY ATTORNEY'S OFFICE ABOUT WHERE IT'S POSSIBLE TO USE ANY RESERVE DOLLARS WE MAY HAVE IN VERITY TO BE ABLE TO SHORE UP THAT SYSTEM.

>> LAST TIME WE SAT AT THIS TABLE WE ENDED UP WITH THE IDEA THAT MAYBE WE SHOULD INVITE OUR DELEGATION FROM THE LEGISLATURE TO SIT HERE WITH US AND HEAR ABOUT THIS. THIS IS A VERY INTERESTING ONE. ONE OF THE IMPACTS OF THE REDUCTION IN CRISIS SERVICE DOLLARS IS GOING TO BE, AGAIN, DEFAULT OF MENTALLY ILL PEOPLE IN OUR COMMUNITY INTO JAIL WHICH IS AN OVERPRICED AND INEFFECTIVE AND COUNTERPRODUCTIVE PLACE FORENSIC PEOPLE TO BE SPENDING TIME. AND SO YOU CAN JUST SEE THE DYNAMIC HERE IS GOING TO PUSH TO THAT JUST TOTALLY ILLOGICAL CONCLUSION. [AUDIO NOT UNDERSTANDABLE] CRISIS BRING IT TO THE LEGISLATORS' OFFICES.

>> YOU COULD SEND THEM THIS BRIEFING.

>> WE NEED ENGRAVED INVITATIONS, I THINK.

>> SO THAT MONEY THAT WAS SUBJECT TO THESE CUTS -- THE FUNDING STREAM THAT GOES TO THE CRISIS SERVICES BEING CHANGED BY IMPLEMENTING THE KESSLER FORMULA, ARE THERE OTHER PIECES OF OUR SYSTEM THAT WE FUND WITH THOSE SAME DOLLARS? WOULD THE LEGISLATORS SAY, YOU COULD TAKE THE MONEY THAT YOU NOW SPEND ON THIS AND PUT IT TOWARDS THESE CRISIS -- IF THAT WAS SUMP A PRIORITY TO YOU? ARE WE GOING TO HEAR SUCH A RESPONSE FROM THEM?

>> THERE ARE SOME. WE USED SOME OF THE DOLLARS TO FUND THE ROYAL PALM, BUT THE DOLLARS THAT ARE USED THERE ARE USED AS MATCHING DOLLARS FOR FEDERAL DOLLARS, SO THEN THAT'S AGAIN THE TWO FOR ONE LOSS. THERE ARE SOME OTHER DOLLARS THAT ARE AGAIN MANDATED BY THE STATE WHEN SOMEBODY COMES OUT OF THE HOSPITAL THAT WE HAVE TO USE THOSE TO GET THEM INTO SERVICES, SO THAT'S A PIECE OF -- A SIGNIFICANT PIECE OF THE DOLLARS, ABOUT \$2 MILLION RAPID UP THERE. OTHER THAN THAT, THESE ARE THE PLACES THAT THOSE CRISIS DOLLARS ARE BUDGETED.

>> OKAY, THANKS.

>> SO IF THERE'S NO OTHER QUESTIONS FOR KATHY AND JOAN, I THINK I'LL ASK SCOTT TAYLOR TO TALK ABOUT THE DCJ CUTS IN THIS AREA OF MENTAL HEALTH AND ADDICTION SERVICES.

>> WE'RE SWITCHING GEARS BACK TO 11 A 45 MONEY, RIGHT? THERE ARE OTHER THINGS HERE, BUT SO WE KEEP SWITCHING -- I KNOW WE KEEP SWITCHING BACK AND FORTH. NOW WE'RE AGAIN TALKING ABOUT A SOURCE OF FUNDING THAT ISN'T IN THOSE SPECIFIC FUNDING STREAMS LIKE WE WERE JUST TALKING ABOUT WITH KATHY. THIS IS BACK TO THE 1145 MONEY AND WHERE WE'RE SPENDING IT AND THE REDUCTIONS THAT THE DEPARTMENT IS BRINGING FORWARD.

>> GOOD MORNING, SCOTT TAYLOR, DIRECTOR DEPARTMENT OF COMMUNITY JESSE VENTURA, ASSISTANT DIRECTOR KATHLEEN TRIP FINANCE DIRECTOR JOYCE -- [AUDIO NOT UNDERSTANDABLE] WE TALKED ABOUT THIS BRIEFLY BEFORE. KATHLEEN IS HERE TO ANSWER ANY SPECIFIC QUESTIONS BECAUSE SHE HAT JOY OF MANAGING MOST OF THESE CONTRACTS AND MOST OF THE PROGRAMMATIC SIDE.

>> SCOTT, IF PEOPLE ARE KEEPING A TALLY, YOU TALKED ABOUT THESE NUMBERS THE OTHER DAY. WE JUST GOT YOU BACK HERE TO REMIND PEOPLE THAT THE BOARD THAT THIS IS A PART OF THE SYSTEM OF CARE OF MENTAL HEALTH AND ADDICTIONS BUT WE -- THESE CUTS HAVE ALREADY BEEN TALKED ABOUT IN THE PUBLIC SAFETY BRIEFING.

>> THESE NUMBERS ARE THE SAME. IT'S NOT LIKE THERE'S ANYTHING NEW.

>> YES.

>> YES. WE JUST WANTED TO MAKE SURE YOU UNDERSTOOD HOW THE FUNDING OF MENTAL HEALTH AND ADDICTIONS FIT TOGETHER ACROSS THESE SYSTEMS.

>> I WANT TO SAY IT'S REALLY EXCITING POINT, I'M NOT BRINGING YOU MORE BAD NEWS. [LAUGHTER] IT'S KIND OF A SPECIAL MOMENT FOR ME.

>>> THE FIRST ONE, ADDICTION SERVICES, WE HAVE TALKED ABOUT THIS BEFORE. THIS IS IN LOOKING AT OUR BUDGET, LOOKING AT HOW WE CAN DO THINGS, WE LOOKED AT OUR OUTPATIENT TREATMENT. WE LOOKED AT WHAT WE'RE GETTING FOR THAT, THE NUMBER OF BEDS OR SLOTS I CALL THEM THAT WE'RE CURRENTLY PURCHASING. THESE ARE OUTPATIENT. THE RESULTS WE'RE GETTING AND IN THIS I WANT TO REPEAT THESE CUTS ARE NOT GOOD CHOICES, THEY ARE OUR PRIORITIZATION OF BAD CHOICES. SO WE CUT 40 OUTPATIENT TREATMENT SLOTS, AND THAT WOULD AFFECT A NUMBER OF OUR CONTRACTORS WHO PROVIDE THOSE SERVICES APPEARED WOULD REDUCE ROUGHLY BECAUSE PEOPLE CYCLE THROUGH THESE PROGRAMS DURING A YEAR IT WITHDREW AFFECT ABOUT 160 PEOPLE THAT WE WOULD NO LONGER SEND. WHAT THAT MEANS FOR US WE WOULD HAVE TO CONTINUE TO TRY TO REFINE OUR ASSESSMENT OF WHO NEEDS WHAT AND WHERE, AND WHO DO WE SENT THERE -- WHO DO WE SEND THERE AND REDUCE THE NUMBERS WE'RE SENDING TO TREATMENT, TRYING TO BE MORE SPECIFIC AND ATTACH THAT. THAT'S PART OF WHERE WE'RE MOVING TO, THIS JUST MAKES US MAKE ADJUSTMENTS THAT WE WEREN'T QUITE READY TO GET TO AT THIS POINT. BUT IN OUR CHOICES, WE'LL MOVE THERE. THE NEXT ONE WE HAVE TALKED ABOUT BEFORE, THIS IS A DRUG DIVERSION STOP COURT. THIS ONE IS VERY DIFFICULT FOR ALL OF US. IT'S THE SECOND OLDEST DRUG COURT IN THE UNITED STATES. I THINK THAT'S RIGHT. IT'S BEEN RUNNING FOR A NUMBER OF YEARS. IT HAS SUCCESS RATE, AND AS WE TALKED ABOUT BEFORE, WHEN WE LOOKED AT THIS PROGRAM, THIS IS A SHORT-TERM SAVINGS IN THAT THIS POPULATION IS ALSO COUNTED IN OUR CURRENT STATE FORMULA, AND IT ALSO KEEPS PEOPLE OUT OF JAIL, GIVES THEM AN ALTERNATIVE AND MOVES MANY OF THEM OUT OF THE SYSTEM. THE ISSUE HERE FOR US IS THAT THESE ARE ALL -- NOT ALL. 87% OF THESE PEOPLE ARE LOWER LIMITED RISK FOLKS. SO IF WE HAVE TO MAKE A CHOICE WHERE DO WE SPEND OUR IMMEDIATE FUNDING AND WHAT KIND OF IMPACT WE HAVE, WE CHOSE THAT THIS WOULD BE A POPULATION AND A PROGRAM THAT WE WOULD OFFER UP. I WILL SAY THAT WE CONTINUE TO LOOK FOR OTHER WAYS F. YOU WERE TO TAKE THIS CUT, WE CONTINUE TO LOOK OTHER WAYS THAT WE MAY BE ABLE TO FUND IT AS A SLIM POSSIBILITY, I REPEAT SLIM POSSIBILITY, THERE ARE SOME GRANTS THAT KATHLEEN IS EXPLORING WITH SOME OF OUR PARTNERS THAT WE WOULD PUT IN FOR, BUT CERTAINLY NO SURE THING OR GUARANTEE THAT WE WOULD BE ABLE TO FIND THAT FUNDING. IT JUST IS ANOTHER EFFORT WHERE WE WOULD TRY TO FIND THAT. WE WOULDN'T KNOW ABOUT WHETHER WE WERE SUCCESSFUL IN THAT UNTIL SOMETIME IN OCTOBER. SO WE'RE CONTINUING TO LOOK FOR THOSE KIND OF ALTERNATIVES.

>> ACTUALLY, KATHLEEN, I JUST WANTED TO MENTION WE CALLED TO SEE IF WE COULD GET ON THE AGENDA TO DO AN NOI FOR GRANT WORK WE'RE

DOING BUT THERE'S NO TIME ON YOUR AGENDA UNTIL AFTER THIS PARTICULAR AGENDA IS DUE. I'M PLANNING ON GOING FORWARD. WE JUST STARTED WORKING ON IT.

>> BUT YOU'LL DO AN NOI AFTERWARDS?

>> YES.

>> OF THE 65 LOW RISK FOLKS WHAT KIND OF TREATMENT DO THEY RECEIVE?

>> THEY ARE RECEIVING INTENSE -- OUTPATIENT TREATMENT AND CAPES MANAGEMENT. THEY ALSO SEE THE JUDGE ANYWHERE FROM ONCE A WEEK TO ONCE EVERY SIX WEEKS DEPENDING ON HOW THEY ARE DOING. MANY OF THE PEOPLE ARE USING WHAT'S CALLED -- MATRIX MODEL, SO AN EVIDENCE BASED MODEL FOR WORKING WITH PEOPLE. THERE'S AN INCREASINGLY HIGH NUMBER OF OPIATE ADDICTS IN THIS PARTICULAR PROGRAM THAT WE'RE REALLY WRESTLING WITH, FRANKLY, WHETHER THE TREATMENT WE HAVE IS THE BEST TREATMENT. WE'RE LOOKING IN THIS GRANT TO SEE THE POSSIBILITY OF USING MEDICATION ASSISTED TREATMENT.

>> THESE FOLKS ARE LUMPED IN WITH THE 675 AND WE'RE GOING TO TAKE TREATMENT AWAY FROM THEM?

>> THERE'S 675 PEOPLE AT ANY ONE TIME. ANY YEAR THAT GET TREATMENT THERE. YES, THAT'S AT THIS POINT WHERE THE FUNDING WOULD BE.

>> THIS WOULD RESULT IN THE CLOSURE OF THE STOP COURT.

>> YES.

>> BASICALLY REMOVAL OF THE TREATMENT FROM THE TREATMENT COURT WOULD RESULT IN THE CLOSURE OF THE COURT.

>> I THINK THAT ANSWERS THE QUESTION THAT I HAD, WHICH IS THE 725,000 REPRESENTS COST OF TREATMENT.

>> JUST OF TREATMENT. IN ADDITION TO THIS, OF COURSE, THERE'S A D.A., A PUBLIC DEFENDER, A JUDGE, A P.O., OTHER PEOPLE WHO ASSIST WITH THIS.

>> THERE ARE A LOT OF PARTNERS WHO PUT MONEY INTO THE POT THAT HAS RESULTED IN THIS COURT.

>> CORRECT.

>> WHEN IT DID START, YOU CAN SEE THE IMPACT. IT REALLY STARTED -- I WAS HERE. IT WAS REALLY STARTED BECAUSE WE HAD SUCH A CLOG -- A BACKLOG IN THE COURTS AND WE REALLY TOGETHER LOOKED AND SAID WHAT CAN WE DO TO REALLY ASSIST WITH THAT TOO. IT'S KIND OF A SYSTEM APPROACH.

>> WOULD YOU TALK FOR A MOMENT, MAYBE YOU DID APPEARED I MISSED IT, ABOUT THE GRANT YOU'RE APPLYING FOR?

>> YES. WE ARE APPLYING FOR A GRANT FROM THE CRIMINAL JUSTICE SUBMISSION THAT IS FOR DRUG COURSE. I DID CALL DOWN THERE BECAUSE I KNEW WE WERE IN THIS SITUATION AND ASKED, JUST SO YOU KNOW, THE LAST TWO YEARS, 13 PLACES VERSUS BEEN GETTING THE MONEY. SO IT IS AN OPEN COMPETITIVE GRANT, BUT AS YOU KNOW, WHEN 13 PLACES HAVE ALREADY BEEN GETTING IT THE CHANCES OF US -- IT'S \$2 MILLION FOR TWO YEARS, US ASKING FOR 1.5 MILLION FOR TWO YEARS IS QUESTIONABLE. HOWEVER, HE DID TELL ME AT THE VERY END THEY GOT AN ADDITIONAL \$1 MILLION. WE'LL SEE.

>> WHEN WOULD WE KNOW ABOUT THAT?

>> THE END OF OCTOBER.

>> THANK YOU.

>> IT CANNOT SUPPLANT, OF COURSE.

>> THE THIRD ONE ON THE SHEET IS REDUCTION OF THE JUVENILE AND WE TALKED ABOUT THIS DURING THE PRESENTATION ON THE JUVENILE BUDGET CUTS. THIS IS A REDUCTION THAT WE EXPERIENCED BECAUSE OF THE REDUCTION IN THE OREGON COMMISSION ON CHILDREN AND FAMILIES DID DECREASE AND WE LOOKED AT THAT AND WE ARE BASICALLY TAKING A POSITION THAT WE HAVE BEEN -- VACANT WILL UTILIZE THAT TO OFFSET THESE CUTS.

>> DID YOU TRY TO MAKE THE FORM REALLY, REALLY SMALL SO IT WAS HARD TO READ SO WE WOULDN'T FEEL BAD ABOUT THE CUTS? [LAUGHTER]

>> OTHER QUESTIONS? SCOTT, KATHLEEN AND JOYCE.

>> WHY DON'T YOU TALK ABOUT -- WE'RE GOING TO HAVE SCOTT TALK ABOUT HIS DOMESTIC VIOLENCE CUT HERE, AND THEN I MAY HAVE KATHY TALK A LITTLE BIT ABOUT WHAT WE KNOW FROM THE STATE OF ABOUT OTHER DOMESTIC VIOLENCE CUTS THAT WE HAVEN'T GOT THE DETAILS ON YET, BUT WE'RE HEARING MAY BE COMING.

>> THIS IS -- WE TALKED BRIEFLY ABOUT THIS BEFORE, SO I'LL TRY DO IT RAPIDLY. WE HAVE A VERY ACTIVE DOMESTIC VIOLENCE UNIT. WE HAVE OVER 900 PEOPLE. WE GET SOME VERY GOOD RESULTS. PART OF WHAT HAPPENS ON OUR SIDE IN DOMESTIC VIOLENCE IS THERE'S A LAW THAT REQUIRES PEOPLE GO THROUGH A 52-WEEK COURSE. PART OF WHAT WE HAVE DONE IS FUNDED OVER TIME A VARIETY OF FOLKS TO GO THROUGH THAT PROGRAM TO HELP FOR THEIR WAY TO GO THROUGH THAT. AS WE CONTINUE TO LOOK AT THAT PROGRAM AND TRY TO FIND THE EFFECT WE CAN'T FIND ANY EFFECT OF SENDING PEOPLE TO THAT PROGRAM. THE LAW WAS PASSED REQUIRING A 52-WEEK PROGRAM. WE'RE NOW IN THESE TIMES IN THAT ENVIRONMENT ASKING OURSELVES IF WE SHOULD CONTINUE WITH A PROGRAM THAT'S HAVING NO EFFECT. WHAT WE HAVE DONE IS --

>> INTERVENTION?

>> YES. SO WE HAVE TAKEN SOME OF THE FUNDING MOST OF THE FUNDING OUT OF THAT, WE WOULD STILL HAVE 30 TO 40 SLOTS AVAILABLE BUT WE WOULD HAVE THE FUNDING TO PAY FOR THOSE WE DEEM THE MOST APPROPRIATE AND WE WOULD REDUCE ROUGHLY 110 SLOTS THAT WE CURRENTLY HELD FOR FOLKS. FOLKS CAN PAY FOR THESE ON THEIR OWN. WE HAVE BEEN BASICALLY OFFSETTING SOME OF OUR INDIGENT CLIENTS AND OTHER FOLKS BECAUSE WE THOUGHT IT WAS IMPORTANT THEY BE IN TREATMENT. WE'RE NOW TRYING TO REDESIGN WHAT WE WOULD HAVE THEM SPEND THEIR TIME IN. [AUDIO NOT UNDERSTANDABLE]

>> YOU SAID THE STATE REQUIRES US TO OFFER THIS?

>> IT REQUIRES INDIVIDUALS CONVICTED OF DOMESTIC VIOLENCE TO GO THROUGH A 52-WEEK PROGRAM. THERE'S BEEN QUITE A BIT OF CONTROVERSY ABOUT THE MODEL. AS YOU KNOW HERE AND A VARIETY OF OTHER COUNTIES WE USE QUITE A BIT OF ASSESSMENT. WE HAVE A VARIETY OF HIGH, MEDIUM, LOW AND WE THINK THERE'S QUITE A RANGE OF WHAT TREATMENT WILL BE EFFECTIVE WITH DIFFERENT PLAYERS, MORE SPECIFICALLY TARGETED TO THEIR BEHAVIOR AND THEIR ISSUES. WHEN THE LAW WAS PASSED IT WAS A COOKIE CUTTER 52-WEEK PERIOD, EVERYONE -- FOLKS THAT WE THINK NEED TO GET THE TREATMENT EFFECT.

>> ONCE AGAIN, KIND OF MAKES ME WISH THAT OUR FRIENDS FROM THE LEGISLATURE WERE HERE. THIS RAISES ALL KINDS OF QUESTIONS SUCH AS IF THAT STATUTE REQUIRED CERTAIN GROUP OF PEOPLE TO PURCHASE A PRESCRIPTION AND THEN EVIDENCE LATER ON PROVED THAT THAT PILL HAD NO EFFECT ON THE PROBLEM, WE WOULD WANT TO STOP BUYING IT FOR INDIGENT PEOPLE BECAUSE WE DON'T HAVE ENOUGH MONEY TO BUY INEFFECTIVE PLACEBOS AND PEOPLE WHO HAVE ENOUGH MONEY COULD ABIDE BY THE LAW, BUT THE POINT BEING EXCEPT FOR WHOEVER SELLS THE PILL THAT LAW DOESN'T MAKE ANY SENSE.

>> I'LL BE REAL CAREFUL HERE. I THINK THERE WAS REALLY GOOD INTENT HERE.

>> I'M SURE THERE WAS.

>> WE WILL CONTINUE TO REFINE THE TREATMENT AND THE IMPACT SIDE OF THIS.

>> FOR FULL DISCLOSURE, I CHAIRED THE COMMITTEE THAT ADVOCATED THE LAW. [LAUGHTER] JUST SO WE'RE CLEAR. IT WAS MANY, MANY YEARS AGO, AND IT WAS THE FIRST -- YOUR POINT IS YOU WOULD REVISE YOUR PRESCRIPTION PRACTICES BASED ON WHAT TO LEARN AND THIS WAS MANY, MANY YEARS AGO AND IT WAS THE BEGINNINGS OF US UNDERSTANDING WHAT IT TOOK TO ADDRESS DOMESTIC VIOLENCE OFFENDER BEHAVIOR AND BELIEVING WE NEEDED TO TAKE IT SERIOUSLY.

>> THAT'S OKAY. THAT'S NOT AN INDICTMENT OF THAT, IT'S JUST THAT WHEN YOU LEARN LATER ON THAT SOME BEHAVIOR IS NOT WORKING, IT'S OKAY TO CHANGE.

>> RIGHT.

>> WE BELIEVE THAT. THAT IS PART OF OUR -- [LAUGHTER] THAT'S PART OF OUR EVIDENCE BEST MODEL WE KEEP TALKING ABOUT, WHEN WE FIND SOMETHING DOESN'T WORK WE SHOULD QUIT DOING IT.

>> THAT WASN'T A CRITIQUE OF THE COMMITTEE, JOANNE. [LAUGHTER]

>> HEY, I STAND BY THEIR WORK. [LAUGHTER] IT'S JUST TIMES CHANGE AND WE LEARN MORE. THAT'S WHAT EVIDENCE-BASED PRACTICE IS ALL ABOUT.

>> EXACTLY.

>> THANK YOU.

>> SO WE'RE JUMPING AROUND A LITTLE BIT, BUT I'M GOING TO ASK LES TO COME UP AND TALK ABOUT THE ONE PROGRAM OFFER IN THE HEALTH DEPARTMENT THAT HAS DO WITH THE MENTAL HEALTH AND ADDICTIONS CUTS WE WERE TALKING ABOUT AND THIS SYSTEM OF CARE AND THEN SWITCH BACK TO HAVING ANNIE AND KATHY COME UP AND CLOSE BY TALKING A LITTLE BIT ABOUT WHAT MORE WE KNOW ABOUT DOMESTIC VIOLENCE CUTS. SORRY ABOUT MOVING IT AROUND. SORRY, I FORGOT YOU WERE HERE TO TALK ABOUT THAT.

>> WELL, THANK YOU. LES WALKER, BUDGET MANAGER AT THE HEALTH DEPARTMENT.

>> YOU'RE TALKING ABOUT THIS PROGRAM OFFER ON THE BACK OF --

>> PAGE 111, THE BACK OF YOUR PACKET. YES.

>> WHAT WE'RE GETTING IN THE PRIMARY HEALTH CLINIC SYSTEM IS A STATE -- UP TO A 70% CUT ON A GRANT WE GET FROM THE STATE THAT SUPPORTS THE SERVICES AT ROCKWOOD. WHILE AT THE SAME TIME WE RECEIVED ADDITIONAL FUNDING FROM OUR BASE PRIMARY CARE GRANT FROM THE FEDS, AND THAT'S BECAUSE THERE WERE SOME FEDERAL FUNDS WE RECEIVED TWO YEARS AGO THAT HAVE BEEN FOLDED INTO THAT BASE GRANT. WITH THIS, WE'RE ABLE TO OFFSET THAT CUT FROM THE STATE. BUT ALSO OFFSETTING BY HAVING INCREASED MEDICAL FEES WE CAN ADD AN ADDITIONAL MEDICAL AND DENTAL TEAM AT ROCKWOOD THAT WOULD SERVE ABOUT 8,000 MORE VISITS A YEAR. QUESTIONS?

>> THIS IS GOOD NEWS. MORE GOOD NEWS. YES.

>> THANK YOU. MAYBE KATHY AND ANNIE CAN COME AND TALK ABOUT DOMESTIC VIOLENCE AGAIN. SORRY ABOUT THAT.

>> HELLO AGAIN. LAST WEEK WE WERE GOING TO GIVE A SHORT BRIEFING ON DOMESTIC VIOLENCE IN CONJUNCTION WITH DCJ. WE DIDN'T REALLY HAVE ANY INFORMATION AT THAT TIME. SINCE THEN, WE HAVE UNFORTUNATELY BEEN NOTIFIED BY THE STATE THAT WE MAY POTENTIALLY HAVE SOME REDUCTIONS IN TWO FUNDING SOURCES, SHAP AND EHA, WHICH FUND OUR DOMESTIC VIOLENCE SHELTERS AND ALSO WILL IMPACT OUR ANTI-POVERTY, HOMELESS FAMILIES AND OUR WINTER SHELTERS. WE HAVE NOT BEEN ABLE TO LAND ON A NUMBER WITH THEM YET. WE'RE STILL WORKING THROUGH THAT, BUT I WANTED TO MAKE SURE THAT WE HAD AN OPPORTUNITY TO KIND OF GIVE YOU A HEADS UP THAT THAT WAS A POTENTIAL THAT'S COMING AND AS SOON AS WE GET A FINAL NUMBER WE'LL BE ABLE TO GIVE YOU THAT INFORMATION AS WELL.

>> ANNIE, CAN YOU TELL US WHAT THE FUNDING PAYS FOR?

>> I'M ANNIE NEELAN, THE DOMESTIC VIOLENCE COORDINATOR. IT PAYS FOR BASIC OPERATIONS FOR THE FOUR SHELTERS, RENT, UTILITIES, THOSE KINDS OF THINGS.

>> AS YOU REMINDED ME EARLIER THIS MORNING, THE FUNDING FOR DOMESTIC VIOLENCE SERVICE HAS OVER THE PAST SEVERAL YEARS BEEN DECLINING AND DECLINING. I BELIEVE THIS LAST YEAR WE WERE RECEIVING ABOUT \$193,000.

>> ABOUT \$248 IN THE LAST YEAR. YES.

>> SO IT'S BEEN DECREASING. WE'RE ANTICIPATING ONCE WE GET THE DUST SETTLED WITH THIS NEW INFORMATION THAT THERE WILL BE OUGHT DECREASE TO THE DOMESTIC VIOLENCE SHELTERS.

>> KATHY, WHEN ARE WE GOING TO GET THOSE NUMBERS BACK FROM THE STATE, OR DO WE HAVE THE NUMBERS AND WE HAVEN'T INCORPORATED THEM?

>> WE HAVE INFORMATION NOW. WE RECEIVED AN ALLOCATION BUT IT'S UNCLEAR WHETHER IT'S A BIENNIAL, A ONE-YEAR ALLOCATION. EXACTLY HOW THAT FALLS. SO STAFF ARE WORKING ON THAT RIGHT NOW TO TRY TO CLARIFY THAT. I WAS OUT OF THE OFFICE YESTERDAY. I WAS HOPING WE WOULD HAVE THAT BY THIS MORNING. I'M ACTUALLY HOPING I HAVE IT BY THE TIME I GET BACK TO THE OFFICE.

>> IS THEIR PROCESS DIFFERENT TODAY THAN LAST YEAR IN TERMS OF HOW THEY ALLOCATE DOLLARS?

>> I DON'T BELIEVE SO. NO. IT WASN'T BECAUSE OF AN ALLOCATION CHANGE THAT I KNOW OF.

>> OKAY.

>> JUST TO GIVE YOU A HEADS UP.

>> I DO WANT TO SINCE WE HAVE BEEN GIVING A LOT OF BAD NEWS TODAY, END ON A HIGH NOTE. I MENTIONED LAST WEEK THAT WE HAVE A NEW AGING AND DISABILITY SERVICES DIRECTOR. ACTUALLY, SHE'S HERE WITH US TODAY. IT'S KIND OF NICE -- I DON'T KNOW IF IT'S A NICE INTRODUCTION TO THE COUNTY TO BE HERE BUT I THOUGHT IT WAS REALLY HELPFUL FOR HER TO BE HERE. MIGHT SCARE HER AWAY. NO. PEGGY BRAY, IF PEGGY COULD STAND UP. WE'RE VERY EXCITED TO HAVE HER HERE. SHE COMES FROM THE STATE OF MICHIGAN. SHE TOLD US TODAY THAT SHE MUST BE STAYING BECAUSE SHE PUT AN OFFER DOWN ON A HOUSE THIS MORNING. IT'S LIKE, WOO-HOO, WE'RE EXCITED TO HAVE PEGGY HERE. SHE STARTS OFFICIALLY THE END OF SEPTEMBER. LIKE I SAID, WE'RE EXCITED TO HAVE HAVE HER HELP US MOVE THINGS FORWARD.

>> WELCOME, PEGGY.

>> THANK YOU. I'M GOING TO HAVE KARYNE JOIN US TO TALK TO YOU ABOUT OUR NEXT STEPS IN THIS PROCESS STARTING NEXT WEEK. FIRST OFF, I KNOW THAT KARYNE AND HER PEOPLE HAVE BEEN BUSILY TRYING TO

INCORPORATE ALL OF THE NEW INFORMATION THAT KEEPS COMING TO US FROM THE STATE VIA DEPARTMENTS ABOUT WHAT THE CUTS ARE AND THE ADS. BY THE ENDS OF TOMORROW, KARYNE WILL HAVE A NEW TALLY SHEET FOR YOU THAT SHOWS WHERE WE'RE AT IN THE PROCESS. SOME OF THE INFORMATION WE KNOW ABOUT MITIGATION FACTORS. THEN NEXT WEEK WE'RE GOING TO BE BACK TOGETHER ON TUESDAY MORNING RIGHT AFTER THE HOLIDAY AND THAT WILL BE THE SHIFT FROM THE BRIEFINGS WHERE WE HAVE JUST BEEN TRYING TO SHARE INFORMATION WITH YOU AN ANSWER YOUR QUESTIONS AND MAKE SURE THAT YOU HAVE THE INFORMATION THAT YOU NEED TO MAKE DECISIONS. WHAT WE WILL BE DOING THAT MORNING IS MIKE JASPIN WILL BE COMING FORWARD TO GIVE YOU AN ECONOMIC BRIEFING. I'LL LET HER TELL YOU MORE ABOUT THAT. SHE AND I WILL BE SHARING WITH YOU A PLAN THAT WE'LL BE VETTING WITH THE CHAIR TO START THE PROCESS OF DELIBERATING ABOUT WHERE YOU WANT TO SPEND THE MITIGATION RESOURCES THAT YOU HAVE. THEN WE WILL HOPEFULLY YOU WILL FEEL LIKE YOU'VE GOT ENOUGH INFORMATION FROM THE BRIEFINGS WHEN WE BRING THAT MITIGATION PROPOSAL TO YOU YOU'LL HAVE ENOUGH TIME TO DELIBERATE ABOUT THAT AND GET YOUR QUESTIONS ANSWERED, MAKE PROPOSED CHANGES TO THAT MITIGATION FORMULA, SO BY THE 15th, SO TWO WEEKS, BY THE 15th YOU'LL BE ABLE TO VOTE ON A PACKAGE OF CHANGES THAT YOU'RE GOING TO MAKE TO THE BUDGET THAT WILL REPRESENT THE REDUCTIONS AND ALSO THE PLACES THAT WE'RE ABLE TO MITIGATE THE CUTS.

>> SO WHAT WE'RE HOPING TO BRING TO YOU ON TUESDAY IS WHERE WE ENDED FISCAL YEAR '11. WE'RE ABOUT CLOSING THE BOOKS OUT. WE'RE ABOUT DONE WITH THAT. WE WANT TO BRIEFLY REVIEW WHAT'S IN CONTINGENCY. WE HAVE A RATHER LARGE CONTINGENCY THIS YEAR WITH A NUMBER OF EARMARKS, SO WE WANT TO REMIND YOU OF WHAT'S IN THAT AND THE FUNDING SET ASIDE FOR THE STATE REBALANCE PROCESS. WE'RE ALSO GOING TO GIVE YOU AN UPDATE, I KNOW YOU ALL HAVE HEARD THE STATE FORECAST CAME OUT LAST FRIDAY BUT WE WANT TO TALK A TINY BIT ABOUT THAT IT'S NOT NECESSARILY SIGNIFICANT BUT IT'S NOT WHAT WE WANTED TO HEAR. I'M ALSO GOING TO INVITE RANDY WALRUFF TO COME AND SPEND A FEW MINUTES TALKING ABOUT THE COMCAST DECISION AND THE IMPACT TO THE COUNTY AND WHAT WE ANTICIPATE BECAUSE THAT'S JUST ANOTHER PIECE OF THE FINANCIAL PICTURE FOR US. THEN WE'LL HAVE A MITIGATION STRATEGY PROPOSAL FOR YOU TO CONSIDER.

>> COULD HE OR SOMEBODY ELSE FROM AGING AND DISABILITY TALK ABOUT THE SENIOR PROPERTY TAX DEFERRAL AND THE CHANGES, HOW MANY PEOPLE IN MULTNOMAH COUNTY IS THAT GOING TO BE AFFECTING?

>> YES. RANDY SHOULD BE ABLE TO TALK ABOUT THAT.

>>> ANY QUESTIONS ABOUT WHERE WE'RE AT IN THE PROCESS OR ANYTHING AT ALL AT THIS POINT THAT WE CAN ANSWER FOR YOU?

>> THANK YOU.

>> THANK YOU.

ADJOURNMENT

The meeting was adjourned at 10:51 a.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office. For access to the video and/or board packet materials, please view at:

http://multnomah.granicus.com/ViewPublisher.php?view_id=3

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Board of County Commissioners
Multnomah County