

**Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Wednesday, May 16, 2018**

BUDGET WORK SESSION #10

Chair Deborah Kafoury called the meeting to order at 9:30 a.m. with Vice-Chair Lori Stegmann and Commissioner Jessica Vega Pederson and Commissioner Meieran present. Commissioner Loretta Smith arrived at 9:58 a.m.

Also attending were Jenny M. Madkour, County Attorney, and Marina Baker, Board Clerk.

Chair Kafoury: GOOD MORNING. WE'RE GOING TO GET STARTED. WELCOME. TODAY IS WEDNESDAY MAY THE 16TH. DAY AFTER ELECTION DAY. I WANT TO COMMEND EVERYONE FOR BEING HERE SO EARLY. IT IS EARLY. HERE WE ARE TALKING ABOUT THE HEALTH DEPARTMENT BUDGET. GOOD MORNING. WHO IS KICKING IT OFF?

BWS-10 Health Dept.

Chair Kafoury: WHY DON'T YOU GO AHEAD AND START.

Wendy Lear: GOOD MORNING, CHAIR, COMMISSIONERS. WENDY LEER, CO-INTERIM DIRECTOR FOR THE HEALTH DEPARTMENT. I'M GOING TO TURN IT OVER TO MARK LEWIS TO KICK US OFF.

Mark Lewis: GOOD MORNING, COMMISSIONERS. WE'RE GETTING STARTED HERE WITH THE HEALTH DEPARTMENT FY 19 BUDGET. OH, WAIT A SECOND. I'M MARK LEWIS. I'M NERVOUS. SORRY. INTERIM DEPUTY DIRECTOR FOR THE HEALTH DEPARTMENT. OUR MISSION, VISION AND VALUES, OUR FUTURE VISION, HEALTHY PEOPLE AND HEALTHY COMMUNITIES. OUR EVERY-DAY MISSION IN PARTNERSHIP WITH THE DIVERSE COMMUNITIES WE SERVE. WE'RE GOING TO HAVE THE COMMUNITY HEALTH COUNCIL, CHAIR TARA MARSHAL GIVE HER PRESENTATION.

Tara Marshall: THANK YOU FOR THE CHANCE TO ADDRESS YOU THIS MORNING. I AM THE CHAIR OF THE COMMUNITY HEALTH COUNCIL. I WOULD ALSO LIKE TO THANK THE COMMISSIONER STEGMANN. WE THANK YOU FOR YOUR LEADERSHIP AND CONTINUED SUPPORT FOR HEALTH CENTER AND UNIVERSAL HEALTHCARE ACCESS. IT IS VERY IMPORTANT FOR THE HEALTH CENTER AND THE CLIENTS WE SERVE. AS YOU ARE AWARE, THE COUNCIL IS A FEDERALLY MANDATED BOARD. WE SHARE GOVERNANCE RESPONSIBILITY WITH THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS. WE APPRECIATE OUR PARTNERSHIP WITH YOU TO PROVIDE HEALTHCARE

SERVICES TO THE PEOPLE OF MULTNOMAH COUNTY. THE COMMUNITY HEALTH COUNCIL'S MISSION IS THE SAME AS THAT AS THE CLINICAL SERVICES. PROVIDING SERVICES THAT IMPROVE HEALTH AND WELLNESS FOR INDIVIDUALS, FAMILIES IN OUR COMMUNITIES. OUR BASIC RESPONSIBILITIES ARE TO PRESERVE THE MISSION, ESTABLISH AND MONITOR HEALTH CENTER POLICY, ENSURE THE FINANCES ARE PROPERLY MANAGED, SELECT, EVALUATE, SUPPORT THE DIRECTOR OF CLINICAL SERVICES, MONITOR AND EVALUATE HEALTH CENTER AND COUNCIL PERFORMANCE AND PLAN FOR THE LONG RANGE FUTURE OF THE HEALTH CENTER. I AM REPRESENTING THE COUNCIL TODAY TO PROVIDE TESTIMONY ABOUT THE FISCAL YEAR 19 BUDGET. I WILL SHARE A PERSPECTIVE IN HOW IT AFFECTS SERVICES FOR THE 71,000 CLIENTS WHO ARE AMONG THE MOST VULNERABLE RESIDENTS THAT ARE SERVED EACH YEAR. THE COMMUNITY HEALTH COUNCIL IS MADE UP OF A MAJORITY OF THE CONSUMERS OF THE HEALTH CENTERS MEANING WE ARE MOSTLY CLIENT PATIENTS.

Tara Marshall: WE MEET MONTHLY TO MONITOR THE CLINIC'S PERFORMANCE, COMPLIANCE AND TO ENSURE ACCESS TO OUR COMMUNITY AND PATIENTS IN NEED. OUR FOCUS IS ON OUR PATIENTS. WE WORK CLOSELY WITH VANETTA AND HAVE A GOOD RELATIONSHIP WITH THE COUNTY AND ARE PROUD TO SERVE. THE FEDERAL GOVERNMENT REQUIRES THE BUDGET AND REGULARLY REVIEW FINANCIAL PERFORMANCE. WE APPROVED THE HEALTH CENTER'S BUDGET ANNUALLY AND CONTINUE TO MONITOR ON A MONTHLY BASIS. I WOULD LIKE TO SHARE OUR RECOMMENDATIONS FOR THE FISCAL YEAR 2019 BUDGET YEAR YOU ARE CONSIDERING. THERE ARE THREE AREAS I WANT TO HIGHLIGHT. NUMBER ONE, I WILL SPEAK FIRST ABOUT OUR FEDERALLY QUALIFIED HEALTH CENTER. WE DO NOT WANT TO SEE THE COUNTY RISK STATUS AND DISABILITY TO EARN FEDERAL DOLLARS. THIS IS IMPORTANT FOR OUR COMMUNITY.

FEDERAL FUNDING REQUIRES THAT COUNTY HEALTH CENTERS HAVE A CERTAIN LEVEL OF CARE WITHIN THE SYSTEM. DUE TO THE CONTINUED POPULATION GROWTH, THE DEMAND FOR OUR SERVICES AND SCHOOLS AND CLINICS IS INCREASING AT AN ALARMING RATE. ADDING INSULT TO INJURY, RISING INCOME INEQUALITY AND REDUCED ACCESS TO AFFORDABLE HOUSING MAKES OUR SERVICES THAT MUCH MORE IMPORTANT TO OUR RESIDENTS. WE CONTINUE TO WORK TOWARDS REDUCING HEALTH DISPARITIES, PROMOTING RACIAL JUSTICE AND TRANSFORMING THE HEALTH OF OUR COMMUNITY ESPECIALLY FOR THOSE WHO HAVE BEEN UNDER SERVED. WE ARE PLEASED THAT IN THE PAST WE HAVE NOT BEEN IN DANGER OF LOSING FEDERAL GRANTS. HOWEVER, WITH THE CURRENT FEDERAL ADMINISTRATION IN PLACE, WE ARE CONCERNED ABOUT WHAT THAT MEANS FOR THE FUTURE OF OUR HEALTH CENTERS. WE CONTINUE TO HAVE VERY STRONG PERFORMANCE AND PROVIDE GOOD CARE TO PATIENTS AND WORK DILIGENTLY TO COMPLY WITH THE FQHC REQUIREMENTS.

Tara Marshall: IF WE DEDUCTIONS IN LOCAL RESOURCES DEEPEN, WE ARE CONCERNED ABOUT THE IMPACT ON OUR STATUS. WE URGE YOU TO TRY TO MAINTAIN AS MUCH AS POSSIBLE CURRENT SERVICE LEVELS AND SUPPORT THE HEALTH SYSTEM. OUR PATIENTS NEED US NOW MORE THAN EVER IN THIS UNCERTAIN HEALTHCARE CLIMATE. OUR ABILITY TO PROVIDE CARE FOR THE MOST VULNERABLE RESIDENTS OF MULTNOMAH COUNTY IS DEPENDENT UPON OUR ABILITY TO CONTINUE RECEIVING THE FEDERAL DOLLARS THAT REQUIRE US TO MAINTAIN OUR STATUS. AND NOW MORE THAN EVER WE CANNOT AFFORD TO LOSE THIS MONEY. NUMBER TWO, UNINSURED PATIENTS. OUR HEALTH CENTERS CONTINUE TO SERVE HUNDREDS OF UNINSURED PEOPLE EVERYDAY. CLIENTS ARE SOME OF OUR MOST VULNERABLE. EVEN WITH THE AFFORDABLE CARE ACT, OBAMACARE CONTINUING, UNINSURED PEOPLE STILL REMAIN IN OUR COMMUNITY. WE ARE REQUIRED AND ARE HAPPY TO SERVE THESE PATIENTS. COUNCIL MEMBERS WANT TO MAKE SURE WE CONTINUE TO HAVE THE ABILITY TO DO SO ESPECIALLY IF THE AFFORDABLE CARE ACT TAKES, ANY MORE HITS AND MANY OF OUR PATIENTS END UP LOSING COVERAGE.

WITH THE CLOSURE OF FAMILY CARE, WE ARE WORKING HARD TO HELP TRANSITION OUR AFFECTED CLIENTS TO HEALTH PLANS WHO WE CONTRACT WITH AND OUR HEALTH CENTER PROVIDERS IN ORDER TO PROVIDE UNINTERRUPTED CARE. FOR THIS REASON, WE WANT TO CONTINUE TO PARTNER WITH YOU TO MAINTAIN AS MUCH AS POSSIBLE CURRENT SERVICE LEVELS FOR THE HEALTH CENTER. NUMBER THREE, STUDENT HEALTH CENTERS. WE ARE ASKING FOR ONE-TIME ONLY FUNDING TO SUPPORT STAFF THAT WILL ENSURE THE TRANSITION OF SERVICES AND CLIENTS OF K-8 AND MIDDLE SCHOOL STUDENT HEALTH CENTERS TO THE NEAREST HIGH SCHOOL OR OTHER SITES. WE HAVE BEEN WORKING VERY CLOSELY WITH STUDENT HEALTH CENTER LEADERSHIP TO MAKE SURE K-8 AND MIDDLE SCHOOL STUDENTS SERVED AT THEIR SCHOOLS BE WILL HAVE ACCESS TO OTHER QUALITY HIGH SCHOOL OR PRIMARY CARE SITES NEARBY WITHOUT INTERRUPTION OF CARE. THESE DIFFICULT DECISIONS ARE NEVER EASY. WE ARE CONFIDENT EVERY STUDENT WILL BE SERVED. IN CLOSING, I WOULD LIKE TO INVITE EACH ONE OF YOU TO VISIT OUR MONTHLY COMMUNITY MEETING. MY COUNCIL COLLEAGUES AND I LOOK FORWARD ON PARTNERING TO IMPROVE ACCESS TO QUALITY HEALTH SERVICES TO THE RESIDENTS OF MULTNOMAH COUNTY. ON BEHALF OF THE COMMUNITY HEALTH COUNCIL AND THE PEOPLE SERVED IN OUR HEALTH CENTERS, THANK YOU FOR YOUR LEADERSHIP IN OUR COMMUNITY. [APPLAUSE]

Chair Kafoury: THANK YOU SO MUCH FOR COMING AND THANK YOU FOR ALL THE GOOD WORK. I APPRECIATE YOU OPENING YOUR MEETINGS UP AND LETTING US COME AND VISIT. I THINK IT'S REALLY IMPORTANT TO HAVE THAT STRONG RELATIONSHIP AS WE CONTINUE TO DEVELOP THE RELATIONSHIP. DO WE HAVE ANY COMMENTS?

Commissioner Vega Pederson: THANK YOU FOR BEING HERE AND FOR ALL THE INCREDIBLY HARD WORK THAT YOU DO. I APPRECIATE YOU TAKE THE TIME TO UNDERSTAND IT AND I FULLY INTEND TO COME BE AT ONE OF YOUR MEETINGS. AND I WILL TAKE YOU UP ON IT. LOOK FORWARD TO THAT AND THANKS AGAIN.

Commissioner Meieran: I JUST ALSO WANT TO THANK YOU FOR SHARING YOUR THOUGHTS AS YOU'VE BEEN LOOKING AT THE BUDGET AND I WOULD LOVE TO COME AND VISIT. REALLY IMPORTANT BOARD. BECAUSE OF THE SERVICES YOU PROVIDE TO THE PEOPLE. I WOULD BE HAPPY TO COME AND VISIT AND LEARN FROM YOU AND SHARE WHAT WE'RE UP TO. AND SOME OF THE INTERESTS. IT WOULD BE GREAT.

Commissioner Stegmann: THANK YOU SO MUCH, CHAIR. I REALLY APPRECIATED ATTENDING YOUR MEETINGS AND WAS THOROUGHLY IMPRESSED AT THE DEPTH. I WAS CHALLENGED TO KEEP UP WITH HOW COMPLICATED BUT IMPORTANT THE WORK IS THAT YOU DO. YOU SEEM WELL VERSED. AND THANKS UNDER YOUR LEADERSHIP. SO GREAT TO HAVE THAT EXPERTISE OF PEOPLE WHO HAVE USED OUR SERVICES WHO TRULY UNDERSTAND WHAT CHALLENGES PEOPLE FACE. AND ADVISE US TO MAKE THE BEST DECISIONS. I APPRECIATE YOU HIGHLIGHTING ESPECIALLY LIKE THE STUDENT HEALTH CENTERS AND MAKING SURE THOSE YOUTH GET CONNECTED TO ANOTHER CLINIC OR TO A HIGH SCHOOL CLINIC AS WELL. SO THANK YOU SO MUCH FOR YOUR WORK AND THANK YOU TO THE COUNCIL.

Mark Lewis: THANK YOU. IN ADDITION TO OUR MANDATED COMMUNITY HEALTH COUNCIL BOARD, WE ALSO HAVE OUR COMMUNITY BUDGET ADVISORY COMMITTEE OUR CBAC AND JOINING US HERE TO GIVE THE RECOMMENDATION IS JOSUE JUAREZ AND DEMI SHORE.

Josue Juarez: GOOD MORNING, CHAIR AND COUNTY COMMISSIONERS. THANK YOU FOR THE OPPORTUNITY TO JOIN THE HEALTH DEPARTMENT AND PRESENTING TO YOU TODAY. MY NAME IS JOSUE. I'M THE CHAIR OF THE HEALTH DEPARTMENT'S COMMUNITY BUDGET ADVISORY COMMITTEE. OUR CBAC WAS FORMED IN 2015 TO HELP ENSURE THE BUDGET AND FINANCIAL INVESTMENTS ALIGN WITH ITS MISSION, STRATEGIC GOALS AND COMMITMENT TO EQUITY. TO PROVIDE LEADERSHIP AND UPHOLD RACIAL JUSTICE. OUR BUDGET DELIBERATIONS AND RECOMMENDATIONS WERE INFORMED BY THESE VALUES. WE SHARE THESE VALUES WITH YOU AND WOULD LIKE TO REITERATE THEM TODAY FOR THE PUBLIC RECORD. WE ARE TRANSFORMATIVE LEADERS. OUR WORK ADDRESSES THE INTERSECTIONAL ROOTS OF DEPRESSION. CHANGE COMES THROUGH BOTH INDIVIDUAL AND COLLECTIVE TRANSFORMATION AS WE DO THE WORK, WE WILL PRACTICE VALUES AND REFINE OUR SKILLS AS LEADERS. WE OFFER EXPERT KNOWLEDGE. WE ARE THE EXPERTS ON WHAT IS NEEDED. WE ARE UNIQUELY QUALIFIED TO MAKE RECOMMENDATIONS THAT WILL BE IMPACTFUL AND

SERVE A GREATER VISION. WE OFFER A LEVEL OF AUTHORITY THAT IS A SHIFT IN POWER BY AMPLIFYING THE VOICES OF THE COMMUNITIES. WE UPHOLD RACIAL JUSTICE. WE RECOGNIZE THAT BOTH PHYSICAL AND MENTAL HEALTH OF PEOPLE OF COLOR ARE MATTERS OF JUSTICE. WE RECOGNIZE THE TRAUMA BOTH HISTORIC AND PRESENT THAT COMMUNITIES SUFFER AT THE HANDS OF GOVERNMENT AGENCIES. STILL, WE SEEK TO REPAIR AND RESTORE A SENSE OF SAFETY AND JUSTICE BY BALANCING SCIENTIFIC KNOWLEDGE, PRACTICAL EXPERIENCE AND THE WISDOM AND BELIEFS IN THOSE WE SERVE.

Demi Shore: WE OPERATE WITH DIGNITY AND RESPECT. WE HONOR THE HUMANITY OF THOSE IN THIS WORK AS WELL AS THE COMMUNITY MEMBERS IN THE WORK. COMMUNITY PARTNERSHIPS ESSENTIAL IN LONG-TERM EFFECTIVE SOLUTIONS TO PUBLIC HEALTH CHALLENGES. WE VIEW NUMBERS NOT ONLY AS NECESSARY TOOLS FOR BUDGETS AND POLICIES BUT ALSO AS REPRESENTATIONS OF REAL TANGIBLE IMPACTS OF THE DAY-TO-DAY LIVES OF OUR FRIENDS AND NEIGHBORS. WE BELIEVE IN INTER CULTURAL INTELLIGENCE. WE BRING A DIVERSE MULTI-LINGUAL APPROACH TO SEEKING. WE HOLD SELF-EVIDENT THE WISDOM OF THE COMMUNITIES AND VALUES AS EQUAL TO OURS. IN ORDER TO FACILITATE COMMUNITY PARTICIPATION WE CONSIDER BARRIERS TO INCLUSION SUCH AS LANGUAGE, TRANSPORTATION, CHILD CARE AND FOOD INSECURITY AND STRIVE TO SEE THE NEED FOR THESE CRUCIAL ACCESS TOOLS REFLECTED. WE REALIZE THE BEST WAY TO SERVE THOSE TO BE IMPACTED POSITIVELY IS TO CHANGE AS NEEDS ARISE. WE HOLD ETHICS AT THE CORE. WE BUILD TRUST BY INVESTING TIME SHOWING RESPECT BY BEING CLEAR WITH THE PURPOSE, PROCESS AND INTENT. SELF-AWARENESS TO OURSELVES AS INDIVIDUALS AND OUR BODY AS A WHOLE AND SEAMLESS INTEGRATION OF WORD AND ACTION. SERVING ETHICALLY AND CONSISTENTLY IS A GOAL OF OURS AS WE SEEK TO BUILD A BRIDGE OF INTER INTERCONNECTEDNESS.

Josue Juarez: CHAIR AND MEMBERS OF THE COUNTY MISSION, WE WOULD LIKE TO BEGIN OUR BUDGET RELATED COMMENTS BY EXPRESSING OUR SINCERE GRATITUDE. THANK YOU FOR DEDICATING COUNTY GENERAL FUNDS TO FINANCE THE DEPARTMENTS OUT OF TARGET REQUEST AND ADDING RESOURCES TO RESPOND TO CRITICAL ISSUES. DURING THIS BUDGET CYCLE WE PRIORITIZE FOUR OUT OF TARGET REQUESTS. YOU'VE DEDICATED RESOURCES TO FULLY OR PARTIALLY FUND THESE REQUESTS. FOR THAT, WE ARE GRATEFUL.

Demi Shore: WE ARE PLEASED TO SEE FUNDING ALLOCATED FOR MENTAL HEALTH RESIDENTIAL SERVICES. THE SMALL INVESTMENT OF \$65,000 WILL RESORT SERVICES FOR 96 OLD ERA -- OLDER ADULTS. THE REQUEST TO FUND ADDITIONAL FTE FOR THE MEDICAL EXAMINER PROGRAM IS GRANTED. OUR POPULATION HAS GROWN SIGNIFICANTLY IN RECENT YEARS. STAFFING FOR THE MEDICAL EXAMINER PROGRAM HASN'T INCREASED SINCE 1975. WILL

PROVIDE US WITH MORE TIMELY INVESTIGATIONS AND WILL DECREASE THE PROGRAM'S RELIANCE ON OVERTIME AND ON-CALL STAFF. WE APPRECIATE YOUR SUPPORT, THE STUDENT HEALTH CENTER'S DECISION TO TRANSITION HEALTH SERVICES TO AREAS OF HIGHER NEED WHERE STUDENTS CAN ACCESS HEALTHCARE MORE READILY. WE ALSO WANT TO ACKNOWLEDGE YOUR INVESTMENT IN THE REDESIGN OF OUR IMMUNIZATION SERVICES. THE INVESTMENT AND PARTNERSHIP PROVIDES FOR A THOUGHTFUL AND NECESSARY TRANSITION TO THESE SERVICES TO OTHER PROVIDERS WHO OFFER COVERAGE. ALTHOUGH WE DON'T SEE AN ALLOCATION YET, WE WANT TO REITERATE THE NEED FOR YOUR CONTINUED SUPPORT IN THE HEALTHCARE WORKERS OF OUR JAILS. WORKING CONDITIONS ARE CHALLENGING. WE BELIEVE THE COUNTY'S INVESTMENT WILL HELP IMPROVE EFFORTS TO ATTRACT AND RETAIN QUALIFIED STAFF. AGAIN, THANK YOU TO YOUR SUPPORT FOR THE HEALTH DEPARTMENT. THEY WILL HAVE MEASURABLE POSITIVE IMPACTS IN THE DAILY LIVES OF OUR COMMUNITY MEMBERS EXPERIENCING HEALTH INEQUITIES.

Josue Juarez: BEFORE WE CONCLUDE, WE'D LIKE TO EXTEND OUR GRATITUDE TO MARK LEWIS FOR HIS CONSISTENT LEADERSHIP. HIS SUPPORT FOR OUR PROCESS UNDER SCORES THE SUCCESS OF THE DEPARTMENT. THE DEPARTMENT LEADERS FROM CLINICAL SERVICES MENTAL HEALTH AND ADDICTIONS AND HUMAN RESOURCES FOR PRESENTING INFORMATION AND ANSWERING OUR QUESTIONS IN A TIMELY MANNER. WE FULLY APPRECIATE THE DEPARTMENT'S STEWARDSHIP OF PUBLIC FUNDS IN INVESTMENTS TO FURTHER HEALTH EQUITY. THANK YOU FOR YOUR TIME THIS MORNING. THANK YOU FOR THE OPPORTUNITY ON OFFER LEADERSHIP.

Chair Kafoury: QUESTIONS OR COMMENTS?

Commissioner Meieran: THANK YOU. NICE TO SEE YOU. THANK YOU FOR THE PRESENTATION AND FOR OUTLINING THE VALUES. THAT'S REALLY HELPFUL AND GIVES A PERSPECTIVE OF WHERE YOU ARE COMING FROM. IT'S SO HEARTENING TO HEAR THAT. AND REALLY APPRECIATE, AGAIN, ALL THE WORK THAT YOU HAVE PUT INTO THIS. YOU AND THE REST OF THE CBAC, I DON'T KNOW IF OTHER MEMBERS ARE HERE OR NOT. JUST WANT TO EXPRESS MY APPRECIATION TO THE WHOLE TEAM. HEALTHCARE IS NEAR AND DEAR TO MY HEART. THE NEEDS THAT ARE THERE. THANK YOU FOR ALL OF YOUR TIME AND ENERGY AND HARD WORK.

Commissioner Vega Pederson: I JUST WANT TO ADD MY THANKS. I THINK YOUR VALUE STATEMENT IS REALLY BEAUTIFUL. REALLY ENCOMPASSES A LOT OF THE VALUES YOU HAVE. THE WAY THAT YOU GUYS HAVE PHRASED THIS AND REALLY BROUGHT THIS TO LIFE IS BEAUTIFUL. I WANT TO THANK YOU FOR YOUR WORK. YOU'VE HAD SOME RETURNING MEMBERS AND SOME NEW MEMBERS AND THAT'S A GREAT MIX TO HAVE EXPERIENCE BUT ALSO NEW PERSPECTIVES AS YOU LOOK AT THE BUDGET. I APPRECIATE THE TIME THAT

YOU SPENT ON THIS. THIS IS OUR BIGGEST DEPARTMENT HERE AT THE COUNTY. SO IT REALLY IS IMPORTANT.

Commissioner Stegmann: THANK YOU, CHAIR. I HAD THE PRIVILEGE OF SERVING. SO GREAT TO BE ON THAT COMMITTEE AND SEE THE OTHER SIDE. I KNOW HOW HARD WORKING AND DEDICATED THE WHOLE GROUP IS. WE HAVE THE OPPORTUNITY ON REVIEW THE VALUE STATEMENT. WE ALWAYS THOUGHT WE WERE THE BEST CBAC. ONE OF THE BEST. I JUST APPRECIATE THE THOUGHTFULNESS AND SERIOUSLY THAT EACH OF YOU BRING TO THIS PROCESS AND IT'S SO IMPORTANT AND SO HELPFUL FOR US AS A COMMISSION TO REALLY HEAR AND LISTEN WHAT YOU ARE RECOMMENDING AND TAKE THAT INTO CONSIDERATION AS WE GO THROUGH THE BUDGET. SO THANK YOU FOR ALL THAT YOU DO.

Josue Juarez: THANK YOU.

Chair Kafoury: COMMISSIONER SMITH, DID YOU WANT TO THANK THE CBAC?

Commissioner Smith: THANK YOU, MADAM CHAIR. I MISSED THE LINE SHARE OF THIS. BUT I WANT TO THANK YOU FOR PUTTING THIS TOGETHER. YOU WORK SO HARD TO IDENTIFY OPPORTUNITIES FOR US TO BE BETTER THAN WE ARE. THANK YOU SO MUCH FOR ALL THAT YOU DO.

Josue Juarez: I JUST WANTED TO SAY I WAS QUICK TO INTRODUCE MYSELF IN TRYING TO GO THROUGH IT THAT I FORGOT TO INTRODUCE THE COMMITTEE MEMBERS. I'M GOING TO LET THEM INTRODUCE THEMSELVES.

Demi Shore: THANK YOU. I'M DEMI. FIRST YEAR SERVING CBAC. AND I USE THEY/THEM PRONOUNS.

Chair Kafoury: THANK YOU FOR COMING TODAY. I'M GOING TO SAY HOW MUCH I LOVE YOUR VALUE STATEMENT. THE FIRST TIME THAT YOU ALL SPENT A LOT OF TIME TRYING TO GROUND YOURSELF IN A FOUNDATION OF YOUR VALUES FROM THE CBAC, I WAS SO IMPRESSED I'VE NEVER SEEN ANYTHING LIKE IT BEFORE FROM A GROUP OFFERING ADVICE TO US. AND IT'S JUST GROWN AS YOU'VE ADDED NEW LEADERS, YOU'VE BROADENED AN ENRICHED TEAM. YOU TRULY ARE AND I WANT TO THANK YOU. AND DANNY, I HOPE YOU HAND THIS OUT TO ALL OF THE OTHERS AND SAY THIS IS THE GOLD STANDARD HERE. HOW CAN YOU MAKE DECISIONS ON WHAT THE BUDGET LOOKS LIKE IF YOU DON'T HAVE A FOUNDATION YOU ARE STARTING WITH? THANK YOU.

Josue Juarez: THANK YOU. [APPLAUSE]

Wendy Lear: LOOKS LIKE I AM UP NEXT. OUR GOALS FOR 2018, 2019 ARE TO REMAIN A TRUSTED PARTNER FOR ASSESSMENT POLICY DEVELOPMENT AND LONG-RANGE PLANNING AND SOME OF THE EXAMPLES MOST RECENTLY IN

THIS AREA. AS OUR WORK WITH LIMITING YOUTH ACCESS TO TOBACCO IS A PLACE WHERE WE'VE WORKED ON BOTH ASSESSMENT POLICY DEVELOPMENT AND PLANNING IN THIS AREA. INVESTMENT TO IMPROVE HEALTH OUTCOMES AND HEALTH EQUITY. WE HAVE RECENT EXAMPLES OF THE COMMUNITY HEALTH CENTERS RECEIVING RECOGNITION AND AWARDS FOR THEIR WORK WITH IMMIGRANT AND REFUGEE COMMUNITIES. AS WELL AS A PROGRAM OFFER FOR NEXT YEAR SUPPORTING ASIAN PACIFIC ISLANDERS IN DATA AND RESEARCH DATA COLLECTION AND RESEARCH TO IMPROVE HEALTH OUTCOMES FOR THE PACIFIC ISLANDER COMMUNITY. WE CHALLENGE EMBEDDED INTERNAL AND EXTERNAL STRUCTURES THAT CONTRIBUTE TO AN EQUITY. WE ENGAGE WITH COMMUNITIES AND STAFF TO DRIVE POSITIVE CHANGE. AND SOME OF THE WAYS WE'RE WORKING ON THAT THIS YEAR AND GOING INTO THAT NEXT YEAR IS THE CREATION OF EQUITY AND INCLUSION OFFICE IN THE HEALTH DEPARTMENT. AND WORK ON INTERNAL AND STAFF-RELATED EQUITY AND SOCIAL JUSTICE WITHIN THE HEALTH DEPARTMENT.

Wendy Lear: WE RETAIN AND PROMOTE A DIVERSE WORKFORCE AND STRIVED INCREASE EFFICIENCY AND EFFECTIVENESS. WE ARE THE MOST DIVERSE WORKFORCE IN THE COUNTY AND WE'RE EXCITED TO GET STARTED ON THE HEALTH EQUITY OR THE WORKFORCE EQUITY STRATEGIC PLAN AND DIG INTO DEPARTMENT-SPECIFIC DATA AND SEE WHERE WE HAVE OPPORTUNITIES FOR IMPROVEMENT THAT ARE REALLY SPECIFIC TO OUR DEPARTMENT. THIS IS A SUMMARY OF THE SERVICES AND PROGRAMS WE PROVIDE AT A HIGH LEVEL. I THINK YOU'VE ALL SEEN THIS BEFORE. AND SO I WON'T SPEND A LOT OF TIME ON THAT. JUST A COUPLE THINGS TO NOTE IS, I THINK THE HEALTH OFFICER PROGRAM IS WHERE THE TC 911 PROGRAM RESIDES, FOR EXAMPLE. AS WELL AS MEDICAL EXAMINER RESIDES WITHIN THE HEALTH OFFICER. THE PUBLIC HEALTH DIVISION FOCUSES ON POLICY AND COMMUNITY HEALTH AND WELLNESS.

CORRECTIONS HEALTH HAS TWO CORRECTIONAL SITES AND ONE JUVENILE DETENTION SITE THEY SERVE. OUR MENTAL HEALTH DEPARTMENTS PROVIDES FULL RANGE OF SAFETY SERVICES AS WELL AS HAS AN INSURANCE PLAN. AND INTEGRATED CLINICAL SERVICES IS THE LARGEST QUALIFIED HEALTH CENTER IN THE STATE AND ONE OF THE LARGEST IN THE COUNTRY. TOP 50 IN THE COUNTRY. AND JUST AS A POINT OF HISTORY, THE HEALTH DEPARTMENT USED TO RUN THE INSURANCE PLAN FOR HEALTHCARE AS WELL AS THE INSURANCE PLAN FOR DENTAL CARE JUST A FEW YEARS AGO WE TRANSITIONED THE DENTAL CARE INSURANCE PLAN TO CARE OREGON. THE INSURANCE PLAN FOR MENTAL HEALTH STILL RESIDES WITHIN THE DEPARTMENT.

Vanetta Abdellatif: SO FOR THE RECORD, I'M VANETTA. CO-INTERIM HEALTH DIRECTOR. I'M GOING TO GO OVER HIGHLIGHTS OF SOME OF OUR OUTPUTS HERE. THE INTERESTING THING LOOKING AT THIS IS SO MUCH OF THE WORK

THAT WE'RE DOING IS REALLY GROUNDED IN HOW WE'RE USING TECHNOLOGY. WE'RE NOT PREPARED TO TALK ABOUT TECHNOLOGY. IT JUST OCCURS TO ME 16 YEARS IN THE DEPARTMENT HOW MUCH WE RELY ON IT. SO WE'VE INSPECTED OVER 15,000 RESTAURANTS, FOOD CARTS AND PUBLIC FACILITIES. WE ARE ALL ENJOYING THAT FOR THE PERSONAL THINGS WE DO IN OUR LIVES. WE'VE ENROLLED MORE THAN 14,000 CLIENTS IN EWIC WHICH IS A CREDIT CARD THAT THEY ARE USING AND CLIENTS REALLY APPRECIATE THAT AND HELPS TO FACILITATE DIGNITY IN GETTING HEALTHY FOODS THAT THEY NEED. WE RESPONDED TO 5,560 REPORTS OF DISEASES. SERVED OVER 52,000 CLIENTS IN PRIMARY CARE CLINICS. 30,000 CLIENTS IN DENTAL CARE CLINICS AND THOSE NUMBERS ARE UNDUPLICATED PATIENTS. THEY MAY HAVE HAD MULTIPLE VISITS. THOSE ARE UNIQUE INDIVIDUALS IN THE SERVICE LINES. TREATED OVER 36,000 CLIENTS IN THE CORRECTIONS HEALTH SETTING. CONNECTED 82% OF ADDICTION REFERRALS TO SERVICES. SUPER IMPORTANT. SERVE 6100 CHILDREN WITH MENTAL HEALTH NEEDS AND RESPONDED TO 80,000 PEOPLE IN THE MENTAL HEALTH CRISIS SYSTEM. PHASE TWO COMMUNITY POWERED CHANGE. YOU MAY WANT TO TOUCH ON THIS PROGRAM A LITTLE.

Wendy Lear: YEAH, THAT'S THE NEXT PHASE OF THE COMMUNITY FOCUSED HEALTH IMPROVEMENT PLAN. IS THE COMMUNITY POWERED CHANGE INITIATIVE. INITIATIVE.

Vanetta Abdellatif: IN APRIL, WE RECEIVED AN AWARD FOR HEALTH EQUITY TO THE REFUGEE SERVICES TEAM. SO IT'S THE CLINIC AND SERVICE LINE AND SUPER IMPORTANT. WE HAD SOME BEAUTIFUL STORIES THERE AND STAFF DOING THIS WORK FOR OVER 20 YEARS. AND IN THIS ENVIRONMENT THE SUPPORT THE REFUGEES GET REALLY GOES A LONG WAY AS FAR AS PEOPLE'S LIVES IN HEALTH. MENTAL HEALTH PAID FOR PERFORMANCE METRICS WITH THE CCOS. SAW 24% DECREASE IN HIV INFECTION RATES. PROVIDED 10,000 MENTAL HEALTH ASSESSMENTS IN CORRECTION HEALTH. WE WERE CREDITED FOR HIGH QUALITY ON ACCREDITATION. WE'VE SEEN IMPROVEMENT IN SCHOOL FOR 70% OF KIDS WITH SEVERE BEHAVIORAL MENTAL HEALTH ISSUES. AND THE SCHOOL BEHAVIORAL MENTAL HEALTH PROGRAM. CORRECTION. CORRECTION.

Wendy Lear: ACRONYMS.

Vanetta Abdellatif: IT'S A LOT. WE RECEIVED A GRANT FROM CARE OREGON TO PROMOTE A CROSS DIVISION PILOT FOR LATIN FAMILIES AND BABIES. THIS IS WHERE WE'RE WORKING WITH COMMUNITY HEALTH WORKERS. COMMUNITY WORKS AND PRIMARY CARE TO WRAP AROUND ALL OF THE SERVICES WE CAN PROVIDE FOR FAMILIES AND WE'VE SEEN IMPROVEMENT IN 75% OF KIDS WITH ADDICTION PREVENTION.

Wendy Lear: WE WERE GOING TO SHOW YOU THE LAST STREAM OF OUR NEW BUILDING CAUSE WE'RE SUPER EXCITED. I GUESS WE WILL SHOW IT TO YOU AFTER ALL. WE SHOULDN'T TAKE CREDIT FOR THIS. THIS IS FACILITIES ACHIEVEMENT. SUPER EXCITED FOR THE HEALTH HEADQUARTERS TO BEGIN. THE WINDOWS ARE ALL IN AND THAT'S WHAT IT LOOKS LIKE AT THE MOMENT. AND THE CONSTRUCTION IS ON SCHEDULE AND MOVE IN IS STILL SLATED FOR FEBRUARY OF NEXT YEAR. THIS IS THE TRAIN STATION, YES. LOOKING BACK TOWARDS DOWNTOWN.

Chair Kafoury: TALKED ABOUT TECHNOLOGY. STILL SO AMAZING TO ME. LIVE STREAMING. I KNOW I'M OLD BUT GOODNESS GRACIOUS. [LAUGHING]

Vanetta Abdellatif: COULD BE A GIFT. WE DON'T KNOW.

Chair Kafoury: WE'LL WATCH THE SAME BUS GO BY EVERY TIME.

Vanetta Abdellatif: THAT'S RIGHT.

Wendy Lear: SO IN ADDITION TO THE HEALTH HEADQUARTERS, THE HEALTH DEPARTMENT THIS YEAR HAS ADDED, AS I MENTIONED OFFICE OF EQUITY AND INCLUSION. AND THIS IS REALLY JUST LIKE THE NEXT EVOLUTION OF THE WORK THAT WE'VE BEEN DOING AND THIS OFFICE WILL CONTINUE OUR TRAUMA INFORMED WORK AND HELPING US LEAD IN BECOMING A TRAUMA INFORMED ORGANIZATION. THEY'LL ALSO WORK WITH THE OTHER EFFORTS THAT ARE GOING ON WITHIN THE DEPARTMENT LIKE THE HEALTH EQUITY INITIATIVE AND THOSE STAFF AS WELL AS OTHER PARTNERS ARE EMPLOYEE RESOURCE GROUP PARTNERS WITHIN THE DEPARTMENT AND LARGER COUNTY AS WELL AS THE OFFICE OF DIVERSITY AND EQUITY. AND THEN ALSO ACCOMPLISHMENTS FOR THIS YEAR ARE THE AMBULANCE SERVICE PLAN WHICH DOCTOR LEWIS HAS SPENT COUNTLESS HOURS WORKING ON HAS FINALLY BEEN CONCLUDED AND WE'RE IN THE PROCESS OF SIGNING A NEW CONTRACT FOR THE NEXT FIVE YEARS FOR AMBULANCE SERVICES.

AND FINALLY, WE ALSO CO-HOSTED A REGIONAL OPIOID SUMMIT THIS PAST MONTH AND WE'RE EXCITED TO GET STARTED ON SOME OF THE RECOMMENDATIONS AND ISSUES THAT EMERGED OUT OF THAT FOR OUR LOCAL COMMUNITY. OKAY. ADDITIONAL HIGHLIGHTS THIS YEAR. WE PROVIDED OUR HEALTH OFFICER PROGRAM PROVIDED NUMEROUS SERVICES AND SUPPORT TO PEOPLE EXPERIENCING HOMELESSNESS INCLUDING MEDICAL SUPPORT FOR THE WARMING SHELTERS, HEPATITIS A PREVENTION AND MONITORING AS WELL AS PUBLICATION OF DOMICILE UNKNOWN FOR PEOPLE EXPERIENCING HOMELESSNESS. THE MENTAL HEALTH AND ADDICTION SERVICES HAS ALSO STARTED TO BECOME A REGULAR PART OF THE SUPPORT WE PROVIDE TO WARMING SHELTERS AND OVERNIGHT SHELTERS. EITHER OUR OWN STAFF OR STAFF TO COMMUNITY PARTNERS TO ASSIST FOLKS USING THE SHELTERS. WE'VE DEVELOPED A

NUMBER OF PUBLIC HEALTH PREVENTION STRATEGIES FOR COMPLEX HEALTH ISSUES, LEVERAGING COMMUNITY PARTNERSHIPS.

Wendy Lear: ONE OF THOSE MOST RECENTLY YOU HAD A BRIEFING ON WAS THE REACH PROGRAM AND THEIR PARTNERSHIP WITH THE CITY OF GRESHAM ON ACTIVE TRANSPORTATION PLAN THAT REALLY HAD HEALTH EQUITY AND HEALTH IMPROVEMENT STRATEGIES EMBEDDED THROUGHOUT THE PLAN. AND FINALLY, WE'VE LAUNCHED COMMUNITY POWERED CHANGE AND OREGON HEALTH EQUITY. THIS IS THE PHASE TWO OF THE CHIP. AND COMMUNITY HAS SPOKEN UP ABOUT WHAT IT MEANS TO BE HEALTHY AND THIS IS TAKING THAT VOICE AND AMPLIFYING AND WORKING WITH THE COMMUNITY TO MOVE THAT CHANGE FORWARD. WE'VE LAUNCHED BEHAVIORAL HEALTH DIRECTORY. ALREADY CREATED THIS FOR MULTNOMAH COUNTY AND WE WERE ASKED TO QUICKLY UP SCALE IT WHEN FAMILY CARE MEMBERS WERE TRANSITIONED AND BEING USED REGIONALLY FOR THE THREE COUNTIES SO THAT FOLKS CAN GET ACCESS AND SEARCH FOR SPECIALTY AND SERVICES IN MENTAL HEALTH AND ADDICTIONS. WE TRANSITIONED THE 60,000 FAMILY CARE MEMBERS TO MULTNOMAH MENTAL HEALTH. WE'VE CONTINUED THE NORTH PORTLAND --

Chair Kafoury: THAT'S A LOT.

Wendy Lear: IT IS A LOT. YEAH, SORRY TO GLOSS OVER THAT. IT WAS A BIG EFFORT. WITH A MONTH'S NOTICE. VERY LITTLE DATA UNTIL THE VERY LAST MINUTE TO TRANSITION FOLKS OVER. BUT THEY'VE DONE A GREAT JOB. AND ONE THING TO NOTE IS THAT WE DIDN'T KNOW WHO THE FAMILY CARE MEMBERS WERE OR THE PATIENTS THAT THEY WERE SERVING OR THE CONTRACTORS THEY WERE USING. AS IT TURNS OUT, ABOUT 80% OF THE CONTRACTORS USED, WE ALSO ALREADY CONTRACTED WITH. WE'VE CONTRACTED NOW WITH ANOTHER ROUGHLY 100 ADDITIONAL CONTRACTORS, FAMILY CARE USED A LOT OF PRIVATE PROVIDERS, MORE LIKE COMMERCIAL MENTAL HEALTH INSURANCE. THERE'S STILL ABOUT 100 FAMILY CARE PROVIDERS THAT DIDN'T MEET THE CRITERIA TO CONTRACT WITH US AND WORKING TO TRANSITION THE CLIENTS THAT SERVE BY THOSE INDIVIDUAL PROVIDERS TO OTHER PROVIDERS AND OTHER AGENCIES. WE PRIORITIZED CULTURALLY SPECIFIC PROVIDERS AND PROVIDERS THAT SERVE 10 OR MORE MEDICAID PATIENTS AND NOT JUST A SINGLE PATIENT. CONSTRUCTION WILL BE COMPLETE IN JUNE AND THAT WILL BE ADDING CAPACITY TO PROVIDE DENTAL SERVICES AS WELL AS EXPANDING THE PHARMACY. AND MEDICAL EXAMINERS ARE ALSO ADDED. AND THEN THE PRIMARY CARE SYSTEM IS ALSO TRANSITIONED FAMILY CARE MEMBERS. DO YOU WANT TO SPEAK?

Vanetta Abdellatif: YEAH. WE TRANSFERRED OVER THE MEMBERSHIP WE HAD WITH FAMILY CARE ON TO PLANS WE ACCEPTED AND THAT REPRESENTED ABOUT 11,000 MEMBERS. WE HAD ANTICIPATED A HUGE FLOOD OF NEW

ADDITIONAL PATIENTS AND AT THE SAME TIME THAT FAMILY CARE WAS TRANSITIONING. THERE WAS ALSO THIS BIG REDETERMINATION PROCESS WHERE PEOPLE HAVE TO REAPPLY FOR THEIR MEDICAID AND MANY PEOPLE LOST COVERAGE. SO THIS 11,000 DOES REPRESENT A NET INCREASE IN THE NUMBER OF COVERED INDIVIDUALS THAT WE'RE SERVING BUT NOT TO WHAT WE HAD INITIALLY ANTICIPATED. IT'S A COUPLE THOUSAND MORE. MAYBE 4 TO 5,000 ADDITIONAL. CONTINUED TO MAKE SURE WE BRING THESE FOLKS IN AND REACHING OUT TO THEM AND ENGAGING IN CARE AND MAKING SURE WE HAVE A GOOD UNDERSTANDING OF WHAT THEIR MEDICAL NEEDS ARE. AND THIS WAS ALL MEDICAL.

Wendy Lear: OKAY. SO IN TERMS OF HIGHLIGHTS FOR THIS COMING BUDGET FISCAL YEAR 2019, VAST MAJORITY OF SERVICES AND PROGRAMS WILL CONTINUE. THE CHAIR'S BUDGET HAS FUNDED CRITICAL SERVICES. THE IMMUNIZATION PROGRAM WILL BE MAINTAINED IN THIS CURRENT BUDGET UNTIL WE'RE ABLE TO TRANSITION FUNDING TO OTHER SOURCES. AND WE'RE WORKING WITH OUR CCO PARTNERS TO COVER IMMUNIZATION, TB TREATMENT, CASE MANAGEMENT AND TREATMENT SERVICES. IT WILL BE A COMBINATION OF TRANSACTIONAL REIMBURSEMENT FOR INDIVIDUAL POINTS OF SERVICE LIKE A TREATMENT. OUR GOAL IS TO PROVIDE BASE FUNDING SO WE CAN SERVE THE WHOLE COMMUNITY AS WE HAVE BEEN WITH THOSE SERVICES REGARDLESS OF INSURANCE COVERAGE. IT WILL ALLOW US TO RESHAPE THE SERVICES.

MEETS THE CURRENT DEMAND FOR IMMUNIZATION CARE. MOST KIDS AND ADULTS GET THEIR IMMUNIZATIONS EITHER FROM THEIR PRIMARY CARE PHYSICIAN OR PHARMACIES THAT PROVIDE IMMUNIZATIONS. WE ONLY PROVIDE 2% OF ALL IMMUNIZATIONS. SO IT'S A PRETTY LOW NUMBER. THE LEVEL OF UNVACCINATED CHILDREN ARE A FUNCTION OF DECLINING VACCINATIONS NOT A MATTER OF ACCESS TO VACCINATION SERVICES. SUPPORTED WITH TRANSITIONAL FUNDING AS YOU'VE HEARD ABOUT ALREADY. AND LEAD LAW ENFORCEMENT ASSISTED DIVERSION PROGRAM WILL CONTINUE FOR A THIRD YEAR IN 2019. WE HAVE PRIORITIZED CULTURALLY SPECIFIC HEALTH DATA FOR NEXT YEAR. AND DR. FRANK FRANKLIN WILL BE WORKING WITH THE COMMUNITY TO DO THAT DATA COLLECTION AND RESEARCH AND WILL BE PROVIDING SUPPORT WITH THE COMMUNITY TO DO THAT. FROM THE DROP BOXES WILL BE ADDING ANOTHER FIVE AND THOSE WILL ALL BE SIDED THROUGHOUT THE COUNTY. THE RESIDENTIAL SERVICES FOR OLDER ADULTS AND PROVIDE ONE ADDITIONAL MEDICAL EXAMINER TO RESPOND 24/7 TO MEDICAL EXAMINER REQUESTS. THAT WILL IMPROVE OUR RESPONSE TIME. LIKE OTHER DEPARTMENTS AND WE PASS THAT ALONG TO ALL THE DIVISIONS IN THE HEALTH DEPARTMENT.

CORRECTIONS HEALTH DID TAKE SOME CUTS IN ORDER TO PUSH IN SOME OF THAT REDUCTION FOR CORRECTIONS HEALTH. MEDICAID OFF SET THE REDUCTIONS TO THE MENTAL HEALTH AND ADDICTIONS SERVICES DIVISION.

SO IN THE SLIDES AT THE VERY END WHERE YOU SEE COUNTY GENERAL FUND REDUCTIONS, IT WAS A MATTER OF THEM TAKING THE REDUCTIONS IN THE FUND AND FUNDING THEM WITH MEDICAID. AND ALL DIVISIONS PRIORITIZE CULTURALLY SPECIFIC SERVICES AS THE DEMAND CONTINUES TO BE VERY HIGH IN THOSE AREAS. TAKE A DEEP BREATH. NEED TO SPLIT THIS UP A LITTLE BIT MORE. BUDGET HIGHLIGHTS FOR NEXT YEAR'S CORRECTIONS HEALTH. WE HAVE ADDED ADDITIONAL RESOURCES TO CORRECTIONS HEALTH IN QUALITY ASSURANCE AND NURSING PRACTICE IN CORRECTIONS HEALTH. WE ARE CONTINUING TO RESPOND TO THE AREAS OF IMPROVEMENT FROM THE DISABILITY RIGHTS OREGON REPORT. AND WE ARE WORKING HARD AT FINDING SOLUTIONS TO STAFF RETENTION AND CHRONIC VACANCIES. TWO NIGHT SHIFT POSITIONS FOR MENTAL HEALTH CONSULTANTS UNDER FILLED. AND WHAT OUR DATA TELLS US IS THAT FOR EVERY ONE PERSON WE HIRE INTO CORRECTIONS HEALTH, TWO PEOPLE RESIGN. AND SO WE'RE ALWAYS IN THIS DOWN THIS VACANT PHYSICIAN IN THAT AREA.

Vanetta Abdellatif: ALL RIGHT. SO I'LL GIVE YOU HIGHLIGHTS FROM INTEGRATED CLINICAL SERVICE. THE BUDGET THIS YEAR DOES ASSUME MORE FAMILY CARE MEMBERS IN OUR BUDGET THAT ARE ASSIGNED TO US. WE ARE ELECTED TO ENGAGE A PER MEMBER PER MONTH. AND SO IT ASSUMES THAT ADDITIONAL REVENUE. WE'RE CLOSELY MONITORING TO ADJUST THE FORECAST AS NEEDED. AND I MENTIONED EARLIER WE DID NOT GET THE SLEW OF CLIENTS WE HAD ANTICIPATED EARLIER. WE HAD VERY CONSERVATIVE BUDGET NUMBERS AROUND THE PERCENTAGE. SO THAT'S THAT. OUR BUDGET GIVES QUALITY INCENTIVE DOLLARS PLAYING MORE INCREASING ROLE IN FUNDING THAT'S ESSENTIAL. AND WHAT THIS MEANS IS THAT WE GET QUALITY INCENTIVE DOLLARS WHEN WE PRODUCE QUALITY OUTCOMES. LAST YEAR I MAY HAVE PUT THIS SOMEWHERE ELSE IN THIS DOCUMENT, WE ACHIEVE 10 OF THE 12 METRICS FROM HEALTH SHARE, WHICH IS GOOD, AND WE GET ADDITIONAL DOLLARS. AND REALLY LOOKING AT PAYING FOR VALUE VERSUS GETTING IT RIGHT. WE KNOW PROVIDERS TAKE TIME TO GET WHAT I CALL THEIR C LEGS AND UNDERSTANDING HOW TO ACTUALLY PROVIDE THE CARE AT THE RATE AND SPEED AND QUALITY THAT'S NEEDED. AND WE'VE ALSO ASSUMED SOME HIGHER SELF-PAY RATES BECAUSE CLIENTS HAVE BEEN LOSING COVERAGE IN THE DENTAL PROGRAM. FOR MANY YEARS, OUR DENTAL UNINSURED RATE WAS VERY LOW SINGLE-DIGIT NUMBERS AND WE THINK ARTIFICIALLY LOW. WE MADE ADJUSTMENTS FOR THAT.

Wendy Lear: OKAY. SO IN MENTAL HEALTH AND ADDICTION SERVICES, IT'S A COUPLE OF THINGS. ONE POINT TO NOTE IS WITH THE FAMILY CARE TRANSITION, PRIOR TO THAT TRANSITION, FAMILY CARE MEMBERS USED OUR CRISIS SYSTEM BUT FAMILY CARE DID NOT CONTRIBUTE TOWARDS THE COST OF THE CRISIS SYSTEM. BUT NOW THAT WE HAVE ALL THE MEMBERS IN MULTNOMAH COUNTY, WE'RE ABLE TO USE SOME OF THAT MEDICAID

FUNDING TO FUND CRISIS SYSTEM SERVICES WHICH HAS BEEN A REAL HELP GOING INTO NEXT YEAR. IN ADDITION, WE WILL NEED TO CONTINUE TO MONITOR DEMAND FOR MENTAL HEALTH AND ADDICTION SERVICES COMPARED TO THE AVAILABLE RESOURCES IN THE INSURANCE PLAN. AS YOU KNOW, FAMILY CARE GOT OUT OF -- THEY DECLINED TO SIGN THEIR CONTRACT BECAUSE THEY WERE LOSING MONEY. AND SO WE NEED TO MONITOR THAT CLOSELY AND UNDERSTAND WAS THAT BECAUSE OF DEMAND OR BECAUSE SOME PECULIARITIES OF THIS SYSTEM? WE NEED TO WATCH THAT CLOSELY TO MAKE SURE WE HAVE ENOUGH REVENUE TO FUND THE SERVICE DEMANDS WE'RE SEEING. IN THE PUBLIC HEALTH AREA, STATE FUNDING FOR PUBLIC HEALTH MODERNIZATION WAS NOT PASSED LAST YEAR. AND SO IT WILL BE IN THE NEXT BIENNIUM IMPROVED. MAY BE MODEST. WE ALSO ARE FACING UNCERTAIN FEDERAL FUNDING AND THE PREVENTION AND HEALTH PROMOTION FUND PART OF THE ACA IS IN JEOPARDY AND AT RISK. THE CENTER FOR DISEASE CONTROL FUNDING IS UNDER ATTACK AND THAT'S A PLACE WHERE WE RECEIVE A LOT OF PUBLIC HEALTH FUNDING. SO COUNTY GENERAL FUND AND LOCAL FUNDING IS JUST BECOMING EVER MORE CRITICAL TO CONTINUE TO MAINTAIN CORE PUBLIC HEALTH FUNCTIONS.

Mark Lewis: OUR ORGANIZATIONAL CHART OUR TOTAL BUDGET FOR THIS FY 19 IS \$333,591,643. OUR FTE LEVEL IS 1,426.1. OUR BUDGET BY FUND. YOU SEE THE TOTAL EXPENDITURES FOR FY 18. COMPARED TO TOTAL EXPENDITURES FOR FY 19. APPROXIMATELY A \$29 MILLION DIFFERENCE. 13 MILLION TO THE MENTAL HEALTH FUND WHERE THE INCREASE IS DUE TO THE INCREASE IN THE NUMBER OF CLIENTS FROM THE CLOSURE OF FAMILY CARE. AND 7.1 IS ATTRIBUTED TO THE WRAP AROUND EXPENSE. MADE UP OF THE BALANCE WITH THE CLINIC REVENUE THAT INCLUDES OUR WRAP AROUND AS WELL AS OUR PAYMENT METHOD. WE ALSO PARTICIPATED -- WE ALSO ANTICIPATE INCREASE IN REVENUE FROM THE ADDITIONAL CLIENTS WE'RE EXPECTING FROM THE CLOSURE OF FAMILY CARE AND PRIMARY CARE. 4.9 MILLION IS A PORTION OF WHICH IS THE ADDITIONAL DEBT SERVICE THIS YEAR OVER LAST YEAR WE HAVE INCREASE OF 30 MILLION ATTRIBUTED TO INCREASE IN MENTAL HEALTH FUND TO SUPPORT MEMBERSHIP.

IN OUR BUDGET BY FUNDING SOURCE, WE SEE THE COUNTY GENERAL FUND IS 30% FOR THE REVENUE FOR THE HEALTH DEPARTMENT AS A TOTAL. THE INCREASE OF CLINIC REVENUE OVER THE LAST YEAR WHICH CAME IN AT 46. AS A REMINDER. THE CATEGORY INCLUDES ARE ALTERNATIVE PAYMENT METHOD AND ANY MEDICAID REVENUE. WE SEE IT'S BEING MAINTAINED LAST YEAR. AND OUR BUDGET BY CATEGORY. WE SEE OUR CATEGORIES ACCEPT FOR CAPITAL MOVE 1% POSITIVE OR NEGATIVE FROM LAST YEAR. CONTRACTUAL SERVICES WHICH INCLUDES ALL OF OUR MENTAL HEALTH CONTRACTS, ALL PASS-THROUGH SERVICES, PROFESSIONAL SERVICES WHICH BOOSTS LANGUAGE SERVICES AND ALL DIRECT CLIENT SYSTEMS FOR THE DEPARTMENT HAS INCREASE OF 1% OVER LAST YEAR. OUR INTERNAL SERVICES WHICH INCLUDES ALL INDIRECT FACILITY FACILITIES, MAIL

SERVICES, AND RECORD RETENTION HAS INCREASE OF 1% OVER THE LAST YEAR. HAS A DECREASE OF 1% OVER LAST YEAR AND ALSO 1% DECREASE FROM LAST YEAR. WE SEE OUR DIRECTOR'S OFFICE COMING IN AT \$1.4 MILLION. OUR HEALTH OFFICERS AT \$8.4 MILLION. BUSINESS OPERATION COMES IN AT 19.2 AND CORRECTIONS HEALTH COMING IN AT 19.6.

Vanetta Abdellatif: I'LL GO OVER THESE QUICKLY. THIS SLIDE REPRESENTS A BUDGET BY DIVISION. AND YOU'LL SEE ON THE KEY AT THE BOTTOM, IT SEPARATES IT OUT.

Chair Kafoury: IF IT'S LIGHT, WE CAN'T SEE IT AT ALL. JUST LOOKS LIKE A BUNCH OF RANDOM NUMBERS.

Vanetta Abdellatif: RIGHT. MAYBE I'LL JUST GO THROUGH IT. I ACTUALLY HAVE TO LOOK HERE. IT IS HARD TO SEE. WITHIN INTEGRATED CLINICAL SERVICES, YOU'LL SEE WHERE I CALL IT STRAIGHT GENERAL FUND AND THEN YOU'VE GOT GENERAL FUND CLINIC REVENUE AT \$52.3 MILLION AND OTHER FUNDS AT \$60 MILLION. THAT STRAIGHT GENERAL FUND NUMBER IS AT \$20 MILLION AND THEN YOU'VE GOT SOME CLINIC REVENUE THERE AT 0.3 MILLION. AND OTHER FUNDS FOR THEM IS AT 40.8 MILLION AND THE MENTAL HEALTH FUNDING AT 48.6. AND THAT'S PART OF THE INSURANCE PIECE. AND THEN FOR PUBLIC HEALTH, STRAIGHT GENERAL FUND AND YOU'LL SEE THAT PERCENTAGE IS A LOT HIGHER THAN THE OTHER DIVISIONS AND PERCENTAGE WISE. IT'S A MORE IMPORTANT FIGURE FOR THEM. AT 27.9 MILLION, THEIR REVENUE AT 1.5. AND OTHER FUNDS AT \$29.9 MILLION. NEXT SLIDE.

THERE'S BEEN A GENERAL FUND INCREASE BY 368,000 AND TWO FTES. AND LET'S MOVE THAT APOSTROPHE OUTSIDE. IT'S BEEN THE DIRECTOR'S OFFICE OVERSEES MORE THAN 1400 EMPLOYEES AND RESPONSIBLE FOR \$330 MILLION IN PROGRAMS AND SERVICES. ADDED IN THIS BUDGET OFFICE OF TRAUMA INFORMED EQUITY AND INCLUSION TO ENSURE ACCOUNTABILITY, SUPPORT AND ALIGNMENT OF EQUITY INCLUSION AND EFFORTS. BUSINESS OPERATIONS. BUSINESS FUND INCREASE OF \$3.4 MILLION AND NEARLY SIX FTES. THIS INCLUDES ABOUT \$3 MILLION IN DEBT SERVICE PAYMENTS FOR THE NEW HEALTH DEPARTMENT HEADQUARTERS. STOP ME IF I GO OVER. CORRECTIONS HEALTH, THERE'S A GENERAL FUND INCREASE OF 1.7 MILLION WITH DECREASE OF 1.35 MILLION AND WENDY SPOKE TO THAT ON SOME POSITIONS ON WHY THAT LOOKS LIKE THAT RIGHT NOW. THE OUTSIDE MEDICAL IN FISCAL YEAR 18 THE DEPARTMENT MADE A MOVE TO PULL BACK IN A PROVIDER THAT COULD GIVE US BETTER CONTRACTUAL RATES. YOU'VE SEEN THAT DECREASE IN THE AMOUNT OF EXPENDITURES THAT WERE NECESSARY TO PAYOFF THOSE BILLS. BUT WHAT IS ALSO SEE IS THOSE PRICES ARE STILL CONTINUING TO INCREASE AND REDETERMINATION ALSO IS GOING TO NEGATIVELY IMPACT THE ABILITY TO GET THOSE CLIENTS WHO ARE ELIGIBLE FOR OHP TO BE COVERED.

Vanetta Abdellatif: BUT IT'S MOVING IN THE RIGHT DIRECTION. OTHER FUNDS HAVE BEEN INCREASED BY 35,000. THOSE ARE FEES THAT OFFICE IS ABLE TO COLLECT. THE NET FTE INCREASE BY 1.25 AND THAT INCLUDES AN ADDITION OF 1.0 FOR DEPUTY MEDICAL EXAMINER. THE CLINICAL SERVICES YOU'LL SEE A NET GENERAL FUND WHICH INCLUDES THE CLINIC AND QUALITY INCENTIVE REVENUES BY \$7 MILLION. NET INCREASE OF 8.59 FTES IN THIS AREA. THIS GIVES YOU AN IDEA OF COVERED PATIENTS AND HOW WE BUDGETED FOR THAT. IT'S KIND OF THAT GREYISH LINE. THOSE ARE IN THE 85 85-79% RANGE. YOU SEE A LITTLE BIT OF A DOWNWARD SLOPE. THE DOTTED LINE ARE THE TARGETS FOR COVERAGE. SO FOR THIS FISCAL YEAR 84% IS WHAT WE'RE TARGETING FOR. SO THAT CORRESPONDS TO A 16% SOUTH PAY RATE. AND FOR DENTAL, YOU'LL SEE AN 88% COVERED RATE WITH A TARGETED SELF-PAY OF 12%. THIS SLIDE REPRESENTS THE NUMBER OF UNDUPLICATED PATIENTS IN THE COMMUNITY HEALTH CENTER. THAT WOULD INCLUDE DENTAL AND PRIMARY CARE. SOME CLIENTS RECEIVING SERVICES IN BOTH PRIMARY CARE AND DENTAL AND SO FOR 2017, IT WAS SHY OF 70,000. 70,000.

Wendy Lear: MENTAL HEALTH AND ADDICTIONS, YOU'VE HEARD PLENTY ABOUT THE INCREASE IN FAMILY CARE. THAT'S DRIVING THE INCREASE IN MENTAL HEALTH AND ADDICTION SERVICES BUDGET. IN THE NEXT SLIDE, THIS IS MIS-LABELED BUT THIS IS ACTUALLY ENROLLEES IN THE INSURANCE PLAN. WE HAD 80,000 MEMBERS ENROLLED IN MEDICAID. IN THE 15, YOU SEE IT RISING. THAT'S THE ACA MEDICAID EXPANSION. AND THEN POST EXPANSION WE CONTINUE TO SEE A SLOW DECLINE IN THE NUMBER OF PEOPLE ENROLLED AS THEY WE WANT THROUGH CYCLES OF REDETERMINATION AND PEOPLE DROPPED OFF. AND THE DOTTED LINES SHOW THE CHANGE. WE EXPECT TO EXCEED 140,000 MEMBERS IN MENTAL HEALTH. THIS IS SERVICE TRENDS FOR KIDS WE SEE IN OUR PROGRAMS WITHIN THE COUNTY.

THE EAST OF PROGRAM AND SCHOOL MENTAL HEALTH AND THIS DOES NOT INCLUDE ALL OF THE MENTAL HEALTH SERVICES PROVIDED IN THE COMMUNITY. WE CONTINUE TO INCREASE THE NUMBER OF CHILDREN SERVED BY OUR KID'S SYSTEM. AND THE NEXT SLIDE IN PUBLIC HEALTH. HAD A GENERAL FUND INCREASE OF \$1.1 MILLION. OTHER FUNDS BY \$2.7 MILLION. THERE'S A NET DECREASE OF 13 IN PUBLIC HEALTH. AND WE ACTUALLY GAINED \$5 MILLION IN RYAN WHITE AND OTHER HIV SPECIFIC FUNDING AND THAT MOSTLY GOES OUT TO THE COMMUNITY FOR THE SERVICES NOT FOR INTERNAL PERSONNEL. BUT WE ALSO LOST A LOT OF GRANTS. THE REACH GRANT IS ENDING THE TEEN PREGNANCY FEDERAL TEEN PREGNANCY GRANT WAS TERMINATED ABRUPTLY. SO THOSE GRANTS FUNDED FTE AND THEY ARE ENDING FOR NEXT YEAR. THAT'S WHY YOU SEE BOTH FUNDS INCREASING BUT FTE DECLINING. I'M NOT GOING TO GO THROUGH ALL OF THESE INDIVIDUAL CHANGES.

COUPLE THINGS I'LL NOTE IS THAT THE REDUCTION IN IMMUNIZATION PROGRAM AND REDUCTION IN STUDENT HEALTH CENTERS 245 WE TOOK

WERE RESTORED ONE TIME ONLY FUNDING FOR NEXT YEAR AND THE HALF AN FTE IS REALLY A CONSOLIDATION OF MANAGEMENT AND SUPERVISORY STAFF ACROSS SEVERAL PROGRAM AREAS AND SO ISN'T A REDUCTION IN SERVICES. BUT JUST A MANAGEMENT CONSOLIDATION. ON THE NEXT SLIDE, I'LL JUST NOTE THAT THESE ARE ALL REDUCTIONS TAKEN BY MENTAL HEALTH AND ADDICTION SERVICES. IN THE MIDDLE, THE RESIDENTIAL SERVICES WERE RESTORED IN THE EXECUTIVE BUDGET. AND THE OTHER REDUCTION SHOWN HERE WERE BY IN LARGE RESTORED WITH MEDICAID FUNDING. AND THIS IS ALL OF THE ONE-TIME ONLY NEW PROGRAMS WE RECEIVED IN THE EXECUTIVE BUDGET. THE LARGEST IS LEAD WHICH CONTINUES INTO NEXT YEAR.

Vanetta Abdellatif: SO I AM WINDING US DOWN. LEGISLATIVE IMPACTS ARE PENDING ISSUES. I THINK IT POSES RISK BUT ALSO SOME POTENTIAL OPPORTUNITIES AS WELL. SO IT'S GOING TO GIVE US A CHANCE TO REALLY INCORPORATE SOME OF THE PUBLIC HEALTH RESOURCES FUNDING AND NEEDS IN 2.0. SO IT'S KIND OF TRY, TRY AGAIN. THAT'S SOME OF THE THINGS WE WANTED TO DO AT THE BEGINNING. BUT AN OPPORTUNITY TO LOOK AT THAT MORE CLOSELY. PUBLIC HEALTH FUNDING AND MODERNIZATION. SO THIS IS ONE OF THE THINGS THAT THE WHOLE SYSTEM CONTINUED TO TRY TO MOVE IN THIS DIRECTION. AND THE APPROACH IS DOING THAT IN A STAGED APPROACH BECAUSE WE'VE GOT TO GET POSITION FOR THAT IN THE FUTURE EVEN WITH SOME OF THE FEDERAL IMAGINATIONS WORKING AGAINST THAT. OUR DEPARTMENT IS MOVING FORWARD WITH THAT AS WELL.

THE STATE IS EVALUATING THE ALTERNATIVE PAYMENT METHODOLOGY FOR PRIMARY CARE SYSTEMS. WE ARE IN THIS SYSTEM CALLING IT ADVANCED PRIMARY CARE MODEL. SOME OF THE GOALS WERE TO GET PROVIDERS OFF OF THE HAMSTER WHEEL. WE STILL NEED TO DO VISITS AND STILL NEED TO HAVE ACCESS. BUT WE ALSO WANT TO TRY TO BRING IN MORE SERVICES THAT ARE NOT TIED TO BILLABLE SERVICES LIKE COMMUNITY HEALTH WORKER SERVICES OR CONNECTING PEOPLE TO GROUPS AND OTHER THINGS THAT YOU CAN'T NECESSARILY BILL FOR AND TRYING TO GET BETTER OUTCOMES. SO THE STATE WANTED IT TO BE BUDGET NEUTRAL. AND THERE'S BEEN MORE INVESTMENT ON THE PRIMARY CARE SIDE THROUGHOUT THE STATE. AND WE'RE STARTING TO SEE SAVINGS WITH REDUCTIONS IN HOSPITALIZATION. REDUCTIONS IN EDU UTILIZATION AND SO WE ARE PARTICIPATING IN THAT TO MAKE SURE THEY ARE LOOKING AT ALL OF THE RIGHT METRICS AND INDICATORS AS THAT MOVES FORWARD. AND THEN STATE HUMAN SERVICES FUNDING. SO THIS IS GOING TO BE CONTINUED PRESSURE TO USE MEDICAID DOLLARS FOR SOME OF THE CHANGES THAT WE KNOW NEED TO HAPPEN IN THE CHILD WE WILL NAR SYSTEM EVEN IN-HOUSING AND MAKE SURE WE CAN SURE UP THOSE IMPORTANT ASPECTS THAT ARE NEEDED.

Vanetta Abdellatif: FEDERAL LEGISLATIVE IMPACTS, MEDICAID CHANGES AND REFORM EFFORTS ARE CONTINUING. THERE ARE THREATS TO HAVE MEDICAID AS COVERED. WORK REQUIREMENTS IS ONE EXAMPLE THAT'S GOING TO IMPACT HEALTH AS WELL AS OTHER SYSTEMS. CONTINUING TO KEEP AN EYE ON THAT. AND THEN ERODING SUPPORT FOR THE CENTERS FOR DISEASE CONTROL AND HEALTH PROMOTIONS SPECIFICALLY. IT'S A TOUGH TIME FOR HEALTH AND THE THINGS WE KNOW MAKE A DIFFERENCE FOR HUMANS AND HUMAN LIVES. SO WE'RE PAYING ATTENTION AND WE'RE TAKING OUR VITAMINS SO WE CAN KIND OF KEEP WATCHING THIS. GOING TO BE REALLY IMPORTANT TO STAY ENGAGED AND TO NOT DESPAIR. SO WE HAVE TO PAY ATTENTION. SO ANYWAY, ONE LAST THING, I'VE GOT A NOTE HERE, THERE'S BEEN A PILOT THAT THE FEDS ARE DOING CALLED CCBHC WHERE THEY LEAD WITH THEIR BEHAVIORAL HEALTH SERVICES AND IT WAS A TWO-YEAR PILOT AND THEY ARE ALMOST AT THE END OF THAT TWO YEAR PILOT WHICH I THINK WILL END THE FISCAL YEAR. PARTNERING WITH THEM WITH THE MENTAL HEALTH SIDE BUT ALSO A LOT OF COMMUNITY PARTNERS REACHING IN TO SPEAK WITH THEM ON THE HEALTH CENTER SIDE TO SEE IF WE CAN PARTNER AROUND THE MEDICAL SERVICES. THANKS.

Chair Kafoury: ALL RIGHT. AND NOW WE HAVE THE CUTE BABY PICTURE TO END WITH.

Vanetta Abdellatif: WE ALSO HAVE A COUPLE VIDEOS BUT WE'RE GOING TO HOLD OFF AND SEE IF YOU HAD QUESTIONS.

Chair Kafoury: ARE THERE BABIES IN THE VIDEOS? THEN I THINK WE'LL MAKE TIME. WE LIKE A BABY VIDEO.

Wendy Lear: I'M PRAYING THERE'S BABY -- I LIED. BUT YES. [LAUGHING]

Vanetta Abdellatif: WHILE SHE'S GETTING THAT UP, THIS IS A PROMO THAT WE ARE USING TO EDUCATE ABOUT OUR PRIMARY CARE SERVICES THAT WE DID IN-HOUSE. WE'RE PROUD OF IT.

[Video Plays]

Chair Kafoury: THANK YOU. THOSE ARE GREAT VIDEOS. DO WE HAVE QUESTIONS? THIS WAS A LOT. WE HAVE TIME IN THE NEXT FEW WEEKS BEFORE WE VET IF WE WANT THE HEALTH DEPARTMENT TO COME BACK. WE DON'T HAVE TO. THIS DOESN'T HAVE TO BE THE END. LOTS OF CHANGES AND ON-GOING CHANGES. YES? GO AHEAD.

Commissioner Meieran: THANK YOU SO MUCH FOR THAT PRESENTATION. I JUST SO APPRECIATE THE WORK YOU DO AND HANDLING SO MUCH AND THE COMPLEXITY OF THIS AND IT'S MIND-BOGGLING AND YOU DO IT SO WELL. AND SO I WILL HAVE SOME QUESTIONS. I WANT TO PROPOSE AN AMENDMENT. IF

ADOPTED, THIS AMENDMENT WILL ADD \$50,000 TO THE HEALTH DEPARTMENT BUDGET TO CONTRACT WITH SERVICES TO HELP LESBIAN, GAY, BISEXUAL, TRANSGENDER, LGBTQ GET SERVICES. AND PROVIDE PATIENTS ACCESS TO CLINICIANS EXPERIENCED IN WORKING WITH THIS COMMUNITY. I HAVE QUESTIONS IN EACH OF THE DIFFERENT DIVISIONS. LAST YEAR, I ADVOCATED FOR RESOURCES TO CONDUCT THE MENTAL HEALTH SYSTEMS ANALYSIS AND REALLY WANT TO THANK YOU SO MUCH FOR YOUR WORK SO FAR ON THAT PROJECT WORKING REALLY CLOSELY WITH MY OFFICE AND HSRI THE CONTRACTING ORGANIZATION WHO HAS BEEN REALLY CONDUCTING STUDY.

Commissioner Meieran: AND I WANT TO EXPRESS MY APPRECIATION TO THE CHAIR FOR FUNDING THAT IS INCLUDED IN HER BUDGET TO CONTINUE WORK ON IMPLEMENTATION OF THE RECOMMENDATIONS OF THE ANALYSIS. VERY EXCITED ABOUT THAT AND VERY APPRECIATIVE. FOR MHASD, MY FIRST QUESTION RELATES TO HOUSING. I HEAR ABOUT IT ALL THE TIME. AND I'M SURE YOU DO AS WELL. I KNOW YOU ARE WORKING ON PROJECTS TO IMPROVE THE CONTINUUM OF HOUSING SERVICES FOR INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES. THE PROJECT ON SOUTHWEST BARBER WHICH IS SUPER EXCITING. IT'S A GREAT EXAMPLE OF THAT. AND I KNOW THERE'S A PLANNING PROCESS FOR MENTAL HEALTH SERVICES EMBEDDED IN SHELTERS. SO I WANTED TO ASK WHERE YOU ACTUALLY SEE THE GREATEST NEED IN RELATION TO HOUSING ALONG THAT CONTINUUM. IS IT LIKE THAT ACUTE TRANSITIONAL NEED. MORE LONG-TERM? IS IT POST OSH HOUSING? WHAT ARE WE MISSING THE MOST? AND I KNOW WE'RE MISSING A NUMBER OF LAYERS IN THE CONTINUUM. WE'RE MISSING ALL OF IT.

David Hidalgo: THANK YOU, COMMISSIONER. FOR THE RECORD, DAVID ALDALGO. GOOD MORNING, CHAIR, MEMBERS OF THE BOARD. YES TO ALL OF THOSE AREAS. AS WE HAVE ALL WALKED TOGETHER THROUGH THE HOUSING NEEDS IN THIS COMMUNITY, WHAT HAS BECOME APPARENT IS THE COUNTY AS WE KNOW EVEN WITH THE DEVELOPMENT OF THE JOINT OFFICE IS NOT ABLE TO REMEDY AND ADDRESS EVERY SINGLE AREA ON ITS OWN. NOR CAN THE CITY ALL ON ITS OWN. IT WILL TAKE PUBLIC PRIVATE PARTNERSHIPS. AT EVERY INTERSECTION POINT AND BASED ON SOMEONE'S NEED WHERE THEY ARE AT. SOMEONE COMING OUT OF UNITY OR A DICTION NOTICE. THERE IS CONTINUUM OF HOUSING THAT IS NECESSARY. SOME OF THOSE HOUSING PROGRAMS ARE TRANSITIONAL IN NATURE AND WILL HELP INDIVIDUALS WHO DON'T HAVE A HISTORY OF RENTING. ONE OF THOSE PROGRAMS WE HAVE TALKED ABOUT IS THE STP THE STABILIZATION TREATMENT AND PREPAREDNESS PROGRAM FOR INDIVIDUALS AT THE INTERSECTION OF BEHAVIORAL HEALTH AND COMMUNITY JUSTICE. THERE'S SOME INDIVIDUALS THAT WILL BENEFIT FROM SUPPORTED HOUSING. PERMANENT SUPPORTED HOUSING. THAT CAN TAKE THE SHAPE OF HAVING SUPPORTS ON SITE 24/7 TO ASSIST INDIVIDUALS. SOMETIMES THAT'S PEER SUPPORT LIVED EXPERIENCE SUPPORT IN THE ACTUAL HOUSING SITE. SOMETIMES THAT'S PROVIDERS

COMING IN TO THE FACILITY TO PROVIDE SERVICES ON SITE. AND THEN ALSO PERMANENT HOUSING PERIOD. ONE OF THE MOST EXCITING THINGS I CAN SAY WE'VE PARTICIPATED IN OVER THE LAST COUPLE OF WEEKS WAS A JOINT SUMMIT WITH THE JOINT OFFICE AND CORPORATION FOR SUPPORTIVE HOUSING.

David Hidalgo: AND THEY BROUGHT FORWARD LA COUNTY TO TALK AROUND HOW DID LA COUNTY MANAGE THE INIS YOUR MOUNT -- AND TALKED AROUND HOW THEY BROUGHT TOGETHER PRIVATE PUBLIC BUSINESS PROVIDERS AND HOW THEY CREATED A FUNDER'S TABLE. WE'VE TALKED ABOUT HOUSING. EVERYONE AT THIS POINT REALIZES IT'S AN ISSUE THAT WE ALL HAVE TO TAKE ON. SO JUST TO FORMALLY ANSWER THE QUESTION, IT IS A CONTINUUM OF NEED BASED ON WHERE SOMEONE IS AT. AND THE HOPE IS AS INDIVIDUALS STABILIZE, THEY CAN MOVE TO MORE INDEPENDENT HOUSING AND GAIN, AGAIN, HOUSING THE EMPLOYMENT AS WELL SO THEY CAN CONTINUE ON TO BE PRODUCTIVE IN OUR COMMUNITY.

Commissioner Meieran: THANK YOU. THAT'S BEAUTIFUL. AND, YEAH, I DO WANT TO HEAR MORE ABOUT THE LA EXPERIENCE. SOUNDED LIKE THAT FORM WAS REALLY COOL. AND ALSO, A FEW WEEKS AGO WE HAD A BRIEFING HERE ABOUT LATINO MENTAL HEALTH IN OREGON AND I WANTED TO HEAR YOUR TAKE FROM YOUR PERSPECTIVE ABOUT WHERE YOU SEE SOME OF THE SERVICE GAPS RELATED TO CULTURALLY SPECIFIC MENTAL HEALTH SERVICES AND IF YOU SEE PARTICULAR POPULATIONS THAT ARE AT INCREASED RISK OR HAVE LESS ADEQUATE CULTURALLY OR LINGUISTICALLY SPECIFIC PROVIDERS TO FILL THE NEEDS THERE OR IF IT'S MORE AND ACROSS LIKE WE'RE JUST SEEING IT EVERYWHERE, WHAT YOUR PERSPECTIVE IS ON THAT.

Wendy Lear: CAN I ASK A PROCEDURAL QUESTION. I'M WONDERING IF SOME OF THAT WOULD BE HELPFUL FOR US TO GET BACK FORMALLY.

Commissioner Meieran: THAT SOUNDS LIKE A GREAT PLAN. I'M LOOKING TO THE BUDGET OFFICE FOR APPROVAL. I THINK THAT'S ACTUALLY GOOD. THAT CAN BE THE SAME WITH MY OTHER QUESTIONS TOO.

Chair Kafoury: I HAVE A QUESTION. IF YOU WANT, CAN YOU HAVE A SPECIFIC BRIEFING ON MENTAL HEALTH THE BUDGET CHANGES IF THAT'S SOMETHING --

Commissioner Meieran: THOSE ARE MY TWO QUESTIONS.

Chair Kafoury: OH, I'M SORRY.

Commissioner Meieran: I'M NOT MENTAL HEALTH ALL THE TIME. FOR INTEGRATED CLINICAL SERVICES AND IT'S JUST KIND OF RELATED TO SOME STAFFING MODELS AND RETENTION QUESTIONS. I THINK THAT HAVE COME UP

AND THIS CAME UP AT OUR PUBLIC BUDGET HEARING WHEN WE WERE AT IRCO AND WE HEARD TESTIMONY AND A COUPLE OTHER PEOPLE HAVE COME TO ME ABOUT THIS.

Commissioner Meieran: FROM A NURSE PRACTITIONER AT MID COUNTY AND SPOKE TO THEIR CONCERNS ABOUT STAFFING AND RETENTION AND I HAD THE OPPORTUNITY TO TOUR MID COUNTY IN MARCH WHICH WAS FABULOUS AND AMAZING TO LEARN ABOUT THE WORK PARTICULARLY WITH OUR IMMIGRANT AND REFUGEE COMMUNITY. WITH THAT POPULATION WITH THEIR FAMILIES AND LANGUAGE AND CULTURAL NEEDS AND SO I'M HOPING YOU CAN SPEAK. IT'S AT A LATER DATE TO THE RETENTION CHALLENGES YOU ARE SEEING IN THE CLINICS, IN PARTICULAR MID COUNTY AND STRATEGIES THE HEALTH DEPARTMENT IS USING TO ADDRESS THOSE. AND ALSO THE STAFFING MODELS IN TERMS OF PROVIDER RATIOS AND CASELOADS AND POTENTIAL FOR ADJUSTMENT OF THOSE BASED ON ACCOUNTING FOR DIFFERENT DEMOGRAPHIC DEMOGRAPHICS DEMOGRAPHICS THAT DO OFTEN TRANSLATE INTO LONGER PATIENT VISITS. SO NEED FOR TRANSLATION SERVICES, ET CETERA. WHICH CAN MAKE VISITS TAKE 3, 4, 5 TIMES LONGER THAN YOUR USUAL VISIT. VISIT.

Vanetta Abdellatif: I THINK WE CAN FOLLOW UP ON SOME OF THOSE PIECES. THE THING THROUGHOUT ALL OF THE COMMUNITY HEALTH CENTER SYSTEM. WHEN WE WERE LOOKING AT THE BUDGET LAST YEAR, WE HAD A MAJOR BUDGET CHALLENGE. AND A LOT OF THE RETENTION ISSUES IS THAT OUR PROVIDERS GOT SPOOKED BY THE POSSIBILITY OF REDUCTIONS THERE. WE ENDED UP NOT NEEDING TO MAKE ANY REDUCTIONS IN TEAMS AND INDIVIDUALS MADE DECISIONS ABOUT GOING TO OTHER SETTINGS WHERE THEY FELT THERE WAS MORE SECURITY. WE ARE NEARLY FULLY STAFFED ACROSS THE SYSTEM AND I'LL HAVE TO COME BACK ABOUT MID COUNTY SPECIFICALLY AND I WOULD BE GLAD TO TALK FURTHER ABOUT ACUTE Y OF THE PATIENT SETTING. WHAT I WILL SHARE TODAY IS OUR EXPECTATIONS AND NEEDS AROUND PRODUCTIVITY ARE SOME OF THE LOWEST IN OUR COMMUNITY AND NATIONALLY AND ACCOUNTS FOR TRANSLATION AND ACUITY OF THE PATIENTS WE SEE.

Commissioner Meieran: AT MID COUNTY PARTICULARLY?

Vanetta Abdellatif: THROUGHOUT OUR ENTIRE SYSTEM AND YES. MID COUNTY IS NOT THAT DISSIMILAR THAN OUR OTHER SETTINGS AS FAR AS TRANSLATION, BEHAVIORAL HEALTH ISSUES, SOCIAL ISSUES THAT IMPACT OUR CLIENT.

Commissioner Meieran: DEFINITELY WANT TO FOLLOW UP WITH THAT. IN TERMS OF CLINIC GEOGRAPHY OF WHERE SERVICES ARE LOCATED. AND WHERE THE NEED REALLY EXISTS. DO YOU ANTICIPATE WE'LL BE HAVING A SIMILAR SHIFT IN TERMS OF CLINIC LOCATIONS AND MOVING FURTHER EAST?

Vanetta Abdellatif: NOT IN THE SHORT-TERM. WE'RE CITED IN SOME OF THE HIGHEST NEED AREAS THROUGHOUT THE COUNTY. AND THE DEMAND AND THE SERVICE LEVEL AT THE SITES WEAR AT ARE STILL APPROPRIATE. AND THAT'S ONE OF THOSE AREAS WHERE THERE IS PARTNERSHIP WITH THE CO APPLICANT BOARD AROUND LOCATION OF SERVICES, THE SCOPE OF SERVICES, THE VOLUME. WE'LL NEED MAKE SURE THERE ARE MORE PEOPLE IN THE ROOM AS WE START TO TALK ABOUT THAT, BUT I DON'T ANTICIPATE THAT IN THE NEXT FEW YEARS. I DO THINK THAT SOME OF OUR SITE, IF ANYBODY COMES BACK WITH A SACK OF MONEY, THERE ARE A COUPLE OF SITES THAT NEED SOME DEFINITE REMODEL AND IMPROVEMENT IN DESIGN BASED ON TEAM BASED DELIVERY AND MOVING US INTO THE FUTURE. IN LOCATION WE ARE IN GOOD SIGHTS ARE FAR AS THE MULTI SERVICE PRIMARY CARE SITES, HEALTH CENTER SITES.

Commissioner Meieran: AND I AM ALMOST DONE, IT'S, FOR CORRECTIONS, ACTUALLY, RELATED TO A QUESTION I HAVE ALREADY ASKED OF THE SHERIFF AND I'VE FOLLOWED UP WITH HIM ABOUT THAT, AND IT'S ABOUT THE TIME AND REAL COST TO OUR SYSTEM OF HOUSING THE U.S. MARSHAL PATIENTS IN OUR JAILS. WE HAD TALKED ABOUT THAT A BIT, BECAUSE THEY'RE OFTEN SOME OF THE MOST MEDICALLY COMPLEX, CHALLENGING, BEHAVIORAL CHALLENGING, STAFFING TIME-INTENSIVE PATIENTS, I GUESS, THAT WE HAVE IN THE SYSTEM. SO IS THERE A WAY TO CAPTURE OR AT LEAST AN ESTIMATE OF THE GENERAL FUNDS FOR PROVIDING HEALTHCARE OR INCLUDING SOME OF THE SERVICES AROUND TO PROVIDING HEALTHCARE IN CUSTODY TO THOSE U.S. MARSHAL INMATES AS OPPOSED TO SORT OF THE GENERAL POPULATION?

Wendy Lear: WE CAN GET BACK TO YOU WITH WHAT THE RELATIVE DEMAND FOR CARE IS IN RELATION TO THE OTHER INMATES.

Commissioner Meieran: I THINK THAT WILL BE REALLY HELPFUL AS WE'RE LOOKING FOR THAT CONTRACT AND LOOKING FOR POTENTIAL SAVINGS THERE. AND FINAL QUESTION. IT'S ABOUT FOR PUBLIC HEALTH, TRYING TO HIT ALL THE DIFFERENT DIVISIONS. SO IT'S ABOUT THE COMMUNITY POWER CHANGE AND ALSO THE HYGIENE ISSUE, AND I REALLY APPRECIATE ALL THE WORK OF THE HEALTH DEPARTMENT ON COMMUNITY-POWERED CHANGE OR THE COMMUNITY HEALTH IMPROVEMENT PLAN OR WHATEVER IT'S BEEN CALLED OVER TIME. AND MY QUESTION HERE DOES HAVE TO DO WITH HYGIENE, AND I KNOW BACK WHEN I FIRST HEARD ABOUT OR WAS CONNECTED WITH THE CHIP, THERE WAS A LOT OF DISCUSSION ABOUT A FOCUS ON HYGIENE, AND THIS IS, YOU KNOW, A HUGE PUBLIC HEALTH ISSUE. I KNOW THERE'S BEEN A LITTLE BIT OF CHANGE IN THE FOCUS THERE WITH COMMUNITY-POWERED CHANGE, BUT THIS STILL SEEMS LIKE A BIG HEALTHCARE PROBLEM, AND DAVID BAINSBURG HAS SAID IT'S THE MAJOR HEALTH PROBLEM OF OUR REGION. HE RANKED THAT AT THE TOP.

Commissioner Meieran: SO A LOT OF OUR HYGIENE INFRASTRUCTURE IN RELATION TO HOUSING AND SHELTER, YOU KNOW, SO LIKE WANDERING SHOWERS ABOVE CLARK, FOR EXAMPLE. DO YOU SEE A LARGER ROLE THAT WE COULD POTENTIALLY PLAY IN TERMS OF PUBLIC HEALTH AND IMPROVING ACCESS TO HYGIENE SERVICES IN THE COUNTY, ABOUT HAVING THIS CONVERSATION IN THE HEALTH-RELATED WAY, SINCE IT IS A REAL PUBLIC HEALTH CONCERN, NOT JUST LIKE A HOUSING SHELTER CONCERN?

Rachel Banks: YES. THANK YOU, FOR THE RECORD, THANK YOU, RACHEL, PUBLIC HEALTH DIRECTOR. GOOD MORNING. SO A COUPLE OF THINGS, I THINK IN THE COMMUNITY-POWERED CHANGE, THERE WERE A LOT OF SPECIFIC THINGS THAT MIGHT HAVE COME UP LIKE HYGIENE AND OTHER ISSUES IN THE PROCESS, AND WE'VE CLUSTERED THOSE BASED ON OPPORTUNITIES, SO HYGIENE ISSUE HASN'T ARISEN AS A SPECIFIC TOPIC IN THAT SENSE, ALTHOUGH THINGS LIKE CULTURALLY SPECIFIC CARE AND GETTING INVESTMENTS INTO COMMUNITY-BASED ORGANIZATIONS COULD MEET SPECIFIC NEEDS, FOR INSTANCE, OTHER THINGS RAISED IS MORE THE APPROACH THEY'RE TAKING AS A SYSTEMS LEVEL, SO THAT'S ONE PIECE.

I THINK DEFINITELY PUBLIC HEALTH HAS A ROLE IN TERMS OF IDENTIFYING BROAD-BASED SOLUTIONS, PERHAPS SUCH AS HYGIENE, THE WAY THAT WE WOULD WANT TO ENGAGE IN THAT IS TO CONVENE PARTNERS, TO BE DOING ASSESSMENTS ON NEED, ON LOOKING AT INTERVENTIONS, AND THEN SOMETHING LIKE HYGIENE WITH A MULTIFACTORIAL, MULTI MULTIJURISDICTIONAL MULTI-JURISDICTIONAL ISSUE, LOOKING AT PRIVATE PARTNERS WHO DO THIS AS A PART OF THEIR APPROACH. I WOULD LOVE TO CONTINUE TO HAVE CONVERSATIONS OF HOW YOU WOULD LIKE US TO ENGAGE IN THAT SPECIFIC ISSUE, IF THAT'S SOMETHING YOU WOULD WANT US TO DO RELATED TO, YOU KNOW, OBVIOUSLY, HYGIENE IS RELATED TO A VARIETY OF OTHER ISSUES THAT WE TOUCH IN TERMS OF PUBLIC HEALTH AND SAFETY, COMMUNICABLE DISEASE, FOOD, ALL SORTS OF THINGS. SO, I MEAN, DEFINITELY WANT TO UNDERSCORE THE IMPORTANCE OF THAT AND THEN SAY WE'D BE HAPPY TO LOOK AT IT AND APPROACH AND THOSE ARE SOME OF THE WAYS WE WOULD DO IT.

Commissioner Meieran: THANK YOU ALL SO MUCH. YOU'RE JUST REALLY AWESOME. GO AHEAD.

Commissioner Vega Pederson: THANK YOU, CHAIR. THERE IS SO MUCH IN THE HEALTH DEPARTMENT, I ALMOST THINK WE SHOULD, BY DEFAULT, HAVE TWO BUDGET DISCUSSIONS ON IT. THERE'S SO MUCH MEAT HERE AND YOU GUYS ARE -- WE COULD HAVE 15.

Chair Kafoury: AND WE DON'T HAVE TO DECIDE RIGHT NOW, OBVIOUSLY. HAVING PEOPLE ASK THE QUESTIONS IN THE AREAS THAT THEY'RE CONCERNED WITH AND THEN HAVING SOME CONVERSATIONS OFFLINE

ABOUT WHICH SPECIFIC DIVISIONS YOU WANT TO HAVE MORE -- WE CAN DO THEM ALL. I JUST DIDN'T WANT TO HAVE 15. THIS IS OUR OVERVIEW.

Commissioner Vega Pederson: SO I HAVE A COUPLE OF QUESTIONS. MY FIRST IS RELATED TO THE COMMUNITY-POWERED CHANGE. I JUST FEEL LIKE -- AND IT'S NOT A QUESTION, IT KIND OF IS A QUESTION. I'M JUST INTERESTED TO SEE IN THAT DISCUSSION WHAT COMMUNITY NEEDS WERE VOCALIZED OR AROUND THE BUILT COMMUNITY THINGS. WE KNOW THAT HOUSING IS ONE OF THOSE THINGS AND WE'RE HEARING THAT, BUT TRANSPORTATION, ACCESS TO GREEN SPACES, BECAUSE I THINK THAT WOULD BE HELPFUL AS WE DO OUR WORK, JUST IN THE DIFFERENT AREAS WHERE WE'RE ALL INTERACTING TO BE ABLE TO PUSH THAT METHOD IS PART OF THE ROLE OF THE PUBLIC HEALTH MISSION THAT WE HAVE HAVING DISCUSSIONS AROUND TRANSPORTATION.

Chair Kafoury: WHY DON'T WE NOT ANSWER THAT QUESTION NOW BUT GET BACK TO PUBLIC HEALTH. YOU DON'T HAVE TO GO UP THE SLIDE. IF YOU CAN ACTUALLY -- YEAH

Commissioner Vega Pederson: YEAH, AND ALSO, THE WORK GOING FORWARD IN TERMS OF TARGETING AND IDENTIFYING THOSE OPPORTUNITIES, YOU KNOW, TO REALLY MAKE THOSE LINKS. THE NEXT IS ON THE CORRECTIONS DEPARTMENT, AND I KNOW YOU WERE TRYING TO DO SOME OF THE REDUCTIONS IN THE ADMINISTRATIVE OVERHEAD BUT THERE WAS INFRASTRUCTURE RISK AND I WANTED YOU TO GO INTO DETAIL WHAT THAT WAS.

Wendy Lear: TO CLARIFY, WE MADE CUTS IN OTHER PARTS OF THE DEPARTMENT IN INFRASTRUCTURE TO FUND -- TO PUT ADDITIONAL FUNDING INTO CORRECTIONS HEALTH, BUT WE DIDN'T CUT ADMINISTRATION, IT WAS IN CORRECTIONS HEALTH. BUT THOSE CUTS, MANY OF THEM CAME OUT OF BUSINESS OPERATIONS AND THOSE AREAS ARE MOST IMPACTED BY THE NEW ERP SYSTEM THAT WE'RE COMING ONBOARD, SO THE RISKS THAT WE HAVE CUT IN PLACES THAT NOW THE NEW SYSTEM WILL REQUIRE ADDITIONAL INVESTMENT IN TERMS OF STAFFING AND TIME TO DO THE FINANCE AND ACCOUNTING AND PURCHASING FUNCTIONS IN THE DEPARTMENT. SO --

Commissioner Vega Pederson: SO I ASSUME YOU'RE WORKING WITH MARISSA TO TRY TO BALANCE THAT?

Wendy Lear: YES.

Commissioner Vega Pederson: I'M SURE YOU'VE DONE THAT. OKAY. THAT'S GOOD. THANK YOU FOR CLARIFYING THAT, WENDY, SINCE WE ARE SEEING SUCH A TURNOVER IN STAFF --

Wendy Lear: WE DID NOT WANT TO JEOPARDIZE CORRECTIONS HEALTH ANYMORE.

Commissioner Vega Pederson: THAT'S GREAT. I HAD ANOTHER QUESTION AND MAYBE IT'S ONE YOU WANT TO FOLLOW UP IF IT'S A LONG ANSWER, BUT I'M SLIGHTLY FAMILIAR WITH HOW UNCOMPENSATED CARE LOOKS, AND SINCE WE'RE LOOKING AT AN INCREASE AND POSSIBLY SELF-PAY AND POTENTIALLY UNCOMPENSATED CARE, I'M CURIOUS HOW THAT WORKS FOR MULTNOMAH COUNTY AND IF WE HAVE AN INCREASE IN SELF-PAY AND IF WE'RE PROTECTED IN SOME OF THE WAYS THAT NONPROFIT PROVIDERS ARE.

Vanetta Abdellatif: THIS MIGHT BE A SHORT ANSWER, IF I COULD DO IT UNDER 30 SECONDS. SO THE WAY WE PAY FOR UNCOMPENSATED CARE IN THE CLINICAL SYSTEM IS WITH THE FEDERAL GRANT, WHICH IS CLOSE TO \$10 MILLION. WHATEVER REMAINING GENERAL FUND THAT WE HAVE IN PLACE, NONPROFIT FUNDRAISE TO CLOSE THAT GAP, SO WHO ARE OUR COMMUNITY PROVIDERS, SO THEY WILL USE THE FEDERAL GRANT AND THEY USUALLY WILL HAVE SOME TYPE OF DEVELOPMENT OR FOUNDATIONAL ARM THAT THEY RAISE MONEY TO CLOSE THAT GAP. WE'RE ALSO REQUIRED BY THE FEDERAL GOVERNMENT TO HAVE SOMETHING CALLED A SLIDING FEE SCALE AND A NOMINAL FEE FOR PEOPLE WHO ARE SELF-PAY. SO WE WILL ASK CLIENTS TO PAY FOR SOME OF THEIR CARE. WE ALSO HAVE TO SEE THEM REGARDLESS OF THEIR ABILITY TO PAY, AND WE WANT TO SEE THEM.

I WANT TO SAY IT IN THAT WAY. SO WE USE THE FEDERAL GRANT. WHEN A TIER MIX GOES UPSIDE DOWN, WE END UP CONTRACTING SERVICES. SO WE WORK REALLY HARD NOT TO DO THAT. SO THE RISK IS WE COULD HAVE A YEAR WHERE WE'RE UPSIDE DOWN, MORE UNCOMPENSATED CARE THAT WE PLANNED FOR, HAVE ACCESS FOR, HAVE BUDGED DOLLARS PLANNED TO. WE'VE BEEN DOING THIS A LONG TIME, SO WE'RE GOOD AT MAKING A CONCERTED BUDGET TO ACCOUNT FOR THAT BECAUSE WE KNOW WE NEED TO DO SOME OF THAT WORK AND I DIDN'T SEE THIS LIKE LAST YEAR WHEN WE THOUGHT ACA WAS GOING AWAY. WE'RE OKAY THIS YEAR. BUT WE DO NEED TO HAVE THAT MIX OF PRODUCTIVITY AND CLINICAL DOLLARS, THE INCENTIVES, MEDICAID AND GENERAL FUND. IT'S A PATCH WORK. DOES THAT ANSWER THAT QUESTION FOR YOU?

Commissioner Vega Pederson: THAT WAS GOOD. WE DO HAVE TO BE A LITTLE MORE CREATIVE IN TERMS OF FILLING THAT GAP. WE HAVE TO PATCH IT TOGETHER AND RELY ON THE GENERAL FUND DOLLARS TO DO THAT. WHAT IS DRIVING THE INCREASE IN SELF-PAY THAT YOU'RE PREDICTING FOR THE NEXT YEAR? IS THAT JUST BECAUSE OF THE ELIGIBILITY OF MEDICAID THAT WE HAVE AT THE STATE LEVEL? OKAY. ALL RIGHT. ALL RIGHT. AND THEN I HAVE --

Wendy Lear: ONE THING TO NOTE IS I SENT OUT RENEWAL LETTERS ONLY IN ENGLISH.

Commissioner Vega Pederson: OKAY. IS THAT A FEDERAL GOVERNMENT THING OR A STATE THING?

Wendy Lear: STATE THING.

Commissioner Stegmann: OKAY. AND THEN FINALLY -- YOU KNOW, I HAVE A QUESTION HERE, BUT I CAN'T REALLY REMEMBER WHAT MY NOTE WAS ABOUT SO I WILL WAIT AND SEE IF I CAN FIGURE THIS ONE OUT. SO THANKS VERY MUCH FOR THE PRESENTATION.

Commissioner Stegmann: THANK YOU. MY QUESTIONS ARE QUICK AND EASY, BUT YOU CAN REPORT BACK TO ME. I'M WONDERING ABOUT SYRINGE DISPOSALS, WHERE THOSE ARE IN EAST COUNTY, AND

Wendy Lear: THE EAST MULTNOMAH BUILDING IS ONE OF THE SITES.

Commissioner Stegmann: AND A SECOND QUESTION, YOU CAN GET BACK TO ME ABOUT THE BARRIERS OF PEOPLE GETTING ON TO THE OREGON HEALTH PLAN AND HOW WE'RE ADDRESSING THAT AND IS THERE A LARGE PERCENTAGE OF PEOPLE WHO ARE COMING TO US AND JUST -- SO WHAT THE STRATEGY IS TO GET PEOPLE ON THAT. YOU CAN GET BACK TO ME ON THAT. AND THEN I WANTED TO THANK YOU FOR THE PACIFIC ISLANDER COMMUNITY, DESEGREGATING THAT DATA AND THE OPIOID PROCESS. I LEARNED SO MUCH.

Vanetta Abdellatif: I WANT TO ADDRESS THAT INTAKE, AND ALSO, WE WORK WITH COMMUNITY PARTNERS SURE TO MAKE SURE THAT IF PEOPLE NEED COVERAGE THEY CAN GET IT AND WE'LL FOLLOW UP WITH MORE DETAILS, HOW IT TACTICALLY WORKS.

Commissioner Stegmann: I'D LIKE A DEEPER, YOU KNOW, WHAT -- IS THERE A GAP -- JUST A LITTLE BIT OF GAP --

Vanetta Abdellatif: SURE.

Commissioner Stegmann: THANK YOU.

Chair Kafoury: AND I'M WONDERING WHO WANTS TO TALK ABOUT THIS SYRINGE, GIVE A QUICK UPDATE ON THE SYRINGE. ADAM, DO YOU WANT TO COME DOWN HERE? RACHEL, ARE YOU -- I WANT SOMEONE INTIMATELY INVOLVED.

Adam Nam: THANK YOU. GOOD MORNING.

Chair Kafoury: GOOD MORNING.

Adam Nam: FOR THE RECORD, ADAM NAM. CURRENTLY, WE WORK WITH THE CITY OF PORTLAND; THEY HAVE TWO DROP BOXES LOCATED. THEY WILL BE AT THE ST. JOHN'S FIRE STATION AND ANOTHER AT THE FIRE STATION -- WE HAVEN'T IDENTIFIED ANY OTHER LOCATIONS OUTSIDE OF THE EAST COUNTY BUILDING, AND THE BRIDGE SHOP, WHICH IS UNDERNEATH THE HIGHLAND BRIDGE, BUT THE OTHER THREE, AND STILL LOOKING.

Chair Kafoury: ARE THE OTHER PARTNERS ON THE TABLE ON THIS ISSUE?

Adam Nam: YES, THE CITY HAS COMMITTED TO PURPOSING MORE DROP BOXES. WE HAVEN'T -- I KNOW ALL THE FIRE STATIONS, BUT I DON'T THINK THEY QUITE GOT TO THAT POINT YET. AND METRO HAS COMMITTED TO PURPOSING ONE OR TWO BOXES AND TRIMET, I BELIEVE, LAST SAID THEY WERE GOING TO PURCHASE UP TO THREE. WE JUST NEED TO GO THROUGH THE PROCESS. AND I BELIEVE WE HAVE A CONVERSATION LATER TODAY ABOUT THAT.

Chair Kafoury: AND IT'S REALLY EXCITING THAT WE HAVE TRIMET AT WORK BECAUSE THEY'VE BEEN ABSENT FROM THIS CONVERSATION FOR A LONG, LONG TIME. KUDOS TO YOU FOR GETTING THEM.

Adam Nam: THEY'RE LOOKING ALONG INTERSTATE 84, SO THE TRIMET AT 42ND AND POTENTIALLY AT A GATEWAY. WHEN WE'VE HAD THE CONVERSATION IN THE PAST, THEY'VE REALLY TRIED TO FOCUS ON GEOGRAPHIC, SO NOT JUST ON DOWNTOWN, WHICH OBVIOUSLY, NEEDS THEM, BUT ALSO AREAS IN EAST COUNTY, OUT OF GATEWAY, AND ST. JOHN'S.

Chair Kafoury: AND WILL YOU -- AS THIS CONVERSATION CONTINUES, JUST LET THE COMMISSIONERS KNOW SO WHEN THEY'RE IN THEIR PENDING DISTRICTS, THEY HAVE THAT --

Adam Nam: DEFINITELY.

Chair Kafoury: OKAY.

Commissioner Vega Pederson: SO IN THE LAST BUDGET, WE PASSED, PUTTING THE AMENDMENT, PASSED FOR THREE, ADDITIONAL, I THINK, FUNDING FOR THREE. ARE THOSE THE ONES TARGETED FOR THE FIRE STATIONS, OR WHERE IS THAT BUDGET BEING SENT?

Adam Nam: TWO OF THE BOXES ARE GOING TO THE ST. JOHN'S FIRE STATION AND ANOTHER TO THE CLARK FIRE STATION. I'M NOT SURE WHERE THE

OTHER ONE IS YET, THAT MAY BE THE ONE WE SEND DOWN TO THE BRIDGE OFFICE.

Commissioner Vega Pederson: THANK YOU.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS? AND WE'LL BE WORKING IN THE MEETING THIS AFTERNOON. WE'LL BE WORKING TO SCHEDULE SOME ADDITIONAL TIME WITH THE HEALTH DEPARTMENT AND ANY OTHER DEPARTMENTS YOU FEEL LIKE YOU HAD A LOT OF TIME A LOT, MAYBE DCHS BECAUSE THEY HAVE ANOTHER LARGE BUDGET. THANK YOU VERY MUCH FOR COMING THIS MORNING.

Adam Nam: THANK YOU.

Chair Kafoury: AND THAT IS THE CONCLUSION OF OUR BUDGET WORK SESSION FOR THIS MORNING. DON'T GO FAR. ACTUALLY, DO GO FAR, ALL THE WAY OUT TO EAST COUNTY, THE SHARON KELLY ROOM, AT OUR EAST BUILDING, BECAUSE TONIGHT AT 6:00 P.M., WE WILL HAVE THE THIRD AND FINAL COMMUNITY BUDGET SESSION.

ADJOURNMENT – 11:20 a.m.

[CAPTIONS PROVIDED BY LNS CAPTIONING AND MAY INCLUDE INACCURATE WORDS OR PHRASES DUE TO SOUND QUALITY, OTHER TECHNICAL DIFFICULTIES AND/OR SOFTWARE ERRORS.]

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Submitted by:
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Taja Nelson, Assistant Board Clerk
Board of County Commissioners
Multnomah County, Oregon