

**Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Thursday, December 5, 2013**

REGULAR MEETING

Chair Marissa Madrigal called the meeting to order at 9:36 a.m. with Vice-Chair Judy Shiprack and Commissioners Liesl Wendt, Loretta Smith and Diane McKeel present.

Also attending were Jenny Madkour, County Attorney, and Lynda Grow, Board Clerk.

[THE FOLLOWING TEXT IS THE BYPRODUCT OF THE CLOSED CAPTIONING OF THIS PROGRAM. THE TEXT HAS NOT BEEN PROOFREAD, AND SHOULD NOT BE CONSIDERED A FINAL TRANSCRIPT.]

Chair Madrigal: GOOD MORNING AND WELCOME TO TODAY'S REGULARLY SCHEDULED BOARD MEETING. MAY I HAVE A MOTION ON THE CONSENT CALENDAR?

Vice-Chair Shiprack: SO MOVED.

Commissioner McKeel: SECOND.

Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER McKEEL SECONDS APPROVAL OF THE CONSENT CARNAL. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE CONSENT CALENDAR IS APPROVED.

Board Clerk: PUBLIC COMMENT, OPPORTUNITY FOR PUBLIC COMMENT ON NON-AGENDA MATTERS, TESTIMONY LIMITED TO THREE MINUTES PER PERSON UNLESS OTHERWISE DESIGNATED BY THE PRESIDING OFFICER. THIS IS A TIME FOR THE BOARD TO HEAR PUBLIC TESTIMONY, NOT FOR BOARD DELIBERATION. WE HAVE THREE. [READING NAMES]

Mr. Phillips: I'M PAUL PHILLIPS AND I SPOKE HERE ON NOVEMBER 21st. I HAD EXPLAINED THEN THAT I MISQUOTED THE CDC NUMBER. IT'S 800 CDC INFO OR 800-232-4636. AND I FOUND THE WEBSITE, I COULDN'T FIND THE EXACT MENTAL ILLNESS NUMBERS IN THE UNITED STATES BUT THE NATIONAL INSTITUTE OF MENTAL HEALTH WEBSITE AS I WAS EXPLAINING THE 21st OF NOVEMBER THAT PEOPLE COULD CALL THE CDC AND I JUST GAVE THE TELEPHONE NUMBER, THE CORRECT NUMBER. THIS PAPER STATES THAT 57.7 MILLION PEOPLE HAVE MENTAL ILLNESS IN THE UNITED STATES. AND I WAS SAYING THAT DAVE DAHL WASN'T THE ONLY PERSON WITH MENTAL ILLNESS AND, OF COURSE, THIS PAPER PROVES THAT. THEY COULD VERIFY IT WITH THE CDC. I COULDN'T FIND THE INFORMATION AT THE CDC BUT I EXPECT THAT THEY WOULD AGREE WITH THIS GOVERNMENT AGENCY, AS WELL.

POSTER CHILDREN. TYSON HORTON MADE THE NEWS. HE'S FOUR YEARS OLD NOW AND THEY DIDN'T INCLUDE HIS PICTURE. HE WOULD BE A POSTER CHILD FOR THE OREGON STATE BAR AND OHSU. WITH BEING SO YOUNG AT FOUR YEARS OLD AND I'M NEARLY 60 YEARS OLD NOW, IN MARCH I'LL BE 60. AND I'M NOT A VERY GOOD POSTER CHILD FOR ANIMAL CONTROL SERVICES OR FOR THIS BOARD AS WELL BUT I'M PRESENTING THESE PAPERS. AND I BROUGHT UP THE MENTION OF DAVE DAHL, NONE OF THOSE THREE POLICE OFFICERS THAT WERE INJURED WERE HURT WITH A BROKEN HIP OR TWO FRACTURES TO THEIR SPINAL CORD AFTER SEVEN DOG ATTACKS, THAT'S WHAT I GOT. AND WITH SAYING THAT, THAT APPARENTLY THEY'RE PROTECTED AND PAID AND PERSONS, SUCH AS MYSELF, I WOULD EXPLAIN TO SOMEBODY THAT WORKS HERE THAT WITH MY INJURIES, SHE HAD SAID WELL, THEY HAD NOTHING, THE COUNTY BOARD HAD NOTHING TO DO WITH THE SEVEN DOG ATTACKS. WELL, OF COURSE, THAT'S MY POINT. THEY SHOULD HAVE!

>> Chair Madrigal: THANK YOU.

Mr. Phillips: I'LL NOT TAKE ANYBODY ELSE'S TIME AND I ALSO WISH TO APOLOGIZE FOR THAT LITTERING AND CONFUSION THERE FROM TWO WEEKS AGO. AND INTERRUPTED SOMEBODY HERE AND I'M NOT APOLOGIZING TO YOU. THANK YOU. I WAS ALSO PRESENTED WITH A WALKER FROM A COUPLE OF PEOPLE HERE.

>> Chair Madrigal: THANK YOU.

Mr. Lightning: GOOD MORNING, MY NAME IS LIGHTNING. I REPRESENT PORTLAND LIGHTNING THINK-TANK. MY AGENDA TODAY IS REDUCING HOMELESSNESS IN PORTLAND AND MULTNOMAH COUNTY. I WOULD LIKE TO ADDRESS THE REAL ESTATE DEVELOPMENT COMMUNITY. WE MUST CREATE A SELF-SUSTAINING SYSTEM TO ENSURE HOMELESSNESS WILL CONTINUE TO REDUCE. NOW, AGAIN, WHEN YOU DEVELOP YOUR CONDOMINIUM PROJECTS, WHAT I WOULD LIKE TO SEE IS AT THE INCEPTION IS THAT WE CREATE A SYSTEM TO WHERE 1% OF ANY SALE ON YOUR CONDOMINIUMS THROUGHOUT THE LIFE OF THE CONDOMINIUMS WILL GO INTO A FOUNDATION CREATED BY YOU INTO YOUR OWN FOUNDATION, SET ASIDE, AND THAT MONEY WILL BE EARMARKED FOR HOMELESS PROJECTS, MEANING GETTING TOGETHER WITH DIFFERENT DEVELOPERS THROUGHOUT THE COMMUNITY WITH THESE FOUNDATIONS CREATED AND HAVING THE FINANCING TO DO SEPARATE PROJECTS THAT ARE GOING TO FOCUS ON GETTING THE HOMELESS OFF THE SIDEWALKS AND THROUGHOUT THE CITY. AGAIN, WHEN YOU IMPLEMENT YOUR PROPERTY MANAGEMENT AGREEMENTS THROUGH YOUR PROPERTIES, AGAIN I WOULD LIKE TO SEE IF YOU COULD POSSIBLY DO A 1%, WHICH WILL BE DIRECTED INTO YOUR FOUNDATION, AGAIN AND THAT IS OFF THE PROPERTY MANAGEMENT AGREEMENTS, OFF YOUR VARIOUS PROPERTIES THAT YOU DO DEVELOP THROUGHOUT THE CITY. AGAIN, I WANT TO COMMEND YOU FOR YOUR EFFORTS RIGHT NOW ON

CREATING MORE PROPERTY TAXES THROUGHOUT THE CITY, THROUGH YOUR DEVELOPMENT PROJECTS THAT ARE CURRENTLY ONGOING AT THIS TIME. AGAIN, I WOULD LIKE TO FOCUS ON THE EXCLUDED POPULATION IN THIS CITY, THE HOMELESS, THAT ARE CURRENTLY OUT ON THE SIDEWALKS, CURRENTLY UNDER BRIDGES. WE NEED TO BEGIN TO FOCUS ON THAT POPULATION OF APPROXIMATELY 1,500 TO 2,500 PEOPLE. HOUSING IS FOR ALL. WE NEED TO GET THEM INTO HOUSING FIRST. I WANT SOME DEVELOPERS OUT IN THE COMMUNITY TO START CREATING IDEAS AND FOCUSING AGAIN ON GETTING THIS POPULATION INTO HOUSING FIRST. IT IS BETTER FOR THEM, IT IS BETTER FOR THE CITY. ALL STUDIES HAVE BEEN CONDUCTED THAT PROVE THAT PEOPLE WHO LIVE OUT ON THE SIDEWALKS WILL COST THE CITY MORE MONEY OVER TIME WITH ADDITIONAL COSTS TO SOCIAL SERVICES CAN GO AS HIGH AS THREE TO FIVE TIMES AS MUCH. LET'S LOOK AT THAT. IF YOU PUT SOMEBODY INTO AN APARTMENT FOR SAY \$10,000 A YEAR, THAT'S APPROXIMATELY \$800 PER MONTH. AGAIN IF YOU LEAVE THEM OUT ON THE SIDEWALKS THROUGHOUT THE CITY, IT CAN COST ANYWHERE FROM \$10,000 TO \$50,000 PER MONTH. IF WE HAVE 1,700 PEOPLE CURRENTLY HOMELESS OUT ON THE STREETS, AT \$800 THAT'S APPROXIMATELY \$17 MILLION TO GET ALL THESE PEOPLE INTO SOME FORM OF HOUSING. AGAIN, IF WE LEAVE THEM OUT ON THE SIDEWALKS, WE'RE TALKING A COST THAT CAN BE AS HIGH AS \$85 MILLION. IT MAKES SENSE TO PUT THE HOMELESS INTO HOUSING FIRST, AND THIS CITY WILL RUN MUCH MORE EFFICIENTLY. THANK YOU.

>> Chair Madrigal: THANK YOU.

>> Comm. Smith: MADAM CHAIR, COULD I MAKE A COMMENT? THANK YOU, MR. LIGHTNING. COULD YOU DO ME A FAVOR AND TALK TO MY ASSISTANT, PAIGE HENDRICKS AND ITEMIZE THE 10 TO \$50,000 THAT YOU STATED SO WE CAN SEE WHAT THAT LOOKS LIKE AND WHERE THAT WOULD ADD UP TO?

>> YES, YES. THOSE STUDIES HAVE ACTUALLY BEEN CONDUCTED BY VARIOUS PROFESSORS OF ECONOMICS. WE HAVE A COMPANY CALLED NORTHWEST RESEARCH ECONOMIC COMMITTEE, WHICH IS AT PORTLAND STATE UNIVERSITY, THAT CONDUCTED THAT REPORT AND I ALSO WILL HAVE OTHER DOCTORS OF ECONOMICS THAT HAVE CONDUCTED THOSE REPORTS. AGAIN, THAT'S AN ESTIMATE FROM THE 10,000 TO THE 50,000 IN SOCIAL SERVICES THAT HAVE BEEN OVEREXTENDED BECAUSE WE ALLOW PEOPLE TO SLEEP OUT ON THE SIDEWALKS.

>> Comm. Smith: THANK YOU. I JUST WANT TO GET THE LINE ITEMS AND WHAT THAT INCLUDES, THE 10 TO \$50,000. DO YOU SEE PAIGE HENDRICKS IN THE BACK OF THE ROOM? COULD YOU TALK WITH HER.

>> ABSOLUTELY, I WOULD BE GLAD TO DO THAT, THANK YOU.

Mr. Walsh: MY NAME IS JOE WALSH. I REPRESENT INDIVIDUALS FOR JUSTICE. YESTERDAY, THERE WAS AN ITEM PASSED BY THE CITY COUNCIL THAT INCLUDED YOUR MONEY. IT WAS ITEM 1156 AND IT HAS TO DO WITH THE INTERAGENCY AGREEMENT OF OUTREACH FOR PEOPLE THAT ARE HOMELESS ON THE EAST PART OF THE COUNTY. IT SEEMS TO ME THAT THE AGREEMENT HAS TO DO WITH OUTSIDE THE CITY BUT INCLUDED IN THE COUNTY, SO THAT'S WHY YOU'RE SPENDING THE BULK OF THE MONEY, AND I THINK WHAT YOU'RE DOING AND YOU CAN CORRECT ME ON THIS IS RAISING THE LEVEL ABOUT \$130,000. I THINK IT'S \$138,000 FOR OUTREACH TO FIND PEOPLE THAT ARE HOMELESS AND TO SEE HOW THEY'RE DOING. NOW, MY OBJECTION TO THIS IS A LITTLE UNUSUAL BECAUSE I AM A HOMELESS ADVOCATE. BUT THIS MONEY THAT YOU'RE SPENDING, I WISH YOU WOULD THINK ABOUT IN THE FUTURE, NOT GIVING MONEY TO THE SAME INSTITUTIONS OVER AND OVER AND OVER AGAIN, BECAUSE WE'RE ALL FAILING IN THIS SYSTEM. MR. LIGHTNING'S PRESENTATION WAS REALLY INTERESTING IN THE FACT THAT WE'RE ALL FAILING. I FAIL, YOU'RE FAILING AND THEY'RE FAILING IN THIS SENSE. THEY HAVE A GREAT REPUTATION OF MOVING PEOPLE FROM TEMPORARY HOUSING TO PERMANENT HOUSING. OUTSTANDING, STELLAR REPUTATION. HOWEVER, IF YOU'RE A PERSON ON THE STREET, JOIN HAS A SIX MONTH WAITING LIST TO SEE A CASE WORKER. SO YOUR \$138,000 TO DO OUTREACH IS SUSPECT TO ME BECAUSE IT DOESN'T DO ANYTHING! IF THE OUTREACH PEOPLE HAVE A SIX MONTH LEADWAY TO GET A CASE WORKER, TO MOVE THE PERSON INTO SOME KIND OF TEMPORARY HOUSING, AND THEN INTO PERMANENT HOUSING, IT'S DOOMED TO FAILURE. I'M BEGGING YOU, IN THE FUTURE, LOOK TO OTHER AGENCIES. IT'S EASIER TO GET JOIN AND TO GET THE OTHER ORGANIZATIONS, THE SALVATION ARMY AND ALL OF THOSE, IT'S EASIER TO DO THAT BECAUSE THEY'RE DOING A GOOD JOB IN A LOT OF AREAS. NOT THIS ONE. THIS ONE IS THE TOUGHEST ONE OF ALL. YOU NEED TO LOOK AROUND AND SAY WHAT OTHER AGENCIES ARE AVAILABLE IN THE COUNTY THAT CAN DO THIS WORK? AND YOU BE THE PRIME CONTRACTOR IN THIS. DON'T SUBCONTRACT TO THE CITY WHO'S GOING TO TURN AROUND AND SUBCONTRACT TO JOIN, WHO'S GOING TO TURN AROUND AND SUBCONTRACT TO SOMEBODY ELSE WHO'S GOING TO DO THE INTAKES. THAT'S WHAT I'M SAYING, DO YOU UNDERSTAND WHAT I'M TRYING TO SAY TO YOU. I'M NOT CRITICIZING WHAT YOU'RE DOING. YOU'RE DOING STELLAR WORK. IT'S JUST NOT EFFECTIVE AND MY PROOF IS LOOK ON THE STREETS. THAT'S MY PROOF. LOOK ON THE STREETS. THEY'RE EVERYWHERE. THERE ARE PEOPLE THAT ARE FREEZING EVERYWHERE. WE DID A WALK-AROUND TWO DAYS AGO AND WE WENT DOWN TO THE RESCUE CENTER. IT WAS SO PACKED, PEOPLE COULD NOT SIT DOWN. IT WAS STANDING EVERYWHERE. IT WAS OVERFLOWING. THERE WERE PEOPLE SLEEPING IN THE STREETS. AT 27 DEGREES. AND IT WAS GOING TO GET COLDER. I LASTED ONE HOUR. I HAD TO GO HOME. I MEAN, I CAN USE ALL THE EXCUSES, I'M 71, I'M NOT IN GOOD HEALTH. I LASTED ONE HOUR. AND I SAID LET ME OUT OF HERE! I COULDN'T BREATHE. MY BODY STARTED TO FREEZE UP AND I HAD TO GO IN TO GET WARM. ONE HOUR. WE HAVE 2,000 PEOPLE ON

OUR STREETS EVERY NIGHT. IT'S REALLY COLD OUT THERE. SO LOOK TO OTHER ORGANIZATIONS. PLEASE JUST LOOK AROUND. DON'T JUST GIVE THE CITY MONEY AND JUST SAY WE'RE DOING OUR WORK. WE GAVE THEM \$138,000. THANK YOU FOR THE EXTRA TIME AND NOT INTERRUPTING ME.

>> Board Clerk: R1 PUBLIC HEARING AND SECOND READING OF ORDINANCE AMENDING MCC CHAPTER 7, COUNTY MANAGEMENT 7008, ASSESSMENT RECORDING AND TAXATION FEES.

>> Chair Madrigal: MAY HAVE A MOTION? COMMISSIONER SHIPRACK MOVES, COMMISSIONER SMITH SECONDS, APPROVAL OF R.1.

>> GOOD MORNING CHAIR, MEMBERS OF THE BOARD, I'M RANDY WALRUFF, DIRECTOR OF THE DIVISION OF ASSESSMENT, RECORDING AND TAXATION. WE'RE HERE FOR THE SECOND READING OF AN AMENDMENT TO MULTNOMAH COUNTY CODE CHAPTER SEVEN COUNTY MANAGEMENT. IT'S TO AMEND THE ORDINANCE TO BE ABLE TO PROVIDE FOR SOME ADDITIONAL ADMINISTRATIVE FEES THAT WE CURRENTLY DO NOT HAVE IN OUR ORDINANCE. WE DID FIRST READ THIS I THINK IT WAS THREE WEEKS AGO. TO THAT SECTION OF 7.008 WE'RE ADDING A D THAT FOR PASSPORT PHOTOS HAD THE DIVISION SHALL CHARGE A FEE AS SET BY BOARD RESOLUTION. WE'RE ADDING E, FOR A WAIVER OF THE MARRIAGE THREE-DAY WAITING PERIOD THE DIVISION SHALL CHARGE A FEE AS SET BY THE BOARD RESOLUTION, F FOR PROCESSING AN AMENDMENT TO A MARRIAGE LICENSE OR A STATE DOMESTIC PARTNERSHIP, THE STATE DIVISION SHALL CHARGE A FEE AS SET BY BOARD RESOLUTION, AND G, THE DIVISION SHALL CHARGE A FILING FEE FOR A BOARD OF PROPERTY TAX APPEAL AS SET BY BOARD RESOLUTION. AND THAT'S THE ENTIRETY OF THE RESOLUTION.

>> Chair Madrigal: ANY ADDITIONAL QUESTIONS?

>> Comm. Smith: I HAVE A QUESTION, MADAM CHAIR. GOOD MORNING.

>> GOOD MORNING.

>> Comm. Smith: WHEN WILL THE FEES START?

>> THE FEES I DO BELIEVE START 30 DAYS FROM AFTER YOU APPROVE THE RESOLUTION THAT IS THE NEXT ITEM ON THE AGENDA.

>> Comm. Smith: THANK YOU.

>> Comm. McKeel: ARE THERE ANY CHANGES SINCE THE FIRST READING?

>> NO, MA'AM.

>> Chair Madrigal: DO WE HAVE ANY PUBLIC COMMENT? NO, OKAY. GREAT. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE SECOND READING IS APPROVED AND THE ORDINANCE IS ADOPTED.

>> Board Clerk: R.2, RESOLUTION ESTABLISHING FEES AND CHARGES FOR CHAPTER 7, COUNTY MANAGEMENT OF THE MULTNOMAH COUNTY CODE AND REPEALING RESOLUTION 2010-109.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER McKEEL SECONDS APPROVAL OF R.2. HELLO, AGAIN.

>> HELLO, AGAIN. THIS IS THE FOLLOW-UP TO THE CODE CHANGE AND THIS IS THE RESOLUTION IMPLEMENTING THE FEES. IN REPEALING RESOLUTION 210-109, THE NEW RESOLUTION WILL HAVE THE CURRENT FEE STRUCTURE THAT IS IN PLACE FROM THAT RESOLUTION. THERE ARE NO CHANGES TO ANY OF THE EXISTING FEES. THIS WILL PROVIDE THE FEES FOR THE THREE NEW ITEMS. IN ORDER TO BE ABLE TO PROVIDE PASSPORT PHOTOS FOR OUR CUSTOMERS AS WE DISCUSSED BEFORE, WE CURRENTLY DO NOT PROVIDE THAT SERVICE. IN ORDER TO PROVIDE IT WE NEED TO BE ABLE TO RECOVER THE COST. THERE'S A DEMAND FOR IT. AND WE WERE SELLING QUITE A FEW PASSPORTS SINCE WE TOOK THIS OVER THREE YEARS AGO. AND SO WE'RE PROPOSING A FEE IN THE STRUCTURE OF \$10. WE'RE PARTNERING WITH TILTS TO MAKE MORE USE OF THE PHOTO ROOM DOWNSTAIRS SO THE PARTNERSHIP WILL ACTUALLY ALLOW THEM TO BE ABLE TO DO THE EMPLOYEE PHOTOS FOR NEW EMPLOYEES OR REPLACEMENTS AND CONTRACTORS, MORE TIMES THAN THE TWO DAYS PER WEEK. SO WE WILL REEVALUATE THIS FEE AFTER THE FIRST YEAR BUT IT APPEARS THAT BASED ON OUR PROJECTIONS THAT THIS WILL RECOVER OUR COST AT \$10. AND JUST AS A NOTE THAT FEE IS \$5 MORE THAN CLACKAMAS COUNTY SO THE TYPICAL RATE IS 10 TO \$15 THAT WE SEE OUT THERE IN THE MARKET AND IT WILL ALLOW OUR CUSTOMERS TO COME HERE AND DO ONE STOP SHOPPING SO TO SPEAK, NOT TO STEAL FROM FRED MEYERS. THE NEXT ONE IS A WAIVER OF THE THREE DAY WAITING PERIOD. MANY TIMES WE HAVE CUSTOMERS THAT WANT TO WAIVE THE THREE DAY WAITING PERIOD FOR VARIOUS REASONS WHEN YOU PURCHASE A MARRIAGE LICENSE. WE'RE PROPOSING \$5. THAT IS AS LOW AS ANY COUNTY WE CAN FIND. CURRENTLY, YAMHILL COUNTY IS 20, TILLAMOOK COUNTY IS 10, WASHINGTON COUNTY IS FIVE. SO WE EVALUATED OUR COST STRUCTURE AND \$5 WOULD BE A RECOVERY OF THAT. WE WOULD WAIVE IT FOR MILITARY DEPLOYMENT. AND IT DOES PROVIDE FOR OTHER GOOD AND SUFFICIENT CAUSE WAIVERS BY THE DIRECTOR. THE LAST ONE IS MARRIAGE LICENSE AMENDMENT. THERE'S TIMES WHERE PEOPLE MAKE MISTAKES WHERE THEIR MARRIAGE LICENSES, IT TAKES QUITE A BIT OF WORK TO REISSUE ALL THE PAPERWORK, THEY WROTE DOWN THE WRONG BIRTHDAYS. IF IT'S OUR ERROR WE FIX THAT AT NO CHARGE BUT OUR FEE AND COSTS IS AROUND \$20, THAT'S IN LINE WITH BOTH WASHINGTON AND CLACKAMAS COUNTY ARE AT 20 AND AS AN

EXAMPLE YAMHILL IS AT 25. AND SO WE'RE PROPOSING 20. AND FINALLY, THE FOURTH FEE THAT WE HAVE ON HERE IS FOR FILING AN APPEAL WITH THE BOARD OF PROPERTY TAX APPEALS. WE'RE SETTING IT AT THE SAME RATE AS LANE AND JACKSON COUNTY AT \$30 AND WE EXPECT THAT THIS WILL RECOVER APPROXIMATELY 40 TO 50% OF OUR ADMINISTRATIVE COSTS. IT WILL NOT REFLECT THE COSTS FOR THE ASSESSOR'S OFFICE OR THE TAX COLLECTOR'S OFFICE TO RESPOND TO APPEALS, TO ISSUE REFUNDS. IT'S SIMPLY THE COSTS FOR THE COUNTY CLERK'S OFFICE THAT IS ALSO PART OF OUR FUNCTIONS TO SET UP THE APPEALS PROCESS, STAFF THE BOARD OF PROPERTY TAX APPEALS WITH THE VOLUNTEERS FROM THE COMMUNITY THAT SERVE ON THE BOARD. AND CURRENTLY OUR ANNUAL COST FOR THAT IS AROUND \$135,000 THAT THE GENERAL FUND IS ABSORBING AND THIS WOULD RECOVER BETWEEN 45 AND \$60,000.

>> Chair Madrigal: QUESTIONS AND COMMENTS?

>> Comm. Smith: MADAM CHAIR I HAVE A QUESTION. DID WE GET ANY FEEDBACK FROM THE PUBLIC IN REGARDS TO THE NEW FEES?

>> I'VE HAD NONE. NOT SINCE THE LAST TIME. I COULD ONLY THEORIZE WHY BUT WE'VE TRIED TO KEEP THEM LOW AND WITHIN LINE WITH WHAT OTHER PEOPLE CHARGE AND TO THE APPEAL FEE, THAT \$30 WITH THAT SMALL RECOVERY COST, WE WORK VERY HARD WITH TAXPAYERS SO THEY DON'T EVEN NEED TO FILE AN APPEAL. WHEN WE SEND OUT THE TAX BILLS IN THE FALL, IT'S ALL HANDS ON DECK TO RESPOND TO PHONE CALLS, TO GO OUT AND VISIT THE PROPERTIES AND BECAUSE I FIND THAT IF WE CAN'T RESOLVE IT AT THE LOCAL LEVEL, THEY NEED TO APPEAL TO THE MAGISTRATE DIVISION AND THE TAX COURT IS CHARGING \$252. AND SO YES.

>> Comm. Smith: THANK YOU.

>> Chair Madrigal: THANK YOU.

>> Comm. McKeel: I JUST WANT TO THANK YOU FOR YOUR THOROUGH RESEARCH AROUND THIS PRESENTATION, RANDY, APPRECIATE THAT VERY MUCH.

>> I'LL THANK MY STAFF FOR ALL THAT. YES. [LAUGHTER]

>> Chair Madrigal: IT'S REALLY HELPFUL TO KNOW WHAT OTHER COUNTIES ARE CHARGING AND KIND OF WHERE WE FALL IN THAT.

>> YES, IT IS.

>> Chair Madrigal: OKAY. IF THERE ARE NO FURTHER QUESTIONS... ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE RESOLUTION IS ADOPTED. THANK YOU.

>> Board Clerk: R.3, PUBLIC HEARING AND FIRST, READING OF ORDINANCE AMENDING MULTNOMAH COUNTY CODE CHAPTER 11, REVENUE AND TAXATION.

>> I WOULD LIKE TO MAKE A MOTION TO POSTPONE THIS ITEM TO TIME CERTAIN OF DECEMBER 12th.

>> SECOND.

>> Chair Madrigal: COMMISSIONER WENDT MOVES TO POSTPONE TO DECEMBER 2nd -- 12th, EXCUSE ME, AND COMMISSIONER SHIPRACK SECONDS. MARK, WELCOME. WOULD YOU EXPLAIN FOR US?

>> GOOD MORNING, CHAIR AND COMMISSIONERS, MARK CAMPBELL, CHIEF FINANCIAL OFFICER. JACQUIE TODAY. THE ORDINANCE WE HAD PLANNED TO BRING FORWARD TODAY ADDRESSES THE TRANSIENT LODGING TAX SECTION OF THE CODE. CHANGES TO THE CODE WERE NECESSITATED WHEN THIS BOARD AND THE PORTLAND CITY COUNCIL AND THE METRO COUNCIL ALL ADOPTED A RESTATED VISITORS FACILITIES INTERGOVERNMENTAL AGREEMENT. MODIFICATIONS REQUIRE A RATHER SIGNIFICANT CODE UPDATE. BUT THIS IS A PARTICULARLY COMPLEX SECTION OF THE CODE AND IT'S BEEN AMENDED PIECE MEAL OVER TIME. WE HAD THREE GOALS IN BRINGING THIS AMENDED ORDINANCE FORWARD. THE FIRST GOAL WAS TO INCORPORATE THE PROVISIONS OF THE IGA. THE SECOND WAS TO SIMPLIFY LANGUAGE IN THE CODE. AND FINALLY, THERE WERE SOME HOUSEKEEPING CHANGES THAT NEEDED TO BE MADE TO UPDATE OUTDATED LANGUAGE AND TO ENSURE CLOSER CONFORMITY WITH THE CITY OF PORTLAND'S CODE. SO AFTER GOING THROUGH SEVERAL ITERATIONS OF THE CODE PROVISIONS, WE FELT WE INCORPORATED ALL THE CHANGES NECESSARY TO ACCOMPLISH THESE GOALS BUT WE DISCOVERED SOME ERRORS IN THE VERSION OF THE ORDINANCE THAT WAS SUBMITTED FOR THE AGENDA. THOSE ERRORS ARE SUFFICIENT ENOUGH TO WARRANT A SUBSTITUTION ORDINANCE AND RATHER THAN BRING THAT SUBSTITUTION TODAY, WE WANTED TO PROVIDE ADEQUATE TIME FOR YOU, OUR JURISDICTIONAL PARTNERS AT THE CITY AND METRO, AND THE PUBLIC TO REVIEW THE CORRECT VERSION OF THE ORDINANCE.

>> Chair Madrigal: OKAY. ANY ADDITIONAL QUESTIONS? OKAY. ALL IN FAVOR VOTE -- DO WE VOTE IN FAVOR OF THE MOTION, WE DON'T NEED TO SAY ANYTHING EXTRA? ALL IN FAVOR OF THE MOTION TO POSTPONE TO DECEMBER 12th, VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE MOTION TO POSTPONE IS APPROVED. THANK YOU. NOW, WE WILL RECESS AS THE

MULTNOMAH COUNTY BOARD OF COMMISSIONERS AND CONVENE AS THE HOSPITAL FACILITIES AUTHORITY OF MULTNOMAH COUNTY, OREGON.

>> Board Clerk: R.4, RESOLUTION AUTHORIZING THE ISSUANCE OF REVENUE BONDS, SERIES 2013, PARKVIEW CHRISTIAN RETIREMENT COMMUNITY PROJECT BY THE HOSPITAL FACILITIES AUTHORITY OF MULTNOMAH COUNTY, OREGON.

>> Chair Madrigal: MAY HAVE A MOTION? COMMISSIONER SHIPRACK MOVES, COMMISSIONER SMITH SECONDS, APPROVAL OF R.4.

>> GOOD MORNING AGAIN. WE'RE HERE TODAY TO ASK THE HOSPITAL AUTHORITY'S APPROVAL OF THE ISSUANCE OF REVENUE BONDS, SERIES 2013 FOR THE PARKVIEW CHRISTIAN RETIREMENT COMMUNITY. WITH ME TODAY IS THE BOND COUNSEL AND THE EXECUTIVE DIRECTOR OF THE PARKVIEW CHRISTIAN RETIREMENT COMMUNITY CENTER. WE ALSO HAVE REPRESENTATIVES FROM U.S. BANK HERE IF THERE'S ANY QUESTIONS RELATED TO THE FINANCING PIECE OF THE TRANSACTION. WE'VE DONE A FEW OF THESE BEFORE BUT I JUST WOULD LIKE TO REMIND YOU THAT THE COUNTY UNDER STATE STATUTE HAS THE AUTHORITY TO ISSUE CONDUIT DEBT FOR PROJECTS, SUCH AS THIS, AND WE HAVE DONE A FEW IN THE PAST. SEVERAL MONTHS. I WON'T GO INTO TOO MANY DETAILS. THIS PARTICULAR PROJECT AUTHORIZES PARKVIEW RETIREMENT COMMUNITY CHRISTIAN RETIREMENT COMMUNITY TO REFINANCE BONDS THAT WERE PREVIOUSLY ISSUED BY THIS AUTHORITY. IN 2009. AND THERE'S A LITTLE BIT OF NEW MONEY ASSOCIATED WITH THIS TRANSACTION AND WITH THAT, I WILL TURN IT OVER TO KEITH TO DESCRIBE THE PROJECT AND HE CAN ADDRESS ANY SPECIFICS YOU HAVE ON THAT.

>> Chair Madrigal: THANK YOU.

>> GOOD MORNING. MY NAME IS -- I AM THE EXECUTIVE DIRECTOR OF PARKVIEW. I'VE BEEN HERE FIVE YEARS. PARKVIEW IS OUR CORPORATE NAME IS OREGON BAPTIST RETIREMENT HOMES. WE WERE FOUNDED IN 1944 BY MEMBERS OF TEMPLE BAPTIST CHURCH. AND SINCE THAT TIME, HAVE PROVIDED AFFORDABLE HOUSING FOR SENIOR CITIZENS. WE ARE NOT A SUBSIDIZED COMMUNITY, WE ARE SELF-SUFFICIENT BUT WE KEEP OUR RATES AS LOW AS POSSIBLE. WE HAVE AN IN-HOUSE SUBSIDY PROGRAM TO SUBSIDIZE RESIDENTS WHOSE INCOME DOES NOT MEET OR DOES NOT AFFORD -- MAKE THE COMMUNITY AFFORDABLE FOR THEM. I HAVE ONE GENTLEMAN WHO'S A RETIRED PASTOR WHO ACTUALLY ONLY PAYS \$200 A MONTH FOR A STUDIO APARTMENT. AND MEALS AND UTILITIES AND VARIOUS OTHER SERVICES. THIS PROJECT OR THIS BOND ISSUE WILL REFINANCE CURRENT DEBT AND GIVE US SOME ADDITIONAL FUNDS TO MAKE SOME MUCH-NEEDED IMPROVEMENTS IN OUR APARTMENTS. OUR APARTMENTS WERE BUILT IN THE MID-1970s AND HAVE NOT HAD A LOT OF IMPROVEMENTS

SINCE THEN. THIS WILL ENABLE US TO IMPROVE KITCHENS AND BATHROOMS AND LIGHTING AND MAKE IT A BETTER PLACE FOR OUR RESIDENTS. WE ARE REQUIRED BY THE TERMS OF OUR ORIGINAL BOND FROM 1996 TO HAVE A CERTAIN PERCENTAGE OF OUR RESIDENTS BELOW A CERTAIN INCOME LEVEL. THAT CURRENT INCOME LEVEL IS ABOUT \$28,000 FOR SINGLES, ABOUT \$33,000 FOR COUPLES. AND WE MONITOR THAT ANNUALLY. EVERY FEBRUARY, THIS PAST FEBRUARY. WE HAD OVER 55% OF OUR RESIDENTS UNDER THAT INCOME LEVEL. SO WE DO GOOD THINGS.

>> Chair Madrigal: THANK YOU.

>> Comm. Smith: I HAVE A QUESTION, MADAM CHAIR. GOOD MORNING. AND HOW MANY APARTMENTS DO YOU HAVE IN THIS BUILDING?

>> WE HAVE ABOUT 113 APARTMENTS FOR INDEPENDENT LIVING AND 63 APARTMENTS FOR ASSISTED LIVING.

>> Comm. Smith: SO WITH THE NEW REFINANCING, IS YOUR INTEREST RATE GOING TO GO DOWN? I'M TRYING TO FIGURE OUT WHERE THE EQUITY, THE ADDITIONAL MILLION DOLLARS OF EQUITY COMES IN AT.

>> WELL, THE TERMS OF THE OFFER FROM U.S. BANK IS 70% LOAN TO VALUE. OUR APPRAISED VALUE IS AT \$12.4 MILLION. THE AMOUNT OF BOND ISSUE IS 7.3. SO WE ARE UNDER THAT 70% LOAN TO VALUE LIMIT. SO IT COMES OUT OF EQUITY.

>> Comm. Smith: OKAY, THANK YOU.

>> YES, MA'AM.

>> Chair Madrigal: ADDITIONAL QUESTIONS?

>> Comm. Shiprack: I'VE GOT A QUESTION FOR MARK. I'M JUST CURIOUS. DO WE HAVE A CEILING ON THE AMOUNT OF DEBT THAT CAN BE CONDUITED THROUGH THE PROGRAM?

>> THAT'S A GOOD QUESTION. I DON'T BELIEVE THERE'S A STATUTORY DEBT CEILING ON CONDUITS.

>> Comm. Shiprack: IT SEEMS LIKE A GOOD DEAL FOR EVERYBODY.

>> UH-HUH. THANK YOU.

>> Comm. Shiprack: THANK YOU.

>> Chair Madrigal: OKAY. IF THERE ARE NO FURTHER QUESTIONS, WE'LL VOTE. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE MOTION IS APPROVED. AND NOW, WE WILL RECESS AS THE HOSPITAL FACILITIES AUTHORITY OF MULTNOMAH COUNTY AND RECONVENE AS MULTNOMAH COUNTY BOARD OF COMMISSIONERS.

>> Board Clerk: R.5 RESOLUTION ACCEPTING THE HEARING OFFICER'S REPORT REGARDING ISSUANCE OF REVENUE BONDS, SERIES 2013, PARKVIEW CHRISTIAN RETIREMENT COMMUNITY BY THE HOSPITAL FACILITIES AUTHORITY OF MULTNOMAH COUNTY, OREGON.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER WENDT SECONDS APPROVAL OF R.5.

>> GOOD MORNING AGAIN. BECAUSE THIS WAS A TRANSACTION, IT WASN'T JUST A REFINANCING, THERE WAS NEW MONEY ASSOCIATED WITH IT, WE WERE REQUIRED TO HOLD WHAT'S KNOWN AS A SEPARATE HEARING AND THE REQUIREMENTS OF THE IRS GUIDELINES SAY THAT THE GOVERNING BODY OF THE JURISDICTION WHERE THE PROJECT HAPPENS HAS TO APPROVE THE HEARINGS OFFICER REPORT. THE HEARING WAS HELD YESTERDAY. MIKE AND I HELD IT. AND WE RECEIVED NO TESTIMONY. AND WE'RE HERE TO ASK FOR YOUR APPROVAL OF THE REPORT.

>> Chair Madrigal: OKAY. QUESTIONS?

>> Comm. Smith: I HAVE A QUESTION. IS THIS AN INDEPENDENT LIVING PROJECT?

>> INDEPENDENT LIVING AND ASSISTED LIVING.

>> Comm. Smith: SO COULD YOU TELL ME WHAT IS THE MONTHLY RATE FOR INDEPENDENT LIVING?

>> OUR STUDIO APARTMENTS START AT 1535 PER MONTH. THAT COVERS RENT, UTILITIES, HOUSEKEEPING SERVICES, APARTMENT MAINTENANCE, LANDSCAPING, DAILY WELLBEING CHECKS, TRANSPORTATION, ACTIVITIES, AND MEALS IN THE DINING ROOM.

>> Comm. Smith: AND ASSISTED LIVING?

>> ASSISTED LIVING RUNS ABOUT \$3,000 A MONTH AND COVERS ADDITIONAL SERVICES, ALL THE SAME SERVICES PLUS THREE MEALS A DAY INSTEAD OF TWO. STAFF ON DUTY 24 HOURS A DAY, R.N. ON DUTY, CARE GIVERS ON DUTY.

>> Comm. Smith: THANK YOU.

>> AND PERSONAL ASSISTANTS.

>> Comm. Smith: I'M IN THE WRONG BUSINESS.

>> NO, YOU'RE NOT. [LAUGHTER] THIS IS WHY I HAVE GRAY HAIR. [LAUGHTER]

>> Chair Madrigal: QUESTIONS? ALL RIGHT. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE RESOLUTION IS ADOPTED. THANK YOU.

>> THANK YOU.

>> Board Clerk: R.6, CASCADE AIDS PROJECT PRESENTATION AND PROCLAMATION DECLARING DECEMBER 1 TO 7, 2013 AS WORLD AIDS WEEK IN MULTNOMAH COUNTY, OREGON.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER McKEEL SECONDS APPROVAL OF R.6.

>> Comm. Shiprack: AND THANK YOU, MADAM CHAIR. AGAIN, I'M REALLY HAPPY TO WELCOME BACK CASCADE AIDS, WELCOME BACK. AND THEY'RE GOING TO BRIEF THE BOARD THIS MORNING ON THE HISTORY OF HIV EDUCATION AND OUTREACH IN MULTNOMAH COUNTY AND WE ARE SURROUNDED BY AN EXTRAORDINARY DISPLAY, HISTORIC DISPLAY, ARCHIVE DISPLAY OF PORTLAND'S HIV ACTIVISM, HISTORY, AND I'M JUST VERY PROUD THAT WE'RE ABLE TO DISPLAY THIS. I WANT TO THANK TERRY BAXTER AND SEAN POSTERA FROM MULTNOMAH COUNTY FOR HELPING WITH THIS AND, OF COURSE, THANK THE CASCADE AIDS PROJECT. AND NOW, LET ME TURN IT OVER.

>> THANK YOU, COMMISSIONER SHIPRACK. GOOD MORNING, CHAIR MADRIGAL AND COUNTY COMMISSIONERS. I'M A PROGRAM SUPERVISOR WITH THE STD CLINIC AND DISEASE INTERVENTION SPECIALIST PROGRAM. AS YOU KNOW, THE HEALTH DEPARTMENT CONTRACT FUNDING TO CASCADE AIDS PROJECT FROM COUNTY, STATE AND FEDERAL FUNDS TO SUPPORT A NUMBER OF DIFFERENT HIV RELATED INTERVENTIONS INCLUDING PREVENTION, TESTING, CASE MANAGEMENT, HOUSING SUPPORT TO NAME A FEW. CAP IN TURN SUBCONTRACTS TO OUR HEALTH DEPARTMENT PROGRAM TO SUPPORT THE STD CLINICIAN AND TO SUPPORT EDUCATORS FROM ALBINA MINISTRY ALLIANCE. I'M HERE TODAY TO SHARE ONE EXAMPLE OF A COLLABORATION THAT GOES FAR BEYOND SHARING FUNDING. SINCE 2010 OUR PROGRAM HAS WORKED TO INCREASE SCREENING CAPACITY FOR GAY AND BISEXUAL MEN AT PIVOT. , THE COMMUNITY FOR GAY AND BY, TRANS MEN AND OTHER SITES LIKE BARS AND BATH HOUSES. WE BEGAN BY PROVIDING ON-SITE TREATMENT TWICE A WEEK. AND THEN WE TRAINED CAP

STAFF TO PROVIDE PHLEBOTOMY SERVICES AND MICHAEL ANDERSON-NATHE WAS ONE OF THE FIRST TO PIONEER THIS PROGRAM AND HE'S THE INTERIM DEPUTY EXECUTIVE DIRECTOR. HE PIONEERED THE SCREENING AND WE'VE TRAINED 10 CAP EMPLOYEES TO DO SO. CAP EMPLOYEES DRAW BLOOD AND EDUCATE CLIENTS WHILE THE HEALTH DEPARTMENT RUNS THE TESTS, GIVES THE RESULTS BY PHONE AND PROVIDES TREATMENT AND FOLLOW-UP. IN THE PAST SPRING WE EMBARKED IN THE THIRD TIER BY TRAINING TWO OF THEIR PREVENTION STAFF TO COMPLETE SCREENING. CAP STAFF CAN NOW PERFORM A FULL STD SCREENING AND TESTING. THEY WORK SIDE BY SIDE WITH THE HEALTH DEPARTMENT NURSES WHILE WE'RE THERE. THIS COLLABORATION HAS STRENGTHENED THE RELATIONSHIP BETWEEN OUR TWO ORGANIZATIONS AND CREATED IMPROVED ACCESS TO SCREENING AND TREATMENT IN THE COMMUNITY, THUS REDUCING TRANSMISSION OF HIV AND AIDS. THANK YOU VERY MUCH. NOW, I'LL PASS IT ONTO MICHAEL ANDERSON-NATHE.

>> THANK YOU.

>> ALL RIGHT. I DON'T KNOW HOW TO MAKE THAT SCREEN COME DOWN, THOUGH, FOR EVERYONE. SO THAT I CAN'T DO. [LAUGHTER]

>> JUST SAY THE WORD.

>> IMAGINE IT.

>> WELL, GOOD MORNING, CHAIR MADRIGAL AND COMMISSIONERS. THANK YOU, AGAIN FOR ALLOWING US TO COME BACK TODAY TO TALK MORE SPECIFICALLY ABOUT CAP PROGRAMS AND SERVICES. BEFORE I GET STARTED, I WANTED TO DO A QUICK THANK YOU TO MULTNOMAH COUNTY FOR THEIR CONTINUED SUPPORT AND FOR THE INTRODUCTION. LIKE I SAID, ON TUESDAY. WE HAVE AN AMAZING PARTNERSHIP AND WE FEEL VERY LUCKY TO HAVE SUCH A SUPPORTIVE, PROGRESSIVE LOCAL HEALTH DEPARTMENT TO WORK WITH. I ALSO WANT TO DO A QUICK THANK YOU TO ALL THE STAFF AND VOLUNTEERS AND BOARD OF DIRECTORS FROM CASCADE AIDS PROJECT THAT SHOWED UP TODAY TO SHOW SUPPORT. WITHOUT THEIR DAILY DEDICATION, PASSION AND COMMITMENT, WE COULDN'T DO THE WORK THAT WE DO. I ALSO WANT TO DO A SPECIAL RECOGNITION TO MEMBERS IN THE AUDIENCE HERE WEARING RED T-SHIRTS THAT SAY POSITIVE FORCE NORTHWEST. THESE ARE MEMBERS OF OUR COMMUNITY WHO ARE OUT ABOUT LIVING WITH HIV AND THEY'RE OUT THERE EVERY DAY COMBATING HIV, AIDS RELATED STIGMA SO WE CAN DO THE WORK THAT WE NEED TO DO IN THE COMMUNITY AND THEIR COMMITMENT AND CONTRIBUTIONS ARE INVALUABLE TO THE WORK THAT WE DO. OKAY. SO MY NAME IS MICHAEL ANDERSON-NATHE. MY NAME IS MICHAEL ANDERSON-NATHE. I'M THE INTERIM CO-DEPUTY EXECUTIVE DIRECTOR AT THE CASCADE AIDS PROJECT AS WELL AS THE DIRECTOR OF PREVENTION AND EDUCATION

SERVICES. I'M GOING TO START OFF BY TALKING A LITTLE BIT ABOUT WHY WE'RE HERE TODAY AROUND WORLD AIDS DAY, THE STRATEGIES THAT CAP IS USING TO COMBAT HIV AIDS, AND THEN A LITTLE BIT ABOUT A PREVENTION EDUCATION PROGRAM. THEN I'M GOING TO TURN IT OVER TO OUR MANAGER OF EDUCATION SERVICES WHO'S GOING TO TALK MORE SPECIFICALLY ABOUT OUR EFFORTS IN COMMUNITIES OF COLOR AND YOUNG PEOPLE BECAUSE THEY'RE DISPROPORTIONATELY IMPACTED. AMANDA HURLEY IS GOING TO TALK ABOUT SOME OF OUR HOUSING PROGRAMS. ERIN NORTRUP OUR DIRECTOR OF SUPPORT SERVICES WILL THEN TALK ABOUT SOME OF THE SUPPORT SERVICES WE OFFER PEOPLE TO HELP THEM STAY IN CARE, AND THEN WE'RE GOING TO END WITH JUDITH RIZZIO OUR MANAGER OF VOLUNTEER RESOURCES WHO'S GOING TO TALK ABOUT THE ARCHIVES WE HAVE DISPLAYED AROUND THIS ROOM AS WELL AS OTHER PLACES IN MULTNOMAH COUNTY. AFTER 30 YEARS OF THIS EPIDEMIC WE HAVE A HUGE LEGACY THAT WE NEED TO HONOR AND REMEMBER AND LEARN FROM. WE'RE GLAD TO BE ABLE TO SHARE THAT WITH THE COMMUNITY. OKAY. SO WE'RE HERE TODAY TO COMMEMORATE WORLD AIDS DAY, DECEMBER 1st, 2013. OUR NATIONAL AND LOCAL GOAL IS GETTING TO ZERO, ZERO NEW HIV INFECTIONS, ZERO DISCRIMINATION AND ZERO AIDS-RELATED DEATHS. AS WE TALKED ON TUESDAY, THIS IS A LOFTY GOAL AND LOOKING AT WHAT'S HAPPENING LOCALLY IN OREGON AND MULTNOMAH COUNTY, WE KNOW THAT THERE'S AN ESTIMATED 7,000 OREGONIANS LIVING WITH HIV AIDS. 55% OF THEM LIVE RIGHT HERE IN MULTNOMAH COUNTY. 70% OF THOSE INDIVIDUALS ARE MEN WHO HAVE SEX WITH MEN OR GAY AND BI MEN. AND 20% OF THAT 7,000 DON'T KNOW THAT THEY'RE LIVING WITH HIV. THIS MEANS THEY HAVEN'T BEEN TESTED AND THEY'RE NOT ACCESSING THE LIFE-SAVING MEDICAL CARE AND MEDICATIONS THAT THEY NEED. SO WHAT DOES THIS MEAN FOR CAP AND HOW DO WE ADDRESS AND GET TO ZERO? CAP'S MISSION IS TO PREVENT HIV INFECTIONS, SUPPORT AND EMPOWER PEOPLE AFFECTED AND INFECTED BY HIV AIDS AND ELIMINATE HIV AIDS RELATED STIGMA. BUT WE DON'T DO THIS ALONE AND I NEED TO ACKNOWLEDGE THE WORK THAT OUR COMMUNITY PARTNERS, SUCH AS OUR HOUSE OF PORTLAND, PARTNERSHIP PROJECT, THE HIV DAY CENTER AND QUEST ALL DO IN CONTRIBUTING TO GET TO ZERO. AT CAP, WE PRIMARILY CARRY OUT OUR MISSION THROUGH THREE KEY STRATEGIES TO GET TO ZERO. A LOT OF OUR EDUCATION AND OUTREACH WORK THAT WE DO AROUND STIGMA IS TO HELP GET PEOPLE TESTED TO LEARN THEIR STATUS. THIS IS ONE OF THE FIRST STRATEGIES IN ENDING THIS EPIDEMIC. THEN IF POSITIVE WE WORK REALLY HARD WITH THEM TO MAKE SURE PEOPLE HAVE ACCESS TO THE CARE AND MEDICATIONS THEY NEED SO THAT WE CAN HELP IMPROVE THEIR LONG-TERM HEALTH OUTCOMES AS WELL AS REDUCE TRANSMISSION. AND THEN WE PROVIDE THEM WITH SEVERAL PROGRAMS TO HELP THEM STAY ENGAGED IN CARE. THIS IS LIKE HOUSING, PSYCHOSOCIAL SUPPORT. OKAY. SO IF YOU RECALL FROM TUESDAY I SHARED A MODEL CALLED THE CARE CASCADE THAT TALKS ABOUT HOW WE ARE DOING IN OUR FIGHT AGAINST HIV AIDS AS WELL AS WHERE WE MIGHT NEED TO TARGET SOME OF OUR

EFFORTS. THIS IS OREGON'S MODEL. AND AS YOU LOOKED AT COMPARED TO TUESDAY WE'RE DOING BETTER THAN THE NATIONAL AVERAGE. BUT YOU CAN STILL SEE THAT WE HAVE WORK TO DO. ON THE FAR LEFT ARE THE NUMBERS OF PEOPLE WHO ARE INFECTED WITH HIV. ONE IN FIVE WHO DON'T KNOW IT. NEXT TO THAT IS THOSE THAT ARE DIAGNOSED AND THOSE THAT ARE LINKED TO CARE, RETAINED IN CARE, ON THE MEDICATIONS AND SO ON UNTIL THEY GET TO THAT UNDETECTABLE AND THIS IS WHERE WE GET TO THAT 96% REDUCTION OF HIV TRANSMISSION. SO IF YOU CLICK REAL QUICK, A LOT OF OUR STIGMA WORK IS REALLY TO GET PEOPLE TESTED AND YOU CAN SEE WHERE THIS IMPACTS THE CARE CASCADES RIGHT? GETTING THOSE PEOPLE THAT ARE UNDIAGNOSED, DIAGNOSED AND THEN LINKED TO CARE AND A LOT OF OUR SUPPORT PROGRAMS REALLY WORK ON GETTING PEOPLE CONNECTED TO THE CARE AND MEDICATIONS THAT THEY NEED, REALLY IMPACTING THE CARE CASCADE AT THIS POINT AND YOU'RE GOING TO HEAR ABOUT SOME OF OUR SUPPORT PROGRAMS THAT HELP PEOPLE STAY ENGAGED ON THEIR MEDICATIONS SO YOU CAN SEE THE WORK THAT CAP IS DOING IS REALLY TARGETING SOME OF THOSE KEY AREAS ON OUR CARE CASCADE TO IMPROVE THIS.

>> QUESTIONS. HOW IMPORTANT IS THE TIMING BETWEEN CONTRACTION OF HIV AND THE TEST AND THE ABILITY OF THE ANTIRETROVIRALS TO WORK? IS IT IMPORTANT FOR PEOPLE NOT JUST TO KNOW BUT TO KNOW AS SOON AS THEY CAN, DOES THAT IMPROVE THEIR HEALTH OUTCOMES?

>> ABSOLUTELY. THE SOONER WE CAN GET PEOPLE DIAGNOSED AND TO KNOW THEIR STATUS AND THEN LINKED TO CARE THE BETTER THEIR LONG-TERM HEALTH OUTCOMES WILL BE. IT WILL ALSO REDUCE THE CHANCE WHERE PEOPLE MIGHT BE TRANSMITTING UNKNOWINGLY AND LIKE I TALKED ABOUT ON TUESDAY, OREGON HAS A SLIGHTLY HIGHER AVERAGE FOR THE LATE TESTERS, FOLKS WHO ARE ACTUALLY LIVING WITH HIV FOR PROBABLY MANY YEARS BEFORE THEY GET DIAGNOSED AND THAT DOES LEAD TO POORER LONG-TERM HEALTH OUTCOMES SO IT IS VERY IMPORTANT FOR PEOPLE TO GET TESTED ON A REGULAR BASIS AND TO LEARN THEIR STATUS AS QUICKLY AS THEY CAN AND THEN GET LINKED TO CARE.

>> THANK YOU.

>> SO I WANT TO SHIFT GEARS A BIT AND TALK A LITTLE BIT MORE SPECIFICALLY ABOUT THE PREVENTION EDUCATION SERVICES THAT WE DO AT CAP. WE HAVE A LARGE TESTING PROGRAM THAT PROVIDES SOME TARGETED HIV TESTING PROGRAMS TO MEN WHO HAVE SEX WITH MEN, YOUNG PEOPLE AS WELL AS AFRICAN-AMERICAN MEN WHO HAVE SEX WITH MEN BECAUSE WE KNOW THEY'RE DISPROPORTIONATELY IMPACT. WE ALSO OFFER TESTING FOR EVERYBODY WHERE ANYONE CAN GET TESTED FOR HIV AT CAP MONDAY THROUGH FRIDAY, 10:00 TO 4:00. WE HAVE A LARGE YOUTH PEER EDUCATION PROGRAM IN RECOGNITION OF AGAIN THE

DISPROPORTIONATE IMPACT ON YOUNG PEOPLE. WE ALSO HAVE SEVERAL HIV PREVENTION INTERVENTIONS AND THESE ARE MORE INTENSIVE PROGRAMS THAT WORK INDIVIDUALLY OR SMALL GROUP WITH PEOPLE IN EQUIPPING THEM WITH THE SKILLS AND THE KNOWLEDGE THEY NEED TO PREVENT TRANSMISSION OR ACQUISITION OF HIV. WE ALSO RUN THE OREGON HIV HOTLINE WHICH FIELDS HUNDREDS OF CALLS AND THOUSANDS OF ONLINE VISITS PROVIDING EDUCATION, ADDRESSING ISSUES OF STIGMA AND LINKING THEM TO TESTING SITES AND CARE. WE HAVE A SPEAKER'S BUREAU PROGRAM THAT USES VOLUNTEERS IN THE COMMUNITY THAT GO OUT AND TELL THEIR STORY IN CLASSROOMS AND COMMUNITY SETTINGS TO DO EDUCATION. WE HAVE A LARGE COMMUNITY OUTREACH AND EDUCATION PROGRAM THAT PROVIDES OUTREACH IN COMMUNITY SETTINGS AS WELL AS ONLINE TO REACH HIGHEST-RISK POPULATIONS AND GET THEM INTO TESTING AND WE ALSO PROVIDE SOME WORK OUTSIDE OF MULTNOMAH COUNTY BECAUSE WE KNOW PEOPLE MOVE ACROSS COUNTY LINES. WE WANT TO MAKE SURE THERE IS A GOOD CONTINUUM OF SERVICES. LAST YEAR OUR OUTREACH AND TESTING EFFORTS ALLOWED US TO TEST OVER 3,500 PEOPLE FOR HIV. WE HAVE DONE OVER 500 SYPHILIS SCREENINGS IN PARTNERSHIP WITH MULTNOMAH COUNTY. WE REACHED 12,000 PEOPLE ON OUR OUTREACH EFFORTS AND DISTRIBUTED OVER 380,000 CONDOMS AND SAFER SEX SUPPLIES. WE ALSO FIELDED OVER 800 PHONE CALLS AND 7,200 ONLINE VISITS TO THE HOTLINE REALLY LINKING THOSE PEOPLE TO THE NEEDED SERVICES. WE PROVIDED GROUP EDUCATION PRESENTATIONS TO OVER 4,400 YOUTH AND ADULTS. AND A LITTLE UNDER 200 PEOPLE RECEIVED THAT INTENSIVE GROUP PROGRAMMING THAT I TALKED ABOUT THAT GIVES THEM THE SKILLS TO TACKLE REDUCING HIV TRANSMISSION AND ACQUISITION. SO THIS IS AN EXAMPLE OF ONE OF OUR CAMPAIGNS OUT THERE TO ADDRESS STIGMA. THIS PROMOTES OUR PIVOT PROGRAM. IT'S OUR HEALTH AND WELLNESS CENTER FOR GAY AND BI AND TRANS-IDENTIFIED MEN WHO HAVE SEX WITH MEN. WE PROVIDE A LOT OF OUR HIV AND STD TESTING OUT OF THIS PROGRAM. WE ALSO OFFER SOCIAL AND EDUCATIONAL PROGRAMS, COMMUNITY BUILDING AS WELL AS COMBATING STIGMA AND THIS IS IN RECOGNITION OF HOW MEN WHO HAVE SEX WITH MEN CONTINUE TO BEAR THE BRUNT OF HIV DISEASE. SO NOW, WE'RE GOING TO TALK ABOUT OUR EFFORTS IN COMMUNITIES OF COLOR.

>> GOOD MORNING CHAIR AND COMMISSIONERS. SO ON THE SLIDE HERE I'VE KIND OF LISTED OUT OUR PROGRAMMING, SOME OF THE COMMUNITIES AND COALITIONS WE'RE ON AND IN THE NEXT SLIDE I'LL GO INTO SOME MORE DETAILS ABOUT THINGS BUT THE PRIMARY PROGRAM THAT WE HAVE FOR OUR COMMUNITY OF COLOR OUTREACH IS CALLED BLACK BUSTER. IT HAPPENS ON THE FIRST FRIDAY IN OUR PIVOT SPACE WHERE WE INVITE COMMUNITIES -- MEMBERS FROM COMMUNITIES OF COLOR TO COME IN AND HAVE SPECIFIC FILMS THAT REFLECT IMAGES THAT THEY WOULD LIKE TO SEE THEMSELVES AND ALSO GET TESTING FROM THE FULL SPECTRUM. WE ALSO HAVE CHAT PDX WHICH STANDS FOR CURBING HIV AIDS TRANSMISSION IN

PORTLAND. THIS IS OUR YOUTH TESTING PROGRAM. WE TRAIN THE YOUTH TO BECOME PEER EDUCATORS SO THERE'S A KNOWLEDGEABLE YOUTH IN THE SPACE AT ALL TIMES. IT TARGETS YOUTH 13 TO 19. WE ALSO SERVE THEM UP TO 24. AND THOSE YOUTH GO OUT INTO THE COMMUNITY AND SPEAK TO PEERS. THEY GO OUT WITH OUR SPEAKERS BUREAU MEMBERS. THEY'RE KIND OF JUST ANY AND EVERYWHERE. BUS STOPS, GROCERY STORES, WHEREVER YOU'RE TALKING TO PEOPLE ABOUT SAFER SEX, HEALTHIER LIFESTYLES, WE WANT TO KNOW ABOUT IT. MOCA IS ANOTHER GROUP WHICH STANDS FOR MEN OF COLOR, HEALTHY AND AWARE. AND THAT'S A SUPPORT GROUP FOR OUR MSM POPULATION THAT COMES IN AND THEY TALK ABOUT ALL KINDS OF THINGS TOGETHER AND IT'S A SAFE SPACE FOR THEM TO DO SO. SOME OF THE COMMITTEES AND COALITIONS, THE TRADITIONAL HEALTH WORKER STEERING COMMITTEE IS A STATE COMMITTEE THROUGH THE OREGON HEALTH AUTHORITY. WE ALSO ARE ON THE PORTLAND BLACK PRIDE COMMITTEE SO WE HELP PLAN THE EVENTS THAT GO ON DURING THAT WEEK. A6 IS THE AFRICAN-AMERICAN AIDS AWARENESS ACTION ALLIANCE, IT'S A MOUTHFUL THERE. AND WE ARE ONE OF THE PRIMARY PARTNERS OF THAT COALITION. THE COMMUNITY HEALTH WORKERS AND HOUSES OF FAITH WHICH WAS DISCUSSED EARLIER WHEN WE TALKED ABOUT THE AMA PARTNERSHIP, THIS IS A YOUTH AND ADULT PROGRAM WHERE WE ARE TRAINING INDIVIDUALS TO BECOME COMMUNITY HEALTH WORKERS AND THEY WILL IN TURN GO BACK AND WORK IN THEIR RESPECTIVE HOUSES OF FAITH TO TALK ABOUT HIV AND HELP DESTIGMATIZE IT IN SUCH AN IMPORTANT AND CENTRAL ENTITY IN THE BLACK COMMUNITY. WE'RE ALSO ON THE PLANNED PARENTHOOD COLUMBIA WILLAMETTE COMMUNITY ADVISORY BOARD AND JOINED A CURRICULUM THAT TARGETS SIXTH GRADERS. SO WE'RE TRYING TO HELP CURB THE TRANSMISSION AND GAIN KNOWLEDGE FOR COMMUNITIES AT A YOUNGER AGE FOR THESE CHILDREN. OUR COMMUNITY OUTREACH INCLUDES NATIONAL AWARENESS AND TESTING DAY EVENTS, ONE OF WHICH IS OUR SIGNATURE FOR COLORED GIRLS HEALTH AND WELLNESS FAIR WHICH HAPPENS IN MARCH IN CELEBRATION OF NATIONAL WOMEN AND GIRLS HIV AIDS AWARENESS DAY. WE ALSO DO BROTHERS' ROCK WHICH WILL HAPPEN IN MAY. AND WE DO BAR OUTREACH SO QUEENS OF THE NIGHT IS HOSTED BY ONE OF OUR STAFF WHO IS ALSO A NOTABLE DRAG QUEEN IN THE PORTLAND NIGHT LIFE WHICH REALLY HELPS TO DRAW IN THE CROWDS. WE RECENTLY STARTED THE TWERK COMPETITION. I NEVER THOUGHT I WOULD BE SAYING THAT IN THIS ROOM. [LAUGHTER]

>> Chair Madrigal: IT WAS JUST A MATTER OF TIME. [LAUGHTER]

>> OH, WOW, I'M SO SORRY. FORGIVE ME. SO THIS IS WHAT I LOVE ABOUT CAP. THE INNOVATION OF OUR STAFF. SO THEY HAVE REALLY STARTED A TWERK OUTREACH CAMPAIGN, COME AND LEARN HOW TO TWERK WHICH FOR THOSE OF YOU THAT DON'T KNOW IS THIS BOOTY-SHAKIN' DANCE MOVE BUT REALLY ALSO TO GET FOLKS IN THE SPACE, GET COMFORTABLE TALKING

ABOUT HIV, GET COMFORTABLE TALKING ABOUT WHAT YOUR FEARS ARE, WHAT YOU DON'T KNOW AND GET TESTED WHILE YOU'RE THERE. SO NOW THAT I'M OVER THAT EMBARRASSMENT WE ALSO DO OREGON BEARS OUTREACH, WHICH IS A SPECIFIC TARGETED GROUP AND WE GO OUT AND DO OUTREACH IN THE BARS TO TARGET THAT GROUP AS WELL AND THESE ARE JUST SOME OF THE EXAMPLES. I DIDN'T WANT TO PUT AN EXHAUSTIVE LIST UP HERE BECAUSE WE WOULD BE HERE FOR A LONG TIME BUT I WANT TO THANK YOU FOR HEARING MY PART OF THE PRESENTATION AND I'M GOING TO HAND IT BACK OVER TO AMANDA.

>> THANK YOU.

>> THANK YOU.

>> Comm. Smith: I HAVE A QUESTION. THANK YOU FOR YOUR PRESENTATION. NOW, I WAS TRYING TO IDENTIFY THE OUTREACH EFFORTS TOWARDS AFRICAN-AMERICAN WOMEN. I'M THINKING BACK TO OUR CONVERSATION TWO DAYS AGO AT THE BOARD BRIEFING THAT SHARELLE GAVE AND SHE WAS CONCERNED THAT THERE WERE NOT A LOT OF PROGRAMS, NOT NECESSARILY YOUR PROGRAM BUT IN GENERAL IN MULTNOMAH COUNTY TARGETED TOWARDS AFRICAN-AMERICAN WOMEN. AND THERE'S THIS HUGE STIGMA AND THAT THERE WERE SERVICES THAT WERE NOT BEING GIVEN TO WOMEN WHO ARE INFECTED AND THEY KNOW THAT THEY NEED HOUSING FOOD, HEALTHCARE, AND THERE'S NO PLACE FOR THEM TO GO SO I'M TRYING TO FIGURE OUT HOW DO WE REACH OUT TO THAT COMMUNITY?

>> WELL, I THINK INTERNALLY TO CAP WE HAVE OUR REAL TALK SUPPORT GROUP, WHICH IS OPEN, THE BLACK BUSTER NIGHT IS ALSO OPEN.

>> Comm. Smith: IS THAT WELL ATTENDED?

>> IT'S GROWING. IT'S NOT AS WELL ATTENDED AS I WOULD LIKE TO SEE IT BUT I DO RECOGNIZE THE STAFF MEMBER THAT'S RUNNING IT HAS VASTLY IMPROVED IT. WE'VE TALKED ABOUT THIS BEFORE. DOWNTOWN LOCATION, FOLKS, WHERE DO WE NEED TO GO TO GIVE SERVICES.

>> Comm. Smith: I THINK THAT'S WHAT THE ISSUE IS IN TERMS OF YOU'VE GOT TO GO TO WHERE THE PEOPLE ARE. IT'S REALLY TOUGH TO HAVE FOLKS WHO LIVE IN PORTLAND PROPER AND OUT EAST AND HAVE THEM COME IN TO DOWNTOWN PORTLAND TO PARTICIPATE SO I'M JUST TRYING TO FIGURE OUT SOME WAYS IN WHICH WE CAN BE MORE HELPFUL AS A PUBLIC HEALTH DEPARTMENT HERE AT MULTNOMAH COUNTY.

>> I THINK REALLY WE'RE LOOKING AT INCREASING OUR CAPACITY THROUGH FUNDING TO BE ABLE TO DO THAT OUTREACH IN THOSE COMMUNITIES THAT REQUIRES US TO BE ABLE TO BE MOBILE TO GET TO THEM AND HAVE SPACES

OUT IN THOSE AREAS THAT WE CAN BE CENTRAL FOR THEM TO KIND OF KNOW THIS IS WHERE SERVICES ARE. THAT'S MY FIRST IMPRESSION.

>> AND I WOULD ADD THAT CAP HAS SEVERAL YEARS' EXPERIENCE WORKING WITH BOTH MULTNOMAH COUNTY AND A6 AROUND MAKING SURE WE HAVE CULTURALLY COMPETENT SERVICES FOR INDIVIDUALS. WE SPOKE ABOUT OUR PARTNERSHIP AROUND COMMUNITY HEALTH WORKERS AND HOUSES OF FAITH. THAT'S ONE EXAMPLE OF THE PROGRAMMING THAT WE'VE BEEN WORKING ON FOR SEVERAL YEARS TO KIND OF GET SERVICES INTO THE COMMUNITY AND WE KNOW IT'S NOT ENOUGH, YOU KNOW. WE CAN ALWAYS DO MORE, ALL OF US CAN DO MORE. WE DO NEED MORE RESOURCES. IT DOES REQUIRE MORE COLLABORATIONS WITH OTHER COMMUNITY PARTNERS, AND I THINK WE CAN DO IT. BUT THERE'S NO DOUBT SHE'S RIGHT THAT THERE IS NOT AS MANY SERVICES AS ARE NEEDED, ESPECIALLY FOR AFRICAN-AMERICAN WOMEN.

>> Comm. Smith: THANK YOU.

>> HI, I'M AMANDA HURLEY, THE DIRECTOR OF HOUSING AND AS MICHAEL HAD PRESENTED, CASCADE AIDS PROJECT PROVIDES WRAP-AROUND SERVICES TO PEOPLE LIVING WITH HIV AND THEIR AFFECTED HOUSEHOLD MEMBERS. LAST YEAR, WE ASSISTED OVER 1,800 PEOPLE WITH SOME TYPE OF HOUSING OR SUPPORT SERVICES WHICH INCLUDE SUPPORTIVE HOUSING EMPLOYMENT LIFE SKILLS TRAINING AND SERVICE NAVIGATION. IF YOU COUNT TOTAL HOUSEHOLD MEMBERS, IT WAS CLOSER TO 2,300 PEOPLE THAT WERE IMPACTED BY OUR PROGRAMS. AND THEN WE HAVE FOUR GOALS OF OUR HOUSING AND SUPPORTIVE SERVICES. ONE OF THEM IS TO REDUCE NEW HIV INFECTIONS, TO SUPPORT PEOPLE LIVING WITH HIV AND TO PROVIDE EDUCATION FOR SELF-MANAGEMENT. WE ALSO PROMOTE HEALTHIER OUTCOMES FOR PEOPLE LIVING WITH HIV SO ALL OF OUR PROGRAMS KEEP THESE IN MIND AS WE DESIGN PROGRAMS. SO LACK OF AFFORDABLE HOUSING IS THE BIGGEST BARRIER THAT WE SEE FOR OUR CLIENTS. LAST YEAR, WE ASSISTED 404 HOUSEHOLDS WITH SOME TYPE OF SHORT-TERM RENT ASSISTANCE AND THAT INCLUDED ANYTHING FROM PERMANENT HOUSING PLACEMENT OR EVICTION PREVENTION. COUNTY FUNDS ASSISTED APPROXIMATELY 225 OF THOSE HOUSEHOLDS THROUGH RYAN WHITE AS WELL AS THE CITY AND COUNTY SHORT-TERM RENT ASSISTANCE PROGRAMS. WE ALSO SERVED 224 HOUSEHOLDS IN OUR LONG-TERM SUPPORTIVE HOUSING, AND COUNTY FUNDS SUPPORTED, PAID FOR SOME OF THE CASE MANAGEMENT FOR THOSE LONG-TERM SUBSIDIES. AND ALL OF THOSE HOUSEHOLDS WERE EITHER HOMELESS OR AT RISK OF HOMELESSNESS WHEN THEY ENROLLED IN SERVICES. WE ALSO HAVE AN EMPLOYMENT PROGRAM THROUGH A HUD SPECIAL PROGRAM, NATIONAL SIGNIFICANCE PROGRAM AND THIS INTEGRATES HOUSING AND EMPLOYMENT. 115 PEOPLE LIVING WITH HIV RECEIVED EMPLOYMENT ASSISTANCE. 29 WERE PLACED INTO PERMANENT JOBS AND 11 RECEIVED

SOME TYPE OF JOB OR SKILL TRAINING THROUGH SCHOOL, INTERNSHIPS OR TRAINING PROGRAMS. AND ERIN WILL DISCUSS SOME OF OUR OTHER SUPPORTIVE SERVICES.

>> GOOD MORNING CHAIR AND COMMISSIONERS. MY NAME IS ERIN NORTRUP, I'M THE DIRECTOR OF SUPPORT SERVICES AT CASCADE AIDS PROJECT AND I'M GOING TO TALK ABOUT OUR OTHER PROGRAMS. WE HAVE A NUMBER OF NAVIGATION PROGRAMS AT CASCADE AIDS PROJECT. NAVIGATION PROGRAMS ARE GEARED TOWARDS HELPING PEOPLE LIVING WITH HIV CONNECT TO MEDICAL CARE, HIV SPECIFIC MEDICAL CARE. ADHERE TO THEIR HIV MEDICATIONS AND CONNECT TO OTHER NEEDED SERVICES. ONE OF OUR NEW NAVIGATION PROGRAMS IS A REALLY INNOVATIVE COLLABORATION WITH THE MULTNOMAH COUNTY HIV HEALTH SERVICES CENTER. IT'S FUNDED THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AND IT'S A SPECIAL PROJECT OF NATIONAL SIGNIFICANCE. IT'S FUNDING THAT THE MULTNOMAH COUNTY HIV HEALTH SERVICES CENTER APPLIED FOR AND WAS ONE OF ONLY NINE SITES AROUND THE NATION THAT WAS FUNDED. WE HAVE THREE NAVIGATORS THAT ARE EMPLOYED BY CAP BUT THAT ARE EMBEDDED AT THE MULTNOMAH HIV CLINIC AND THEY FUNCTION AS PART OF THE MEDICAL TEAM, COMMUNICATING DIRECTLY WITH THE CASE MANAGERS AND ALSO CHARTING DIRECTLY INTO THE ELECTRONIC MEDICAL RECORD. THE NAVIGATORS WORK WITH PEOPLE WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS AND ALSO EXPERIENCING MENTAL HEALTH AND/OR SUBSTANCE ABUSE ISSUES. THERE'S ALSO A STUDY COMPONENT AS PART OF THIS PROJECT TO REALLY LOOK AT WHAT IS MOST SUCCESSFUL IN SUPPORTING PEOPLE WHO ARE LIVING WITH HIV AND EXPERIENCING HOMELESSNESS OR BEING AT RISK OF HOMELESSNESS. AND THAT STUDY IS LOOKING ACROSS THE FIVE-YEAR GRANT AT THE SITES AROUND THE COUNTRY TO SAY WHAT REALLY WORKS, WHAT ARE THE GAPS IN SERVICES AND HOW CAN WE IMPROVE SERVICES ACROSS THE COUNTRY BASED ON THIS INFORMATION? AND WE'VE SERVED 28 PEOPLE SO FAR THROUGH THIS NEW PROJECT AND THE IMPACT THAT THE NAVIGATORS AND THE INTEGRATED MEDICAL TEAM APPROACH HAS HAD WITH THESE CLIENTS HAS BEEN REALLY SIGNIFICANT, MOVING PEOPLE FROM HOMELESSNESS TO HOUSING, CONNECTING THEM MORE SECURELY TO MEDICAL CARE AND IMPROVING THEIR HEALTH OUTCOMES. WE HAVE A NUMBER OF OTHER NAVIGATION --

>> Comm. Wendt: COULD YOU TALK ABOUT SOME OF THE HOUSING NEEDS OR BARRIERS THAT ARE UNIQUE TO THIS POPULATION AND HOW THIS COMMUNITY RESPONDS OR WHERE THOSE GAPS ARE?

>> SURE. SO FOR SOME OF THE CLIENTS THAT ARE SERVED THROUGH THIS PROJECT, THEY MAY HAVE BEEN HOMELESS FOR QUITE SOME TIME AND SO CONNECTING THEM TO SERVICES THAT SUPPORT THEM UP MOVING FROM THAT EXPERIENCE OF HOMELESSNESS INTO HOUSING AND BEING ABLE TO

STAY IN THAT HOUSING IS IMPORTANT. ALSO, JUST FINDING AFFORDABLE HOUSING THAT CLIENTS CAN MOVE INTO. SOME OF THE CLIENTS DO HAVE A CRIMINAL HISTORY THAT MAY PRESENT A BARRIER TO GETTING INTO HOUSING, SO STRATEGIZING AROUND EACH INDIVIDUAL CLIENT'S SITUATION. AND HOW TO ADDRESS THAT CRIMINAL BACKGROUND CAN ALSO BE A BARRIER THAT THE NAVEIGATORS WORK REALLY INTENSIVELY WITH THE CLIENTS AROUND. THE OTHER NAVIGATION PROGRAMS THAT WE HAVE, WE HAVE A PROGRAM CALLED CARE LINK THAT ALSO STARTED AS A SPECIAL PROJECT OF NATIONAL SIGNIFICANCE. CARE LINK WORKS WITH PEOPLE WHO ARE NEWLY DIAGNOSED WITH HIV, HAVE BEEN OUT OF CARE FOR SIX MONTHS OR MORE OR WHO ARE COMING OUT OF PRISON OR JAIL AND AGAIN, WORK WITH THEM TO CONNECT TO MEDICAL CARE AND TO MEDICATION. WE HAVE TWO CULTURALLY SPECIFIC PROGRAMS THAT SERVE LATINO CLIENTS LIVING WITH HIV AND AFRICAN-AMERICAN CLIENTS LIVING WITH HIV. AND AS PART OF THOSE PROGRAMS WE ALSO HAVE THE REAL TALK SUPPORT GROUP AND A SUPPORT GROUP FOR LATINO CLIENTS AS WELL THAT HELPS TO BUILD COMMUNITY, TO HELP CONNECT PEOPLE TO COMMUNITY RESOURCES AND BUILD SKILLS AND FINALLY WE HAVE A NAVIGATOR THAT WORKS SPECIFICALLY WITH YOUNG PEOPLE 24 AND UNDER BECAUSE AS MICHAEL MENTIONED YOUNG PEOPLE ARE DISPROPORTIONATELY AFFECTED BY HIV SO THAT NAVIGATOR HELPS YOUNG PEOPLE IN TRANSITIONING INTO ADULT MEDICAL CARE AND TAKING ON THEIR OWN MANAGEMENT OF THEIR MEDICAL CARE. WE ALSO SERVE AN ADDITIONAL 40 PEOPLE THROUGH A MENTAL HEALTH PEER MENTOR PROGRAM THAT'S SPECIFICALLY FOCUSED ON CONNECTING CLIENTS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. AND I ALSO WANTED TO TALK ABOUT OUR KIDS CONNECTION PROGRAM. THIS IS FUNDED THROUGH A CONTRACT WITH THE MULTNOMAH COUNTY HIV HEALTH SERVICES CENTER. KIDS CONNECTION IS A UNIQUE PROGRAM NATIONALLY THAT WORKS WITH CHILDREN, YOUTH AND FAMILIES THAT ARE AFFECTED BY HIV. WE HAVE A GREAT PARTNERSHIP WITH THE OHSU PEDIATRIC HIV CLINIC WHICH SERVES ALMOST ALL OF THE CHILDREN AND TEENS THAT ARE LIVING WITH HIV IN THE STATE OF OREGON AND SO KIDS CONNECTION GOES TO THE WEEKLY HIV CLINICS FOR CHILDREN AND TEENS, HELPS TO PROVIDE SUPPORT TO THE CHILDREN AND THEIR FAMILIES WHEN THEY RECEIVE MEDICAL CARE THERE. KIDS CONNECTION ALSO PROVIDES SKILL BUILDING AND COMMUNITY BUILDING EVENTS THROUGHOUT THE YEAR AND WORKS WITH INDIVIDUAL FAMILIES TO HELP THEM COMMUNICATE ABOUT THE HIV IN THEIR FAMILY TO KIDS AT AN AGE APPROPRIATE LEVEL. AND THEN FINALLY, WE HAVE A FIVE DAY CAMP EVERY SUMMER THAT'S CALLED CAMP K.C. IT SERVED 37 CHILDREN THIS PAST YEAR AND IS OPEN TO KIDS AND TEENS FIVE TO 15 WHO ARE LIVING WITH HIV OR AFFECTED BY HIV. WE HAVE 50 TO 60 REALLY WONDERFUL VOLUNTEERS WHO GO TO CAMP EACH YEAR AND MAKE CAMP HAPPEN AND CREATE A REALLY WONDERFUL ENVIRONMENT FOR THE KIDS AND TEENS WHO PARTICIPATE. IT'S A FREE CAMP, IT'S FREE FOR THE FAMILIES WHO SEND

THEIR KIDS THERE AND IT'S A REALLY WONDERFUL OPPORTUNITY FOR KIDS AND TEENS TO CONNECT WITH OTHERS WHO SHARE THEIR EXPERIENCE.

>> Chair Madrigal: THANK YOU.

>> OKAY. THANK YOU. THAT IS A CRASH COURSE ON OUR PROGRAMS AND SERVICES AT CAP. SO COMING BACK TO GETTING TO ZERO AND I WANTED TO LEAVE PEOPLE WITH AN ASK OF WHAT PEOPLE CAN DO TO HELP US GET TO ZERO HERE IN OREGON, MULTNOMAH COUNTY, OREGON AND THE REST OF THE COUNTRY AND THAT IS TO GET TESTED. EVERYONE HAS AN HIV STATUS, WHETHER IT'S POSITIVE OR NEGATIVE. FIND OUT WHAT YOUR STATUS IS AND STAY NEGATIVE OR IF YOU'RE LIVING WITH HIV GET TO THE NECESSARY CARE AND TREATMENT AND GET THE SUPPORT THAT YOU NEED. AND THAT'S HOW WE'RE REALLY GOING TO END THIS EPIDEMIC. I WANT TO SHOW YOU KIND OF ONE LAST EXAMPLE OF ONE OF OUR CAMPAIGNS. THIS IS REALLY OUR CAMPAIGN TO ENCOURAGE EVERYONE TO GET TESTED. AGAIN, THIS IDEA THAT GETTING A 20-MINUTE HIV TEST CAN REALLY HELP US END AIDS AND SO THIS IS SOMETHING DIRECTING PEOPLE, ASKING IF THEY HAVE 20 MINUTES TO HELP END AIDS. I KNOW ALL OF YOU HAVE COMMITTED, TO SET AN EXAMPLE BY GETTING TESTED AND WE REALLY APPRECIATE THAT AND LOOK FORWARD TO THAT. LASTLY, I'M GOING TO BRING UP JUDITH RIZZIO OUR MANAGER OF VOLUNTEER SERVICES WHO'S GOING TO TALK ABOUT OUR ARCHIVES AGAIN AND I WANT TO THANK YOU AGAIN FOR THIS OPPORTUNITY AND FOR YOUR CONTINUED SUPPORT OF CASCADE AIDS PROJECT.

>> AND MICHAEL BEFORE YOU LEAVE THE DAIS AND JUDITH, COME ON UP, I WANTED TO SAY THANK YOU FOR THE RED RIBBONS AND FOR SOME OF US FOR MORE THAN ONE RED RIBBON AND ALSO I WANTED TO ASK YOU IF YOU COULD SAY AGAIN OR JUST SAY THE ADDRESS WHERE WE NEED TO GO FOR OUR TEST.

>> ABSOLUTELY. I WOULD BE DELIGHTED TO. ANYONE, IN FACT WHO WANTS AN HIV TEST CAN COME ON DOWN TO OUR MAIN OFFICES, IT'S 208 SOUTHWEST 5th AVENUE, IT'S IN THE LINCOLN BUILDING ON THE EIGHTH FLOOR. WE DO WALK-IN OR APPOINTMENT-BASED TESTING FROM 10:00 A.M. TO 4:00 P.M. WE ASK FOR A \$50 DONATION BUT NO ONE WILL BE TURNED AWAY REGARDLESS OF THEIR ABILITY TO PAY.

>> GOOD MORNING. I'M JUDITH RIZZIO, MANAGER OF VOLUNTEER RESOURCES AT CAP AND BECAUSE OF MY LONG-TIME HISTORY WITH THE COMMUNITY I AM FORTUNATE TO BE THE COORDINATOR OF THE CASCADE AIDS PROJECT ARCHIVE. IN THE BACK OF THE ROOM AND ALL OVER ON ALL THE WALLS HERE IS A SMALL PORTION OF THE ARCHIVE, INCLUDING THE OREGON ACT UP ARCHIVE. SO HOW DOES THIS COME ABOUT? IT WAS A CONVERGENCE OF TWO MOMENTS. THE FIRST WAS THAT IN JUNE OF 2009, WE WERE MOVING FROM OUR OLD FACILITY ON 5th AVENUE TO OUR NEW

LOCATION TODAY. AND AS WE WERE CLEANING UP I WAS WATCHING THE STAFF THROWING THINGS INTO BINS AND, YOU KNOW, CLEARING OFF THEIR DESKS AND FILE CABINETS INTO THESE LARGE BINS AND I NOTICED THAT THE STAFF WAS TOSsing OUT OLD POSTERS, PROGRAM MATERIALS AND DOCUMENTS, MUCH OF WHICH WAS CREATED BEFORE SOME OF THESE STAFF WAS ACTUALLY BORN. I FRANTICALLY STARTED TO DIVE INTO THESE BINS AS FAST AS I COULD AND PULL OUT, YOU KNOW, PILES OF PAPER BEFORE THEY WERE BURIED FOREVER ALONG WITH THEIR HISTORY. AND THEN THE SECOND MOMENT WAS THE FACT THAT IN 2010, CAP WAS GOING TO BE CELEBRATING THEIR 25th ANNIVERSARY OF INCORPORATION. SO DIRECTOR KAPLAN, MICHAEL KAPLAN AND I AGREED TO CREATING A CAP ARCHIVE TO CELEBRATE THAT EVENT. NINE MONTHS LATER NO LIE, THE ARCHIVE WAS BORN AND CELEBRATED AT A GRAND OPENING ON FEBRUARY 2010. LET'S BACK UP A BIT. THE FIRST STEP WAS CALLING OUT TO THE COMMUNITY. FOR THEIR CAP EPHEMERA AND STUFF. THIS IS A REQUEST THAT WAS POSTED IN JUST OUT. REMEMBER MOST OF THESE ITEMS WE GOT, THIS IS BEFORE COMPUTERS. SO WE HAD PEOPLE WALKING INTO CAP MOSTLY UNANNOUNCED WITH BOXES, MANILA ENVELOPES OR A SINGLE PHOTO. I HAD MANY TEARFUL MOMENTS WITH THESE PEOPLE AS THEY SHARED THEIR STORIES AND REMEMBERED THEIR LOVED ONES AS THEY LANDED OVER THIS PART OF THEIR PAST. SINCE THEN MY WONDERFUL VOLUNTEER ARCHIVISTS ALAN AND I HAVE CONTINUED TO GATHER THE HISTORY OF CAP'S WORK ON A DAILY BASIS. WHEN PEOPLE THINK OF AN ARCHIVE THEY THINK OF OLD BOX WITNESS COBWEBS AND DUST LOCKED AWAY IN A BACK ROOM ONLY ACCESSIBLE BY SOMEONE WEARING WHITE COTTON GLOVES WHO KNOWS THE SECRET PASSWORD. THAT IS NOT THE CASE AT CAP. IT IS STORED IN OUR MEETING ROOM AND SOME OF THE SHELVES ARE EMPTY, AS YOU CAN SEE RIGHT NOW BECAUSE THE BOXES ARE HIDDEN AWAY BACK IN THIS ROOM TO CARRY AWAY WHAT YOU SEE ALL AROUND YOU AT THE END OF THE DAY. AN EXAMPLE OF ONE OF THE ARCHIVE ITEMS IS THIS POSTER THAT PROVED TO BE ONE OF THE MANY CONTROVERSIAL ADS THAT CAP PLACED IN FRONT OF THE PUBLIC EYE OVER THE YEARS. IN 1988, IT WAS REMOVED FROM ALL TRIMET BUSES OVER A PUBLIC CONTROVERSY, INCLUDING GOVERNOR GOLD SCHMIDT'S CONCERN ABOUT WHETHER CAP WAS PROMOTING AIDS PREVENTION OR GAY PROMOTION. THANK GOODNESS TIMES HAVE CHANGED AND TRIMET IS A BIG SUPPORT OF CAP AND HAS SPONSORED CAP'S AIDS WALKS OVER THE YEARS. OF COURSE, THE MOST IMPORTANT ROLE OF THE ARCHIVE IS TO BE ACCESSIBLE TO THE COMMUNITY SO WE CREATED THE CAP ARCHIVE WEBSITE, WHICH INCLUDES THE TIMELINE, ORAL HISTORIES AND ENTRIES FROM CAP'S THREE REMEMBRANCE BOOKS. THE TIMELINE WAS CREATED BY TOM McCONNELL, A LONG-TIME ACTIVIST AND PERSON WITH HIV. HE PAIN-STAKINGLY CHRONICLED THE HISTORY OF HIV IN OREGON AND ACROSS THE COUNTRY. HERE'S A SLIDE OF THE FIRST THREE CARDS OF THE TIMELINE. ON THE FIRST PANEL UNDER 1981, IT STATES THAT THE GAY MAN FROM MULTNOMAH COUNTY WAS THE FIRST REPORTED CASE OF AIDS IN THE

STATE OF OREGON ON AUGUST 21st, 1981. THE NEXT CARD, 1983, REPORTS THAT THE SAME PERSON WAS THE FIRST RECORDED DEATH FROM COMPLICATION OF AIDS ON APRIL 28th, 1983. WE ALSO DID 32 ORAL HISTORIES OF PAST CAP STAFF, SOME OF THE ORIGINAL PEOPLE WHO FOUNDED CAP, HIV AND COMMUNITY ACTIVISTS, HEALTHCARE PROFESSIONALS AND SOME OF OUR PAST CLIENTS AND VOLUNTEERS. THE FOUR YOU SEE HERE ARE A PAST CAP STAFF MEMBER, COMMUNITY ACTIVIST AND ONE AMAZINGLY POWERFUL WOMAN WHO RECENTLY RETIRED FROM HER JOB AS THE AFFIRMATIVE ACTION MANAGER FOR MULTNOMAH COUNTY. THE NEXT, JENNIFER JACO, INFECTED AGE 19. SHE IS A LONG-TIME SPOKESWOMAN FOR WOMEN LIVING WITH HIV. SHE WAS FEATURED PREGNANT ON THE COVER OF NEWS WEEK TO RECOGNIZE THE 25th ANNIVERSARY OF HIV. JACK COX, JACK IS A LONG-TIME SURVIVOR OF HIV, A CONSUMMATE HIV ACTIVIST AND ADVOCATE AND A CONSTANT WATCHDOG FOR WHAT IS RIGHT AND JUST FOR THOSE LIVING WITH HIV. AND THE LAST IS MARIA. SHE'S IN HER 28th YEAR OF SERVICE TREATING PEOPLE WITH HIV. SHE WORKS OUT OF THE MULTNOMAH COUNTY HEALTH CLINIC AND COLLABORATES CLOSELY WITH CAP'S CASE MANAGERS ON BEHALF OF THE PEOPLE SHE TREATS. ONE AMAZING ADDITION THAT OCCURRED WITH OUR ARCHIVE IS TWO YEARS AGO, JACK AS I JUST SHOWED YOU CALLED UP AND SAID LOOK IN MY BASEMENT I HAVE THREE BOXES FROM ACT UP OREGON, WHICH IS A VERY ACTIVIST ORGANIZATION THAT MOVED MOUNTAINS IN REGARDS TO HIV. AND HE SAID SEEING HOW CAP HOLDS THE ARCHIVES, WHY DON'T YOU TAKE THIS ON AS WELL? SO WE DID AND THESE BOXES AND THE POSTER YOU SEE HERE WAS CRUMPLED INTO A BALL. THAT POSTER WAS A LITTLE BALL AND FOR THREE DAYS I VERY GINGERLY UNDOED IT AND IT'S A 1989 CALL TO ACTION POSTER ABOUT A RALLY IN FRONT OF THE FDA BUILDING TO PROTEST FOR THE NEED TO RELEASE MEDICATIONS OUT OF TRIAL SOONER TO HAVE THE LIVES OF THOSE LITERALLY DYING OF AIDS TO GET THE MEDICATION. THIS POSTER WAS CREATED BY VAUGHN FRICK, 63 PIECES OF HIS WORK WILL BE CAP'S FIRST THURSDAY ART EXHIBIT IN PIVOT, A CAP FACILITY ON THE FIRST FLOOR OF THE LINCOLN BUILDING WHERE CAP RESIDES. IT'S AN AMAZING POSTER, I HOPE YOU'LL TAKE THE TIME. SO THE FUTURE. WE'RE IN THE PROCESS OF APPLYING FOR AN OREGON HISTORICAL GRANT TO CONTINUE THE WORK OF MAKING THE ARCHIVE MORE ACCESSIBLE, UP-TO-DATE AND DOING 30 MORE ORAL HISTORIES FEATURING STORIES OF THOSE LIVING WITH HIV, THE FIRST BEING FROM OUR POSITIVE FORCE, VERY WELL DONE. WE PRACTICED THAT. NORTHWEST VOLUNTEERS AND ACTIVISTS IN THOSE RED SHIRTS, YES, THANK YOU. OKAY. WE ALREADY ARE BOOKED FOR NEXT YEAR AT THE DOWNTOWN CENTRAL LIBRARY TO INSTALL THIS EXHIBIT FOR SIX WEEKS, CULMINATING IN A PUBLIC RECEPTION ON WORLD AIDS DAY, 2014. SO I WOULD LIKE TO END WITH AN ENTRY FOR ONE OF CAP'S REMEMBRANCE BOOKS, THIS IS ONE RIGHT HERE. THERE ARE THREE OF THEM AND WE HAVE SCANNED EVERY SINGLE PAGE OF ALL THREE. YOU'LL FIND THESE ENTRIES ON THE WEBSITE. THESE BOOKS USED TO SIT IN THE 11 WAY WITH A CANDLE BURNING FOR PEOPLE TO WRITE IN LOVING

MEMORY OF THOSE WHO PASSED. THE SLIDE HERE TO ME IS WHAT THE ARCHIVE IS ALL ABOUT, REMEMBERING WHAT PEOPLE HAVE DONE IN HONORING THE MEMORY OF THOSE WE'VE LOST BY CONTINUING THAT WORK THAT STILL NEEDS TO BE DONE. IT SAYS EARNEST, MY DARLING SON, WE ALL LOVE AND MISS YOU. I WISH THAT I COULD HUG YOU JUST ONE MORE TIME. MAYBE THROUGH VOLUNTEERING I WILL BE ABLE TO FEEL THAT HUG. LOVE ALWAYS, YOUR MOTHER. THANK YOU FOR ALLOWING ME THIS TIME, IT WAS A TRUE HONOR. THANK YOU. [APPLAUSE]

>> MAY I READ THE PROCLAMATION INTO THE RECORD? DECLARING DECEMBER 1st TO 7th, 2013 AS WORLD AIDS WEEK IN MULTNOMAH COUNTY, OREGON. THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FINDS DECEMBER FIRST IS INTERNATIONALLY RECOGNIZED AS WORLD AIDS DAY, WHICH BRINGS TOGETHER PEOPLE FROM AROUND THE WORLD TO RAISE AWARENESS ABOUT HIV AIDS AND DEMONSTRATE INTERNATIONAL SOLIDARITY IN THE FACE OF THE PANDEMIC. WORLD AIDS DAY IS AN OPPORTUNITY FOR PUBLIC AND PRIVATE PARTNERS TO SPREAD AWARENESS OF THE STATUS OF THE PANDEMIC AND TO ENCOURAGE PROGRESS IN HIV AIDS PREVENTION, TREATMENT, AND CARE IN THE U.S. AND AROUND THE WORLD. THE THEME FOR THIS YEAR'S WORLD AIDS IS GETTING TO ZERO. ZERO NEW HIV INFECTIONS, ZERO DISCRIMINATION, ZERO AIDS-RELATED DEATHS. THE WORLD AIDS DAY GOALS SIGNIFY A PUSH TOWARDS GREATER ACCESS TO TREATMENT FOR ALL, AND A CALL FOR GOVERNMENTS OF ALL LEVELS TO ACT NOW. THE GOALS OF WORLD AIDS DAY ARE RELEVANT FOR MULTNOMAH COUNTY AS 55% OF THE APPROXIMATELY 7,000 OREGONIANS LIVING WITH HIV RESIDE IN MULTNOMAH COUNTY. 20% OF WHOM ARE NOT AWARE THEY HAVE THE DISEASE. MULTNOMAH COUNTY HAS PARTNERED WITH COMMUNITY ORGANIZATIONS, SUCH AS CASCADE AIDS PROJECT, A6, PARTNERSHIP PROJECT, OYE AND PLANNED PARENTHOOD FOR OVER 25 YEARS TO REACH THE GOAL OF ZERO NEW INFECTIONS IN OUR COMMUNITY THROUGH INCREASED OUTREACH TO HIGH-RISK POPULATIONS AND FUNDING FOR CRUCIAL WRAP-AROUND SUPPORT SERVICES, INCLUDING INNOVATIVE EDUCATION AND OUTREACH PROGRAMS, DESIGNED TO INCREASE AWARENESS OF HIV PREVENTION AND AVAILABLE SERVICES, INCREASED ACCESS TO CULTURALLY FOCUSED HIV AND STI TESTING OPPORTUNITIES TOGETHER WITH A SYSTEM WHICH QUICKLY LINKS THOSE WHO FIND THEY ARE LIVING WITH HIV WITH CARE AND OTHER NEEDED SERVICES, A NETWORK OF HIGH-QUALITY CARE AND TREATMENT PROVIDERS, SHORT-TERM RENT ASSISTANCE, HOUSING CASE MANAGEMENT, AND TENANT EDUCATION AND WRAP-AROUND SUPPORT SERVICES FOR HIV POSITIVE INDIVIDUALS, CULTURALLY SPECIFIC CASE MANAGEMENT FOR AFRICAN-AMERICANS AND LATINOS, FUNDING FOR CASCADE AIDS PROJECT'S KIDS CONNECTION PROGRAM WHICH PROVIDES SUPPORT SERVICES FOR HIV INFECTED AND AFFECTED CHILDREN AND THEIR FAMILIES. THESE SUPPORT SERVICES ARE CRITICAL TO STOPPING THE EPIDEMIC AS STUDY BY THE NATIONAL INSTITUTE OF HEALTH HAS SHOWN THAT HIV POSITIVE INDIVIDUALS WHO ADHERE TO

THEIR TREATMENT PLANS ARE 96% LESS LIKELY TO TRANSMIT THE DISEASE. HOWEVER, TO REALIZE THIS REDUCTION IN TRANSMISSION RATES, PEOPLE MUST KNOW THEIR HIV STATUS AND HAVE ACCESS TO MEDICAL CARE AND STABLE HOUSING BEFORE THEY CAN EFFECTIVELY TREAT THE DISEASE. THE PARTNERSHIP BETWEEN MULTNOMAH COUNTY AND OUR COMMUNITY PARTNERS WILL CONTINUE TO REDUCE HIV TRANSMISSION RATES IN OUR COMMUNITY BY PREVENTING NEW INFECTIONS AND HOPING TO MEET THE BASIC NEEDS OF HIV POSITIVE INDIVIDUALS SO THEY CAN FOCUS ON THEIR TREATMENT AND STAY ADHERENT TO THE MEDICATIONS. BASED UPON THE FOREGOING MULTNOMAH COUNTY BOARD OF COMMISSIONERS CALL ON ALL OREGONIANS TO TAKE THE FIRST STEP IN STOPPING THE EPIDEMIC BY GETTING AN HIV TEST AND KNOWING THEIR STATUS. MULTNOMAH COUNTY FURTHER CALLS ON PRIVATE HEALTHCARE PROVIDERS AND HOSPITAL SYSTEMS TO IMPLEMENT ROUTINE HIV TESTING FOR ALL OREGONIANS AT LEAST YEARLY AND MORE OFTEN IF WARRANTED. MULTNOMAH COUNTY ENCOURAGES ALL PEOPLE TO ELIMINATE THE STIGMA ASSOCIATED WITH THE DISEASE BY OPENLY AND HONESTLY DISCUSSING THEIR HIV STATUS, WHETHER NEGATIVE OR POSITIVE. THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS PROCLAIMS DECEMBER 1st THROUGH THE 7th AS WORLD AIDS WEEK IN MULTNOMAH COUNTY TO RAISE AWARENESS ABOUT HIV AIDS AND DEMONSTRATE COMMUNITY AND INTERNATIONAL SOLIDARITY IN THE FACE OF THE EPIDEMIC.

>> Chair Madrigal: THANK YOU, COMMISSIONER SHIPRACK FOR BRINGING THIS FORWARD. AND TO CASCADE AIDS PROJECT AND EVERYONE INVOLVE TODAY BETWEEN TODAY AND TUESDAY, IT'S BEEN AN INCREDIBLY MOVING AND POWERFUL DISCUSSION AND ALL OF US THANK YOU SO DEEPLY FOR YOUR WORK.

>> Comm. Smith: I WOULD LIKE TO SAY THANK YOU TO COMMISSIONER SHIPRACK FOR YOUR LEADERSHIP ON THIS ISSUE AND BRINGING THIS FORWARD. THE PROCLAMATION AND THE BOARD BRIEFING, IT WAS HUGE. AND I'M ALSO ENCOURAGED BY THE STEPS THAT ARE BEING TAKEN ON A NATIONAL LEVEL. IT LOOKS AS IF PRESIDENT OBAMA ANNOUNCED A \$5 BILLION PLEDGE OF U.S. FUNDING TO ADDRESS AIDS AND PREPRIORITY INVESTMENT OF \$100 MILLION TO LAUNCH AN HIV CURE INITIATIVE. I THINK THAT'S GOING TO BE HELPFUL FOR US LOCALLY AND I THINK WITH THE LOCAL FOLKS AND THE FEDERAL LOCATION GOING AFTER THIS, WE CAN GET TO ZERO SO THANK YOU.

>> Comm. Wendt: CHAIR, THANK YOU. TUESDAY, I HAD A LIVING ROOM FULL OF TEENAGED GIRLS FOLLOWING THE BRIEFING AND HAD AN OPPORTUNITY TO TALK TO THEM ABOUT THE BRIEFING AND I JUST -- IT WAS POWERFUL. THE NUMBERS OF YOUTH AND THE LACK OF CONVERSATION WAS STRIKING AND IT WAS A GREAT OPPORTUNITY TO DO A LITTLE BIT OF EDUCATION AND HOPEFULLY, IT SPREADS, TRYING TO TALK MY DAUGHTER INTO COMING TO

BE TESTED SO SHE CAN SHARE THAT STORY WITH HER GROUP BUT I WANT TO THANK YOU FOR BRINGING THAT FORWARD, FOR GIVING US THE CHALLENGE AND FOR GIVING US SOME CLEAR STEPS THAT WE CAN TAKE IN MULTNOMAH COUNTY TO MAKE A DIFFERENCE SO THANK YOU.

>> Comm. McKeel: THANK YOU. I WANT TO THANK YOU ALL FOR COMING FORWARD AS WELL AND JUDITH WOW, YOU'RE AMAZING! I'M SO IMPRESSED AND SO IMPRESSED WITH THIS DISPLAY WE HAVE HERE TODAY IN OUR BOARD ROOM AND WHAT IT MEANS AND THANK YOU FOR YOUR DETAIL IN RECOGNIZING THAT ALL THESE THINGS NEEDED TO BE ARCHIVED AND NOT THROWN OUT. IT'S IMPORTANT, THE HISTORY IS VERY, VERY IMPORTANT SO THANK YOU SO MUCH. I'M ALSO INTERESTED, WHICH I CAN GET AT A FURTHER TIME, OUR PROGRAMS ABOUT YOUR OUTREACH TO YOUNG PEOPLE. I WOULD BE VERY INTERESTED IN KNOWING ABOUT THOSE PROGRAMS AND HELPING TO WORK ON THEM, AS WELL. SO I WAS IMPRESSED BY YOUR LOOKING AT A CONTINUUM OF SERVICES AND YOUR TRAINING OF THE YOUTH. I THINK THOSE ARE VERY IMPORTANT STEPS, TOO. AND AS I MENTIONED ON TUESDAY, MY SON IS THE COMMUNICATIONS DIRECTOR FOR THE SAN FRANCISCO AIDS FOUNDATION. I SEE FIRST HAND HOW HARD HE WORKS, HIS DEDICATION AND COMMITMENT AND I KNOW YOU ALL SHARE THAT, TOO, AND WORK JUST AS HARD SO REALLY WANT TO THANK YOU FOR YOUR DEDICATION. AND APPRECIATE YOUR BEING HERE. THANK YOU. APPRECIATE YOUR WORK.

>> Comm. Shiprack: I WOULD BE REALLY CHURLISH AND REMISS NOT TO THANK MY CHIEF OF STAFF, MATTHEW, FOR ALL OF HIS WORK AND DEDICATION. THANK YOU, MATT. [APPLAUSE]

>> Chair Madrigal: I'M GOING TO PILE ON. AND THANK ALL OF OUR MULTNOMAH COUNTY STAFF WHO HAVE WORKED -- IT'S SO CLEAR THAT YOU'RE PARTNERING SO WELL WITH OUR COMMUNITY AND WITH OUR PARTNERS AND IT MAKES US REALLY PROUD. I KNOW I SPEAK FOR ALL OF US WHEN I SAY THAT. BEFORE WE VOTE ACTUALLY COULD WE HAVE EVERYONE FROM CAP, MULTNOMAH COUNTY EMPLOYEES AND VOLUNTEERS AND COMMUNITY WHO ARE HERE TODAY FOR THIS PROCLAMATION STAND UP SO THAT WE CAN APPLAUD YOU? [APPLAUSE]

>> Chair Madrigal: THANK YOU. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE PROCLAMATION IS ADOPTED. THANK YOU VERY MUCH. [APPLAUSE]

>> Board Clerk: R.7, BUDGET MODIFICATION DCHS14-20, INCREASING AGING AND DISABILITY SERVICES DIVISION FEDERAL STATE FUND APPROPRIATION BY \$134,418.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER SMITH SECONDS, APPROVAL OF R.7. GOOD MORNING.

>> GOOD MORNING. GOOD MORNING CHAIR MADRIGAL AND BOARD MEMBERS. I'M LEE GIRARD, SENIOR MANAGER WITH COUNTY HUMAN SERVICES, AGING AND DISABILITY SERVICES, AND I'M HERE THIS MORNING SEEKING YOUR APPROVAL TO AMEND OUR DIVISION BUDGET TO INCREASE OUR BUDGET BY A NET AMOUNT OF \$134,418. THE FUNDING IS COMING FROM A CENTER FOR MEDICARE AND MEDICAID SERVICES FROM THE MEDICARE IMPROVEMENTS FOR PROVIDERS AND PATIENTS ACT, OTHERWISE KNOWN AS MIPPA, OUTREACH GRANT AND WE WILL BE CONDUCTING TARGETED OUTREACH TO MEDICARE BENEFICIARIES IN 200 ZIP CODES ACROSS THE STATE. MANY OF THE PEOPLE WHO MAY NEED HELP WITH THEIR MEDICARE PART B PREMIUMS OR PRESCRIPTION DRUG COSTS ARE NOT AWARE OF AVAILABLE ASSISTANCE THROUGH MEDICARE. SO WE WILL BE COORDINATE EFFORTS WITH PARTNERS THROUGHOUT OREGON TO HELP PEOPLE WITH MEDICARE LEARN ABOUT AND APPLY FOR MEDICARE DRUG PLAN LOW-INCOME SUBSIDY MEDICARE SAVING PROGRAMS AND OTHER PUBLIC BENEFITS. WE'RE PROPOSING TO ADD TWO FTE OF LIMITED-DURATION TEMPORARY STAFF TO OUR AGING AND DISABILITY RESOURCE CONNECTION HELP LINE, AND THEN WE WILL BE PASSING THE REMAINDER OF THE FUNDING THROUGH TO THE STATEWIDE TO OUR OTHER PARTNERS.

>> Chair Madrigal: QUESTIONS?

>> Comm. Smith: GOOD MORNING. HOW ARE YOU? QUESTION. WITH THIS NEW GRANT, IS THERE A TARGET NUMBER OF FOLKS THAT WE'RE TRYING TO SIGN UP?

>> THERE ARE. OUR GOAL WITH THE PROJECT AND WE WILL NOT BE ABLE TO ACHIEVE THIS GOAL UNLESS WE WORK CLOSELY WITH STATEWIDE PARTNERS. WE'RE PROPOSING TO SCREEN 4,500 INDIVIDUALS AND PROVIDE APPLICATION ASSISTANCE TO 850 INDIVIDUALS.

>> Comm. Smith: THAT IS VERY AMBITIOUS.

>> IT'S VERY AMBITIOUS.

>> Chair Madrigal: ANY FURTHER QUESTIONS? OKAY. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE BUDGET MODIFICATION IS APPROVED.

>> Board Clerk: R.8, NOTICE OF INTENT TO SUBMIT AN APPLICATION FOR UP TO \$625,000 FROM THE OHA SBHC OFFICE OF MENTAL HEALTH EXPANSION PROGRAM.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER SMITH SECONDS, APPROVAL OF R.8.

>> GOOD MORNING CHAIR MADRIGAL AND COMMISSIONERS. MY NAME IS LAUREL BENTLEY. I'M A GRANT WRITER FOR MULTNOMAH COUNTY HEALTH DEPARTMENT. WITH ME IS JILL DANIELS, HEALTH DEPARTMENT SCHOOL BASED PROGRAM MANAGER AND EBONY CLARKE, SENIOR MANAGER OF MULTNOMAH COUNTY DIRECT CLINICAL SERVICES FOR CHILDREN SYSTEMS OF CARE. YOU HAVE BEFORE YOU A NOTICE OF INTENT, REQUESTING THE BOARD'S APPROVAL FOR THE HEALTH DEPARTMENT TO APPLY FOR UP TO \$625,000 FOR THE SCHOOL BASED HEALTH CENTERS STATE PROGRAM OFFICE. THE OREGON STATE LEGISLATURE RECENTLY APPROVED THE OREGON HEALTH AUTHORITY BUDGET FOR 2013-15 WHICH INCLUDED INCREASED FUNDING FOR THE ADDICTIONS AND MENTAL HEALTH SERVICES DIVISION TO SUPPORT THE HEALTH SYSTEM. THE HEALTH DEPARTMENT IS APPLYING TO A NUMBER OF REQUESTS FOR PROPOSALS FOR FUNDING ALLOCATED THROUGH THIS NEW BUDGET. A PORTION HAS BEEN ALLOCATED FOR CHILDREN'S MENTAL HEALTH, ALLOWING FOR FUNDING OPPORTUNITY FOR LOCAL SCHOOL BASED HEALTH CENTERS TO INCREASE THEIR CAPACITY TO PROVIDE MENTAL HEALTH SERVICES TO THEIR CLIENTS. SPECIFICALLY THE HEALTH DEPARTMENT INTENDS TO APPLY FOR THE CAPACITY BUILDING ARM OF THE SCHOOL BASED HEALTH CENTER MENTAL HEALTH EXPANSION GRANT WHICH SUPPORTS ADDITIONAL HIRING OF MENTAL HEALTH STAFF AND EXPANSION OF CURRENT MENTAL HEALTH STAFF HOURS. THE HEALTH DEPARTMENT INTENDS TO APPLY FOR PRECISELY THIS PURPOSE, TO INCREASE SCHOOL BASED HEALTH CENTER MENTAL HEALTH STAFF TIME FROM PART TIME TO FULL TIME AT HIGH SCHOOLS, INCLUDING ADDITIONAL MENTAL HEALTH STAFF TIME TO COVER SUMMER MONTHS. THE HEALTH DEPARTMENT IS ALSO REQUESTING FUNDS TO HIRE A FULL-TIME MENTAL HEALTH PRACTITIONER WITH SPANISH LANGUAGE SKILLS TO SUPPORT THE CULTURALLY SPECIFIC NEEDS OF SPANISH-SPEAKING STUDENTS AND AN INCREASE IN CURRENT CHILD PSYCHIATRY PROFESSIONAL SUPPORT FOR HIGH SCHOOL BASED HEALTH CENTER MENTAL HEALTH PRACTITIONERS. THERE'S NO REQUIRED MATCH FOR THIS GRANT AND ALL INTERNAL SERVICE COSTS WILL BE COVERED THROUGH THE GRANT FUNDS. IF YOU HAVE ANY QUESTIONS, WE WOULD BE HAPPY TO ANSWER THEM AT THIS TIME.

>> Comm. Wendt: A QUESTION. ARE THE DOLLARS, WHAT'S THE DURATION OF THE TIME PERIOD FOR THE GRANT?

>> JANUARY 1st, 2014, THROUGH JUNE 30th, 2015.

>> Comm. Wendt: DO YOU EXPECT ONGOING SUPPORT FROM OHA? IS THIS AN EXPERIMENT? WHAT DO YOU SEE AS THE LONG-TERM VISION FOR THE PROGRAM?

>> IN MY DISCUSSIONS WITH OHA, THEY ANTICIPATE IT BEING ONGOING FUNDING BUT AS WITH EVERY BUDGET, YOU DON'T KNOW UNTIL THE BUDGET SESSION STARTS.

>> Chair Madrigal: ADDITIONAL QUESTIONS? OKAY. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE NOTICE OF INTENT IS APPROVED.

>> Board Clerk: R.9, NOTICE OF INTENT TO SUBMIT AN APPLICATION TO THE OHA TO SUPPORT MENTAL HEALTH INTEGRATION IN SCHOOL BASED HEALTH CENTERS.

>> Chair Madrigal: COMMISSIONER McKEEL MOVES, COMMISSIONER WENDT SECONDS, APPROVAL OF R.9.

>> GOOD MORNING CHAIR AND COMMISSIONERS, I'M MARC HARRIS, ANOTHER GRANT WRITER FOR THE HEALTH DEPARTMENT AND JILL DANIELS AND EBONY CLARKE ARE STILL UP HERE WITH ME. THIS IS PART OF THE SAME FUNDING STREAM. HOWEVER, IT'S A LITTLE BIT OF A DIFFERENT ARM CALLED THE SUPPORT PROJECTS. WE'RE HERE TODAY TO REQUEST APPROVAL TO SUBMIT AN APPLICATION FOR UP TO \$450,000 TO THIS FUNDING STREAM. THERE WERE MULTIPLE CHOICES THAT WE COULD CHOOSE WITHIN THE SUPPORT PROJECTS AND WHAT WE'RE FOCUSING ON IS ELECTRONIC HEALTH REPORT IMPLEMENTATION. AS YOU'RE PROBABLY AWARE, THE HEALTH DEPARTMENT PRIMARY CARE AND SCHOOL BASED CLINICS STAFF CHART AN EPIC, WHEREAS MENTAL HEALTH CONSULTANTS STAFF CHART IN EVOLVE HR, AND WE WANT TO DEVELOP A MENTAL HEALTH NAVIGATOR FOR EPIC SO THAT DCH STAFF CAN CHART IN EPIC AND SO THAT INTEGRATION OF PHYSICAL AND MENTAL HEALTH WILL REALLY HELP US MEET MEANINGFUL USE IN THE TRIPLE AIM. THE GRANT FUNDS WILL BASICALLY SUPPORT BOTH HEALTH DEPARTMENT STAFF TIME WITH OUR EPIC STAFF, MULTNOMAH COUNTY I.T. STAFF AND ALSO CONTRACTS WITH OCEAN AND NET SMART WHO ARE THE VENDORS FOR EHRs. IF YOU HAVE ANY GUESS, WE WOULD BE HAPPY TO ANSWER THEM.

>> Comm. Shiprack: I WAS CURIOUS WHEN YOU EXPECT TO LEARN OF YOUR SUCCESS WITH THIS GRANT APPLICATION.

>> SOON. AS WITH THE OTHER PROJECT, IT'S DUE TO START ON JANUARY 1st, SO WE OUGHT TO KNOW ANY TIME. THESE APPLICATIONS WERE BOTH SUBMITTED ON NOVEMBER 22nd, BUT WE WEREN'T ABLE TO GET IN FRONT OF THE BOARD UNTIL TODAY.

>> Comm. Smith: THANK YOU. I'M A MEMBER OF KAISER AND WE'RE ON EPIC WITH THE NEW HEALTHCARE TRANSFORMATION. IS THAT GOING TO BE THE SAME THING FOR THE NEW FOLKS WHO WILL BE ENROLLED IN ADDITION TO

THE SCHOOL BASED HEALTH CLINICS? IS THAT GOING TO MATCH OUR ELECTRONIC RECORDS FOR THE HEALTH CLINICS AND FOR OTHER DOCS?

>> THAT'S A GOOD POINT THAT I DIDN'T MAKE. A REALLY EXCITING THING ABOUT THIS OPPORTUNITY IS THAT IT WILL JUST FOCUS ON THE SCHOOL-BASED HEALTH CENTER. THERE'S ONGOING COSTS ASSOCIATED WITH NUMBER OF PROVIDERS AND VISITORS ETC. WE'RE GOING TO PILOT IT IN FRANKLIN AND DAVID DOUGLAS TO BEGIN WITH AND SPREAD IT OUT TO ALL HEALTH CENTERS AND IT WILL BE FULLY BUILT OUT WITHIN SCHOOL BASED AND IT CAN ACTUALLY SERVE AS A REALLY GOOD FRAMEWORK TO INTEGRATE THAT BEHAVIORAL HEALTH NAVIGATOR INTO PRIMARY CARE-WIDE SYSTEMS. IT'S KIND OF THE FIRST STEP IN WHAT COULD BE LARGER INTEGRATION.

>> AND IT WILL BE EASIER TO GO THROUGH THE PIPELINE WITH THIS NEW SOFTWARE RIGHT?

>> CORRECT.

>> Comm. Smith: THANK YOU.

>> Comm. Shiprack: JUST A COMMENT. THIS IS SO SIGNIFICANT. I THINK THIS IS REALLY IMPORTANT AND I WANT TO UNDERLINE THAT AND ONE OF THE EXPERIENCES THAT I'VE HAD WITH THIS A COUPLE OF YEARS AGO IT SEEMS LIKE, AT FIRST ROB INGRAM, THE PIECE SUMMIT, I WAS IN A GROUP WHERE THE YOUNG PEOPLE PARTICIPATING IN THE GROUP WERE INVITED TO MAKE THEIR SORT OF VISIONARY REQUESTS OF WHAT WOULD MAKE THE WORLD A LOT BETTER FROM THEIR PERSPECTIVE AS HIGH SCHOOL STUDENTS AND THEY SAID ACCESS TO MENTAL HEALTH SERVICES ON DEMAND. AND A LOT OF THE ADULTS IN THE ROOM WENT OH, YEAH, GOOD LUCK WITH THAT. AND, YOU KNOW, WHICH IS REALLY A GREAT SORT OF TURN-AROUND I THINK THAT WE'RE MAKING BECAUSE THIS IS SUCH AN IMPORTANT SERVICE. IT'S SUCH AN IMPORTANT ACCESS. IT'S A TRUE CALL FROM THE GRASSROOTS UP AND I'M VERY PROUD OF THE WORK THAT YOU'RE DOING TO BE ABLE TO IMPLEMENT THIS VISION AND SORT OF PUT ALL OF US, YOU KNOW, DOUBTING CYNICAL ADULTS TO SHAME AND ACTUALLY PROVIDE THIS NEEDED SERVICE IN HIGH SCHOOLS.

>> THANK YOU.

>> Chair Madrigal: COULD YOU REMIND US THE NUMBER OF SCHOOLS THAT WE HAVE SCHOOL BASED MENTAL HEALTH SERVICES?

>> 13 LOCATIONS.

>> Chair Madrigal: 13 LOCATIONS OKAY, THANK YOU. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE NOTICE OF INTENT IS APPROVED.

>> THANK YOU.

>> THANK YOU.

>> Board Clerk: R.10, NOTICE OF INTENT TO APPLY FOR UP TO \$700,000 TO THE OREGON HEALTH AUTHORITY'S JAIL DIVERSION MENTAL HEALTH SERVICES PROGRAM.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER McKEEL SECONDS APPROVAL OF R.10. GOOD MORNING.

>> GOOD MORNING.

>> GOOD MORNING.

>> GOOD MORNING, CHAIR MADRIGAL AND THE REST OF THE COUNTY COMMISSIONERS. MY NAME IS NANCY GRIFFITH AND WITH ME TODAY IS ALISON FRYE, A GRANT WRITER FOR THE HEALTH DEPARTMENT. WE ARE HERE REQUESTING THE BOARD'S APPROVAL FOR THE HEALTH DEPARTMENT TO APPLY FOR A GRANT THROUGH THE OREGON HEALTH AUTHORITY TOTALING \$700,000. THESE FUNDS WOULD SUPPORT JAIL DIVERSION SERVICES FOR PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS IN JAIL BOOKING, INSIDE THE JAIL AND IN THE COMMUNITY. AS YOU KNOW, MANY MENTALLY ILL PEOPLE ARE ARRESTED DAILY AND INCARCERATED IN THE COUNTY JAIL SYSTEM. MANY OF THESE PEOPLE WILL BE RELEASED QUICKLY, STAYING IN THE BOOKING AREA ONLY A HANDFUL OF HOURS BEFORE BEING RELEASED BOOK TO THE STREETS. CURRENTLY, NO INTERVENTIONS OCCUR DURING THE BOOKINGS PROCESS TO ASSIST THEM WITH CONNECTING TO SERVICES IN THE COMMUNITY. ADDITIONALLY, MENTALLY ILL PEOPLE ARE ADMITTED TO THE HOUSING DORMS EACH YEAR AND ONLY THOSE WHO ARE MOST ACUTE RECEIVE MENTAL HEALTH SERVICES PROVIDED BY CORRECTIONS HEALTH. THE FUNDS FOR THIS GRANT REQUESTED WILL PROVIDE MENTAL HEALTH CONSULTANTS IN THE BOOKING AREA OF THE JAIL TO COORDINATE DISCHARGE PLANNING AS SOON AS THE BOOKING PROCESS HAS OCCURRED, INCREASE THE AVAILABILITY OF JAIL IN REACH FORENSIC CASE MANAGEMENT FOR PEOPLE AWAITING TRIAL, AND TO PROVIDE COMMUNITY-BASED CASE MANAGEMENT FOR THOSE WHO ARE HOMELESS. ADDITIONALLY, OUTREACH WILL OCCUR BY THE MENTAL HEALTH CONSULTANTS TO THE COMMUNITY PROVIDERS TO REFER CLIENTS FOR SERVICES FOR THOSE WHO HAVE BEEN HOUSED IN THE JAIL. ONE OF THE CHIEF COMPLAINTS I'VE HEARD IN THE LAST YEAR IS THAT COMMUNITY MENTAL HEALTH AGENCIES DO NOT KNOW WHEN THEIR CLIENTS HAVE BEEN ARRESTED. EVERYONE SEES THIS AS A POINT OF CRISIS AND THE MENTAL

HEALTH COUNSELORS CAN HELP FACILITATE THESE INTERVENTIONS. WITH THE AFFORDABLE CARE ACT, MANY MORE PEOPLE WILL HAVE FUNDING FOR SERVICES AND WE ARE HOPING TO MAXIMIZE THEIR CHANCES OF CONNECTING WITH THE MENTAL HEALTH PROVIDER UPON RELEASE FROM JAIL. THIS GRANT IS IN PARTNERSHIP WITH THE CORRECTIONS HEALTH, DCHS AND CASCADIA BEHAVIORAL HEALTH SERVICES.

>> THIS IS THE SAME LEGISLATURE INVESTMENT AS THE SCHOOL BASED MENTAL HEALTH GRANTS THAT WERE IN THE 2013-15 AS PART OF THE COMMUNITY MENTAL HEALTH SYSTEM AND THERE ARE NO REQUIRED MATCH FOR THIS ONE, EITHER DIRECT OR INDIRECT COSTS ARE MANAGED. IF YOU HAVE ANY QUESTIONS WE WOULD BE HAPPY TO ANSWER THEM.

>> Comm. Smith: CHAIR MADRIGAL, I HAVE A QUESTION. SO IS THIS WORK THAT WE'RE CURRENTLY DOING RIGHT NOW?

>> IT IS NOT WORK THAT WE ARE CURRENTLY DOING.

>> Comm. Smith: AND WHAT PERCENTAGE OF THE FOLKS WHO GET NEWLY BOOKED WOULD YOU SAY WOULD QUALIFY FOR THESE TYPES OF SERVICES?

>> ABOUT 40%.

>> Comm. Smith: OH, MY GOD.

>> IT IS A BENEFIT -- IT IS SOMETHING THAT WE HAVE NEEDED FOR A LONG TIME. YES.

>> Comm. Smith: THIS IS HUGE. IF WE'RE SPENDING THIS KIND OF MONEY ON FOLKS WHO ACTUALLY NEED HEALTHCARE INSTEAD OF BEING IN OUR JAILS, THIS IS GOING TO MAKE A BIG DIFFERENCE FOR A LOT OF PEOPLE AND A LOT OF FAMILIES SO I THINK THAT THE WORK THAT YOU'RE DOING ON THIS, IF WE WEREN'T DOING THIS, I HOPE IF THERE'S ANYTHING ELSE THAT WE CAN DO TO MAKE SURE THAT WE SECURE THESE FUNDS, IT'S GOING TO BE MUCH NEEDED FOR MULTNOMAH COUNTY.

>> AND JUST TO NOTE, 40% OF PEOPLE QUALIFY AND THIS ONLY WILL SERVE A SMALL PORTION OF THAT, JUST BY NATURE OF HOW EXPENSIVE IT IS TO REALLY STAFF OUR CORRECTIONS SYSTEM 24 HOURS A DAY, SEVEN DAYS A WEEK. WE PUT IN WHAT WE THOUGHT WAS A REASONABLE AMOUNT BASED ON THE AMOUNT THE STATE INVESTED IN THIS JAIL DIVERSION INVESTMENT AREA AND WHAT OUR PROPORTION OF THE POPULATION THAT'S BOOKED WITHIN OUR COUNTY IS. SO, YOU KNOW --

>> IT WILL MAKE A BIG DIFFERENCE.

>> IF WE CAN SHOW SOME SUCCESS WITH IT.

>> THANK YOU.

>> Comm. McKeel: THANK YOU. I AGREE WITH COMMISSIONER SMITH THAT THIS IS A REALLY IMPORTANT PROGRAM AND VERY NEEDED. I HAVE A LITTLE BIT OF A CONCERN ABOUT WHEN THIS GRANT EXPIRES BECAUSE I SEE IT SAYS ONGOING FUNDING DEPENDS ON AVAILABILITY AND WE WILL RENEW IF FUNDING IS AVAILABLE OR APPLY FOR FUNDS FROM ANOTHER SOURCE. I HOPE WE'RE LOOKING RIGHT NOW WHAT WE'RE DOING BECAUSE THIS IS A REALLY IMPORTANT PROGRAM AND I WOULD JUST HATE TO SEE IT STARTED AND THEN HAVE TO BE DISCONTINUED.

>> AS JILL MENTIONED EARLIER, IT'S THE SAME STREAM AS THE SCHOOL BASED HEALTH CENTER FUNDING, WE HAVEN'T TALKED TO ANYONE IN THE MENTAL HEALTH BUT THE WAY IT WAS WORDED IS THIS IS THE INITIAL CONTRACT PERIOD AND WE HOPE THAT IT WILL BE RENEWED BUT WE WILL ALSO CONTINUE TO LOOK FOR FUNDS TO SUPPORT IT.

>> Comm. Shiprack: AND WHILE WE'RE VOICING OUR SUPPORT OF THIS CONCEPT, INCLUDING AND BEYOND THE NOI, AND I THINK UNDERLINING HOW IMPORTANT THIS WORK AND THAT WE HAVE BEEN MADE AWARE OF HOW IMPORTANT THIS WORK IS. I'M VERY INTERESTED AND CURIOUS ABOUT WHAT OUR PLAN IS FOR USING JAIL AS THE PORTAL FOR SIGNING PEOPLE UP FOR THE HEALTH PLAN. SO CAN YOU JUST --

>> WE'RE IN THE PROCESS RIGHT NOW OF HIRING TEMP EMPLOYEES IN ORDER TO KIND OF MAXIMIZE THOSE -- OUR ABILITY TO ENROLL FOLKS. WE CAN'T ENROLL THEM, WE CAN'T -- IF THEY GOT ENROLLED AND GOT ON MEDICAID, WE'RE NOT ABLE TO USE THOSE FUNDS WITHIN THE JAIL SYSTEM BUT WE --

>> NOT YET.

>> WE VERY MUCH SUPPORT PEOPLE BEING ENROLLED SO THAT THEY CAN RECEIVE SERVICES. THAT IS A BIG BARRIER AT THIS POINT IS THAT WE CAN MAKE A LOT OF REFERRALS BUT SO MANY PEOPLE ARE NOT ENROLLED IN OHP AND IT'S BEEN DIFFICULT TO ENROLL THEM WITHOUT THEIR SUPPORT. PART OF THE AFFORDABLE CARE ACT IS THAT WE CAN HELP THEM ENROLL AND FOR THOSE FOLKS WHO HAVE BEEN HESITANT, WE CAN ACTUALLY ENROLL ON THEIR BEHALF. SO THIS IS WHAT WE ARE DOING. THE SCOPE OF BEING ABLE TO ENROLL PEOPLE IS HUGE. THERE'S SO MANY. WE HAVE FOCUSED ON THE PEOPLE WHO ARE THE MOST MEDICALLY NEEDED, THE MOST CHRONIC, THEY HAVE THE MOST CHRONIC DISEASES, THE PEOPLE WITH CHRONIC SUBSTANCE ABUSE AND THE PEOPLE WITH SEVERE AND

PERSISTENT MENTAL ILLNESS AND THAT'S OUR FIRST GROUP OF PEOPLE IN WHICH WE ARE TRYING TO MAXIMIZE THE BENEFITS FOR THEM.

>> I'M GLAD TO HEAR THAT THAT'S A PRIORITY AND I REALLY SUPPORT THAT AS A PRIORITY AND I WOULD BE INTERESTED AT SOME LATER DATE IN HAVING YOU COME BACK AND TALK TO US SPECIFICALLY ABOUT HOW THINGS ARE GOING WITH THAT.

>> GREAT.

>> Comm. Smith: I HAVE A QUESTION. ARE YOU GOING TO TRACK THESE FOLKS SO THAT WE HAVE THE DATA ON WHAT HAPPENS TO THEM AND FOLLOW UP TO DETERMINE WHETHER OR NOT THEY'RE USING SERVICES OUT HERE, ONCE THEY'RE RELEASED?

>> ONE OF THE OUTCOMES THAT WE DID LIST IN HOW WE OUTLINED THE PROPOSAL IS THE NUMBER OF REFERRALS THAT PEOPLE ACTUALLY GET, THAT MAKE IT TO THOSE REFERRALS. I DON'T KNOW BECAUSE I'M NOT ON THE PROGRAMS HOW EASY IT'S GOING TO BE FOR NANCY'S STAFF BUT WE DID INCLUDE THAT FOR ONE OF OUR OUTCOMES. WE WERE TALKING ABOUT THE EHR INTEGRATION, WHEN YOU ASK THAT QUESTION, WE JUST HAD TALKED ABOUT THAT BECAUSE WE'RE HOPING THAT IN CORRECTIONS HEALTH AS WELL WE'RE GOING TO BE ABLE TO LEVERAGE SOME OF THAT WORK THAT HAPPENED IN THE SCHOOL BASE TO HAVE A BETTER INTEGRATED SYSTEM. WE'RE HOPING THAT WE CAN DO THAT.

>> Comm. Smith: AND AS COMMISSIONER SHIPRACK SAYS, I THINK WE HAVE A GREAT OPPORTUNITY TO IDENTIFY THESE FOLKS AND GIVE THEMSELVES ONCE THEY COME THROUGH OUR DOORS BUT ON THE BACK END AS THEY'RE BEING RELEASED, TO MAKE SURE THAT WE'RE FOLLOWING UP AND GIVING THEM A PACKET OR SOMETHING SO THAT THEY KNOW OKAY, YOU STILL NEED SERVICES AND THIS IS WHERE YOU NEED TO GO BECAUSE YOU'RE SIGNED UP NOW. YOU NOW HAVE HEALTH INSURANCE. ARE THERE GOING TO BE ANY KIND OF, YOU KNOW, EXIT INTERVIEWS AROUND THE HEALTH ISSUES?

>> IT IS AS IMPORTANT AS THE REFERRAL PROCESS IS HOW WE DO THE REFERRAL PROCESS. THESE ARE NOT FOLKS WHO GOT A CARD LIKE YOU AND I AND SHOW UP AT AN APPOINTMENT. SO WE HAVE IN THE HEALTH DEPARTMENT HAVE THOUGHT ABOUT DIFFERENT INNOVATIVE KINDS OF WAYS IN WHICH WE COULD DO IT. WE COULD DO SKYPE IN WHICH YOU'RE ACTUALLY SEEING THE PROVIDER YOU MIGHT BE SEEING ON THE OTHER SIDE, THE CLINIC.

>> Comm. Smith: WOULD THEY BE ABLE TO COME IN AND SKYPE? I'M SURE THESE FOLKS DON'T HAVE AN IPAD.

>> WE WOULD CONNECT THOSE PEOPLE BEFORE THEY GO. SO WE'RE -- WE'RE VERY INVESTED IN MAKING SURE THAT THAT REFERRAL NOT THE JUST A REFERRAL ON PAPER. THAT IT IS A WARM HAND-OFF AND THAT THESE ARE THE PEOPLE THAT WE NEED TO SPEND A LOT OF TIME AND ENERGY MAKING SURE THAT THEY ARE SAFELY HANDED OFF TO THE COMMUNITY.

>> Comm. Smith: THANK YOU.

>> Chair Madrigal: OKAY. ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE NOTICE OF INTENT IS APPROVED.

>> THANK YOU.

>> THANK YOU.

>> Board Clerk: R.11, BUDGET MODIFICATION, MCSO-02, INCREASING THE SHERIFF'S OFFICE'S APPROPRIATION BY \$545,912 DUE TO ADDITIONAL STATE COMMUNITY CORRECTION SB1145 FUNDING FROM THE STATE OF OREGON.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER McKEEL SECONDS APPROVAL OF R.11.

>> GOOD MORNING, CHAIR MADRIGAL AND COMMISSIONERS. I'M DREW BROSH FROM THE SHERIFF'S OFFICE THIS MORNING. WE ARE REQUESTING AN INCREASE IN SHERIFF'S OFFICE FISCAL YEAR 2014 FEDERAL STATE FUND APPROPRIATION BY \$545,912 DUE TO ADDITIONAL STATE COMMUNITY CORRECTIONS OR 1145 FUNDING FROM THE STATE OF OREGON. AS YOU LIKELY KNOW, IN 1995, SENATE BILL 1145 BECAME LAW. IT ALLOWED COUNTY GOVERNMENTS TO ASSUME CONTROL WITH STATE FUNDING OF PROBATION AND PATROL SUPERVISION OF FELONS, ALONG WITH THE LOCAL INCARCERATION IN THE COUNTY JAIL OF FELONS SERVING PRISON SENTENCES OF ONE YEAR OR LESS. THIS YEAR, WHEN WE ADOPTED OUR BUDGET, WE BASED IT ON THE GOVERNOR'S BUDGET WHICH HAD ALLOCATED \$197 MILLION STATEWIDE FOR 1145 FOR THE BIENNIUM. WE APPLIED OUR FORMULA TO THAT AND PLUGGED OUR NUMBER IN FOR OUR BUDGET YEAR AND ADOPTED THAT IN JUNE. WHEN THE STATE LEGISLATURE ADOPTED THEIR BUDGET A MONTH LATER, THE FUNDING ALLOCATED FOR 1145 STATEWIDE WAS \$215 MILLION. THIS ALLOCATION AND THIS BUDGET MODIFICATION REPRESENTS THE DIFFERENCE BETWEEN THOSE TWO NUMBERS. THIS FUNDING WILL GO TO OUR INVERNESS JAIL PROGRAM THAT CURRENTLY EXISTS. ANY QUESTIONS?

>> Comm. Smith: CHAIR MADRIGAL, DO WE EXPECT TO GET THIS LEVEL OF FUNDING FOR THE NEXT BIENNIUM?

>> THAT WILL DEPEND ON THE STATE LEGISLATURE'S FORECAST. SO WE'LL HAVE TO WAIT AND SEE. SOMETIMES, THAT GOES UP AND SOMETIMES, IT GOES DOWN.

>> Chair Madrigal: ALL IN FAVOR VOTE AYE -- [UNANIMOUS AYES] OPPOSED? THE BUDGET MODIFICATION IS APPROVED.

>> Board Clerk: R.12, BUDGET MODIFICATION MCSO-03 INCREASING THE SHERIFF'S OFFICE'S APPROPRIATION BY \$531,219 FROM THE STATE OF OREGON'S HOUSE BILL 3194, JUSTICE REINVESTMENT FUND.

>> Chair Madrigal: COMMISSIONER SHIPRACK MOVES, COMMISSIONER SMITH SECONDS APPROVAL OF R.12.

>> THANK YOU. AND IN THIS SECOND BUDGET MODIFICATION, WE ARE ASKING THAT WE INCREASE THE SHERIFF'S OFFICE'S FISCAL YEAR 2014 FEDERAL STATE FUND AGAIN, APPROPRIATION BY \$531,219 RECEIVED FROM THE STATE OF OREGON FOR HOUSE BILL 3194. I FIRST APOLOGIZE THAT THESE NUMBERS ARE SO CLOSE, IT CREATED A LITTLE BIT OF A CONFUSION I THINK. ALSO AND I WOULD LIKE TO TALK A LITTLE BIT ABOUT THE 3194 JUSTICE REINVESTMENT FUNDING AND SOME ADDITIONAL CONFUSION I THINK THAT EXISTED THAT I WANT TO JUST BE CLEAR ABOUT. WHAT WE'RE ASKING FOR TODAY WAS FUNDING THAT WAS SPECIFIED FROM THE DEPARTMENT OF CORRECTIONS FOR SHERIFF'S OFFICES FOR FUNDING OF JAIL BEDS FOR LOCAL SENTENCING AND SANCTIONS UNDER THE LAW AS IT CURRENTLY EXISTS. THE LAW WAS EFFECTIVE JULY 25th, AFFECTING MARIJUANA SENTENCES AND DRIVING WHILE SUSPENDED SENTENCES AS WELL AS SOME ADDITIONAL CHANGES TO INMATES BEING RELEASED FROM PRISON AND TRANSITIONALLY, FOR EXAMPLE, INCREASING FROM 30 DAYS TO 90 DAYS. THERE IS ALSO -- THERE WAS -- SO THAT WAS A CHECK TO COUNTY TREASURY FOR THE SHERIFF'S OFFICE. THERE IS AN ADDITIONAL FUND, \$3.14 MILLION FOR JUSTICE REINVESTMENT TO LOOK AT REENTRY, REDUCING RECIDIVISM, AND OTHER PROGRAMS THAT OUR LOCAL PUBLIC COUNCIL HAS A SUBCOMMITTEE THAT IS WORKING ON THAT AND YOU'LL SEE THEM COMING TO YOU, AS WELL. THE SHERIFF'S OFFICE IS A PART OF THAT SUBCOMMITTEE AS WELL BUT THIS FUNDING IS SPECIFIC TO THE SHERIFF'S FUNDING FOR LOCAL JAIL BEDS UNDER THE CURRENT LAW. AND THAT FUNDING WILL GO TO EXISTING PROGRAMS TO OPERATE THOSE BEDS. ANY QUESTIONS?

>> Comm. Smith: I HAVE A COMMENT, CHAIR. I JUST WANT TO SAY I THINK 3194 IN RELATION TO OUR COUNTIES AND OUR SHERIFF'S DEPARTMENT AND PUBLIC SAFETY DEPARTMENTS IS PROBABLY ONE OF THE MOST INNOVATIVE AND AMBITIOUS PIECES OF PUBLIC SAFETY AND JUSTICE POLICIES THAT I'VE SEEN IN A LONG TIME. AND I AM SO ENCOURAGED THAT IT WILL BE BETTER FOR US IN TERMS OF HOW WE DELIVER SERVICES. THAT BEING SAID, I AM VERY NERVOUS ON THE OTHER SIDE BECAUSE WE ARE A VERY LARGE

COUNTY AND A LOT OF THOSE FOLKS WHO ARE COMING FROM SALEM WILL BE COMING BACK TO MULTNOMAH COUNTY AND I'M JUST TRY TO FIGURE OUT IS THERE A STRATEGY OR A PLAN TO DEAL WITH POSSIBLY THE OVERCROWDING OF THE BEDS? WHAT ARE WE GOING TO DO IF THIS IS NOT ENOUGH MONEY? CAN WE THEN GO BACK TO THE STATE OR IS THAT SOMETHING THAT WE HAVE TO DEAL WITH LOCALLY?

>> LET ME SAY, FIRST OF ALL AND IT'S A GOOD OUTLAY FOR EVERYONE AND THOSE WATCHING, THE TARGET OF 3194, THE GOAL IN ADDITION TO REDUCING RECIDIVISM AND CREATING THESE PROGRAMS IS ULTIMATELY TO KEEP THE PRISON POPULATION FLAT. MULTNOMAH COUNTY ALREADY DOES A VERY GOOD JOB AS A COUNTY IN TERMS OF ITS PRISON BED USE VERSUS OTHER COUNTIES AND SYSTEMS IN THE STATE. RIGHT NOW, BECAUSE OUR OTHER POPULATIONS ARE LOW, THAT SMALL INFLUX OF INMATES WE'LL SEE FROM THIS WE'LL BE ABLE TO HANDLE WITHIN CURRENT RESOURCES. WHEN WE GET TO A PLACE WHERE WE HAVE TO EXPAND AND GO INTO OUR NEXT HOUSING AREA, THAT FUNDING WILL BE AVAILABLE. FOR THE NEXT FISCAL YEAR, AS YOU'VE RAISED THAT CONCERN, OUR STRATEGY SHOULD BE TO CONTINUE TO LOOK AT WAYS TO KEEP OUR POPULATION LOW. I KNOW WE'VE GOT VARIOUS SUBCOMMITTEES WORKING ON NOT ONLY THIS BUT EMERGENCY POPULATION RELEASE AND OTHER AREAS. BUT I THINK WE WILL HAVE TO LOOK AT THAT OVERALL FUND PERHAPS AS WE LOOK AT FUNDING IF WE HAVE TO KEEP A HOUSING AREA OPEN FOR THE ENTIRE YEAR WHICH THAT THIS ALLOCATION SPECIFIC TO THE SHERIFF'S OFFICE WON'T COVER THE WHOLE YEAR FOR US. WE MAY HAVE TO LOOK AT SOME OF THAT OTHER JUSTICE REINVESTMENT MONEY. IT DEPENDS ON HOW WE'RE ABLE TO MANAGE OUR POPULATION OVERALL.

>> Chair Madrigal: I CAN SPEAK TO THAT A LITTLE BIT, TOO. AS WE DEVELOPED THE BUDGET IN THE SPRING, THE SHERIFF HAS COMMITTED TO AND SCOTT TAYLOR HAS COMMITTED TO HAVING DISCUSSIONS TOGETHER ABOUT HOW TO PLAN OUR BUDGET FOR NEXT YEAR AND MAKE SURE THAT WE'RE IN ALIGNMENT AND FLEXIBLE ENOUGH IN OUR POLICIES TO RESPOND TO ANY POTENTIAL, YOU KNOW, INFLUX AND I KNOW THAT WE'LL BE LOOKING TO HARNESS THE EXPERTISE OF LPSCC AS WELL AS COMMISSIONER SHIPRACK AS WE MOVE FORWARD. I THINK IT NEEDS TO BE A COLLABORATIVE PROCESS BECAUSE THE SHERIFF'S DEPARTMENT AND DCJ, EVERYBODY CONTROLS A DIFFERENT LEVER.

>> Comm. Shiprack: I WANT TO THANK YOU, DREW, FOR YOUR PRESENTATION AND I REALLY APPRECIATE THE TONE AND THE APPROACH BECAUSE I THINK THAT AS COMMISSIONER SMITH JUST SAID, THIS IS A TREMENDOUS OPPORTUNITY FOR US TO BE REAL INTENTIONAL AND REALLY CONTINUE THE WORK THAT LPSCC DOES IN BEING INTENTIONAL ABOUT OUR PUBLIC SAFETY SYSTEM AND IT'S RARE THAT WE HAVE THE OPPORTUNITY HERE BUT OCCASIONALLY IT DOES HAPPEN THAT WE GET TO HAVE THIS SORT OF

BROAD LOOK BECAUSE RIGHT BEFORE YOUR PRESENTATION, WE HEARD ABOUT A DIVERSION PROGRAM THAT WE'RE APPLYING FOR SO THAT OUR JAIL POPULATION MAY BE DIVESTED OF SOME OF THE MENTALLY ILL FOLKS WHO WILL BE DIVERTED TO MORE APPROPRIATE COMMUNITY TREATMENT FACILITIES. SO THIS ALL KIND OF FITS TOGETHER. IT'S COMING TOGETHER.

>> Chair Madrigal: ADDITIONAL QUESTIONS? OKAY. ALL IN FAVOR VOTE AYE. [UNANIMOUS AYES] OPPOSED, THE BUDGET MODIFICATION IS APPROVED.

>> THANK YOU.

>> Board Clerk: R.13, APPROVING REQUEST FOR TEMPORARY USE PERMIT FOR A PORTION OF MULTNOMAH COUNTY'S WAPATO FACILITY.

>> SO MOVED.

>> GOOD MORNING, CHAIR MADRIGAL.

>> Chair Madrigal: SO COMMISSIONER SHIPRACK MOVED AND WE HAD A SECOND? COMMISSIONER McKEEL SECONDS.

>> ARE WE MOVING TOO FAST TODAY? I'M SORRY, CONTINUE.

>> CHAIR MADRIGAL AND COMMISSIONERS, I'M CARLA BANGERT WITH FACILITIES AND PROPERTY MANAGEMENT AND WHAT I'M BRINGING FORWARD THIS MORNING IS A REQUEST FROM THE PORTLAND POLICE BUREAU, THEY MADE IT LAST YEAR ALSO FOR FIVE MONTH TEMPORARY USE OF A PORTION OF THE WAPATO FACILITY. THEY'RE GOING TO BE USING THAT FOR CLASSROOM AND TACTICAL TRAINING. THIS SAME USE WAS APPROVED LAST YEAR AND IT WILL INCLUDE THE SAME AREAS OF THE TWO SECURED CORRIDORS ON THE FIRST FLOOR, TWO CLASSROOMS ON THE FIRST FLOOR, STAIRWELLS SOUTH 101 AND 102 AND THE CORRIDOR BETWEEN THOSE STAIRWELLS AND ONE CLASSROOM ON THE SECOND FLOOR. THE PERMIT WILL BE FOR TUESDAYS AND WEDNESDAYS ONLY FROM JANUARY 7th THROUGH MAY 28th OF 2014 WITH PAYMENT OF \$400 PER DAY FOR THE USE. UNDER COUNTY ADMINISTRATIVE PROCEDURE THREE SECONDS FIVE, THE BOARD APPROVAL IS NECESSARY FOR ANY PROPOSED TEMPORARY PERMIT OF OVER 90 DAYS. THIS PERMIT HAS BEEN NEGOTIATED WITH THE CITY OF PORTLAND ON BEHALF OF THE PORTLAND POLICE BUREAU AND FACILITIES AND PROPERTY MANAGEMENT FEELS THAT THE PUBLIC INTEREST IS SERVED BY THE APPROVAL OF THIS SHORT-TERM USE SO THAT PORTLAND POLICE CAN PROVIDE THE COMMUNITY WITH UP-TO-DATE TRAINING FOR ITS POLICE OFFICERS. ANY QUESTIONS?

>> Chair Madrigal: QUESTIONS?

>> Comm. Shiprack: HOW DID WE ARRIVE AT \$400 A DAY?

>> THAT IS WHAT THE ESTIMATED COST FOR A DAILY USE FOR THIS SPACE THAT THEY'RE OCCUPYING IS. JANITORIAL, HEAT, LIGHTS.

>> Comm. Shiprack: OKAY. THANK YOU.

>> Chair Madrigal: ADDITIONAL QUESTIONS? OKAY. ALL IN FAVOR VOTE AYE. [UNANIMOUS AYES] OPPOSED? THE TEMPORARY USE PERMIT IS APPROVED.

>> Board Clerk: R.14, BOARD BRIEFING ON HEALTH INFORMATION CHANGE AND UPDATE ON I.T. WORK IN RELATION TO HEALTH SYSTEMS TRANSFORMATION.

>> GOOD MORNING, CHAIR MADRIGAL, COMMISSIONERS. I'M SHERRY SWACKHAMER. AND I AM THE DIRECTOR OF THE DEPARTMENT OF COUNTY ASSETS, THE INTERIM DIRECTOR FOR THE DEPARTMENT OF COUNTY MANAGEMENT AND THE CHIEF INFORMATION OFFICER FOR MULTNOMAH COUNTY. I NEED TO GET A SHORTER TITLE, THOUGH. AND NANCY JACKSON IS HERE WITH ME TODAY AND SHE'S THE OVERALL PROJECT MANAGER FOR THE COUNTY FOR HEALTHCARE TRANSFORMATION AND WE'RE HERE TO PROVIDE AN UPDATE ON TECHNOLOGY AS IT RELATES TO HEALTHCARE TRANSFORMATION. SO I'M GOING TO START WITH A LITTLE CONTEXT FOR WHY THIS IS A COMPLEX SUBJECT. AND THAT WE'RE NOT IN CONTROL OF IT AND I THINK THOSE ARE MY TWO MESSAGES FOR YOU. HOPEFULLY, YOU'LL AGREE WHEN I'M THROUGH. SO REALLY AT THE VERY TOP, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, THEY PROVIDE THE OVERALL DIRECTION FOR HEALTHCARE TRANSFORMATION FOR THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT. AT THE STATE LEVEL, THE OREGON HEALTH AUTHORITY HAS BEEN GIVEN THAT RESPONSIBILITY. AT A LOWER LEVEL, THE OREGON HEALTH AUTHORITY HAS DEVELOPED A NUMBER OF COORDINATED CARE ORGANIZATIONS. THERE ARE TWO THAT WE ARE DIRECTLY INTEGRATED WITH AND THAT IS FAMILY CARE AND HEALTH SHARE OREGON. TODAY, I'M GOING TO PRIMARILY TALK ABOUT OUR RELATIONSHIP WITH HEALTH SHARE OREGON BECAUSE THAT IS THE RELATIONSHIP THAT DRIVES OUR TECHNOLOGY REQUIREMENTS. AND THEN -- I'M NOT THROUGH THERE. THE MOST IMPORTANT PART, MULTNOMAH COUNTY AND YOU'LL SEE IN THIS UPSIDE DOWN PYRAMID THAT WE'RE AT THE BOTTOM OF THE FOOD CHAIN. AND THAT REALLY MEANS THAT WE AGAIN DON'T HAVE A LOT OF CONTROL OVER THE REQUIREMENTS FOR TECHNOLOGY AND THAT OUR ROLE IS REALLY TO PROACTIVELY UNDERSTAND WHAT THEY ARE AND IMPLEMENT THEM AS WE CAN AND AS APPROPRIATE. SO I'M GOING TO GIVE YOU QUITE A BIT OF CONTEXT AND THEN AT THE END I'LL TELL YOU WHAT WE'RE DOING. SO BEAR WITH ME. HOPEFULLY, IT WILL BE INFORMATIVE. I'M NOT GOING TO TALK A LOT ABOUT CMS AND THEIR GOVERNING ROLE BECAUSE FROM A TECHNOLOGY STANDPOINT, THEY'RE NOT -- THEY DON'T REALLY DRIVE THAT. THE TWO GROUPS THAT DRIVE OUR TECHNOLOGY REQUIREMENTS ARE

AGAIN THE OREGON HEALTH AUTHORITY AND HEALTH SHARE OREGON. AND I WON'T GO INTO A LOT OF DETAIL BUT AS YOU CAN SEE, THE OREGON HEALTH AUTHORITY IS REALLY THE OVERARCHING GOVERNING BODY AND THEN KIND OF THAT NEXT LOWER LEVEL, HEALTH SHARE OREGON REALLY TELLS US WHAT OUR SPECIFIC PARTNER REQUIREMENTS ARE. THEY ALSO PROVIDE A FORUM FOR DISCUSSIONS ABOUT THAT. THERE IS A CHIEF INFORMATION OFFICER OVERSIGHT COMMITTEE THAT I AM A PART OF. HEALTH SHARE OREGON ASSIGNS THE CLIENTS WE RECEIVE. THEY PROVIDE UPDATES. THEY'RE RESPONSIBLE FOR EVALUATING PARTNER DATA AND METRICS FROM ALL THE PARTNERS, INCLUDING MULTNOMAH COUNTY. AND THEY ARE THE GROUP THAT THEN SENDS BACK INFORMATION TO THE STATE. SO PRIOR TO CCOs, MULTNOMAH COUNTY PROVIDED INFORMATION DIRECTLY TO THE STATE ABOUT SERVICES WE PROVIDED. BUT NOW, THAT INFORMATION IS FUNNELED THROUGH HEALTH SHARE OREGON. SO NEXT, LET'S TALK ABOUT WHAT OUR MULTNOMAH COUNTY ROLE IS IN THIS AND WE HAVE TWO DISTINCT ROLES. ON THE LEFT-HAND SIDE, MY LEFT-HAND SIDE, AS A PROVIDER, WE HAVE A PHYSICAL HEALTH CONTRACT WITH CAREOREGON AND CAREOREGON IS A PARTNER IN HEALTH SHARE OREGON SO THERE ARE A LOT OF NAMES AND ACRONYMS. AND SO WE PROVIDE SERVICES FROM A PHYSICAL HEALTH PERSPECTIVE AND WITHIN THOSE SERVICES WE DO A LOT OF THINGS. YOU KNOW, WE PROVIDE THE SERVICE, WE TRACK IT. ONE OF THE IMPORTANT THINGS THAT WE DO WITH THE PHYSICAL HEALTH SIDE IS, YOU KNOW, WE HAVE ACCESS AND THE ABILITY TO SHARE INFORMATION ACROSS ALL THE PARTNERS. AND WE'RE RESPONSIBLE FOR COORDINATING CARE ACROSS ALL THE PARTNERS AND ALL THE COMMUNITY GROUPS THAT ARE ALSO INVOLVED IN THE CCO. AND THEN, YOU KNOW, VERY IMPORTANT THING IS WE PROCESS CLAIMS TO CAREOREGON SO WE GET PAID AND WE SEND ANY OF THE REQUIRED DATA OR METRICS TO CAREOREGON.

>> Chair Madrigal: JUST TO CLARIFY. SO IF SOMEONE IS SEEN IN OUR CLINIC, AND THEN THEY ARE SEEN AT PROVIDENCE OR ANOTHER PART OF HEALTH SHARE, THAT PROVIDER CAN PULL UP THE SAME INFORMATION THAT WE'VE ENTERED INTO OUR CLINIC?

>> I WILL TALK ABOUT THAT LATER. THAT'S ONE OF THE COMPLEXITIES IN THIS. IN SOME CASES YES, IN SOME CASES NO AND IT'S ABOUT WHAT KIND OF TECHNOLOGY EACH OF THE PARTNERS HAS. BUT I WILL TALK ABOUT THAT IN A FEW MINUTES BECAUSE IT'S A VERY IMPORTANT ISSUE. THE OTHER DISTINCT ROLE IS AS A HEALTH PLAN SO FOR MENTAL HEALTH OR BEHAVIORAL HEALTH, WE HAVE A CONTRACT DIRECTLY WITH HEALTH SHARE OREGON TO PROVIDE MENTAL HEALTH SERVICES. AND IN THAT ROLE, WE'RE NOT JUST A SERVICE PROVIDER. WE'RE ACTUALLY AN OVERSIGHT AND WE HAVE REQUIREMENTS TO DEFINE FOR CONTRACTORS THAT WE CONTRACT WITH TO PROVIDE SERVICES, WE DECIDE WHAT DATA THEY HAVE TO PROVIDE, WHAT ARE THEIR REPORTING REQUIREMENTS. WE TRACK THE SERVICES THAT THEY'RE PROVIDING AND IN SOME CASES WE PROVIDE CASE

MANAGEMENT OVER THOSE SERVICES AND AGAIN, ANOTHER IMPORTANT PLACE. WE PROCESS CLAIMS DATA AND WE SEND IN THIS CASE THAT DATA TO HEALTH SHARE OREGON. AND SO WE HAVE TWO DIFFERENT ROLES AND THAT SOMETIMES IS CONFUSING BUT WE GOT IT. AND SO LET'S TALK ABOUT THE SYSTEMS THAT WE HAVE IN ORDER TO PROVIDE THOSE SERVICES. I MEAN FROM PAST DISCUSSIONS WITH ME THAT WE HAVE HUNDREDS OF SYSTEMS BUT THE TWO PRIMARY SYSTEMS THAT WE USE TO SUPPORT HEALTHCARE TRANSFORMATION IS AGAIN ON THE PHYSICAL HEALTH SIDE WE HAVE AN ELECTRONIC HEALTH RECORDS SYSTEM, IT'S CALLED EPIC. WE HAVE -- IT IS HOSTED AND OPERATED BY A GROUP CALLED THE OREGON COMMUNITY HEALTH INFORMATION NETWORK, OCHIN AND WE'VE BEEN A PARTNER IN THAT COLLABORATIVE FOR MANY YEARS. WE WERE ONE OF THE FOUNDING PARTNERS. AND SO THEY PROVIDE OUR ELECTRONIC HEALTH RECORD THROUGH EPIC AND THEY ALSO DO OUR CLAIMS PROCESSING THROUGH EPIC. I'LL ALSO SAY THAT 70% OF THE PARTNERS WHO ARE IN HEALTH SHARE OREGON USE EPIC. SO IN THE CASE OF YOUR QUESTION, CHAIR MADRIGAL, THERE IS A CERTAIN AMOUNT OF INFORMATION THAT CAN BE SHARED WITH THOSE PARTNERS WHO ARE USING EPIC BUT THOSE WHO PARTNERS WHO AREN'T USING EPIC DO NOT CURRENTLY HAVE ACCESS TO THAT SAME DATA. AND EVEN THOUGH WE'RE ALL ON EPIC AND I'LL TALK A LITTLE BIT MORE ABOUT THIS LATER, WE'RE NOT SHARING ALL THE DATA.

>> Comm. Shiprack: I WANT TO -- THIS IS HUGE, OF COURSE, AND I'M GOING TO GIVE MYSELF A LITTLE BIT OF A PASS AND SAY I PROBABLY IF I UNDERSTAND THIS FOR JUST A MOMENT WHILE YOU'RE TELLING ME ABOUT IT, THAT'S REALLY THE OPTIMUM OUTCOME TODAY. SO DON'T HAVE TOO HIGH OF AN EXPECTATION. JUST LISTENING TO YOU, I'M BEGINNING TO HAVE A CONCERN, MY FORMER CONCERNS HAD ALL REALLY BEEN ORIENTED AROUND THE GREAT OPPORTUNITIES THAT THIS PROVIDES FOR PROVIDING HEALTHCARE TO NEW POPULATIONS. NOW, MY CONCERN AT THIS TABLE WITH THIS DISCUSSION OF CLAIMS PROCESSING AND GIVEN OUR EXPERIENCE WITH SIGNING UP NEW PEOPLE INTO THE SYSTEM ITSELF BECOMES GEE, I REALLY HOPE WE GET PAID FOR THE SERVICES THAT WE PROVIDE. SO IF I COULD JUST UNDERLINE MY PERSPECTIVE AND HOPE THAT YOU PLAY TO THAT AND I'M SURE THAT THAT PERSPECTIVE IS BEING SHARED.

>> YES. AND WE ARE.

>> Comm. Shiprack: CONCERNED OR SHARED?

>> WE ARE GETTING PAID.

>> Comm. Smith: AND GOING BACK TO YOUR ORIGINAL QUESTION, IT WAS MY UNDERSTANDING THAT PROVIDENCE DIDN'T HAVE EPIC.

>> PROVIDENCE DOES HAVE EPIC.

>> Comm. Smith: DO THEY HAVE EPIC NOW?

>> PROVIDENCE, I CAN GET YOU THE SPECIFICS, OFF THE TOP OF MY HEAD I CAN TELL YOU THAT LEGACY, PROVIDENCE, OHSU, AND KAISER AS WELL AS ALL OF THE FEDERALLY QUALIFIED HEALTH CLINICS WHO ARE PART OF OCHIN ARE HAVE EPIC. THERE COULD BE OTHERS BUT THOSE ARE THE BIG ONES.

>> Comm. Smith: SO WHICH 25% OF THAT DON'T HAVE IT?

>> SOME OF THE SMALLER ENTITIES THAT ARE PARTNERSHIPS LIKE TUALITY, CASCADIA BECAUSE THEY'RE IN BEHAVIORAL HEALTH, YOU KNOW, THERE ARE QUITE A NUMBER OF THE SMALLER PARTNERS THAT DON'T HAVE EPIC. SOME OF THEM HAVE VERY SOPHISTICATED ELECTRONIC HEALTH RECORD SYSTEMS, THEY'RE JUST NOT EPIC AND SOME OF THEM HAVE LESS SOPHISTICATED. BUT THEY'RE JUST NOT EPIC.

>> Comm. Smith: ARE THERE MEANS FOR THEM TO GET THE INFRASTRUCTURE TO BE ONLINE WITH EPIC?

>> WE'RE GOING TO TALK ABOUT THAT IN A LITTLE BIT. BUT THEY'RE GOOD QUESTIONS. SO ON THE MENTAL HEALTH SIDE, WE HAVE A NEW ELECTRONIC HEALTH RECORD THAT THE BOARD FUNDED. AND IT WAS IMPLEMENTED LAST YEAR AND WE'RE STILL IMPLEMENTING SOME CHANGES TO THAT SYSTEM THAT THE BOARD FUNDED BUT IT'S A PRODUCT THAT IS OWNED AND OPERATED FOR US, HOSTED FOR US BY A VENDOR CALLED NET SMART AND THE PRODUCT IS CALLED EVOLV-CS. WE REFER TO IT AS EVOLVE. AND FOR CLAIMS PROCESSING, IT'S DONE A LITTLE BIT DIFFERENTLY. WE HAVE A THIRD-PARTY CLAIMS ADMINISTRATOR CALLED PH TECH AND THEY PROVIDE THE CLAIMS PROCESSING FOR MENTAL HEALTH. SO THOSE ARE TWO BIG SYSTEMS AND THREE VENDORS, WHICH IS NOT TOO COMPLICATED. SO YOU'VE ALL BROUGHT UP A FEW OF OUR CHALLENGES. SO I THINK, YOU KNOW, HEALTHCARE TRANSFORMATION IS NEW. THE BUSINESS OF HEALTHCARE TRANSFORMATION IS NEW AND THAT'S AHEAD OF WHERE THE TECHNOLOGY IS. BECAUSE THE BUSINESS DRIVES TECHNOLOGY MOST OF THE TIME. HOPEFULLY. AND SO IF YOU THINK ABOUT SOME OF THE EXTERNAL CHANGES THAT WE REALLY HAVE VERY LITTLE CONTROL OVER, THE HEALTH AUTHORITY IS LOOKING AT, YOU KNOW, HOW DO WE IMPLEMENT HEALTH INFORMATION EXCHANGE STATEWIDE? HOW DO WE ENSURE THAT ALL PROVIDERS, NO MATTER WHAT CCO THEY'RE IN HAS ACCESS TO THE DATA THAT THEY NEED WHEN THEY NEED IT? IT'S VERY COMPLICATED IF YOU THINK ABOUT IT FROM A STATEWIDE PERSPECTIVE. IF YOU THINK ABOUT IT FROM JUST HEALTH SHARE OREGON'S PERSPECTIVE, YOU KNOW, HOW DO WE ENSURE THAT ALL OF OUR PROVIDERS HAVE ACCESS TO THE INFORMATION THAT THEY NEED TO PROVIDE THE SERVICE THAT WE'RE

CONTRACTING FOR AND EVEN IF YOU GET TO A SMALLER VIEW OF THAT WITHIN JUST THE EPIC PARTNERS IN HEALTH SHARE OREGON, HOW DO WE ENSURE -- THEY'RE THE FIRST IF YOU LOOKED AT WHAT'S THE LOW-HANGING FRUIT OR WHAT'S THE EASIEST THING? WE HAVE 70% OF OUR PARTNERS ON EPIC SO HOW DO WE MAKE SURE -- HOW DO WE ENSURE THAT THEY HAVE ACCESS? IT'S STILL COMPLICATED BECAUSE EACH OF THOSE PARTNERS IMPLEMENTED EPIC FOR THEIR OWN BUSINESSES AND NONE OF US ARE IN THE SAME BUSINESS. A FEW OF US ARE ALL FEDERALLY QUALIFIED HEALTH CLINICS SO IN THEORY WE'RE IN THE SAME BUSINESS BUT LEGACY AND PROVIDENCE AND OHSU, YOU KNOW, WE'RE NOT IN THE SAME BUSINESS THAT THEY'RE IN AND THEY CUSTOM KAISED IT TO MEET THEIR BUSINESS NEEDS. SO THEN THAT'S WHAT WE'RE LOOKING AT NOW SO HOW DO WE LEVERAGE THAT THOUGH? AND THEN STATEWIDE, THE HEALTH SHARE SHORT, I'M SORRY, THE HEALTH AUTHORITY, TOO MANY ACRONYMS, THE HEALTH AUTHORITY IS LOOKING AT HOW DO WE PROVIDE SOME UNDERLYING INFRASTRUCTURE THAT EVERYBODY CAN USE? AND AT A LEVEL THAT EVERYBODY CAN USE? BECAUSE EVERYBODY'S MATURITY IN TECHNOLOGY IS DIFFERENT. SO THESE ARE BIG CHALLENGES THAT AREN'T GOING TO BE SOLVED THIS YEAR. OR IN THE NEAR FUTURE. BUT I THINK THE GOOD NEWS IS WE'RE LOOKING AT IT AND WE'RE TALKING ABOUT IT AND WE'RE MOVING FORWARD. AND THEN I THINK THAT'S SORT OF AROUND INFRASTRUCTURE AND HEALTH INFORMATION EXCHANGE BUT MORE BROADLY, THE PURPOSE OF HEALTHCARE TRANSFORMATION IS CARE. AND SO HOW DO WE ACROSS THE STATE LOOK AT CARE COORDINATION? AND ENSURE THAT WE KNOW WE HAVE POPULATIONS THAT MOVE IN AND OUT OF COUNTIES AND THEREFORE, IN AND OUT OF CCOs, YOU KNOW, HOW DO WE BROADLY ENSURE CARE COORDINATION ACROSS THAT KIND OF ENVIRONMENT? SO THOSE ARE SOME OF THE EXTERNAL CHALLENGES. IF WE THEN JUST LOOK AT WHAT ARE OUR INTERNAL CHALLENGES, YOU HEARD A LITTLE BIT EARLIER THIS MORNING ABOUT HEALTH INFORMATION EXCHANGE AND SOME OF THE GRANTS THAT WE'RE LOOKING AT BUT WE WANT TO LOOK AT HOW DO WE BETTER SHARE INFORMATION ACROSS PHYSICAL AND MENTAL HEALTH? WE HAVE THESE TWO BIG VENDORS AND CURRENTLY THEY DON'T HAVE INTEGRATION POINTS. THEN IF YOU CONSIDER WHERE WE ARE IN THIS FOOD CHAIN, WE'RE BETWEEN THE OREGON HEALTH AUTHORITY AND HSO AND OUR VENDORS. SO THE STATE TELLS US WHAT THE NEW REQUIREMENTS ARE AND WHAT DATE THEY'RE REQUIRED AND WE TELL OUR VENDORS BUT THEN THE STATE DOESN'T SOMETIMES GIVE US THOSE REQUIREMENTS IN A TIMELY MANNER AND SO IT PUTS PRESSURE ON US TO NEGOTIATE WITH VENDORS AND A LOT OF TIMES WE'RE IN THE MIDDLE, TRYING TO FACILITATE THINGS HAPPENING IN THE RIGHT TIMING AND WE HAVE TO BE ABLE TO TEST. SO WE CAN'T JUST SAY THESE ARE THE NEW REQUIREMENTS, VENDOR, HERE GO DO THEM. OUR PROGRAM PEOPLE HAVE TO TEST THEM. SO NAVIGATING THAT KIND OF AN ENVIRONMENT IS VERY COMPLEX.

>> Comm. Wendt: A QUESTION FOR YOU, ON FAMILY CARE, WHAT'S THE RELATION THERE? WHAT ARE SOME OF THE CHALLENGES IN INTEGRATING WITH 2CCOs IN THE COUNTY?

>> CURRENTLY, THE INTEGRATION WITH FAMILY CARE IS ON PAPER. SO THERE AREN'T CURRENTLY TECHNOLOGIES TOUCH POINTS THERE.

>> Comm. Wendt: IS THAT A FUTURE CONVERSATION OR WHAT DO YOU ANTICIPATE THERE?

>> I HONESTLY DON'T KNOW. I'M SURE IT IS A FUTURE CONVERSATION BUT RIGHT NOW,... WE DEAL WITH THEM VIA FAX AND PAPER.

>> Chair Madrigal: AND THEY DON'T HAVE --

>> THEY DON'T HAVE AN ELECTRONIC HEALTH RECORDS SYSTEM CURRENTLY.

>> ARE THEY NOT REQUIRED TO HAVE ONE?

>> IN THEORY. I DON'T KNOW.

>> Comm. Smith: I'LL WAIT TO HAVE THAT CONVERSATION, TOO.

>> I WOULD DEFER TO THE OREGON HEALTH AUTHORITY ON THAT.

>> Comm. Smith: THANKS.

>> AND SO THEN WE ALSO HAVE REPORTING CHALLENGES BECAUSE THERE ARE ALL KINDS OF NEW REPORTING REQUIREMENTS AND QUALITY METRICS THAT WE'RE REQUIRED TO PROVIDE AND BECAUSE WE HAVE SUCH A DIVERSE ENVIRONMENT BECAUSE WE'RE A HEALTH PLAN AND WE'RE A PROVIDER OF SERVICE AND SO, YOU KNOW, REPORTING, THERE'S NEVER ENOUGH REPORTING. SO THOSE ARE KIND OF OUR CHALLENGES. SO NEXT, I'LL GIVE YOU KIND OF THE STRATEGIC PERSPECTIVE ON WHERE WE ARE. SO EARLY ON, HEALTH SHARE OREGON PARTNERS ANALYZED OUR CURRENT STATE. THE CHARTS THAT WERE CREATED ARE MIND-BOGGLING AND IT'S VERY COMPLEX. BUT WE DID A CURRENT STATE. THE OREGON HEALTH AUTHORITY HAS ALSO BEEN ANALYZING THE CURRENT STATE, STATEWIDE, IF YOU WILL, AND I WOULD SAY INITIALLY THEY STRUGGLED WITH THAT. I WOULD SAY IN THE LAST SIX MONTHS THAT I FEEL LIKE THEY'VE COME A LONG WAYS. THEY MADE SOME ORGANIZATIONAL CHANGES AND THEY CREATED A STATEWIDE HEALTH INFORMATION TECHNOLOGY TASK FORCE THAT THERE WAS REPRESENTATION FROM HEALTH SHARE OREGON PARTNERS ON THAT. THE TASK FORCE REPORT AND RECOMMENDATIONS CAME OUT PROBABLY ABOUT A MONTH AGO, WITHIN THE LAST MONTH. AND I

THINK THAT WILL TAKE A BIG DIFFERENCE GOING FORWARD. AND SO BASED ON THOSE RECOMMENDATIONS IN THAT REPORT, THE HEALTH AUTHORITY AND HEALTH SHARE OREGON ARE FINALIZING WHAT THEY'RE STRATEGIES ARE GOING TO BE. WE'RE STARTING TO HAVE STRATEGIES, AND THEN WE'LL HAVE TO DETERMINE HOW TO IMPLEMENT THOSE STRATEGIES BUT THE GOOD NEWS IS WE'RE STARTING TO SEE SOME SOLID STRATEGIES COMING FROM THOSE TWO GOVERNING ENTITIES. AND BECAUSE AGAIN OF THE RECOMMENDATIONS AND WHAT'S GOING ON ABOVE US, MULTNOMAH COUNTY'S STARTING TO DEVELOP OUR STRATEGIES. I'LL QUICKLY TELL YOU THE HIGHLIGHTS. SO AS I SAID, SINCE THE BEGINNING, THE HEALTH AUTHORITY HAS BEEN DEVELOPING A STRATEGY. 1.0 WAS A LITTLE ROCKY. AND I THINK IT WAS MAINLY FOCUSED ON A SECURE MESSAGING PLATFORM FOR ALL PROVIDERS STATEWIDE. WHERE THEY ARE RIGHT NOW IS IN PHASE 1.5. AND THAT AGAIN WITH THESE RECOMMENDATIONS THAT I REFERRED TO, I THINK IS BECOMING MORE SOLID AND THE FOCUS THERE, LET ME GET MY NOTES SO I DON'T LEAVE ANYTHING OUT HERE, SOME OF THE FOCUS THERE IS AROUND ADOPTION OF THIS SECURE MESSAGING PLATFORM BY ALL THE PROVIDERS. SO FIRST, THEY PUT IT IN PLACE AND A FEW PEOPLE STARTED USING IT BUT I THINK THEIR FOCUS IS GOING TO BE IN GETTING A BROADER ADOPTION OF THAT PLATFORM, WHICH WILL GIVE SOME BASIC WAYS FOR PEOPLE TO COMMUNICATE SECURELY ABOUT HEALTH INFORMATION. THE OTHER IS ANOTHER BIG STRATEGY OF THEIRS IS TO DEVELOP A STATEWIDE PROVIDER DIRECTORY AND A STATEWIDE HOSPITAL NOTIFICATION PLATFORM. SO THOSE ARE KIND OF THREE AREAS WHERE PHASE 1.5 IS FOCUSING. THEY ALSO WANT TO LEVERAGE THE EXISTING PERFORMS THAT SOME OF THE BIG DELIVERY SYSTEMS HAVE SO WHICH I THINK IS IMPORTANT. AND THEN PHASE 2.0 IS IN A VERY CONCEPTUAL PHASE RIGHT NOW BUT IT'S FOCUSED ON ENABLING INFRASTRUCTURE SO WE HAVE ALL OF THESE PEOPLE AT DIFFERENT PLACES OF MATURITY, HOW DO WE HAVE SOME ENABLING PLATFORMS THAT EVERYONE CAN USE? THE HEALTH SHARE OREGON STRATEGIES REALLY COME OUT OF THE HEALTH AUTHORITY'S STRATEGIES BUT ARE MORE SPECIFIC. AND THEY, TOO, ARE FOCUSING ON HOW DO WE LEVERAGE WHAT WE HAVE FIRST BEFORE WE START REQUIRING PEOPLE TO ADD MORE? DO WE HAVE THINGS WE CAN USE? AND THIS SPECIFICALLY GETS TO THE ISSUE OF EPIC-BASED PARTNERS. THERE IS A PARTNER WITHIN EPIC CALLED EPIC CARE EVERYWHERE. AND THAT ALLOWS ANYONE WHO'S ON AN EPIC PLATFORM TO SHARE SOME LEVEL OF DATA. I THINK THIS COULD BE KEY IN CRISIS SITUATIONS, IN AN EMERGENCY ROOM SITUATION, IF WE CAN COME UP WITH CONSISTENCY OF CONFIGURATIONS AND CONSISTENCY IN WHAT DATA IS BEING SHARED THERE, WE COULD MAKE A REAL DIFFERENCE WITHIN THE PEOPLE WHO ARE USING THIS PLATFORM FOR OUR PATIENTS AND FOR OUR CLIENTS. THEY, TOO, WANT TO LOOK AT -- WE HAVE LEGACY, WE HAVE PROVIDENCE, WE HAVE OHSU, KAISER, WHO ALREADY HAVE PRIVATE HEALTH INFORMATION EXCHANGE SYSTEMS, IS THERE SOME WAY WE CAN USE THEM SO THAT WE'RE NOT THEN REQUIRING THOSE BIG DELIVERY SYSTEMS TO BUY YET ANOTHER LARGE

INFRASTRUCTURE? THERE'S ALSO -- THERE ARE ALSO STANDARDS FROM CMS AROUND SOMETHING CALLED MEANINGFUL USE AND IT'S THE STANDARDS THEY WANT PEOPLE TO USE FOR ELECTRONIC HEALTH RECORDS AND IN ORDER TO GET PEOPLE TO USE THEM, GET PROVIDERS TO USE THEM, GET VENDORS TO PUT THOSE THINGS IN THEIR SOFTWARE, THEY OFFER SOMETHING LIKE A REBATE. BUT THIS HAS DRIVEN CONSISTENT USE OF ELECTRONIC HEALTH RECORDS SYSTEMS SO IT'S A GOOD THING. AND SO THERE ARE A COUPLE OF STAGES, TWO AND THREE THAT ARE IN PROCESS RIGHT NOW THAT WILL REQUIRE MORE HEALTH INFORMATION EXCHANGE FUNCTIONALITY TO BE IN SYSTEMS SO WE'RE KIND OF WAITING TO SEE WHAT HAPPENS THERE, RATHER THAN US PAYING FOR SOMETHING WE DON'T NEED TO. IF CMS IS GOING TO DRIVE IT, THEN WE'RE GOING TO TAKE A LITTLE BIT OF A WAIT AND SEE AND LEVERAGE THAT. AND THEN, OF COURSE, HEALTH SHARE OREGON IS GOING TO BE IN SYNC WITH WHATEVER THE HEALTH AUTHORITY DECIDES TO DO IN 1.5 IN THEIR PHASES. AND THEN THERE ARE TWO OTHER AREAS THAT THEY'RE CALLING COMPLEMENTARY SOLUTIONS WHERE THEY THINK THEY CAN MAKE A DIFFERENCE IF WE CAN COME UP WITH, YOU KNOW, WHAT'S THE PLATFORM TO DO THAT AND ONE IS IN THE EXCHANGE OF DATA AT THE EMERGENCY ROOM LEVEL SO IT'S CALLED EMERGENCY DEPARTMENT INFORMATION EXCHANGE. AND THEN OVERALL CARE COORDINATION, IS THERE A PERFORM, SO THEN WHAT ARE WE DOING? SO, YOU KNOW, FIRST, I THINK IT'S IMPORTANT TO KNOW THAT, YOU KNOW, WHERE THERE ARE MANDATES AND THERE ARE, WE ARE IMPLEMENTING THEM SO THAT'S KIND OF OUR FIRST STRATEGY IS FOCUS ON WHAT WE KNOW AND IMPLEMENT. AND THEN THE SECOND ONE IS FOCUS ON WHAT WE CAN CONTROL. SO LET'S FIGURE OUT HOW TO INTEGRATE OUR PHYSICAL AND MENTAL HEALTH AND AGAIN, YOU HEARD SOME ABOUT THAT RELATED TO GRANTS THAT WE'RE ASKING FOR BUT WE ALSO ARE WORKING WITH BOTH OF THOSE BIG VENDORS TO SAY YOU ARE BIG VENDOR IN THIS ARENA, AND YOUR SYSTEMS REALLY NEED TO BE BROADLY INTEGRATED AND THEY ARE TALKING AND OCHIN IS A BIG PART OF THAT DISCUSSION, TOO. I THINK THAT CAN BE KEY INTERNALLY. AND THEN FINALLY, WE, TOO, WILL BE VERY PROACTIVE IN UNDERSTANDING WHAT THE HEALTHCARE AUTHORITY IS REQUIRING AND WHAT HSO IS REQUIRING AND, YOU KNOW, BE THERE IN STEP WITH THEM IN IMPLEMENTING ANY OF THE INFRASTRUCTURE THAT THEY PROVIDE WHERE WE NEED IT. SO THEN FINALLY, WHAT HAVE WE DONE AND WHAT ARE WE DOING TACTICALLY? SO THERE HAVE BEEN SOME MANDATES LAST YEAR AS HEALTH SHARE OREGON BECAME AN ENTITY, WE WERE REQUIRED TO ENABLE OUR SYSTEMS TO RECEIVE CLIENTS FROM THEM BECAUSE HISTORICALLY, WE HAD GOTTEN FILES FROM THE STATE OR OCHIN ON OUR PART OR OUR MENTAL HEALTH VENDOR ON OUR PART RECEIVED FILES FROM THE STATE BUT AT THE SAME TIME, HEALTH SHARE OREGON WAS CREATED ALL THE PARTNERS HAD TO START RECEIVING THAT DATA FROM THEM SO WE MADE CHANGES TO OUR VARIOUS SYSTEMS TO DO THAT. ON THE MENTAL HEALTH SIDE THERE ARE SOME REVISIONS TO THOSE FILES AND THAT WORK IS IN PROCESS RIGHT NOW AND WE'RE REQUIRED TO

HAVE PHASE TWO IMPLEMENTED BY FEBRUARY 1st OF 2014. AND, YOU KNOW, I'LL SAY THIS IS ONE OF THE PLACES WHERE I SAID WE HAVE A CHALLENGE BECAUSE, YOU KNOW, THE STATE GAVE US REQUIREMENTS LATE AND THE VENDOR IS A NEW VENDOR AND, YOU KNOW, WE'RE, YOU KNOW, NAVIGATING THROUGH HOW TO GET THIS IN BY FEBRUARY 1st. WE THINK WE WILL BUT, YOU KNOW, IT'S A CHALLENGE. BECAUSE IT WAS TALKED ABOUT FOR A LONG TIME THAT WE HAD TO DO IT, FOR A LONG TIME WE DIDN'T KNOW WHAT DATE AND WE GOT A DATE BUT WE DIDN'T HAVE REQUIREMENTS SO WE'RE IN THE MIDDLE. AND THEN WE'VE ALSO IMPLEMENTED SOME STANDARD HOSPITAL DISCHARGE FRAMEWORK ON THE EPIC SIDE THAT WAS REQUIRED EARLY ON IN THE IMPLEMENTATION OF HEALTH SHARE OREGON. I MENTIONED THIS EARLIER BUT I WILL TALK ABOUT IT AGAIN. WE ARE PART OF A GROUP WITHIN HEALTH SHARE OREGON THAT'S LOOKING AT HOW DO WE ENHANCE THE EFFECTIVENESS OF DATA SHARING VIA THIS TOOL EPIC CARE EVERYWHERE AND IT'S REALLY AROUND CONSISTENT CONFIGURATIONS AND THE ADDITION OF MENTAL HEALTH INFORMATION THAT COULD MAKE A DIFFERENCE IN A CRISIS. AND THEN, YOU KNOW, I THINK THE OTHER GOOD NEWS FOR YOU IS WE ARE MEETING ALL OUR REQUIREMENTS RIGHT NOW AND WE HAVE KEPT UP AND SO THEREFORE, WE WILL GET PAID. WHICH IS IMPORTANT. AND I THINK IT'S ALSO IMPORTANT FOR YOU TO KNOW THAT WE SO FAR HAVE BEEN ABLE TO DO THAT WITHIN OUR EXISTING MAINTENANCE BUDGETS AND THE ADDITIONAL FUNDING THAT THE BOARD PROVIDED FOR IMPLEMENTING THE MENTAL HEALTH ELECTRONIC RECORDS SYSTEM. THE BOARD ALSO APPROVED AN ADDITIONAL \$400,000 FOR US IN THE 2014 BUDGET TO MEET UNKNOWNNS. AND RIGHT NOW WE HAVEN'T HAD A NEED FOR THOSE BUT BECAUSE WE'RE SEEING THE SOLIDIFICATION OF STRATEGIES, WE KNOW WE'RE GOING TO HAVE IMPLEMENTATION REQUIREMENTS IN THE DOWNSTREAM FROM THAT. WE DO HAVE THAT MONEY AVAILABLE. AND I THANK YOU FOR IT. [LAUGHTER] AND SO NEXT STEPS, YOU KNOW, ARE REALLY I DON'T HAVE SPECIFIC ONES, OTHER THAN CONTINUING TO BE A PART OF THE STEERING COMMITTEE, CONTINUING TO PROACTIVELY UNDERSTAND WHAT'S GOING ON AT THE STATE LEVEL, BOTH THE STATE LEVEL AND WITHIN OUR PARTNERSHIP AND PROVIDING THE DIRECTION TO GET WHATEVER THOSE THINGS ARE IMPLEMENTED AND AS WE KNOW MORE WE'LL COME BACK AND BETTER INFORM THE BOARD, TOO. SO I'M HAPPY TO ANSWER QUESTIONS.

>> MADAM CHAIR, MEMBERS OF THE COUNCIL, I'M LEADING THE CROSS ORGANIZATIONAL IMPLEMENTATION OF THE HEALTHCARE TRANSFORMATION EFFORT AND I JUST WANTED TO SAY THAT THIS IS A PART OF THE BRIEFING TODAY IS PART OF THE SERIES OF BRIEFINGS THAT YOU'RE GOING TO BE HEARING FROM US ABOUT THE VARIOUS COMPONENTS OF THE IMPLEMENTATION OF THE HEALTHCARE TRANSFORMATION OVER THE REST OF THE MONTH AND NEXT MONTH, INFORMATION TECHNOLOGY TODAY CHANGES AND THE WAY WE'RE GOING TO RECEIVE PAYMENT FOR SERVICES AS SCHEDULED FOR NEXT WEEK, YOU'LL HEAR FROM CORRECTIONS HEALTH

ABOUT THE CHANGES THAT THEY'RE MAKING TO ADDRESS HEALTHCARE TRANSFORMATION OF MENTAL HEALTH AND THEN SUBSTANCE ABUSE AND ADDICTION. SO I JUST WANTED TO ASSURE YOU THAT YOU'RE GOING TO HEAR FROM INDIVIDUAL DEPARTMENTS AND PEOPLE BUT THIS IS A CONCERTED KNITTED TOGETHER EFFORT THAT WE ARE WORKING REALLY CLOSELY TOGETHER ON. IT'S NOT LIKE SHERRY'S DOING THIS IN ISOLATION AND WE'RE DOING SOMETHING AT THE HEALTH DEPARTMENT AND THEY'RE DOING SOMETHING OVER AT DCS. WE'RE WORKING VERY CLOSELY TOGETHER ON THIS.

>> AND NANCY KEEPS US ALL IN LINE. [LAUGHTER]

>> Comm. Smith: I WOULD LIKE TO MAKE A COMMENT. THANK YOU FOR THE PARTNERSHIP AND THE COOPERATION BECAUSE I KNOW THIS IS HUGE. THIS IS NEW. AND I SO APPRECIATE SHERRY'S PRESENTATION, THE BEGINNING, IDENTIFYING WHO'S RESPONSIBLE FOR WHAT AND WHAT THEY NEED TO DO AND IT GIVES ME A BETTER UNDERSTANDING OF, YOU KNOW, WHERE SOME HOLES OR GAPS MAY BE BUT I THINK YOU GUYS ARE DOING GREAT. WE JUST HAVE TO GET A BETTER COORDINATION WITH THE STATE.

>> THANK YOU.

>> Comm. Wendt: IT'S A COMMENT, BACK TO THE FAMILY CARE AND AGAIN TO ECHO WHAT COMMISSIONER SHIPRACK IS SAYING, I KNOW THAT'S OUT OF YOUR CONTROL TO SOME DEGREE BUT I'M WONDERING SORT OF WHAT THE CONTINGENCY PLANNING IS AROUND THOSE SIGNIFICANT UNKNOWN, CONSUMERS ARE ONE TO ONE IN HEALTH SHARE TO FAMILY CARE, IT'S A SIGNIFICANT UNKNOWN, SO FOR A FUTURE CONVERSATION.

>> YES, YOU KNOW, AS SHERRY SAID, FAMILY CARE DOESN'T HAVE A TECHNOLOGY PLATFORM RIGHT NOW FOR US TO SUBMIT CLAIMS DATA AND ALSO VERIFY THAT PATIENTS ARE ENROLLED WITH US, WHICH THEY NEED TO BE ASSIGNED TO FAMILY CARE AND THEN ASSIGNED TO US IN ORDER TO GET PAYMENT FROM THEM. THAT IS A REDUNDANT SYSTEM THAT WE'RE RUNNING RIGHT NOW IN THE HEALTH DEPARTMENT TO FILE THOSE CLAIMS AND TRY TO GET PAYMENT FOR THE CARE THAT WE ARE PROVIDING TO PEOPLE WHO WE'VE BEEN PROVIDING CARE TO PERHAPS AS UNINSURED INDIVIDUALS FOR A LONG TIME, AND NOW, THEY'RE ENROLLED AT FAMILY CARE AND WE NEED TO GET PAID FOR THAT CARE. AND THAT IS A CHALLENGE RIGHT NOW.

>> Chair Madrigal: ADDITIONAL QUESTIONS? OKAY, THANK YOU VERY MUCH.

>> Board Clerk: R.15, RESOLUTION VACATING A PORTION OF TWO PUBLIC ROADS, PURSUANT TO ORS 368.326 TO 368.366.

>> Chair Madrigal: I HAVE A MOTION? COMMISSIONER SHIPRACK MOVES, COMMISSIONER WENDT SECONDS APPROVAL OF R.15.

>> GOOD MORNING, COMMISSIONERS, CHAIR MADRIGAL, I'M PATRICK HINDS. OUR RESOLUTION IS TO VACATE TWO PUBLIC ROADS IN UNINCORPORATED EAST MULTNOMAH COUNTY. THE REASON FOR THE PETITION IS THAT THIS IS A CITIZEN INITIATED PETITION TO BEGIN WITH. THEY ARE REQUESTING THE VACATION BECAUSE THEY OWN SOME PROPERTY, THEY OWN A HOUSE THAT'S CONSTRUCTED IN A RIGHT OF WAY. SO THE DEPARTMENT HAS LOOKED AT IT, FOUND THE VACATION TO BE IN THE BEST PUBLIC INTEREST. THE PETITIONERS ARE PAYING 100% OF THE ADMINISTRATIVE COST TO PROCESS THIS VACATION AND WE'RE PRESENTING IT FOR APPROVAL TODAY.

>> Chair Madrigal: OKAY. ANY QUESTIONS?

>> Comm. McKeel: THANK YOU. THANK YOU. I HAVE TO SAY THIS REALLY TROUBLES ME THAT THE PETITIONER IS PAYING \$4,000 FOR SOMETHING THEY DIDN'T INITIATE. THIS WAS DONE LONG AGO, THAT THEIR PROPERTY IN THE RIGHT OF WAY, CORRECT?

>> THE PETITIONERS ARE INDICATING THAT THEIR HOUSE WAS POSSIBLY CONSTRUCTED IN 1926 IN THE RIGHT OF WAY. WE HAVE MAPS ON FILE THAT ARE ASSOCIATED WITH THE CONSTRUCTION OF THE HISTORICAL COLUMBIA RIVER HIGHWAY. WE HAVE MAPS DATED TO 1914 THAT SHOW A STRUCTURE OF SOME SORT WAS BUILT AT THAT TIME IN THE RIGHT OF WAY. THAT SIGNIFICANTLY PREDATES ANY LAND USE PLANNING ACTIONS AND THE SUBDIVISION WAS PLOTTED IN THE 1890s. AND THAT'S PRETTY CLOSE TO THE TIME IN THE STATE OF OREGON WHEN PROPERTY WAS ESSENTIALLY GIVEN TO PEOPLE TO ENCOURAGE SETTLEMENT AND DEVELOPMENT. SO THE VALUE OF PROPERTY WASN'T VALUED AS SIGNIFICANTLY AS IT IS TODAY. SO I HAVE A FEELING OUT OF -- WHAT MAKES SENSE TO ME WITHOUT ANY OTHER SUPPORTING DOCUMENTATION IS THAT FOLKS BUILT STRUCTURES AND IMPROVEMENTS THAT WERE MAYBE LATER ON, ADDED TO AND IMPROVED APPROXIMATELY PLUMBING COMES INDOORS. SO AS PROPERTY DEVELOPS, IT DEVELOPS WITHOUT A GREAT DEAL OF CONSIDERATION FOR WHERE PROPERTY LINES ARE, SPECIFIC PROPERTY LINES ARE. THE HISTORIC COLUMBIA RIVER HIGHWAY, WHICH IS NOW UNDER STATE JURISDICTION BIFURCATES THE PLAT AND THAT WAS ONE AFTER THE COMMUNITY WAS ESSENTIALLY DEVELOPED IN THE 1890s, 1900s, AROUND THERE. SO WHAT HAS HAPPENED OVER TIME IS, AS PROPERTY CHANGES HANDS, FOLKS COME INTO A CONDITION OR INHERIT A CONDITION THAT THEY WEREN'T A PARTY TO WHEN IT ORIGINALLY OCCURRED. YOU FIND YOURSELF AS YOU ARE WHERE YOU ARE BASICALLY.

>> Comm. McKeel: RIGHT AND I UNDERSTAND THEY HAVE AGREED TO PAY IT BUT SOMEHOW IT DOESN'T SIT RIGHT WITH ME THAT YOU PAY \$400,000 FOR SOMETHING YOU HAD NOTHING TO DO WITH.

>> AGAIN, THIS IS A CITIZEN INITIATED PETITION AND THEY ARE BUDGETED TO PAY 100% OF THE ADMINISTRATIVE AND PROCESSING COSTS FOR THE ROAD VACATION PROCEEDINGS BUT THEY ARE NOT WALKING AWAY FROM THIS TRANSACTION EMPTY-HANDED. AT THE END OF THE DAY, THEY WILL FOR THEIR \$4,000 OWN SOME ADDITIONAL PROPERTY OUT THERE. AND IN THIS PARTICULAR CASE THEY'LL END UP WITH APPROXIMATELY A 10th OF AN ACRE OR 4,000 SQUARE FEET. SO THERE IS -- AT THE END OF THE DAY WHEN ALL IS SAID AND DONE, THEY'VE PAID ADMINISTRATIVE COSTS BUT THERE'S NO CHARGE FOR THE PROPERTY.

>> Comm. McKeel: OKAY BUT THE PROPERTY IS WHERE THEIR HOUSE SITS CORRECT?

>> YES.

>> Comm. McKeel: OKAY.

>> AND MORE. OBVIOUSLY, THE ENCROACHING PART OF THE HOUSE ISN'T 4,000 SQUARE FEET.

>> Comm. McKeel: OKAY. AND I UNDERSTAND THIS PROCESS AND THIS IS DONE BUT I JUST WANT TO SAY IN PRINCIPAL THIS IS SOMETHING THAT BOTHERS ME A LITTLE BIT AND I WOULD LIKE TO LOOK INTO IT, NOT THIS BUT INTO THE PROCESS A LITTLE BIT MORE ABOUT HOW WE VACATE LANDS AND I DO HAVE THOSE CODES AND I'M LOOKING AT THEM THAT WE'RE CONSISTENT WITH WHAT WE'RE DOING. SO YEAH.

>> I WOULD WELCOME A CONVERSATION ANY TIME.

>> Comm. Shiprack: I AGREE WITH COMMISSIONER McKEEL. THIS PRINCIPLE HAS ALWAYS BEEN A CONCERN TO ME. WE BUY A NEW HOUSE, NEW TO YOU, MAYBE IT WAS BUILT IN 1914 OR 1926, YOU ARE REQUIRED, IT'S NOT AN OPTION, YOU'RE REQUIRED TO PAY A TITLE INSURANCE COMPANY FOR A TITLE INSURANCE POLICY AND I ALWAYS WONDERED WHAT WOULD HAPPEN IF IT WAS DISCOVERED THAT MY HOME, WHICH I HAD PURCHASED WITH A TITLE INSURANCE POLICY WHICH I PAID FOR, WHICH THE LENDER LOANED ON BASED ON THE TITLE INSURANCE POLICY THAT I PAID FOR, IF THAT PIECE OF PROPERTY WERE DISCOVERED TO BE SITTING ON A RIGHT OF WAY FOR A STREET. OR, YOU KNOW, IN SOME OTHER WAY THAT THE TITLE WAS UNDER A CLOUD THAT YOU COULD DRIVE A TRUCK THROUGH THEORETICALLY SO TO SPEAK SINCE IT IS A STREET. AND NOW, WE HAVE THIS KIND OF MORAL TALE PRESENTED TO THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS AND I

JUST -- I'M GLAD THAT WE HAVE SUCH AGREEABLE FOLKS LIVING OUT THERE IN COMMISSIONER McKEEL'S DISTRICT AND THAT IT TURNS OUT TO BE IN THIS CASE A GOOD DEAL FOR THEM BUT IT IS KIND OF INSTRUCTIVE I THINK TO ANY OF US WHO HAVE EVER PURCHASED A PIECE OF REAL ESTATE BECAUSE I KNOW IN THIS COUNTY WE ALL HAVE THAT IN COMMON AND IN THE STATE WE ALL HAVE THAT IN COMMON THAT WE HAVE BEEN ENTITLED TO PURCHASE A TITLE INSURANCE POLICY. MAKING FRIENDS WITH ALL THE TITLE INSURANCE FRIENDS WHO MAY BE LISTENING IN TODAY.

>> AND I MIGHT ADD THAT THIS PETITION FOLLOWS A PROCESS THAT ALLOWS FOR ONE HEARING BEFORE THE BOARD, WHICH HELPS REDUCE ADMINISTRATIVE COSTS. THERE'S NO NOTICE REQUIREMENTS FOR PUBLISHING IN THE PAPER OR AN ADVERTISEMENT IN THE PAPER, IT CAN EASILY ADD ABOUT \$1,000 OF ADVERTISING COSTS FOR A PROCEEDING LIKE THIS. BUT THE PETITIONERS BROUGHT IN A PETITION THAT'S 100% SUPPORTED BY ABUTTING PROPERTY OWNERS, INCLUDING THE STATE PARKS AND STATE HIGHWAY DEPARTMENT AND INCLUDING THE ROAD OFFICIALS.

>> Comm. Shiprack: I DIDN'T MEAN TO STIR UP CONTROVERSY, IT SOUNDS LIKE YOU'VE DONE A REALLY GOOD JOB AND, LIKE I SAID, IT SOUNDS LIKE WE'RE THE BENEFICIARIES OF SOME PROPERTY OWNERS WHO BEHAVE REASONABLY, AS WELL.

>> Chair Madrigal: THANK YOU. ANY MORE QUESTIONS? OKAY. ALL IN FAVOR VOTE AYE, [UNANIMOUS AYES] THE RESOLUTION IS ADOPTED.

>> Board Clerk: R.16 BUDGET MODIFICATION DCHS14-24, INCREASING AGING AND DISABILITY SERVICES DIVISION FEDERAL STATE FUND APPROPRIATION BY \$61,344.

>> Chair Madrigal: COMMISSIONER SMITH MOVES, COMMISSIONER McKEEL SECONDS APPROVAL OF R.16. WE'RE ON R.16, AND WE'RE STILL HOLDING IT TOGETHER.

>> I AM EXHAUSTED FOR YOU GUYS, WOW. WHAT A DAY. AWESOME. I CRIED, I LAUGHED. WELL, GOOD AFTERNOON, CHAIR MADRIGAL AND COMMISSIONERS, I'M PEGGY BREY, I'M THE DIVISION DIRECTOR FOR AGING AND DISABILITY SERVICES AND I'M HERE TO ASK FOR YOUR APPROVAL FOR A BUDGET MODIFICATION OF \$61,344 FOR A LIMITED DURATION PROGRAM SPECIAL POSITION THAT WE'RE REFERRING TO AS THE LODGE ROOM CARE INNOVATOR AGENT AND THE \$61,000 IS STATE GENERAL FUND DOLLARS. IT'S FOR SEVEN MONTHS. HOWEVER, IT REALLY IT IS A TWO YEAR CONTRACT WITH THE TOTAL AMOUNT BEING \$211,344. THE STATE IS AWARDING OTHER AREA AGENCIES LIKE OURSELVES AND THREE OF THE STATE OFFICES, SO THE SEVEN LONG-TERM CARE INNOVATORS THROUGHOUT THE STATE THAT

WILL BE COVERING THE VARIOUS COUNTIES FOR OUR POSITION, WE WILL BE COVERING MULTNOMAH, WASHINGTON, CLACKAMAS AND COLUMBIA. THE POINT OF THE INNOVATOR IS TO SERVE AS A LIAISON BETWEEN THE TWO AND TO ENSURE THAT THE MEMORANDUM OF UNDERSTANDING IS FULFILLED AND THAT UNDERSTANDING INCLUDES SUCH THINGS AS -- A LOT OF WHAT YOU ALREADY HEARD WITH THE HEALTH INFORMATION, CARE COORDINATION, IDENTIFYING INDIVIDUALS WHO ARE HIGH UTILIZERS WHERE WE CAN ADJUST THEIR CARE PLAN, LOOKING AT DATA, AND ALSO DOING SOME STRATEGIC PLANNING BECAUSE THIS IS A LIMITED DURATION POSITION. I DON'T KNOW IF WE'LL GET -- THE STATE ACTUALLY WAS ABLE TO GET INNOVATION FUNDS THROUGH A GRANT, WHICH IS WHAT'S COVERING THE STATE'S OFFICES AND WE'RE GETTING THE GENERAL FUND PIECE. I'M HOPEFUL BUT I'M NOT HOLDING MY BREATH. PART OF THIS ROLE WILL BE TO ESTABLISH SYSTEMIC PROCESSES AND RELATIONSHIPS, ALTHOUGH WE'VE ALREADY REALLY ESTABLISHED GREAT RELATIONSHIPS BUT JUST TO CONTINUE THAT WORK SO THAT THERE WILL BE SUSTAINABILITY BEYOND THIS. THE OTHER PIECE IS IN TERMS OF THEY'LL BE DOING SOME TRAINING, AND EDUCATION OF OUR NETWORK AND OF OUR SYSTEM TO THE HEALTH SYSTEMS BECAUSE THE AGING NETWORK IS A LITTLE BIT ELUSIVE. IT'S NOT WELL UNDERSTOOD. THAT WILL BE ANOTHER KEY ROLE. THAT'S THE NATURE OF MY REQUEST AND I RESPECTFULLY HOPE YOU'LL APPROVE IT.

>> Chair Madrigal: OKAY. ANY QUESTIONS? ALL IN FAVOR VOTE AYE. [UNANIMOUS AYES] OPPOSED? THE BUDGET MODIFICATION IS APPROVED.

>> Board Clerk: NOW IS THE TIME WE HAVE FOR BOARD COMMENTS ON NON-AGENDA ITEMS.

>> Chair Madrigal: DOES ANYONE HAVE AN ITEM TO DISCUSS TODAY?

>> Comm. McKeel: THANK YOU. I HAVE TWO THINGS. LAST NIGHT, WE HELD IN PARTNERSHIP WITH REPRESENTATIVE CHRIS GORSICK ABOUT HEALTHCARE OUT IN EAST COUNTY AT MT. HOOD COMMUNITY COLLEGE, WELL, ATTENDED, A LOT OF GOOD INFORMATION EXCHANGED, AND THEN I ALSO WANT TO ANNOUNCE THAT ON SATURDAY, FROM 10:00 A.M. TO 4:00 P.M., THE ROSEWOOD INITIATIVE HOLIDAY MARKET IS HAPPENING AND THEY HAVE -- THEY PARTNER WITH MERCY CORPS NORTHWEST TO HOST COMMUNITY BASED ENTREPRENEURS OFFERING TRADITIONAL CRAFTS FROM RUSSIA, AFRICA, ASIA AND LATIN AMERICA AND IN ADDITION, THE DEPUTIES FROM THE MULTNOMAH COUNTY SHERIFF'S OFFICE HAVE SPONSORED A PHOTO BOOTH AT THE MARKET THAT WILL ALLOW CHILDREN AND THEIR FAMILIES TO HAVE THE OPPORTUNITY TO HOLIDAY PHOTOS TAKEN. FREE OF CHARGE. AND THIS WAS MADE POSSIBLE DUE TO THE GENEROUS DONATIONS FROM SHERIFF'S OFFICE STAFF. AND FROM PROFESSIONAL PHOTOGRAPHERS VOLUNTEERING THEIR TIME. SO THE HOLIDAY MARKET IS AT THE ROSEWOOD INITIATIVE BUILDING, 161st AND STARK IN PORTLAND.

>> Chair Madrigal: THIS SATURDAY.

>> Comm. Shiprack: IT'S MY LAST OPPORTUNITY TO MAKE A PITCH FOR THE WHAT WORKS CONFERENCE TOMORROW. LPSCC'S ANNUAL EVENT WHICH SHOWCASES THE BEST POLICIES AND INNOVATIONS IN PUBLIC SAFETY TO A STATEWIDE AUDIENCE AND OUR TOPIC THIS YEAR IS MENTAL HEALTH AND THE PUBLIC SAFETY SYSTEM AND HOW THEY ARE IMPACTED BY HEALTHCARE TRANSFORMATION. SO I'LL SEE YOU HOPEFULLY TOMORROW. WE HAVE A WONDERFUL PROGRAM. AND LUNCH IS INCLUDED.

Chair Madrigal: GOOD. THANK YOU. ANY ADDITIONAL ANNOUNCEMENTS? I WANT TO REMIND EVERYONE THAT WITH THE COLD WEATHER THERE ARE EMERGENCY SHELTERS OPEN AND TO CALL 211 IF YOU NEED ACCESS TO THOSE SERVICES AND THEY'LL LET YOU KNOW EXACTLY WHERE TO GO. THANK YOU. AND IF THERE'S NO FURTHER BUSINESS, WE ARE ADJOURNED.

ADJOURNMENT

The meeting was adjourned at 12:15 p.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:

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