

**Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, June 24, 2014**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:06 a.m. with Vice-Chair Diane McKeel and Commissioners Jules Bailey, Loretta Smith and Judy Shiprack present.

Also attending were Jacqueline Weber, Deputy County Attorney, and Marina Baker, Assistant 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 Kafoury: HELLO. WELCOME. WE HAVE A BOARD BRIEFING THIS MORNING AND LOTS OF GUESTS. WOULD YOU PLEASE INTRODUCE YOURSELF?

Ms. Myers: YES, GOOD MORNING. AS YOU KNOW, I AM SUSAN MYERS, THE DIRECTOR OF COUNTY HUMAN SERVICES. AND I AM EXCITED TO PRESENT TO YOU TODAY A REPORT ON MULTNOMAH COUNTY MENTAL HEALTH AND ADDICTION SERVICES, AND THIS ONE FOCUSES ON HOW WE MANAGE OUR DUAL ROLES AS BOTH MULTNOMAH MANAGED CARE AND A LOCAL MENTAL HEALTH AUTHORITY. FIRST, I WILL INTRODUCE THE, THE TAC CONSULTANT AND EXPLAIN WHY I FELT THE NEED TO ENGAGE OUTSIDE EXPERTISE AND DISCUSS THE PROCESS WE USE DURING THIS ENGAGEMENT AND, AND I WILL TURN THE PRESENTATION OVER TO OUR CONSULTANTS, AND THEY WILL PRESENT THEIR FINDINGS AND RECOMMENDATIONS, AND WE WILL RESPOND TO ANY QUESTIONS. THE CONSULTANT FIRM THAT WE ENGAGE IDEA IS TECHNICAL ASSISTANCE CONSULTANTS, OTHERWISE KNOWN AS TAC. THEY ARE BASED IN BOSTON, MASSACHUSETTS, AND FOR THIS PROJECT, TAC ENGAGED ONE OF THEIR PARTNERS, THE UNIVERSITY OF MASSACHUSETTS, CENTER FOR HEALTH LAW AND ECONOMICS. TAC HAS BROUGHT AREAS OF KNOWLEDGE IN HUMAN SERVICES, BUT THE AREAS OF EXPERTISE MOST RELEVANT TO US FOR THIS CONSULTATION, IS EXPERTISE IN MENTAL HEALTH AND SUBSTANCE USE, AND MEDICAID, AND MANAGED CARE, AND HEALTH REFORM. TAC SUPPORTS PUBLIC MANAGERS AND PURCHASERS OF SERVICES TO SUCCESSFULLY PLAN AND IMPLEMENT THE DESIGN, FINANCING, AND MANAGEMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. LET ME TELL YOU ABOUT TAC'S CLIENTS, IT INCLUDES FEDERAL, STATE, AND LOCAL AGENCIES, AND SUCH AS THE UNITED STATES CENTER ON MEDICARE AND MEDICAID SERVICES, AND THE UNITED STATES SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES, OTHERWISE KNOWN AS SAMSA, AND OUR OWN OREGON DEPARTMENT OF JUSTICE AND, AND MUNICIPALITIES OF PHILADELPHIA, NEW YORK, AND BOSTON. SO THEY HAVE LOTS OF EXPERIENCE WORKING WITH GOVERNMENT ENTITIES. I WILL INTRODUCE THE CONSULTANTS ON THE

ENDS IS KELLY ENGLISH. SHE IS A SENIOR ASSOCIATE WITH TAX HUMAN SERVICES GROUP. KELLY'S EXPERTISE IS IN THE AREAS OF DESIGN AND, AND IMPLEMENTATION OF CARE MANAGEMENT APPROACHES, AND SYSTEMS OF CARE DEVELOPMENT, AND PERSON-CENTERED PLANNING, QUALITY IMPROVEMENT STRATEGIES, AND PROGRAM EVALUATION. AND PRIOR TO JOINING TAC, KELLY SERVED AS A CONSULTANT TO MASSACHUSETTS MEDICAID ON THE IMPLEMENTATION OF BEHAVIORAL HEALTH SERVICES FOR YOUTH, AND WORKED FOR YEARS FOR THE MASSACHUSETTS MEDICAID BEHAVIORAL HEALTH CARVEOUT VENDOR. NEXT TO ME IS CAROL, AND SHE IS WITH THE CENTER FOR HEALTH LAW AND ECONOMICS AT THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL, AND CAROL'S EXPERTISE IS ALSO IN MANAGED CARE, AND MANAGING COMPLEX PROJECTS, ESPECIALLY THOSE RELATED TO HEALTH CARE ANALYTICS, AND IN PROGRAM MODEL DEVELOPMENT, AND IMPLEMENTATION. AND HER BACKGROUND INCLUDES DEVELOPING PAYMENT STRATEGIES FOR BEHAVIORAL HEALTH PROGRAMS, MANAGING THE DEVELOPMENT OF NEW POLICIES AND PROGRAMS, AND DEVELOPING AND MONITORING CONTRACTS. PREVIOUSLY CAROL WORKED AS THE DEPUTY DIRECTOR AT THE OFFICE OF BEHAVIORAL HEALTH AT MASS HEALTH, THE MASSACHUSETTS MEDICAID PROGRAM, AND SHE WORKED CLOSELY WITH, WITH, WITH ANALYSTS AND ACTUARIES TO DEVELOP PRICING AND CONTRACTING STRATEGIES FOR BEHAVIORAL HEALTH CARE SERVICES. WE ALSO HAD A THIRD CONSULTANT, AND SHE WAS UNABLE TO JOIN US. HER NAME IS SHERRY SCHNEIDER, AND SHE HAS OVER 30 YEARS OF EXPERIENCE IN THE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES SYSTEMS. RANGING FROM DIRECT SERVICE PROVISION TO SYSTEM ADMINISTRATION, AND, AND SHE SPENT MOST OF HER CAREER IN COUNTY AND STATE GOVERNMENT, INCLUDING SERVING US A ACTING DEPUTY SECRETARY FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR THE STATE OF PENNSYLVANIA. SO, WE HAVE LOTS OF EXPERTISE. AND, AND NEXT, I WOULD LIKE TO EXPLAIN WHAT LED ME TO DECIDE ON THE NEED FOR A CONSULTANT. HEALTH CARE TRANSFORMATION AT BOTH THE STATE AND FEDERAL LEVELS HAVE HEAVILY IMPACTED THE ADMINISTRATION, BUDGET, AND OPERATIONS OF OUR MENTAL HEALTH AND ADDICTION SERVICES DIVISION. SINCE WE HAVE HAD NUMEROUS BRIEFINGS ABOUT HEALTH CARE REFORM OVER THE PAST FEW YEARS, I BELIEVE THAT YOU ARE WELL INFORMED ABOUT MANY OF THE CHALLENGES THAT, THAT INVOLVE THE STATE, THE COORDINATED CARE ORGANIZATIONS FOR US, PARTICULARLY HEALTH SHARE OF OREGON, AND OUR PROVIDER NETWORK, AND OUR CONSUMERS. THE PRIMARY IMPETUS FOR ENGAGING IN THIS CONSULTATION, HOWEVER, RESOLVED AROUND THE RELATIONSHIP AS A RISK ACCEPTING ENTITY, WHICH I WILL REFER TO AS A RAE FOR HEALTH SHARE OF OREGON. AND ESSENTIALLY, WE HAVE ENTERED INTO A RELATIONSHIP WITH A PRIVATE ENTITY, THAT NOW HAS, HAS SIGNIFICANT DECISION-MAKING AUTHORITY OVER OUR OPERATIONS. WE HAVE HAD VARIOUS CHALLENGES WITH HEALTH SHARE SINCE THE INCEPTION AS A RAE, BUT ONE OF THE MOST SIGNIFICANT CHALLENGES HAS RESOLVED AROUND UTILIZATION MANAGEMENT. HEALTH SHARE BELIEVES THAT WE DENY TOO MANY CLAIMS FOR PAYMENT, WITH MOST OF THE COMPLAINTS BEING FROM OUR HOSPITAL PARTNERS. THE OTHER AREA OF

DISAGREEMENT RESOLVES AROUND CLAIM DENIALS FOR CHILDREN'S MENTAL HEALTH SERVICES AND TAC WILL BE DISCUSSING BOTH THESE ISSUES IN THE REPORT. LET ME TELL YOU THAT LAST FALL, AS A RESULT OF FRUSTRATION WITH THESE DISAGREEMENTS, HEALTH SHARE INFORMED ME THAT THEY WERE GOING TO HIRE A TRUSTEE TO TAKE OVER MULTNOMAH MENTAL HEALTH. AND MY RESPONSE WAS THAT, WELL, THAT WOULD HAVE TO GO BEFORE OUR BOARD, AND I DOUBTED THAT WOULD BE APPROVED, AS I DON'T THINK THAT YOU ARE ALLOWED TO HIRE A PRIVATE ENTITY TO TAKE OVER GOVERNMENT. A FEW WEEKS LATER, I WAS AGAIN APPROACHED BY HEALTH SHARE, AND SAID TIME I WAS INFORMED THAT THEY WANTED SOMEONE FROM ANOTHER COUNTY TO COME IN AND OVERSEE THE OPERATIONS AND, AND MY, MY RESPONSE WAS, ESSENTIALLY, THE SAME.

Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. SORRY TO INTERRUPT YOU, BUT IF THEY HAVE A CONVERSATION WITH YOU OR DID THEY HAVE THAT CONVERSATION WITH OUR CHAIR OR COO?

Ms. Myers: IT WAS WITH ME.

Commissioner Smith: OK, OK.

Ms. Myers: AND I DON'T KNOW IF IT WAS, WAS TALKED ABOUT WITH THE COO AT THE TIME. I DON'T BELIEVE THAT IT WAS, BUT I TALKED TO THE COO ABOUT IT. I TALKED TO THE COO ABOUT IT. AND AT THE SAME TIME, WE WERE IN THE MIDST OF AUDITS FROM THE COUNTY AUDITOR, THE STATE, AND HEALTH SHARE, AND FRANKLY, IN LIGHT OF THE CHANGES OCCURRING, PLUS THE AUDIT RECOMMENDATIONS, I WAS AT THE POINT THAT I WAS NOT SURE WHAT WAS CONSIDERED BEST PRACTICE, AND IN THIS NEW AND RAPIDLY CHANGING ENVIRONMENT. SO, I DECIDED TO EXPLORE HIRING A CONSULTANT, AS THE SITUATION WAS AT THE POINT THAT I FELT A NEED FOR SOME PROFESSIONAL EXPERTISE AND ADVICE. I DID INFORM HEALTH SHARE OF THE DECISION, AND THEY AGREED THAT THAT WAS A GOOD OPTION. SO, THE OTHER TWO, THE OTHER TWO APPROACHES WERE OFF THE TABLE, SO THEY WERE REALLY LOOKING FORWARD TO THIS CONSULTATION, AS WELL. WE DID SELECT TAC AND BEGAN TO HAVE PLANNING SESSIONS WHERE WE DECIDED TO DIVVY THE ENGAGEMENT INTO TWO PHASES. A REVIEW OF OUR ROLE AS THE RISK ACCEPTING ENTITY FOR HEALTH SHARE, AND THEN OUR ROLE AS THE LOCAL MENTAL HEALTH AUTHORITY AND THE REASON FOR LOOKING AT THE LOCAL MENTAL HEALTH AUTHORITY PIECE WAS NUMBER ONE, WE HAVE A LOT OF ISSUES IN THAT AREA, AS WELL AND, AND IF THERE WAS A DECISION TO, TO GET OUT OF THE BUSINESS OF RUNNING, OF BEING THE RAE, HOW WOULD THAT IMPACT OUR MENTAL HEALTH AUTHORITY OPERATIONS, WHICH WILL BE DISCUSSED IN A FEW MINUTES. AND TAC CONDUCTED TWO SEPARATE TWO-DAY SITE VISITS WHERE THEY INTERVIEWED NUMEROUS, NUMEROUS STAFF, AS WELL AS MANY OF THE PARTNERS, AND I DO WANT TO SHARE WITH YOU WHICH ONES OF OUR PARTNERS THEY INTERVIEWED. AND, AND FOR, FOR THE MANAGED CARE SITE OF OUR OPERATIONS, THE PARTNERS THAT WERE INTERVIEWED INCLUDED CENTRAL CITY CONCERN, CASCADIA, MORRISON, LIFE WORKS,

AND HEALTH SHARE OF OREGON, AND FOR THE LOCAL MENTAL HEALTH AUTHORITY PIECE, THE PARTNERS INTERVIEWED WHERE THE PORTLAND POLICE BEHAVIORAL HEALTH UNIT, THE PRESIDING JUDGE, AND CORRECTIONS HEALTH, AND PROBATION AND MENTAL HEALTH UNIT, AND THE PHYSICIAN WHO IS THE DIRECTOR OF BEHAVIORAL HEALTH AT LEGACY, AND OUR MOBILE CRISIS AND WALKIN CENTER STAFF FROM CASCADIA, AND THE CO-CHAIRS OF THE ADULT MENTAL HEALTH AND SUBSTANCE ADVISORY COUNCIL, AS WELL AS STAFF FROM, FROM MENTAL HEALTH COURT AND COMMITMENT. OUR CONSULTANTS WERE VERY, VERY BUSY, AND NOW, I'M GOING TO TURN IT OVER TO THEM SO THAT THEY CAN READ TO YOU THE PROCESS AND THE RECOMMENDATIONS.

Ms. English: THANK YOU. SO, AGAIN, I AM KELLY ENGLISH, AND I AM A SENIOR ASSOCIATE AT THE TECHNICAL ASSISTANCE COLLABORATIVE. SO, I JUST WANT TO JUST TO, TO KIND OF EXPAND A BIT ON WHAT SUSAN WAS KIND OF DESCRIBING TO YOU ABOUT, ABOUT, ABOUT WHAT THE PRIMARY REASON FOR THE ASK FOR THIS CONSULTATION WAS, SO ON THE MANAGED CARE SIDE, IT WAS FALLING INTO THREE PRIMARY BUCKS OR AREAS THAT, THAT WERE DRIVING THIS REQUEST FOR CONSULTATION. ONE RELATED TO THE FINANCIAL RISK OF THE CONTRACT THAT THE COUNTY IS NOW ENGAGED IN AS A SUBCONTRACTOR TO HEALTH SHARE OF OREGON. SO, I THINK THAT, THAT THE COUNTY FOLKS HAD A LOT OF QUESTIONS ABOUT WHETHER THE, THE, THE DEVELOPMENT OF THE RISK METHODOLOGY USED TO DEVELOP THE [INAUDIBLE], AND WHETHER IT REALLY ADEQUATELY, INCORPORATED SOME OF THE, SOME OF THE ACUTE AND, AND, INCORPORATED SOME OF THE GREATER COMPLEXITY OF THE MULTNOMAH COUNTY RESIDENTS ON THAT, THAT COME WITH THE FOLKS IN AN URBAN ENVIRONMENT, AND PEOPLE EXPERIENCING HOMELESSNESS AND MIGRATING TO THE PORTLAND AREA FOR ACCESS TO SOCIAL SERVICES. AND OTHER HUMAN SERVICES HERE. AS YOU PROBABLY KNOW, THE CONTRACT THAT, THAT THE COUNTY HAS WITH, WITH HEALTH SHARE, A CAPITATED, RISK-BASED CONTRACT MEANING IF THE MEDICAL EXPENSES THAT, THAT ARE EXPENDED EXCEED THE PAYMENT THAT THE COUNTY RECEIVES IN A PER MEMBER PER MONTH PAYMENT, THE COUNTY IS AT RISK FOR THOSE EXPENSES, SO I THINK THAT THERE WAS SOME QUESTIONS AROUND THAT. THE OTHER PRIMARY AREA DRIVING THIS REQUEST WAS KIND OF THE CHANGE IN OVERSIGHT, SO THIS IS A NEW RELATIONSHIP THAT THE COUNTY IS ENGAGED IN, BEING OVERSEEN BY A PRIVATE ENTITY, IN THIS CASE, THE HEALTH SHARE, THIS IS A NEW PARTNERSHIP, AND A NEW RELATIONSHIP, AND IT ALSO MEANS NEW RELATIONSHIPS WITH THE PROVIDER ORGANIZATIONS, AS WELL AS MANY OF THEM ARE ON THE BOARD OF HEALTH SHARE. AND FINALLY, SUSAN, WELL DESCRIBED THE CHANGING HEALTH CARE ENVIRONMENT PRESENTS SOME, SOME REAL EXCITING OPPORTUNITIES FOR, FOR, FOR THE COUNTY, AND ALSO, PRESENTS SOME CHALLENGES AND NEW WAYS OF DOING BUSINESS, AS WELL, SO, KIND OF MOVING FROM PAYING FOR VOLUME TO PAYING FOR VALUE, WHICH IS A GREAT MOVE, BUT AGAIN, IT'S A NEW WAY OF DOING BUSINESS, AND THEN THERE IS INCREASING RELIANCE ON MEDICAID AS A FUNDING SOURCE AS MORE PEOPLE COME IN AS A RESULT OF HEALTH CARE REFORM AND, AND ALSO, KNOWING THAT THE CCOs ARE

BECOMING A MAJOR PLAYER IN THE HEALTH CARE LANDSCAPE, SO WHAT DOES THAT MEAN, AND SO REALLY WANTING US TO TAKE A LOOK AT DOES THE COUNTY HAVE THE RIGHT SYSTEMS AND STRUCTURES IN PLACE TO OPERATE IN LIGHT OF ALL OF THIS CHANGE.

>>> ON THE LOCAL MENTAL HEALTH AUTHORITY SIDE, YOU KNOW, MANY OF THESE ISSUES ARE KIND OF, OF CONNECTED, BUT, THE SAME THING, THREE MAJOR AREAS THAT WERE KIND OF DRIVING THE REQUEST FOR CONSULTATION. ONE AROUND THE CHANGING FISCAL ENVIRONMENT, SO WE KNOW THAT THERE'S BEEN SOME REDUCTION THIS IS STATE FUNDING AS A RESULT OF THE HEALTH CARE REFORM AND, AND SO, WHAT ARE THE IMPLICATIONS OF THAT FOR, THE LOCAL MENTAL HEALTH AUTHORITY OPERATIONS AND, AND, AND WHAT MIGHT THAT MEAN IN TERMS OF THE COUNTY SUPPORT TO CONTINUE TO OPERATE THE LOCAL MENTAL HEALTH AUTHORITY. SOME QUESTIONS, TOO, THEY WANTED US TO, TO TAKE A LOOK AT, AT WHAT MIGHT BE THE, THE IMPACT ON THE LOCAL MENTAL HEALTH AUTHORITY IF THE COUNTY CHOSE TO NO LONGER CONTINUE ITS RELATIONSHIP, AS THE RAE, AS PART OF HEALTH SHARE, AND HOW THAT MIGHT, MIGHT IMPACT THE LOCAL MENTAL HEALTH AUTHORITY OPERATION, AND THE ABILITY TO, OF THE COUNTY TO OPERATE AS IT DOES NOW, WITH AN INTEGRATED BEHAVIORAL HEALTH SYSTEM, AND AS A SECONDARY ISSUE, THERE WERE SOME QUESTIONS THAT THEY WANTED TO TAKE A LOOK AT WHILE WE WERE OUT HERE, AND AROUND, AROUND EMERGING CONCERNS OVER A MENTAL HEALTH COMMITMENT AND THE COUNTY'S ROLE IN REDUCING THE NEED FOR PEOPLE TO HAVE, TO HAVE, BEING COMMITTED AND, AND YOU CAN SEE SOME OF THE, SOME OF THE PRESSURES ON THAT SYSTEM, YOU KNOW, YOU ARE SEEING AN INCREASED PRESSURE ON THE EMERGENCY DEPARTMENT AND, AND, AND NOT ENOUGH ACCESS TO, TO TREATMENT FOR PEOPLE WHO MAY HAVE MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES AND, AND KIND OF MORE AND MORE PEOPLE AS YOU PROBABLY SEE, WHO ARE, WHO ARE EXPERIENCING HOMELESSNESS, AND YOU HAVE MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, KIND OF ALL OUT THERE, SO REALLY KIND OF THINKING THROUGH, WHAT IS IN THE IMPACT OF HEALTH CARE TRANSFORMATION BEEN ON THE MENTAL HEALTH AUTHORITY. SO, THESE ARE MAJOR QUESTIONS, TO HELP THINK THROUGH THIS CONSULTATION, AND SO, ONE BEING SHOULD THE COUNTY CONTINUE TO, TO SERVE AS A RAE AS PART OF HEALTH SHARE OF OREGON, AND WHAT MIGHT BE THE RISKS AND BENEFITS AND CONTINUING OR ENDING THAT CONTRACT, AND IF THEY DO CHOOSE TO CONTINUE, DOES THE COUNTY HAVE THE NECESSARY AND STRUCTURE TO CONTINUE TO OPERATE IN THAT ROLE, AND WHAT NECESSARY IMPROVEMENTS MIGHT NEED TO BE MADE IF THE COUNTY DOES CONTINUE TO SERVE IN THE ROLE AS A RISK ASSESSING ENTITY. ALSO, WANTING US TO DO SOME THINKING ABOUT WHAT THE IMPACT ON THE COUNTY'S ROLE AS THE LOCAL MENTAL HEALTH AUTHORITY IF THEY WERE NOT SERVING AS THE RAE. ALSO TO PRESENT FUTURES AND OPTIONS THAT EXIST FOR THE COUNTY, AND WE'RE GOING TO TALK THROUGH THOSE, TOWARDS THE END OF THE PRESENTATION TODAY AND, AND OFFER SOME RECOMMENDATIONS ABOUT WHAT WE THOUGHT MIGHT BE, MAKE SENSE GOING FORWARD. AND ALSO,

HELPING THINK THROUGH THE IMPLICATIONS FOR THE LOCAL MENTAL HEALTH AUTHORITY GIVEN THE REDUCTIONS IN THE STATE FUNDING AND, AND THE CHANGING HEALTH CARE ENVIRONMENT. AND ALSO, WHAT ARE SOME OF THE ISSUES THAT MAY BE DRIVING THE ISSUES IN MULTNOMAH COUNTY. SO, THOSE WERE THE, THE MAJOR QUESTIONS THAT, THAT WE WERE, WE WERE, WE WERE HERE TODAY TO KIND OF SHED SOME LIGHT ON. AND I AM GOING TO TURN IT OVER TO MY COLLEAGUE, CAROL, TO, TO KIND OF TALK THROUGH SOME OF THE MAJOR FINDINGS ON THE MANAGED CARE SIDE OF THINGS.

Ms. Gyurina: GREAT. FOR THE RECORD, I AM CAROL GYURINA. I AM AN ASSOCIATE WITH THE CENTER FOR HEALTH, LAW AND ECONOMICS AT THE UMASS MEDICAL SCHOOL. SO I WILL BE COVERING MOST OF THE, MOST OF THE FINDINGS ABOUT THE MANAGED CARE RESPONSIBILITY OF, OF THE COUNTY. SO, I THINK -- I WANTED TO START WITH GOING OVER A BIT ABOUT WHAT THE, THAT MEANS AND HOW THAT'S TYPICALLY DONE. I THINK MANY OF YOU WHO HAVE BEEN HERE FOR, FOR A WHILE ALREADY KNOW SOME OF THIS, BUT IT MIGHT BE NEW TO SOME PEOPLE. SO I WILL GO OVER, YOU KNOW, WHAT WE KNOW WHEN WE SAY A MANAGED CARE FUNCTION, YOU KNOW. AS KELLY ALLUDED TO, THEY ARE PAID IN A MARRIAGE CARE FUNCTION ON, ON, A, WHAT'S CALLED A CAPITATION, A PER MEMBER, PER MONTH PAYMENT FOR EVERY ENROLLEE, IT WILL VARY BY WHAT THE RISK FACTORS ARE, AND THEN WITH THAT POOL OF MONEY, YOU WOULD PAY CLAIMS FOR, FOR ALL OF THE BEHAVIORAL HEALTH SERVICES IN YOUR CONTRACT AND TO GO ALONG WITH THAT, THERE IS A NUMBER OF, A NUMBER OF FUNCTIONS THAT, ANY MANAGED CARE COMPANY TENDS TO, TO HAVE, AND THAT'S WHAT'S LAID OUT IN THE SLIDES. AND SO, YEAH. I WILL HAVE TO USE MY GLASSES HERE. YOU KNOW, FIRST AND FOREMOST, YOU HAVE TO CONTRACT WITH, WITH THE, THE NETWORK, DEVELOP YOUR PROVIDER RELATIONSHIP CREDENTIALS, THE CONTRACT WITH THE PROVIDERS, AND FOR MEMBERS WHO ARE COMING IN, YOU WOULD TYPICALLY HAVE A GROUP OF INDIVIDUALS WHO ARE REVIEWING THE CLINIC PRESENTATION, LOOKING AT THE UTILIZATION AND, AND APPROVING OR AUTHORIZING THE SERVICES TO MAKE SURE THAT THE MEMBERS ARE GETTING THE SERVICES THAT THEY, ACTUALLY, NEED, NOT MORE THAN THEY NEED BUT NOT LESS THAN THEY NEED, EITHER. AND, AND THERE IS A WHOLE LOT OF FINANCIAL MANAGEMENT, FINANCIAL REPORTING THAT GOES ALONG, ALONG WITH, WITH RUNNING A MANAGED CARE ENTITY OR RISK ACCEPTING ENTITY AS WELL AS THE BASIC CLAIMS PAYMENT, WHICH I UNDERSTAND YOU SUBCONTRACT OUT. MANAGED CARE HAS A QUALITY MANAGEMENT FUNCTION TO ENSURE THE PROVIDERS THAT THEY CONTRACT WITH ARE PROVIDING QUALITY CARE AND, AND, AND THERE IS ALWAYS -- MANAGING THE CUSTOMER SERVICE, GRIEVANCES AND, AND THAT'S JUST PART OF IT, AND MOST MANAGED CARE ORGANIZATIONS HAVE DEDICATED UNITS TO EACH OF THESE FUNCTIONS, TO REALLY RUN ANY OF THIS WELL, THERE IS A STRONG NEED FOR DATA ANALYTICS AND REPORTING ON THE FINANCIAL INDICATORS, BUT TO ALSO REALLY UNDERSTAND WHERE THE SERVICE DOLLARS ARE GOING AND HOW MUCH IT IS GOING TO INPATIENT UTILIZATION AND HOW MUCH IS GOING TO

OUTPATIENT, IS THE, THE UTILIZATION PATTERNS MATCHING THE, THE TYPE OF, OF, OF CLINIC PICTURE THAT YOU WOULD LIKE TO SEE. ARE YOU REALLY GETTING PEOPLE DIVERTED FROM, FROM INPATIENT INTO THE COMMUNITY AND, AND YOU WOULD USE DATA AND ANALYTICS TO, TO DO THIS. SO, I WANTED TO MAKE SURE THAT THAT WAS SORT OF LIKE THE BECAUSE ALMOST EVERYTHING WE ARE GOING TO TALK ABOUT COMES FROM HAVING THAT.

>> LET'S SEE. SO, WE LOOKED AT A NUMBER OF AREAS OF YOUR ORGANIZATION, THE, THE FIRST GROUP WE TALKED TO WAS, WAS YOUR, YOUR FINANCIAL MANAGEMENT STAFF, AND WE DID A LOT OF LOOKING AT YOUR, YOUR EXISTING FINANCIAL RESOURCE, THE REPORTS TO, TO HEALTH SHARE, AND AS WELL AS SOME INTERNAL REPORTS AND, AND THERE -- WHAT WE REALLY FOUND WAS THAT YOU HAVE, YOU HAVE SYSTEMS THAT ARE NOT REALLY TALKING TO EACH OTHER, SO, WHEN YOU -- IF YOU ARE, IF YOU ARE A LARGE MANAGED CARE ORGANIZATION, YOU HAVE YOUR, YOUR CLAIMS PAYMENT SYSTEM, AND THAT SYSTEM IS FEEDING RIGHT INTO YOUR FINANCIAL REPORTING SYSTEM. THERE IS NO PARTICULAR LAG BETWEEN, BETWEEN PAYING A CLAIM AND, AND DEVELOPING YOUR, YOUR, YOUR FINANCIAL REPORTS. AND WHAT WE HEARD PEOPLE DESCRIBING WAS, WAS THAT THEY WOULD GET, GET DOWNLOADS OF, OF CLAIMS DATA, DOWNLOADS OF, OF LARGE SPREADSHEETS THAT THEY HAD TO, TO RECONCILE, AND SOMETIMES, THEY HAD DUPLICATE INFORMATION, SO IT WAS A VERY TIME CONSUMING AND SOUNDED LIKE MANUAL PROCESS, WHICH, WHICH REALLY MEANT THAT YOU WERE, YOU WERE OPERATING WITH A LAG IN INFORMATION. SOMETIMES WITH NOT QUITE AS MUCH FLEXIBILITY, AND WE HEARD SOME OF THE REPORTS THAT WERE BEING ASKED, ASKED TO, TO, BY HEALTH SHARE, WERE NOT REALLY REPORTS THAT YOU COULD JUST GENERATE OUT OF THIS SYSTEM. AND REALLY WHAT WAS ASKED FOR WAS STANDARD MANAGED CARE REPORTING, SO THERE WAS NOTHING ABOUT WHAT WAS BEING ASKED FOR THAT, THAT, THAT SEEMED OUT OF LINE. IT SEEMED THAT YOU REALLY NEED TO DEVELOP -- HAVE A SYSTEM THAT, THAT IS, IS GEARED TOWARDS RUNNING A MANAGED CARE BUSINESS.

>> MADAM CHAIR, I HAVE A QUICK QUESTION, SO, ARE YOU SUGGESTING THAT, THAT WE NEED AN ADDITIONAL SOFTWARE PACKAGE TO DO THIS?

>> YES. THAT IS, THAT IS LIKELY WHAT YOU NEED. AND THE OTHER THING THAT WE NOTICED WAS, WAS THAT IN THE REPORT, PARTICULARLY, ON THE EXPENSES SIDE, A LOT OF THE, THE DOLLARS WERE, WERE KIND OF MELDED TOGETHER BETWEEN THE MANAGED CARE PROGRAM AND, AND THE, THE COUNTY MENTAL HEALTH PROGRAM, SO IT WAS DIFFICULT TO SORT OF EASILY TIE OUT AND SAY, WELL, THIS IS WHAT'S HAPPENING ON THE MANAGED CARE SIDE, AND THIS IS WHAT'S HAPPENING ON THE LOCAL MENTAL HEALTH AUTHORITY SIDE. I KNOW THAT YOU ALSO HAD AUDIT FINDINGS THAT WERE SIMILAR, SO WE WOULD CONCUR WITH THAT, THAT, THAT IS BEING ABLE TO SEPARATE OUT THOSE EXPENSES MORE EASILY WILL BE CRITICAL FOR YOU.

>>> THE NEXT THING THAT WE FOUND, AND THIS WAS GOING THROUGH YOUR, YOUR REPORTS THAT, THAT WERE, WERE SENT TO HEALTH SHARE, WAS THAT, THAT IN THE 2013 YEAR, ANYWAY, THE AMOUNT OF, OF THE CAPITATION THAT WENT TO, TO PROVIDE THE BEHAVIORAL HEALTH CARE SERVICES WAS, WAS 75% OF THE CAPITATION, WHICH REALLY WOULD BE CONSIDERED UNDERSPEND.

>>> THE YEAR BEFORE, IT HAD BEEN THE OPPOSITE DIRECTION. YOU HAD OVER, OVERSPENT BUT IT WAS A DIFFERENT CONTRACT AND, AND SO, IN 2013, IT WAS UNDERSPENT, AND THIS YEAR IT'S RIGHT ON TARGET TO DATE, SO I KNOW THAT THAT'S, THAT'S -- THIS ISSUE IS IN THE PROCESS OF BEING ADDRESSED.

Commissioner Kafoury: CAN YOU TELL US WHAT WAS THE CONTRACT FOR THE PRIOR YEAR? WHAT WAS THAT AMOUNT?

>> I DON'T HAVE THE DOLLAR FIGURE WITH ME. I KNOW THAT'S ODD.

>> SURE, DAVID HIDALGO, SO DIRECTOR FOR OUR COUNTY'S MENTAL HEALTH AND ADDICTION SERVICES DIVISION. IN TERMS OF THE DEFICIT, SO THIS WAS THE YEARS DURING WHICH THE COUNTY OPERATED WHAT WE KNEW PRIOR AS THE VERITY PROGRAM, AND WHAT WE TOOK PRIOR TO THAT YEAR WAS AN 11% REDUCTION FROM, FROM THE STATE AND, AND THAT REDUCTION LED TO APPROXIMATELY \$5 MILLION, AND REDUCTION, AND IN THE SYSTEM, AND SO WHAT WE WERE ADJUSTING TO REALLY WAS A \$5 MILLION REDUCTION TO APPLY ACROSS THE SYSTEM. AND, AND SO, ULTIMATELY, OUR, OUR -- THE WAY THAT WE MANAGE THAT WAS TO WORK WITH A NETWORK TO GO AHEAD AND PUT SOME CAPS ON LEVELS OF CARE TO ENSURE THAT, THAT THE PROVIDER NETWORK WOULD STAY WITHIN THE, THE BUDGETED AMOUNT. THE DEFICIT THAT WE HAD TO MANAGE WAS \$5 MILLION.

Commissioner Smith: MADAM CHAIR SO WHEN YOU PUT A CAP ON THE CARE, WERE FOLKS ABLE TO GET THE CARE THAT THEY NEEDED?

>> YES, AND I THINK, ONCE AGAIN, WHAT WE START TO GET INTO IS SOME DETAILS OF CERTAIN FUNDING MODELS THAT, THAT ARE TRADITIONALLY MANAGED CARE SITUATIONS, AND PEOPLE WHO COULD STILL GET THE CARE THAT THEY NEEDED, AND WHAT WE PROVIDED TO THE PROVIDERS WAS THE FLEXIBILITY TO MAKE THAT CHOICE. WHAT THEY HAD WAS A DEFINED BUDGET TO WORK WITHIN, AND, AND THEN TO GO AHEAD AND MANAGE PEOPLE'S NEEDS, SOME PEOPLE WILL NEED LESS CARE, AND THAN AVERAGE, AND SOME WILL NEED MORE CARE, SO, THERE WAS SOME FLEXIBILITY, AND WHAT WE REALLY, RBI SINGLE CAME TO THE PROVIDER NETWORK TO SAY IS, WE HAVE A \$5 MILLION DEFICIT IN THIS SYSTEM, FROM A REDUCTION AT THE STATE LEVEL. WE MUST COME TOGETHER TO FIGURE OUT HOW WE WILL DO THAT AND CONTINUE TO KEEP ACCESS TO SERVICES FOR THOSE WHO NEED IT. WHAT DID HAPPEN IS WE DID NOT HAVE AN

INCREASE IN THE HOSPITALIZATIONS. WE DID NOT HAVE AN INCREASE OF, OF, THE POUR-OUT COMES IN THE SYSTEM AND, AND ONE OF THE THINGS THAT, THAT WE WERE NOT ABLE TO DO AT THAT POINT AND DID NOT HAVE THE DATA WAS TO LOOK AT SOME OF THE PARTS OF THE SYSTEM, WERE THERE OTHER, OTHER CONSEQUENCES, PERHAPS, ON THE JAIL SIDE, BUT WHAT WE DID WAS WE DID NOT SEE LIFTS IN THE OTHER PART OF THE SYSTEM, AND WHAT THAT MEANT FROM OUR PERSPECTIVE IS THAT THE PROVIDER SYSTEM MANAGED UTILIZATION WELL FOR THE PEOPLE THAT THEY WERE SERVING.

Commissioner Smith: AND WE DID NOT HAVE COMPLAINTS FROM INDIVIDUALS THAT FELT THEY NEEDED ADDITIONAL CARE?

>> I WOULD NOT SAY GLOBALLY WAS, WAS THERE, YOU KNOW, WAS THERE A MORE COMPLAINT, I THINK THERE IS ON A REGULAR ONGOING BASIS, YOU DEAL, GIVEN THE SIDE OF THE PLAN THAT WE OPERATE, AT THAT POINT, WE HAD APPROXIMATELY 90,000 MEMBERS, AND WE WERE NOW UP IN THE 125,000 MEMBERSHIP, AND SO THERE IS A, A LEVEL OF COMPLAINT, AND I THINK THAT ANY TIME THAT SOMEBODY BELIEVES THAT, THAT THEY NEED MORE ACCESS TO CARE, AND THEY ARE WORKING WITH THEIR PROVIDER AROUND, IS THAT THE RIGHT THING OR NOT? I THINK SOMETIMES THAT DOES GENERATE --

Commissioner Smith: BUT IN TERMS OF THE CAP. WERE THERE ANY COMPLAINTS ABOUT THE CAP PUT ON INDIVIDUALS? I KNOW YOU ARE GOING TO HAVE MORE COMPLAINTS BECAUSE YOU HAVE A LARGER POOL, BUT, SPECIFICALLY FOR THAT ISSUE.

>> THERE WERE SOME CONCERNS FROM PEOPLE ABOUT, ABOUT WANTING FURTHER CARE, AND WANTING MORE CARE, AND THOSE WERE ON THE LOWER LEVELS OF CARE. THE HIGHER LEVELS OF CARE, WE REALLY TRIED TO PRESERVE THE PEOPLE WITH THE LARGEST NEED IN THE SYSTEM THAT, THERE WAS MORE ROOM THERE. THAT HAS SINCE STOPPED. WE DON'T OPERATE IN THAT SYSTEM ANY MORE. I THINK WE ARE GETTING A BIT OF HISTORY AND, AND HOPEFULLY, SOME OF THE, SOME OF THIS IS FAMILIAR FOR, FOR MANY OF THE COMMISSIONERS AS WE HAD WALKED THROUGH THAT PERIOD OF DEFICIT AND REALLY CONSTRAINED AND HELD THIS SYSTEM TOGETHER AND NOW WE ARE IN AN EXPANSION MODE.

>> MADAM CHAIR, SO I'M CONCERNED THAT I'M NOT UNDERSTANDING -- I'M LOOKING AT, AT THIS, THIS SLIDE, AND IT APPEARS TO ME THAT, THAT WE RECEIVED A GREATER AMOUNT OF, OF FUNDING UNDER THE CAPITATION FORMULA THAN WE SPENT ON, ON SERVICES. SO, I'M SEEING HEAD NODS.

>> YES, IN 2013, THAT WAS TRUE, AND IN 2012, IT WAS A DIFFERENT CONTRACT THAT YOU HAD SPENT MORE THAN WHAT YOU HAD RECEIVED, AND NOW, AS WE'RE GOING INTO THIS YEAR, THIS PATTERN IS, IS CHANGING, AND IT'S PROBABLY, PROBABLY, I DON'T KNOW WHERE IT'S GOING TO HEAD BUT IT IS WITHIN THE, THE CONTRACT LIMITS NOW. AND I DID --

>> EXCUSE ME FOR JUMPING IN, BUT I WANT TO SORT OF UNDERLINE WHAT MY POINT IS, IS THAT WHAT THIS TELLS ME IS THAT, IS THAT THE CONVERSATION -- WELL, WE'RE NOT USING THE, THE CAPITATION FORMULA ANY LONGER. IS THAT, IS THAT -- WE ARE OR WE ARE NOT? AS WE GO INTO -- AS WE GO INTO HEALTH CARE TRANSFORM EGG, MY UNDERSTANDING WAS THAT WE WERE MOVING AWAY FROM THE CAPITATION FORMULA, NO?

>> IT IS STILL UNDER A CAPITATION, IT'S A DIFFERENT ARRANGEMENT THAN WHAT YOU HAD BEFORE, BUT YOU ARE IN A RISK CONTRACT WHERE YOU ARE GETTING A SINGLE AMOUNT PER, PER MEMBER AND IF YOU GO BEYOND IT, THE FUNDS WILL COME FROM THE COUNTY.

>> COMMISSIONER SHIPRACK, IF I CAN, JUST TO MAKE SURE, WE'RE PROVIDING CLARIFICATION. THERE IS NO CAPITATION MODEL WITH THE PROVIDER SYSTEM, AND YOU KNOW, PART OF WHAT WE HAVE HEARD OVER TIME IS, IS THAT, THAT THE MOVE IS TO GLOBAL BUDGETS AND, AND SO THAT, THAT, THAT THE STATE IS PAYING THE, THE HEALTH SHARE ENTITY OR THE CCO'S GLOBAL BUDGETS, AND WE HAVE MOVED FROM A FEE FOR SERVICE MODEL, PAYING FOR VOLUME, INTO, INTO A MODEL WHERE WE NO LONGER ARE PAYING FOR THE VOLUME BUT MOVING TOWARDS OUTCOMES, AND PEOPLE HAVE A GLOBAL BUDGET THAT, THAT WE ARE PAYING THEM, AND WE HAVE HAD SOME PRESENTATIONS OVER THE YEAR.

Commissioner Shiprack: I WANT TO MAKE SURE THAT I UNDERSTAND WHERE THE BIGGEST CHALLENGES LIE, ONE BIG CHALLENGE SEEMS TO BE MOVING FROM A CAPITATION FORMULA TO, TO AN OUTCOME-BASED FORMULA, A METHODOLOGY, AND I THINK THAT THE OTHER CHALLENGE, AS MY POINT WAS REALLY MORE SIMPLE THAN ALL OF THIS, THE OTHER CHALLENGE HAS TO DO WITH THE INTEGRATION OF THE FORMULA, ITSELF, WHICH TELLS ME THAT IF WE HAVE A POPULATION THAT, THAT IS, IS ON A REGULAR BASIS, SEEKING, YOU KNOW, 105% OF THE FORMULA, WE NEED TO GO BACK TO WHERE THE FORMULA HAS ORIGINATED AND DISCUSS -- HAVE THIS DISCUSSION WITH, WITH THAT BODY.

>> I THINK WE WOULD CONCUR WITH THAT. I WANTED TO GO INTO THIS A BIT MORE. ONE THING -- YOU HAVE, YOU KNOW, A CONTRACT REQUIREMENT OF HAVING 90, OR 90.5% OF YOUR CAPITATION GO TO THE MEDICAL SERVICES. THIS IS, ACTUALLY, A REALLY HIGH PERCENTAGE, WELL BEYOND SORT OF WHAT, WHAT STANDARD AND, AND THE INDUSTRY AND WHAT IS THE AFFORDABLE CARE ACT REQUIRES. IT IS TYPICALLY 85%. AND, AND WHEN I DID LOOK AT YOUR, YOUR, YOUR COSTS, YOUR STAFFING AT 3% OF THE CAPITATION IS, IS LEAN, SO PEOPLE, IF ANYONE IS THINKING THAT YOUR STAFFING IS RICH, THAT IS NOT, NOT WHAT I'M SEEING FROM THE FINANCIAL REPORT. THEN YOU HAVE OTHER ADMINISTRATIVE COSTS AND INDIRECT COSTS, BUT JUST THAT GETS YOU UP TO, TO THE, THE 10%, WHICH WOULD BE YOUR CONTRACT REQUIREMENT, BUT THE ONLY THING THAT, THAT PROTECTS YOU SHOULD YOU HAVE PEOPLE WHO HAVE, HAVE A HIGHER LEVEL OF NEED IN A SINGLE YEAR IS TO HAVE SOME RESERVES, SO YOU

REALLY NEED TO HAVE SOME LEVEL OF RESERVES. NOW, GOING TO THE 75%, YOU HAD LAST YEAR, WAS TOO MUCH. BUT, I DO THINK THAT, THAT 85% WOULD BE A, A REASONABLE THING, AND THAT IS GOING TO BE VERY DIFFICULT OR UNSUSTAINABLE TO KEEP OPERATING AT A 90% RATE THAT'S IN YOUR CONTRACT NOW. I MAY HAVE COVERED THAT IN THE NEXT SLIDE ALREADY.

>> OK. ALRIGHT.

>> ALRIGHT. SO, UTILIZATION MANAGEMENT, THAT'S WHAT A LOT OF PEOPLE THINK OF WHEN THEY THINK OF, OF RUNNING A, A MANAGED CARE PROCESS, AND THAT IS THE, THE PIECE THAT'S ALWAYS, ALWAYS, ALWAYS -- YOU ARE, YOU ARE WORKING TO MAKE SURE THAT PEOPLE ARE GETTING THE SERVICES THAT THEY NEED, BUT ALSO, WORKING TO MAKE SURE THAT THEY ARE NOT GETTING SERVICES THAT THEY DON'T CLINICALLY NEED, SO IT'S -- AND IT'S PART AND PARCEL OF MANAGING THE, THE COSTS OF YOUR MEMBERSHIP, BUT IT REALLY DOES NEED TO BE COMING FROM A CLINICAL PERSPECTIVE IN TERMS OF THE MATCHING OF THE SERVICES TO NEEDS. YOU DEFINITELY DO HAVE, YOU KNOW, A LOT OF CONCERNS IN THE COMMUNITY ABOUT, ABOUT THE NUMBER OF DENIALS, A LOT OF DENIALS WERE GOING TO APPEALS AND, AND, AND SOME PERCENTAGE WAS, WAS BEING OVERTURNED. HEALTH SHARE WAS CONCERNED ABOUT, ABOUT THAT, AND IT WAS NOT LIKE ACROSS THE BOARD AND EVERYTHING, ALTHOUGH, WE'RE REALLY JUST, THERE WERE A COUPLE OF AREAS WHERE THESE DENIALS WERE COMING UP AND, AND PRIMARILY, ISSUES WITH PEOPLE WHO, WHO HAD BOTH SUBSTANCE ABUSE ISSUES AND, AND MENTAL HEALTH ISSUES, OR WHO ARE PRESENTING TO EMERGENCY DEPARTMENTS AS SUICIDAL BUT COMING IN, AND AS SOON AS THEY GET SOBER, THEY ARE NO LONGER SUICIDAL, AND THE QUESTION WAS, IS THAT A SUBSTANCE ABUSE SERVICE, OR IS THAT A MENTAL HEALTH SERVICE, AND BECAUSE YOUR SYSTEM IS BIFURCATED, WHERE THE PHYSICAL HEALTH PAYS FOR THE SUBSTANCE ABUSE, YOU ONLY PAY FOR THE MENTAL HEALTH INPATIENT. IT BECOMES A BIT OF A PUSH PEDAL, AND YOU HAD EARLIER BEEN, BEEN DENYING THOSE SAYING THIS IS A SUBSTANCE ABUSE ISSUE. AND THAT SINCE, ACTUALLY, IS, I THINK HAS BEEN WORKED OUT SO WE DON'T NEED TO SPEND TOO MUCH MORE TIME. BUT THAT WAS DRIVING A LOT OF IT, AND THE OTHER PIECE WAS, WAS CHILDREN'S MENTAL HEALTH, YOU HAVE A WRAP-AROUND PROGRAM, AND TEAMS WOULD DEVELOP A, A PLAN OF CARE, BUT THEY WOULD NOT HAVE THE INFORMATION ON WHAT WAS THE, THE CLINICAL CRITERIA TO RECEIVE THOSE SERVICES AND, AND AFTER THE, THE TEAM DEVELOPED THEIR WHOLE PLAN, IT WOULD GO TO U.M., AND THEY WOULD SAY YOU DON'T MEET THE NEED FOR THAT SERVICE, AND THEY WOULD GET DENIED, SO THAT WAS, THAT WAS A FRUSTRATION, AND THAT, ALSO, IS BEING ADDRESSED APPROPRIATELY BY BRINGING THE UTILIZATION MANAGEMENT FUNCTION, AND UNDERSTANDING THE CLINICAL CRITERIA RIGHT INTO THE TEAM, SO THAT PEOPLE WILL BE DEVELOPING PLANS OF CARE THAT, THAT ARE, ARE, ACTUALLY, YOU KNOW, THEY ARE ABLE TO APPROVE THEM AND WILL BE APPROVED, SO THAT'S BEING ADDRESSED.

>>> AND WHAT YOU HAVE DONE, WHICH IS, WHICH IS --

Vice-Chair McKeel: I WANTED TO MAKE A COMMENT FOR THE YOUTH AND I DON'T KNOW IF YOU WANT TO COMMENT ON THAT MORE NOW OR, OR A FOLLOW-UP. BUT, THAT'S A VERY TROUBLING THING TO ME, SO I REALLY WANT TO HEAR MORE ABOUT THE DENIALS TO CHILDREN AND YOUTH, SO THANK YOU.

Commissioner Smith: MADAM CHAIR, WHAT WAS THE RATE OF DENIAL?

Commissioner Kafoury: DID YOU WANT YOUR QUESTION ANSWERED? CAN SOMEONE TALK ABOUT HOW THAT'S BEING ADDRESSED?

>> ABSOLUTELY. SO I THINK AS CAROL OUTLINES, ONE OF THE CORE FUNCTIONS OF OPERATING AN INSURANCE COMPANY IS TO ENSURE PEOPLE GET ACCESS TO THE RIGHT LEVEL OF CARE WHEN THEY NEED IT, IN THE RIGHT AMOUNT AND, AND THAT, THAT YOU HAVE STAFF THAT ARE HIRED TO, TO EMPLOY STRATEGIES WHICH ARE MEDICAL NECESSITY CRITERIA, AND THOSE ARE VERY STANDARD, AND MANY OF US, WHEN WE SEEK CARE FOR MEDICAL SERVICES, OUR INSURANCE PLANS HAVE CRITERIA ABOUT, ABOUT WHETHER YOU GO AND SEE YOUR PRIMARY CARE DOCTOR OR A CARDIOLOGIST. SO, THERE ARE CRITERIA, IN THE KIDS' AREA, PRIMARILY, WHAT WE'RE TALKING ABOUT IS, IS THE HIGHER INTENSITY SERVICES, SO UTILIZATION MANAGEMENT IS, IS GENERALLY MORE TARGETED TOWARDS THE SERVICES THAT ARE THE MOST COSTLY IN A SYSTEM. SO, IN OUR SYSTEM, THAT IS MORE, MORE GOING TO BE INPATIENT HOSPITALIZATION FOR CHILDREN AND RESIDENTIAL CARE FOR CHILDREN AND, AND 24-HOUR-BASED COMMUNITY SERVICES FOR CHILDREN, AND THOSE ARE THE SERVICES THAT YOU WANT TO MAKE SURE THAT THERE IS ACCESS, SO PEOPLE GET INTO THE CARE, AND THAT, THAT THEY HAVE ACCESS TO THOSE SERVICES FOR THE RIGHT AMOUNT OF TIME, AND THAT, THAT THERE IS A THROUGH-PUT THAT, THAT AS CHILDREN AND FAMILIES ARE HEALTHIER, THEY CAN MOVE TO OTHER LEVELS OF CARE, SO, THE DISCOMFORT THAT HEALTH SHARE HAD, CENTERED IN MANY AREAS, OR IN MANY WAYS, REALLY A LOT MORE ON THE RESIDENTIAL SERVICES AND, AND I THINK THAT KELLY OR CAROL CAN SPEAK A BIT TO, TO WHAT THEY FOUND. WHAT WE HAD WAS, WAS REALLY SOME CHALLENGE AROUND OUR INTERFACE WITH, WITH CHILD WELFARE AND, AND PLACEMENT ISSUES THAT HAPPENED FOR CHILDREN WHO, WHO GET, GET PLACED IN THE INSTITUTIONAL CARE AND, AND OUR PHILOSOPHY AND VALUE REALLY IS THAT, THAT CHILDREN SHOULD BE IN THE, THE BEST COMMUNITY PLACEMENT THAT WE CAN HELP COORDINATE AND PROVIDE. AND, AND WE TEND NOT TO SUPPORT LONGER INSTITUTIONAL STAYS FOR CHILDREN, AND BELIEVING THAT THE LONG-TERM OUTCOME IS NOT BETTER IN THOSE INSTITUTIONS, AND SO WHAT WOULD HAPPEN IS WE WOULD HAVE, HAVE CHILDREN WHO, WHO WERE LOOKING STABLE IN THAT SET IS AND, AND COULD MOVE TO DIFFERENT LEVELS OF CARE. HOWEVER, THERE WERE NOT PLACEMENTS THROUGH, THROUGH THE, THE STATE. AND SO, WHAT HAPPENS IN THOSE SITUATIONS

IS, IS WE MIGHT HAVE THE INDIVIDUAL DOESN'T MEET THE CRITERIA FOR PAYMENT OF, AT THAT LEVEL OF CARE ANY LONGER, AND IT DOES NOT MEAN THE CHILD DOESN'T STAY IN THAT SERVICE. IT'S A PAYMENT ISSUE FOR THE PROVIDER, AND SO THE GUARDIANS CAN APPEAL. MEMBERS CAN APPEAL, AND SO AT THAT POINT, CHILD WELFARE, CHILD WELFARE WAS APPEALING TO THE STATE SAYING THAT, THAT, THAT, THAT THESE CHILDREN NEED CARE BECAUSE THERE IS NO PLACE FOR THEM TO GO, AND OUR PRESSURE WAS TO WORK WITH THE STATE AND WORK WITH CHILD WELFARE TO SAY, THERE NEEDS TO BE PLACEMENT, SO, ONCE AGAIN, IT'S AN AREA IN THE ADULT SYSTEM, AND WE HAVE HOUSING ISSUES THAT ALSO, ALSO KEEP PEOPLE ON CERTAIN LEVELS OF CARE OR INAPPROPRIATE SETTINGS, AND THIS WAS AN AREA IN THE SYSTEM WHERE THAT WAS HAPPENING, AS WELL. SO, IT'S NOT THAT CHILDREN ARE NOT GETTING ACCESS TO SERVICES, AND IT, IT MAY BE THAT, THAT, THAT TRYING TO GET KIDS LINED UP INTO THE RIGHT SERVICES WAS PART OF THE-IN. AND, AND WE ARE CHANGING SO, AS CAROL OUTLINED, WE HAD THE UTILIZATION MANAGEMENT STAFF SET OUTSIDE OF THE WRAP-AROUND TEAM OR THE INTENSIVE CARE COORDINATION, THE COUNTY DOES, AND THAT, THAT IS, IS BEING CHANGED IN, AND THOSE TEAMS WERE TRAINED UP, THE WRAP-AROUND STAFF IS COMING BACK, IN THAT'S AN EVIDENCE-BASED MODEL, A NATIONAL MODEL WITH FIDELITY AND, AND, AND THE COUNTY, WE HAVE MOVED BACK AND FORTH OVER TIME, IT WAS, IT WAS -- WE DID HAVE UTILIZATION MANAGEMENT IN FOR OPERATIONAL REASONS, WE MOVED THAT OUT AND, AND WE BELIEVE IT IS THE RIGHT, THE RIGHT POSITION TO HAVE IT IN, AND OUR TRAINING STAFF TO THAT.

>> SO, ARE THE ISSUES AROUND THAT, WERE THOSE HEALTH SHARE ISSUES? OR DHS ISSUES? WHO OWNS IT? IT'S VERY CONCERNING TO ME. SO, I WANT TO KNOW.

>> THE COMPLAINTS WERE FROM, FROM DHS TO HEALTH SHARE TO US. IT WAS REQUESTING THAT WE PAY FOR RESIDENTIAL TREATMENT THAT, THAT WE DID NOT FEEL WAS MEDICALLY NECESSARY ANY MORE, AND THE STATE DID NOT HAVE, HAVE APPROPRIATE FOSTER CARE PLACEMENTS FOR THESE CHILDREN, SO THAT'S WHERE THE, THE CONFLICT WAS.

>> IF I CAN SAY, COMMISSIONER McKEEL, AS A LOCAL MENTAL HEALTH AUTHORITY IT'S A SERIOUS CONCERN FOR US, AS WELL, INSURING THAT CHILDREN AND FAMILY HAVE ACCESS TO NEEDED SERVICES. WE KNOW THAT PREVENTION UP FRONT CAN LEAD TO, TO BETTER OUTCOMES, LONG-TERM FOR INDIVIDUALS, AND IT IS A SHARED -- THERE ARE MANY ISSUES THAT THE COUNTY DOES CONTROL IN THE HEALTH CARE SYSTEM, AND IN ACCESS TO SERVICES, AND THERE IS SOME THAT WE DON'T, SO I HAVE TO SAY THAT WE DO HAVE TO, TO HAVE A SYSTEM, ASSISTANCE AND DIRECTION AT TIMES, SUPPORT FROM YOU AS THE BOARD, AS WELL, TO DEAL WITH SOME OF THE LARGER SYSTEM ISSUES THAT COME UP TO THE STATE, SUCH AS CHILD WELFARE, AND AROUND PLACEMENT ISSUES, AND ALSO WITH OUR PARTNERS, BUT IT IS A SHARED ISSUE.

Commissioner Kafoury: DO YOU BELIEVE THE INTEGRATION WILL MAKE THE PROBLEMS LESS LIKELY TO OCCUR IN THE FUTURE?

>> I BELIEVE THAT IT WILL HELP WITH INSURING THAT, THAT PEOPLE GET ACCESS TO THE SERVICES THAT THEY WANT, THAT THERE IS LESS -- THERE IS LESS COMMUNICATION OR DISPLEASURE ABOUT THE TYPES OF CARE, AND I DO NOT BELIEVE THAT IT WILL RESOLVE THE ISSUE OF NEEDING ADDITIONAL PLACEMENTS FOR CHILD WELFARE. IT WILL NOT RESOLVE THAT PART.

Commissioner Smith: THANK YOU, SO, I AM LOOKING AT THE NUMBERS FOR, FOR THE OVERTURNED AND I AM LOOKING AT, AT, UNDER THE OVERTURNED OR PARTIAL DENIAL, THE 48%, ON THE TABLE ON PAGE 4 AND, AND AS I READ IT, IT APPEARED TO ME THAT THERE WAS CONCERN BY FOLKS IN YOUR SHOP, DAVID, THAT THEY WERE GETTING PRESSURE FROM, FROM THE HEALTH SHARE ABOUT, ABOUT THE HIGH RATE OF DENIALS. AND, AND SO, YOU KNOW, IS THERE A CLEAR DELINEATION ON WHO HAS WHAT POWER AND HOW WE RESPOND TO THOSE?

>> THAT'S AN EXCELLENT QUESTION, COMMISSIONER SMITH, AND I THINK THAT IT MAY BE ONE THAT MAY COME UP AS WE TALK MORE. I THINK THAT AS WE HAVE JOINED INTO THIS NEW RELATIONSHIP WITH HEALTH SHARE, THERE HAS BEEN SOME BLURRING OF, OF THOSE BOUNDARIES OF WHO GETS TO, TO HAVE THE LAST CALL ON MAKING SOME OF THOSE DECISIONS. I THINK THAT IT IS AN ISSUE.

Commissioner Smith: THESE NUMBERS ARE FAIRLY EGREGIOUS. THE OTHER ISSUE IS A BIG ELEPHANT IN THE ROOM, WHICH IS AS YOU WERE DOING YOUR CONSULTATION, DID YOU EVER TAKE INTO ACCOUNT THAT THERE MAY BE A POSSIBILITY THAT, THAT, THAT THERE WERE CONVERSATIONS ABOUT MENTAL HEALTH MOVING INTO THE HEALTH DEPARTMENT? SO, THOSE, THOSE KINDS OF ISSUES THAT ARE KIND OF -- THEY ARE HERE BUT, BUT THEY ARE IN THE BACK. DID YOU ALL TAKE A LOOK AT THAT, AS WELL?

>> WE DID NOT ASK THEM TO, TO LOOK AT THAT. ALTHOUGH, WE KNOW THAT THAT'S BEEN PART OF THE CONVERSATION.

Commissioner Smith: AND THAT WAS MY SECOND QUESTION, KNOWING THIS CONVERSATION WAS, WAS TAKING PLACE, WHY DID WE NOT HAVE THEM LOOK AT THAT ISSUE, AS WELL, AND HOW THAT WOULD IMPACT THE RELATIONSHIP BETWEEN HEALTH SHARE AND, BASICALLY, THE PATIENTS, THAT'S WHAT I'M WORRIED ABOUT, THE FOLKS WHO RECEIVED THE SERVICES, AND BUT, THERE IS A WHOLE OTHER REPORT THAT NEEDS TO, TO HAPPEN WITH THIS POSSIBILITY OF MERGING, THE DEPARTMENT INTO THE HEALTH DEPARTMENT, SO IT'S KIND OF -- YOU KNOW, I'M LISTENING TO THE RESULTS, AND IT'S, IT'S FINE, AND IT'S GREAT, BUT, I THINK THAT WE'RE GOING TO HAVE ANOTHER ONE TO FIND OUT HOW THAT LOOKS.

>> WE ENGAGE WITH THEM AT THE FIRST OF THE YEAR, AND WE HAVE THESE CONVERSATIONS, AND THAT REALLY WASN'T ON THE TABLE, THIS STRONGLY THEN. THIS ENGAGE ELEMENT WAS REALLY TO LOOK AT SHOULD WE STAY IN THIS BUSINESS, AND IF WE DO, WHAT DO WE NEED TO BE SUCCESSFUL?

Commissioner Smith: THANK YOU.

>> COMMISSIONER SHIPRACK, ANY QUESTIONS?

Commissioner Shiprack: YEAH. I GUESS SORT OF A COMMENT TO THE LINE OF QUESTIONS THAT COMMISSIONER SMITH WAS ASKING. I THINK THAT IT'S VERY AWKWARD WHENEVER YOU GET INTO A POSITION WHERE YOU HAVE RESPONSIBILITY WITHOUT CONTROL, AND THAT'S GOING TO CONTINUE TO BE AWKWARD WITH US, AND AGAIN, THAT SUGGESTS SORT OF LIKE MY EARLIER COMMENT ABOUT WELL, IF, IF THE CAPITATION FORMULA DOES NOT RESULT IN THE ADEQUATE SERVICES FOR OUR CLIENTS, WE OUGHT TO TALK TO SOMEONE ABOUT, ABOUT RECHARGING THE, THE FORMULA SO THAT IT DOES. AND IN THIS CASE, THERE NEEDS TO BE RESPONSIBILITY AND CONTROL IN THE SAME GENERAL VICINITY IF THEY ARE NOT, IF THEY ARE NOT VESTED IN THE SAME AGENCY AND, AND SHY OF THAT, YOU BETTER HAVE A VERY CLEAR COMMUNICATION'S CHANNEL WITH, WITH WHERE, WHERE THE CONTROL IS OCCURRING, PARTICULARLY, IN OUR SEAT, WHICH IS, WHICH IS THE HOT SEAT BECAUSE WE HAVE GOT RESPONSIBILITY FOR, FOR, FOR PROVIDING THE CARE FOR THIS POPULATION. AND I AM HOPING THAT WE'RE GOING TO GET TO THIS AS WE GO FORWARD.

>> ALL RIGHT.

>> THANK YOU.

>> IN THE INTEREST OF TIME, THIS IS A FAIRLY LONG PRESENTATION, AND I AM GOING TO TRY TO, TRY TO MOVE ON AND MAKE SURE THAT WE GET TOO -- TO A LOCAL MENTAL HEALTH AUTHORITY PART. THE THING THAT I WANTED TO MENTION ON UTILIZATION MANAGEMENT WAS THAT THE COUNTY WORKED WITH THEIR PARTNER COUNTIES TO, TO DEVELOP A, A STANDARDIZED UTILIZATION MANAGEMENT APPROACH, PARTICULARLY THE CLINICAL CRITERIA, THAT'S BEEN REALLY SUCCEED BY, BY PROVIDERS, AND IT DOES, SINCE YOU DO HAVE A DIFFERENT POPULATION, IT SOMETIMES MAKES IT A LITTLE HARDER TO BE, YOU KNOW, NIMBLE IN RESPONDING TO THE NEEDS OF YOUR POPULATION WHEN, WHEN IT'S REGIONALIZED, BUT GENERALLY, IT'S A VERY, VERY GOOD APPROACH FOR THE PROVIDERS WHO HAVE TO DEAL WITH MULTIPLE ENTITIES AND, AND WANT TO BE ALSO, JUST TO HAVE A STANDARD WAY OF DEALING WITH UTILIZATION MANAGEMENT. LET'S SEE. THE OTHER THING THAT WE REALLY TALKED ABOUT WAS NETWORK MANAGEMENT AND CARE COORDINATION. THESE WERE THINGS THAT, THAT, THAT WE THINK OF AS BEING STANDARD IN AN ENTITY THAT IS MANAGING A PROVIDER NETWORK, MANAGED CARE ENTITY, AND, AND WE DID NOT FIND ANYONE WHO SORT OF HAD THE TITLE, NETWORK MANAGER.

THERE WERE A FEW PEOPLE WHO WERE DOING CARE COORDINATION, BUT NOT, NOT QUITE ENOUGH TO MEET THE, THE NEED. SO, PROVIDERS WERE TALKING ABOUT WANTING TO HAVE MORE, MORE COMMUNICATION WITH THE COUNTY, WANTING TO KNOW, YOU KNOW, EXACTLY WHO, WHO THEY SHOULD CALL FOR WHAT. SO, HAVING SOMEONE WHO IS, WHO IS REAL, WHOSE REAL RESPONSIBILITY WAS MANAGING THAT RELATIONSHIP WITH, WITH THE PROVIDERS, WORKING WITH THEM ON, ON QUALITY IMPROVEMENT EFFORTS, AND PROVIDING TECHNICAL ASSISTANCE WOULD BE REALLY HELPFUL FOR YOU AS YOU BUILD YOUR, YOUR SYSTEM. AND THE OTHER PIECE, WAS, YEAH, QUITE A LOT OF FOCUS ON UTILIZATION MANAGEMENT, SORT OF LOOKING AT, AT, YOU KNOW, SERVICE BY SERVICE APPROVAL, BUT LITTLE LESS TALKING ABOUT, ABOUT, ABOUT -- LET'S IDENTIFY THOSE FOLKS WHO WERE THE HIGHEST UTILIZERS BOUNCING, BALANCING OUT FROM SYSTEM TO SYSTEM, AND WE, AS THE MANAGED CARE SYSTEM, HAVE THE DATA TO SEE EVERYTHING A MEMBER IS GETTING, WHEREAS THE PROVIDER ARE CLOSER TO THE PERSON, SO THEY SEE WHAT'S HAPPENING WITH THE PERSON. BUT, THEY DON'T HAVE ALL THE DATA THAT SHOWS WHERE THAT PERSON HAS BEEN GOING, SO THAT'S SOMETHING -- ONE OF THE BENEFITS THAT THE MANAGED CARE SYSTEM CAN ADD TO, FOR YOUR MEMBERS, AND WHILE I KNOW THAT YOU HAD ONE OR TWO PEOPLE ASSIGNED TO THAT ROLE, YOU HAVE 100,000 OR SO MEMBERS, AND TWO PEOPLE IS NOT GOING TO BE, TO BE MANAGING YOUR TOP, YOUR TOP 5% UTILIZERS OR SOMETHING LIKE THAT. SO, YOU REALLY COULD BE QUITE A BIT MORE ROBUST IN FOCUSING YOUR EFFORTS ON, ON MANAGING THE TOP UTILIZERS OF SERVICES. AND YOU MIGHT BE ABLE TO SHIFT STAFF AROUND TO DO THAT, BUT ALSO, IT MIGHT REQUIRE SOME RESOURCES.

>>> PROVIDER PAYMENT METHODOLOGIES, AND THIS IS REALLY PART OF THE HEALTH CARE REFORM. MOVING TOWARDS THE TRIPLE AIM OF, OF INCREASING ACCESS TO CARE AND, AND REDUCING COSTS AND IMPROVING POPULATION HEALTH AND, AND, AND REALLY, MOVING AWAY FROM PAYING FOR VOLUME, AS TO HOW THE HEALTH CARE SYSTEM IS MOVING. YOU ARE IN THE RIGHT DIRECTION AND, AND MOST OF THE PROVIDERS ARE REALLY BORED WITH THE DIRECTION. WE HEARD LOTS OF DIFFERENT PERSPECTIVES FROM, FROM PROVIDERS ABOUT, ABOUT, YOU KNOW, SOME PEOPLE THINKING THAT THEY WERE DOING VERY WELL UNDER THE CURRENT -- THE INTERIM GLOBAL PAYMENT, NOT WANTING TO MOVE TO SOME BUT OTHERS SAYING WE WANT IT TO MOVE TO CASE RATES BECAUSE WE WANT TO GROW AND A GLOBAL BUDGET ISN'T LETTING US, SO WE HEARD DIFFERENT OPINIONS. HONESTLY WE WENT AND, AND SAW A LOT OF YOUR PUBLIC MATERIALS AND, AND IT FELT LIKE YOU ARE, ACTUALLY, BEEN TRANSPARENT, THERE'S BEEN A LOT OF TRAINING OUT THERE, AND THERE'S BEEN A LOT OF MATERIALS OUT THERE, AND YET, SOME OF YOUR PROVIDERS FELT LIKE, IF THEY WANT -- THEY WANT MORE. SO IF SUCH A LARGE CHANGE FOR PROVIDERS, THE MORE TRANSPARENCY AND THE MORE INFORMATION OUT THERE, THE BETTER, REALLY. AND QUALITY MANAGEMENT, WE SPENT A BIT LESS TIME TALKING TO, TO THE QUALITY MANAGERS IN YOUR ORGANIZATION, WHERE WE HEARD ABOUT IT MOST

WAS, WAS ON, ON -- ABOUT A, A SINGLE QUALITY INDICATOR WHERE THERE WAS A, A -- MONEY ATTACHED TO MAKING BENCHMARK -- MAKING THE BENCHMARK. WE HEARD ABOUT THAT BECAUSE WE DID NOT MAKE THE BENCHMARK TO GET THE PAYMENT. AND, AND THERE WERE PROBABLY SOME APPROACHES YOU COULD TAKE IN THE FUTURE TO MAKE IT MORE LIKELY THAT YOU WOULD ATTAIN THAT BENCHMARK USING, USING THAT NETWORK MANAGER, TO, TO, TO OFFER TECHNICAL ASSISTANCE TO PROVIDERS, TO HELP THEM DEVELOP PROJECTS THAT WOULD, THAT WOULD, YOU KNOW, RAISE THE RATE. THERE IS SOME CONCERNS ABOUT, ABOUT THE -- HOW THE TECHNICAL SPECIFICATIONS FOR DOING THAT MEASUREMENT IS. RIGHT NOW, IF YOU ARE, IF YOU ARE IN A STEP-DOWN, THE SERVICE HAPPENS THE SAME DAY AS THE DISCHARGE, THE STANDARD METHODOLOGY DOESN'T COUNT THAT, AS FOLLOW-UP. BUT, IT'S, ACTUALLY, LIKE BEST PRACTICE. SO, THERE MUST BE SOME, SOME WAY OF EITHER COUNTING THAT AS FOLLOW-UP OR NOT INCLUDING THAT DISCHARGE BECAUSE, YOU KNOW, IT SHOULD NOT COUNT AGAINST YOU TO BE DOING BEST PRACTICE. THEN ALSO, YOU JUST -- YOU DO HAVE A MORE COMPLEX POPULATION. THAT IS GOING TO IMPACT WHERE YOU, YOU FALL IN THESE BENCHMARKS, SO THE BENCHMARK IS VERY HIGH. THE 90th PERCENTILE OF THE MEDICAID MANAGED PLAN ORGANIZATIONS IN THE COUNTRY -- A HIGH BENCHMARK, A PLAN THAT'S ONLY SERVING AN URBAN AREA IS PROBABLY NOT THAT LIKELY TO HIT THE, THE, THE 90% BENCHMARK, AND I BELIEVE THAT YOU WILL HAVE, HAVE TARGET IMPROVEMENTS FOR NEXT YEAR, SO, YOU CAN PROBABLY WORK TOWARDS HITTING THE IMPROVEMENT TARGET FOR THE FUTURE.

>> CAROL, IF I CAN JUST ADD, AT THE TIME THAT, THAT TAC WAS ORIGINALLY DOING THEIR STUDY AND WORKING ON THIS, THE COUNTY, THROUGH HEALTH SHARE, WAS NOT MEETING THE SEVEN-DAY METRIC, AND AFTER THEY HAVE DONE THEIR WORK AND, AND THE YEAR HAS WRAPPED UP, THE COUNTY DID, IN FACT, MEET THE METRIC, AND WAS, WAS -- THERE ARE DOLLARS ATTACHED AND, AND SO, IT IS, IT IS A REGIONAL METRICS, SO, FOR HEALTH SHARE TO MEET THIS, BOTH, BOTH MULTNOMAH COUNTY, CLACKAMAS, AND WASHINGTON COUNTY, YOU HAVE TO MEET IT, OR, OR BE CLOSE ENOUGH THAT, THAT IF SOMEBODY IS A BIT LOWER, IT OFFSETS SO THE AVERAGE STILL GOES ABOVE THE METRIC. WE DID MEET THE METRIC THIS YEAR. AND I THINK THAT CAROL JUST OUTLINED SOME OF THE CHALLENGES IN MEETING THAT METRIC. AND SO, WHAT WE'RE DOING THIS YEAR IS MORE INTENSIVE TECHNICAL ASSISTANCE WITH THE PROVIDER SYSTEM, AND LOOKING AT OTHER STRATEGIES TO, TO ENSURE THAT WE NOT ONLY MEET IT, BUT, WE RAISE ABOVE THAT METRIC.

>> OK. SO, THE NEXT POINT HERE IS REALLY ABOUT YOUR LEADERSHIP IN STAFFING, AND I THINK THAT WE ALREADY HAVE, HAVE, HAVE TALKED A BIT ABOUT, ABOUT CREATING STAFF FOR NETWORK MANAGEMENT AND CARE COORDINATION AND, AND I THINK THAT THE MAJOR POINT FOR US IS THAT, IS THAT THIS IS, ACTUALLY, A REALLY COMPLEX BOOK OF BUSINESS TO RUN, AND TO DO IT APPROPRIATELY, YOU REALLY NEED TO HAVE LIKE, LIKE A SENIOR LEADER, A SENIOR KEY DIRECTOR WHOSE FULL-TIME JOB IS TO

WORK ON THE MANAGED CARE ELEMENT OF THIS. SO, THAT'S, THAT'S -- THAT WILL BE ONE OF OUR KEY RECOMMENDATIONS THAT IF YOU WANT TO, YOU KNOW, STAY AS A RISK ACCEPTING ENTITY, THAT YOU REALLY NEED TO STAFF IT SO THAT YOU CAN, YOU CAN PROMOTE -- PROVIDE THE, THE FUNCTION AT THE LEVEL IT NEEDS TO BE FOCUSED ON. AND MY LAST SLIDE BEFORE WE TALK ABOUT THE, THE MENTAL HEALTH AUTHORITY ROLE IS JUST THE LEGAL PIECE, AND I WANT TO SAY, WE ARE NOT LAWYERS, SO WE DID NOT DO A LEGAL REVIEW OF YOUR CONTRACT, SO, ANYTHING WHERE YOU NEED TO, TO TALK TO A LAWYER IN THE, THE REPORT ISN'T ABOUT SAYING YOU HAVE NOT DONE THAT, BUT, BUT JUST TO CLARIFY THAT, THAT, THAT IS NOT SOMETHING THAT WE DID IN THE REPORT. AND, AND BUT, YOU KNOW, WE DID READ THE CONTRACT, AND IT'S VERY COMPLEX TO FOLLOW. AND JUST POINTS, AS YOU WERE RAISING QUESTIONS, ON WHO DOES HAVE THE FINAL AUTHORITY ON, ON SAY, UTILIZATION MANAGEMENT OR, OR, OR SOME OF THE OTHER ITEMS. IT'S REALLY, REALLY THESE, THESE -- THESE -- YOU NEED TO MAKE SURE THAT HEALTH SHARE AND YOU GET TO THE SAME PAGE AND HAVE THE SAME UNDERSTANDING OF THAT CONTRACT. THAT WAS REALLY THE MAIN POINT WITH THAT. NOW WE GO OVER TO THE LOCAL MENTAL HEALTH AUTHORITY.

>> THANK YOU.

>> THANK YOU.

>> ALL RIGHT, SO ONE OF THE MAJOR THINGS THAT THEY WERE ASKING US TO TAKE A LOOK AT ON THE LOCAL MENTAL HEALTH AUTHORITY SIDE OF THINGS WAS REALLY TO TAKE A LOOK AT THE IMPLICATIONS FOR THE LOCAL MENTAL HEALTH AUTHORITY IF, FOR SOME REASON, THE COUNTY CHOSE TO NO LONGER SERVE IN THAT ROLE. SO WE KNOW THAT THERE WOULD BE MAJOR IMPACT AROUND FUNDING, OBVIOUSLY, WITH THE MEDICAID LINE OF BUSINESS, GENERATING QUITE A BIT OF, OF -- BRINGING A LOT OF MONEY INTO THE, THE COUNTY, AS FAR AS SERVICES AND STAFFING SUPPORT. AND SO, IF THAT WERE NO LONGER INCLUDED AND IT WOULD POTENTIALLY MEAN SOME WORKFORCE REDUCTIONS BECAUSE WE KNOW THAT, THAT A NUMBER OF THE, THE COUNTY STAFF HAVE, HAVE SHARED DUTIES THAT CUT ACROSS THE MANAGED CARE FUNCTIONS AND, AND ALSO, SOME LOCAL MENTAL HEALTH AUTHORITY FUNCTIONS. AND SO, WHAT THAT, THAT, THAT WOULD MEAN IS, IS, YOU KNOW, EITHER SOME REDUCTIONS OR NEEDING ADDITIONAL COUNTY SUPPORT TO BE ABLE TO CONTINUE TO, TO PRESERVE THOSE JOBS IN THAT WAY. WHAT WE ALSO KNOW IS THAT, ONLY A SMALL PORTION OF THE BUDGET IS REALLY KIND OF SPENT ON THE LEGISLATIVELY MANDATED COMMITMENT SERVICES, AND OTHER SERVICES THAT THE COUNTY IS OBLIGATED TO PROVIDE AND, AND SO, IF THE MEDICAID WAS NOT COMING IN, REALLY, THAT, THAT -- THE ROLE, AND WHAT THE COUNTY MIGHT HAVE OVERSIGHT OVER IS, IS MUCH MORE LIMITED AND WOULD BE DIMINISHED. AND, AND THIS KIND OF EXPANDS ON THAT A BIT, THAT, THAT THE COUNTY'S INFLUENCE RIGHT NOW AS, HAS -- THE COUNTY HAS SAY IN SOME, SOME INFLUENCE OVER WHERE THEY ARE SPENDING SAVINGS THAT MAKE IT GENERATE AS PART OF THE MANAGED CARE ROLE, AND GETTING --

HAVING SOME, SOME DECISION-MAKING POWER ABOUT WE WANT TO INVEST IN THE COMMUNITY-BASED SERVICES, AND THAT WOULD GO AWAY IF YOU WERE NO LONGER SERVING IN THAT WAY, AND ALSO, IT WOULD LEAD TO GREATER FRAGMENTATION OF THE SYSTEM THAT SOME FOLKS FEEL IS FRAGMENTED, AND YOU WILL HEAR PEOPLE USE THE WORD SILOS AND THAT KIND OF THING. IT'S THE -- THE COUNTY, WE'RE NO LONGER SERVING IN THAT ROLE, JUST CONCERNED THAT IT WOULD INCREASE FRAGMENTATION WITH PEOPLE GETTING THEIR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FROM THE COUNTY AND THERE WOULD BE ANOTHER ENTITY OVER HERE THAT'S NO LONGER THE COUNTY WHERE THEY WOULD HAVE TO GO TO GET ANOTHER BUCKET OF SERVICES, SO REALLY, KIND OF, OF -- IT WOULD LEAD TO MORE FRAGMENTATION.

>> SO, ALSO, TAKING A LOOK AT WHAT WERE, WHAT WERE THE IMPLICATIONS FOR THE REDEPLOYMENT AND REDUCTION IN FUNDING FROM THE STATE AND, AND SO, AS, YOU KNOW, YOU PROBABLY HAVE HEARD BEFORE, THERE WAS A, A -- A REDUCTION ABOUT \$20 MILLION IN STATE FUNDING THAT WAS, THAT WAS NO LONGER COMING IN DIRECTLY TO THE COUNTY, BUT HAS BEEN REALLOCATED TO THE MEDICAID PORTION OF THE BUSINESS AND, AND SO, KIND OF SOME OF THE IMPLICATIONS OF THAT HAVE BEEN, IS THAT THE COUNTY IS STILL CONTINUING TO SEE ABOUT 15 NEW FOLKS COMING IN A WEEK WHO ARE NOT ENROLLED IN THE MEDICAID PROGRAM, AND THAT'S NOT TO SAY THAT THE COUNTY IS NOT MAKING EFFORTS AND SHOULD BE CONTINUING TO, TO ACTIVELY ENROLL PEOPLE IN THE MEDICAID PROGRAM, BUT THERE IS GOING TO BE, TO CONTINUE TO BE PEOPLE WHO HAVE NOT ENROLLED OR NOT GOING TO BE ELIGIBLE FOR MEDICAID, SO THERE IS GOING TO BE A, A, AN ONGOING DEMAND FOR SOME I UNDERSTAND -- INDIGENT SUPPORT EVEN WITH MEDICAID EXPANSION. WE ALSO KNOW THAT THERE WILL BE SERVICES THAT ARE NOT ABLE TO BE MEDICAID REIMBURSABLE. THEY ARE NOT COVERED SERVICES, AND -- IN THE STATE MEDICAID PLAN SO THERE IS A CONTINUED NEED FOR THOSE SERVICES AND SUPPORT TO PAY FOR THOSE THINGS.

>> THANK YOU.

>> THANK YOU FOR THIS COMPLEX BRIEFING SO FORGIVE OUR QUESTIONS, SO IF WE GAVE UP THE, THE RAE, WE WOULD STILL BE ON THE HOOK FOR THE INDIGENT SUPPORT?

>> THAT'S MY UNDERSTANDING, YES.

>> OK.

>> AND COMMISSIONER KAFOURY, THERE ARE, UNDER THE STATE CONTRACT, REQUIREMENTS THAT THE LOCAL MENTAL HEALTH AUTHORITY, THE BOARD AS THE LOCAL MENTAL HEALTH AUTHORITY DELEGATES TO THE DIVISION TO OVERSEE THE SYSTEM, AND OPERATE THE PUBLIC SYSTEM. AND PART OF THE REQUIREMENT IS THAT, IS THAT THINGS LIKE CRISIS SERVICES NEED TO BE REQUIRED, SO A SYSTEM OF THE CRISIS SERVICES

AND, AND THE, THE COMMITMENT OF SERVICES, SO PAYING FOR INDIGENT INDIVIDUALS WHO END UP IN A HOSPITAL INVOLUNTARILY, THAT DOES NOT GO AWAY, AS WELL, SO, THERE IS A CERTAIN AMOUNT OF COST THAT COMES WITH EVEN IF THE MEDICAID PROGRAM WENT AWAY, THE COUNTY STILL, OF COURSE, HAS THE, THE AUTHORITY TO PAY FOR THE, THE, FOR THE ADDITIONAL SERVICES IN THE SYSTEM AS THE BOARD DOES RIGHT NOW. THE, THE CONTRIBUTION THE BOARD CONTINUES TO MAKE AND IN THE INVESTMENT, THAT IS UP TO THE BOARD TO DETERMINE WHERE THOSE SERVICES SHOULD BE.

>> SO, THE LAST THING WAS, WITH SOME OF THE FUNDING REDUCTION, WHAT WE HEARD FROM THE STAKEHOLDERS WAS THAT THE PROVIDERS ARE STRUGGLING TO MEET THE DEMANDS, IN A SYSTEM THAT KIND OF ALREADY FELT MAXED OUT FOR MANY PEOPLE. A LOT OF CONCERN AROUND THE CAPACITY, AND THAT KIND OF, OF -- IT IS IDENTIFIED HERE, AS WELL, THAT YOU KNOW, THAT IMMEDIACY OF THE CUTS, AS SOON AS JANUARY 1st AND THE MEDICAID EXPANSION OCCURRED, THE FUNDING WAS REDUCED, AND SO, WHAT WE KNOW, YOU KNOW, IS THAT, IS THAT THERE IS GOING TO CONTINUE TO BE, YOU KNOW, MORE AND MORE PEOPLE ENROLLING IN THE MEDICAID PROGRAM, BUT NOT EVERYBODY ENROLLED ON JANUARY 1st. SO, THERE IS THE IMPACT OF IT HAPPENING ON THAT DATE, KIND OF CAN PUT A LOT OF PRESSURE ON THE SYSTEM.

>> AND REALLY, ULTIMATELY HAD AN IMPACT ON THE EFFECTIVE UTILIZATION OF RESOURCES, AT ALL LEVELS OF CARE, AND I THINK THAT ONE THING TO JUST REALLY POINT OUT IS THAT THIS CONFIDANTE HAS DONE QUITE A BIT TO CONTRIBUTE TO, TO, AND PUT THEIR MONEY AROUND THINGS THAT, THAT ARE HIGHLY VALUED BY THIS COMMUNITY AND MAKING SURE THAT THE PEOPLE STRUGGLING WITH ADDICTION AND IS MENTAL HEALTH CHALLENGES ARE GETTING THE SERVICES THEY NEED, AND MULTNOMAH COUNTY CONTRIBUTES QUITE A BIT TO THAT, AND MORE THAN ANY OTHER COUNTY IN THE STATE. SO, I THINK THAT THAT'S SOMETHING TO BE RECOGNIZED AND COMMENDED THAT YOU ARE MAKING SURE THAT THE COUNTY HAS, IS KIND OF PUTTING MORE RESOURCES BACK INTO THE SYSTEM EVEN THOUGH THERE'S BEEN SOME CUTS.

>> SO, AS I SAID, ONE OF THE SECONDARY ISSUE WAS AROUND EMERGING COMMITMENT ISSUES, AND SOME OF THE FACTORS PLAYING INTO THAT AND, AND SO, ONE OF THE THINGS THAT, THAT WE SAW WAS THAT, THE NUMBER OF EMERGENCY HOLDS AND INVESTIGATION TO, HAVE HELD STEADY, THAT INCREASINGLY THE COUNTY STAFF ARE SEEING THAT PUBLIC DEFENDERS AND THE ATTORNEY GENERALS ARE INCREASINGLY CHALLENGING THE DECISIONS. WE KNOW THAT THERE IS A HIGH BAR FOR COMMITMENT, AND FOR MENTAL HEALTH COMMITMENT, WHICH IS NOT NECESSARILY A BAD THING. I THINK THAT, THAT WHAT WE HEARD WAS THAT, THAT THERE IS AN OUTPATIENT COMMITMENT THAT EXIST THIS IS LAW BUT IS NOT BEING USED TO HELP GET PEOPLE INTO TREATMENT. WE HEARD REPEATEDLY THAT, THAT THE EMERGENCY DEPARTMENT IN THIS COMMUNITY ARE, ARE OVERWHELMED WITH PEOPLE WITH BEHAVIORAL

HEALTH CHALLENGES, AND THAT EVEN THOUGH A SMALL PERCENTAGE OF, OF FOLKS WITH MENTAL HEALTH CHALLENGES ARE PRESENTING IN THIS, THEY ARE SPENDING A LOT OF TIME KIND OF AWAITING RESOLUTION OF THEIR DISPOSITION IN THE EMERGENCY DEPARTMENTS, AND PART OF THAT, ARE THE COMMONLY PEOPLE WHO HAVE, HAVE STRUGGLED WITH BOTH MENTAL HEALTH AND, AND ADDICTIONS, AND PART OF THAT, NOT COMPLETELY, BUT PART OF IT MAY BE SOME OF THE BIFURCATED FUNDING WHERE YOU ARE SEEING, SEEING THE, THE MENTAL HEALTH AND ADDICTIONS BENEFIT BEING MANAGED OR MENTAL HEALTH BENEFIT BEING MANAGED BY THE COUNTY AND THE ADDICTIONS ABOUT THE FOR THE PHYSICAL HEALTH. SO YOU ARE SEEING TWO FUNDERS, AND SOMETIMES, WHAT ENDS UP IS THAT PEOPLE ARE CAUGHT IN THE MIDDLE OF THAT. AND PEOPLE HAVE MORE COMPLEX CONDITIONS. OTHER ISSUES IMPACTING COMMITMENT, YOU KNOW, THERE WERE SOME CONCERNS ABOUT WHETHER, WHETHER EMERGENCY DEPARTMENT PHYSICIANS WERE KIND OF -- HAD THE INFORMATION THAT THEY NEEDED TO, TO, TO TAKE ADVANTAGE OF USING A, A SAFETY HOLD, WHICH PROVIDES LIMITED RETENTION OF INDIVIDUALS WHO CARE TO BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL AS OPPOSED TO A PSYCHIATRIC HOLD, WHICH DETAINS PEOPLE FOR A LONGER PERIOD OF TIME ON AN INPATIENT UNIT, AND SOME QUESTION OR, ON WHETHER THE PEOPLE ARE USING SAFETY HOLDS MORE OFTEN, COULD PEOPLE GET TREATMENT AND REDUCE THE NUMBER OF DENIALS YOU WERE SEEING. YOU KNOW, OTHER THINGS, I'M SURE THAT, THAT YOU PROBABLY HEARD, AND ARE AWARE OF JUST, JUST FREQUENT INTERVENTION AND INTERFACE WITH PEOPLE WITH BEHAVIORAL HEALTH CHALLENGES SHOWING UP IN THE CRIMINAL JUSTICE SYSTEM, AND ALSO, SHOWING UP ON THE STREETS, YOU KNOW, A LARGE NUMBER OF FOLKS EXPERIENCING HOMELESSNESS, ALSO HAVE MENTAL HEALTH CHALLENGES, SO YOU ARE SEEING THEM KIND OF SHOWING UP IN YOUR EMERGENCY DEPARTMENT, SHOWING UP IN THE HOMELESS SYSTEM AND THE STREETS, AND INTERFACING WITH THE POLICE AND THE CRIMINAL JUSTICE ARENA AND REALLY DRIVE, YOU KNOW, WHAT WE WERE KIND OF SEEING IS THE NEED FOR MORE EFFECTIVE CARE COORDINATION TO HELP BREAK THAT CYCLE OF PEOPLE BEING IN CRISIS, YOU KNOW, SHOWING UP IN ONE OF THE OTHER SYSTEMS, YOU KNOW AND, AND PARTICULARLY, IN THE EMERGENCY DEPARTMENT, THEY GET STABILIZED, BUT, KIND OF GETTING ACCESS TO APPROPRIATE CARE COORDINATION AND LONGER TERM SUPPORTS TO STABILIZED -- TO STABILIZE THEM IS NOT HAPPENING AS QUICKLY AS NEEDED, OR THERE IS NOT ENOUGH RESOURCES, SO THEY WILL CYCLE BACK DOWN AND SHOW UP AGAIN, SO YOU ARE SEEING THE CYCLE BEING REPEATED AGAIN AND AGAIN, SO TRYING TO THINK ABOUT WAYS TO BUMP THAT AND BREAK THAT CYCLE IS REALLY IMPORTANT.

>> AMEN. EXCUSE ME, THE FACT THAT I AM SNEEZING MEANS YES, YES, YES. I TOTALLY AGREE WITH WHAT YOU ARE SAYING. AND THE SORT OF IRRESISTIBLE THING TO ASK YOU SINCE YOU ARE, YOU KNOW, COVERING THE NATION, OR AT LEAST YOU HAD TO JUMP, YOU KNOW, CLEAR FROM THE OTHER COAST TO BE HERE, WHERE ARE THERE PROGRAM EXAMPLES THAT, THAT WE MIGHT LEARN FROM IN ORDER TO THROW SOME EFFECTIVE

INTERVENTION, LIKE A WRENCH, INTO, INTO THIS, THIS SPINNING WHEEL OF CRISIS THAT, THAT, THAT IS CAUSING US SO MUCH DIFFICULTY?

>> YEAH. YOU BET. I THINK THAT, THAT WE GET TO, TO SOME OF THE, SOME OF THE -- WE HAVE SOME SPECIFIC RECOMMENDATIONS ABOUT SOME THINGS THAT, THAT MAY BE HELPFUL TO, TO, TO KIND OF HELP MITIGATE SOME OF THAT AND, AND PARTICULARLY, AROUND, AROUND MAYBE, MAYBE BOTH DURING OR WITH THE CRISIS SYSTEM, TO KIND OF, OF HELP, HELP GAVE, GAVE -- MAYBE THAT MEANS, MEANS ENHANCING THE, THE, THE URGENT WALKIN CLINIC, AND HAVING MORE MOBILE CRISIS RESPONSE, AND I THINK THAT, THAT ALSO, I MEAN AND, AND YOU KNOW, I CAN MAYBE, MAYBE -- I CAN JUMP TO THAT NOW IF THAT'S HELPFUL, AND MAYBE I WILL JUST KIND OF -- STRIKE WHILE THE IRON IS HOT HERE AND MOVE THROUGH SOME OF THE OTHER SLIDES.

>> YOU ARE WELCOME.

>> WE ARE GOING THROUGH THE RECOMMENDATIONS ON THE LOCAL, ON THE, THE MANAGED CARE SIDE, BUT, JUST TO SKIP TO, TO THE, YOU KNOW, SO, JUST TO GET OUT WHAT YOU ARE SPEAKING ABOUT, AND I THINK WHAT WE'RE SEEING IS THE NEED FOR COMPREHENSIVE ASSESSMENTS AT ALL POINTS OF ENTRY SO HOW DO WE EDUCATE THE COMMUNITY AND MAKE SURE THAT, YOU KNOW, THAT THE PRIMARY CARE PHYSICIANS ARE DOING APPROPRIATE SCREENINGS AND, AND IN THEIR OFFICES TO CATCH PEOPLE EARLY AND, AND, AND HELPING TO MAKE SURE THAT THE EMERGENCY DEPARTMENTS ARE USING, USING WHAT IS KNOWN AS KIND OF A BEST PRACTICE, AND IS RECOMMENDED ACROSS THE COUNTRY AND AROUND, AROUND TRAINING BRIEF INTERVENTION AND REFERRAL TO TREATMENT FOR PEOPLE, WITH SUBSTANCE ABUSE DISORDERS, IS A BEST PRACTICE AND, AND EMERGENCY DEPARTMENT AND IN PRIMARY CARE, SO TRAINING FOLKS IN THAT. HELPING TO HAVE MORE RESOURCES IN THE SCHOOLS AGAIN TO HELP TRAIN, TRAIN, YOU KNOW, TEACHERS AND OTHERS TO RECOGNIZE MENTAL ILLNESS AND TO GET PEOPLE CONNECTED TO COMMUNITY SERVICES, AND THE ONE BEST EXAMPLE THAT YOU HAVE ALREADY HERE IN YOUR COMMUNITY IS, IS THIS EARLY, EARLY, EARLY ASSESSMENT AND SUPPORT ALLIANCE, WHICH I THINK IS WONDERFUL. THAT REALLY DOES, DOES HELP IDENTIFY PEOPLE WHO ARE IN KIND OF EARLY STAGES OF, OF, OF PSYCHOSES TO CONNECT THEM AND GET THEM TO THE SUPPORT THAT THEY NEED IS REALLY A GOOD MODEL AND, AND SOMETHING THAT, THAT COULD BE EXPANDED AND, AND ANOTHER THING AROUND THAT IS THIS -- THIS AROUND, THIS ISSUE AROUND SUBSTANCE ABUSE DISORDERS, REGARDLESS OF THE FUNDING SOURCE, AND I THINK THAT GETTING PEOPLE TO THE TABLE, WHETHER THAT'S TAKING ANOTHER LOOK AT WHETHER THE CAPITATION FOR, FOR THE SUBSTANCE ABUSE BENEFIT SHOULD CONTINUE TO BE IN THE, IN THE CAPITATION FOR THE PHYSICAL HEALTH OR NOT BE BROUGHT IN, THE BEHAVIORAL HEALTH, SO IT'S BACK AND FORTH, AND IT WOULD ALLOW THE COUNTY TO KIND OF TAKE SOME OPPORTUNITIES TO, TO KIND OF HELP INCREASE THE COMPETENCY OF THE PROVIDER COMMUNITY AROUND, AROUND BEING DUAL DIAGNOSIS

CAPABLE OR INCOMPETENT. BUT, AS I SAID EARLIER, DEVELOPING THE CRISIS CAPACITY SO PEOPLE WHO ARE IN BEHAVIORAL HEALTH CRISIS DON'T HAVE TO SHOW UP IN THE EMERGENCY DEPARTMENT, ARE NOT SHOWING UP IN THE, THE, THE, THE, YOU KNOW, ON THE STREET OR INTERFACING WITH THE POLICE, AND I THINK THAT MAKING SURE THAT, THAT, THAT, YOU KNOW, ENHANCING THE CTAC, MOBILE CRIES INTERVENTION WOULD REALLY HELP ALLEVIATE, NOT ELIMINATE, BUT ALLEVIATE THE BURDEN AND DEMAND ON THE PORTLAND POLICE DEPARTMENT, AND THE EMERGENCY DEPARTMENT AND THE CRIMINAL JUSTICE SYSTEM.

>> I WAS GOING TO THANK YOU FOR ADDING THE CRIMINAL JUSTICE SYSTEM BECAUSE A LOT OF THESE PEOPLE ARE SHOWING UP.

>> I THINK TRYING TO GET SOME EFFECTIVE INTERVENTIONS IN PLACE AND THINKING ABOUT, ABOUT CRISIS IS, IS, AS AN OPPORTUNITY FOR, FOR SOME FOCUSED INTERVENTION TO HELP GET PEOPLE CONNECTED TO TREATMENT AND HELP IN A, IN A MORE COMMUNITY-BASED SETTING.

>>> THE OTHER THING, YOU WANT TO GET PEOPLE EARLY IN THEIR CRISIS EPISODE AND, AND/OR GET PEOPLE EARLIER, BY IDENTIFYING PEOPLE EARLIER AND, AND IN THEIR CYCLE AND, AND ALSO, REALLY MAKING SURE THAT, THAT ONCE PEOPLE DO END UP IN THE SYSTEM, THAT, THAT THERE IS, THERE IS EFFECTIVE CARE COORDINATION FOR THE SERVICE UTILIZERS, AND AS CAROL MENTIONED EARLIER, TRYING TO -- AND THAT'S ON THE MEDICAID SIDE. WE WANT PEOPLE TO GET CONNECTED TO SERVICE AND IS MAKING SURE THAT THE PLAN IS WORKING FOR PEOPLE IN FOLLOWING THROUGH WITH THAT, SO THERE ARE THE WRAP-AROUND MODEL FOR CHILDREN IS ONE OF THE BEST, THE BEST PRACTICE, AND AN EVIDENCE-BASED PRACTICE WELL-KNOWN NATIONALLY FOR HELPING CHILDREN WITH EMOTIONAL PROBLEMS, EFFECTIVE CARE COORDINATION, AND A COMMUNITY TREATMENT MODEL, THE SAME TYPE OF THINGS FOR ADULTS WITH MENTAL ILLNESS, AND HAVING THAT CAPACITY OF ROBUST CAPACITY IN YOUR SYSTEM WILL BE IMPORTANT AROUND THROWING THEM THE WRENCH AND IT SO TO SPEAK, AND NOT, IN THAT CYCLE.

>> MADAM CHAIR. WHEN YOU USE THE TERM, COMMITMENT, WE ARE TALKING ABOUT CIVIL COMMITMENTS. I CONTINUE TO SIT HERE AND HARP ON, ON HOW MANY OF THESE PEOPLE WE SEE IN OUR JAILS. THERE IS NOT ENOUGH, ENOUGH CAPACITY AND EMERGENCIES, AND THAT'S NOT, FRANKLY, THE PREFERENCE, WITH THE ENCOUNTER WITH POLICE, TO, TO TAKE A PERSON TO THE EMERGENCY ROOM FOR A VARIETY OF REASONS.

>> THAT'S RIGHT. IT'S NOT A, A PLACE THAT ANYBODY WANTS TO BE AND I THINK FOR PEOPLE WITH MENTAL HEALTH ISSUES, IT CAN BE MORE KIND OF TRAUMATIZING AND, AND IS NOT A GOOD PLACE FOR ANYONE TO BE, FOR SURE. I THINK THAT, A FEW OTHER THINGS TO CONSIDER AND THINK ABOUT, ON THE, THE COMMITMENT SIDE OF THINGS, OR AROUND, AROUND, BRINGING FOLKS TO THE TABLE TO TALK ABOUT, ABOUT OUTPATIENT

COMMITMENT, AND IT IS, IT IS HERE, AND AVAILABLE AND IS ON THE BOOKS, BUT NOT BEING UTILIZED, AND IT'S NOT CLEAR TO US KIND OF WHAT ARE THE BARRIERS AROUND THAT, SO MAYBE CONVENING SOME FOLKS TO EXPLORE WHY ARE PEOPLE NOT MAKING THE USE AS A STRATEGY OR AS A ONE POTENTIAL WAY TO HELP GET PEOPLE WHO REALLY MAY NEED TREATMENT INTO, INTO THE TREATMENT. DOING SOME EDUCATION AROUND SAFETY HOLDS, AND VERSUS MENTAL HEALTH HOLDS FOR PEOPLE WHO MAY BE UNDER THE INFLUENCE OF, OF SUBSTANCES AND ALONG WITH THAT, I THINK THAT THERE IS EDUCATING OF THE EMERGENCY ROOM PHYSICIANS THAT MAY NEED TO HAPPEN BUT THERE NEEDS TO BE A LOOK AT THE FUNDING COMPONENT BECAUSE SOME OF WHAT'S DRIVING THIS IS THAT THERE IS, THERE IS CURRENTLY A, A FUNDING MECHANISM TO PAY FOR MENTAL HEALTH HOUSEHOLDS, WHERE THERE'S NOT A FUNDING MECHANISM IN PLACE, AND SO, YOU WILL SEE THE, THE PEOPLE KIND OF GOING WHERE THE MONEY IS, SO TO SPEAK, SO THAT'S KIND OF DRIVING A BIT 6, OF WHY PEOPLE'S PREFERENCES ARE TO HAVE PEOPLE BE IN A [INAUDIBLE] HOUSEHOLD, AND AROUND SOME OF THIS, ONE OF THE MOST EFFECTIVE INTERVENTIONS YOU WILL SEE IN BEST PRACTICE NATIONALLY IS REALLY AROUND -- FOR PEOPLE EXPERIENCING HOMELESSNESS TO REALLY KIND OF PROMOTE AND ENSURE ACCESS TO PRIME MINISTER HOUSING AND, IN THIS COMMUNITY WILL BE ANOTHER CRITICAL INTERVENTION AND THE MORE RESOURCES AND, AND, AND, THAT YOU CAN KIND OF INVEST IN THAT TYPE OF MODEL WILL BE REALLY, REALLY, REALLY, REALLY KEY IN HELPING TO REDUCE THE AMOUNT OF FOLKS THAT YOU ARE SEEING WHO ARE EXPERIENCING HOMELESSNESS, GETTING THEM INTO THE PERMANENT HOUSING AND CONNECTED WITH THE SUPPORTIVE SERVICES.

>> ALL RIGHT.

>> I THINK I SHOULD GO BACK TO THE SLIDES, WE SKIPPED OVER. SOME OF IT IS A LITTLE REPETITIVE OF WHAT WE TALKED ABOUT. I WENT INTO THE DETAILS. SO, I WON'T COVER EVERY POINT, BUT ANYTHING THAT, THAT WE DID NOT TALK TO, DURING THE FINDING SECTION, I WOULD LIKE TO HIGHLY, BUT WE'LL TRY TO DO IT QUICKLY BECAUSE THE MOST INTERESTING PART IS THE PART AFTER THAT. IT IS 11:20 NOW. THESE ARE JUST THE RECOMMENDATIONS OF WHAT, WHAT -- HOW TO IMPROVE THE MANAGED CARE FUNCTION, AND ACTUALLY, I THINK THAT WE ALREADY GAVE YOU THE RECOMMENDATION ON THE FINANCIAL MANAGEMENT SYSTEM. A NEW SYSTEM, TO AGGREGATE THE COST METHODOLOGY AND, AND I THINK THAT YOU DO WANT TO LOOK AT, AT THE AMOUNT OF INDIRECT COSTS THAT, THAT ARE BEING, BEING, ON THE CONTRACT, AS WELL, AS WELL AS NON STAFF ADMINISTRATIVE COSTS AND, AND TO TRY TO GET, GET CLOSER TO THE, TO THE MEDICAL LOSS RATIO REQUIREMENT. AND, AND TO, TO WORK WITH HEALTH SHARE ON, ON, ON THE COMMON DEFINITIONS OF ADMINISTRATIVE DUTIES AND, AND, AND YEAH AND, AND ONE PIECE OF THIS IS ON THE MEDICAL LOSS RATIO, AND THE STANDARD MEASUREMENT OF THAT, ACTUALLY, COUNTS QUALITY MANAGEMENT AS A CLINIC SERVICE, SO THAT IS NOT HOW IT'S BEING DONE TODAY HERE AND, AND, AND SO, THERE SHOULD BE SOMETHING LOOKING INTO THAT, AND IN DISCUSSIONS OF

WHAT, WHAT ELEMENTS OF YOUR QUALITY MANAGEMENT PROGRAM SHOULD BE COUNTED AS CLINIC ON THAT. AND THEN WE REALLY WOULD RECOMMEND NEGOTIATING FOR 85% IN THE MEDICAL LOSS RATIO, WE THINK IT WOULD BE IMPORTANT TO HIRE AN ACTUARY, A MANAGED CARE COMPANY AND WHOEVER IS HIRING THEM, BOTH PARTIES HIGHER AN ACTUARY AND NEGOTIATE A, A, AN ADEQUATE COMPENSATION PEOPLE UNDERSTAND, AND THAT WILL BE IMPORTANT TO ALSO HELP YOU, YOU KNOW, UNDERSTAND WHERE THE UTILIZATION IS COMING FROM. THE ACTUARY CAN BE HELPFUL ON THOSE NUMBER OF LEVELS. AND THEN THERE ARE A FEW SERVICES, I THINK YOUR JAIL DIVERSION SERVICE, WHERE COMPONENTS OF IT MAY, ACTUALLY, BE MEDICAID REIMBURSABLE, SO ANY TIME THAT YOU ARE DOING A SERVICE THAT YOU ARE NOT, NOT BILLING THAT YOU COULD BE BILLING TO MEDICAID, YOU SHOULD BE DOING THAT. UTILIZATION MANAGEMENT, I THINK, WE TALKED IN DETAIL ABOUT THIS, I'M TRYING TO THINK IF THERE IS ANYTHING ELSE, KELLY, ALREADY TALKED ABOUT, YOU HAVE TO WORK ACROSS THE SYSTEMS FOR THIS, FOR THIS ADDRESSING OF, OF THE ISSUE AROUND PEOPLE WITH MENTAL HEALTH ADDICTION AND IS ISSUES. WE TALKED ABOUT MOVING FORWARD WITH THE UTILIZATION MANAGEMENT INTO WRAP-AROUND, AND YOU CAN THINK ABOUT EXPANDING THAT WRAP-AROUND TEAM. YOU SERVE A SMALL NUMBER OF CASES, AND IT IS A, A HIGH END KIND OF SERVICE, BUT IF YOU JUST LOOK AT, AT, AT DEMOGRAPHICS AND THE LIKELIHOOD OF THE NUMBER OF KIDS WHO, WHO HAVE, HAVE SERIOUS EMOTIONAL DISTURBANCE AND MIGHT NEED THAT LEVEL OF SERVICE IS PROBABLY WELL MORE THAN WHAT YOU HAVE THE CAPACITY TO SERVE, SO, THAT MIGHT HELP GET MORE KIDS ABLE TO BE SERVED IN THE COMMUNITY RATHER THAN NEEDING THE RESIDENTIAL PROGRAMS. AND WE ALSO THOUGHT YOU SHOULD BE EXPLORING, GETTING MORE PROVIDERS IN MULTI-DIMENSIONAL TREATMENT FOSTER CARE. AND WHAT WAS THE ORGANIZATION THAT, THAT --

>> I THINK HERE IN OREGON, I THINK IT'S THE OREGON SOCIAL LEARNING CENTER, THAT'S THE PERVADER OF THAT, BUT, WHEN WE'RE THINKING ABOUT THE ALTERNATIVE OPTIONS, TO RESIDENTIAL CARE, AND, YOU KNOW, AS DAVID MENTIONED EARLIER, YOU KNOW, MOVING THE, THE, THE PROCESS BACK INTO THE RAP TEAM IS THE BEST PRACTICE AND GOOD IT'S MOVING FORWARD. BUT, IT IS NOT GOING TO CHANGE THE FACT THAT THERE REALLY IS A, NOT ENOUGH CAPACITY AND NOT ENOUGH FOSTER CARE HOMES AND, AND, YOU KNOW, OR FOSTER HOMES THAT, THAT ARE ABLE TO KIND OF MANAGE AND WORK WITH CHILDREN WHO HAVE SERIOUS BEHAVIORAL HEALTH CHALLENGES, SO ONE BEST PRACTICE OUT THERE NATIONALLY THAT, THAT OREGON IS KIND OF A LEADER ON IS, IS THE MULTI-TREATMENT FOSTER CARE, SO HOW TO WORK WITH DHS AND OTHER PARTNERS TO EXPAND THAT CAPACITY AND MAKE IT MORE AVAILABLE TO KIDS IN THE COMMUNITY, WOULD PROBABLY BE A GOOD THING TO DO.

>> THE NEXT SLIDE WE TALKED ABOUT, THE FIRST TWO BULLETS. THE LAST ONE I WANTED TO MENTION, THIS IS MORE OF A HEALTH SHARE RESPONSIBILITY, BUT, WE DID NOT, ACTUALLY, HEAR ANYONE TALK ABOUT

MENTAL HEALTH PARITY WHILE WE WERE HERE. AND, AND SO, THE FEDERAL LAW THAT, THAT -- THE BASIC COMPONENTS OF IT MIGHT NOT ACTUALLY BE AN ISSUE HERE, WHICH IS, BASICALLY, SAYING THAT YOU CANNOT DO -- SAY IS THE 20-VISIT LIMIT ON MENTAL HEALTH. IF YOU DON'T HAVE A SIMILAR LIMIT ON, ON PHYSICAL HEALTH, THOSE ARE, ARE -- THAT PROHIBITS THE SORT OF RANDOM CAPS ON MENTAL HEALTH SERVICE. I DON'T THINK THAT SO MUCH IS AN ISSUE FOR YOU ALL. BUT, ALSO, IT APPLIES TO, TO, TO POLICIES AND PROCEDURES, LIKE UTILIZATION MANAGEMENT AND PRIOR AUTHORIZATION AND, AND SO, FOR INSTANCE, IF ON THE MEDICAL SIDE, YOU ARE NOT REQUIRING AUTHORIZATION TO SEE A SPECIALIST, THEN ON THE BEHAVIORAL SIDE, YOU MIGHT ALSO NOT BE ABLE TO REQUIRE AUTHORIZATION TO SEE A PSYCHIATRIST. THINGS LIKE THAT.

>>> IT'S REALLY THE RESPONSIBILITY OF, OF THE OVERARCHING ENTITY. YOU DON'T KNOW WHAT'S GOING ON, ON THE PHYSICAL HEALTH SIDE. IT'S REALLY LOOKING TO MAKE SURE THAT THEY ARE COMPARABLE, BUT, BUT, BECAUSE IT SEEMED LIKE THAT REVIEW HAD NOT -- NO ONE WAS TALKING ABOUT IT, WE WANTED TO MAKE SURE THAT, THAT YOU ALL WERE AWARE OF IT, AND THAT HEALTH SHARE WAS AWARE OF IT. LET'S SEE. QUALITY MANAGEMENT, I DON'T THINK THAT THERE IS TOO MUCH HERE. WE REALLY WERE JUST TALKING ABOUT DEVELOPING AN OVERARCHING QUALITY PLAN THAT, THAT REALLY ALIGNED WITH, WITH THE, THE GOALS OF THE, OF THE OREGON HEALTH PLAN, AND, YOU KNOW, SO, INDICATORS ON, ON THE BEHAVIORAL HEALTH AND PHYSICAL INTEGRATION, AND REDUCING PREVENTIBLE READMISSIONS OR COSTLY SERVICES BY SUPER UTILIZERS, AND ALL THESE COULD BE, COULD BE BUILT INTO YOUR OVERARCHING PLAN, SO. PROVIDER PAYMENT, I THINK THAT WE TALKED ABOUT THIS. IT'S REALLY JUST THE MORE TRANSPARENCY, THE BETTER, AND JUST REALLY MAKE SURE THAT, THAT THE BASE DATA IS SOLID, AND THAT THE PROVIDERS UNDERSTAND IT AND TRUST IT. LET'S SEE. AND WE ALREADY TALKED ABOUT YOU NEED A KEY LEADERSHIP PERSON, YOU NEED NETWORK MANAGEMENT AND CARE COORDINATION STAFF. 2000 TO, I DO WANT TO MENTION THIS OTHER RECOMMENDATION HERE. I UNDERSTAND THIS HAS BEEN TALKED ABOUT BEFORE. MAYBE REVISIT THIS. LOOK INTO CREATING A QUASI-PUBLIC ENTITY TO MANAGE THIS PART OF THE, THE BUSINESS. IT SORT OF, WOULD SEPARATE THE FUNCTIONS OUT MORE EASILY BY THE ISSUES ABOUT TRYING TO FIGURE OUT WHAT EACH FTE WAS DOING. THIS COULD BE PARTICULARLY IMPORTANT IF WE WENT TOWARDS THE REGIONALIZATION STRATEGY, WHICH WE'LL BE TALKING ABOUT LAYER, AND IT HAS BEEN SUCCESSFULLY USED BY OTHER GOVERNMENT -- BY GOVERNMENTS WHO USE THIS, SO IT'S SOMETHING TO LOOK INTO MORE, I THINK. AND LEGAL AND CONTRACTUAL, WE TALKED ABOUT THIS. UNDERSTANDING WHO HAS THE RESPONSIBILITY FOR THE PROVIDER CONTRACT. NOW, THIS IS A PART THAT KELLY DID, SO WE'LL GO ONTO OPTIONS AND POSSIBLE FUTURES.

>> TO KIND OF WRAP THINGS UP, ONE OF THE, ONE OF THE -- THE OTHER TASK THAT THEY HAD ASKED US TO TAKE A LOOK AT, PRESENT DIFFERENT OPTIONS AS A, AS A, AS AN IMPOSSIBLE FUTURE FOR THEM, FOR THE

COUNTY TO CONSIDER. SO, YOU KNOW, WE DEVELOPED -- WE TOOK A LOOK AT WHAT, WHAT OUR OTHER LOCALITIES ARE DOING, AND ALSO, TRYING TO THINK THROUGH THE PROS AND CONS OF EACH, SO SOME OF THESE MAY OR MAY NOT WORK IN YOUR COMMUNITY, BUT, I THINK, YOU KNOW, I'LL GO INTO MORE DETAIL ABOUT, ABOUT THE SPECIFIC ONES, AND I THINK THAT, THAT THE FIRST ONE HERE, IS FIRST FOR A REASON, AND THAT'S BECAUSE I THINK THAT THIS IS WHERE WE WOULD LAND IF WE WERE MAKING A RECOMMENDATION TO YOU ABOUT WHERE TO MOVE FORWARD, TO CONTINUE TO STAY IN YOUR ROLE AS A RISK ACCEPTING ENTITY, BUT WITH THE CAVEAT THAT, THAT FOR YOU ALL TO CONTINUE TO DO THAT, YOU WILL NEED TO MAKE SOME OF THOSE INVESTMENTS AROUND A KEY LEADERSHIP POSITION, HIRING AN ACTUARY, YOU KNOW, HAVING SOME, SOME KEY STAFF POSITIONS AND, AND THOSE WILL BE REALLY IMPORTANT BECAUSE WITHOUT THAT, THE RISK TO, TO THE, TO THE COUNTY GOES UP, AND I THINK, BECAUSE OF THE COMPLEXITY OF MANAGING THIS, THIS CONTRACT, AND KIND OF THE NEW RELATIONSHIP THAT YOU HAVE WITH HEALTH SHARE, AND SO THOSE THINGS WILL BE CRITICAL IF YOU ARE GOING TO CONTINUE TO MOVE FORWARD. AS CAROL MENTIONED, THINKING ABOUT THE POSSIBILITY, AND I THINK AND REVISITING, ISSUE, THIS HAS BEEN EXPLORED IN THE PAST AND, AND THE POSSIBILITY OF, OF CREATING SOME KIND OF QUAZI-PUBLIC ENTITY TO MANAGE THE MANAGED CARE PORTION UNDER THE OVERSIGHT OF THE COMMISSIONERS SO IT FREEZE UP THE BUREAUCRATIC ISSUES THAT MAKE IT HARD FOR GOVERNMENT TO RESPOND QUICKLY AROUND STAFFING, AROUND CONTRACTING, AND PROCUREMENT, AND, SO, YOU HAVE SEEN OTHER GOVERNMENTS KIND OF DO THIS. CAROL MENTIONED PHILADELPHIA DOES THE MEDICAID, BEHAVIORAL HEALTH FUNCTION UNDER THIS QUAZI-PUBLIC ENTITY. SO, YOU KNOW, WHY DO WE SAY THAT, THOUGH? I THINK THAT IT'S REALLY IMPORTANT, YOU KNOW, OREGON IS REALLY A LEADER OUT THERE WITH THE HEALTH CARE TRANSFORMATION, AND THE OPPORTUNITY, I THINK, FOR, FOR THIS COMMUNITY AND, AND FOR, FOR YOU ALL WHO ARE VERY, VERY INVESTED IN MAKING SURE THAT PEOPLE ARE GETTING WHAT THEY NEED AND THAT HEALTH CARE REFORM IS MOVING FORWARD, YOU KNOW, CONTINUING TO, TO STAY WITH THE RAE HELPS TO BE A PART OF THE SOLUTION AROUND HEALTH CARE TRANSFORMATION. AND HELPING YOUR COMMUNITY ACHIEVE THAT AND IMPROVE THE POPULATION HEALTH, INCREASE THE QUALITY OF ACCESSIBILITY AND RELIABILITY OF CARE AND BRINGING DOWN THE HEALTH CARE COSTS. IT HELPS TO MAINTAIN THE ACCOUNTABILITY, MAINTAIN THE ACCOUNTABILITY FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, PROMOTES GREATER INTEGRATION AND LESS FRAGMENTATION, SO THERE IS A LOT OF BENEFITS THAT WE SEE FOR YOU TO CONTINUE IN THAT ROLE. AND, AND YOU KNOW, THAT'S NOT TO SAY THAT THERE ARE NOT RISKS TO KIND OF TAKE A LOOK AT. OBVIOUSLY, WE SPEND A LOT OF TIME TALKING ABOUT THE FINANCIAL RISK, AND WE HAVE GIVEN RECOMMENDATIONS AROUND THE MEDICAL LOSS RATIO AND, AND, AND LOOK AT HIRING AN ACTUARY TO TAKE A LOOK AT THE CAPITATION RATES AND WHETHER THEY ARE GOING TO, TO, TO -- THE METHODOLOGY FOR SUCH. AND YOU KNOW, AND I THINK OTHER, OTHER KIND OF RISKS, YOU KNOW, IT WILL REQUIRE SOME SUBSTANTIAL INVESTMENT SYSTEMS AND

NEW STAFFING IF YOU ARE GOING TO CONTINUE, CONTINUE, AND REALLY, THERE IS, THERE IS SOME DIFFERING PERSPECTIVES WITHIN THE COUNTY AND, AND FROM THE HEALTH SHARE WITH THE COUNTY HAVING KIND OF AN OVERALL BIG PICTURE VIEW OF, OF THE NEEDS OF THE, OF THE COMMUNITY, THE OVERSEEING THE LOCAL MENTAL HEALTH AUTHORITY AND, AND THE MEDICAID SIDE. THEY HAVE THIS GLOBAL VIEW, HOPING -- IT IS NOT WRONG BUT THEIR LENS IS THROUGH THE MEDICAID LENS SO THEY ARE LOOKING AT THAT SYSTEM. SOMETIMES, THOSE DIFFERING PERSPECTIVES CAN CREATE CONFLICT AND DIFFERENT VIEWPOINTS, AND BECAUSE OF THAT IT CAN MAKE MANAGING THE CONTRACT DIFFICULT. SO, YOU KNOW, AND ANOTHER OPTION, AND I THINK THAT THIS IS, THIS IS JUST SOMETHING THAT, THAT -- WHAT I TALKED ABOUT EARLIER, SOME THINGS YOU CAN DO MORE IMMEDIATELY, STARTING TO THINK, TO THINK ABOUT, OR REVISITING THE DISCUSSION ABOUT IF YOU ARE GOING TO SERVE IN THE ROLE OF THE RISK ACCEPTING ENTITY, IS THERE SOME WAY TO REGIONALIZE THAT. I THINK IT WILL BE AN IMPORTANT THING TO CONTINUE, YOU KNOW, THE, THE -- THIS IS IMPORTANT BECAUSE I THINK THAT, THAT IT HELPS TO DISTRIBUTE THE RISK AMONG A LARGER POOL OF INDIVIDUALS. IT REALLY CREATES SOME ADMINISTRATIVE EFFICIENCIES AND, AND, YOU KNOW, THERE IS MORE, YOU KNOW, YOU GET THE ECONOMIES OF SCALE, AND IT HELPS TO REDUCE THE ADMINISTRATIVE BURDEN ON PROVIDERS AND REDUCES THE COST THAT THE PROVIDERS MAY BE EXPERIENCING OF HAVING TO INTERFACE WITH DIFFERENT ENTITIES. I THINK THAT, OBVIOUSLY, THERE IS QUESTION ABOUT WHETHER THE OTHER COUNTIES WOULD BE INTERESTED IN PARTICIPATING IN SUCH AN ARRANGEMENT AND YOU KNOW, YOU ARE GOING TO HAVE FINANCIAL RISK AND IN THIS ARRANGEMENT, AND YOU ARE GOING TO HAVE DECISIONS MADE BY HEALTH SHARE, A PRIOR TO ENTITY CONTINUING TO OVERSEE THE CONTRACT. THE NEXT FEW OPTIONS, WE WANT TO, TO PUT THEM OUT THERE. THEY ARE THINGS GOING ON IN OTHER COMMUNITIES. THEY MAY OR MAY NOT WORK HERE BUT IN OTHER, OTHER PLACES, I KNOW CALIFORNIA, THE COUNTIES, HAVE, HAVE THEIR, THEIR, THEIR MANAGED CARE, MANAGE THE CARE FOR A SPECIALIZED, A SPECIALIZED SERVICE AND POPULATION AND, SO THAT'S ONE MODEL OUT THERE, AND, YOU KNOW AND YOU MAY WANT TO CONSIDER AT SOME POINT -- THE PROS OF THAT, IT MAY DECREASE THE FINANCIAL RISK BECAUSE YOU MAY NOT BE HAVING THE, THE, THE -- SOME OF THE VERY HIGH, YOU KNOW, INPATIENT SERVICES, IF YOU ARE NOT MANAGING THAT UTILIZATION ANY MORE, WHICH TENDS TO BE ONE OF YOUR BIG COST DRIVERS IN THE SYSTEM. IT MAY PROMOTE MORE INTEGRATION FOR PEOPLE WITH SUBSTANCE ABUSE DISORDERS AND, AND IF THE PHYSICAL HEALTH AND THE SUBSTANCE ABUSE OUTPATIENT BENEFITS AND, AND THE MENTAL HEALTH BENEFIT WERE ALL IN THE, IN THE -- CARVED OUT AND PUT INTO THE, ANOTHER RISK ACCEPTING ENTITY. AND, AND YOU KNOW, I THINK THAT THERE IS A LOT OF CONS TO THIS APPROACH. IT WOULD LEAVE THE COUNTY AT RISK FOR SOME HIGH-COST MEMBERS. IT MAY LEAD TO A FRAGMENTED SYSTEM, AND SO, I THINK THAT IT'S SOMETHING THAT WE WANTED TO SAY IS A MODEL OUT THERE, BUT I DON'T KNOW IF IT MAY BE THE BEST FOR YOUR COMMUNITY. ANOTHER ONE IS TO BECOME THE ADMINISTRATIVE SERVICES ORGANIZATION. THIS MAY NOT BE,

YOU KNOW, THE OTHER COMMUNITIES DO THIS, NEW JERSEY, THAT HAVE THEIR SYSTEM, AND OTHER, OTHER COMMUNITIES ACROSS THE COUNTRY, TO USE THIS MODEL AND, AND IT'S MORE, MORE OF A, A NON RISK-BASED MODEL YOU ARE DOING, PERFORMING CERTAIN, CERTAIN MANAGED CARE FUNCTIONS AND BUT, NOT, YOU ARE NOT AT RISK FOR THOSE SERVICES AND, AND THIS MAY, AGAIN, YOU KNOW, I THINK THAT IT'S, IN MANY WAYS, IT'S AN APPEALING MODEL FOR THE REASONS THAT YOU ARE SEEING UP THERE, NOT BEING AT RISK AND, AND CONTINUING TO ALLOW YOU TO HAVE SOME REVENUE BUT THERE IS ALSO SOME DOWN SIDES IT. YOU ARE A CONTRACTOR, AND YOU HAVE TO DO WHAT, WHAT THEY SAY AND, AND, AND YOU KNOW, YOU MAY HAVE LITTLE CONTROL OR AUTHORITY OVER SOME CRITICAL DECISIONS THAT MAY IMPACT THE COUNTY, SO, AND REALLY, ELIMINATES THE COUNTY'S ABILITY TO BENEFIT FROM EFFECTIVE MANAGEMENT OF THE PROGRAM. IT WILL REQUIRE SIGNIFICANT INFRASTRUCTURE INVESTMENT. IT'S A MODEL, AND IT MAY NOT BE ONE THAT MAY FIT WITH WHERE OREGON IS MOVING AS FAR AS HEALTH CARE REFORM AND, AND, AND TRYING TO BRING DOWN COSTS. ALSO, [INAUDIBLE] TO TERMINATE THE CONTRACT, WHILE CONTINUING TO MAINTAIN THE ROLE AT THE LOCAL MENTAL HEALTH AUTHORITY AND, AND IT WILL LOWER YOUR RISK, AND YOU COULD STILL BE A PROVIDER OF SERVICES UNDER THIS MODEL, AND I KNOW THE COUNTY DOES PROVIDE SCHOOL-BASED MENTAL HEALTH SERVICES AND A FEW OTHER MEDICAID REIMBURSABLE SERVICES. IT WILL ALLOW THE COUNTY TO FOCUS ON, ON THAT, THAT MENTAL HEALTH AUTHORITY ROLE AND, AND, AND, AND, YOU KNOW, I THINK -- IT'S ONE POSSIBLE WAY TO GO, BUT, I THINK OBVIOUSLY THERE IS A LOT OF INDIANAPOLIS SIDES TO THAT. WE TALKED ABOUT THE LOSS OF MEDICAID FUNDS AND WHAT THAT MIGHT MEAN AS FAR AS THE WORKFORCE, AND THE COUNTY WORKFORCE AND, AND REALLY, WOULD KIND OF REALLY LIMIT THE, THE COUNTY'S ABILITY TO OPERATE A COMPREHENSIVE MENTAL HEALTH AND ADDICTION SYSTEM. WHAT WE'RE SEEING, TOO, IS THAT AS THE CCOs BECOME A BIGGER PLAYER IN THE HEALTH CARE TRANSFORMATION LANDSCAPE, WE'RE CONTINUING TO, TO SEE THE, THE CCO'S INFLUENCE IN THE SYSTEM KIND OF INCREASING, AND IF YOU ARE NO LONGER A PART OF THAT, THE COUNTY'S ABILITY TO HAVE AN ABILITY OVER THINGS YOU VALUE AND THAT ARE REALLY IMPORTANT WOULD LIKELY KIND OF BE DIMINISHED. SO --

>> I WOULD LIKE TO SAY A FEW CLOSING COMMENTS AND TALK TO YOU ABOUT WHAT WE'RE DOING NOW. FIRST COMMISSIONER SMITH I WANT TO CLARIFY WHAT I SAID ABOUT WHEN HEALTH SHARE CAME TO US WITH THOSE TWO, TWO OPPORTUNITIES. I DID SPEAK TO THE INTERIM CHAIR ABOUT IT AT THE TIME. THERE WAS A RECOMMENDATION THAT WE SHOULD STAY IN THE MEDICAID BUSINESS SO WE CAN CONTINUE INTEGRATING MEDICAID AND NON MEDICAID SERVICES. IF WE ARE NO LONGER A PART OF HEALTH SHARE, THE ABILITY TO INFLUENCE THE DECISIONS THAT IMPACT OUR COUNTY AND COMMUNITY, WILL DIMINISH. AND SO, IF THE COUNTY WANTS TO STAY IN THE BUSINESS OF RUNNING A HEALTH CARE PLAN, THOUGH, WE BELIEVE THAT, THAT WE REALLY NEED TO RUN IT LIKE AN INSURANCE BUSINESS AND, AND NOT LIKE THE SOCIAL SERVICE AGENCY,

WHICH IS ESSENTIALLY HOW WE'VE BEEN RUNNING IT. THERE NEEDS TO BE AN INVESTMENT IN THE RESOURCES AND TOOLS TO MAKE US, US BETTER AT MANAGING THIS. WHAT WE STARTED, WE HAVE STARTED PLANNING THE RECRUITMENT FOR THE MANAGED PLAN DIRECTOR, AND WE'VE BEEN WORKING WITH, WITH, OF COURSE, CENTRAL H.R. TO CLASSIFY THE POSITION, AND WE HAVE HAD A FEW CHALLENGES WITH WHAT THAT IS AND, AND, AND WE DON'T -- WE DON'T BELIEVE THAT, THAT IT'S COMPETITIVE ENOUGH TO, TO, TO, TO COMPETE WITH THE, THE PRIVATE SECTOR, BUT WE'RE GOING TO TRY AND SEE WHAT WE CAN GET AT THE LEVEL IT'S BEEN RECRUITED FOR, AND, I MEAN, THE LEVEL CLASSIFIED FOR AND, AND JUST HOPE THAT WE'LL BE SUCCESSFUL AT THAT LEVEL. IF NOT, H.R., IF WE ARE NOT SUCCESSFUL AT RECRUITMENT, H.R. HAS AGREED TO, TO TAKE A LOOK AT IT AND, AND, AND TO CHANGE THAT CLASSIFICATION IF NEEDED, BUT WE'LL TRY AND SEE IF WE CAN BE SUCCESSFUL. ALSO, WE DO HAVE THE FUNDING AVAILABLE AS A RESULT OF OUR INCREASED REVENUE BECAUSE OF THE AFFORDABLE CARE ACT TO FUND THE MANAGED CARE DIRECTOR, AND THAT WORK MANAGER, THE CARE COORDINATOR, AND WE STARTED THE PROCUREMENT PROCESS FOR AN ACTUARY. WE ARE ASSUMING YOU WANTED US TO STAY IN THIS BUSINESS SO WE'RE MOVING FORWARD, BUT IF THAT'S NOT THE CASE, WE HAVE NOT GONE TOO FAR TO STOP. WE REALLY NEED A NEW FINANCIAL SYSTEM. I THINK THAT THAT'S MADE CLEAR HERE, BUT ALSO, THE COUNTY AUDITOR'S REPORT DIDN'T SAY A NEW FINANCIAL SYSTEM, BUT THEY NEEDED INFORMATION THAT WE'RE REALLY NOT QUITE ABLE TO DO. BOTH THE SYSTEM NEEDS TO BE ABLE TO TRACK EACH LINE OF BUSINESS SEPARATELY, AND AGGREGATE OUR EXPENDITURES, THAT'S A RECOMMENDATION FROM BOTH THOSE SOURCES. AND THAT MEANS, TRACKING, YOU KNOW, OUR FTEs AND HOW THEY ARE PAID AND OUR PAYERS, AND THE PROGRAMS, AND WE REALLY NEED TO BE ABLE TO DO THIS MORE, MORE EFFECTIVELY AND EFFICIENTLY. WE DO WAY TOO MANY WORK-AROUNDS. IT'S TOO BURDENSOME, REALLY. AND WE'LL WORK WITH THE FINANCE OFFICE AND PROCUREMENT TO LOOK AT THE BEST OPTIONS IN THIS SITUATION. WE ARE ASKING THAT, THAT WE HAVE SOME SUPPORT FROM THE BOARD TO, TO APPROACH HEALTH SHARE ABOUT OUR MEDICAL LOSS RATIO, AND REALLY, WE WANT TO, TO NEGOTIATE THE 85% RATE, AND WE WOULD LIKE SOME SUPPORT FOR THAT. WE TALKED ABOUT UTILIZATION MANAGEMENT A LOT. WE HAVE STARTED ADDRESSING THOSE ISSUES, AND I DON'T FEEL A NEED TO GO INTO IT AGAIN. AND WE BELIEVE THAT, THAT, AS WE CONTINUE THE SHORTER TERM GOALS OF GETTING THE TOOLS AND RESOURCES THAT WE NEED TO REALLY START THE CONVERSATION AGAIN ABOUT, ABOUT LOOKING AT REGIONALIZING A SINGLE RAE FOR THE ENTIRE REGION, I KNOW THAT THAT'S VERY CHALLENGING POLITICALLY. BUT, AND WE HAD THE CONVERSATION A COUPLE YEARS AGO, AND IT DID NOT HAPPEN BECAUSE OF THE POLITICS, BUT, WHEN I GOT HERE, I HAVE TO SAY I WAS VERY EXCITED ABOUT, ABOUT, ABOUT THIS ROLE, THIS ROLE OF HEALTH CARE TRANSFORMATION. IT'S PROGRESSIVE, AND IT'S THE WAY THAT IT SHOULD BE, AND WE SHOULD NOT BE SEPARATING OUR MINDS FROM OUR BODIES FROM OUR, OUR TEETH. AND IT'S THE WAY TO GO. HOWEVER, I ALSO WAS UNDER THE IMPRESSION THAT, THAT BECAUSE WE WERE JOINING WITH OUR OTHER PARTNERS IT WOULD BE A REGIONAL

PROCESS. AND WE, WE -- AND IT WAS EXPLORED BUT IT DID NOT HAPPEN. SO FOR ME, WE'RE STILL THREE SEPARATE ENTITIES, ONLY NOW, HEALTH CARE TAKES 2% OFF THE TOP. WE WORKED WITH STANDARDIZING OUR POLICIES AND PROCEDURES WITH THE OTHER PARTNERS, SO THAT WE'RE MORE ALIKE THAN DIFFERENT, BUT WE ARE DIFFERENT. AND, AND AS DAVID NEXT EARLIER, SPREADING THE RISK WOULD BE A BETTER OPPORTUNITY FOR THE COUNTY. HEALTH SHARE HAS NOT BEEN TAKING ACUTE IN THE CONSIDERATION WHEN DETERMINING OUR CAPITATION RATES. FRANKLY, THE CURRENT STRUCTURE IS JUST NOT BENEFICIAL FOR US. I ALSO WANT TO POINT OUT ONE MORE THING THAT WE ALL KNOW AND, AND, AND WE HAVE TO SAY IT OVER AND OVER AGAIN. IT WAS APTLY STATED THE WRITTEN TREATMENT PLAN IS USELESS IF THE CLIENT HAS NO PLACE TO LIVE. WE ALL KNOW THAT. IF PEOPLE GET DISCHARGED UNDER THE BRIDGE, IT'S NOT HELPFUL. IT'S A WASTE OF THE MONEY AND, AND THE POLICE DROP-OFF CENTER IS A WORTHY INITIATIVE, BUT, IT WILL FAIL IF THERE IS NO INVESTMENT IN THE BACK DOOR. AND, AND IT'S ABSOLUTELY CRITICAL THAT THIS INVESTMENT BE MADE FOR MORE PERMANENT SUPPORTIVE HOUSING FOR PEOPLE WITH MENTAL HEALTH AND ADDICTIONS. AND, I HAVE TO SAY, AS MUCH FRUSTRATION AS I WAS WITH HEALTH [INAUDIBLE], I APPRECIATE IT BECAUSE IT GOT ME FRUSTRATED ENOUGH TO WANT TO, TO ENGAGE WITH TAC AND, AND IT'S ALWAYS HELPFUL TO HAVE AN OUTSIDE EYE COME IN, AND, AND SO I'M GRATEFUL THAT THEY WERE FRUSTRATED BECAUSE IT REALLY HAS HELPED US TO LAY OUT THE, THE ISSUES THAT WE'RE FACING, AS WELL AS THE OPPORTUNITIES THAT WE HAVE FOR THE FUTURE. SO, I WANT TO THANK CAROL AND KELLY FOR BEING HERE, AND SHERRY, AS WELL, WHO IS NOT HERE, AND I ALSO WANT TO THANK YOU ALL FOR YOUR TREMENDOUS COMMITMENT TO, TO SERVING THIS COMMUNITY. SO, WE ARE OPEN FOR QUESTIONS IF YOU HAVE MORE.

Chair Kafoury: COMMISSIONER BAILEY?

Commissioner Bailey: FASCINATING REPORT. I WANT TO GET YOUR COMMENTS ABOUT THE SERVICE PROVISION IS NOT EFFECTIVE FOR A PLACE TO LIVE, I THINK THAT'S GETTING EMBLAZONED ABOVE THE DOOR. I WANT TO BE CURIOUS ON ONE ASPECT OF THE RECOMMENDATIONS, AND THAT'S AROUND EXPANDING SERVICES LIKE THE [INAUDIBLE] FOR FOLKS IN CRISIS TO DIVERT THEM FROM THE EMERGENCY ROOMS. I RECOGNIZE THAT'S ONE -- MY WIFE IS AN EMERGENCY ROOM DOCTOR, AND, YOU KNOW, TELLS ME THAT, THAT THAT'S OFTEN NOT THE RIGHT PLACE FOR THEM AT ALL. VERY BASIC QUESTION, LET'S SAY IT COST \$100 TO, TO, TO, TO HAVE SOMEBODY IN THAT -- IN AN EMERGENCY ROOM, AND 70 IF WE TREAT THEM AND DIVERT -- IT'S \$70, WHERE DO THE SAVINGS ACCRUE, WHO GETS THE \$30.

>> YOU ARE TALKING ABOUT WITHIN THE MEDICAID?

>> SURE, IS IT TO THE HOSPITALS? IS IT TO, TO THE CCOs. I APOLOGIZE FOR NOT KNOWING IT.

>> IT DEPENDS ON WHAT YOUR PAYMENT SYSTEM IS, SO IF YOU WERE PAYING THIS SERVICE ON A FEE FOR SERVICE BASIS, ACTUALLY, IN THAT CASE, THE, THE SAVINGS WOULD ACCRUE TO YOU, RIGHT? YEAH.

>> AND COMMISSIONER BAILEY, I CAN GIVE YOU AN EXAMPLE WHERE THE COUNTY HAS INVESTED, AND WE HAVE A, A FAIRLY STRAIGHTFORWARD BENEFIT BACK TO THE COUNTY, AND THAT IS THE, THE CRISIS ASSESSMENT AND TREATMENT CENTER. THAT IS A FREE STANDING STABILIZATION UNIT IN THE COMMUNITY. IF PEOPLE, CONSUMERS WHO HAVE SEVERE MENTAL ILLNESS SHOW UP, AND ARE ADMITTED TO A PSYCHIATRIC HOSPITAL, WE PAY A, A FAR GREATER RATE, 800 PLUS DOLLARS IN A HOSPITAL, AND IF THOSE SAME INDIVIDUALS CAN BE ADMITTED TO THE PROGRAM FOR STABILIZATION, WE PAY SEVERAL HUNDRED LESS PER ADMISSION. THOSE SAVINGS CAN BE PULLED IMMEDIATELY BACK INTO, INTO THE, THE SERVICES IN THE SYSTEM TO KEEP PEOPLE FROM GOING TO THE EMERGENCY DEPARTMENT IN THE FIRST PLACE. THAT'S AN AREA THAT WE WERE ABLE TO REAP THE SAVINGS BECAUSE WE WERE IN CHARGE OF DEVELOPING THAT PROGRAM. I THINK ANY TIME THAT WE WORK ACROSS THE SYSTEM, WE REALLY DO HAVE TO HAVE A CLEAR UNDERSTANDING FROM OUR PARTNERS THAT IN ORDER FOR EVERYONE TO BENEFIT, EVERYBODY HAS TO ALSO CONTRIBUTE, AND TO PITCH INTO THE SOLUTIONS.

>> I THINK ONE THING TO, TO KIND OF EXPAND ON THAT A BIT, AND I THINK THAT ONE THING THAT'S IMPORTANT IS THOSE, THE CRISIS, THE CRISIS INFRASTRUCTURE, SOME OF IT MAY BE PAID THROUGH MEDICAID, BUT A LOT OF THE CRISIS INFRASTRUCTURE IS, ALSO, PAID FOR WITH COUNTY DOLLARS, AS WELL AS STATE DOLLARS. AND I THINK THAT, THAT THE, THE INFRASTRUCTURE, A GOOD, WELL FUNCTIONING CRISIS INFRASTRUCTURE IS, IS A, A COMMUNITY RESPONSIBILITY, AND SO, AND SO, YOU KNOW, HAVING THAT TYPE OF MODEL, THAT EVERYONE CAN TAKE ADVANTAGE OF MEANS EVERYBODY KIND OF NEEDS TO, TO, TO PAY INTO IT AND, AND IF THEY WANT TO TAKE ADVANTAGE OF IT POINT, AND I THINK THAT WE KNOW THAT. I KNOW THAT THERE IS OTHER CCO MEMBERS WHO MAY BE ACCESSING AND UTILIZING THE SYSTEM HERE IN THIS COMMUNITY, WHO MAY NOT BE CONTRIBUTING DOLLARS TO, TO SUPPORT IT, AND SO, I THINK THAT THAT'S ANOTHER THING, IS THAT DAVID MENTIONED, HOW DO YOU BRING IN SOME OTHER STAKEHOLDERS WHO ARE REAPING THE REWARDS OF THE SYSTEM THAT, THAT THIS COMMUNITY IS BUILDING, BUT ARE NOT HELPING TO CONTRIBUTE TO MAKE IT A -- TO EXPAND IT OR MAKE IT BIGGER.

>> JUST A COMMENT, AND AGAIN, THE JAIL. JUST -- AND A BENEFICIARY, PERHAPS, NOT RELATED TO THE FUNDING STREAM, OR EXPENSE STREAM THAT WE'RE TALKING ABOUT HERE, AND I REALLY LIKE YOUR QUESTION, COMMISSIONER BAILEY, BECAUSE WE NEED TO LINE UP INCENTIVES WITH, WITH, WITH, YOU KNOW, WITH THE PROGRAM, AND YOU COMMENTED EARLIER. I AM INTERESTED IN HOW MANY AREAS WE COULD FIND THESE EXAMPLES. YOUR EXAMPLE IS, IS THE SEVEN-DAY FOLLOW-UP, WHERE, WHERE A, A -- THE BEST PRACTICE IS, IS TO HAVE AN IMMEDIATE SORT OF WARM HAND-OFF, BUT, THE PAYMENT FORMULA DOES NOT ACKNOWLEDGE

THAT, SO IT, ESSENTIALLY, RESULTS IN PUNISHING GOOD BEHAVIOR AND REWARDING POOR BEHAVIOR. IT SEEMS TO ME THAT THERE ARE AREAS, PROBABLY MORE THAN THE ONE YOU POINTED OUT, AND THIS IS, IN A SENSE, ALTHOUGH THIS IS A -- I WON'T USE THE TERM, THESE ARE THE, THE -- THESE ARE AREAS WHERE WE MIGHT, MIGHT MOVE TO, TO SEE IF WE MIGHT ACCOMPLISH SOME, SOME PROGRESS. THESE MAYBE AREAS OF OPPORTUNITY.

>> A COMMENT?

>> I JUST HAVE A COMMENT, THANK YOU, CHAIR.

>>> THANK YOU FOR THE REPORT. THIS IS VERY ENLIGHTENING. AND GIVES US A LOT TO THINK ABOUT. I HEAR A LOT OF CALL TO ACTION FOR US IN THIS REPORT, BUT, VERY VALUABLE INFORMATION. AND THANK YOU, SUSAN, FOR TAKING A LOOK AT THIS IN THIS WAY. SO THAT WE REALLY KNOW THE STEPS THAT WE NEED TO TAKE, TO BE MORE SUCCESSFUL. WE KNOW WHAT GOOD WORK YOU ALL DO, DAVID AND ALL OF YOU, AROUND MENTAL HEALTH, AND, BUT WE SEE WHERE WE NEED TO BE, BE HELPING TO, TO ENHANCE ALL OF THE WORK THAT YOU DO. SO, AND I JUST WANT TO SAY ON A PERSONAL NOTE, SUSAN, I KNOW YOU ARE LEAVING US ON FRIDAY. I JUST WANT TO SAY, PERSONALLY, I WILL MISS YOU VERY MUCH HERE. THANK YOU FOR THE WORK THAT YOU HAVE DONE, FOR US HERE AT THE COUNTY.

Chair Kafoury: I WILL ADD ON MY THANK YOU, SUSAN, FOR YOUR TIME AND SERVICE HERE, AND I APPRECIATE THAT YOU GOT THIS BALL ROLLING WITH THIS REPORT. YOU ALL KNOW HOW COMMITTED THAT WE ARE AS A BOARD, AND AS A COMMUNITY BECAUSE WHEN PEOPLE DON'T GET THE SERVICES THEY NEED, WE SEE THEM -- OR WE DON'T HAVE THE SERVICES, WE SEE THEM IN ALL AREAS THAT WE ARE WORKING ON, SO, THIS REALLY IS A CRUCIAL TIME FOR US, AND WHY I THINK THIS COMES, IS SUCH A GOOD TIME, IT GIVES US A LOT TO THINK ABOUT, AND A LOT TO DO. I APPRECIATE THE CALL TO AT THE END. WE CANNOT BE AFRAID TO, TO CHALLENGE OURSELVES, AND THERE ARE WAYS THAT WE CAN DO THINGS BETTER, AND IT'S, IT'S GOING TO TAKE THE WILL ON, ON, ON, OF US TO MAKE SURE THAT WE CONTINUE THAT, AND I THINK THAT WE WANT TO DO IT. WE HAVE TO DO IT FOR THE PEOPLE WE SERVE.

Ms. Myers: OK. I REALLY DO -- I WILL MISS WORKING HERE. THIS IS A PHENOMENAL COMMUNITY. YOU ALL ARE A PHENOMENAL BOARD, AND I NEVER WILL WORK FOR A BOARD THAT IS NOT SUPPORTIVE OF SOCIAL SERVICES. WHY WOULD I. BUT TO HAVE A BOARD THAT IS SO COMMITTED TO SOCIAL SERVICES IS REALLY, REALLY A REMARKABLE FEAT AND, AND, AND YOU ALL ARE -- HAVE ALWAYS COMMITTED -- YOUR MONEY WHERE YOUR MOUTH IS, YOU KNOW, JUST TALK ABOUT IT, AND YOU, ACTUALLY, DO COMMIT IT, AND THE LAST COUNTY THAT I WAS AT WAS TWICE THE SIZE OF THIS COUNTY, AND THE BUDGET HERE IS TWICE THE SIZE OF THAT BUDGET, SO THAT JUST IS A REFLECTION OF, OF THIS COMMITMENT. I HAVE A GREAT STAFF IN OUR DEPARTMENT, AND I WILL MISS MY STAFF. THEY ARE

PHENOMENAL, AND THEY WORK REALLY, REALLY HARD TO SERVE THIS COMMUNITY. AND IT'S NOT EASY. PEOPLE HAVE OFTEN SAID TO ME, OH, YOUR JOB MUST BE SO STRESSFUL. AND IT'S LIKE, EVERYBODY'S JOB IS. I AM PRIVILEGED TO HAVE THIS STRESS. WE HAVE A LOT OF PEOPLE WHO HAVE EXTREMELY HIGH CASELOADS, AND WHO ARE VERY DEDICATED TO SERVING OUR COMMUNITY, AND I REALLY WANT TO THANK THEM FOR THE WORK THAT THEY DO AND JUST LET -- REMIND YOU THAT YOU HAVE PHENOMENAL STAFF IN THIS COUNTY, AND ESPECIALLY IN DCHS. ALSO, THANK YOU FOR GIVING ME THIS OPPORTUNITY TO BE HERE AND TO SERVE YOU ALL AND SERVE THIS COMMUNITY. AND, AND I REALLY APPRECIATE IT. THANK YOU.

Chair Kafoury: I AM PLEASED WE CALLED OUT SPECIFICALLY THAT WE CAN DO ALL THESE GREAT CHANGES AND MAKE THE INVESTMENTS, BUT IF WE DON'T HAVE HOUSING FOR PEOPLE AT THE BACK END, IT'S, IT'S -- I WOULD NOT SAY IT'S ALL FOR NOT, BUT IT'S MUCH MORE EFFECTIVE, SO THANK YOU. ANY OTHER COMMENTS? NO FURTHER BUSINESS? WE'RE ADJOURNED. [GAVEL POUNDED]

ADJOURNMENT

The meeting was adjourned at 11:56 a.m.

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

Lynda J. Grow, Board Clerk and
Marina Baker, Assistant Board Clerk
Board of County Commissioners
Multnomah County