

**Transcript of the Board of Commissioners  
Multnomah Building, Board Room 100  
501 SE Hawthorne Blvd., Portland, Oregon  
Tuesday, May 10, 2016**

**BUDGET WORK SESSION #9**

Chair Deborah Kafoury called the meeting to order at 9:45 a.m. with Vice-Chair Loretta Smith and Commissioners Jules Bailey, Judy Shiprack and Diane McKeel present.

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

**BWS-9      Health Department Presentation. Presenters: Joanne Fuller, Director, Health Dept. and Invited Others.**

CHAIR KAFOURY: GOOD MORNING. WELCOME TO THE BOARD OF MULTNOMAH COUNTY COMMISSIONERS. WE HAVE BUDGET WORK SESSION 9.

Mr. Jaspin: MIKE JASPIN FROM THE BUDGET OFFICE. WELCOME TO WEEK THREE OF OUR BUDGET WORK SESSIONS. THIS MORNING WE'LL HAVE THE HEALTH DEPARTMENT PROVIDING THEIR INFORMATION FOLLOWED BY DCHS THIS AFTERNOON. TOMORROW WE HAVE A PLACEHOLDER WORK SESSION SCHEDULED FOR TWO HOURS.

AT THIS TIME WE DON'T HAVE ANY SPECIFIC ITEMS SCHEDULED FOR THAT, AS WE GO THROUGH TODAY WE'LL HAVE TO DECIDE WHETHER OR NOT TO CANCEL TOMORROW. DO KEEP IN MIND WE HAVE A ROUGHLY FIVE HOURS OF PLACEHOLDERS NEXT WEEK FOR ANY FOLLOW-UP OR DELIBERATIONS THE BOARD WANTS TO DO. OUR FINAL PUBLIC HEARING IS WEDNESDAY NIGHT HERE FROM 6:00 TO 8:00 P.M. IN FRONT OF YOU, YOU SHOULD HAVE THE LATEST AMENDMENT LIST AS WELL AS OUR LOAN BUDGET NOTE THAT HAS BEEN PROPOSED SO FAR. UNLESS YOU HAVE ANY QUESTIONS I'LL TURN THIS OVER TO THE HEALTH DEPARTMENT.

Chair Kafoury: QUESTIONS FOR MIKE?

Vice-Chair Smith: YES, MADAME CHAIR, THANK YOU. CAN WE ADD A BUDGET AMENDMENT BEFORE THIS STARTS?

Mr. Jaspin: YOU SURE CAN.

Vice-Chair Smith: I'M DOING AN AMENDMENT FOR CULLY PARK. IT ADDS \$70,000 IN ONE TIME ONLY FUNDING TO SUPPORT THE FINAL CONSTRUCTION OF CULLY PARK. THE REASON THIS IS SO IMPORTANT FROM A PUBLIC HEALTH STANDPOINT, THERE'S A PHYSICAL FITNESS DESERT IN THE CULLY PARK AREA. THERE ARE NO PARKS IN THAT NEIGHBORHOOD, AND WHAT WE'RE

DOING IS WE'RE A PARK ON TOP OF AN OLD DUMP SITE, WHICH IS HUGE. I THINK THIS IS AN OPPORTUNITY FOR US TO GET THOSE FOLKS OFF OF THE SIDEWALKS. I DON'T KNOW IF ANY OF YOU HAVE EVER WALKED IN CULLY PARK. THERE ARE LOTS OF ROCKS AND NOT COMPLETE SIDEWALKS. SO THIS PARK WOULD ADD ADDITIONAL SPACE TO WALK IN THE PARK. THANK YOU.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS FOR MIKE THIS MORNING? ALL RIGHT, HEALTH DEPARTMENT.

Joanne Fuller: MADAME CHAIR, MEMBERS OF THE COUNCIL, I'M JOANNE FULLER YOUR HEALTH DEPARTMENT DIRECTOR. WE'RE GOING TO START OFF WITH THE TESTIMONY OF TWO REALLY IMPORTANT GROUPS TO THE HEALTH DEPARTMENT. FIRST REPRESENTING OUR COMMUNITY BUDGET ADVISORY COMMITTEE, WE HAVE A PRESENTATION OF THE CO-CHAIRS. FIRST NEXT TO ME ANNA VALDERAMA AND JOSE PENA JUAREZ, WHO ARE BOTH THE CO-CHAIRS OF OUR NEWLY FORMED COMMITTEE. I HAVE TO BRAG ON OUR COMMITTEE FOR ONE MINUTE. IT'S THE YOUNGEST AND MOST DIVERSE OF YOUR BUDGET ADVISORY COMMITTEES. WENDY LEER AND MARIA JOHNSON SPEARHEADED RECRUITMENT FOR MEMBERS OF THAT COMMITTEE AND THEY HAVE GOTTEN UP TO SPEED REALLY QUICKLY, ACTIVELY ENGAGED IN A LOT OF VERY MEANINGFUL DISCUSSION ABOUT WHAT IT MEANS TO BE CITIZENS ADVISING THE HEALTH DEPARTMENT AND THE ADVICE THEY WANT TO GIVE OUR DEPARTMENT AND YOU IN YOUR BUDGET DELIBERATIONS.

Mr. Juarez: GOOD MORNING, CHAIR KAFOURY AND COUNTY COMMISSIONERS. THANK YOU FORT OPPORTUNITY TO JOIN THE HEALTH DEPARTMENT IN PRESENTING TO YOU TODAY. I'M JOSE PENA JUAREZ. I AM ACCOMPANIED BY ANA VALDERAMA. WE REPRESENT THE HEALTH DEPARTMENT'S COMMUNITY BUDGET ADVISORY COMMITTEE. OUR CBAC WAS FORMED TO HELP ENSURE THAT THE HEALTH DEPARTMENT'S BUDGET AND FINANCIAL INVESTMENTS ALIGN WITH ITS MISSION, STRATEGIC GOALS AND COMMITMENT TO EQUITY. IN OUR MEETINGS WE RALLIED AROUND THE NEED TO CREATE A VALUE STATEMENT AND WE UNDERSTOOD IT WOULD BE UNIQUE. IT'S THE FIRST VALUE STATEMENT CREATED BY A CBAC. IT AFFIRMS OUR COMMITMENT TO LEAD WITH DIGNITY AND RESPECT, TO PROVIDE TRANSFORMATIONAL LEADERSHIP AND UPHOLD RACIAL JUSTICE. OUR RECOMMENDATIONS WERE DEEPLY INFORMED BY THESE VALUES. WE HAVE THE GREAT FORTUNE OF BEING ABLE TO SHARE THESE VALUES WITH CHAIR KAFOURY ON MARCH 3 AND WE BROUGHT A COPY FOR THE PUBLIC RECORD TODAY.

Ana Valderama: MULTNOMAH COUNTY BUDGET ADVISORY COMMITTEE 2016 VALUE STATEMENT. 1, WE ARE TRANSFORMATIVE LEADERS. OUR WORK ADDRESSES THE INTERSECTIONAL ROOTS OF OPPRESSION AND REDEFINES SYSTEMS OF POWER, CHANGE COMES THROUGH BOTH INDIVIDUAL AND COLLECTIVE TRANSFORMATION. AS WE DO THE WORK, WE WILL PRACTICE VALUES AND REFINE OUR SKILLS AS LEADERS. 2, WE OFFER EXPERT

KNOWLEDGE. WE ARE THE EXPERTS ON WHAT IS NEEDED IN OUR COMMUNITY. BY VIRTUE OF BEING COMMUNITY MEMBERS, WE ARE UNIQUELY QUALIFIED TO MAKE RECOMMENDATIONS THAT WILL BE IMPACTFUL AND SERVE A GREATER VISION. WE OFFER A LEVEL OF AUTHORITY THAT IS INHERENTLY A SHIFT IN POWER BY AMPLIFYING THE ACTIVE AND MEANINGFUL VOICES OF THE COMMUNITIES THAT MULTNOMAH COUNTY SERVES. 3, WE UPHOLD RACIAL JUSTICE. WE RECOGNIZE BOTH THE PHYSICAL AND MENTAL HEALTH OF PEOPLE OF COLOR AND THE SURVIVAL AND WELL-BEING OF COMMUNITIES OF COLOR ARE MATTERS OF JUSTICE. AS A GOVERNMENT BODY, WE DO RECOGNIZE THE TRAUMA BOTH HISTORIC AND PRESENT THAT OUR COMMUNITIES SUFFER AT THE HANDS OF GOVERNMENT AGENCIES AND STILL WE SEEK TO REPAIR AND TO RESTORE A SENSE OF SAFETY AND JUSTICE. BY BALANCING SCIENTIFIC KNOWLEDGE, PRACTICAL EXPERIENCE AND THE WISDOM AND BELIEFS OF THOSE WE SERVE WE ADVANCE THE CRITICAL PROCESS OF HEALING.

Ana Valderama: 4, WE OPERATE WITH DIGNITY AND RESPECT. WE HONOR THE HUMANITY OF THOSE WHO PARTICIPATE IN THIS WORK AS WELL AS THE COMMUNITY MEMBERS IMPACTED BY THE WORK. WE CONSIDER COMMUNITY PARTNERSHIPS ESSENTIAL IN DESIGNING LONG TERM EFFECTIVE SOLUTIONS TO PUBLIC HEALTH CHALLENGES. WE VIEW NUMBERS NOT ONLY AS NECESSARY TOOLS FOR DESIGNING EQUITABLE BUDGETS AND POLICIES BUT ALSO AS REPRESENTATIONS OF REAL, TANGIBLE IMPACTS ON THE DAY-TO-DAY LIVES OF OUR FRIENDS AND NEIGHBORS. 5, WE BRIEF IN ENTER CULTURAL INTELLIGENCE. WE BRING A DIVERSE MULTILINGUAL INTERGENERATIONAL APPROACH TO KNOWLEDGE SEEKING. IN EVALUATING EQUITY WE SEEK THE VOICES OF THOSE MISSING FROM THE DISCUSSION. WE HOLD SELF-ELF KENT THE WISDOM OF COMMUNITIES AND VALUE THEIR JUDGMENTS AS EQUAL TO OURS. IN ORDER TO FACILITATE COMMUNITY PARTICIPATION TO THE GREATEST EXTENT POSSIBLE, WE CONSIDER BARRIERS TO INCLUSION SUCH AS LANGUAGE, TRANSPORTATION, CHILD CARE, AND FOOD AND SECURITY. STRIFE TO SEE THE NEED FOR THESE CRUCIAL ACCESS TOOLS REFLECTED AT THE BUDGET LEVEL. WE'RE A MALLEABLE ENTITY AND REALIZE THE BEST WAY TO SERVE THOSE THAT ARE TO BE IMPACTED POSITIVELY IS TO CHANGE OURSELVES AS NEEDS ARISE. 6, WE HOLD ETHICS AT THE CORE. WE BUILD TRUST BY INVESTING TIME INTO RELATIONSHIPS, SHOWING RESPECT BY BEING CLEAR WITH OUR PURPOSE, OUR PROCESS AND OUR INTENT. WE BRING SELF-AWARENESS TO OURSELVES AS INDIVIDUALS AND OUR BODY AS A WHOLE. IN SHARING CONGRUENCE AND SEAMLESS INTERESTING RATION OF WORD AND ACTION. SERVING ETHICALLY AND CONSISTENTLY IS A PRINCIPAL GOAL OF OURS AS WE SEEK TO BUILD A BRIDGE OF INTERCONNECTEDNESS AND INTERDEPENDENCE BETWEEN OURSELVES AND THOSE WE SERVE.

Jose Juarez: CHAIR KAFOURY, MEMBERS OF THE COUNTY COMMISSION, WE WOULD LIKE TO BEGIN OUR BUDGET RELATED COMMENTS BY EXPRESSING

OUR GRATITUDE FOR THE CHAIR'S INVESTMENTS IN HEALTH AND HUMAN SERVICES. NOT ONLY DO THESE TARGETED INVESTMENTS PROVIDE THE HIGHEST RATES OF RETURN ON OUR HARD-EARNED TAX DOLLARS BUT THEY WILL ALSO HAVE MEASURABLE, POSITIVE IMPACTS ON THE DAILY LIVES OF COMMUNITY MEMBERS EXPERIENCING HEALTH INEQUITIES. WE'RE PLEASED TO SEE ACCEPTANCE OF OUR RECOMMENDATION TO FUND A STRIFE PROGRAM, STRIVING TO REDUCE YOUTH VIOLENCE EVERYWHERE, AND THE HIV PRE-EXPOSURE AND AMBULANCE SERVICES PLANNING AND NEW DENTAL CLINIC IN NORTH PORTLAND. WE'RE ESPECIALLY GRATEFUL TO LEARN CERTAIN PROGRAMS LIKE STRYVE ARE BEING SUPPORTED WITH ONGOING FUNDS RATHER THAN ONE-TIME ONLY FUNDS. THIS POINT BEARS REPEATING. WE'RE ESPECIALLY GRATEFUL TO FIND PROGRAMS LIKE STRYVE ARE BEING SUPPORTED BY ONGOING FUNDS RATHER THAN ONE TIME ONLY FUNDS. FOR A PROGRAM THAT SERVES COMMUNITIES OF COLOR THIS SHIFT REPRESENTS A CRITICAL INVESTMENT IN RACIAL EQUITY. LASTLY WE EXTEND OUR GRATITUDE TO THE DEPARTMENT. IN PARTICULAR WE HIGHLIGHT THE LEADER MARIA JOHNSON. SHE CONTINUES TO PROVIDE ONGOING STAFFING THAT IS INCREDIBLY RESPONSIVE AND PRESERVES THE INTEGRITY. WE EXTEND GRATITUDE TO MARK LEWIS, OUR FINANCE MANAGER, FOR HIS ANALYSIS AND ASSISTANCE IN THE BUDGET PROCESS AND SONJA HENDRIX FOR HER ADMINISTRATIVE SUPPORT. NOT TO BE OVERLOOKED, DEPUTY DIRECTOR OF OPERATIONS WENDY LEER AND DIRECTOR JOANNE FULLER PROVIDE CONSISTENT LEADERSHIP AND PRESENCE THAT UNDERSCORES THE SUCCESS OF THE DEPARTMENT. OVER ALL DEPARTMENTS HAVE RESPECTED OUR EXPERTISE, PROVIDED TIMELY INFORMATION AND ENSURED THAT WE HAVE THE SPACE AND RESOURCES TO EXPRESS OUR TRUE VOICE. WE AFFIRM THE REQUEST IN THE BUDGET PROCESS ARE THOUGHT OF AND RESOURCEFUL. WE APPRECIATE THE STEWARDSHIP OF UH PUBLIC FUNDS AND APPLAUD THE INVESTMENT TO FURTHER HEALTH EQUITY. THANK YOU FOR YOUR TIME AND THANK YOU FOR THE OPPORTUNITY TO OFFER LEADERSHIP TO THE HEALTH CBAC.

Commissioner McKeel: THANK YOU SO MUCH. HOW MANY MEMBERS ARE ON YOUR CBAC?

Ms. Valderama: COMMISSIONER MCKEEL, I BELIEVE THERE ARE A TOTAL OF SEVEN TOTAL. WE HAVE BUILT THAT GRADUALLY BEGINNING WITH THREE, I BELIEVE, AND FULLY TARGETING OUR OUTREACH UNTIL WE REACHED THE SEVEN MEMBERS.

Chair Kafoury: I WANT TO THANK YOU AS WELL. I KNOW I HAVE SAID THIS TO YOU MANY TIMES BUT IT ALSO BEARS REPEATING THAT WE REALLY APPRECIATE ALL THE WORK THAT THE CBACS INTO FOR US AND THE TIME AND ENERGY THIS COMMUNITY MEMBERS SPEND GOING THROUGH THE BUDGETS, REALLY TRYING TO GRAPPLE WITH SOME OF THE HARD DECISIONS. BUT I WAS JUST SO ESPECIALLY IMPRESSED WITH THE TWO OF YOU AND THE

WORK THAT YOU DID THIS YEAR. I THINK YOU'VE REALLY SET THE BAR AND YOU SET IT REALLY HIGH. I'M HOPING TO CALL OUT TO ALL THE OTHER CBACS AS WELL THAT YOU CAN DO REALLY, REALLY GREAT WORK GOING ABOVE AND BEYOND AND I WANT TO THANK YOU FOR THAT.

Commissioner Shiprack: MADAME CHAIR. I WANT TO THANK YOU AS WELL. I WANTED TO JUST UNDERLINE SOMETHING THAT YOU SAID IN YOUR COMMENTS THAT IS SO IMPORTANT. BEARS REPEATING. THAT IS THAT PUBLIC HEALTH IS JUSTICE. PUBLIC HEALTH AND JUSTICE ARE SO CLOSELY CONNECTED AND TO HAVE THIS BE A MESSAGE THAT COMES TO THE BOARD FROM THE COMMUNITY, REINFORCES SOMETHING THAT WE OFTEN HEAR BUT IS DIFFICULT TO ACT ON IF WE FEEL THAT THE CONNECTION HAS NOT BEEN MADE IN THE COMMUNITY. SO NOW THE COMMUNITY IS DEMANDING THAT WE TAKE NOTICE OF THE FACT THAT ACCESS TO HEALTH CARE AND JUSTICE ARE INEXTRICABLY CONNECTED, AND JUSTICE IS SOMETHING THAT I HAVE BEEN COMPLETELY ENGAGED WITH FOR MY TERM HERE THROUGH THE PUBLIC SAFETY SYSTEM. JUST TO COMPLETE THIS ARC THAT YOU HAVE REALLY BROUGHT TO US, PUBLIC SAFETY, AND PUBLIC HEALTH, ARE SO INTERCONNECTED THAT THE MORE WE CAN EXPLORE AND INVEST IN THOSE AREAS OF CONNECTION THE MORE RESPONSIVE WE WILL BE TO THE TRUE NEEDS OF OUR COMMUNITY. SO THANK YOU FOR POINTING THIS OUT. THANK YOU FOR POINTING OUT HOW IMPORTANT IT IS TO BE MALLEABLE WHILE WE ALSO RELY ON WHAT THE NUMBERS ARE TELLING US.

Joanne Fuller: THANK YOU, MADAME CHAIR, MEMBERS OF THE COMMISSION. IN ADDITION TO THE COMMUNITY BUDGET ADVISORY COMMITTEE THE DEPARTMENT, OUR FEDERAL QUALIFIED HEALTH CENTER IS CO-MANAGED BY YOURSELVES, THE BOARD OF COUNTY COMMISSIONERS, AND OUR COMMUNITY HEALTH COUNCIL. HERE TO REPRESENT OUR COMMUNITY HEALTH COUNCIL AND COMMENT ON OUR BUDGET RECOMMENDATIONS IS THE CHAIR OF THE COMMUNITY HEAD COUNCIL, HAROLD ODHIAMBO. SO I'M GOING TO TURN IT OVER TO HAROLD TO TALK ABOUT RECOMMENDATIONS FROM THE COMMUNITY HEALTH COUNCIL.

Harold Odhiambo: GOOD MORNING, CHAIR KAFOURY, COMMISSIONERS, GOOD MORNING. THANK YOU FOR THE CHANCE TO ADDRESS YOU THIS MORNING. MY NAME IS HAROLD ODHIAMBO. I'M THE CHAIR FOR THE COMMUNITY HEALTH COUNCIL. AS YOU'RE AWARE THE COUNCIL IS A FEDERALLY MANDATED BOARD. WE SHARE GOVERNMENT'S RESPONSIBILITY WITH THE BOARD OF COMMISSIONERS. WE APPRECIATE YOUR PARTNERSHIP TO PROVIDE THIS VITAL SERVICES TO THE PEOPLE OF MULTNOMAH COUNTY.

WE PROVIDE OVERSIGHT FOR MULTNOMAH COUNTY'S SYSTEM OF PRIMARY CARE, DENTAL, SCHOOL-BASED HEALTH CENTERS. I'M REPRESENTING THE COUNCIL TODAY TO PROVIDE TESTIMONY TO THE BUDGET. I WILL SHARE OUR PERSPECTIVE ON HOW IT AFFECTS THE SERVICES OF THOUSANDS OF

PATIENTS SERVED EACH YEAR. THE COMMUNITY COUNCIL IS MADE UP OF A MAJORITY OF CONSUMERS OF THE HEALTH CENTERS IN WHICH MOST OF THEM ARE PATIENTS IN MOST OF THE CLINICS THAT WE SERVE. WE MEET MONTHLY TO REVIEW THE CLINIC'S PERFORMANCE, COMPLIANCE WITH HEALTH CENTER POLICIES AND TO ENSURE SUCCESS FOR OUR COMMUNITY AND PATIENTS IN NEED. OUR FOCUS IS ON OUR PATIENTS. WE WORK CLOSELY WITH VANETTA WHO LEADS THE HEALTH CENTERS AND ARE PROUD TO SERVE.

Harold Odhiambo: ONE EXPECTATION OF THE FEDERAL GOVERNMENT IS THAT OUR COUNCIL SHARES RESPONSIBILITY TO ANNUALLY REVIEW AND APPROVE HEALTH CENTER'S BUDGET AND FINANCIAL PERFORMANCE. WE DO THIS EACH YEAR TO APPROVE EACH QUARTER AS IT'S NORMALLY SHARED WITH US WITH OUR FINANCIAL DIRECTORS. I WOULD LIKE TO SHARE OUR RECOMMENDATIONS FOR THIS FISCAL YEAR 2017 BUDGET FOR YOUR CONSIDERATION. SO I HAVE FOUR AREAS THAT I WOULD LIKE TO HIGHLIGHT. ONE I WILL SPEAK ABOUT OUR FEDERAL QUALIFIED HEALTH CENTERS, WHICH ARE COMMONLY REFERRED TO AS QHC. AT THE MOMENT WE DO NOT WANT TO SEE THE HEALTH CENTER RISK ITS STATUS AND ABILITY TO EARN FEDERAL DOLLARS. THIS IS IMPORTANT FOR OUR COMMUNITY.

FEDERAL FUNDING REQUIRES THAT COUNTY HEALTH CENTERS HAVE A CERTAIN LEVEL OF CARE WITHIN THE CLINICAL SYSTEM. WE ARE PLEASED THAT WE ARE NOT IN DANGER OF LOSING FEDERAL GRANTS. WE HAVE VERY STRONG PERFORMANCE AND PROVIDE GOOD CARE TO PATIENTS. IF REDUCTIONS IN LOCAL RESOURCES DEEPEN WE ARE CONCERNED ABOUT THE IMPACT ON OUR STATUS. WE URGE YOU TO CONTINUE TO MAINTAIN THE CURRENT SERVICE LEVELS AND SUPPORT THE HEALTH CENTER SYSTEM. CHAIR KAFOURY'S PROPOSED BUDGET DOES THIS AND WE URGE YOU KINDLY TO APPROVE THAT BUDGET. SO NUMBER 2, I WILL SPEAK ABOUT THE UNINSURED PATIENTS.

OUR HEALTH CENTERS CONTINUE TO SERVE UNINSURED PATIENTS EVERY SINGLE DAY. EVEN IMPLEMENTATION OF THE AFFORDABLE CARE ACT, COMMONLY KNOWN AS OBAMACARE, WE STILL FIND WITHIN THE COMMUNITIES WE HAVE A LOT OF PEOPLE WHO ARE UNINSURED. WE ARE REQUIRED TO AND ARE HAPPY TO SERVE THESE PATIENTS AND WE WANT TO MAKE SURE THAT WE CONTINUE TO HAVE THE ABILITY TO DO SO. FOR THIS REASON WE WANT TO URGE YOU AGAIN TO CONTINUE TO MAINTAIN CURRENT LEVELS FOR THE HEALTH CENTERS. NUMBER 3, NEXT I WILL SPEAK ABOUT DENTAL SERVICES AT THE NORTH PORTLAND HEALTH CENTER. THE HEALTH DEPARTMENT HAS PROPOSED A \$1.8 MILLION ONE-TIME-ONLY BUDGET TO OFFER FOR YOUR CONSIDERATION. THIS MONEY WITHDREW ALLOW US TO ADD DENTAL SERVICES AT OUR CLINIC IN THE ST. JOHN'S COMMUNITY.

Harold Odhiambo: THIS CLINIC CURRENTLY HAS NO DENTAL SERVICES. THE COMMUNITY HEALTH COUNCIL STRONGLY URGES YOU TO SUPPORT THIS BUDGET OFFER. WE HAVE THE SUPPORT OF OUR COMMUNITY PARTNERS IN THIS EFFORT. IF APPROVED, THIS ONE-TIME-ONLY FUNDS WOULD SUPPORT THE CAPITAL COST TO ADD A DENTAL CLINIC. THE MONEY ONGOING WOULD COME FROM PROVIDING SERVICES. NORTH PORTLAND AND ST. JOHN'S COMMUNITY DOES NOT HAVE A GOOD ACCESS TO ORAL SERVICES FOR PEOPLE LIVING IN POVERTY AND PEOPLE WITHOUT HEALTH INSURANCE. WE ARE VERY EXCITED ABOUT THE FEDERAL GRANT THAT WILL ALLOW US TO GROW OUR MEDICAL AND PHARMACY SERVICES. ADDING DENTAL IS IMPORTANT TO US. THE MOUTH DEFINITELY IS A PART OF THE BODY AND WE URGE YOU TO SUPPORT THIS \$1.8 MILLION OFFER. TO ADD TO THAT THE COMMUNITIES WITHIN ST. JOHN'S AND THE PATIENTS WHO GET TO BE SEEN AT THE NORTH PORTLAND HEALTH CLINIC ALWAYS HAVE TO TRAVEL VERY FAR TO SEEK DENTAL SERVICES. THE NEAREST CLINIC IS THE NORTHEAST CLINIC ON MLK.

THAT'S QUITE A DISTANCE. THE OTHER ONE SOMETIMES YOU FINDS REFERRED TO AS SOUTHEAST CLINIC OR SOMETIMES MOST OF THEM REFERRED TO MID COUNTY CLINIC. SO LOOKING AT HAVING A DENTAL CLINIC AT NORTH PORTLAND IS SOMETHING THAT'S VERY VITAL TO AVOID THE COMMUTING TIME AND SOMETIMES PATIENTS GETTING TO MISS POINTS BECAUSE THEY HAVE TO GO TO MANY DIFFERENT PLACES. NUMBER 4, I WILL SPEAK ABOUT \$500,000 ONE-TIME-ONLY PROGRAM OFFER FOR YOUR CONSIDERATION. THE PROGRAM OFFER IS FOR COMMUNITY-BASED PRIMARY CARE CLINICS THAT ARE CULTURALLY SPECIFIC. THE COUNCIL SUPPORTS EXPANDING PRIMARY CARE CLINICS IN OUR COMMUNITIES. THIS IS IMPORTANT TO US AND WE FEEL FOCUSING ON THESE COMMUNITIES WITH HIGH NEED IS VERY IMPORTANT.

WE RECOMMEND THAT BEFORE APPROVING A \$500,000 OFFER FOR OUR COMMUNITY THE BOARD CONSIDERS SOME QUESTIONS FOR HOW IT AWARDS THESE FUNDS. FIRST WE ASK TO USE DATA ABOUT THE NEEDS IN OUR COMMUNITY. PLEASE FOCUS ON THE COMMUNITIES WITH THE GREATEST NEEDS AND THE FEWEST RESOURCES. MULTNOMAH COUNTY HAS MANY NEEDS AND MANY COMMUNITIES. AS A MEDICAL INTERPRETER STATE CERTIFIED AND LICENSED, I KNOW THAT MANY OF OUR GRIM GRANT COMMUNITIES HAVE VERY HIGH NEEDS. ALSO SPECIFIC RACIAL AND ETHNIC GROUPS INCLUDING AFRICAN-AMERICANS, NATIVE AMERICANS, ASIAN AND PACIFIC ISLANDERS AND LATINO COMMUNITIES HAVE ONE OF THE GREATEST NEEDS FOR THESE SERVICES. THESE COUNTY NEIGHBORHOODS IS REALLY EXPANDING AND THE AREA OF HIGH NEEDS IS REALLY WANTING RIGHT NOW.

Harold Odhiambo: OUR HEALTH COUNCIL IS DIVERSE AND WE ARE PROUD TO BRING THIS PROSPECTIVE TO YOU. FINALLY, WE ARE OPEN TO PARTNERING WITH YOU TO CONSIDER HOW EXPANDING PRIMARY CARE SERVICES IN THE

COMMUNITY WILL IMPACT THE HEALTH CENTERS THAT YOUR BOARD AND OUR COUNCIL ARE RESPONSIBLE FOR. ON BEHALF OF THE COMMUNITY HEALTH COUNCIL AND THE PEOPLE SERVED IN OUR COUNTY'S HEALTH CENTERS, I THANK YOU FOR YOUR LEADERSHIP IN OUR COMMUNITIES AND I WOULD LIKE TO EXPRESS TO YOU THAT AT ANY GIVEN TIME YOU'RE ALWAYS WELCOME TO VISIT ALL THE CLINICAL SITES. THANK YOU.

Chair Kafoury: THANK YOU. I JUST WANTED TO TOUCH BASE ON ONE OF THE POINTS YOU MADE. ALL YOUR POINTS WERE WONDERFULLY MADE. THANK YOU. I APPRECIATE YOUR TIME AND THE COUNCIL'S TIME AS WELL. I WAS RECENTLY VISITING THE DECREES TON DENTAL CLINIC. ASKED ABOUT WHERE THE STUDENTS ARE. I WONDERED IF THEY WERE ALL FROM DECREES TON ELEMENTARY SCHOOL. A DENTIST THERE TOLD ME THEY HAD A LOT OF PEOPLE TRAVELING FROM ST. JOHN'S WHICH TO ME OF COURSE MADE ME FEEL VERY GOOD BECAUSE I KNEW WE WERE GOING TO PUT THIS IN THE BUDGET. I THINK YOU'RE RIGHT. THANK YOU.

Harold Odhiambo: THANK YOU SO MUCH.

Joanne Fuller: THANK YOU, MADAME CHAIR, MEMBERS OF THE COUNCIL. WE HAVE GREAT ADVISORS IN THE HEALTH DEPARTMENT AS YOU CAN SEE. IN ADDITION TO THE FOLKS HERE REPRESENTING THE TWO COMMITTEES WE ALSO HAVE A PUBLIC HEALTH ADVISORY COMMITTEE AND AN ADDICTIONS MENTAL HEALTH SERVICES ADVISORY COMMITTEE. WE HAVE FOLKS THAT SERVE ON THEORY COMMITTEES IN THE AUDIENCE TODAY. I JUST WANT TO THANK EVERYONE WHO SITS ON OUR ADVISORY COMMITTEES WHO PROVIDE US NOT JUST IN BUDGET TIME BUT ALL THROUGH THE YEAR A LOT OF PERSPECTIVE THAT IS VERY FOCUSED ON THE COMMUNITIES THAT WE SERVE. THANK YOU. I'M GOING TO ASK MARK LEWIS, WHO IS SENIOR MANAGER IN OUR BUSINESS SERVICES AND ROBERT SOUL, WHO IS OUR BUDGET MANAGER, TO JOIN ME. USUALLY WENDY WOULD BE JOINING ME BUT HER HUSBAND BROKE HIS ANKLE AND SHE'S WITH HIM TODAY IN SURGERY. SO IT TAKES TWO PEOPLE TO REPLACE HER.

TODAY IT'S REALLY MY PLEASURE TO TALK TO YOU ABOUT THE BUDGET OF THE HEALTH DEPARTMENT AND THE CRITICAL DECISIONS THAT WE'RE MAKING ABOUT HOW TO INVEST THE COUNTY'S PRECIOUS RESOURCES. ONE OF THE THINGS THAT YOU'LL HEAR TODAY IS REALLY -- THERE'S TWO THEMES. ONE IS WE ARE REALLY CONTINUING TO DEEPEN THE WORK AND INVESTMENT THAT WE HAVE STARTED THE LAST COUPLE OF YEARS WITH THE EXPANSION OF CARE WITH THE AFFORDABLE CARE ACT, WITH TAKING ADDICTIONS AND MENTAL HEALTH SERVICES INTO THE DEPARTMENT, AND DEVELOPING A PUBLIC HEALTH DIVISION FOCUSED ON REALLY IMPORTANT PUBLIC HEALTH WORK AND WORKING WITH THE STATE AROUND THE WORK THAT WE DO WITH THEM TOGETHER IN PUBLIC HEALTH.



Joanne Fuller: SO A LOT OF WHAT YOU SEE IN THIS BUDGET, THE ONGOING WORK AND THE NEW INVESTMENTS, I THINK ARE THOSE DOUBLING DOWN ON THOSE CHANGES THAT CAME TO US IN THE LAST COUPLE OF YEARS AND US REALLY MAKING SURE THAT WE ARE COMMITTING OURSELVES FULLY TO THE THINGS THAT WE NEED TO BE WORKING ON. BUT IN EVERY PLAN THINGS CAN HAPPEN THAT MAKE YOU TAKE A COMPLETE LEFT TURN. THIS MORNING I BROUGHT MOSS FROM MY GARDEN, WHICH I BELIEVE IS THE GENUS AND SPECIES THAT CREATED OUR UNDERSTANDING OF OUR AIR QUALITY ISSUES. THAT'S A REMINDER TO ME THAT, YOU KNOW, YOUR BEST LAID PLANS, NEW THINGS COME, AND YOU NEED TO RESPOND TO THEM. ONE OF THE THINGS THAT I'M REALLY PROUD OF OUR HEALTH DEPARTMENT FOR IS OUR ABILITY TO BOTH STAY TRUE TO OUR MISSION AND VISION, APPLY OUR V.H.S. TO THE WORK THAT'S REALLY IMPORTANT THAT THE COMMUNITY NEEDS FROM US, AND THEN RESPOND TO EMERGING ISSUES AS RAPIDLY AS THEY DEMAND OF US AND MAKE SURE THAT WE ARE MEETING THE COMMUNITY WHERE THEY ARE AT, TRYING TO ADDRESS THEIR NEEDS FOR ASSISTANCE ADVICE, SERVICE AND SOMETIMES JUST SOME FIGURE TIP OF HAND-HOLDING. THAT'S KIND OF THE OVER ALL MESSAGE TODAY. NOW WE'LL START THROUGH THE SPECIFICS.

THIS IS THE MISSION VISION OF THE DEPARTMENT. YOU HEARD FROM OUR BUDGET ADDS ADVISORY COMMITTEES. SO THE FOUR GOALS OF THE STRATEGIC PLAN FOR OUR DEPARTMENT, THE TOP TWO REALLY ARE ABOUT THE WORK THAT WE DO, IMPROVING HEALTH OUT COMES AND HEALTH EQUITY AND ASSURING ACCESS TO AFFORDABLE CARE. THE SECOND TWO ARE REALLY ABOUT HOW WE DO IT. INCREASING THE DIVERSITY OF OUR ORGANIZATION AND INVESTING IN A HEALTHY AND SUSTAINABLE ORGANIZATION. I ALSO LIKE TO HIGHLIGHT INVESTING IN A HEALTHY AND SUSTAINABLE ORG GAUGES BUSY THAT'S BOTH ABOUT BUILDING A CULTURE IN OUR ORGANIZATION THAT SUPPORTS THE WORK PEOPLE DO, AND IT'S ALSO ABOUT PRACTICAL THINGS LIKE MAKING SURE WE'RE PROVIDING PEOPLE WITH THE TECHNICAL TOOLS AND THE FACILITIES AND THE RESOURCES THAT RESOURCES THAT IT TAKES TO DO THE BEST POSSIBLE WORK THAT THEY CAN DO. SO THIS IS A KIND OF GRAPHIC DEPICTION OF YOUR HEALTH DEPARTMENT TODAY.

AS I SAID LAST YEAR WE CREATED JUST A LITTLE OVER A YEAR AGO WE CREATED A PUBLIC HEALTH DIVISION FOR THE DEPARTMENT, TRADITIONALLY THE HEALTH DEPARTMENT DIRECTOR HAD HAD A VARIETY OF PEOPLE REPORTING TO HER WHO RAN DIFFERENT PARTS OF PUBLIC HEALTH WHEN I CAME BECAUSE I'M NOT A PUBLIC HEALTH LEADER. I'M MORE OF A GENERALIST. I DECIDED TO CREATE A PUBLIC HEALTH DIVISION THAT WOULD BE LED BY SOMEONE WHO WAS A PUBLIC HEALTH LEADER AND TO CONSOLIDATE THAT WORK AND INTEGRATE IT AND HELP US TO FIGURE OUT HOW TO APPLY THOSE RESOURCES IN THE BEST POSSIBLE WAY. I WAS HAPPY TO BRING TRISHA TILLMAN IN TO BE THE LEADER OF OUR PUBLIC HEALTH

DIVISION. THEN IN ADDITION TO THAT, AS A HIGHLIGHT, WE TOOK ON LAST YEAR THIS TIME WE WERE TALKING ABOUT TAKING THE MENTAL HEALTH AND ADDICTIONS SERVICES DIVISION FROM THE COUNTY DEPARTMENT OF HUMAN SERVICES. WE DID THAT STARTING JULY 1ST. WE WELCOMED DAVID HIDALGO AND HIS TEAM TO OUR LEADERSHIP GROUP AND HAVE BEEN SPENDING THIS LAST YEAR REALLY SOLVING SOME FUNDING PROBLEMS IN MENTAL HEALTH AND FIGURING OUT HOW WE CAN BE BETTER INTEGRATING HEALTH AND MENTAL HEALTH AND ADDICTION SERVICES AND WE'LL TALK A LITTLE BIT MORE ABOUT THAT AS WE GO.

Joanna Fuller: SO THERE'S THREE MAIN THEMES IN TERMS OF OUR BUDGET HIGHLIGHTS. WE'RE REALLY PROTECTING THE PUBLIC AND THE COMMUNITY. WE'RE TRYING TO MOVE UPSTREAM TO PREVENTION. WE'RE CREATING ACCESS TO CARE. SO THOSE ARE REALLY THE THREE THINGS THAT WE'RE TRYING TO DO IN EACH OF OUR DIFFERENT DIVISIONS WITH THE WORK THAT WE DO IN THOSE DIVISIONS. SO THIS SLIDE AND THE NEXT GIVE YOU A COUPLE OF HIGHLIGHTS. ACTUALLY GO BACK TO THAT SLIDE. THANK YOU. YOU ALL ARE DEEPLY AWARE OF THE EFFORT TO CREATE TOBACCO LICENSING. YOU LED THE EFFORT TO BRING OREGON INTO THE MODERN WORLD OF TOBACCO RETAIL LICENSING AND TO MAKE SURE PEOPLE SELLING TOBACCO PRODUCTS ARE FOLLOWING THE LAW.

Chair Kafoury: MULTNOMAH COUNTY.

Joanna Fuller: THIS IS TRUE. NOT THE STATE YET. THIS IS AN EXAMPLE OF CHANGES OVER THE LAST YEAR WHERE WE'RE WORKING TO TRY TO PROTECT THE COMMUNITY. MOVING UPSTREAM TO PREVENTION, THE COMMUNITY BUDGET ADVISORY COMMITTEE HIGHLIGHTED THE INVESTMENT IN THE STRIVE. THIS WAS A CDC GRANT THAT'S ENDING THIS YEAR AND THE CHAIR'S BUDGET INCLUDES PERMANENT FUNDING FOR STRIVE. IT'S A REALLY IMPORTANT VIOLENCE PREVENTION, VERY PRIMARY PREVENTION STRATEGY, WHICH IT'S REALLY HARD TO SOMETIMES PROVE THAT PRIMARY PREVENTION IS MAKING A DIFFERENCE BECAUSE YOU'RE WAY UPSTREAM OF THE PRECURSOR BEHAVIORS EVEN THAT MIGHT TELL YOU THAT VIOLENCE WAS GOING TO HAPPEN, BUT IT'S BEEN A TESTED METHODOLOGY AND WE'RE REALLY HAPPY TO BE ABLE TO CONTINUE THAT EFFORT.

Vice-Chair Smith: MADAME CHAIR, I HAVE A QUESTION. WHEN YOU TALK ABOUT PRIMARY IN REGARDS TO STRIVE, STRIVE IS KIND OF AN EDUCATIONAL PROGRAM ON VIOLENCE PREVENTION. YOU ALL GO OUT AND WORK WITH OTHER YOUTH PREVENTION ORGANIZATIONS WHO HAVE STRIVE, NOT A PROGRAM THAT DOES DIRECT SERVICES BUT WHAT YOU DO IS VERY IMPORTANT EDUCATING OUR COMMUNITY ON DIFFERENT VIOLENCE PREVENTION STRATEGIES. I THINK THAT IS HUGE BUT I WANTED TO GO BACK A STEP. THE FDA RELEASED THEIR E-CIGARETTE GUIDELINES. WILL YOU BE

ABLE TO BRING SOMEONE BACK TO SEE HOW WE HAVE TO FALL IN LINE WITH THAT, WITH OUR CURRENT ORDINANCE THAT WE PASSED?

Joanna Fuller; YES. WE WILL TAKE A LOOK AT THE NEW GUIDELINES AND COME BACK AND BRIEF YOU ON SIMILARITIES OR DIFFERENCES BETWEEN THOSE GUIDELINES.

Vice-Chair Smith; THANK YOU.

Joanna Fuller: THEN ALSO IN THIS BUDGET A REALLY IMPORTANT PREVENTION STRATEGY IS FUNDING FOR HIV PREP, WHICH IS OF COURSE HIV PREVENTION STRATEGY THAT AGAIN IS A VERY UPSTREAM WAY TO TRY TO ADDRESS REALLY IMPORTANT COMMUNITY NEED. THEN A BIG THEME FOR US IS CREATING ACCESS TO CARE. THAT'S PRIMARY CARE, DENTAL CARE, PHARMACY ACCESS, MENTAL HEALTH ACCESS AND ADDICTION SERVICES. A LOT OF WHAT WE PROVIDE IN TERMS OF THAT CARE IS FUNDED BY A COMBINATION OF GENERAL FUND AND MEDICAID FUNDING THAT WE RECEIVE FOR THOSE SERVICES, BUT THERE ARE SOME VERY IMPORTANT WAYS THAT THE GENERAL FUND HELPS TO SUPPORT THE MEDICAID THAT WE DRAW DOWN TO DELIVER THOSE SERVICES. JUST A COUPLE OF EXAMPLES OF THAT, IN THE MENTAL HEALTH AND ADDICTION SERVICES DIVISION THE BUDGET INCLUDES TWO FTE TO PROVIDE CONSUMER VOICE AND THIS IS NOT JUST ABOUT DELIVERING CONSUMER DELIVERED SERVICES. THIS IS REALLY ABOUT HAVING SELF-IDENTIFIED CONSUMERS WHO SIT AS PARTNERS, AS STAFF IN THE ORGANIZATION, HELPING TO CREATE POLICY, HELPING TO DESIGN NEW PROGRAMS, HELPING TO GO OUT AND GATHER INFORMATION IN THE COMMUNITY ABOUT WHAT WE NEED AND BRING THAT VOICE BACK. I THINK IT'S VERY IMPORTANT THAT THE CHAIR INCLUDED IN THE PROPOSED BUDGET TWO FTE, BECAUSE ONE PERSON IN THAT ROLE CAN BE VERY ISOLATING EXPERIENCE, AND CAN REALLY FEEL LIKE A LONE VOICE WITH NO ONE ELSE TO SUPPORT AND BACK YOU UP. I THINK TWO PEOPLE WILL ALLOW US TO REALLY DEEPEN OUR COMMITMENT TO PEER-SUPPORTED SERVICES IN THIS COMMUNITY.

WE'RE INCREASING ADDICTION SERVICES. IN JULY YOU WE'RE GOING TO BE MOVING TO A NEW SYSTEM WITH OUR PARTNERS UNDER HEALTH OREGON WITH MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTY WITH HEALTH SHARE. UP TO THIS POINT IN THE MEDICAID SYSTEM COURTS WERE RESPONSIBLE FOR THE RESIDENTIAL BENEFIT IN ADDICTION SERVICES. THE PHYSICAL HEALTH PLANS WERE RESPONSIBLE FOR THE OUTPATIENT BENEFIT. COME JULY 1ST, UNDER HEALTH SHARE WE HAVE REACHED AN AGREEMENT WITH THE THREE COUNTIES AND THE PHYSICAL HEALTH PLANS UNDER HEALTH SHARE THAT THE COUNTIES COLLECTIVELY WILL MANAGE THE ADDICTIONS BENEFIT. WHAT WE SEE THIS AS AN OPPORTUNITY TO REALLY GROW ACCESS TO ADDICTION SERVICES BECAUSE THE PHYSICAL HEALTH PLANS, THIS ISN'T THEIR PRIMARY LINE OF BUSINESS. SO FOR A LOT

OF THE PHYSICAL HEALTH PLANS THIS HAS BEEN A BIT OF AN AFTERTHOUGHT.

Joanna Fuller: IF PEOPLE SELF-IDENTIFIED OR THEIR PHYSICIAN IDENTIFIED THEM THEY WOULD GET ACCESS TO THE CARE BUT THERE WASN'T A LOT OF CASE IDENTIFICATION. THERE WASN'T A LOT OF OUTREACH. THERE WASN'T A LOT OF CONVERSATION ABOUT HOW IMPORTANT ADDICTIONS TREATMENT IS. WE BELIEVE THIS CONSOLIDATION IS GOING TO ALLOW US THE OPPORTUNITY TO BUILD ON THAT. THE OTHER THING IS IT DIDN'T ALLOW US TO CREATE AN EASY CONTINUUM OF SERVICES. EVEN THOUGH THE PHYSICAL HEALTH PROVIDERS CONTRACTED WITH MANY OF THE SAME ORGANIZATIONS THAT THE COUNTY CONTRACTS FOR SERVICES WITH, BECAUSE THE BENEFIT CAME FROM TWO DIFFERENT PLACES IT DIDN'T ALLOW US TO CONNECT THAT CONTINUUM OF CARE. OUR HOPE IS WORKING AS PARTNERS WITH CLACKAMAS AND WASHINGTON COUNTY WE'LL BE BUILDING A BETTER, ROBUST CONTINUUM OF ADDICTIONS CARE FOR MEDICAID, OHP ELIGIBLE INDIVIDUALS ACROSS THE TRI-COUNTY AREA.

Commissioner Shiprack: CAN YOU DESCRIBE HOW THIS WOULD BE COORDINATED WITH MEDICALLY ASSISTED TREATMENT AND KIND OF EXPLAIN THAT PART OF THE CONTINUUM A LITTLE BIT?

Joanna Fuller: THANK YOU, COMMISSIONER. SO ONE OF THE THINGS THAT IS STILL OUTSIDE OF OUR CONTROL IN THIS BENEFIT IS MEDICALLY ASSISTED TREATMENT BECAUSE MEDICALLY ASSISTED TREATMENT IS CONSIDERED A MEDICAL SERVICE EVEN THOUGH IT'S A SERVICE TO ADDRESS AN ADDICTION. SO WE'RE GOING TO NEED TO CONTINUE TO WORK WITH OUR PARTNERS APPEARED OUR BIG PARTNER IN THIS IS REALLY CARE OREGON. WE'RE GOING TO NEED TO CONTINUE TO WORK WITH OUR PARTNERS UNDER HEALTH SHARE, THE PHYSICAL HEALTH PLANS, TO WORK ON BOTH THE POLICY ISSUES THAT DR. LEWIS WAS TALKING TO YOU ABOUT A FEW WEEKS AGO AND SORT OF THE PHARMACEUTICAL BENEFIT TO CONTINUE TO EXPAND ACCESS TO MEDICALLY ASSISTED TREATMENT. DOES THAT ANSWER YOUR QUESTION, I HOPE?

Commissioner Shiprack: WELL, I THINK IT'S AN IMPORTANT DISCUSSION BECAUSE THERE'S BOTH THE EXPANDING ACCESS TO THAT MEDICALLY ASSISTED TREATMENT PART, THEN I THINK THERE'S THE CORRESPONDING REQUIREMENT THAT THERE BE COMMUNICATION BETWEEN OUR COUNTY ADDICTION SERVICES AND THE MEDICAL SIDE OF THE ROOM. MY UNDERSTANDING IS THAT VERY MUCH LIKE WITH BEHAVIORAL HEALTH ISSUES, A DRUG REGIMEN CAN INTERRUPT THE MOST ACUTE KIND OF PRESENTATION OF THE PROBLEM, BUT IT DOESN'T REALLY ADDRESS WHAT'S UNDERLYING. IF WE CAN ACKNOWLEDGE THAT THAT IS AN IMPORTANT PART OF TREATMENT, THEN MAYBE WE CAN TAKE A STEP IN BUILDING A MORE RESPONSIVE KIND OF CORRESPONDENCE BETWEEN THE TWO SIDES OF THIS

ONE HOUSE. SO I JUST -- I GUESS I'M LOOKING FOR YOU TO GIVE SOME CREDIBILITY TO THAT STATEMENT THAT I JUST MADE.

Joanna Fuller: SO YOU'RE ABSOLUTELY RIGHT WHAT YOU WERE TALKING ABOUT, IT'S SUPER IMPORTANT FOR PEOPLE WHO ARE WORKING TOWARDS RECOVERY TO HAVE BOTH THE MEDICALLY ASSISTED TREATMENT AND ALL OF THE OTHER TREATMENT AND SOCIAL SUPPORTS THAT PEOPLE NEED THAT WE ALL NEED TO BE SUCCESSFUL IN OUR LIVES. THE REALLY COOL THING ABOUT THE CREATION OF HEALTH SHARE AS A COORDINATED CARE ORGANIZATION IS THAT IT HAS BROUGHT THE THREE COUNTIES AND THE PHYSICAL HEALTH PLANS TOGETHER UNDER ONE UMBRELLA AND SO THAT CREATES A LOT OF OPPORTUNITY FOR US TO WORK ON THESE CROSS-SYSTEM ISSUES WHERE WE MUTUALLY SHARE PARTS, WE'RE RESPONSIBLE FOR PARTS OF PEOPLE'S CARE OR WE'RE ATTENDING TO PARTS OF AN ISSUE. SO THAT'S GOING FORWARD. THIS BENEFIT IS GOING TO BE MANAGED BY THE COUNTIES BUT WE'RE GOING TO HAVE A STEERING COMMITTEE UNDER HEALTH SHARE THAT REPRESENTS ALL THE PHYSICAL HEALTH PLANS THAT ARE GOING TO HELP ADVISE US. SO THAT CREATES ACCESS TO THAT CONVERSATION. AS A SIDEBAR, PAJ HAS BEEN IN A LOT OF DISCUSSIONS WITH ORGANIZED CARE AND WILL CONTINUE TO TALK TO CARE OREGON ABOUT HOW HIS WORK LEADING THIS EFFORT, YOU KNOW, MESHES TOGETHER WITH THEIR WORK AS WELL.

Vice-Chair Smith: MADAME CHAIR, I HAVE KIND OF A BUDGET NOTE. JOANNE, IT SOUNDS LIKE YOU'RE GOING TO BE REALLY, REALLY BUSY. I HATE TO DO THIS TO YOU, BUT I JUST WANT TO PUT THIS ON RECORD FOR THE BUDGET. YOU WERE LISTENING TO THE CONVERSATION WE HAD LAST WEEK ABOUT THE CRIMINAL JUSTICE SYSTEM AND TRYING TO FIGURE OUT HOW TO HAVE LESS FOLKS IN JAIL. I THINK THAT IT'S GOING TO BE VERY IMPORTANT WHEN TALKING ABOUT THE HEART PROGRAM THAT THE D.A. SUGGESTED WAS VERY SIMILAR TO THE LEAD PROGRAM, THAT YOUR DEPARTMENT, YOU, HAVE TO BE AT THE TABLE AND BE A PART OF THE CONVERSATION, THE EXECUTIVE CONVERSATION, BECAUSE THE NUMBERS THAT I SAW WERE BIG AND I THINK WE CAN GET THOSE NUMBERS DOWN USING THE EXISTING HEALTH -- OBAMACARE WITH THE HART FOLKS. HE SAID 85% OF THE FOLKS WHO ARE HOMELESS, THAT ARE COMING INTO THE JAILS, WE WOULD LET GO BUT WE NEED TO FIGURE OUT HOW TO GIVE THEM SERVICES. SO I THINK YOU NEED TO BE AT THAT TABLE. I DON'T WANT TO GIVE YOU MORE WORK BUT --

Joanne Fuller: YES, MA'AM. I WILL BE AT THAT TABLE. I HAVE TO SAY AS AN EX-CRIMINAL JUSTICE OFFICIAL, SOMETHING I FEEL LIKE I'M AN EXPERT IN, I HAVE REAL CONCERNS ABOUT CREATING CRIMINAL JUSTICE PROGRAMS THAT EXPAND THE NET, WIDEN THE NET OF PEOPLE THAT WE WOULD BE BRINGING INTO THE JAIL. I WAS HERE, I DID HEAR THE CONVERSATION. I DON'T KNOW VERY MUCH ABOUT THE PLANS FOR THIS PROGRAM, BUT I REALLY LOOK FORWARD TO THE OPPORTUNITY TO BRING BOTH MY CRIMINAL JUSTICE

KNOWLEDGE AND EXPERIENCE AND MY HEALTH DEPARTMENT LEADERSHIP AND MENTAL HEALTH KNOWLEDGE TO THE TABLE AS THAT GETS SHAPED UP.

Vice-Chair Smith: I SO APPRECIATE THAT BECAUSE THAT'S THE REASON WHY I WANT YOU THERE. I DON'T KNOW THAT THIS BOARD IS GOING TO APPROVE THE HEART OR THE LEAD, BUT I DON'T WANT FOLKS GOING OFF HAVING CONVERSATIONS ABOUT VULNERABLE POPULATIONS AND GIVING THEM SERVICES THAT WE ACTUALLY HAVE SOME CONTROL OVER THAT WE GET A REIMBURSEMENT FOR FROM THE FEDERAL GOVERNMENT AND THEN TO CREATE THIS NEW PROGRAM THAT'S GOING TO REQUIRE ALL THESE DOLLARS, I THINK WE CAN CONSIDERABLY DECREASE THOSE DOLLARS GOING INTO SUCH A PROGRAM IF IT GOES FORWARD.

Commissioner Bailey: YOU MAY BE GETTING TO THIS UNDER CREATING ADDITIONAL ACCESS TO CARE. IF THIS IS LATER IN YOUR PRESENTATION FEEL FREE TO WAIT TO ANSWER IT, BUT I WOULD LIKE TO KNOW MORE ABOUT IN THIS BUDGET HOW YOU ARE PROPOSING TO ADDRESS CULTURALLY SPECIFIC HEALTH CARE SERVICES, DIRECTLY OR THROUGH SUPPORT OF OTHER ORGANIZATIONS.

Joanna Fuller: ABSOLUTELY. SO WE WILL TALK SOME ABOUT IT, BUT THERE'S A COUPLE THINGS I CAN HIGHLIGHT FOR YOU NOW, COMMISSIONER. ONE IS IN OUR HEALTH CLINICS WE PROVIDE MORE CARE TO PEOPLE FROM MORE CULTURES WHO SPEAK MORE LANGUAGES THAN ANYBODY ELSE IN THE STATE. THAT SORT OF GETS LOST AS A CULTURALLY SPECIFIC SERVICE, BUT WE HAVE STAFF WHO SPEAK MANY, MANY LANGUAGES. THE MID COUNTY CLINIC IF YOU'VE TOURED IT IS AN INCREDIBLY CULTURALLY EMBRACING MULTI-CULTURAL ENVIRONMENT. SO THAT'S SORT OF A PLATFORM OF SERVICES THAT WE PROVIDE. IN ADDITION TO THAT, WE ARE IN OUR MENTAL HEALTH AND ADDICTION SERVICES SYSTEM WE HAVE FOR MANY, MANY YEARS FUNDED CULTURALLY SPECIFIC MENTAL HEALTH AND ADDICTION SERVICES TARGETED TO SPECIFIC COMMUNITIES, AND THAT FUND REALLY OUR CAPACITY-BUILDING GRANTS THAT FUND NONPROFITS WHO CAN THEN BILL FOR MEDICAID IN ADDITION TO THE CAPACITY GRANT THAT THEY RECEIVE FROM US. IN ADDITION, WE HAVE RECEIVED FUNDING FOR A PROGRAM OFFER THAT'S CALLED COMMUNITY PRIMARY CARE. THAT PROGRAM OFFER CASTS A BROAD NET FOR CULTURAL SPECIFIC SERVICES WHICH INCLUDES BOTH ETHNIC, RACIAL, CULTURAL COMMUNITIES AS WELL AS LGBTQ OPPORTUNITY FOR EXPANSION. THAT IS -- THAT WOULD BE IF THE BOARD APPROVES THAT BUDGET AN EXPANSION TO CULTURALLY SPECIFIC SERVICES IN THE COMMUNITY. THAT WE WOULD BE CONTRACTING OUT FOR SOMEONE ELSE TO DELIVER. THAT'S NOT ENVISIONED AS SERVICES WE WOULD DELIVER. DOES THAT BEGIN TO ANSWER YOUR QUESTION?

Commissioner Bailey: YEP. THANK YOU.

Joanna Fuller: SO THEN LASTLY HERE WE'RE CONTINUING TO EXPAND CARE AND TREATMENT, WHICH WE'RE TALKING ABOUT THROUGH THIS WHOLE CONVERSATION. SO JUST A LITTLE BIT ABOUT BRAGGING ON ALL THE SERVICE DELIVERY THAT'S HAPPENING IN YOUR HEALTH DEPARTMENT, THERE'S AN AMAZING AMOUNT OF DIRECT SERVICE THAT'S DELIVERED EVERY SINGLE DAY IN THIS SYSTEM. JUST A COUPLE OF HIGHLIGHTS, WE CONTINUE THE NUMBER OF INSPECTIONS OF RESTAURANTS PUBLIC FACILITIES CONTINUES TO EXPAND. THAT'S A HUGE, GROWING BUSINESS, AND OUR HEALTH INSPECTORS ARE OUT THERE EVERY DAY. I NOW GET A STEADY STREAM OF EMAILS FROM PEOPLE WHO HAVE GOTTEN SICK EATING IN RESTAURANTS OR OTHER PLACES AND WE REFER THOSE TO OUR HEALTH INSPECTORS WHO FOLLOW UP ON THOSE CONCERNS.

THAT'S THE BUSINESS THAT WE'RE IN. IT'S A REALLY IMPORTANT FOUNDATIONAL PIECE OF OUR WORK. WE CONTINUE TO RESPOND TO MORE PEOPLE IN THE CRISIS SYSTEM. THERE IN THE BOTTOM BLUE THAT IS OUR 24-HOUR CRISIS LINE, PROJECT RESPOND, THE WALK-IN CLINIC. THAT SYSTEM CONTINUES TO -- WE REALLY WANT TO TRY TO GET UPSTREAM OF THE CRISIS SYSTEM TO BE ABLE TO INVEST IN TREATMENT, MORE IN TREATMENT, BUT THERE CONTINUES TO BE PRESSURE ON THAT SYSTEM, WHICH IS A PART OF WHY WE'RE SO HAPPY THAT THE UNITY CENTER IS GOING TO BE COMING ONLINE DURING THIS NEXT FISCAL YEAR. WE FEEL LIKE IT'S GOING TO CREATE AN OPPORTUNITY FOR US TO RETHINK OUR CRISIS SYSTEM AND SUPPORT WHAT THEY ARE DOING AT UNITY. THEN OUT COMES, I JUST WANT TO HIGHLIGHT A COUPLE OF REALLY IMPORTANT OUT COMES.

ONE IS THAT BOTH IN THE MENTAL HEALTH SYSTEM AND OUR PRIMARY CARE SYSTEM, WE'RE MEETING ALL OF THE HEALTH SHARE OF OREGON PAY FOR PERFORMANCE METRICS. SO PART OF HOW WE GET REIMBURSED BY HEALTH SHARE IS IN THE CLINIC SYSTEM IS FEE FOR SERVICE, BUT IN ADDITION WE RECEIVE PAY FOR PERFORMANCE FUNDS THAT WE PUT BACK INTO THE BUDGET FOR MEETING THOSE METRICS. IN THE CLINIC SYSTEM SOME OF THOSE MET IX THINGS ARE LIKE LOWER LOWERING E.R. USAGE, INCREASING DO COLORECTAL CANCER SCREENING, INCREASING CONTROL OF OUR PATIENTS' BLOOD PRESSURE AND DIABETES, AND DOING DEVELOP MENTAL SCREENING ON KIDS. THOSE ARE REALLY IMPORTANT MILESTONES FOR US TO BE MEETING IN OUR CLINICAL SYSTEM. EACH YEAR THOSE METRICS GET RATCHETED UP A LITTLE BIT SO THE BAR CONTINUES TO RISE IN TERMS OF WHAT WE'RE EXPECTED TO DO TO MEET THOSE METRICS AND GET THAT PAYMENT.

Commissioner Shiprack: MADAME CHAIR. IS THIS A PART OF THE OREGON HEALTH AUTHORITY DIRECTIVE?

Joanna Fuller: YES.

Commissioner Shiprack: TO OUR SYSTEM?

Joanna Fuller: YES.

Commissioner Shiprack :I KNOW IN THE PAST WE HAVE MANY, MANY OF THESE NOTES ABOUT BOARD BRIEFINGS REQUIRED BUT I JUST WANT TO SAY SHORT OF THAT THAT I BELIEVE THESE PAY FOR PERFORMANCE METRICS ARE TREMENDOUSLY IMPORTANT AS ASPIRATIONAL GOALS TO DIRECT OUR PRIORITIES TOWARD AND THAT THEY ARE THE RESULT OF CONSENSUS OF TRULY RELIABLE EXPERTS WHO ARE FOCUSING ATTENTION ON THESE BROAD AREAS. SO PLEASE EXPECT MORE FROM ME ON THIS LATER.

Joanna Fuller: AND WE WOULD BE HAPPY TO COME AND TALK MORE ABOUT THE SPECIFICS OF THE METRICS AND WHAT WE'RE DOING TO MEET THEM T. I JUST WANT TO BRAG ON OUR MENTAL HEALTH SYSTEM AS WELL. THERE'S TWO PAY FOR PERFORMANCE METRICS THAT ARE REALLY IMPORTANT MILESTONES FOR CARE. ONE IS SEVEN-DAY FOLLOW-UP AFTER HOSPITALIZATION AND THE OTHER IS MENTAL HEALTH SCREENING FOR KIDS IN FOSTER CARE. THIS LAST YEAR WE MET BOTH THOSE METRICS AS WELL. THEN ONE OF THE THINGS THE BOARD HAS TALKED A LOT ABOUT OVER THE PAST COUPLE OF YEARS IS THE COST OF SUICIDE WATCH FOR PEOPLE IN THE JAIL. LAST YEAR WE TALKED ABOUT REDUCTION IN SUICIDE IN THE NUMBER OF DAYS THAT PEOPLE ARE ON SUICIDE WATCH, THE AVERAGE NUMBER OF DAYS, ACTUALLY THE NUMBER OF PEOPLE PER DAY, SORRY. AS YOU CAN SEE IN THIS SLIDE, WE'RE DOWN FROM 11, WHICH WAS THE HIGH, TO TWO PER DAY. THAT'S I THINK A DIRECT REFLECTION ON THE GOOD WORK THAT THE SHERIFF'S STAFF IS DOING TO TRY TO ADDRESS BEHAVIOR IN THE JAIL AND WORK CLOSELY WITH CORRECTIONS HEALTH AND ALSO THE INVESTMENTS THAT YOU ALL HAVE MADE IN MENTAL HEALTH SERVICES WITH CORRECTIONS HEALTH. SO THAT IS A HUGE, HUGE MILESTONE.

THIS IS OUR ORGANIZATIONAL CHART. I'LL JUST ANSWER ANY QUESTIONS YOU MIGHT HAVE ABOUT IT. JUST A COUPLE OF THINGS, FIRST IN THE BUDGET WE REFLECT CORRECTIONS HEALTH SEPARATE AS INTEGRATED HEALTH SERVICES BUT IN REALTY WE DO THAT BECAUSE THE TWO DIFFERENT FUNDING STREAMS THAT CORRECTIONS HEALTH ISN'T TECHNICALLY A PART OF THE FQHC, IT CAN'T BE BECAUSE IT'S AN INSTITUTIONAL SETTING. BUT VANETTA, THE DIRECTOR OF INTEGRATED CLINICAL SERVICES AS WELL AS INTEGRATED HEALTH SERVICES THSM REINTEGRATED IN TERMS OF DAY-TO-DAY MANAGEMENT AND THE WAY WE APPROACH THE CARE BUT WE REFLECT THEM IN THE BUDGET SEPARATELY.

Vice-Chair Smith: SO IN TERMS OF CORRECTIONS HEALTH I THINK WE HAVE A LITTLE BIT MORE GOOD NEWS IN TERMS OF THE HOSPITAL COSTS THAT WE WOULD GENERALLY HAVE. WHEN I FIRST GOT HERE WE WERE PUTTING ADDITIONAL ONE-TIME-ONLY MONEY IN.



Joanna Fuller: I HAVE A SLIDE ON THAT COMING UP.

Vice-Chair Smith: THANK YOU.

Joanne Fuller: SO I'M GOING TO TURN IT OVER TO MARK LEWIS TO TALK ABOUT THE MONEY PART OF THINGS.

Mark Lewis: GOOD MORNING CHAIR KAFOURY, COMMISSIONERS. MARK LEWIS, SENIOR FINANCE MANAGER FOR THE HEALTH DEPARTMENT. BUDGETING BY FUNDING SOURCE, THERE'S A YEAR TO YEAR VARIANCE OF \$7,130 NGS 226. MAJOR CHANGES FROM LAST YEAR ARE ATTRIBUTABLE TO GRANT INCREASES WHICH INCLUDES ICS QUALITY AND INCENTIVE GRANTS WHICH TOTAL \$6.4 MILLION, PUBLIC HEALTH GRANTS INCREASING AND ICS NORTH PORTLAND RENOVATION FOR \$840,000. JUST WANT TO MENTION THAT THE PCPCH STANDS FOR PATIENTS IN A PRIMARY CARE HOME, WHICH IS REVENUE SPECIFICALLY DEDICATED FROM CARE OREGON TO BUILD PRIMARY CARE INFRASTRUCTURE.

LOOKING AT BUDGET BY CATEGORY, THE GROWTH IN THE BUDGET COMPARED TO LAST YEAR IS IN THE PERSONNEL CATEGORY IN CLINICAL SERVICES AS THEY CONTINUE TO ROLL OUT EXPANSIONS AND MEDICAL AND DENTAL SERVICES TO MEET DEMAND. THE CONTRACTS DECLINED BECAUSE OF MEDICARE RATE CUTS RETROACTIVELY. IT WILL NOT AFFECT SERVICE DELIVERY. LOOKING AT THE BUDGET BY FUND OR EXPENDITURES, THE VARIANCE FROM A FUND PERSPECTIVE SHOWS AN INCREASE IN FEDERAL, STATE FUNDS DUE MOSTLY TO MEDICAL FEES WHICH IS DIRECTLY RELATED TO MORE CLIENTS AND OFFERING MORE SERVICES WHICH HAS LED TO MORE REVENUES. THE INCREASE IN FEDERAL-STATE FUND IS 10 MILLION WITH AN INCREASE IN GENERAL FUNDS OF 5 MILLION WHICH IS CONNECTED WITH QUALITY INCREASES AND APM REVENUE. FTE THE LARGEST CHANGES OCCURRED IN THE% NELL COMING OUT OF THE FEDERAL-STATE FUND WHICH IS CONNECTED TO THE INCREASE IN CLINICAL PERNELL DUE TO INCREASING VISITS AND MEETING THAT DEMAND. BUDGET BY DIVISION, OUR THREE LARGEST ARE MENTAL HEALTH & ADDITION SERVICES, ICS, AND PUBLIC HEALTH.

Mark Lewis: THEY MAKE UP 80% OF THE DEPARTMENT. LOOKING AT THE VARIANCE SHOWS AN INCREASE OF 9 MILLION DUE TO AN INCREASE IN MEDICAL VISITS AND FEES FROM THOSE VISITS. INCREASE IN QUALITY INITIATIVES 5.5 MILLION AND ONE TIME ONLY COUNTY GENERAL FUND DOLLARS FOR THE NORTH PORTLAND DENTAL CLINIC. YEAR OVER YEAR DIVISION BY STATE, I'M SORRY BY FUND, IN THE DIRECTOR'S OFFICE THE DECREASE IS DUE TO ORGANIZATIONAL MOVE OF THE DEPUTY DIRECTOR OF PUBLIC HEALTH POSITION INTO THE PUBLIC HEALTH DIVISION. ICS AS NOTED BEFORE HAS INCREASED THE NUMBER OF MEDICAL PROVIDERS AND

INCREASED AMOUNT OF SERVICES. MENTAL HEALTH DECREASE IS DUE TO REDUCTION IN MEDICARE RATES FROM HEALTH SHARE. PUBLIC INCREASE OF 4 MILLION IS DUE TO AN INCREASE IN GRAND FUNDING, THE LARGEST OF WHICH ARE 700,000 MEDICAL HOME AND 1.5 MILLION, FEDERAL TEEN PREGNANCY PUBLIC HEALTH ALSO INCLUDES AN INCREASE FOR STRIVE AND COMMUNITY CAPACITY FOR CULTURALLY SPECIFIC PRIMARY CARE SERVICES.

Joanna Fuller: SO WE'RE GOING TO GO REALLY QUICKLY --

Chair Kafoury: QUESTION. I KNOW THAT THERE'S A LOT OF HUGE INCREASE IN THE ICS STAFFING. HEARING ALL THE HORROR STORIES ABOUT TRYING TO HIRE PEOPLE IN THIS ENVIRONMENT IN THE HEALTH FIELD. CAN YOU GIVE US AN UPDATE ON THAT?

Joanna Fuller: WELL, WE HAVE BEEN MAKING PRETTY GOOD PROGRESS IN HIRING WE ARE STILL STRUGGLING TO HIRE PROVIDERS FOR CORRECTIONS HEALTH. IT'S A REALLY CHALLENGING ENVIRONMENT, AND EVERYONE WITH THE EXPANSION OF THE AFFORDABLE CARE ACT IS TRYING TO HIRE PROVIDERS. LAST NIGHT AT THE COMMUNITY HEALTH COUNCIL WE WERE TALKING ABOUT LONG TERM GROW OUR OWN STRATEGIES. WE WERE TALKING ABOUT PEOPLE WHO HAD BEEN WITH US AS STUDENTS OR COMMUNITY MEMBERS WHO NOW ARE IN MEDICAL SCHOOL WHO ARE TALKING ABOUT COMING BACK TO US. SO YOU KNOW, THAT MAY BE OUR LONG TERM STRATEGY BUT SHORT TERM WE CONTINUE TO BE CHALLENGED AND I THINK IT'S JUST NOT US, IT'S EVERYBODY. I WOULD JUST TAKE THE MINUTE TO HIGHLIGHT WE DIDN'T ADD A TON OF POSITIONS IN MENTAL HEALTH, BUT WE ARE EXPERIENCING THAT SAME ISSUE IN OUR MENTAL HEALTH SYSTEM WHERE MOST OF THE CARE IS PROVIDED BY NONPROFITS THAT WE CONTRACT WITH AND THEY ARE EXPERIENCING DEEP PROBLEMS WITH THE WORK FORCE PIPELINE. SO YEAH, WE'RE ALL PLAYING CATCHUP.

Commissioner Shiprack: AS A FOLLOW-UP, MAYBE NOT DIRECTLY TO THAT LAST QUESTION, BUT COINCIDING WITH THE CONVERSATION THAT COMMISSIONER SMITH JUST HAD WITH REGARD TO CORRECTIONS HEALTH AND OUR FORMER HIGH COST OF HOSPITALIZATION, CAN WE PERHAPS TAKE A DEEPER DIVE INTO THE CORRECTIONS HEALTH COST AND SEE HOW MUCH OF OUR COSTS ARE RELATED TO HOSPITALIZATION IN CORRECTIONS HEALTH, HOW MANY OF OUR COSTS ARE RELATED TO INCARCERATION RATED IN OUR JAIL. I THINK IT WOULD BE INTERESTING TO BREAK THAT OUT. AT SOME POINT WE MAY BE ABLE TOLL DRAW SOME LINES THAT ENABLE US TO OBTAIN ALTERNATIVES TO SECURE PEOPLE FOR THEIR FIRST APPEARANCE WHILE BEING ABLE TO PROVIDE FOR THEIR HEALTH CARE NEEDS IN FQHC SETTING.

Joanna Fuller: I DON'T KNOW HOW MUCH -- WE CERTAINLY CAN BREAK OUT THE HOSPITAL COSTS. WE TRACK THAT. WE'LL SHOW YOU A SLIDE ABOUT THAT IN

A MINUTE. I DON'T KNOW BECAUSE THE SAME STAFF SERVE BOTH PEOPLE WHO ARE PRETRIAL AND PEOPLE WHO HAVE BEEN SENTENCED TO THE JAIL, IT WOULD BE PRETTY SERIOUS DIGGING FOR US TO BREAK OUT THOSE COSTS. IT ISN'T LIKE WE HAVE SEPARATE PEOPLE DELIVERING SEPARATE CARE. WE'LL DO OUR BEST TO ANSWER THAT QUESTION FOR YOU IN THE BUDGET PROCESS BUT IT MAY BE SOMETHING WE NEED TO WORK ON OVER THE NEXT YEAR.

Commissioner Shiprack: I REALLY UNDERSTAND THAT. REALLY AS A FIGHT POLICY, WE NEED TO HAVE THAT DEGREE OF INFORMATION IN OUR JAIL SO THAT WE KNOW WHERE THESE COSTS ARE ACCRUING SO WE CAN MAKE POLICY ADJUSTMENTS SHOULD THEY BECOME AVAILABLE HAVE THAT WILL HELP BOTH THE INMATE AND THE COUNTY'S BUDGET.

Joanna Fuller: ABSOLUTELY.

Commissioner Shiprack: I REALLY APPRECIATE YOU POINTING THAT OUT. I DON'T UNDERSTAND DATA COLLECTION PARTICULARLY WELL, BUT IT SEEMS TO ME THAT WITHOUT A WHOLE LOT OF DIFFICULTY WE COULD ADD A CHECK BOX THAT ENGAGES THAT DETAIL OF INFORMATION INTO THE FUTURE.

Joanna Fuller: WE'LL DO THE BEST WE CAN. THANK YOU. SO I'M GOING TO GO REALLY QUICKLY THROUGH THE STRATEGIC DIRECTION OF EACH OF THE DIVISIONS. SO IN THE DIRECTOR'S OFFICE BASICALLY WHAT WE DO IS PROVIDE LEADERSHIP FOR THE DEPARTMENT AND WORK IN THE REALLY DYNAMIC WORD THAT WE'RE IN WHERE WE HAVE LOTS AND LOTS OF PARTNERS DOING LOTS OF STUFF. NEXT SLIDE. SO HEALTH CARE TRANSFORMATION CONTINUES TO BE THE BIGGEST THING THAT I WORK ON. IT'S CREATED A WHOLE DIFFERENT WORLD OF FUNDING FOR US AND A WHOLE DIFFERENT SET OF ORGANIZATIONS THAT WE NEED TO NEGOTIATE WITH. SO KEEPING ME PRETTY BUSY. IN THE HEALTH OFFICER, YOU ALL HAVE MET DR. PAUL LEWIS AND DR. JENNIFER VINES. DR. LEWIS IS THE TRI-COUNTY HEALTH OFFICER. HE OVERSEES HEALTH OFFICERS SERVICES IN CLACKAMAS, WASHINGTON AND MULTNOMAH COUNTY. THEN DR. JENNIFER VINES WORKS WITH HIM AS OUR DEPUTY HEALTH OFFICER FOR SPECIFICALLY MULTNOMAH COUNTY. UNDERNEATH -- YOU ALL KNOW A LOT ABOUT THAT, THEIR SERVICES AND WHAT THEY DO, BUT UNDER THAT UMBRELLA WE ALSO HAVE OUR EMERGENCY MEDICAL SERVICES SO REALLY OUR PUBLIC HEALTH RESPONSIBILITY FOR ORGANIZING MEDICAL SERVICE DELIVERY DURING EMERGENCIES, WHICH TAKES A LOT OF PLANNING.

Joanna Fuller: AND WORK WITH PARTNERS PRE-ANYTHING EVER HAPPENING. WE HAVE THE MEDICAL EXAMINER'S OFFICE, WHICH LAST YEAR WE ADDED A NEW LEADERSHIP TO THE MEDICAL EXAMINER'S OFFICE. I'M EXTREMELY HAPPY WE WERE ABLE TO DO THAT. THE WORK THEY DO IS AMAZING. IF YOU HAVE NOT TOURED THEIR FACILITY I WOULD STRONGLY RECOMMEND IT

BECAUSE IT'S JUST REMARKABLE WHAT THEY ARE DOING OUT THERE. THEN WE ALSO HAVE THE TRI-COUNTY 911 STAFF. THAT JUST FOR YOU A REMINDER IS A PROGRAM THAT IS PRIMARILY FUNDED BY HEALTH SHARE AND FAMILY CARE THAT IDENTIFIES PEOPLE WHO HAVE A LOT OF CONTACT WITH OUR AMBULANCE SERVICES AND THEN THEY GO OUT AND PROACTIVELY FIND WHERE THOSE FOLKS ARE AND WORK TO DEVELOP A CARE PLAN THAT WILL ADDRESS THEIR NEEDS SO THAT THEY ARE NOT CONSTANTLY CALLING THE AMBULANCE AND BEING TAKEN TO THE EMERGENCY ROOM, WHICH IS REALLY A SUPER EXPENSIVE WAY TO PROVIDE CARE TO PEOPLE AND NOT A VERY EFFECTIVE WAY TO DEAL WITH LONG TERM COMPLEX ISSUES WHICH MOST OF THESE PEOPLE HAVE. YOU ALL HAVE MET I THINK ALISON GOLDSTEIN, REALLY DYNAMIC SOCIAL WORK WHO ARE LEADS THAT TEAM. I'M GOING TO TURN IT OVER TO MARK TO TALK ABOUT BUSINESS SERVICES.

Mark Lewis: BUSINESS OPERATIONS STRATEGIC DIRECTION, OUR PRIORITIES INCLUDE IMPROVING PROCESSES AND PRACTICES ACROSS THE DEPARTMENT, MAXIMIZING ALTERNATIVE PAYMENT OPPORTUNITIES FOR PUBLIC HEALTH, MENTAL HEALTH AND CLINICAL OPERATIONS, ADAPT AND STRENGTHEN PROCESSES AS THE SYSTEM CONTINUES TO TRANSFORM. OUR CHALLENGES INCLUDE ATTRACTING, RETAINING AND PROMOTE A DIVERSE WORK FORCE, SUPPORT AND MEET DEMANDS OF A LARGE, COMPLEX DEPARTMENT WITHIN LINES OF BUSINESS. -- WITH MANY LINES OF BUSINESS. FTE HAVE INCREASED BY AN ADDITIONAL CONTRACT SPECIALIST AND A PART-TIME ACCOUNT SPECIALIST TO MANAGE GROWTH IN OVER ALL ACCOUNTING AND FINANCIAL REPORTING WORK.

Joanna Fuller: SO THEN AS I SAID BEFORE, CORRECTIONS HEALTH IS SPLIT OUT IN THE BUDGET BUT DAY-TO-DAY IT'S INTEGRATED AS PART OF OUR CLINICAL HEALTH CARE SYSTEM. SO IN CORRECTIONS HEALTH YOU CAN SEE OUR STRATEGIC DIRECTIONS TO THE CHAIR'S POINT, WE CONTINUE TO WORK ON HIRING AND ATtracting CLINICAL STAFF AND MAINTAINING CLINICAL STAFF. I JUST HAVE TO GIVE A SHOUT OUT TO OUR CORRECTIONS HEALTH STAFF. IT'S AN INCREDIBLY CHALLENGING ENVIRONMENT TO PROVIDE RESPECTFUL, QUALITY AND ACCURATE CARE IN THE ENVIRONMENT OF A JAIL. OUR STAFF ARE DOING JUST A PHENOMENAL JOB OF REALLY TRYING TO NOT ONLY MEET THE DIRECT NEEDS OF PEOPLE THAT SHOW UP THERE BUT TO BE A PART OF A CARE SYSTEM AND TO THINK ABOUT HOW WE CAN BETTER CONNECT PEOPLE AS THEY LEAVE THE JAIL TO THE CARE THAT'S OUT THERE. A COUPLE OF YEARS AGO, THE CHAIR FUNDED THE EXPANSION OF EPIC, OUR ELECTRONIC MEDICAL RECORD TO THE JAIL. THAT HAS BEEN REALLY A GAME CHANGER BECAUSE NOW THAT THE JAIL STAFF CAN VIEW PEOPLE'S RECORDS AND EPIC AND CARE EVERYWHERE WHICH IS USED BY THE VAST MAJORITY OF MEDICAL PROVIDERS IN THE COMMUNITY INCLUDING OUR CLINICS, MOST OF THE HOSPITALS, YOU CAN -- THE STAFF CAN REALLY SEE WHAT CARE PEOPLE HAVE RECEIVED BEFORE, WHERE THEY WERE BEFORE AND THAT CAN HELP US TO CONNECT PEOPLE AS THEY LEAVE IN THAT

CHALLENGING ENVIRONMENT WE'RE NEVER GOING TO PROBABLY BE ABLE TO CONNECT EVERYONE BECAUSE PEOPLE MOVE RAPIDLY THROUGH THE JAIL, BUT WE HAVE REALLY BEEN WORKING ON ESPECIALLY THE PEOPLE WITH THE MOST CHALLENGING MEDICAL NEED AND THE MOST CHALLENGING MENTAL HEALTH NEEDS AND MAKING SURE THAT WE'RE DOING OUR BEST TO DISCHARGE PLAN WITH THEM LIKE YOU WOULD IF THEY WERE IN A HOSPITAL.

Commissioner McKeel: CHAIR, I HAVE A QUESTION ON THAT. JOANNE UNDER THE CHALLENGES IT SAYS THAT FINDING AND RETAINING CLINICAL LEADERSHIP IS DIFFICULT. WHAT ARE THE BARRIERS THERE?

Joanna Fuller: JUST THE ENVIRONMENT. WE ARE COMPETING WITH EVERYBODY ELSE IN THE COMMUNITY WHO IS DEALING WITH BOTH EXPANSION OF HEALTH CARE FOR THE AFFORDABLE CARE ACT AND THE IMPROVING ECONOMY. AND THE RETIREMENT OF THE BABY BOOMER GENERATION FROM THE WORK FORCE. SO IN THAT ENVIRONMENT WITH A LIMITED POOL OF PEOPLE WHO ARE QUALIFIED FOR THE POSITIONS THAT WE HAVE GOT IT'S REALLY CHALLENGING TO RECRUIT AND ATTRACT PEOPLE. I THINK THAT THE COUNTY ESPECIALLY IF THE ECONOMY CONTINUES TO IMPROVE AND PEOPLE HAVE THE OPPORTUNITIES THAT THEY HAVE, WE HAVE TO CONTINUALLY WORK WITH CENTRAL TO TAKE A LOOK AT OUR COMPENSATION PACKAGES TO MAKE SURE THAT WE'RE ABLE TO BE COMPETITIVE IN THE MARKET THAT IS RAPIDLY CHANGING.

Commissioner Shiprack: MADAME CHAIR. I THINK IT'S ALSO IMPORTANT THAT WE'RE COGNIZANT OF THE WORK ENVIRONMENT THAT'S AN SORT OF WAGES, HOURS AND WORKING CONDITIONS. WORKING CONDITIONS FOR THIS ARE CHALLENGING. IN YOUR SORT OF MANY CAREER THROUGH MULTNOMAH COUNTY, YOU ARE ONE OF THE PEOPLE WHO TAUGHT ME, JOANNE, THAT THE PEOPLE IN OUR JAIL ARE SOME OF THE SICKEST PEOPLE IN THE COMMUNITY. AND SO THEY ARE PRESENTING WITH ALL OF THESE CHALLENGES AS YOU COMMENTED, MOVING RAPIDLY THROUGH THE JAIL BACK TO THE COMMUNITY. THE STAFFING IN THE JAIL FOR CORRECTIONS HEALTH IS VERY, VERY DIFFERENT FROM THE STAFFING IN A HOSPITAL, EMERGENCY ROOM ENVIRONMENT. YES I THINK WHAT WE'RE LEARNING IS THAT THESE ARE MANY OF THEM THE VERY SAME PEOPLE WHO ARE GOING THROUGH BOTH.

Joanna Fuller: ABSOLUTELY.

Commissioner Shiprack: I THINK WHAT THIS DOES IS IT UNDERLINES YOUR SUPPORTING JAIL DIVERSION EFFORTS TO KEEP THESE VERY, VERY SICK PEOPLE FROM BEING IN JAIL IN THE FIRST PLACE. THIS IS ONE OF THE PRECEPTS WE HAVE BEEN WORKING ON IS NOT TO INCARCERATE PEOPLE BECAUSE OF THEIR SICKNESS OR TO ACTIVELY IDENTIFY THOSE PEOPLE WHO ARE PRESENTING WITH SICKNESS AND PROVIDE THEM WITH ALTERNATIVES. AT THE SAME TIME JUST TO ACKNOWLEDGE THAT THESE ARE THE

CHALLENGES THAT SORT OF DENSITY AND INTENSITY OF THE SICKNESS IN THE JAIL AS WELL AS THE CHALLENGES FOR DISCHARGE PLANNING. I THINK THAT WITH MANY OF THESE FOLKS WHAT YOU REALLY NEED IS LITERALLY A WARM HANDOFF.

Joanna Fuller: ABSOLUTELY.

Commissioner Shiprack: AND THAT'S VERY EXPENSIVE TO DO BUT IN THE LONG RUN I THINK IF WE STUDIED IT WE WOULD SEE IT MAY BE LESS EXPENSIVE THAN WHAT WE CURRENTLY DO, WHICH IS SEE THEM OVER AND OVER. WE KNOW THAT.

Joanna Fuller: ABSOLUTELY, COMMISSIONER. SO WE WERE TALKING ABOUT HOSPITAL COSTS AND CORRECTIONS HEALTH. THIS IS THE TRENDS. SO THEY ARE IN FISCAL YEAR '13 YOU SEE THE PRE-AFFORDABLE CARE ACT HOSPITAL COSTS THAT THE COUNTY INCURRED. THAT WAS 100% COUNTY GENERAL FUND THAT WE WERE SPENDING ON PEOPLE WHO LEFT THE JAIL AND WENT TO THE HOSPITAL. THEN IN FY-2014 THAT WOULD HAVE BEEN HALF AND HALF. HALF OF THAT YEAR COVERED THE BEGINNING OF THE ENROLLMENT OF PEOPLE IN THE EXPANSION OF MEDICAID, THEN YOU SEE THE DRAMATIC DROP. SO WE STILL PAY HOSPITAL COSTS FOR PEOPLE FROM CORRECTIONS HEALTH WHO ARE TAKEN TO THE HOSPITAL WHO ARE RELEASED BEFORE 24 HOURS, BUT IF SOMEONE SPENDS A WHOLE DAY AT THE HOSPITAL, THE HOSPITAL BILLS OHP DIRECTLY AND DOESN'T BILL THE COUNTY. THAT'S WHY WE SEE THAT DRAMATIC REDUCTION. WE'LL SEE PROBABLY A LITTLE BIT OF FLUCTUATION IN THAT DEPENDING ON HOW MANY PEOPLE WIND UP IN THE HOSPITAL AND HOW LONG THEY STAY EVERY YEAR, BUT IT'S A PRETTY REMARKABLE SHIFT FROM COUNTY GENERAL FUND EXPENSE TO A MEDICAID EXPENSE. SO THIS IS JUST THE INCREASE, A COUPLE OF FTE INCREASE IN CORRECTIONS HEALTH, WHICH INCLUDES ONE FTE PSYCHIATRIST WHICH WE'RE PLEASED TO BE EXPANDING PSYCHIATRIC CARE THERE. THEN INTEGRATED CLINICAL SERVICES. THE DEPARTMENT HAS TWO BIG DIVISIONS, ONE IS INTEGRATED HEALTH SERVICES, THE OTHER IS MENTAL HEALTH. THIS IS OUR PRIMARY CLINICS. WE TRY TO IMPROVE THE QUALITY OF CARE AND EXPAND CARE TO IMMEDIATE DEMAND AND DEAL WITH THE ISSUE THAT WE WERE TALKING ABOUT RECRUITING AND RETAINING STAFF. THIS NEXT SLIDE, WHAT THIS SHOWS IS THE PERCENTAGE OF PEOPLE WHO WERE INSURED. FY-2014 THAT WAS THE BEGINNING OF ACA, REALLY, THAT SECOND QUARTER. THAT WOULD BE PRE-ACA. THEN WE SEE THAT ACA EXPANSION. NOW WE'RE BEGINNING TO SEE A LITTLE BIT OF A LEVELING OFF.

Joanna Fuller: WE THINK WE'LL SEE A LITTLE BIT OF FLUCTUATION THERE BUT WE'RE PROBABLY SEEING THE LEVELING OFF OF WHAT WE'LL EXPECT GOING FORWARD FOR INSURANCE. ONE OF THE THINGS THAT PEOPLE MAY NOT BE AWARE OF IS PEOPLE SORT OF MOVE ON AND OFF OF THE AFFORDABLE CARE ACT. THEY MAY GET A JOB FOR A WHILE AND THEN HAVE AN INCOME THAT'S

TOO HIGH TO BE ELIGIBLE, THEN CHANGE EMPLOYMENT OR LOSE THAT JOB AND BECOME ELIGIBLE AGAIN. SO WE'RE GOING TO SEE SOME FLUCTUATION LIKE THAT. THE NEXT SLIDE IS PRETTY AMAZING. SO THIS SHOWS THE INCREASE OF 8,000 PATIENTS UNDER THIS JOURNEY FROM 2010. YOU SEE THE DIP THERE, FIRST WE HAD THE ARA INVESTMENT THAT ALLOWED US TO EXPAND CLINIC CAPACITY. THEN YOU SEE A BIT OF A DIP WHERE WE WERE IMPLEMENTING OUR PATIENT CENTERED MEDICAL HOME.

WHEN YOU IMPLEMENT A TOTALLY NEW PRACTICE LOTS OF TIMES YOU SEE AN EFFICIENCY REDUCTION IN SERVICE DELIVERY AND THEN WE SEE THE HUGE EXPANSION UNDER MEDICAID EX PASSION. THIS IS AN AMAZING STORY TO TELL ABOUT A CLINICAL SYSTEM WHERE WE HAVE REALLY BEEN IMPLEMENTING THESE NEW SERVICES OTHER THAN THE BILLY OTEGUARD CLINIC AND THE SOUTHEAST CLINIC WE HAVE BEEN IMPLEMENTING THESE SERVICES IN THE EXISTING FOOTPRINT TRYING TO EXPAND WITHIN OUR EXISTING FOOTPRINT SO THAT WE ARE NOT OUTBUILDING THE DEMAND THAT WE HAVE INTO THE FUTURE. SO YOU SEE MARK TALKED ABOUT THE INCREASE IN THE FUNDING AND WHERE THE ADDITIONAL FUNDS CAME FROM. SO YOU SEE THERE'S AN INCREASE IN THE GENERAL FUND WRAP-AROUND AND AN INCREASE IN OTHER FUNDS THAT INCLUDES OUR INCENTIVE PAYMENTS AS WELL. SO THEN IN MENTAL HEALTH AND ADDICTIONS, A BIG PART OF THE INTEGRATION OF MENTAL HEALTH AND ADDICTIONS THIS LAST YEAR HAS NOT NECESSARILY BEEN INTEGRATION INTO OUR CLINICAL SYSTEM. IT'S ABOUT REGIONAL INTEGRATION. SO THE UNDER HEALTH SHARE OF OREGON, THE THREE COUNTIES HAVE REALLY SINCE THE BEGINNING OF REALLY FREE HEALTH SHARE WE STARTED CONVERSATIONS WHEN I WAS THE DIRECTOR AT DCHS ABOUT HAVING A TRI-COUNTY PERSPECTIVE ON OUR BEHAVIORAL HEALTH SYSTEM AND EVERY YEAR THAT WORK HAS DEEPENED THAT WE HAVE BEEN INVOLVED WITH HEALTH SHARE.

Joanna Fuller: THIS COMING YEAR, AND I'LL COME BACK ONCE THE BUDGET IS APPROVED, WE'LL COME BACK AND DAVID AND WENDY AND I WILL TALK TO YOU MORE ABOUT THE CHANGE THAT'S COMING NEXT YEAR, BUT WE'RE REALLY LOOKING AT POOLING THE MEDICAID RESOURCE ACROSS THE SYSTEM, ACROSS THE THREE COUNTIES, AND CO-MANAGING THAT RESOURCE, WHICH IS A HUGE BENEFIT TO MULTNOMAH COUNTY BECAUSE WE HAVE A GREATER DEMAND ON OUR MEDICAID SERVICES THAN THE OTHER TWO COUNTIES DO. SO THAT'S A BALANCING OUT ACROSS THE THREE COUNTIES THAT'S GOING TO ALLOW US TO CONTINUE TO MEET THE SERVICE DEMAND WITH A DECREASING FUNDING POOL. SO WE'LL TALK MORE ABOUT THAT CHANGE THAT MAY INDEED BE A BUDGET AMENDMENT NEXT YEAR. WE'RE STILL NEGOTIATING THIS DEAL WITH THE THREE COUNTIES, BUT IT'S AKIN TO WHAT WE'RE DOING IN THE ADDICTIONS REALM WHERE WE'RE POOLING RESOURCES ACROSS THE COUNTIES. WHAT IT REALLY MEANS IS TODAY YOU MIGHT GET DIFFERENT SERVICE ACCESS IF YOU LIVED IN ONE COUNTY OF THE THREE COUNTIES THAN ANOTHER. WHEN WE POOL THE

RESOURCES IT REALLY MEANS THAT THE RESOURCES WILL BE AVAILABLE FOR THE PEOPLE NO MATTER WHAT COUNTY THEY LIVE IN. THAT'S A REALLY IMPORTANT PART OF HEALTH CARE TRANSFORMATION THAT WE ALWAYS ENVISIONED BUZZ WASN'T ABLE TO HAPPEN RIGHT AWAY.

Commissioner Bailey: CHAIR. AGAIN, YOU MAY COVER THIS IN A SECOND. I WAS GLAD TO SEE THE INCLUSION OF PEER ROLES WITHIN YOUR BUDGET. CAN YOU TALK A LITTLE BIT ABOUT WHY THE CHANGE WAS MADE IN TERMS OF SCALING BACK WITH THE INITIAL PROPOSAL ON THAT POSITION WAS?

Joanna Fuller: SURE. SO THAT INITIAL PROPOSAL WAS AWFULLY AMBITIOUS. ORIGINALLY THERE HAD BEEN TALK ABOUT ONE POSITION. I BELIEVED THAT ONE POSITION HAVING ONE PERSON AS PART OF THE LEADERSHIP TEAM THAT WAS SELF-IDENTIFIED AS A PEER WAS NOT SUFFICIENT. SO WE ASKED FOR MORE POSITIONS THAN THAT. I PERSONALLY WAS VERY, VERY PLEASED THAT THE CHAIR'S EXECUTIVE BUDGET INCLUDED TWO POSITIONS THAT ARE FULL-TIME AND ARE FUNDED WITH ONGOING RESOURCES. THAT MEANS THAT WE HAVE BEEN ABLE TO HAVE THOSE TWO POSITIONS SHORED UP COMPLETELY INTO THE FUTURE AND WE WON'T BE HAVING TO WORK IN FUTURE BUDGET YEARS TO RESTORE FUNDING FOR THEM. THEN I FEEL LIKE ONCE WE GET THOSE TWO PEOPLE HIRED AND IDENTIFIED AND ON OUR TEAM, WE WILL BEGIN TO HAVE A LOT BETTER SENSE OF WHAT ADDITIONAL NEEDS WE HAVE FOR SUPPORT FOR PEER BOTH PEER SERVICES AND PEER INVOLVEMENT AND DECISION MAKING IN THE ORGANIZATION.

Commissioner Bailey: THANK YOU.

Joanna Fuller: SO THIS IS A TOTALLY COOL TREND. THIS IS AN OVER 400 KIDDO INCREASE IN SERVICES PROVIDED BY OUR KIDS PROGRAMS IN MENTAL HEALTH. THAT REFLECTS THE INVESTMENT THAT THE BOARD MADE LAST YEAR AND OUR ONGOING WORK TO CREATE MENTAL HEALTH ACCESS FOR KIDS AND FAMILIES. YOU ALL HAVE MET THE GREAT LEADERS OF THAT PROGRAM, EBONY CLARK, WHO WE PROMOTED OUT OF RUNNING THAT PROGRAM, GAVE HER BIGGER RESPONSIBILITIES. BUT SONJA AS WELL, WHO JUST HAS DONE AMAZING WORK LEADING THAT EFFORT.

Commissioner Shiprack: JUST A COMMENT IF I COULD, MADAME CHAIR. IT'S BEEN A WHILE NOW SINCE I VISITED THE SCHOOL-BASED HEALTH CLINIC AT DAVID DOUGLAS HIGH SCHOOL. BUT WHAT I LEARNED THERE WHICH REALLY IS SO INSPIRATIONAL AND I HOPE WE CAN CONTINUE TO TRACK THIS TYPE OF PROGRAM, IS THAT THE STUDENTS IN DAVID DOUGLAS SCHOOL DISTRICT, SOME OF THEM, BEGIN WITH HEALTH CARE THAT WRAPS AROUND TO THEIR FAMILIES WHEN THEY ARE IN ELEMENTARY SCHOOL, AND THAT THEY HAVE THEN A CONTINUITY OF CARE AND A CONTINUITY OF CARE WORKER NOT ONLY FOR THEMSELVES BUT TOGETHER WITH THEIR PARENTS, ALL THE WAY THROUGH HIGH SCHOOL, WHEN OF COURSE RELATIONSHIPS CHANGE IN



TERMS OF THEIR HEALTH CARE NEEDS AND THEIR PRIVACY, BUT THEY ARE BEING CARED FOR AND INTRODUCED TO THIS SYSTEM TOGETHER WITH THEIR FAMILIES AT AN EARLY AGE IN A COMFORTABLE COMMUNITY ENVIRONMENT. IT'S SUCH A TREMENDOUS MODEL.

Joanna Fuller: IT IS, ISN'T IT? IT'S GREAT. SO THIS NEXT SLIDE IS ALSO PRETTY AMAZING. THIS IS THE MEDICAID ENROLLMENT FOR PEOPLE WHO ARE COVERED BY MULTNOMAH COUNTY IN THE INSURANCE -- MEDICAID INSURANCE ENTITY THAT WE RUN IN THE MENTAL HEALTH DIVISION. THIS REPRESENTS A DRAMATIC INCREASE. THIS GETS TO THE POINT YOU WERE MAKING, COMMISSIONER SMITH, ABOUT THE OPPORTUNITY THAT WE HAVE TO PROVIDE CARE TO PEOPLE UNDER MEDICAID.

THE THING TO REMEMBER IS THAT WE RECEIVE A GLOBAL BUDGET FOR THE CARE FOR THESE PEOPLE, SO JUST BECAUSE THERE'S MORE DEMAND, THE FUNDING SUPPLY IS A FIXED SUPPLY. THAT'S A PART OF WHY THE TRI-COUNTY SOLUTION MAKES SENSE BECAUSE THAT CREATES A PIE THAT SERVES THE WHOLE POPULATION ACROSS THE THREE-COUNTY AREA WHERE THERE'S VARIABLE DEMAND. AND IF DEMAND OUTSTRIPS FUNDING, OUR RATES CAN GO UP, BUT OUR RATES LAG BEHIND A COUPLE OF YEARS, SO WE CAN EXPERIENCE THESE INCREASES IN DEMAND THAT OUTSTRIP OUR FUNDING FOR A WHILE THEN A COUPLE YEARS LATER OUR RATES INCREASE BECAUSE OF IT. IT'S THE INSURANCES. IT REALLY IS A CHALLENGING ENVIRONMENT FOR US TO CONTINUE TO STAY ON TOP OF DEMAND WITH THE RESOURCES THAT WE GET.

Vice-Chair Smith: I HAVE A QUESTION. IN TERMS OF THE TRI-COUNTY AREA, WHERE DO WE RANK? ARE WE BRINGING IN MORE NEW PEOPLE THAN THE OTHER COUNTIES?

Joanna Fuller: SO THERE'S A COUPLE OF THINGS THAT ARE HAPPENING. YES, WE'RE BRINGING MORE PEOPLE INTO MEDICAID. WE ALSO THEY TALK ABOUT THE PERCENTAGE OF PEOPLE THAT ARE INSURED THAT SEEK CARE. SO WE HAVE A LARGER PERCENTAGE OF OUR PEOPLE WHO ARE INSURED THAT SEEK CARE IN MULTNOMAH COUNTY THAN IN WASHINGTON AND CLACKAMAS COUNTY. THAT'S A PART OF WHY BALANCING ACROSS THE THREE COUNTIES MAKES SENSE. THEN WE ALSO HAVE SORT OF WHAT PEOPLE CALL THE URBAN EFFECT, WHICH IS HARD TO QUANTIFY, BUT HIGHER PERCENTAGES OF HOMELESSNESS, HIGHER PERCENTAGES OF PEOPLE WHO ARE IN FOSTER CARE. HIGHER PERCENTAGES OF PEOPLE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM THAT PEOPLE WHO HAVE HIGHER PERCENTAGE OF PEOPLE WITH DEEPER ECONOMIC CHALLENGES. THOSE, WHICH ARE CONSIDERED THE URBAN EFFECT, MEAN THEN THAT WE OFTENTIMES HAVE A HIGHER PERCENTAGE OF MORE CHALLENGING PEOPLE IN THE POPULATION THAT WE'RE SERVING IN THE MENTAL HEALTH SYSTEM. DOES THAT MAKE SENSE? DID THAT ANSWER YOUR QUESTION?

Vice-Chair Smith: YES. WE HAVE MORE PEOPLE SO ARE YOU SUGGESTING THAT YOU NEED MORE RESOURCES TO KIND OF DEAL WITH THE DEMAND?

Joanna Fuller: SO THE FIRST THING THAT WE'RE TRYING TO DO TO STABILIZE THAT PROBLEM IS THIS TRI-COUNTY POOLING SO THAT WE -- BECAUSE RIGHT NOW WHAT IT APPEARS FROM THE ACTUARIES IS THAT IN THIS INSURANCE POOL CLACKAMAS AND WASHINGTON COUNTY ARE GETTING MORE RESOURCES THAN THEY NEED TO DELIVER THE SERVICES FOR THE POPULATION THAT THEY SERVE, AND WE'RE GETTING LESS RESOURCES THAN WE NEED. SO SPREADING OUT ACROSS THE THREE COUNTIES UNDERSTAND HEALTH SHARE WILL HELP STABILIZE THAT IS OUR INTENT.

Vice-Chair Smith: WOULD YOU DO THAT TOO WITH FAMILY CARE AS WELL?

Joanna Fuller: FAMILY CARE SERVICE THEIR FUNDING FOR MENTAL HEALTH CARE AND DELIVERS THEIR SERVICES IN THEIR NETWORK. WHAT WE ARE TRYING TO DO IS TO SEEK FUNDING FOR PEOPLE WHO ARE SERVED IN OUR CRISIS SYSTEM THAT WE FUND FROM FAMILY CARE BOTH WASHINGTON, CLACKAMAS AND MULTNOMAH COUNTY ARE ALL SEEKING A CASE RATE ESSENTIALLY, A FLAT RATE FOR THE PEOPLE THAT WE SERVE IN THE CRISIS SYSTEM FROM FAMILY CARE, BUT IN TERMS OF THE CARE MANAGEMENT, THIS INSURANCE MANAGEMENT, FAMILY CARE DOES THAT SEPARATE FROM US.

Joanna Fuller: SO THEN THIS IS AN ADDICTION. ONE OF THE THINGS YOU ALL KNOW IS FOR MANY YEARS WE SERVED UNINSURED INDIVIDUALS IN THE ADDICTION SYSTEM. ONE OF THE CHALLENGES IN THAT SYSTEM HAS BEEN THE LEVEL OF SERVICE THAT WE COULD PROVIDE GIVEN THE FUNDING THAT WE HAD WITH THE LEVEL OF DEMAND. WHAT YOU HAVE HERE IS THE DECREASE IN UNINSURED INDIVIDUALS AND INCREASE IN CARE. SO WHAT THAT MEANS IS WE'RE SERVING LESS PEOPLE BECAUSE MORE PEOPLE ARE NOW ENSURED -- INSURED BUT WE'RE ABLE TO PROVIDE MORE CARE FOR THE PEOPLE THAT WE'RE SERVING SO WE HOPE THAT WE WILL BE ABLE TO GET MORE OF THEM INTO RECOVERY BECAUSE OF THIS CHANGE IN THE INSURANCE PICTURE FOR PEOPLE WITH ADDICTIONS. SO THIS JUST SHOWS YOU THE YEAR OVER YEAR YOU SEE THERE'S A LARGE GENERAL FUND REDUCTION. THAT ACTUALLY IS MOSTLY TO DO WITH THE WAY THAT THE COUNTY CALCULATES INDIRECT COSTS. SO IT WASN'T A REDUCTION IN SERVICE DELIVERY, IT'S MORE ABOUT THE SHIFT THAT COUNTY MADE IN CALCULATING INDIRECT COSTS. THEN YOU SEE THE DECREASE IN THE BEHAVIORAL HEALTH FUND, WHICH IS THE MEDICAID FUND. THAT'S THE FUND WE'RE SEEKING TO DO THE POOLING WITH WASHINGTON AND CLACKAMAS COUNTY TO STABILIZE THE FUNDING FOR IT AND STABILIZE THE CARE.

Commissioner Shiprack: MADAME CHAIR, JUST A QUESTION ABOUT THAT. I UNDERSTAND THAT THAT'S THE STRATEGIC GOAL RIGHT NOW TO EXPAND

THE POOL. SO WHERE THE LEVEL IS HIGHER THAT STARTS TO EVEN OUT A LITTLE BIT. DO YOU HAVE OTHER STRATEGIES? IS KEEPING A RESERVE A POSSIBILITY?

Joanna Fuller: SO WE DO KEEP A RESERVE ON THAT FUND. THIS LAST YEAR WHEN WE TOOK THE RETROACTIVE CUT FROM THE OREGON HEALTH AUTHORITY -- ACTUALLY FROM HEALTH SHARE BECAUSE OF THE CHANGES IN FUNDING FROM THE OREGON HEALTH AUTHORITY WE DIPPED INTO THAT RESERVE. SO WE REALLY WANT TO TRY TO FIND A STRATEGY. WE DO HAVE A RESERVE BUT WE WANT TO FIND A STRATEGY GOING FORWARD THAT CAN STABILIZE IT AND THAT WE WON'T HAVE TO DIP INTO THE RESERVES.

Commissioner Shiprack: THE REASON I ASK IS BECAUSE IT'S OUR JOB TO SEE TO IT THAT THE GENERAL FUND ISN'T IN JEOPARDY HERE.

Joanna Fuller: YES.

Commissioner Shiprack: THAT'S THE REASON I'M ASKING THIS. DO YOU FORECAST THAT THERE'S A TIME WHEN THE GENERAL FUND WOULD BE AT RISK TO THESE SWINGS BETWEEN DEMAND THAT EXCEEDS RESOURCES AND WHEN THE REIMBURSEMENT CATCHES UP?

Joanna Fuller: THAT'S A PART OF WHY WE HAVE BEEN WORKING SO FURIOUSLY THIS YEAR TO SOLVE THIS PROBLEM IS TO KEEP THE GENERAL FUND FROM BEING AT RISK. SO WE ARE TRYING TO MAKE SURE THAT WE HAVE GOOD ABILITY TO PREDICT WHERE THIS FUND IS HEADED SO THAT IF WE FORESEE A SITUATION WHERE THE GENERAL FUND MIGHT BE AT RISK INTO THE FUTURE, THAT WE TAKE PROACTIVE STEPS TO DO WHATEVER WE HAVE TO DO TO ADDRESS IT. THAT'S A PART OF WHY WE HAVE BEEN FURIOUSLY NEGOTIATING WITH HEALTH CARE CLACKAMAS AND WASHINGTON COUNTY TO DO THIS POOLING. IF THAT DOESN'T WORK THEN WE'LL LOOK AT OTHER THINGS.

Commissioner Shiprack: I JUST THINK THAT'S SUCH A WORTHY EFFORT. I'M GLAD YOU'RE DOING THAT TO PROTECT US BECAUSE AS WE HAVE FORECASTED THE GENERAL FUND MAY NOT BE THERE AND IT'S NOT ABOUT MONEY -- OF COURSE IT IS ABOUT MONEY BUT IT'S MORE ABOUT NOT BEING ABLE TO PROVIDE THE SERVICE TOTS COMMUNITIES THAT THEY HAVE GROWN TO EXPECT FROM US.

Joanna Fuller: EXACTLY.

Chair Kafoury: I JUST WANT TO GIVE JOANN AND HER TEAM A SHOUT-OUT. THEY HAVE BEEN SO DILIGENT THROUGH THIS VERY COMPLEX ISSUE AND WHEN WE GET RATES CUT RETROACTIVE IT'S IMPOSSIBLE FOR US TO MAKE THE CHANGE. WE TRY TO APPEAL TO THE POWERS THAT BE AND THAT'S NOT

ALWAYS SUCCESSFUL. YOU HAVE BEEN EXTREMELY CREATIVE IN FIGURING OUT WAYS TO PLUG THAT HOLE. IT'S ABOUT THE SERVICES AND THE PEOPLE IN OUR COMMUNITY THAT NEED THOSE. WE KNOW THAT THERE ARE FEWER PEOPLE THAT NEED LESS SERVICES BUT MORE PEOPLE THAT NEED MORE SERVICES, SO AS WE HAVE BEEN SWIMMING UPSTREAM YOU ALL HAVE KEPT YOUR EYES ON THE HORIZONS OF WHERE WE'RE GOING TO GO SO WE CAN INCREASE THE AMOUNT OF CARE IN OUR COMMUNITY.

Joanne Fuller: SO THE PUBLIC HEALTH DIVISION IS ABOUT A COUPLE OF DIFFERENT THINGS. ONE IS A PLATFORM OF HEALTH IN OUR COMMUNITY. SO REALLY MAKING SURE THAT WE'RE ADDRESSING AIR, WATER, FOOD, SUPPLY, ENVIRONMENT, HOUSING, EVERYTHING THAT HAS TO DO WITH THE SOCIAL DETERMINANTS, REALLY THE SOCIAL DETERMINANTS OF HEALTH. SO WE ARE ACTIVELY ENGAGED IN THE PUBLIC HEALTH DIVISION IN ADDRESSING THOSE ISSUES. WE HAVE BEEN IN AN ENVIRONMENT WHERE WE HAVE BEEN RESPONDING TO A LOT OF EMERGENT DEMANDS. IN ADDITION TO THAT WE HAVE TO FOCUS ON PRIMARY PREVENTION. WE TALKED ABOUT STRIVE AND PREP BUT REALLY THE GOLD STANDARD FOR PUBLIC HEALTH IS MOVING UPSTREAM AND INVESTING IN THE PREVENTION OF THE PRECURSORS TO DISEASE LONG BEFORE ACCIDENTS, DISEASE AND OTHER THINGS ADVERSELY IMPACT PEOPLE'S LIVES. THEN WE HAVE REALLY UPPED OUR PARTNERSHIP WITH THE COMMUNITY AS WE MAKE THE INVESTMENTS. SO LAST YEAR THE BOARD MADE YOU ALL SUPPORTED INVESTMENTS IN ADDRESSING RACIAL AND ETHNIC HEALTH DISPARITIES, AND THAT'S WORK THAT WE ABSOLUTELY CANNOT DO ALONE.

Joanna Fuller: WE NEED TO DO THAT THE COMMUNITIES THAT ARE ADVERSELY IMPACTED AND WE'RE DEEPLY INVOLVED IN THAT WORK AND THOSE PARTNERSHIPS THIS YEAR AND ON INTO THIS NEXT YEAR. THE BIG CHALLENGE FOR ONE OF THE BIG CHALLENGES FOR US IN PUBLIC HEALTH IS FUNDING. THERE ARE HUGE BOTH PUBLIC AND STATE EXPECTATIONS FOR PROTECTING PUBLIC HEALTH AND VERY SPOTTY, VERY LIMITED RESOURCES THAT ARE BY THE FED AND THE STATE. THEY COME IN THESE LITTLE CATEGORIES THAT MAKE IT DIFFICULT TO KNIT TOGETHER SERVICE PROVISION, PROTECTION AND PREVENTION. THAT'S ONE OF THE BIG PIECES THAT WORK FOR US IN THIS DIVISION. HERE YOU SEE THE CHANGE YEAR OVER YEAR. WE HAVE TALKED ABOUT MOST OF THE THINGS THAT HAVE DRIVEN THE INCREASE THERE THAT YOU SEE.

WHAT I WANT TO TALK ABOUT HERE IS SO THIS CHART WHICH CAN KIND OF BE MIND-BENDING, BUT WHAT WE'RE INVOLVED IN RIGHT NOW IS WORK. YOU HAVE GREAT LEADERSHIP. DR. JENNIFER VINES AND TRISHA TILLMAN ARE BOTH SERVING ON THE STATEWIDE PUBLIC HEALTH COMMITTEE WORKING WITH THE STATE TO DEVELOP THE PUBLIC HEALTH MODERNIZATION MODEL. THIS IS REALLY ABOUT AN EFFORT IN OUR STATE TO IMPROVE THAT PATCHWORK THAT I WAS TALKING ABOUT TO CREATE PLATFORM OF PUBLIC

HEALTH SERVICE ACROSS THE WHOLE STATE. TO SEEK MORE ROBUST FUNDING FOR THESE PUBLIC HEALTH SERVICES. COMMISSIONER SHIPRACK, YOU WERE TALKING ABOUT THAT CIRCLE AND THAT LINK.

STATE INVESTMENTS A HUGE AMOUNT OF MONEY IN CORRECTIONS AND PUBLIC SAFETY AS YOU KNOW. THAT'S A PIT TANS -- INVESTMENTS A PIT TANS IN PUBLIC HEALTH. IN REALTY THIS IS AN UPHILL EFFORT, BUT IT IS -- IT WILL BE PART OF OUR WORK PROBABLY FOR THE NEXT SEVERAL YEARS TO MAKE THAT CASE FOR WHY IT'S SO IMPORTANT TO ENHANCE THOSE STATE INVESTMENTS IN THIS PUBLIC HEALTH PLATFORM OF SERVICE DELIVERY THAT PROTECTS ALL OF US IN OUR COMMUNITY. IT'S EASY TO FORGET THINGS LIKE EBOLA AND THE CHIPOTLE CLOSURE AND FORGET THE FUNDAMENTAL PROTECTIONS THAT OUR COMMUNICABLE DISEASE FOLKS ARE PROVIDING TO US. THEY ARE RESPONDING TO NEW AND EXISTING COMMUNICABLE DISEASE EVERY DAY. LAST YEAR IN THE BUDGET WE ADDED A COUPLE OF POSITIONS TO THAT WORK AND THAT'S BEEN MUCH APPRECIATED AS WE CONTINUE TO RESPOND TO ALL KINDS OF BOTH EXISTING PROBLEMS AND NEW THINGS ON THE HORIZON. SO WE'VE TALKED ABOUT MOST OF WHAT WE'RE DOING IN THE DEPARTMENT THROUGH THIS PRESENTATION.

Joanna Fuller: THIS IS THE NEW PROGRAMS THAT ARE INCLUDED IN THE BUDGET. I'M HAPPY TO TAKE ANY QUESTIONS THAT ANY OF YOU HAVE. WE HAVE TALKED ABOUT JUST ABOUT EVERYTHING ON THIS LIST.

Chair Kafoury: QUESTIONS?

Vice-Chair Smith: THANK YOU FOR GOING OVER THIS. I HAD A CHANCE TO SEE THE ENVIRONMENTAL HEALTH FOLKS IN ACTION LAST NIGHT IN HAYDEN ISLAND.

Joanna Fuller: OH, GOOD.

Vice-Chair Smith: WE TALKED TO THE RESIDENTS WITH EPA AND DEQ, WHICH HAD NEVER HAPPENED BEFORE, AND OUR FOLKS WERE THERE UNTIL THE VERY END FROM ABOUT 5:30 UNTIL WELL AFTER 9:00 LAST NIGHT. IT WAS JUST A REALLY GOOD -- A RAW MEETING BUT IT WAS REALLY GOOD TO DETERMINE THE TEMPERATURE OF THE RESIDENTS THAT WERE THERE. THEY ARE VERY PASSIONATE ABOUT SOME OF THE STUFF THAT'S GOING ON IN THE AIR AND WHAT'S THERE AND WHAT'S HARMFUL, WHAT COULD POSSIBLY BE CANCER. I WAS VERY PROUD OF OUR FOLKS BECAUSE WE STAYED THERE. WE WERE THERE IF THERE NEEDED TO BE ANY CONVERSATION BETWEEN WHAT WE'RE DOING AND IN COORDINATION WITH DEQ AND EPA, WHICH IS ZERO. THEY KNEW THAT WE REALLY CARED ABOUT IT SO I WAS REALLY APPRECIATIVE OF THAT. THE SECOND PIECE, I'M GOING BACK TO FEBRUARY, AS WE WERE

TALKING ABOUT THE CHANGE FOR THE MULTNOMAH COUNTY HEALTH HEADQUARTERS.

Joanna Fuller: YES.

Vice-Chair Smith: SO THAT BILL REAFFIRMS AN EARLIER BILL. IT CHANGES NOT ONLY THE NAME OF THE BUILDING BUT IT CHANGES THE NAME OF THE HEALTH DEPARTMENT. SO I WAS THINKING, OKAY, SO THEY ARE PROBABLY GOING TO NEED SOME MONEY TO CHANGE THEIR LETTERHEAD. I DON'T KNOW WHAT THAT LOOKS LIKE. SO COULD YOU TELL ME HOW MUCH THAT WOULD COST TO CHANGE THE LETTERHEAD FOR FISCAL YEAR '17?

Joanna Fuller: WE'LL TAKE A LOOK AT THAT.

Vice-Chair Smith: I AM WILLING TO PUT SOMETHING IN THE BUDGET SO YOU DON'T HAVE TO BEAR THAT COST.

Joanna Fuller: I THINK THE OTHER THING THAT WE HAVE DONE IN THE PAST WHEN WE CHANGED NAMES WE HAVE RUN OUT THE USE OF THE CURRENT LETTERHEAD AND JUST ORDERED NEW WHEN WE NEEDED IT WITH THE CHANGE, SO IT HASN'T HAD ANY COST TO THE COUNTY. THAT'S BEEN MY EXPERIENCE WHEN WE CHANGED THE NAMES OF DEPARTMENTS.

Vice-Chair Smith: THE ISSUE WHICH IS SO IMPORTANT, THE NAME WAS CHANGED MANY, MANY YEARS AGO AND THE LETTERHEAD WAS NEVER CHANGED. SO I WANT TO MAKE SURE -- WE PROBABLY HAVE GOO GOBS OF LETTERHEAD. I WANT TO MAKE SURE WE CHANGE OUR LETTERHEAD FOR JULY 1, 2017.

Joanna Fuller: OKAY.

Vice-Chair Smith: THANKS. ANY OTHER QUESTIONS ABOUT THE NEW PROGRAM OFFERS?

Chair Kafoury: I HAVE A QUESTION. I THOUGHT THAT TOBACCO PREVENTION AND CONTROL, GENERAL FUND WAS A ONE-TIME ONLY BECAUSE THE COST OF THE PROGRAM -- THE FEES WERE SUPPOSED TO COVER THE COST OF THE PROGRAM.

Joanne Fuller: THOSE ARE FEES. THE FEES GET REFLECTED IN THE GENERAL FUND.

Chair Kafoury: GOT IT. I HAD A QUESTION ABOUT THE ALMOST 400,000 OF OTHER FUNDS THERE.

Joanna Fuller: THAT'S ACTUALLY OUR TOBACCO EDUCATION AND PREVENTION MONEY FROM THE STATE THAT GOT MOVED INTO THIS NEW BUDGET ITEM AS WE DEVELOPED THIS TOBACCO PREVENTION AND CONTROL BUDGET.

Chair Kafoury: GOT IT. THANK YOU.

Commissioner McKeel: CHAIR. I DON'T HAVE A QUESTION, BUT I DO NEED TO DECLARE A CONFLICT OF INTEREST ON PROGRAM OFFER 40011D. I WILL NOT BE DISCUSSING OR VOTING ON THAT PROGRAM OFFER. THANK YOU.

Commissioner Bailey: I'M CURIOUS, WHAT HAPPENED WITH THE LOCK ZONE? WHY ISN'T THAT IN THE BUDGET?

Joanne Fuller: SO THE DEPARTMENT LIKE ALL DEPARTMENTS WE TOOK A 2% GENERAL FUND CUT IN THE BUDGET THAT WE PREPARED TO PRESENT TO THE CHAIR. OUR STRATEGY IN THE DEPARTMENT, WE TOOK A LARGER CUT IN ICS, AND REPLACED THAT WITH ADDITIONAL MEDICAID REVENUE. WE HELD CORRECTIONS HELD HARMLESS BECAUSE I FELT LIKE WITH THE INVESTMENT THAT THE BOARD HAD MADE IN CORRECTIONS HEALTH FOR THE LAST COUPLE OF YEARS IT'S 100% GENERAL FUND THAT IT DIDN'T MAKE SENSE FOR US TO CUT THAT 2%. THEN WE SPREAD ABOUT A 1.5% CUT ACROSS THE REST OF THE DEPARTMENT, ALL OF THE REST OF THE DIVISIONS, INCLUDING BUSINESS SERVICES, DIRECTOR'S OFFICE, MENTAL HEALTH, PUBLIC HEALTH. THEN THE PUBLIC HEALTH LEADERSHIP TEAM HAD A DISCUSSION ABOUT WHAT WAS THE KIND OF LEAST WORST CUT FOR THEM TO TAKE. THAT IS HOW THE CUT CAME ABOUT. IT'S NOT THAT WE THINK IT'S ISN'T IMPORTANT. IT IS IMPORTANT. IT'S IN AN ENVIRONMENT WHERE WE WERE CHALLENGED TO TAKE A GENERAL FUND CUT THAT WAS THE LEAST WORST CHOICE THAT WE COULD MAKE.

Commissioner Bailey: SEEMS LIKE THAT'S A PROGRAM THAT'S SAVING LIVES RIGHT NOW. I WOULD BE CURIOUS TO UNDERSTAND THE MORE ABOUT THE MATRIX OF HOW YOU SORTED THAT. I THINK IT WOULD SEEM TO MAKE SENSE TO FOCUS ON THOSE AREAS. WHEN WE'RE MAKING INVESTMENTS WE WANT THEM TO REBOUNDS OVER TIME. SEEMS LIKE THIS IS ONE OF THOSE. THE OTHER ONE I WAS CURIOUS ABOUT IS CREATING HEALTHY HOMES. WE TALKED ABOUT THE IMPORTANCE OF PUBLIC HEALTH. THAT SEEMS TO BE AT THE INTERSECTION OF HEALTH AND COMMUNITY AND ENVIRONMENT. CAN YOU TALK ABOUT THAT AS WELL?

Joanne Fuller: SO WE HAD ACTUALLY PROPOSED AN OUT OF TARGET PROGRAM OFFER FOR GREEN AND HEALTHY HOMES. THAT WAS NOT INCLUDED IN THE EXECUTIVE BUDGET. WE WEREN'T ABLE TO FIT IT INTO THE CONSTRAINT THAT WE HAD EVEN THOUGH WE ACTUALLY HAVE AN EXISTING STAFF PERSON, KERRY LYONS, WHO HAS BEEN DOING A LOT OF WORK ON THAT AND I THINK WILL CONTINUE TO DO WORK ON HEALTHY HOMES ESSENTIALLY AND MAKING

SURE THAT WE ARE SUPPORTING BOTH POLICY EFFORTS AND THE EFFORTS IN THE COMMUNITY TO TRY TO KEEP PEOPLE IN HEALTHY HOMES.

Commissioner Bailey: I GUESS I SEE TOO AN EXPANSION -- YOU TALKED ABOUT BUSINESS OPERATIONS IN A FEW AREAS. LOOKS LIKE THERE'S SOME INCREASE IN MANAGEMENT AND SUPPORT. I SEE AROUND 5.5 MILLION OR SO. I WOULD LIKE TO UNDERSTAND BETTER WHY THAT'S NECESSARY AND IF THERE'S AN OPPORTUNITY TO FIND SOME SAVINGS WITHIN THAT THAT WE MIGHT BE ABLE TO GET IN THE LOCK ZONE AND GREEN AND HEALTHY HOMES AND THINGS THAT REALLY DO BEND THE CURVE FOR US BACK ON THE BOOKS.

Joanna Fuller: I WOULD BE HAPPY TO ESPECIALLY ONCE WENDY GETS BACK TO US WE COULD SIT DOWN AND TALK ABOUT THAT.

Commissioner Shiprack: THANK YOU I, GET TO SEGUE I THINK FROM SOME OF COMMISSIONER BAILEY'S COMMENTS BECAUSE I WOULD LIKE TO INTRODUCE A BUDGET AMENDMENT RELATED TO NO LOCK ZONE. IN MULTNOMAH COUNTY THERE'S AT LEAST ONE HEROIN RELATED DEATH PER WEEK. ALTHOUGH WE HAVE EXPERIENCED AN IMPRESSIVE DECLINE IN OUR HEROIN DEATH RATE, WHICH THERE'S NO OTHER WAY TO ACCOUNT FOR THIS DECLINE AS WE WERE INSTRUCTED IN OUR PRESENTATION BY DR. LEWIS, THERE'S REALLY NO OTHER WAY TO ACCOUNT FOR IT OTHER THAN THE AVAILABILITY OF NOLOXON. I'M PROPOSING AN AMENDMENT TO RESTORE AMENDMENT 400011 C, OVERDOSE PREVENTION STRATEGY IN THE HEALTH DEPARTMENT IN THE AMOUNT OF \$177,000. I DO HAVE A GENERAL IF I MIGHT MAKE MORE GENERALIZED COMMENT ABOUT HOW WE GO ABOUT WEAVING THIS REALLY COMPLEX WEB OF COOPERATION AND COMMUNITY ENGAGEMENT WITH A DIVERSE SOCIETY OF PROBLEMS AND A DIVERSE SET OF PARTNERS AS WELL, AND IT GOES BACK TO THE MOSS ON THE DESK.

Commissioner Shiprack: THAT IS THAT I BELIEVE THAT MY CONCERNS ABOUT OUR GENERAL FUND BEING AT RISK AND ALL OF THE STRATEGIES THAT YOU'RE EMPLOYING TO MAKE SURE THAT WE CAN MAINTAIN A STEADY LEVEL OF SERVICES TO THE COMMUNITY ARE FROM TIME TO TIME HAMPERED BY EFFORTS OF OTHER GOVERNMENTS THAT MIGHT NOT BE QUITE TO BROAD THINKING OR PERHAPS HAVE NOT BEEN ENGAGED IN PARTICIPATION IN THIS CAREFULLY WOVEN WEB OF SERVICES TO THE COMMUNITY AND THEY COULD POSSIBLY SEEK TO BALANCE THEIR BUDGETS ON THE BACKS OF SERVICES THAT THEY CAN CONVINCE MULTNOMAH COUNTY TO PROVIDE INSTEAD. I THINK WE SHOULD BE COGNIZANT OF THIS COST SHIFTING AND I THINK THAT WE SHOULD ADDRESS IT AND CONFRONT IT WHEN WE SEE IT HAPPENING. MY CONCERN IS THAT TAKING OVER THE OBLIGATIONS OF THE DEQ IS ONE PERHAPS EXAMPLE OF THAT. I SEE THIS KIND OF COMING THROUGH AT THE SEAM IN MANY OF THE VISITS MADE TO MY OFFICE. I THINK ANOTHER EXAMPLE HAS TO DO WITH TRANSPORTATION AND WHAT GOVERNMENT ENTITY IN THIS REGION IS ASSIGNED THE OBLIGATION OF PROVIDING



TRANSPORTATION RESOURCES, AND I WANT TO SAY THAT IT IS THAT I AGREE THAT PEOPLE, SCHOOL CHILDREN AND WORKING PEOPLE NEED ACCESS TO TRANSPORTATION TO GET TO HEALTH CLINIC APPOINTMENTS, FOR EXAMPLE. AGAIN, I THINK THAT WE NEED TO BRING TO THE TABLE ALL OF THE COMMUNITY ENTITIES WHO MAY HAVE THESE RESPONSIBILITIES.

MAKE SURE IN OUR ABILITY TO INNOVATE AND OUR SENSE OF ENGAGEMENT WITH OUR COMMUNITY AND OUR HIGH LEVEL OF CONSCIENCE THAT WE ARE NOT STEPPING IN WHERE PERHAPS THERE SHOULD BE A BROADER BASE OF SUPPORT FOR SOME OF THESE GOALS. THAT BEING SAID I WANTED TO ADD BACK INTO THE CONVERSATION THE LOST PROGRAM, THE PROGRAM THAT IS NO LONGER FUNDED IN DEFENDING CHILDHOOD, THAT THE WHOLE IDEA OF DEFENDING CHILDHOOD I THINK IS FOUNDATIONAL TO THE PUBLIC HEALTH JUST AS PUBLIC SAFETY WORK THAT WE'RE DOING TOGETHER HERE AND TO ALWAYS KEEP IN MIND THIS CONCEPT OF ADVERSE CHILDHOOD EXPERIENCES, THE ACES. STUDY, THAT TRAUMA IS A COMMUNICABLE DISEASE AND WE KNOW THIS. IT'S SCIENTIFIC. IT'S NOT INTUITION ANY LONGER. THAT THAT TRAUMA CAN GENETICALLY ALTER PEOPLE IN WAYS THAT CAN BE PASSED ON FROM GENERATION TO GENERATION AND THAT WE REALISTICALLY DOING WITH THESE -- DEAL WITH THESE ISSUES OF TRAUMA AND STRESS AS HEALTH ISSUES. I BELIEVE THIS IS INTRINSIC TO A BUDGET ELEMENT WHICH IS YOUR PUBLIC HEALTH APPROACH TO PREVENTING COMMUNITY VIOLENCE. HAPPY TO SEE THAT THAT'S IN THE GENERAL FUND.

Joanna Fuller ME TOO. IF THERE'S NO OTHER QUESTIONS ABOUT THE PROGRAM OFFERS, I KNOW THAT I'M OVER TIME. SUPER QUICKLY, WE'RE GOING TO HAVE A REALLY JAM PACKED LEGISLATIVE SESSION THIS NEXT YEAR. WE EXPECT AIR QUALITY IS GOING TO CONTINUE TO BE A CONVERSATION. THE STATE HAS BEGUN A CONVERSATION ABOUT WE TALKED ABOUT PUBLIC HEALTH TRANSFORMATION. THEY HAVE ALSO BEGUN A CONVERSATION ABOUT MENTAL HEALTH FUNDING REFORM WHICH COULD HAVE SOME REALLY DANGER AREAS FOR US SO WE NEED TO KEEP A REALLY BIG EYE ON THAT. THEN OUR CONTINUED EFFORTS TO PROTECT YOUTH FROM TOBACCO, E-CIGARETTES AND MARIJUANA. THEN OF COURSE THE REALLY IMPORTANT WORK ABOUT HOUSING STABILIZATION.

Chair Kafoury: I'M REALLY HAPPY WE'RE HAVING THIS CONVERSATION WHILE WE HAVE A MEMBER OF THE OREGON LEGISLATURE IN THE BACK. [LAUGHTER] I HOPE YOU'RE TAKING NOTES, REPRESENTATIVE NOSSE.

Joanna Fuller: THEN AT THE FEDERAL LEVEL, A LOT OF SIMILAR THEMES. A COUPLE OF THINGS. WE HAVE TO STAY VERY VIGILANT ON THE SUPPORT FOR OUR COMMUNITY HEALTH CENTERS THAT'S THE FQHC GRANT FOR RUNNING OUR HEALTH CENTERS. WE ARE WORKING WITH OTHER LARGE JURISDICTIONS ACROSS THE COUNTRY, LARGE PUBLIC HEALTH JURISDICTIONS TO LOOK AT WHAT DIRECT FEDERAL FUNDING FOR LARGE

JURISDICTIONS COULD LOOK LIKE. LARGE JURISDICTIONS LIKE OURS IN STATES WHERE THEY ARE THE ONLY BIG HEALTH DEPARTMENT, PUBLIC HEALTH DEPARTMENT, HAVE A LOT OF THE SAME PROBLEMS WE DO WITH THE LACK OF FUNDING AND THE STATE TRYING TO SPREAD THE PEANUT BUTTER AROUND AND US HAVE DEEP NEEDS, SO THAT'S AN ISSUE. THEN THE IMD RULE WHICH IS THE FEDERAL PROHIBITION ON FACILITIES GREATER THAN 16 BEDS FOR RESIDENTIAL TREATMENT THAT WITH THE EXPANSION OF THE AFFORDABLE CARE ACT HAS CREATED THIS RED LIGHT ON THAT ISSUE. COMING UP IN THE FUTURE THE FEDERAL GOVERNMENT IS BEGINNING TO FUND THINGS CALLED CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTERS, VERY COMPLICATED SET OF FEDERAL REGULATIONS THAT MIGHT ALLOW OUR LARGEST PARTNERS, TWO OF OUR LARGEST PARTNERS, CASCADIA AND LIFEWORKS, I THINK OF IT AS BEHAVIORAL HEALTH FQHCs, BUT THE FUNDING ISN'T NEARLY AS ROBUST SO MORE TO SEE ON THAT. THIS IS JUST THE SUMMARY. WE HAVE TALKED ABOUT ALL OF THESE ISSUES. I JUST WANT TO THANK THE CHAIR FOR HER SUPPORT FOR OUR DEPARTMENT AND ALL OF THE COMPLICATED LEVERS BETWEEN FUNDING, SERVICE DELIVERY, COMMUNITY DEMANDS THAT HAVE BEEN HAPPENING TO US. YOUR SUPPORT FOR YOUR DEEP SUPPORT FOR WHAT WE'RE DOING AND COMMITMENT TO THE COMMUNITY AND THE SERVICES THAT WE PROVIDE. I WANT TO THANK WENDY LEER AND HER TEAM. I WANT TO THANK THESE TWO GUYS FOR STEPPING IN AT THE LAST MINUTE. I WANT TO -- I ALREADY THANKED ALL OF OUR GREAT COMMUNITY ADVISORY COMMITTEES. THEN I WANT TO THANK THE STAFF AND LEADERSHIP IN THE DEPARTMENT WHO HELPED TO CREATE THIS BUDGET AND HELPED TO ANSWER YOUR QUESTIONS. I GET TO BE THE PROUD LEADER OF THE PACK UP HERE TALKING ABOUT IT BUT IT'S ALL THEIR REALLY, REALLY, REALLY IMPORTANT WORK THAT MAKES ALL OF THIS HAPPEN. SO THANK YOU.

Chair Kafoury: ANY QUESTIONS?

Commissioner Shiprack: JUST TO ADD TO THE LEGISLATIVE PACKAGE, THERE'S BEEN AN ISSUE RAISED WITH US ABOUT THE LIMITED ACCESS OF MEDICAL DOCTORS TO MEDICALLY ASSISTED TREATMENT PRESCRIBING CAPACITY. MY UNDERSTANDING IS THAT IS A FEDERAL RULE?

Joanne Fuller: YES.

Commissioner Shiprack: AND I THINK THAT MY REQUEST IS THAT WE ADD THAT, THAT YOU ADD THAT INTO YOUR LEGISLATIVE PRIORITIZATION PROCESS.

Joanne Fuller: YES.

Commissioner Shiprack: SO THAT WE MIGHT EXPLORE THAT POLICY AND IF APPROPRIATE INCREASE ACCESS BY MEDICAL DOCTORS TO PRESCRIBING THOSE DRUGS THAT ASSIST MEDICALLY WITH TREATMENT OF ADDICTION.

Joanne Fuller: ABSOLUTELY. SO WHEN DR. LEWIS WAS HERE HE WAS TALKING ABOUT THE COALITION THAT HE'S LEADING TO WORK ON THE OPIOID EPIDEMIC POLICY AND LEGISLATIVE TWISTS THAT THEY ARE MAKING. I BELIEVE THAT'S ONE OF THEIR PACKAGE OF THINGS THAT THAT BROAD COALITION IS WORKING ON AS WELL.

Commissioner Shiprack: THAT'S ALSO A PRIORITY OF THE NATIONAL ASSOCIATION OF COUNTIES AND THE NATIONAL LEAGUE OF CITIES OPIOID TASK FORCE. I JUST WANT TO MAKE SURE MULTNOMAH COUNTY IS JOINING WITH THE REST OF THE COUNTRY IN THIS EFFORT.

Joanne Fuller: ABSOLUTELY.

Vice-Chair Smith: MADAME CHAIR, JUST TO ADD ON TO THAT, I TALKED TO DR. LEWIS LAST WEEK JUST TO FOLLOW BACK UP WITH THE CONVERSATION ABOUT OPIOIDS AND THE PARTNERSHIP. HE BASICALLY SAID TO ME THAT HE WAS IN CONVERSATIONS WITH SOME OF THE PHARMACY FOLKS AND THAT WE WERE GOING TO IDENTIFY SOME OF OUR CLINICS FIRST BECAUSE AS YOU KNOW I ASKED COULD WE BRING WALGREEN'S INTO THIS AS WELL. WE TALKED ABOUT IT LAST WEEK AT LENGTH AND HE'S GOING TO GET BACK TO ME TO SEE WHICH CLINICS WE'RE GOING TO ROLL OUT BRINGING OUT OPIOIDS AT OUR HEALTH CLINICS. I WAS ALWAYS PUSHING FOR DISTRICT 2 AS WELL AS WALGREEN'S IN DISTRICT 2 AND I DON'T THINK THEY HAD ONE BUT I WAS REALLY WANTING US TO, LIKE COMMISSIONER SHIPRACK, SAYS GET INTO THIS CONVERSATION AND BE PART OF THE SOLUTION. GIVING OUR FOLKS WHO USE OUR CLINICS AND AN OPPORTUNITY TO DUMP THEIR OPIOIDS WOULD BE GREAT. THE OTHER PIECE THAT I WANTED TO TALK TO YOU ABOUT, I WANTED TO BACK UP TO COMMISSIONER SHIPRACK'S AMENDMENT, IS THAT IN REGARDS TO THE NEEDLE EXCHANGE AS WELL?

Joanne Fuller: THE NEEDLE EXCHANGE IS IN THE BUDGET. THE NOLOXONE PART OF THAT IS NOT. THE NEEDLE EXCHANGE IS FULLY FUNDED IN THE BUDGET.

Vice-Chair Smith: I WAS VERY CONFUSED BY FOLKS COMING TO TALK TO ME ABOUT THAT. THEY SAID THE NEEDLE EXCHANGE WAS GOING TO BE ELIMINATED AND I WAS TRYING TO FIND IT, AND I COULDN'T. SO THANK YOU FOR CLARIFYING THAT.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS? THANK YOU VERY MUCH. DON'T GO FAR BECAUSE WE'LL BE BACK HERE AT 1:30 WITH THE DEPARTMENT OF COUNTY HUMAN SERVICES. [GAVEL]

**ADJOURNMENT – 11:41 a.m.**

[THESE MINUTES UTILIZE THE REAL-TIME TRANSCRIPT PRODUCED BY LNS CAPTIONING AND MAY INCLUDE ERRORS DUE TO MISHEARING, TECHNICAL DIFFICULTIES AND/OR THE STENOGRAPHY DICTIONARY SOFTWARE.]

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