

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, May 6, 2014**

BOARD BRIEFING

Chair Marissa Madrigal called the meeting to order at 9:08 a.m. with Vice-Chair Diane McKeel and Commissioners Liesl Wendt, Loretta Smith and Judy Shiprack present.

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

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

Chair Madrigal: GOOD MORNING, AND WELCOME TO A MEETING OF THE MULTNOMAH COUNTY BUDGET COMMITTEE. WE ARE GOING TO HAVE A WORK SESSION THIS MORNING ON OUR HEALTH DEPARTMENT. AT 10:30, A HUMAN SERVICES PRESENTATION DEPARTMENT OF HUMAN SERVICES.

Ms. Fuller: GOOD MORNING. JOANNE FULLER, AND I AM THE CHIEF OPERATING OFFICER AND INTERIM HEALTH DEPARTMENT DIRECTOR AND HAVE WITH ME THIS MORNING WENDY, AND I ALSO HAVE HERALD, I AM TOTALLY WRONG -- I'M HORRIBLE AT NAMES. EXCUSE ME. AND WE'RE GOING TO BE PRESENTING THE HEALTH DEPARTMENT BUDGET TO YOU TODAY. I JUST WANT TO START BY SHOWING YOU THE MISSION VISION AND VALUES OF THE HEALTH DEPARTMENT. I THINK THE VISION IS INCREDIBLY IMPORTANT, HEALTHY PEOPLE AND HEALTHY COMMUNITIES. AND THAT, REALLY, IS THE THEME THAT RUNS THROUGH WHAT WE HAVE DONE IN THIS BUDGET. WE ARE REALLY TRYING TO FOCUS ON THE WHOLE COMMUNITY HEALTH AS WE IMPLEMENT ALL THE CHANGES THAT ARE A FOOT FOR US THAT WE ARE GOING TO TALK ABOUT TODAY. AND TO REALLY THINK ABOUT HOW WE ARE LIFTING THE HEALTH OF THE WHOLE COMMUNITY. WE'RE GOING TO START WITH THE PRESENTATION FROM THE CITIZEN BUDGET ADVISORY COMMITTEE. WE HAVE A COMMUNITY HEALTH COUNCIL, WHICH ACTS AS THE CITIZEN BUDGET ADVISORY COMMITTEE, AND WE'RE INCREDIBLY FORTUNATE TO HAVE SUCH AN ACTIVE AND INCREDIBLY WISE GROUP OF PEOPLE TO ADVISE US ABOUT THE WORK THAT WE'RE DOING, AND I AM GOING TO TURN IT OVER TO HERALD SO THAT HE CAN GIVE THE REPORT OF THE COMMITTEE.

>> THANK YOU, AND GOOD MORNING, COMMISSIONERS, CHAIR MADRIGAL. THANK YOU FOR THE OPPORTUNITY TO SPEAK ON BEHALF OF THE BUDGET ADVISORY COMMITTEE FOR THE HEALTH DEPARTMENT. SO AGAIN, I AM HERALD, AND I AM THE REPRESENTATIVE FOR THE HEALTH DEPARTMENT,

AND ALSO, CURRENTLY, THE CHAIR FOR THE COMMUNITY HEALTH COUNCIL, WHICH IS A CONSUMER MAJORITY BOARD FOR THE HEALTH DEPARTMENT, HEALTH CENTER. AND FOR THE HEALTH DEPARTMENT, FY 2014, IT HAS BEEN A YEAR OF GREAT SUCCESS AND ALSO ONE OF CHALLENGES. THE DEPARTMENT'S COMMUNITY HEALTH SERVICES HAVE BEEN IMPACTED BY STATE LEVEL CHANGES TO EARLY LEARNING, AND ARE ALSO FACING THE RISKS TO FUNDING FOR THE HEALTHY INITIATIVE PROGRAM. THE HEALTHY INITIATIVE PROGRAMS COMMONLY KNOWN AS HBI HAS WORKED WITH AFRICAN-AMERICAN COMMUNITIES TO IMPROVE UT OUTCOMES FOR 15 YEARS. AND THE NEED FOR THE SERVICES, AS IT CONTINUES TO INCREASE. FORECAST ON WHOLE FAMILY HEALTH DEPARTMENT, DEVELOPMENT, FOR CULTURAL STRATEGIES, AND REDUCTION OF HEALTH INEQUITIES HAS RESULTED IN EXPANSION TO WORK DONE BY BOTH FUTURE GENERATIONS. THE FUTURE GENERATIONS COLLABORATIVE IS A COALITION TO INCREASE HEALTHY PREGNANCIES, STRENGTHEN FAMILIES, IN NATIVE AMERICAN AND ALASKAN-NATIVE COMMUNITIES. ADDITIONALLY, THE DEPARTMENT OF IMMUNIZATION SERVICES ARE HAVE INCREASING WORKLOADS WITH NO INCREASE IN FUNDING. THE SCHOOL EXCLUSION PROGRAM ALONE HAS, HAS SEEN A 47% INCREASE OVER THE PAST FEW YEARS. IN THE NUMBER OF SCHOOLS NEEDING DIRECT SUPPORT, TO HELP MEET THE REQUIREMENTS, FOR IMMUNIZATION. INTEGRATED CLINIC SERVICES, CONTINUES TO TRANSFORM SERVICES AND PAYMENT MODELS TO REFLECT GREATER PREPAREDNESS AND ALIGN FOR ALTERNATIVE PAYMENT METHODOLOGY. THE CBAC UNDERSTANDS THE HEALTH CARE TRANSFORM IS A LONG PROCESS. PAYMENT FOR IMPROVEMENTS IN HEALTH, FOR THE NUMBER OF SERVICES RENDER. IT IS A MONUMENTAL SHIFT IN PAYMENT METHODOLOGY. IT DEMANDS A REDEFINING OF HEALTH CARE, THAT EXTENDS BEYOND THE WALLS OF THE HEALTH CENTER. I WORK WITH MANY OF THE NEWLY ENSURED, AS AN INTERPRETER FOR THE AFRICAN IMMIGRANT COMMUNITIES, AND I RECENTLY MET A GENTLEMAN WHO, WHO, FOR THE PAST 21 YEARS, HAS NEVER HAD ANY COVERAGE, AND THANKS TO THEIR AFFORDABLE CARE ACT, HE COULDN'T DECIDE WHICH HEALTH SERVICES HE WANTED TO USE FIRST. HE COULDN'T BELIEVE THAT FINALLY, HE HAD HEALTH INSURANCE. TO THIS POINT, AT THAT TIME, HE, ACTUALLY, REALLY DIDN'T KNOW WHAT KIND OF SERVICES HE NEEDED BECAUSE HE HAD A LAUNDRY LIST OF THINGS FOR HIM TO BE SEEN. AND YOU GET TO HAVE, AND TO HEAR THE STORIES ONLY WHEN YOU ARE PRESENT AT THE DIFFERENT SITES OF THE DIFFERENT CLINIC SITES THAT WE HAVE WITHIN THE COUNTY, AND THERE IS A LOT OF PEOPLE WHO REALLY APPRECIATE HAVING, HAVING THE HEALTH SERVICES THROUGH THE CARE ACT OF THE MULTNOMAH COUNTY HEALTH DEPARTMENT. IT'S IMPORTANT THAN EVER THAT THE DEPARTMENT REMAINS A RELIABLE SOURCE FOR HEALTH SERVICES. THE CBAC HAS REALISTIC EXPECTATIONS AND EVERY CONFIDENCE THAT THE CLINICAL SERVICES WILL BE PREPARED FOR THE CHANGING LANDSCAPE WHEN CONTINUING TO PROVIDE ACCESSIBLE AND HIGH QUALITY HEALTH CARE. THE CBAC PRIORITY

IS TO ENSURE THAT EACH DIVISION WITHIN THE DEPARTMENT IS ABLE TO EFFECTIVELY AND RESPONSIBLY WORK TOWARDS ATTAINING THE INDIVIDUAL PROGRAM GOALS WHILE MEETING THEIR COMMITMENT TO THEIR HEALTH AND SAFETY OF THE PEOPLE IN MULTNOMAH COUNTY. WE ARE EXCITED TO HEAR ABOUT THE WORK BEING DONE TO BUILD NEW EXTERNAL PARTNERSHIPS, BUT WE ARE MOST INTERESTED IN THE VARIOUS PROJECTS CURRENTLY WORKING TO BREAK DOWN INTERNAL BARRIERS. IT IS OUR OPINION THAT THE HEALTH DEPARTMENT IS WELL POSITIONED TO CONTINUE ITS INNOVATIVE WORK IN HEALTH ACCESS. COMMUNICABLE AND CHRONIC DISEASES, AND EQUITY AND EMPOWERMENT AND MATERNAL AND CHILD HEALTH. WHEN TALKING ABOUT THE THEMES OF CHANGE IN TRANSFORMATION, FOR THE STATEMENT, [INAUDIBLE] BROUGHT UP AN INTERVIEW THAT SHE HAD A FEW YEARS AGO. IT DREW A GREAT PARALLEL BETWEEN BREAKING THE SOUND BARRIER AND THE CHANGE PROCESS. THEY SAY THE MOMENT JUST BEFORE BREAKING THROUGH THE SOUND BARRIER, WAS ALMOST TURBULENT, THE MOST DIFFICULT TO PUSH THROUGH. IT OFTEN WAS LIKE THE WHOLE PLANE WAS ABOUT TO BREAK APART. IT WAS IN THAT MOMENT, THAT PREVIOUS BYLAWS HAD PULLED BACK AND STOPPED TRYING. BUT IN ACTUALITY, IT IS THAT VERY MOMENT, THAT SIGNALS, YOU ARE CLOSE TO BREAKING THROUGH THE BARRIER. WE CANNOT HELP BUT FEEL THAT ON A NUMBER OF LEVELS, WE ARE NEARING THE BREAKTHROUGH. AS WE MOVE FORWARD, WITH A, WITH THE BUDGET HEARINGS, WE ASK YOU KEEP THE COUNTY'S MISSION STATEMENT IN MIND, WHICH IS HEALTHY PEOPLE, AND HEALTHY COMMUNITIES. IT IS AN AMBITIOUS VISION AND CAN ONLY BE ACCOMPLISHED THROUGH PUBLIC HEALTH SERVICE. INNOVATIVE PROGRAMS, EXPANDED PARTNERSHIPS, AND AN OVERALL PASSION FOR WELLBEING OF OUR SHARED COMMUNITY. THIS IS THE KIND OF WORK THAT IS BEING DONE WITHIN OUR HEALTH DEPARTMENT. WE HAVE BEEN GRATEFUL FOR YOUR SUPPORT IN 2014, AND ASK FOR YOUR CONTINUED SUPPORT IN THE, IN FY 2015. ON BEHALF OF THE COMMUNITY, THAT THE HEALTH DEPARTMENT SERVES AND THE CBAC REPRESENTATIVES, FOR THE HEALTH DEPARTMENT, I COMMEND THE COMMISSIONERS AND, ESPECIALLY, CHAIR MADRIGAL FOR THE RECOGNITION AND THE IMPORTANT VITAL SERVICES FOR THE, FOR THE HEALTH DEPARTMENT, THAT THE HEALTH DEPARTMENT PROVIDES. THANK YOU, CHAIR MADRIGAL, FOR MAINTAINING THE HEALTH DEPARTMENT'S CRITICAL SERVICES, AND THE EXECUTIVE BUDGET. I WOULD LIKE TO THANK YOU ALL FOR ALL YOUR TIME AND CONSIDERATION. THANK YOU VERY MUCH.

Chair Madrigal: THANK YOU.

>> SO QUICKLY THE ORGANIZATION OF THE HEALTH DEPARTMENT, WE HAVE A HEALTH OFFICER AND MEDICAL DIRECTOR'S DIVISION, AND THEN WE HAVE BUSINESS OPERATIONS, COMMUNITY HEALTH SERVICES, AND INTEGRATED CLINIC SERVICES AND PUBLIC HEALTH AND COMMUNITY INITIATIVES. I

WANTED TO SPEND JUST ONE MINUTE TALKING ABOUT THE ACCOMPLISHMENTS OF THE DEPARTMENT. IN THE LAST YEAR, AS YOU KNOW, IT HAS BEEN, AS HERALD SAID, A TURBULENT AND CHALLENGING TIME ON MANY LEVELS IN THE DEPARTMENT. I WANT TO THANK THE STAFF AND LEADERSHIP AT THE HEALTH DEPARTMENT FOR THEIR INCREDIBLE COMMITMENT TO PROVIDING SERVICES THROUGH ALL THESE CHANGING TIMES. AND THEY HAVE REALLY ACCOMPLISHED A TREMENDOUS AMOUNT, AND I'M PROUD TO BE HERE TO TALK ABOUT IT, BUT, I DON'T TAKE A LOT OF CREDIT FOR IT. I FEEL LIKE THE WORK, THE ONGOING WORK OF THE DEPARTMENT HAS CONTINUED THROUGH CHANGE. WE HAVE ACHIEVED THE COORDINATED CARE PAPER PERFORMANCE METRICS THIS YEAR, WHICH HAS HELPED THE HEALTH SHARE OF OREGON AND FAMILY CARE ACHIEVE THEIR PAY FOR PERFORMANCE METRICS. WE HAVE HELPED TO ENROLL 12,000 PEOPLE IN HEALTH INSURANCE. WE HAVE HIRED NEW CLINIC LEADERSHIP, INCLUDING A NEW MEDICAL DIRECTOR IN OUR INTEGRATED CLINIC SERVICES SYSTEM, A NEW CLINIC SERVICES MANAGER, AND A NEW DENTAL MANAGER, AND WE'RE ON OUR WAY TO HIRING A NEW PHARMACY DIRECTOR. WE HAVE NEGOTIATED WITH THE KAISER FOR A CONTRACT FOR THEM TO PROVIDE FUNDING FOR OUR SCHOOL-BASED HEALTH CLINICS, AND AS YOU KNOW, WE SERVE CHILDREN WITH, WITH, AND YOUNG ADULTS WITH ALL DIFFERENT KINDS OF, OF HEALTH INSURANCE IN THE HEALTH CLINICS, AND IT'S HUGE FOR US TO GET SOME SUPPORT FOR THAT. WE SUCCESSFULLY RECEIVE JOINT COMMISSION LAB SERVICES REVIEW, AND WHICH IS REQUIRED ACCREDITATION FOR OUR ABILITY TO CONDUCT LAB SERVICES. AND THIS MONTH, ON MAY 22, WE'RE GOING TO OPEN THE CENTENNIAL HEALTH-BASED, SCHOOL-BASED HEALTH CLINIC. WE HAVE COMPLETED THIS YEAR A CULTURAL COMPETENCY FRAMEWORK, THE HEALTH DEPARTMENT HAS BEEN A LEADER IN WORKING TO INTEGRATE THE DIVERSITY AND CULTURAL COMPETENCY INTO THOSE OF OUR HIRING AND TRAINING AND IS SO DELIVERY. AND IT BECOMES EVEN MORE CRITICAL AS WE SERVE AN INCREASINGLY DIVERSE COMMUNITY WITH PEOPLE WHO SPEAK DIFFERENT LANGUAGES, COME FROM DIFFERENT CULTURES AND HAVE REALLY DIFFERENT FRAMES OF REFERENCE FOR THEIR HEALTH CARE. THE FUTURE GENERATIONS COLLABORATIVE, WHICH HAS RECEIVED A LOT OF ATTENTION RECENTLY, FINISHED THEIR, THEIR COMPLETED, COMPLETED THEIR GATHERING OF NATIVE AMERICANS, WHICH, WHICH, WHICH WAS, WAS A REAL OPPORTUNITY TO CONTINUE TO BUILD TRUST BETWEEN GOVERNMENTAL SERVICES AND THE NATIVE AMERICAN AND ALASKA NATIVE COMMUNITIES, WHICH WE HOPE IN THE FUTURE IS GOING TO IMPROVE OUTCOMES IN THOSE COMMUNITIES WHERE BIRTH OUTCOMES ARE SIGNIFICANTLY DISPARATE FROM OUTCOMES IN THE WHITE COMMUNITY. HELP TO PASS THE STATE [INAUDIBLE] LAW, WHICH IS ALLOWING PEOPLE IN OUR COMMUNITY TO REVERSE THE EFFECTS OF, OF IMMEDIATE OVERDOSE AND SAVING LIVES. WE HAVE LED, AND I WANT TO THANK CHRIS, DR. JENNIFER AND PAUL LEWIS AND MEGHAN FOR THEIR WORK ON THE HEALTHY COLUMBIA WILLAMETTE

REGIONAL HEALTH NEEDS ASSESSMENT, WHICH YOU ALL HEARD A GREAT PRESENTATION ON A COUPLE OF WEEKS AGO. THE DEPARTMENT HAS BEEN NAMED FOR THE THIRD YEAR IN A ROW A LESBIAN GAY BI-TRANSGENDER AND QUEER HEALTH CARE LEADER IN THE COUNTRY, AND WE ARE FINISHING OUR STRATEGIC PLANNING FOR 2015, 2018, WHICH IS BOTH SOMETHING THAT WE NEED TO DO TO SET OUR STRATEGIC COURSE AND A REQUIREMENT FOR OUR PUBLIC HEALTH ACCREDITATION, WHICH WE'RE IN THE ACT OF, OF BEGINNING THE PROCESS OF BECOMING ACCREDITED, AND IN HEALTH ACCREDITATION. THE SYSTEM OF CARE, WE PROVIDE A LOT OF DIRECT PATIENT SERVICE, AND YOU SEE THE LISTING THERE, A PHENOMENAL AMOUNT OF, OF PEOPLE WHO DEPEND ON THE HEALTH DEPARTMENT AND OUR COMMUNITY FOR THEIR DIRECT SERVICE. AND WE HAVE A VITAL ROLE IN PUBLIC HEALTH PROVIDING, PROVIDING REALLY, A BASE OF HEALTH AND SAFETY ACROSS OUR COMMUNITY FOR PEOPLE TO BE ABLE TO HAVE, HAVE CLEAN WATER TO EAT IN RESTAURANTS, TO NOT BE BITTEN BY MOSQUITOS, AND HAVE RATS, TO BE ABLE TO NOT BE AFFECTED BY COMMUNICABLE DISEASE, AND FOR PEOPLE TO BE ABLE TO GET IMMUNIZATIONS AND OTHER, OTHER WAYS THAT THEY NEED TO HELP TO STRENGTHEN THE HEALTH OF OUR COMMUNITY FOR ALL OF US, FOR ALL OUR BENEFITS. I'M GOING TO TURN IT OVER TO WENDY TO TALK ABOUT THE DETAILS OF THE BUDGET FOR A MINUTE.

>> OK. THANK YOU, JOANNE.

>>> THIS TABLE FIRST SUMMARIZES OUR REVENUE FOR FY 2015 BY THE TYPE OF REVENUE AND ALSO BY THE DIVISION. THE \$167 MILLION BUDGET REPRESENTS A \$1.6 MILLION INCREASE OVER THIS CURRENT YEAR, WHICH IS A 1% INCREASE OVERALL. THE GENERAL FUND IS BROKEN OUT INTO, INTO TWO DIFFERENT CATEGORIES. THE \$63 MILLION IS GENERAL FUND SUPPORT AND GENERAL FUND FEES, GENERATED BY THE HEALTH DEPARTMENT AND THE WRAP-AROUND PAYMENTS RECEIVED DIRECTLY FROM THE STATE ARE ALSO CLASSIFIED IN THE GENERAL FUND. AND THEN, THE FEDERAL STATE FUND OF \$71 MILLION IS EVENLY SPLIT BETWEEN, BETWEEN PATIENT FEES THAT COME FROM, FROM, FROM, FROM THE CCOs AND FROM PATIENTS THEMSELVES AND THE FEDERAL GRANTS AND STATE GRANT FUNDING. THE NEXT SLIDE SPLITS OUT OUR COST BY TYPE, AND THE CATEGORIZATION OF COSTS IS CONSISTENT WITH PREVIOUS YEARS WITH OUR LARGEST BEING IN PERSONNEL. THE POINT OF INTEREST IN THE CONTRACTUAL SERVICES IS THAT, IS THAT, ABOUT 1.8 MILLION IS TARGETED CASE MANAGEMENT, A MATCH THAT WE PROVIDE TO DRAWDOWN ADDITIONAL MEDICAID, AND THE BALANCE IS CONTRACTED SERVICES. THERE IS ABOUT 3 MILLION IN CORRECTIONS HEALTH OUTSIDE OF MEDICAL COSTS THAT'S, THAT'S CLASSIFIED HERE, AND ANOTHER 2 MILLION IN RYAN WHITE HIV GRANTS THAT ARE CONTRACTED IN THE COMMUNITY TO OHSU AND CASCADE AID PROJECT AND OTHER ORGANIZATIONS. AND THEN REALLY, A MYRIAD OF CONTRACTS

RANGING FROM EMS CONTRACTS WITH PORTLAND FIRE AND RESCUE TO INTERPRETATION SERVICES AND THOSE KINDS OF AT THIS TIMES FOR THE DEPARTMENT. THE NEXT SLIDE, GROUPS ARE EXPENDITURES BY, BY PROGRAM AREA AND IN BUSINESS SERVICES, THAT INCLUDES BUSINESS SERVICES H.R., ACCOUNTING, AND ALSO, THE COSTS FOR, FOR THE EPIC SYSTEM, AND ARE CLASSIFIED THERE AND CORRECTIONS HEALTH IS BROKEN OUT IN THIS SLIDE FROM, FROM INTEGRATED CLINIC SERVICES FOR THE BUDGET, IN PART, TO PROVIDE CLARITY IN HOW OUR EXPENSES ARE CATEGORIZED. THE HEALTH OFFICER PROGRAM ALSO INCLUDES THE MEDICAL EXAMINER AND HEALTH PREPAREDNESS, IN ADDITION TO THE HEALTH OFFICER. AND INTEGRATED CLINIC SERVICES, THE LARGEST DIVISION. WE HAVE SPLIT OUT IN THIS SLIDE INTO THE MAJOR CATEGORIES, WHICH IS PRIMARY CARE FIRST AND FOREMOST, AND THEN DENTAL, PHARMACY AND SCHOOL-BASED HEALTH CLINIC SERVICES. THE SUPPORT AND ANCILLARY COSTS ARE THINGS LIKE MEDICAL RECORDS AND STAFF TO SUPPORT THE EPIC SYSTEMS THAT ARE, ARE HOUSED IN, IN CLINIC SERVICES AND QUALITY ASSURANCE ACTIVITIES. THOSE KINDS OF SUPPORTS. AND THE NEXT IS A GROUPING BY FUNDING SOURCE, AND OUR REVENUE IS, FALLS INTO THE FOUR MAJOR CATEGORIES. AND HERE WE SPLIT OUT THE WRAP-AROUND, AS WELL AS THE FEDERAL AND STATE MEDICAID AND PATIENT FEES, AND THE COMBINATION OF THOSE TWO, WHICH ARE BOTH MEDICAID, PRIMARILY, ABOUT 80% OF OUR PATIENT FEES AND THE WRAP-AROUND IS 100% MEDICAID. IT COMES FROM MEDICAID, EITHER DIRECTLY FROM THE CCOs LIKE FAMILY CARE AND HEALTH SHARE OR FROM THE STATE AS WRAP-AROUND PAYMENTS OR TARGETED CASE MANAGEMENT PAYMENTS. AND THAT MAKES UP ABOUT, ABOUT 45% OF THE BUDGET, WITH THOSE TWO COMBINED. THIS CHART SHOWS THE NET CHANGE YEAR OVER YEAR IN OUR BUDGET IN TERMS OF THE THESE. YOU CAN SEE THAT WE HAVE A SLIGHT REDUCTION IN OVERALL FTE, AND THIS CHART DOESN'T JUST INCLUDE CHANGES THAT ARE A DIRECT RESULT OF THE BUDGET THAT'S PROPOSED, BUT ALSO, ALL OF THE CHANGES, YOU KNOW, GRANTS IN AND OUT, AND FUNDING SOURCES, CHANGES ACROSS THE LAST YEAR THAT THE BOARD HAS SEEN IN THE BUDGET MODIFICATIONS. THE NEXT SLIDE, THE PART OF THE BUDGET REQUESTED THAT WE DISPLAY THE POSITIONS THAT HAVE BEEN VACANT FOR ONE YEAR OR MORE. THIS INCLUDES A TOTAL OF 576 FTE, WHICH IS 6%, WHICH HAS BEEN VACANT FOR A YEAR OR LESS, AND THEN ANOTHER 30.8 THAT ARE NEW POSITIONS FOR FY 2015, WHICH THIS, BRINGS US TO 8.6% OF VACANCY, WHICH IS, FOR AN ORGANIZATION OUR SIZE, NOT UNTYPICAL. IN THE NEXT SLIDE, YOU SEE THE POSITIONS THAT HAVE BEEN -- THAT, AS OF JANUARY 1 OF THIS YEAR WERE VACANT FOR, FOR ONE TO TWO YEARS. AND AS YOU CAN SEE, MOST OF THOSE ARE EITHER FILLED BY A TEMPORARY EMPLOYEE OR HAVE BEEN FILLED SINCE JANUARY 1st. SO, WE, BASICALLY, HAVE VERY FEW VACANCIES THAT WE'RE HOLDING FOR A LONG PERIOD OF TIME. SO, I WANT TO TALK A BIT ABOUT THE REDUCTIONS AND INCREASES TO THE BUDGET CHANGES BETWEEN LAST YEAR AND THIS YEAR,

AND AS I SAID, AT THE BEGINNING, ONE OF THE FOCUSES OF THIS YEAR REALLY IS THE CHANGING ENVIRONMENT THAT WE'RE IN, AND AS WE'VE BEEN TALKING WITH YOU OVER THE LAST FEW WEEKS ABOUT THE AFFORDABLE CARE ACT, ONE OF THE THINGS THAT WE WANTED TO DO IN CREATING THIS BUDGET WAS REALLY MAKE SURE THAT WE WERE NOT HAVING TO TAKE CUTS IN OUR CLINIC SERVICES AS WE ENTERED INTO, INTO THE IMPLEMENTATION OF HEALTH CARE TRANSFORMATION AND THE AFFORDABLE CARE ACT. SO, IN ORDER TO DO THAT YOU, EVEN THOUGH OUR GENERAL FUND WAS, WAS, WAS ENOUGH TO COVER BOTH, BOTH THE ONGOING SERVICES PLUS A BIT OF COLA INCREASE, WE MOVED SOME GENERAL FUND MONEY AROUND THE DEPARTMENT IN ORDER TO ADDRESS THAT NEED TO SHORE UP THE PRIMARY CARE FUNDING. SO, WE REDUCED ONE FTE IN OUR HEALTH ASSESSMENT AND PLANNING EVALUATION, THAT'S AN EVALUATION POSITION, NOT A HEALTH ASSESSMENT POSITION. WE HAD A REDUCTION IN THE STATE'S EXPECTATION FOR, FOR COUNTY GENERAL FUND MATCH, AND FOR, FOR, FOR, FOR SERVICES TO UNDOCUMENTED PREGNANCY WOMEN, A PROGRAM THAT USED TO BE PROVIDED IN A COUPLE OF COUNTIES THAT PROVIDED THAT MATCH IN THE STATE, AND THE STATE IS PROVIDING THAT PROGRAM STATEWIDE. SO, WE MOVED THAT MATCH MONEY. AND THEN, WE REDUCED THREE FTE IN OUR PUBLIC HEALTH AND COMMUNITY INITIATIVES THAT WERE INVOLVED IN HEALTH POLICY AND HEALTH PROMOTION, INCLUDING AN EXECUTIVE MANAGEMENT POSITION, AND WE, WE WERE ABLE TO MOVE THOSE -- THAT GENERAL FUND, FUNDING INTO OUR INTEGRATED CLINIC SERVICES DIVISION, WHICH ALLOWED US TO CONTINUE TO MAINTAIN STABLE FUNDING FOR THE CLINICS AND DENTAL CARE AND LAB SERVICES THERE AND PHARMACY. ONE OF THE OTHER BIG PLACES THAT WE ARE MAKING CHANGES IN THIS BUDGET IS TO OUR MATERNAL AND CHILD HEALTH PROGRAMS. IN THE PUBLIC HEALTH AREAS, OUR, OF OUR ORGANIZATION, AND WHAT WE'RE DOING HERE ARE A COUPLE OF LARGE SHIFTS THAT ARE THE CULMINATION OF SEVERAL YEARS OF WORK. WE ARE MOVING FROM GENERAL NURSING, VISITING PRACTICE, TO THE IMPLEMENTATION OF EVIDENCE-BASED PRACTICES, THAT ARE TARGETED AT POPULATIONS THAT MOST NEED INTERVENTION AND CARE, AND WE'RE ALSO INCREASING OUR FOCUS ON POPULATIONS THAT HAVE WORSE OUTCOMES THAN THE GENERAL POPULATION. SO, WE'RE, WE'RE FOCUSING MORE ON AFRICAN-AMERICAN MOMS, BABIES, AND FAMILIES, AND ALSO, IN OUR WORK WITH NATIVE AMERICAN AND NATIVE ALASKA POPULATIONS, AND IN ORDER TO TRY TO ADDRESS THE DISPARITIES AND BIRTH OUTCOMES IN THOSE POPULATIONS. AND WE'RE ALSO RIGHT SIZING THE SERVICES. AS WE MOVE INTO A WORLD WHERE MORE AND MORE PEOPLE HAVE HEALTH INSURANCE, AND THEY HAVE CHOICES OF WHERE TO GO AND HEALTH SYSTEMS ARE MORE INTERESTED IN PROVIDING MATERNAL AND CHILD HEALTH, TO THESE MOMS AND BABIES, WE ARE FOCUSING ON THE POPULATIONS THAT REALLY NEED US, AND OUR UNIQUE SERVICES AS OPPOSED TO A GENERALIST PRACTICE THAT WE USED TO BE OFFERING TO

PEOPLE THAT COULD NOT GO TO OTHER RESOURCES IN THE WORLD THAT WE USED TO BE LIVING IN. SO, I AM, ACTUALLY, GOING TO TALK ABOUT THIS IN LOOKING AT THE NEXT SLIDE. THIS IS A LITTLE HARD TO SEE UP THERE, AND DO YOU HAVE -- DID WE BRING -- YOU HAVE GOT COPIES? EXCELLENT. SO, THIS IS, THIS LOVELY SITE THAT WENDY AND HER STAFF CREATED IS DESIGNED TO SHOW THE CHANGE YEAR OVER YEAR TO TRY TO WALK YOU THROUGH THE CHANGES THAT WE'RE MAKING IN THESE VERY IMPORTANT PARTS OF THE SERVICES THAT WE PROVIDE. SO, AT THE TOP, YOU SEE NURSE FAMILY PARTNERSHIPS AND WE'VE MOVED TO THAT MODEL. IT'S AN EVIDENCE-BASED MODEL, AND THERE IS NO CHANGES THERE. AND AS LAST YEAR, THIS YEAR, WE'RE MOVING FROM GENERAL FIELD TO THE COCOON MODEL. THIS IS A MODEL WHERE WE PROVIDE CASE MANAGEMENT, AN EVIDENCE-BASED PRACTICE, PROVIDING CASE MANAGEMENT TO SPECIAL NEEDS, HIGH SPECIAL HEALTH NEEDS CHILDREN, WHOSE PARENTS ALSO ARE LIVING CHALLENGED LIVES. SO, THAT THEY GET THE -- IT IS DESIGNED TO HELP FAMILIES NAVIGATE THE COMPLEX SYSTEMS THAT THEY NEED TO NAVIGATE TO GET THE CARE FOR THEIR HIGH NEEDS' CHILDREN. AND WE'RE ALSO REDUCING THE STAFFING IN COCOON, AND THIS IS BECAUSE WE'RE REALLY RIGHT SIZING THAT SYSTEM IN ORDER TO MEET THE NEEDS THAT WE HAVE GOT, AND WE'LL NEED TO WATCH THIS OVER TIME, IF, YOU KNOW, IF THIS IS A SERVICE THAT WE NEED TO EXPAND AT SOME POINT IN THE FUTURE, WE REALLY NEED TO MAKE SURE THAT WE'RE, AGAIN, EMPHASIZING THAT WE'RE PROVIDING SERVICES TO FAMILIES THAT WE ARE UNIQUELY SUITED TO PROVIDE SERVICES TO. AND THEN, YOU SEE THE FUTURE GENERATIONS COLLABORATIVE, AND THIS LAST YEAR, WE HAD PART OF A POSITION THAT WAS WORKING ON THIS PROJECT, AND WE HAVE, ACTUALLY, PUT ONE FTE IN THE BUDGET THIS YEAR TO HAVE AN INDIVIDUAL WHO CAN WORK FULL-TIME ON BUILDING THE ARE TRUST, BETWEEN, BETWEEN COMMUNITY REPRESENTATIVES AND NATIVE AMERICAN ORGANIZATIONS AND THE GOVERNMENT WITH THE HOPE OF ADDRESSING THE BIRTH OUTCOMES IN NATIVE AMERICAN AND ALASKAN NATIVE COMMUNITIES. HEALTHY START IS MOVING TO HEALTHY FAMILIES, AND THIS IS REALLY A CHANGE TO USING THE FEDERAL TERMINOLOGY FOR THE SAME PROGRAMS, SO IT'S AN EVIDENCE-BASED PRACTICE OF, A PROMISING PRACTICE PROGRAM THAT WE'VE BEEN PROVIDING THAT, THE FEDS, THE FEDS ALWAYS CALLED HEALTHY FAMILIES AND THE STATE CALLED HEALTHY START, AND SO, I WAS ALWAYS CONFUSED ABOUT THAT. SO, WE WERE MOVING TO THAT AND WITH, WITH NOT A SIGNIFICANT CHANGE IN FTE, AND THE HEALTHY BIRTH INITIATIVE, WHICH IS OUR PROGRAM THAT IS DESIGNED TO WORK WITH FAMILIES, AFRICAN-AMERICAN FAMILIES AND TO HELP PROMOTE MOM AND INFANT HEALTH, IS UP FOR, FOR -- WE ARE PENDING WITH OUR FEDERAL GRANT APPLICATION, SO, WHAT WE DID IN THIS, THIS BUDGET, WAS, WAS FUND AND INCLUDE IN THE BUDGET, THE HEALTHY BIRDS INITIATIVE FUNDED WITH GENERAL FUNDS THAT WE FEEL LIKE WE CAN, WE CAN, WE CAN CONTINUE TO PROVIDE, WHETHER WE GET THE GRANT OR NOT AND STILL HAVE A SIGNIFICANT

IMPACT IN THE COMMUNITY, AND THEN, AND THEN WE'RE VERY HOPEFUL THAT BY THE END OF THE MONTH, WE'LL KNOW THAT WE HAVE GOTTEN THE GRANT, AND YOU SEE AT THE BOTTOM THERE, THE GRANT FUNDING, WHICH, WHICH WILL, WILL, WILL SIGNIFICANTLY INCREASE THE NUMBER OF FAMILIES AND THE INFANTS THAT WE WILL SERVE, AND ALSO, WOULD MEAN THAT WE WOULD NOT NEED TO TAKE STAFF CUTS, AND WE WOULD BE ABLE TO CONTINUE OUR FOCUS ON THAT WORK. DO YOU HAVE ANY QUESTIONS? I KNOW THAT I HAVE BRIEFED YOU INDIVIDUALLY ABOUT THIS.

Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. GOING BACK TO THE HEALTHY BIRTH INITIATIVE WHERE WE'RE GOING AWAY FROM THIS MODEL OF GENERALISTS, I NOTICED YOU PUT AN EXTRA \$200,000 IN CONTRACTUAL SERVICES. HOW YOU PLAN TO USE THOSE DOLLARS?

>> THAT'S A GOOD QUESTION. I WILL ASK YOU TO COME UP AND ANSWER THAT QUESTION FOR YOU. THANK YOU.

>> GOOD MORNING, CHAIR AND COMMISSIONERS. LORRAINE, COMMUNITY HEALTH SERVICES. SO ONE OF THE THINGS WE'RE BUILDING OUT IN THAT HEALTHY BIRTH INITIATIVES GRANTED IS SOME OF THE MENTAL HEALTH SUPPORT, AND WE'RE LOOKING AT ENGAGING IN CONTRACTUAL SERVICES FOR THAT. WE DO HAVE SOME CONTRACTUAL SERVICES THAT ARE A PART OF OUR CURRENT GRANT, AND WORKING WITH, WITH, SEEKING SAFETY AND SO, PROVIDES CLASSES, GROUPS FOR, FOR THE COMMUNITY MEMBERS AND THE PEOPLE THAT ARE SEEN IN THAT PROGRAM.

Commissioner Smith: THE OTHER THING I AM CONCERNED ABOUT GOING BACK TO THE COCOON PROGRAM, WILL THOSE FOLKS BE NURSES OR COMMUNITY HEALTH WORKERS?

>> A NURSE-BASED PROGRAM SEEING CHILDREN WITH SPECIAL HEALTH CARE NEEDS, AND SO, WE INTEND TO KEEP THAT, AS NURSING STAFF, AND I BELIEVE THAT IN SOME JURISDICTIONS, THEY DO USE OTHER STAFF, BUT WE HAVE USED NURSES AND WE WANT TO KEEP THAT FOCUS TO REALLY HELP FAMILIES NAVIGATE THE SYSTEM, SO, IT'S AN IMPORTANT PROGRAM.

Commissioner Smith: AND IS THAT TRUE ABOUT THE HEALTHY BIRTH INITIATIVE? ARE WE GOING AWAY FROM NURSES AND GOING TO THE COMMUNITY HEALTH WORKERS?

>> THE HEALTHY BIRTH INITIATIVES USES NURSE AND IS COMMUNITY HEALTH WORKERS, AND THEY WORK AS A PART OF THE TEAM. WHAT WE'RE HOPING TO DO IS TO BUILD IN, IN, OUR ABILITY TO BILL FOR THE COMMUNITY HEALTH WORKER SERVICES, AND IT'S ALLOWED UNDER THE TARGETED CASE MANAGEMENT, AND YOU NEED TO HAVE NURSING SUPERVISION FOR THAT,

AND SO, THIS MODEL IS BASED ON USING COMMUNITY HEALTH WORKERS, THAT ARE A VERY KEY PART OF THE, OF THE MODEL, WORKING WITH NURSES, AS A PART OF AN INTERDISCIPLINARY TEAM.

Commissioner Smith: WHAT'S THE RATIO FROM COMMUNITY HEALTH WORKERS TO NURSES?

>> I CAN GET THAT FOR YOU.

Commissioner Smith: THANK YOU.

>> I DON'T HAVE THAT ON THE TOP OF MY HEAD.

Chair Madrigal: ANY OTHER QUESTIONS?

>> CHAIR, A QUESTION. JOANNE, WITH THE SHIFT FROM THE GENERAL SERVICES TO THE SPECIAL ED SERVICES, WHAT IS THAT GOING TO LOOK LIKE FROM A CONSUMER PERSPECTIVE?

>> DO YOU WANT TO TAKE THAT?

>> SURE. I CAN ANSWER THAT. WHAT THAT WILL LOOK LIKE, WE EXPECT TO SERVE THE SAME NUMBER OF FAMILIES. PEOPLE WILL BE SEEN FOR PROBABLY A SHORTER PERIOD OF TIME IN THE GENERAL FIELD MODEL, WHICH AGAIN, WAS VARIABLE AND NOT A BEST PRACTICE MODEL. PEOPLE WOULD BE SEEN FOR, FOR A RANGE OF TIMES. THIS, WHEN YOU ARE LOOKING AT COCOON, PEOPLE CAN BE SEEN FOR, FOR SEVERAL YEARS, BUT OUR FOCUS IS REALLY TO GET IN AND HELP PEOPLE REALLY NAVIGATE AND GET THE CARE COORDINATED FOR, FOR THEIR FAMILY. MOST OF THESE KIDS HAVE OTHER WORKERS, AS WELL, SO THEY HAVE PRIMARY CARE HOMES, AND THEY OFTEN HAVE AN EARLY INTERVENTION SPECIALIST, AND THEY MAY HAVE OTHER SERVICES, DEPENDING ON THE FAMILY. FOR INSTANCE, COCOON IS A MODEL LIKE IN THE HEALTHY FAMILIES' PROGRAM, WHICH IS A MODEL THAT'S DONE THROUGH STAFF, A COMMUNITY-BASED ORGANIZATION, AND COMMUNITY SUPPORT WORKERS. I THINK THAT THEY ARE CALLED COMMUNITY SUPPORT WORKERS. AND FAMILIES WILL BE ABLE TO HAVE A COCOON NURSE WHO WILL COME IN AND REALLY HELP THE FAMILY, AND THAT STAFF PERSON NAVIGATE THOSE SITUATIONS. SO, IT'S FOCUSED, AND WE HAVE GREAT, GREAT RESULTS, AND THIS IS A PROGRAM THAT'S RUN VIA OHSU. THIS IS A STATEWIDE PROGRAM. AND THERE IS SOME EXCELLENT DATA THAT WE CAN, WE CAN PROVIDE YOU, TOO, ON INCREASED IMMUNIZATIONS AND THE LEVEL OF KIDS THAT ARE, ACTUALLY, GETTING THE KIND OF PRENATAL -- NOT PRENATAL, BUT FOLLOW-UP PEDIATRIC CARE, AND SEEING THEIR PEDIATRICIAN ON A REGULAR BASIS, AND SO, IT'S A STRONG PROGRAM. WE ALSO SERVE A LOT OF IMMIGRANTS AND REFUGEES IN THAT,

IN THAT PROGRAM, BECAUSE, BECAUSE PEOPLE ARE COMING FROM VERY CHALLENGING BACKGROUNDS, AND SOMETIMES, THEY END UP HAVING KIDS WITH CHALLENGES, BASED ON THE CIRCUMSTANCES THAT THEY HAVE BEEN IN. SO, IT'S A VALUE-ADDED FOR, FOR MANY SERVICES, AND MANY OTHER PROGRAMS IN THE COMMUNITY.

Commissioner Smith: THANK YOU.

>> I'M SORRY.

>> A FOLLOW-UP QUESTION ON THAT. AS THE MOVE FROM THE GENERAL, MORE GENERAL POPULATION TO MORE SPECIALIZED. SO, THE THOUGHT IS, IF I UNDERSTOOD CORRECTLY, THAT THESE OTHER FOLKS WOULD BE ABLE TO ACCESS OTHER SERVICES?

>> YES.

>> AM I CORRECT?

>> YES.

>> IF THEY CALL OR CONTACT US, DO WE HELP THEM NAVIGATE WHERE THEY CAN GO FOR THOSE OTHER SERVICES?

>> YES, WE DO. YES. WE HAVE A REFERRAL LINE WHERE PEOPLE COME IN AND WE MAKE SURE THAT THEY GET CONNECTED. MOST PEOPLE DO HAVE PRIMARY CARE MEDICAL HOMES. INCREASINGLY, PROGRAMS AROUND THE COMMUNITY ARE BUILDING OUT ADDITIONAL SUPPORTS. IT'S PART OF THE BUSINESS MODEL, AND THEY ARE ADDING COMMUNITY HEALTH WORKERS AND HOME-BASED SERVICES. SO, WE'RE SEEING A SHIFT AND REALLY, WANTING TO MAINTAIN AN APPROPRIATE CASELOAD. FOR INSTANCE, IN NURSE FAMILY PARTNERSHIPS, THAT IS A NATIONAL EVIDENCE-BASED MODEL, AND THEY, BASICALLY, LOOK AT OUR COMMUNITY. THEY LOOK AT THE NUMBER OF FIRST BIRTHS BECAUSE IT'S TARGETED TO THAT, AND THEY LOOK AT POVERTY RATES AND AT DIFFERENT THINGS, AND THEY SAY THIS IS WHAT, WHAT WE EXPECT YOUR CASELOAD TO BE. THEY HAVE ENOUGH HISTORICAL DATA THAT THEY CAN LOOK AND PROJECT FOR US. WE'RE NOT QUITE THERE WITH COCOON, BUT I THINK THAT THAT'S WHAT WE'RE, WE'RE WORKING ON TO SEE WHAT IS THE RIGHT SIZE FOR THE PROGRAM AND WHAT IS THE APPROPRIATE NEED AND HOW CAN WE, WE ENSURE THE REVENUE THAT WE NEED TO KEEP THAT SERVICE GOING.

>> THANK YOU.

>> AND I JUST REALLY ENJOY HEARING ABOUT THE PROGRAMS BECAUSE I

THINK THAT WHAT IT IS THAT WE ARE, WE ARE EMPHASIZING HERE, UNDERLINES SO MANY OTHER, OTHER BUDGETS THAT WE ARE GOING TO HEAR ABOUT, ABOUT, IN THE NEXT FEW WEEKS. AND THE BUDGETS THAT THE COUNTY HAS NO CONTROL OVER LIKE, LIKE EDUCATION. AND SO, I JUST WANT TO MAKE AN ONGOING REQUEST TO THE HEALTH DEPARTMENT THAT WE, WE TAKE CARE TO COLLECT AND COMMUNICATE THE HISTORICAL DATA AS WE COLLECT OUR SUCCESS RATES WITH PROGRAMS, AND THAT WE CONTINUE TO USE A REALLY SHARP FOCUS IF PROGRAMS ARE NOT DELIVERING THE RESULTS. AND I WANT US TO SET A HIGH BAR FOR OURSELVES. I THINK THAT WHAT WE'RE TALKING ABOUT IS COMMUNICATION WITH, WITH THE SERVICE POPULATION. WE'RE TALKING ABOUT IDENTIFICATION OF APPROPRIATE CLIENTS TO SERVE. WE'RE TALKING ABOUT HAVING A CLEAR ARRAY, AND IT SOUNDS LIKE THEY ALREADY EXIST, BUT I DON'T FEEL THAT I HAVE QUITE THE CLARITY, SO PERHAPS, WE SHOULD HEAR MORE AFTER WE PUT THE BUDGET TO BED FROM YOU SO WE CAN CONTINUE TO, IDENTIFY THE MEASURE, THE MEASUREMENTS AND, ACTUALLY, DRAW MEASUREMENTS. THAT, POSSIBLY, PENETRATES THROUGH SILOS, AND A COUPLE OF THOSE SILOS THAT COME REALLY ALMOST INSTANTLY TO MIND ARE, ARE PEP TRADITION OF THE PUBLIC SAFETY SYSTEM, THE JUVENILE SYSTEM AND THE SUCCESS IN SCHOOL.

>> WE'RE HAPPY TO CONTINUE TO PROVIDE THAT INFORMATION, ABSOLUTELY. WE, TOO, WANT TO MAKE SURE THAT WE'RE FOCUSING ON THE RIGHT POPULATIONS, AND WE'RE CONTRIBUTING TO, WE'RE DOING OUR BEST TO MAKE SURE THAT THE HEALTHY KIDS GET STARTED, AND CONTINUE TO BE HEALTHY AS THEY MOVE ON INTO SCHOOL AND UP THE STREAM.

>> I APPRECIATE THAT. THIS IS LITERALLY HEALTHY.

>> YES.

>> IT IS HEALTHY, YES.

>> A LOT OF IT IS ALSO ACCESS TO SUCCESS.

>> YES.

>> ABSOLUTELY.

>> ABSOLUTELY.

>> BEFORE WE MOVE ON, I WANT TO COMMEND THE DIRECTION OF THE HEALTH DEPARTMENT AND IN SPECIALIZING. WE THINK ABOUT THE COUNTY AS THE SAFETY NET THAT REALLY REQUIRES US TO FOCUS ON THE PEOPLE WHO ARE SLIPPING THROUGH EVERYBODY ELSE'S CRACKS. I HAD THE

OPPORTUNITY TO MEET WITH ADVOCATES FROM THE AFRICAN IMMIGRANT COMMUNITY THE OTHER DAY, AND I WAS REALLY STRUCK BY HOW UNIQUE AND DIFFICULT THEIR SPECIFIC ISSUES, HEALTH ISSUES ARE. IT IS FROM MATERNITY CHILD HEALTH ALL THE WAY TO WHAT HAPPENS WHEN YOU MOVE TO A NEW COUNTRY AFTER BEING IN A REFUGEE CAMP FOR 30 YEARS, AND WHAT THAT MEANS FOR YOUR HEALTH, AND YOUR MENTAL HEALTH. AND SO, I REALLY APPRECIATE THE APPROACH, AND I THINK IT'S THE RIGHT, THE RIGHT DIRECTION FOR US, AS THE FINAL CATCH BASIN FOR, FOR THE, THOSE IN OUR COMMUNITY WHO MIGHT BE LEFT OUT OF OTHER PLACES. SO, I THINK THAT THIS IS REALLY WONDERFUL. THANK YOU, MADAM CHAIR.

>> THANK YOU.

Commissioner Smith: ONE MORE QUESTION, MADAM CHAIR, LORRAINE, HAVE THEY FIGURED OUT HOW TO INCORPORATE THIS WITHIN THE NEW AFFORDABLE CARE ACT AND HOW WE DO THIS? I HAVE HAD SEVERAL CONVERSATIONS, AND YOU HAVE PROBABLY TALKED TO THEM ABOUT THIS, AND WE'VE BEEN TALKING ABOUT IT FOR THREE YEARS. SHE'S TRYING TO FIGURE OUT HOW TO INCORPORATE THIS, WHAT WE DO AND HOW TO PAY FOR THAT.

>> RIGHT, SO SOME OF THE HEALTH SYSTEMS ARE ADDING DOULAS, AND THEY ARE RECOGNIZED IN THE NON TRADITIONAL HEALTH WORKER CATEGORY, SO, AS BILLABLE, AND I STILL THINK IT'S BEEN CHALLENGING TO BUILD IN THE CULTURALLY SPECIFIC ONES. THEY ARE, YOU KNOW, BEST -- REALLY NEED TO BE FUNDED BY THE HEALTH SYSTEM SO IT'S A PART OF THE BIRTH EXPERIENCE AND A PART OF THE MEDICAL TEAM. I THINK WE SEE PEOPLE MAKING SOME VERY SMALL MOVES TOWARDS THAT. I THINK THAT THERE IS A LONG WAY TO GO TO REALLY SUPPORT THAT IMPORTANT WORK AND TO MAKE SURE THAT WOMEN REALLY HAVE THE SUPPORT THAT THEY NEED PRENATALLY AND THROUGH THE BIRTH PROCESS AND POST-NATAL, SO I THINK WE HAVE A LONG WAY TO GO TO SUPPORT THAT MODEL, PARTICULARLY FOR LOW INCOME WOMEN. IT'S POPULAR WITH PEOPLE THAT CAN PAY.

Commissioner Smith: THANK YOU. AND MADAM CHAIR, IF WE ARE ABOUT TO, AS WE ARE ABOUT TO CLOSE, I WOULD LIKE TO ADD AN AMENDMENT TO THIS FOR CULTURAL OUTREACH SKILLS IN THE HEALTH DEPARTMENT AND IT IS A PROGRAM OFFERED 250-75C, AND WOULD BE WITH SCHOOL-BASED MENTAL HEALTH SERVICES AND TO PROVIDE CULTURALLY RESPONSIVE OUTREACH, AND COORDINATION IN SUPPORT TO DISSOLVE SOME OF THE BARRIERS YOU WERE TALKING ABOUT. I THINK THAT'S FOR LIKE 56,000.

>> THIS WAS A SCHOOL-BASED CENTER?

Commissioner Smith: YES.

>> I THINK THE DEPARTMENT OF COUNTY HUMAN SERVICES.

>> OK.

>> YEP.

>> I THINK --

>> YES, THE DEPARTMENT OF COUNTY AND HUMAN SERVICES. YEP.

>> OK.

>> THANK YOU.

>> TALKING ABOUT CHANGES TO THE DEPARTMENT, ONE OF THE OTHER THINGS THAT WE SEE IS REDUCTION THIS IS OUR FEDERAL AND STATE FUNDING, AND ACTUALLY, THIS REDUCTION LIST IS GETTING REVISED MOMENT BY MOMENT BECAUSE WE'RE HEARING FROM THE FEDS AND THE STATE MORE AND MORE ABOUT THE FUNDING THAT WE HAVE AVAILABLE TO US. WE ARE IN THE COMMUNICABLE DISEASE AND PREVENTION CONTROL, WE HAD A SPIKE IN PERTUSSIS, AND WE ARE BACK TO NORMAL LEVELS, SO WE FEEL LIKE WE'RE GOING TO BE OK WITH THAT REDUCTION IN SERVICES. WE JUST RECEIVED, ON THE SERVICES FOR PERSONS LIVING WITH HIV, LAST MONDAY WE JUST HEARD ABOUT AN INCREASE TO THE RYAN WHITE FUNDING THAT WILL BRING US BACK, IN FACT, A BIT ABOVE THE LEVEL THAT WE WERE AT BEFORE, SO THAT WAS GREAT NEWS THAT WE GOT. IN THE IMMUNIZATIONS, AS YOU HEARD FROM OUR CITIZEN BUDGET ADVISORY COMMITTEE, WE CONTINUE TO STRUGGLE WITH -- IT'S REALLY NOT -- IT'S BOTH THE IMMUNIZING PEOPLE WHO, WHO ARE ABOUT TO GET SCHOOL EXCLUSIONS, BUT ONE OF THE BIGGER CHALLENGES IS AN ANTIQUATED SYSTEM FROM THE STATE FOR, FOR PAPERWORK, AND ADMINISTRATIVE OVERSIGHT, THAT'S A RESPONSIBILITY THAT WE HAVE TO DOCUMENT WHETHER PEOPLE HAVE GOTTEN IMMUNIZATIONS, AND THE EXPANSION OF SMALL SCHOOLS HAS INCREASED THE NUMBER OF FACILITIES THAT WE THEN HAVE TO COVER FOR THAT DOCUMENTATION. SO, THAT'S, THAT CONTINUES TO BE A CHALLENGE FOR US. THE MEDICAID ELIGIBILITY REDUCTION, WE GET A STATE REIMBURSEMENT FOR OUR ELIGIBILITY SPECIALISTS, BUT THAT DOES NOT KEEP UP WITH OUR COSTS, SO THAT'S WHY YOU SEE THAT REDUCTION THERE. AND THE WICK, WE GOT RESTORATION TO OUR FUNDING AFTER THE BUDGET WAS CREATED, SO THAT'S REALLY GREAT NEWS. WE ALSO RECEIVED A ONE-YEAR GRANT EXTENSION FOR THE ADOLESCENT HEALTH PROMOTION FROM THE STATE, SO THAT -- WE STILL ARE

CONCERNED ABOUT THE ONGOING FUNDING FOR THESE ACTIVITIES, BUT WE GOT A YEAR REPRIEVE THAT WE JUST HEARD ABOUT. SO, REALLY, OVERALL, SOME PRETTY GOOD NEWS FOR US IN THIS FRONT. IT STILL CONTINUES TO BE A CHALLENGE FOR US TO HAVE INCREASING DEMANDS OR CONTINUING DEMANDS, AND EVEN LITTLE MODEST CUTS, WHICH IS, WHICH ANYBODY ELSE AWAY AT OUR ABILITY TO DO SOME OF THESE, WHAT I THINK OF AS PLATFORM HEALTH SERVICES IN OUR COMMUNITY. THE --

>> COULD WE BACK UP TO THE OTHER SLIDE? I AM SO CURIOUS ABOUT IMMUNIZATIONS, AND WHO WORKS ON WHAT PIECE OF THE IMMUNIZATIONS WHERE, WHERE THE SCHOOLS ENTER INTO THIS DISCUSSION AND THE STATE AND US -- I JUST --

>> I WILL HAVE LORRAINE TALK TO YOU A BIT MORE ABOUT THAT. THAT'S HER, HER WORLD.

>> THERE ARE SEVERAL PARTS RELATED TO IMMUNIZATIONS. SO ONE IS GETTING IMMUNIZATIONS, AND WE HAVE MORE PEOPLE THAT ARE COVERED, AND WE REALLY WANT PEOPLE GETTING THEIR IMMUNIZATIONS IN THEIR, THEIR MEDICAL HOMES. WE STILL DO PROVIDE OPPORTUNITIES FOR, FOR PEOPLE THAT WANT TO JUST COME IN AND PAY US FOR THAT, AND ALSO, TO DO LIKE THE SCHOOL EXCLUSION CLINICS. SO, WE'RE NOT THE PRIMARY SOURCE, MOST PEOPLE COULD GO OTHER PLACES. SOME CAN'T, SO THEY HAVE NO COVERAGE. WE WANT TO MAKE SURE THAT KIDS ARE IN SCHOOL, SO IF THEY ARE FACING BARRIERS, AND GETTING INTO, INTO THEIR PHYSICIAN OFFICE IN TIME, EXCUSE ME, WE DO CATCH-UP CLINICS. OUR PRIORITY IS TO KEEP THE KIDS IN SCHOOL AND NOT HAVE THEM HAVE THAT EXCLUSION. THEN THERE IS THE WHOLE ISSUE AROUND ISSUING THE SCHOOL EXCLUSION ORDERS, AND SO, SCHOOLS AND DAYCARE CENTERS AND SO FORTH HAVE PAPERWORK THEY NEED TO COLLECT, AND FORMS THAT THEY HAVE TO FILL OUT, AND SEND TO US, AND WHICH THEN, YOU KNOW, WE ISSUE THE EXCLUSION ORDERS AND WE HAVE HAD AN INCREASE -
- I CAN SHOW YOU A GRAPH AS A FOLLOW-UP, LIKE OUR FUNDING IS THE SAME BECAUSE OF THE INCREASE OF CHARTER SCHOOLS AND SMALL DAYCARE CENTERS. THE NUMBER OF FACILITIES HAS GONE UP 47%, SO THAT'S A LOT OF FACILITIES THAT OFTEN NEED HELP WITH THE PAPERWORK AND SO FORTH. MESD, WE HAVE A CONTRACT WITH THEM, AND THEY COVER MOST OF THE PUBLIC SCHOOLS. SO, THAT IS A PIECE THAT WE SHARE WITH THE STATE, AND AGAIN, AS JOANNE WAS TALKING ABOUT, THIS KIND OF ANT -
- THE ANTIQUATED SYSTEM IS NOT ONLINE, THERE IS A THREE-COPY PAPER, AND I DON'T KNOW WHAT YOU CALL THAT ANY MORE. YOU KNOW, IT IS LIKE PAPER THAT YOU WRITE ON OR SOMETHING LIKE THAT. [LAUGHTER]

>> AND I MEAN, IT REALLY IS KIND OF SURPRISING WHEN YOU SEE THE AMOUNT OF WORK THAT THEY DO WHEN YOU GO INTO THAT ARE AND THERE

IS SUCH A PUSH FOR DOING THAT, AND YOU SEE ALL THE FILE BOXES OUT AND SO FORTH. SO, WE'VE BEEN IN COMMUNICATION WITH THE STATE. THEY DON'T HAVE A LOT OF FEDERAL FUNDS FOR THIS, BUT, IT'S JUST AN ISSUE, HOW WE DEAL WITH THIS REDUCTION WAS A LOT IN THE PATIENT FEES, SINCE, SINCE THAT IS PEOPLE ARE NOT COMING TO US AS MUCH, AND WE USE A LOT OF ON-CALL STAFF IN THIS PARTICULAR AREA FOR, FOR THIS SCHOOL EXCLUSION CLINICS AND FOR DOING THAT PAPERWORK. SO, IT'S COMPLICATED. OVER THE NEXT YEAR WE WANT TO ADDRESS THE ISSUE OF VACCINE HESITANCY, AND OREGON AND PORTLAND IS PARTICULARLY BAD, AND THAT CREATES SOME REAL RISK FOR US AS A COMMUNITY WHEN WE DON'T HAVE THAT LEVEL OF, OF WHAT YOU CALL LIKE HERD COMMUNITY WHERE A CERTAIN NUMBER OF PEOPLE ARE COVERED. AND WE HAVE SEEN AN INCREASE IN THE MEASLES' CASES IN THE STATE OF WASHINGTON, AND WE HAD A SCARE HERE, BUT IT WAS AN UNCONFIRMED CASE, AND WHEN YOU LOOK AT, AT THE EXPENSE AND THE AMOUNT OF WORK THAT WILL HAPPEN IF WE DO HAVE A RETURN OF SOME OF THOSE DISEASES, IT'S A CONCERN FOR US. THERE IS SOME NEW PROCESSES IN PLACE AROUND WATCHING A VIDEO OR PROVIDER EDUCATION AND FOR, FOR -- IN ORDER TO EXEMPT YOURSELF FROM THE VACCINES, BUT IT'S SOMETHING THAT WE ARE LOOKING AT CAREFULLY AND WE'LL BE COMING BACK AND TALKING TO YOU ALL ABOUT WHAT DOES THAT LOOK LIKE, AND IF WE ARE TO FOCUS ON THE VACCINE HESITANCY, WHAT WOULD THAT LOOK LIKE IN THE COMMUNITY? AND WE KNOW THAT THERE IS CERTAIN PEOPLE THAT WE'RE NOT GOING TO BE ABLE TO CHANGE. SO, WHERE ARE THE PLACES THAT WE CAN MAKE A CHANGE?

>> THAT'S GREAT. I WILL BE REALLY INTERESTED IN THAT, HOW YOU ARE GOING TO ADDRESS THAT ISSUE BECAUSE IT DOES SEEM TO BE A BIG ISSUE.

>> IT'S A BIG ISSUE, AND IT'S A CHALLENGING ISSUE GIVEN OUR, OUR COMMUNITY.

>> RIGHT.

>> AND AM I UNDERSTANDING CORRECTLY THAT THIS SORT OF PAPERWORK, YOU KNOW, CUMBERSOME ISSUE IS -- THAT'S THE STATE'S RESPONSIBILITY TO UPDATE THAT --

>> TO UPDATE, YES. WE HAVE STATUTORY REQUIREMENTS ABOUT, YOU KNOW, COLLECTING THAT INFORMATION AND REPORTING IT TO THE STATE. SO, YEAH.

>> IT SEEMS LIKE WHAT DID YOU SAY, 47%?

>> AN INCREASE IN FACILITIES, YES.

>> THAT'S A LOT, YEAH.

>> AND AS JOANNE WAS TALKING ABOUT AND THE CHALLENGES TO THE PUBLIC HEALTH PROGRAMS, YOU HEAR US TALK ABOUT POPULATION-BASED, AND WHEN WE'RE LOOKING AT DISEASE TRACKING AND THESE THING, WHEN WE HAVE GONE FROM A POPULATION OF, YOU KNOW, OF NOT THAT LONG AGO, HALF A MILLION PEOPLE, AND NOW, WE'RE CLOSER TO 750,000 PEOPLE, AND YOU LOOK AT THE SIZE OF OUR STAFFING FOR, FOR DOING THAT WORK, AND KIND OF STAYS THE SAME REGARDLESS OF THAT HUGE INCREASE OVER THE LAST TEN YEARS IN POPULATION.

>> THANK YOU.

>> COMMISSIONER SHIPRACK.

>> Commissioner Shiprack: THANK YOU. THAT'S A SEGUE IN A SENSE, PLUS, JOANNE, YOU STARTED IT, AND THAT IS WHAT IS THE FUNDAMENTAL PLATFORM FOR HEALTH SERVICES IN THIS COMMUNITY? AND THAT'S, THAT'S THE PRESENTATION THAT I THINK WE NEED TO BE, BE VERY, VERY COGNIZANT OF THE FUNDAMENTAL PLATFORM OF HEALTH CARE SERVICES, THAT ARE, THERE ARE OBLIGATIONS OF THE BOARD SO THAT WE CAN, WE CAN STICK TO OUR BOOK OF BUSINESS, SO THAT WE KNOW WHAT IS OUR BOOK OF BUSINESS, SO THAT WE HAVE SOME GRASP ON SETTING POLICY THAT GOES OUTSIDE OF THAT, AND UNDERSTAND CLEARLY WHY WE'RE DOING THAT AND WHAT THE PURPOSE IS, AND WHAT THE -- WHAT THE MEASUREMENT INDICATORS ARE GOING TO BE. I BECAME CONCERNED THAT IF RESOURCES ALLOW, WE WILL DO EVERYTHING AND WE WANT TO DO EVERYTHING. WE ARE STILL IN A CLIMATE WHERE WE NEED TO UNDERSTAND WHAT IT IS THAT WE DO WELL, AND DO THAT. AS WE HEAR BUDGET PRESENTATIONS, THE FRUSTRATION TO ME ALWAYS IS, YOU KNOW, AS MUCH AS WE TALK ABOUT HOW MULTNOMAH COUNTY IS A SYSTEM, AND WE DELIVER OUR SERVICES TO INDIVIDUALS IN THE COMMUNITY, WITH A SYSTEMS LENS, THIS TIME OF YEAR IS ALWAYS THE TIME OF YEAR WHEN THE DEPARTMENTS COME TO US WITH CUTS AND SAY, WHAT ARE MY CUTS. AND THEY SAY FILL MY CUP, AND WE'LL WORRY ABOUT HOW WE SHARE LATER ON AFTER YOU FILL MY CUP. AND SO, I THINK THAT IF WE ARE GOING TO BE, YOU KNOW, REALLY HONEST TO THIS MISSION AND CONTINUE SOME VERY HARD WORK THAT WE DID WHEN, WHEN WE HAD NO CHOICE, A FEW YEARS AGO, THAT WE NEED TO UNDERSTAND WHAT THE BASIC PLATFORM IS. SO, MY REQUEST IS, AGAIN, YOU KNOW, THIS MAY NOT BE THE RIGHT TIME, BUT AS WE, WE, AS WE WORK OUR WAY FORWARD, THAT WE HAVE A PRESENTATION FROM YOU IN THE COMING YEAR THAT HELPS US TO DEFINE WHAT THE PLATFORM IS, SO THAT IF WE MAKE CUTS, WE KNOW WHERE TO MAKE THOSE CUTS WITHOUT DISTURBING THE PLATFORM. IF WE ADD, WE ADD IN WAYS

THAT NOT ONLY ENHANCE THE PUBLIC HEALTH PLATFORM, BUT MAKE CONTRIBUTIONS IN A SYSTEMS KIND OF SENSE TO THE OTHER PROGRAMS THAT WE ARE RESPONSIBLE FOR AS A BOARD OF COUNTY COMMISSIONERS.

>> ABSOLUTELY, COMMISSIONER. WE ARE HAPPY TO DO THAT. I ALSO THINK JUST TO SUPPORT ONE OF YOUR POINTS, ONE OF THE THINGS THAT I HAVE ALWAYS TRIED TO PAY ATTENTION TO, WHEREVER I AM IN MULTNOMAH COUNTY, IS WHAT'S THE UNIQUE ROLE THAT THE COUNTY CAN PLAY WITH OUR LIMITED RESOURCES, VERSUS WHAT OTHER ORGANIZATIONS NEED TO BE DOING? AND I THINK THAT ESPECIALLY WHEN WE'RE IN SHIFTING ENVIRONMENTS LIKE THE WORLD OF HEALTH CARE TRANSFORMATION, IT'S IMPORTANT FOR US TO KEEP IN MIND, YOU KNOW, THAT WE HAVE A UNIQUE ROLE AS THE GOVERNMENT. WE HAVE A UNIQUE ROLE -- A UNIQUE ROLE AS THE PUBLIC HEALTH ORGANIZATION. WE HAVE A UNIQUE ROLE IN OTHER SERVICES THAT WE PLAY, AND WHAT'S THAT UNIQUE ROLE THAT ONLY WE CAN DO WITH WHAT WE HAVE GOT, AND WHAT ARE, YOU KNOW, OTHER THINGS THAT WE NEED FOR OTHER PEOPLE TO STEP UP AND DO? AND SO, YOU KNOW, I'M VERY COGNIZANT OF THAT, AND WE WILL CONTINUE TO LOOK AT THAT AS WE GO FORWARD. THANK YOU.

>> AGAIN, I FIND THESE, YOU KNOW, REALLY, THESE CONVERSATIONS REALLY PROVOCATIVE AND IN A RECENT PRESENTATION, YOU COMMENTED, JOANNE, THAT DEPENDING ON HOW THE ROLLOUT OF, OF HEALTH CARE TRANSFORMATION TRANSPIRES, AS IT DOES, AS WE BREAK THE SOUND BARRIER, WE MAY SEE, IN SOME OF OUR PROGRAMS, A SHRINKING FOOTPRINT, AND THAT'S OK BECAUSE IF WE SEE THAT, YOU KNOW, IN ASPECTS OF OUR PROGRAM, IF WE ARE ATTENTIVE, WE MAY BE ABLE TO TAKE ADVANTAGE OF OPPORTUNITIES TO INCREASE OUR IMPACT IN OTHER AREAS.

>> ABSOLUTELY, THANK YOU.

>> SO, I'M GOING TO MOVE ON, IF IT'S OK, TO TALK ABOUT ONE-TIME ONLY OPPORTUNITIES INCLUDED IN THE EXECUTIVE BUDGET. SO, WE'RE GOING TO REPLACE THE VECTOR-CONTROLLED BOAT. AND THIS BOAT HELPS OUR SERVICES TO TREAT 3,100 ACRES, AND PREVENT 15.1 BILLION MOSQUITOS. I LOVED THAT ONE. THE COMMUNICABLE DISEASE REFUGEE HEALTH COORDINATION, WE, WE HAVE INCLUDED HALF AN FTE, WHEN WE PROPOSED THIS, WE HAD EXPECTED THAT THE STATE WAS GOING TO MATCH IT WITH ANOTHER HALF, AND WE STILL DON'T KNOW IF THAT'S GOING TO BE ABLE TO HAPPEN. WE STILL THINK THAT HAVING AN FTE TO WORK ON MAKING SURE THAT WE ARE ADDRESSING COMMUNICABLE DISEASES THAT REFUGEES HAVE WHEN THEY COME TO THIS COUNTRY, AND HELPING THEM NAVIGATE OUR HEALTH CARE SYSTEM WOULD BE INCREDIBLY BENEFICIAL. THE MEDICAL CODING, SO, ICD-10 IS THE CHANGE THAT THE WHOLE COUNTRY IS

GOING TO UNDERTAKE IN CODING MEDICAL CARE SERVICES, AND THIS IS THE CODING THAT PROVIDERS DO WHEN THEY ENTER THE INFORMATION ABOUT WHAT THEY, WHAT THE PATIENT, WHAT THEY TREATED THE PATIENT FOR. IT'S MUCH MORE DETAILED AND COMPLICATED THAN THE CODING SYSTEM THAT IS USED TODAY. AND CONGRESS HAS MOVED THE IMPLEMENTATION OF ICD-10 OUT FOR A YEAR, WHICH IS GOING TO ALLOW A MUCH MORE ORDERLY OPPORTUNITY FOR TRAINING PROVIDERS IN THIS NEW SYSTEM AS OPPOSED TO A MAD SCRAMBLE. SO, THIS IS, THIS FUNDING IS PRIMARILY FOR US TO PURCHASE TRAINING SYSTEMS, TO BE ABLE TO TRAIN OUR PROVIDERS AND KIND OF EVERYONE IS GOING TO BE DOING THAT IN THE NEXT WHILE OR HAS BEEN DOING THAT. THE NEXT THREE ADDITIONS TO THE BUDGET ARE RELATED TO OUR CORRECTIONS HEALTH SERVICES, SO THE FIRST CORRECTIONS HEALTH HOSPITAL SERVICES, AS I HAVE TALKED WITH YOU BEFORE, OUR, OUR -- IN CORRECTIONS HEALTH, I UNCOVERED THE MEMOS ABOUT THIS, SO IT WAS IN 2006, THAT THE CORRECTIONS HEALTH BUDGET WAS DECREASED TO TRY TO INCENT THE CARE TO BE CHEAPER IN THE JAIL, AND IN CORRECTIONS HEALTH, THEY HAVE DONE REALLY AN AMAZING JOB OF CONTINUING TO TRY TO IMPROVE SERVICES AND CONTAIN COSTS. AND YET, WE STILL FIND THAT OUR, OUR HOSPITAL SERVICES, SO THAT'S THE SERVICES WHEN PEOPLE ARE TAKEN OUT OF THE JAIL, AND ARE IN THE HOSPITAL ARE MORE EXPENSIVE AND WE'RE SPENDING MORE EACH YEAR, AND WE HAVE BEEN SINCE 2006 ON THOSE SERVICES THAN ARE BUDGETED. THIS IS A ONE-TIME ONLY INCREASE BECAUSE AS WE HAVE TALKED ABOUT BEFORE, THAT WORLD IS CHANGING WITH THE AFFORDABLE CARE ACT AND THE FACT THAT NOW, IF SOMEONE IS HOSPITALIZED, FOR 24 HOURS OR MORE, THE HOSPITAL CAN -- AND THE PERSONS COVERED BY THE OREGON HEALTH PLAN, THE HOSPITAL CAN NOW BUILD TO THE OREGON HEALTH PLAN. SO, WE'RE, WE'RE HOPEFUL THAT WITH THIS ADDITION, NEXT YEAR, WE WON'T BE OVER BUDGET IN THE HOSPITAL HEALTH SERVICES AND GOING FORWARD, WE'LL HAVE A BETTER UNDERSTANDING OF, OF WHAT THE AFFORDABLE CARE ACT IMPLICATIONS ARE FOR THE COSTS OF, OF, OF CORRECTIONS HEALTH AND BE ABLE TO RIGHT SIZE THAT BUDGET AND EXPENSE.

>> CAN I ASK A QUESTION HERE? ACROSS THE BARRIERS OF THE DEPARTMENTAL BUDGETING, CAN WE EXPECT TO SEE SOME SAVINGS IN SUICIDE WATCH OVER TIME IN THE MULTNOMAH COUNTY SHERIFF'S OFFICE DUE TO THE ADDITION OF THIS 24-7 SUICIDE WATCH IN CORRECTIONS AND HEALTH?

>> I'M HOPEFUL THAT WE WILL. SO, ONE OF THE THINGS THAT THE CORRECTIONS HEALTH MENTAL HEALTH PILOT FUNDING IS GOING TO DO IS PROVIDE 24-HOUR MENTAL HEALTH COVERAGE FOR THE JAIL, AND SO, RIGHT NOW, IT'S MY UNDERSTANDING THAT WHEN SOMEONE IS PLACED ON SUICIDE WATCH, THERE CAN BE OFTENTIMES A TIME LAG BETWEEN THEN AND WHEN

A MENTAL HEALTH PERSON IS AVAILABLE TO INTERACT WITH THAT PERSON AND FIGURE OUT WHETHER BOTH TO WORK WITH THEM AROUND THEIR SUICIDE BUT ALSO TO ASSESS WHETHER THEY NEED TO BE ON SUICIDE WATCH OR THEY CAN BE SAFELY REMOVED FROM SUICIDE WATCH. THAT'S WHAT THE MENTAL HEALTH PEOPLE CAN DO. THIS, HOPEFULLY, WILL PROVIDE US WITH ENOUGH STAFFING SO THAT THE MENTAL HEALTH STAFF CAN RESPOND QUICKER, AND THE CORRECTIONS DEPUTIES WON'T BE CALLED TO BE WATCHING PEOPLE ON SUICIDE WATCH AS FREQUENTLY. I THINK THAT WE WON'T KNOW WHAT THE HYDRAULICS OF THAT SITUATION ARE UNTIL WE HAVE GOT THE STAFF FULLY HIRED AND IN PLACE AND PROVIDING THAT CARE AND SERVICE. THEN WE'LL HAVE A BETTER SENSE.

>> COMMISSIONER SHIPRACK, I THINK THAT YOU WERE AT THE BRIEFING WHERE THEY TALKED A BIT ABOUT HOW, HOW -- THE MECHANICS OF THE SUICIDE WATCH AND IT WAS IN THAT BRIEFING THAT THE LIGHT BULB WENT OFF FOR ME BECAUSE ANYBODY IN THE JAIL CAN PUT SOMEONE ON SUICIDE WATCH, BUT ONLY, JOANNE'S PEOPLE CAN TAKE THEM OFF.

>> THE CORRECTIONS HEALTH PEOPLE. AND SO, YOU KNOW, WE FUNDED IT WITH ONE-TIME ONLY MONEY BECAUSE WE FELT THAT THIS, YOU KNOW, WE HAD -- WE BUILT IN SOME ASSUMPTIONS, AND HAD, HAD A HYPOTHESIS ABOUT HOW IT MIGHT WORK. WE NEED DATA. WE NEED TO SEE -- WE BELIEVE THIS WILL HAVE AN IMPACT ON OVERTIME BUT WE NEED TO TRACK IT TO BE ABLE TO SAY HOW MUCH.

>> YEAH. I JUST -- HERE'S MY COMMENT ON THAT. IT SEEMS ALREADY THAT WE HEAR ON A REGULAR BASIS HOW MUCH WE'RE SPENDING ON SUICIDE WATCH, AND I'M NOT MAKING A COMMENT HERE ABOUT, ABOUT, YOU KNOW, IT'S, IT'S TOTALLY APPROPRIATE THAT WE ARE, WE ARE PRESSING HARD TO REDUCE THE NUMBER OF SUICIDES IN OUR JAIL, PRESSING VERY HARD TO PREVENT SUICIDE IN OUR JAILS. ADDING, ADDING MORE EXPENSE WITHOUT EXPECTING THAT BALANCE POINT IS -- I EXPECT THAT THERE -- I EXPECT THAT WE ARE GOING TO SEE RESULTS FROM THIS, AND I WILL BE WATCHING FOR RESULTS FROM THIS, AND I THINK THAT, WE SHOULD BE MONITORING THIS VERY, VERY CAREFULLY, NOT JUST ON A HEALTH BASIS, BUT ALSO, ON A BUDGETARY BASIS.

>> ABSOLUTELY.

>> A COMMENT AS A FOLLOW-UP, COMMISSIONER SHIPRACK, TO YOUR COMMENT. IT SEEMS IT WOULD BE GREAT TO HAVE A QUARTERLY BRIEFING FROM BOTH THE SHERIFF'S OFFICE AND THE CORRECTIONS HEALTH ON WHAT THAT LOOKS LIKE BECAUSE TO THE CHAIR'S POINT, THERE IS HYDRAULICS THAT WE CONTINUE TO HEAR ABOUT. AT SOME POINT, WE SHOULD SEE BOTH THAT ARE, BETTER OUTCOMES AND A BETTER BUDGET

IMPACT. GOING FORWARD, I THINK THE COMBINATION, THE JOINT PRESENTATION WOULD BE REALLY HELPFUL.

>> GREAT.

>> I DO HAVE A QUESTION ON THE HOSPITAL SERVICES. IS THERE INFRASTRUCTURE THAT'S GOING TO NEED TO BE BUILT TO DEAL WITH THE CHANGE IN THE BILLING?

>> FORTUNATELY, ON THIS ONE, THERE ISN'T BECAUSE WHAT HAPPENS IS WE CAN DENY THE BILL. IF THE HOSPITAL DENIES US, WE CAN SAY WE DENY OHP, AND THEY CAN BILL OHP. IT IS NOT A THEY BILL US AND WE BILL OHP. ON THE OTHER ISSUE OF PEOPLE WHO -- THE OTHER AFFORDABLE CARE ACT CHANGE, WHICH I AM GOING TO TALK ABOUT IN A MINUTE, WHICH ENTITLES PEOPLE WHO, WHO, PRETRIAL ARE HELD IN THE JAIL, WHO HAVE PRIVATE INSURANCE FOR US TO POTENTIALLY BUILD THEIR PRIVATE INSURANCE, THAT'S, THAT, WE WILL HAVE TO BUILD SOME INFRASTRUCTURE FOR.

>> OK.

>> Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. GOING BACK TO THE CORRECTIONS HEALTH HOSPITAL SERVICES, WHAT DID WE BUDGET IN FY 2014 FOR THAT LINE ITEM?

>> I WILL GET BACK TO YOU. I WANT TO SAY IT WAS ABOUT \$2 MILLION.

>> Commissioner Smith: \$2 MILLION ?

>> I BELIEVE SO, BUT LET ME CONFIRM THAT.

>> Commissioner Smith: HOW MUCH DID WE GO OVER BUDGET? I SEE 439, THAT'S AN UNUSUAL NUMBER. HOW MUCH DID WE GO OVER?

>> EVERY YEAR, WE HOVER AT AROUND \$3 MILLION IN TOTAL COSTS, AND SO, IT'S EITHER A LITTLE ABOVE \$3 MILLION OR A LITTLE BELOW THAT, BUT IT BOUNCES AROUND THAT BALLPARK BETWEEN \$2.5 MILLION AND \$3 MILLION.

>> Commissioner Smith: SO, CAN YOU FIND OUT HOW MUCH WE BUDGETED FOR FY 2014 AND HOW MUCH WE WENT OVER? BECAUSE I'M TRYING TO COMPARE THE AMOUNT THAT WAS ASKED FOR BASED ON WHAT, WHAT WE WENT OVER FROM THIS PREVIOUS YEAR.

>> YES.

>> I WILL DO THAT.

>> AND IT DOES NOT MATCH UP EXACTLY BECAUSE WE ARE ASSUMING THAT THERE WILL BE SOME REDUCTION IN HOSPITAL COSTS BECAUSE OF THAT 24-HOUR REIMBURSEMENT THROUGH OHP FOR THE HOSPITALS FOR PEOPLE HELD 24 HOURS OR MORE, SO WE DID NOT ASK FOR THE TOTAL REPLACEMENT OF THE OVERAGE BECAUSE WE BELIEVE THAT THERE IS GOING TO BE SOME ADJUSTMENT IN THAT.

>> Commissioner Smith: I AM GLAD YOU SAY THAT, SO THE OTHER PIECE TO THIS IS, ARE WE EXPECTING THIS ENTIRE THING TO GO AWAY AFTER, AFTER, FOR, FOR FISCAL YEAR 2016?

>> WE DON'T KNOW. IT'S SUCH A CHANGING SITUATION THAT WE DON'T KNOW, WHICH IS WHY THIS IS ONE-TIME ONLY, AND THEN I THINK WE'LL HAVE A BETTER SENSE WHEN WE CREATE THE BUDGET NEXT YEAR WHETHER WE STILL HAVE A PERMANENT BUDGET PROBLEM HERE OR, OR IF ALL OF THE BUDGET TO EXPENSE PROBLEM HAS GONE AWAY BECAUSE OF THE AFFORDABLE CARE ACT.

>> Commissioner Smith: SO, WHAT I GUESS WHAT I'M SAYING RIGHT NOW IS, INSTEAD OF HAVING THIS COME OUT OF ONE-TIME ONLY MONEY TO FIGURE OUT A WAY THAT YOU CAN PUT THIS 439 IN YOUR REGULAR BUDGET AND NOT ASK FOR IT IN ONE-TIME ONLY BECAUSE IF YOU KNOW YOU ARE GOING TO HAVE THIS EXPENSE, AND IT'S BEEN A HALF MILLION DOLLAR EXPENSE FOR, FOREVER, FIGURE OUT A WAY TO PUT THAT IN YOUR BUDGET SO THAT IT'S NOT A ONE-TIME ONLY EXPENSE.

>> IF WE DID THAT, WE WOULD NEED TO CUT THAT FROM OTHER PLACES IN THE BUDGET.

>> Commissioner Smith: THAT IS MY POINT EXACTLY. THAT'S A TOUGH JOB.

>> YES.

>> SO THEN UNDER THE CORRECTIONS HEALTH ELIGIBILITY SCREENING AND NURSING SERVICES, THIS FUNDS, YOU KNOW THAT WE HAVE HAD TEMPORARY ELIGIBILITY SPECIALISTS IN THE JAIL, AND THEY HAVE BEEN DOING A GREAT JOB OF GETTING PEOPLE SIGNED UP FOR THE OREGON HEALTH PLAN. THIS WOULD CONTINUE THAT, SOME OF THAT ELIGIBILITY SERVICES, AND TO BE ABLE TO SIGN FOLKS UP, AND IN ADDITION, IT WOULD EXPAND NURSING SERVICES TO ALLOW US TO WORK ON DISCHARGE PLANNING, AND ONE OF THE OPPORTUNITIES THAT IS CREATED WITH MORE PEOPLE BEING ENSURED AND THE CORRECTIONS HEALTH SYSTEM, BEING ON THE EPIC ELECTRONIC MEDICAL RECORD IS REALLY A MUCH BETTER OPPORTUNITY FOR US TO BE ABLE TO DO DISCHARGE PLANNING WITH

PEOPLE FROM THE JAIL SO THAT WE CAN CONNECT PEOPLE TO HEALTH CARE IN OUR HOPE THAT THEY BECOME HEALTHIER IN THE COMMUNITY, AND THAT WE'RE CONTRIBUTING, AS YOU SAY, COMMISSIONER SHIPRACK, NOT JUST TO HEALTH OUTCOMES BUT SAFETY OUTCOMES, AS WELL. SO, IN THE AFFORDABLE CARE ACT, WE WANTED TO SHARE, REALLY QUICKLY, WE DID THE AFFORDABLE CARE ACT BRIEFING LAST WEEK AND TALKED ABOUT THE AFFORDABLE CARE ACT IMPLEMENTATION, IN THE BUDGET, BUT WE WANTED TO SHARE SORT OF WHAT THE FINANCIAL ASSUMPTIONS ARE. SO, WE ARE ASSUMING THAT -- WE'RE ASSUMING SOME ADDITIONAL FUNDING FOR THE PRIMARY CARE SERVICES IN THE AFFORDABLE CARE ACT. WE FEEL LIKE WE HAVE USED A REASONABLE ESTIMATE, AND WE HAVE SEEN A DRAMATIC INCREASE IN THE NUMBER OF UNINSURED INDIVIDUALS, OR ENSURED INDIVIDUALS IN OUR CLINIC SERVICES, BOTH IN OUR CLINICS AND OUR DENTAL SERVICES, AND SO, WE ARE NOW -- WE HAVE SEEN A MUCH MORE OF AN INCREASE OF ENSURED INDIVIDUALS THAN WE EXPECTED, AS WE WERE SAYING LAST WEEK, AND SO, WE ARE NOW HITTING OUR TARGETS FOR THE NUMBER OF INSURED INDIVIDUALS IN OUR CLINIC SYSTEM, AND THAT'S, THAT'S -- THAT'S CREATING A GREAT OPPORTUNITY FOR US TO FEEL MORE COMFORTABLE ABOUT THE ASSUMPTIONS THAT WE HAVE MADE IN THIS BUDGET THAN WHAT WE ORIGINALLY HAD CREATED THE BUDGET. SO, ONE OF THE THINGS THAT WE'VE BEEN WORKING ON, AND WE ALSO TALKED ABOUT THIS IN THE BRIEFING LAST WEEK, IS THE ALTERNATIVE PAYMENT METHODOLOGY, SO RIGHT NOW, AS YOU KNOW, IN THE, IN OUR PRIMARY CARE, IN OUR CLINIC SYSTEM, WE RECEIVE BOTH, FOR PEOPLE WHO ARE COVERED UNDER THE OREGON HEALTH PLAN AND MEDICAID, WE RECEIVE A PAYMENT FROM THE COORDINATED CARE ORGANIZATION THAT THEY HAVE BEEN ASSIGNED TO, AND THEN WE RECEIVE WHAT WE REFER TO AS THE WRAP PAYMENT, WHICH IS, WHICH IS THE FUNDING THAT WE GET BECAUSE WE ARE A FEDERALLY QUALIFIED HEALTH CENTER. IF WE WERE TO MOVE TO THE ALTERNATIVE PAYMENT METHODOLOGY, WE WOULD RECEIVE THE EQUIVALENT OF THAT WRAP PAYMENT UP FRONT, SO WE RECEIVE THAT AS A PER MONTH, PER-MEMBER PAYMENT FOR INDIVIDUALS THAT HAVE BEEN ASSIGNED TO US BY THE OREGON HEALTH PLAN COORDINATED CARE ORGANIZATION. SO, CONSEQUENTLY, THAT WOULD STABILIZE OUR FUNDING FLOW AND IMPROVE THE CASH FLOW OF THE COUNTY BECAUSE, ACTUALLY, THE STATE LAGS BEHIND IN THEIR PAYMENT OF THE WRAP PAYMENTS BECAUSE THEY REQUIRE US TO EXHAUST ALL OTHER PAYMENT OPPORTUNITIES BEFORE THEY PAY US FOR THE WRAP PAYMENT. SO, WE'VE BEEN WORKING WITH THE STATE AND THE COALITION OF FEDERALLY QUALIFIED HEALTH CENTERS TO TRY TO BE IN THEIR SECOND PHASE IMPLEMENTATION OF THE ALTERNATIVE PAYMENT METHODOLOGY BECAUSE WE RUN THE LARGEST FEDERALLY QUALIFIED HEALTH CENTER IN THE STATE. THERE IS CHALLENGES WITH THE STATE WITH THEM MOVING US ONTO THE PAYMENT METHODOLOGY WHERE THEY WOULD PAY SUCH LARGE PAYMENTS UP FRONT, AND THEIR BUDGETING FOR THAT, SO, WE'RE CONTINUING TO

NEGOTIATE, AND WE HOPE THAT IN THE NEXT FISCAL YEAR, WE WILL MOVE TO THIS METHODOLOGY. THIS, ALSO, KIND OF PAVES THE WAY FOR OPPORTUNITIES FOR US TO EXPLORE WHAT WE GET CREDIT FOR, FOR ENGAGING PEOPLE IN CARE. WE, WE -- AND AS WE FIGURE OUT HOW BIG OF A FOOTPRINT OF CARE THAT WE NEED TO PROVIDE CARE TO THE INDIVIDUALS WHO HAVE BEEN ASSIGNED TO US FOR OHP, WE NEED TO FIGURE OUT HOW WE ENGAGE THOSE PEOPLE IN CARE AND HOW WE BRING THEM INTO OUR SYSTEM FOR CARE AND CONTINUE TO ENGAGE THEM IN ORDER TO CONTINUE TO RECEIVE THAT MONTHLY PAYMENT.

>> A QUESTION?

>> COMMISSIONER WENDT?

>> Commissioner Wendt: WHAT'S THE TIME LINE ON EXPECTING THE PAYMENT METHODS FOR THE STATE?

>> THE ORIGINAL PHASE 2 PILOT WAS GOING TO START IN APRIL, AND THERE WERE STILL SOME OUTSTANDING ISSUES THAT WERE BEING NEGOTIATED BETWEEN THE OREGON PRIMARY CARE ASSOCIATION AND THE STATE. IT'S BEEN POSTPONED -- POSTPONED TO JULY 1st, AND WE'RE HOPING THAT WE ARE PART OF THAT PILOT.

>> Commissioner Wendt: AND I WANTED TO ADD A BUDGET NOTE TO REPORT BACK TO THE BOARD BECAUSE THAT SEEMS A SIGNIFICANT, BOTH FROM A CASH-FLOW PERSPECTIVE AND JUST WHAT THE IMPLICATIONS OF THAT WILL BE.

>> ABSOLUTELY.

>> I WANTED TO SHARE WITH YOU SOME INFORMATION ABOUT THE NUMBERS OF, OF UNINSURED INDIVIDUALS. SO, IT'S A PRETTY DRAMATIC INCREASE OF AN INSURANCE COVERAGE. IN DECEMBER, IN OUR CLINICS, 27% OF THE PEOPLE THAT WE WERE SERVING WERE UNINSURED AND AS OF LAST MONTH, 15% ARE UNINSURED. THAT'S A HUGE DROP, AND THEN IN DENTAL, 15% OF THE INDIVIDUALS WERE UNINSURED, AND NOW, 8% OF INDIVIDUALS ARE UNINSURED. WHEN WE BUILT THE BUDGET, THAT IS GREAT NEWS. THAT IS GREAT NEWS. IT IS GREAT NEWS FOR THE COMMUNITY. WHEN WE BUILT THE BUDGET, WE TARGETED 19% UNINSURED FOR THE CLINICS AND 13% FOR DENTAL. SO, WE REALLY HAVE EXCEEDED WHERE WE EXPECT TO BE POINT IN TERMS OF THE COVERAGE. THAT IS GREAT NEWS, AND WE ALSO, I THINK, WANT TO CONTINUE TO BE -- I DON'T WANT TO SAY CAUTIOUS, BUT JUST MEASURED IN -- AS WE GO FORWARD BECAUSE IT IS SUCH A CHANGING ENVIRONMENT AND BECAUSE INDIVIDUALS, AS WE HAVE TALKED ABOUT BEFORE, HAVE CHOICES THAT THEY DID NOT HAVE BEFORE. WE NEED TO

CONTINUE TO PAY ATTENTION TO WHETHER WE'RE ENGAGING PEOPLE IN CARE AND PROVIDING A HEALTH CARE SYSTEM THAT PEOPLE WANT TO CHOOSE TO COME TO FOR A VARIETY OF DIFFERENT REASONS. COMMISSIONER SHIPRACK, TO THE POINT THAT WE HAD, WE WERE TALKING ABOUT BEFORE, YOU KNOW, THAT'S A DELICATE BALANCE BECAUSE WE'RE NOT KIND OF A COMMERCIAL CLINIC IN THE BUSINESS OF LIKE ATTRACTING EVERYBODY IN. WE WANT TO BE SERVING THE POPULATION THAT REALLY NEEDS FOR US TO BE THERE. SO, ALL OF THOSE DRIVERS ARE SORT OF PRESENT TODAY AS WE THINK ABOUT HOW WE SERVE THE PEOPLE WHO WE NEED TO SERVE IN OUR COMMUNITY.

>> AND MADAM CHAIR, THAT'S, THAT SERVES -- THAT IS THE CRUX OF THE ISSUE. WE ARE THE PROVIDER. WE'RE SEEING PATIENTS WHO, WHO HAVE INSURANCE COVERAGE. THE UNANSWERED QUESTION THAT'S, THAT'S ON MY SCREEN, WITH THE ALTERNATIVE PAYMENT METHOD, THE CALCULATION, IS ARE WE BEING COMPENSATED FOR THE SERVICES THAT WE'RE PROVIDING? AND THAT IS, THAT IS, TO ME, THE, SORT OF THE NERVOUS EXPECTATION OF ALL OF, OF THIS EXERCISE.

>> AND YOU KNOW, AND I THINK THAT COMMISSIONER WENDT WAS ASKING US TO COME BACK AND TALK ABOUT THE ALTERNATIVE PAYMENT METHODOLOGY, AND I THINK EMBEDDED IN THAT IS NOT JUST THE ALTERNATIVE PAYMENT METHODOLOGY, BUT REALLY, LOOKING AT THE WHOLE SITUATION OF THE COMPENSATION FOR THE CARE AND KEEPING UP WITH, YOU KNOW, THE -- WE -- YES, THE PATIENTS CHOOSE, BUT PATIENTS ARE ASSIGNED TO US BY THE COORDINATED CARE ORGANIZATION, THE HEALTH SHARE AND FAMILY CARE. WE HAVE SEEN A DRAMATIC NUMBER OF PATIENTS THAT THEY ARE ASSIGNING, AND WE NEED TO LOOK -- WE NEED TO KEEP OUR EYE ON ALL OF THAT TO MAKE SURE THAT WE HAVE GOT THE RIGHT SIZE OF, OF CARE TO THE SYSTEM TO PROVIDE THE CARE FOR PEOPLE WHO ARE ASSIGNED, THE -- ARE WE BEING COMPENSATED, YOU KNOW, IS THERE ENOUGH REVENUE COMING IN TO PAY FOR THAT CARE? WE ARE STILL GOING TO CONTINUE TO SEE A NUMBER OF UNINSURED INDIVIDUALS IN OUR CLINIC SYSTEM, SO WE NEED TO MAKE SURE THAT WE CAN ADDRESS THEIR NEEDS BECAUSE THOSE PEOPLE DO NOT HAVE THE SAME CHOICES THAT PEOPLE WHO ARE COVERED UNDER OHP DO. SO, ALL OF THOSE MOVING PARTS ARE GOING TO BE -- AND WE ARE IN, AS WE WERE REMINDED THIS MORNING, IN THAT MOMENT OF TURBULENCE. WE'RE IN THAT TIME PERIOD, SO WE REALLY -- WE ARE TRYING TO BE AS PLANFUL AS WE CAN BE IN THAT MOMENT, AND, YOU KNOW, NOT OVERCOMPENSATE IN ONE DIRECTION OR ANOTHER AS WE MOVE FORWARD TO IMPLEMENT THE AFFORDABLE CARE ACT.

>> MY MODEL IS, IF IT COSTS US \$100 TO PROVIDE THE SERVICE, THE

INSURANCE PAYS US \$90, IN COMPENSATION, WE'RE NOT GOING TO BE ABLE TO WORK OUR WAY OUT OF THAT HOLE WITH VOLUME. SO, WE --

>> YES.

>> SO WE NEED TO KEEP OUR EYE ON ALL OF THOSE MEASURES FOR SURE. AND YOU KNOW, ONE OF THE OTHER THINGS TO JUST THROW MORE FACTORS TO TAKE A LOOK AT IN THIS WE'RE GOING TO GET -- PAY FOR PERFORMANCE OR INCENTIVE PAYMENTS OF VARIOUS KINDS IN THIS SYSTEM AS IT GOES FORWARD THAT WILL GET LAYERED ON TOP OF THESE OTHER PAYMENTS, AND SO IT'S JUST -- THERE IS A LOT OF MOVING PARTS FOR US TO PAY ATTENTION TO.

>> Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. WHAT ARE THE INCENTIVE PAYMENTS, WHAT DO THEY LOOK LIKE, JOANNE?

>> DO YOU WANT TO TALK ABOUT THAT A BIT?

>> THERE IS A -- THE PRIMARY PAYMENTS THAT ARE IN MACE RIGHT NOW ARE ADDITIONAL PAYMENTS TO THE CLINICS THAT ARE BASED ON INDIVIDUAL PATIENT ACUITY, SO WE'LL RECEIVE A \$2 OR A \$3 BONUS A MONTH FOR, FOR TREATING PATIENTS WITH AN ARRAY OF CHRONIC HEALTH DISEASES, HEALTH ISSUES. AND, FOR REACHING A VARIETY OF, OF PERFORMANCE AND QUALITY IMPROVEMENT INDICATORS. THAT'S ONE TYPE OF PERFORMANCE OR QUALITY IMPROVEMENT, MONEY THAT WE RECEIVE. WE ALSO STILL ARE IN THE CLOSING YEARS OF MEANINGFUL USE, SO WE RECEIVE SOME, SOME INCENTIVE MONEY FOR, FOR, FOR REACHING VARIOUS PERFORMANCE MEASURES IN THE USE OF THE ELECTRONIC HEALTH RECORDS AND SO, THOSE ARE THE TWO --

>> Commissioner Smith: THIS IS NEW MONEY, CORRECT?

>> THIS IS MONEY THAT'S, THAT'S -- THIS HAS BEEN GOING ON FOR A COUPLE OF YEARS.

>> Commissioner Smith: SO IN THE PAST HOW MUCH HAVE WE RECEIVED IN INCENTIVE PAYMENTS?

>> I WOULD HAVE TO GO -- I CAN COME BACK AND GIVE YOU THAT INFORMATION. I DON'T KNOW OFF THE TOP OF MY HEAD.

>> Commissioner Smith: SO TWO OR THREE DOLLARS? I DON'T KNOW WHAT THAT LOOKS LIKE.

>> RIGHT.

>> AND ONE OF THE THINGS IS THAT THESE INCENTIVE PAYMENTS CAN BE HARD TO PREDICT BECAUSE WE DON'T KNOW HOW MANY OF THOSE PATIENTS WE WILL SERVE. THE COORDINATED CARE ORGANIZATION DETERMINES HOW, HOW, IF THEY ARE GETTING PAY FOR PERFORMANCE PAYMENTS FROM THE STATE, FOR OHP COVERAGE, THEY DETERMINE HOW THEY DISTRIBUTE THOSE PAYMENTS TO THE DIFFERENT RISK ACCEPTING ENTITIES. WE, WITH HEALTH SHARE ARE CARE OREGON, SO THEY GET MONEY FROM HEALTH SHARE THAT THEY MAY OR MAY NOT DISTRIBUTE? SO, IT MAKES IT VERY CHALLENGING TO PREDICT WHETHER WE'LL GET THE PAYMENTS AND HOW THEY WILL COME TO US.

>> JUST A PROCESS CHECK, WE ARE SCHEDULED TO BEGIN THE NEXT WORK SESSION IN ABOUT FIVE MINUTES.

>> RIGHT.

>> WE DO HAVE TIME SCHEDULED THROUGHOUT THE BUDGET PROCESS FOR FOLLOW-UP BUDGET WORK SESSIONS, SO IF THERE ARE A LOT MORE QUESTIONS ON THIS TOPIC, WHICH I WOULD -- THIS IS VERY INFORMATIVE -- WE CAN SCHEDULE THOSE, BUT JUST WANTED TO TIME CHECK THERE.

>> Commissioner Smith: THE ISSUE THAT I'M TRYING TO NAIL DOWN, IS THIS SOMETHING THAT'S IN OUR BUDGET? DO WE ANTICIPATE THE INCENTIVE PAYMENTS AND PUT THOSE IN OUR BUDGETS OR IS IT OUTSIDE OF THE BUDGET PROCESS?

>> SOME OF THEM ARE IN OUR BUDGET AND HAVE, HAVE BEEN FOR A COUPLE OF YEARS. SOME OF THEM ARE ON THE HORIZON FOR, FOR EXAMPLE, THE PAY FOR PERFORMANCE MONEY THAT WE HELPED, HEALTH SHARE ACHIEVE, IT'S YET TO BE DETERMINED HOW MUCH OF THAT MIGHT BE COMING TO US.

>> Commissioner Smith: OK.

>> I JUST WANTED TO MAKE ONE, ONE CLARIFYING STATEMENT. I AM THE DIRECTOR FOR INTEGRATED CLINIC SERVICES, AND THE INCENTIVE PAYMENTS THAT WE GET ARE REALLY BASED ON PATIENT OUTCOMES, AND NOT ACUITY, SO THAT'S A REALLY IMPORTANT DISTINCTION. IT IS ANOTHER AREA THAT WE CANNOT NECESSARILY CONTROL. SO THERE IS EXPECTATIONS THAT WE PUT INFRASTRUCTURE IN PLACE, AND LIKE ELECTRONIC HEALTH RECORDS, AND OUR QUALITY IMPROVEMENT AND BEING TO PULL OUT DATA, SO SOME OF THE PAYMENTS ARE LIMITED. SOME OF THEM, AT THE BEGINNING, WERE HELPING TO PAY FOR SOME OF THE PEOPLE WHO COULD DO THE MEASURES FOR US, AND IN YEARS TWO AND

THREE, ON THE CCOs, THEY ARE GOING EXPECT OUR DIABETIC PATIENTS WILL BE DOING BETTER, THAT PATIENTS WHO HAVE SEVERE MENTAL ILLNESS ARE DOING BETTER, AND WE CAN SEE HEALTH OUTCOMES, SO THAT'S A BIG REASON ON WHY IT VARIES, AND THERE IS A FAIR NUMBER OF INFRASTRUCTURE, A FAIR AMOUNT OF INFRASTRUCTURE THAT HAD TO BE PUT IN PLACE. THERE IS NO BILLING SOURCE FOR IT. SOME OF THE PAYMENTS THAT WERE, LIKE GRANTS, THAT WE GOT, HELPED US TO PUT THAT IN PLACE. SO I WANT TO -- SO I DON'T HAVE THE DOLLAR AMOUNT, BUT I WANTED TO TELL YOU ABOUT THAT.

>> Commissioner Smith: SO THAT'S NOT SOMETHING THAT WE CAN COUNT ON AND WE PUT IN THE BUDGET AND SAY THIS IS COMING? THAT'S WHAT I'M TRYING TO FIGURE OUT. THANK YOU.

>> THANK YOU.

>> SO REALLY QUICKLY, WE HAVE TALKED ABOUT CORRECTIONS HEALTH AND TALKED ABOUT THAT. I WANT TO JUST TALK TO YOU ABOUT SOME OF THE ISSUES, RISKS AND CHALLENGES THAT WE HAVE COMING FORWARD. WE TALKED ABOUT THE ALTERNATIVE PAYMENT METHODOLOGY. YOU WILL HEAR PEOPLE TALK ABOUT THE FISCAL CLIFF, WHICH, WHICH THIS IS -- THE STATE RECEIVED ADDITIONAL FUNDING FOR OHP, FROM THE FEDS, AND AS THAT MONEY GOES AWAY, AND IT'S UNCLEAR KIND OF HOW, YOU KNOW, THE EXPECTATION WAS THAT THE COSTS OF OHP DECLINED TO MATCH THE REVENUE SOURCES, WHETHER THAT HAPPENS AND WHAT THIS MEANS WILL BE CHALLENGING FOR, FOR STATEWIDE AND NOT JUST US. AGAIN, WE'RE IN THE MIDST OF THE STATE HEALTH REFORM. THE STATE IS GETTING -- IS REDUCING -- THEY ARE GETTING REDUCTIONS FROM THE FEDS IN THE TITLE 5 MATERNAL AND CHILD HEALTH. THEY ARE NOW PASSING THOSE REDUCTIONS ONTO COMMUNITIES. IT'S LESS OF AN ISSUE FOR US THAN SOME OTHER PLACES BECAUSE WE GET LESS OF THE MONEY, BUT IT IS SOMETHING FOR US TO WATCH AS WE LOOK AT THIS, THESE, THE SHIFTING OF FUNDING SOURCES. THE -- WE TALKED ABOUT THE AFFORDABLE CARE ACT, THE -- AGAIN, JUST THE FEDERAL REDUCTIONS IN CATEGORICAL FUNDING STREAMS FOR PUBLIC HEALTH, WHICH WE AT THE LOCAL LEVEL HAVE TO SORT OF COME TOGETHER TO FIGURE OUT HOW TO DEAL WITH THE ISSUES MOST PREVALENT IN OUR COMMUNITY, CONTINUES TO BE A CHALLENGE. AND WE WANT TO WORK ON BALANCING THE BUDGET FOR CORRECTIONS HEALTH. WE ARE, AS WE TALKED ABOUT, WE CONTINUE TO WANT TO MAKE SURE THAT WE ARE PROVIDING, WE'RE PROVIDING THE COMMUNITY STANDARD OF CARE IN CORRECTIONS HEALTH, THAT WE'RE ADDRESSING THE REALLY INTENSE MENTAL HEALTH AND PHYSICAL HEALTH NEEDS OF THE PEOPLE WHO WIND UP IN CORRECTIONS AND GETTING THEM SIGNED UP FOR INSURANCE SO THAT WHEN THEY GET OUT, THEY ARE ABLE TO GET CARE, CONTINUOUSLY IN THE COMMUNITY. AND WE'RE REFINING OUR

POLICY PLANNING AND ASSESSMENT ACTIVITIES. AS A PUBLIC HEALTH DEPARTMENT, IT IS ONE OF OUR ESSENTIAL FUNCTIONS, A COUPLE OF OUR FUNCTIONS TO DO COMMUNITY HEALTH ASSESSMENT AND PLANNING AND POLICY-WORK. AND WE WANT TO MAKE SURE THAT WE'RE USING THOSE RESOURCES WISELY AND FOCUSING THEM IN THE MOST APPROPRIATE WAY. WE ARE CONTINUING OUR COLLABORATION, AND IT IS AN INTENSE COLLABORATION ACROSS THE COUNTY, ALL COUNTY DEPARTMENTS AND OUR OTHER PARTNERS IN THE COMMUNITY FOR HEALTH CARE TRANSFORMATION. THE SHORT-TERM CONCERNS, WE ARE CURRENTLY REPLACING OUR CHIEF HEALTH OFFICER, OUR CHIEF ENVIRONMENTAL HEALTH MANAGER, AND THE DEPUTY DIRECTOR FOR THE DEPARTMENT, AND LOOKING AT A NEW DEPARTMENT DIRECTOR. SO, REALLY, PAYING ATTENTION TO THE LEADERSHIP CHANGES, AS WE MOVE FORWARD. AND IN TERMS OF THE LONG-TERM CONCERNS, WE WERE JUST TALKING ABOUT BALANCING OUR FINANCIAL LIMITATIONS, OUR CLINIC SIZE, AND THE DEMAND THAT IS, I THINK, A CORE ISSUE FOR US. AND THEN WE TALKED ABOUT OUR CORE PUBLIC HEALTH, AND THEN I JUST WANTED TO END ON A POSITIVE NOTE, WHICH IS WE ARE ALSO WORKING ON BUILDING A NEW HEALTH DEPARTMENT HEADQUARTERS, WHICH WE ARE VERY EXCITED ABOUT, AND IT IS GOING TO CREATE A REAL OPPORTUNITY FOR A MUCH BETTER HOME FOR, FOR THE HEALTH FUNCTIONS, THE CENTRAL HEALTH FUNCTIONS OF THE COUNTY. THANK YOU.

>> Chair Madrigal: ANY QUESTIONS?

>> I WANT TO JUST CHIME IN. I WANT TO CHIME IN AND SAY I CAME TO THIS MEETING FROM ANOTHER MEETING THIS MORNING, AND I AM VERY EXCITED ABOUT THE POSSIBILITY, AND I'M TALKING ABOUT, ABOUT THE CORRECTIONS HEALTH, VERY EXCITED ABOUT THE POSSIBILITY THAT WE ARE APPLYING OUR 3194, WE'RE RECOMMENDING THAT WE APPLY THAT MONEY IN WAYS THAT WILL, WILL ENABLE US TO TAKE PEOPLE WHO, WHO ARE CURRENTLY IN JAIL, RECEIVING SERVICES THAT ARE NOT ELIGIBLE FOR MEDICAID REIMBURSEMENT, SO THE COUNTY IS PAYING FOR THAT HEALTH CARE AND SAFELY, PUTTING THEM INTO THE COMMUNITY IN SUPPORTIVE HOUSING AND TAKING CARE OF THE FACTORS THAT ARE CAUSING THEM TO RECYCLE THROUGH, THROUGH A VERY EXPENSIVE SYSTEM. SO, I SEE, I SEE LOTS OF, OF REASON FOR HOPE, AND WE ARE, WE ARE DOING SOME SYSTEMS PLANNING, AND JOANNE, YOU'VE BEEN INVOLVED IN SO MANY OF THESE SYSTEMS. I REALLY APPRECIATE YOUR HELP.

>> THANK YOU.

>> I JUST WANT TO RECOGNIZE THE WORK OF THE STAFF AND THE HEALTH DEPARTMENT WHO HELPED TO CREATE THE BUDGET, WENDY AND HER TEAM. THE LEADERSHIP OF THE DIVISION, THAT REALLY CREATED -- I GET TO

TALK ABOUT THIS GREAT WORK, BUT THEY DO THE HARD WORK, AND I SUPER APPRECIATE THEM. I WANT TO THANK YOU, MADAM CHAIR, FOR YOUR SUPPORT FOR THE HEALTH DEPARTMENT AND FOR, FOR YOUR SUPPORT OF OUR TEAM AND THE WORK THAT WE'RE DOING, AND ALL OF YOU ON THE BOARD FOR YOUR CONTINUED CONCERN FOR, FOR, AND SUPPORT FOR, FOR, FOR HEALTH AND PUBLIC HEALTH IN OUR COMMUNITY. THANK YOU.

>> CHAIR, I WANT TO ADD MY THANKS, FIRST AND YOUR STAFF HAS BEEN TREMENDOUS ON HELPING OUR OFFICE WITH A SITUATION ON FRIDAY, WHICH IS GETTING AT THE HEART OF THE ISSUES, AND WE COULD NOT HAVE DONE IT WITHOUT ALL THESE, SO THANK YOU. AND I WANTED TO ADD A BUDGET NOTE ON AN ISSUE THAT HAS BEEN BROUGHT TO MY ATTENTION IN THE MEDICAL EXAMINER AND THE COUNTY AND THE STATE OF OREGON HAVE A UNIQUE RELATIONSHIP, WITH THE MEDICAL EXAMINER RESPONSIBILITIES, WHICH CREATES CHALLENGES, SO, THE NOTE IS TO LOOK AT LEGISLATIVE SOLUTIONS, SO THAT LOOKING AT WHAT THE STATE RESPONSIBILITIES SHOULD BE RATHER THAN THE COUNTY RESPONSIBILITY AND MAKING SURE THAT WE HAVE THE RIGHT, THE RIGHT SUPERVISION AND OVERSIGHT ON THE COUNTY SIDE FOR OUR RESPONSIBILITIES IN THE SHORT-TERM, SO IT'S A SHORT-TERM LOOK, AND THEN LONG-TERM WHAT'S REALLY THE RIGHT LEVEL OF RESPONSIBILITY FOR, FOR FUNDING FOR, FOR THE MEDICAL EXAMINER'S OFFICE.

>> THANK YOU.

>> Commissioner Smith: MADAM CHAIR, I WANT TO THANK YOU, JOANNE, FOR STEPPING IN AT THE HEALTH DEPARTMENT, AND I KNOW THINGS WERE, WERE, YOU KNOW, THERE ARE A LOT OF MOVING PARTS, AND YOU HAVE BEEN A TROOPER TO SUPPORT THE BUDGET, AND TO TRY TO, YOU KNOW, RIGHT SIZE THE SHIP AT THE HEALTH DEPARTMENT, SO THANK YOU, AND YOUR STAFF FOR, FOR ALL THE WORK THAT YOU HAVE DONE AND I JUST WANT TO MAKE SURE THAT, WITH THE AMENDMENT THAT I PUT IN, IT'S THE RIGHT NUMBER. CAN WE GO BACK TO MAKE SURE IT IS THE CORRECT NUMBER. IS IT THE 250-75B? OK. THANK YOU.

>> THANK YOU, COMMISSIONER. THANK YOU.

>> Chair Madrigal: COMMISSIONER McKEEL.

>> Vice-Chair McKeel: THANK YOU, CHAIR, AND FOR THE PRESENTATION TODAY. I, AS WELL, APPRECIATE THAT YOU ARE REALLY LOOKING AT, AT THE SYSTEMS AND THAT YOU ARE LOOKING AT RIGHT SIZING THE DEPARTMENT. SO, MY -- AS I THINK MY CONCERNS AND QUESTIONS ARE MORE AROUND THE SYSTEMS ISSUES. SO, THIS WILL BE LATER DISCUSSION, BUT, YOU KNOW, THE FIRST ONE IS, AND WE HAVE TALKED ABOUT ALL OF THE CHANGES

GOING ON, IS THE SUCCESSION PLANNING. IT WILL HAPPEN AT THE HEALTH DEPARTMENT, AND HOW YOU ARE LOOKING AT, AT THE SUCCESSION PLANNING, AND I MEAN, WE HEAR ALL THE TIME, YOU KNOW, X NUMBER OF PEOPLE CAN RETIRE CARE AND PUT SOME CONTEXT TO THAT IN HER, IN HER PREPARATION LAST WEEK, SO, I'M VERY INTERESTED IN THAT, AND ACTUALLY, IN ALL OF THE DEPARTMENTS, I REALLY -- I WOULD LIKE TO HAVE THAT -- I DON'T KNOW IF THAT'S A BUDGET NOTE OR HAVE THEM COME BACK WITH, WITHOUT SUCCESSION PLANNING BEING ADDRESSED IN THE HEALTH DEPARTMENT. THE OTHER THING, THE OTHER TWO AREAS I'M TRYING TO SORT OF WRAP MY HEAD AROUND A BIT, SO I KNOW THAT WE HAVE A LOT OF, A LOT OF GRANTS, WE FUND A LOT OF THINGS WITH GRANTS IN THIS COUNTY. I WOULD LIKE TO KNOW HOW MANY GRANT WRITERS WE HAVE IN EACH DEPARTMENT, AND WHAT THAT REALLY MEANS AND HOW THAT INTERSECTS WITH THE OTHER GRANT WRITERS THAT WE HAVE IN OUR COUNTY. ALSO, THE HUMAN RESOURCES, WE HAVE DEPARTMENT HUMAN RESOURCE FOLKS, AND HOW DOES THAT INTERSECT WITH THE FEDERAL H.R., YOU KNOW, SOME OF THOSE SYSTEM ISSUES IS WHAT I WOULD LIKE TO HEAR MORE ABOUT.

>> SO COMMISSIONER, DO YOU WANT TO HEAR ABOUT THOSE FROM THE HEALTH DEPARTMENT, OR DO YOU WANT TO HAVE SOME OVERALL --

>> I WANT SOME OVERALL. IT WILL BE SOME INDIVIDUAL, BUT I WOULD LIKE TO KNOW IN ALL THE DEPARTMENTS. I'VE BEEN TRYING TO SORT OF UNDERSTAND THIS SYSTEM HERE THAT WE HAVE OF, OF THE WE FUND AND HAVE TO FUND SOMETIMES, BECAUSE I KNOW THESE GRANTS ARE REALLY IMPORTANT. THE LAST THING IS THAT I JUST WANT TO REITERATE THAT I WOULD LIKE TO HEAR BACK ON HOW WE'RE IDENTIFYING OUR VETERANS. WHAT WE HEARD IN THE TASK FORCE, OUR VETERANS' TASK FORCE IS THREE OUT OF TEN VETERANS ACCESS THEIR BENEFITS. SO, WE KNOW THAT THEY ARE IN OUR SYSTEM. HOW DO WE GET THEM TO THE SYSTEMS THAT THEY NEED TO BE -- HOW DO WE IDENTIFY THEM AND GET THEM INTO THE SYSTEMS WHERE THEY NEED TO BE? THIS IS NOT -- A LOT OF PEOPLE DON'T THINK ABOUT OUR MILITARY BEING IN AFGHANISTAN AND IRAQ STILL, BUT THIS IS STILL A BIG ISSUE. WE HAVE A BIG DEPLOYMENT GOING FROM OREGON IN THIS SUMMER. SO, THESE ARE ISSUES THAT CONTINUE ON THE FOREFRONT, AND I THINK IT'S JUST SO IMPORTANT THAT WE UNDERSTAND HOW TO GET THEM TO THE, TO THE RIGHT CARE AND THE RIGHT SYSTEMS THAT THEY NEED TO BE. THAT'S WHAT I WILL BE LOOKING FOR.

>> THANK YOU.

>> ANY OTHER, ANY OTHER QUESTIONS? THANK YOU, JOANNE AND TO YOUR TEAM AND THE BUDGET TEAM.

>> THANK YOU.

>> GOOD MORNING, MADAM CHAIR AND MEMBERS OF THE BOARD.

>> GOOD MORNING.

>> Ms. Kieta: KARYNE, THE BUDGET DIRECTOR. BEFORE WE MOVE TO HEAR FROM COUNTY HUMAN SERVICES, I WANTED TO CHECK IN WITH YOU. TODAY IS REALLY OUR ONLY WORK SESSION AS CHAIR MADRIGAL MENTIONED. WE DO HAVE TIME AVAILABLE ON THURSDAY FOR A FOLLOW-UP, AND SO, AT THE END OF THE COUNTY HUMAN SERVICES, WE NEED TO KIND OF MAKE A DECISION ON WHETHER WE, WE WANT TO GO AHEAD AND SCHEDULE SOMETHING FOR THAT SESSION. ADDITIONALLY, I JUST HANDED OUT AN AMENDMENT SHEET FOR YOU. WHAT WE TYPICALLY DO IS KEEP THIS AS UP TO DATE AS POSSIBLE, BUT AS YOU WILL SEE IT IS OUT OF DATE, AND YOU WILL SEE THIS ATTACHMENT A IS THE BOARD BUDGET AMENDMENTS. I JUST BRIEFLY WANT TO RE HOW THIS CHART IS SET UP. ACROSS THE TOP YOU WILL SEE THE PROPOSED FUNDING SOURCES, AND WE TYPICALLY IDENTIFY THE PROGRAM NUMBER, THE NAME, WHETHER IT'S ONE-TIME ONLY, WAS IT IN THE EXECUTIVE BUDGET OR NEW REVENUE, AND AS YOU CAN SEE, IN THAT TOP TABLE, THERE IS \$858,000 THERE AND THAT WAS ONE-TIME ONLY MONEY SET ASIDE IN THE EXECUTIVE BUDGET, AVAILABLE FOR THE BOARD TO ALLOCATE DURING THESE BUDGET WORK SESSIONS TO PROPOSE AMENDMENTS. IF YOU LOOK AT THE TABLE AT THE BOTTOM OF THE CHART, IT SAYS PROPOSED NEW EXPENDITURES AND YOU CAN SEE THERE ARE TWO THAT ARE HIGHLIGHTED HERE, ONE WAS PROPOSED BY COMMISSIONER SMITH FOR THE PROMISED NEIGHBORHOOD, AND FOR, FOR \$4 MILLION, AND COMMISSIONER SMITH, I WOULD LIKE TO CHECK IN, AND I HAVE THAT CURRENTLY SLATED AS ONGOING, IF THAT WAS THE -- CLAUSE TO, JUST TO CLARIFY, AND THE NEXT AMENDMENT WAS PROPOSED BY CHAIR MADRIGAL, WHICH RESTORED THE ORIGINAL CONFIGURATION FOR THE YOUTH SERVICES. ONE MORE AMENDMENT THAT COMMISSIONER SMITH PROPOSED, AND WELL GET THAT ON THE CHART UPDATED FOR NEXT WEEK. SO, YOU WILL HAVE THIS REGULARLY TO LET YOU KNOW WHERE YOU ARE AT IN TERMS OF THE BOARD AMENDMENTS. DO YOU HAVE ANY QUESTIONS ON THIS MATERIAL?

>> I HAVE A QUESTION.

>> COMMISSIONER SMITH.

>> Commissioner Smith: I KNOW THAT I'M GOING TO BE SPEAKING OVER AT CITY COUNCIL TOMORROW IN REGARDS TO THE URBAN RENEWAL DOLLARS, AND THERE IS A POSSIBILITY OF, OF PUTTING \$1.5 MILLION BACK INTO THE FY 2015

BUDGET. IF THAT HAPPENS, WILL YOU REFLECT THAT, OR IS IT ALREADY IN THE BUDGET?

>> THANK YOU, THAT'S A GOOD QUESTION, COMMISSIONER SMITH. IT IS NOT CURRENTLY IN THE BUDGET. THIS IS LATE-BREAKING INFORMATION THAT WE HAD. MIKE WILL BE ADDRESSING THIS IN HIS FORECAST, WHICH IS COMING UP NEXT WEEK. DEPENDING UPON THE CITY, THE CITY COUNCIL "A," WE MAY ADD THAT TO THE BUDGET, AND IT WOULD BE AVAILABLE FOR THE BOARD.

>> THANK YOU.

>> THANK YOU.

>> THANK YOU.

>> THE DEPARTMENT OF COUNTY HUMAN SERVICES.

>> DO YOU WANT TO START OFF AND INTRODUCE ME?

>> GOOD MORNING.

>> Ms. Myers: GOOD MORNING, CHAIR MADRIGAL AND COMMISSIONERS. I AM SUSAN MYERS, DIRECTOR OF COUNTY HUMAN SERVICES, AND WE ARE HERE TO PRESENT THE PROPOSED FY 2015 COUNTY HUMAN SERVICES BUDGET TO YOU. IT'S A PLEASURE TO BE HERE TODAY, AND AT THE TABLE WITH ME IS ROB, ON MY RIGHT, THE DCHS FINANCE MANAGER, AND KEITH ON THE END, WHO IS THE MANAGEMENT ASSISTANT FOR THE DEPARTMENT, AND ON MY LEFT IS THE CHAIR OF OUR CITIZEN ADVISORY BOARD, STEVE. YOU MAY NOTICE THAT WE DON'T HAVE A DEPUTY DIRECTOR AT THE TABLE. I WILL JUST SAY THAT KATHY HAS RETIRED, AND ALTHOUGH SHE CONTINUES TO PROVIDE US WITH PROFESSIONAL GUIDANCE AND EXPERTISE, PARTICULARLY WITH DEVELOPING THIS BUDGET. AND WE'RE VERY HAPPY TO HAVE OUR NEW DEPUTY DIRECTOR ONBOARD BUT SINCE THIS IS ONLY HER SECOND WEEK, SHE'S OBSERVING FROM THE AUDIENCE, SO SHE CAN LEARN ALL THAT SHE CAN FOR NEXT YEAR'S BUDGET.

>> Commissioner Smith: I AM GLAD YOU CLARIFIED THAT. I WAS GOING TO ASK JOANNE, SHE SAID THAT WE WERE MISSING A DEPUTY DIRECTOR, AND I WAS LIKE, WHERE IS KORIN.

>> SHE'S WITH US NOW, AND ALSO, OUR FANTASTIC LEADERSHIP TEAM IS IN THE AUDIENCE, AND THEY ARE READY TO PROVIDE ANY DETAILED INFORMATION IF NEEDED.

>>> YOU MAY RECALL THAT LAST YEAR, OUR DEPARTMENT WAS IN THE MIDST

OF A STRATEGIC PLANNING PROCESS, AND DURING THE FY 2014 BUDGET PRESENTATION I SHARED A DRAFT OF OUR DEPARTMENT-WIDE MISSION AND VISION STATEMENT. HOWEVER, AT THAT TIME, THESE WERE NOT YET ADOPTED BY THE ENTIRE WORKFORCE. WE DID RECEIVE A LOT OF INPUT FROM STAFF AND BASED ON THE FEEDBACK WE RECEIVED, THOSE DRAFT STATEMENTS HAVE BEEN REVISED TO WHAT YOU SEE NOW. ALTHOUGH, THEY ARE ON THE SLIDE, AND I DON'T REALLY LIKE TO READ THE SLIDES. I FEEL LIKE OUR MISSION AND VISION ARE IMPORTANT ENOUGH TO SAY OUT LOUD. SO THE MISSION IS -- THE DEPARTMENT OF COUNTY HUMAN SERVICES WORKS TOGETHER WITH OUR COMMUNITY TO PROVIDE PEOPLE WITH RESOURCES THAT MAKE A DIFFERENCE, INCREASE HEALTH AND SAFETY, AND PROMOTE DIGNITY AND RESPECT. OUR VISION IS THAT EVERYONE LIVES IN A SAFE, HEALTHY, CARING, AND DIVERSE COMMUNITY WHERE HOPE, INDEPENDENCE, LEARNING, AND OPPORTUNITY PREVAIL FOR ALL, AND WE DID DEVELOP THESE WITH INPUT FROM ALL 700 PLUS EMPLOYEES IN THE DEPARTMENT. WE ARE VERY FORTUNATE TO HAVE AN INTENSELY COMMITTED AND ENGAGED CITIZEN BUDGET ADVISORY COMMITTEE. I WANT TO PUBLICLY ACKNOWLEDGE EACH OF THEM FOR THEIR FINE WORK AND DEDICATION, AND THERE IS STEVE, OUR CHAIR, AND BILL, JOHN, MARK, AND TAMRA, JOHN, AND DAVID. EACH OF THE CBAC MEMBERS ARE TRULY COMMITTED TO THE BETTERMENT OF THE COMMUNITY, AND THEY ARE GREAT ADVOCATES FOR THESE CRITICAL SERVICES. WE CERTAINLY APPRECIATE THE AMOUNT OF TIME AND ENERGY IT TAKES TO REVIEW ALL OF THE PROGRAM OFFERS, AS YOU WELL KNOW. IT'S A LOT OF INFORMATION AND A LOT OF VERY TEDIOUS DETAIL, AND I CAN TELL YOU IT WAS VERY CLEAR THAT THEY ALL TOOK THEIR CHARGE VERY SERIOUSLY. THE COMMITTEE'S PROCESS FOR MAKING THE RECOMMENDATIONS WAS THOUGHTFUL, AND AS THEY ASKED MANY, MANY -- THEY ASKED MANY GREAT QUESTIONS OF STAFF. THEY HAD LIVELY DISCUSSIONS AMONGST THEMSELVES. THEY HAD A PROCESS TO AGREE ON THE RECOMMENDATIONS TO SUBMIT. AND NOW, I AM DELIGHTED TO TURN THIS OVER TO STEVE, WHO WILL PROVIDE YOU WITH HIS REPORT ON BEHALF OF THE CBAC. STEVE?

>> GOOD MORNING, I AM STEVE, AND I AM THE CHAIR OF THE DEPARTMENT OF COUNTY HUMAN SERVICES, CITIZEN BUDGET ADVISORY COMMITTEE. MY TESTIMONY TODAY IS A SUPPLEMENT TO THE MARCH LETTER THAT YOU SHOULD ALL HAVE RECEIVED FROM MY CBAC CONTAINING OUR RECOMMENDATIONS FOR THE PENDING FY 2014 AND FY 2015 BUDGET. ON BEHALF OF THE DCHS, CBAC, I WANT TO THANK CHAIR MADRIGAL FOR RECOMMENDING FUNDING IN THE EXECUTIVE BUDGET FOR ALL IN TARGET PROGRAM OFFERS AND FOR ALL ONGOING PROGRAMS FUNDED IN FY 2014 WITH ONE-TIME ONLY DOLLARS THAT WERE SUBMITTED BY DCHS. WE ALSO WANT TO THANK THE CHAIR FOR RECOMMENDING FUNDING FOR TEN OF THE OUT OF TARGET PROGRAM OFFERS THAT WERE SUBMITTED. AND HOWEVER, SIX OF THOSE OUT OF TARGET PROGRAM OFFERS WERE NOT INCLUDED IN

THE CHAIR'S EXECUTIVE BUDGET, AND I HAVE LISTED THEM BELOW IN THE ORDER IN WHICH THE DCHS, CBAC PRIORITIZED THEM, AND WITH NUMBER ONE BEING THE HIGHEST PRIORITY AND I THINK THAT YOU ALL HAVE COPIES OF THE TESTIMONY. THOSE PROGRAM OFFERS ARE, ARE FIRST PROGRAM NUMBER 25144, IMPROVED DATA QUALITY, AND NUMBER TWO, PROGRAM, NUMBER 25156D, THE SOCIAL SERVICES SCALE IMPROVED ACCESS. NUMBER THREE, PROGRAM OFFER 25075D, CULTURAL OUTREACH. AND NUMBER FOUR, PROGRAM NUMBER (250)102-5015, AND 15016, DD BACK-FILL, STATE REDUCTION, AND NUMBER FIVE, PROGRAM NUMBER 25000D, COMMUNITY ENGAGEMENT, AND NUMBER SIX, PROGRAM, NUMBER 250 01D TRAINING CAPACITY. IDEALLY, WE WOULD LIKE TO SEE ALL THESE PROGRAM OFFERS FUNDED, AND IT IS OUR HOPE THAT YOU WILL BE ABLE TO FUND AT LEAST SOME OF THEM. WE WANT TO EXPRESS OUR APPRECIATION TO ALL OF YOU FOR YOUR DEDICATION TO PROTECTING AND PRESERVING HUMAN SERVICES. IT HAS BEEN A PLEASURE TO WORK WITH YOU IN THAT EFFORT. AND NOW, IF I MAY, I WANT TO GIVE YOU A PREVIEW OF COMING OF, COMING ATTRACTIONS OF SOMETHING VERY IMPORTANT. I AM HOLDING IN MY HAND A REPORT FROM JULY 8, 1996, ENTITLED "POVERTY IN MULTNOMAH COUNTY, A DESCRIPTIVE REPORT." IT WAS PUT OUT BY THE MULTNOMAH COUNTY DEPARTMENT OF COUNTY AND FAMILY SERVICES, OFFICE OF COMMUNITY ACTION AND DEVELOPMENT. I HAVE HELD ONTO THIS REPORT FOR 18 YEARS. WHEN I JOINED THE COMMISSION ON CHILDREN, FAMILIES, AND COMMUNITIES, POVERTY ACTION COUNCIL, EIGHT OR NINE YEARS AGO, I TOOK A REFERENCE TO IT WITH THE HOPES THAT WE MIGHT GET AN UPDATE OF IT. WELL, AS IT TURNS OUT, PERSISTENCE SOMETIMES PAYS OFF. I AM NOW HOLDING IN MY HAND THE 2014 POVERTY IN MULTNOMAH COUNTY REPORT. IT IS FROM THE DEPARTMENT OF COMMUNITY, OF COUNTY HUMAN SERVICES COMMUNITY SERVICES DIVISION. THE REPORT WAS PREPARED BY CHRISTIN AND SOME OF YOU PROBABLY KNOW CHRIS. SHE DID A TERRIFIC JOB ON IT. THERE ARE A COUPLE OF PEOPLE THAT I WANT TO THANK. A FEW MONTHS AGO, I WAS SITTING AT A MEETING IN THIS ROOM WITH STEVE MARCH, AND I TOLD HIM ABOUT THIS 1996 REPORT, AND THAT I SURE WOULD LIKE TO FIND A WAY TO ELECTRONICALLY SEND IT AROUND, AND HE SAID WHY DON'T YOU COME TO MY OFFICE AND I WILL GET MY STAFF TO SCAN THE WHOLE THING, AND THEN YOU CAN SEND IT AROUND. AND I DID JUST THAT. I DID SEND IT AROUND, AND ONE OF THE PEOPLE THAT I SENT IT TO IS MARY LEE, THE DIRECTOR OF, OF THE COMMUNITY SERVICES DIVISION, AND MARY TOOK A LOOK AT IT AND SAID, YES. WE NEED TO DO THIS. SO, YOU WILL BE HEARING MORE ABOUT THIS VERY SOON, AND WE HOPE TO DO A SPECIAL PRESENTATION BEFORE YOU ON THE REPORT, PROBABLY IN JUNE. I HOPE TO BE PART OF THAT. I WILL TELL YOU THAT THE NEWS IS NOT GOOD. POVERTY HAS INCREASED SIGNIFICANTLY IN THE COUNTY SINCE 1996, AND ALL OF IT IS CHRONICLED IN THE REPORT. I WILL ALSO SAY THAT IT'S MY VIEW THAT THIS SITUATION IS GOING TO GET WORSE BEFORE IT GETS BETTER, AND THERE WILL BE FURTHER INCREASES IN POVERTY NATIONALLY AND IN MULTNOMAH

COUNTY. BUT, THIS REPORT CAN, CAN GIVE THE BOARD OF COUNTY COMMISSIONERS SOME IMPORTANT DATA ON WHAT WE MIGHT BE ABLE TO DO IN MULTNOMAH COUNTY TO HELP REDUCE POVERTY. AND I'M SO GLAD. THERE ARE VERY FEW THINGS THAT I CAN SAY IN THE 19 YEARS THAT I'VE BEEN DOING ADVOCACY IN THIS TOWN THAT WOULD NOT HAVE HAPPENED WITHOUT ME. THIS WOULD NOT HAVE HAPPENED WITHOUT ME, AND I AM PLEASED ABOUT IT, AND THANK YOU.

>> THANK YOU.

>> Commissioner Smith: A COPY OF THE 1996 -- IF YOU STILL HAVE THAT STEVE DOWNLOADED FOR YOU --

>> WE CAN GET THAT TO YOU.

>> I HAVE GOT IT ON MY COMPUTER, SO I WILL, I WILL -- I WILL BE GLAD TO SEND THAT ONE OUT TO ALL OF YOU, ACTUALLY.

>> I HAVE A QUESTION. THANK YOU FOR THE PRESENTATION.

>> Commissioner Smith: I NOTED THAT YOU -- YOU IDENTIFIED A BUDGET AMENDMENT THAT I HAD SUBMITTED EARLIER TODAY. DID YOU HEAR THAT, SUSAN? SO, I'M NOT QUITE SURE WHICH DEPARTMENT DO YOU ALL -- IT'S IN YOUR DEPARTMENT? NOT JUST, JUST -- OK. THANK YOU.

>> STEVE, THANK YOU FOR YOUR TIRELESS ADVOCACY. THIS COMMUNITY TRULY BENEFITS FROM THE WORK THAT YOU DO. STEVE IS -- AMAZES ME WITH THE DEPTH OF INFORMATION HE HAS IN HIS HEAD. IT'S AMAZING TO ME, AND HE IS THE GURU OF ROBERT'S RULES OF ORDER. HAVING SAT IN HIM WITH VARIOUS MEETINGS, HE KNOWS IT INSIDE AND OUT, OLD AND NEW EDITIONS, AND STEVE CAN RUN A MEETING, AND I ALSO HAVE APPRECIATED HIS FRIENDSHIP DURING MY TIME HERE, SO THANK YOU, STEVE.

>> I WOULD LIKE TO TAKE A MOMENT TO RECOGNIZE FORMER COUNTY COMMISSIONER LISA, IN THE AUDIENCE. I COULD NOT HELP BUT EMBARRASSING YOU. THANK YOU FOR BEING HERE TODAY.

>> OK AM NOW, WE'LL TALK ABOUT THE DEPARTMENT'S ORGANIZATIONAL CHART. DCHS IS HOW -- IS HOW I WILL BE REFERRING TO US MOSTLY FROM NOW ON. IT IS COMPRISED OF SIX DIVISIONS, PLUS THE DEPARTMENT OF ADMINISTRATION. THAT INCLUDES THE DIRECTOR'S OFFICE, THE OFFICE OF POLICY, PLANNING, AND PERFORMANCE, HUMAN RESOURCES, BUSINESS SERVICES, AND CONTRACTS. OUR DEPARTMENT SERVES AS THE AREA AGENCY ON AGING, THE AGING AND DISABILITY RESOURCE CENTER, THE

LOCAL MENTAL HEALTH AUTHORITY, AS MULTNOMAH MENTAL HEALTH, WE ARE PART OF THE COORDINATED CARE ORGANIZATION, HEALTH SHARE OF OREGON, AND WE ARE ALSO THE DESIGNATED COMMUNITY ACTION AGENCY FOR MULTNOMAH COUNTY. THE DEPARTMENT, OF COURSE, IS RESPONSIBLE FOR CREATING SYSTEMS OF CARE, LEADING PROGRAM DEVELOPMENT AND COORDINATING SERVICES FOR THE COUNTY'S MOST VULNERABLE POPULATION. THE FISCAL YEAR -- THE FY 2015 TOTALS \$235 MILLION AND 779 FTEs. THIS IS AN INCREASE OF 57 MORE THAN FY 2014, AND I WILL TALK MORE, A BIT MORE ON THAT LATER. AND ALTHOUGH WE HAVE GROWN BY THE 57 FTEs, THE SPAN RATIO STILL AVERAGES ONE TO TEN. AS YOU WILL SEE IN THIS CHART, SERVICES PROVIDED BY DCHS, SPAN THE ENTIRE CONTINUUM OF CARE SPECTRUM FROM PREVENTION TO COMMUNITY SUPPORTS TO TREATMENT SERVICES TO CRISIS AND SAFETY NET SERVICES. THE CHART DOES NOT LIST INDIVIDUAL PROGRAM OFFERS, BUT RATHER, IT LISTS TYPES OF SERVICES. THERE IS SOME OVERLAP, SO YOU WILL SEE SOME SERVICES LISTED IN MORE THAN ONE COLUMN FOR, FOR INSTANCE, PROTECTIVE SERVICES, WHICH FOCUSES ON ABUSE PREVENTION, AND IS ALSO INCLUDED AS A CRISIS SERVICE. SO, YOU WILL SEE A BIT OF OVERLAP. YOU WILL ALSO NOTE FROM LAST YEAR THAT SOBERING HAS BEEN REMOVED FROM THE LIST OF CRISIS SERVICES. THESE SERVICES ARE STILL BEING PROVIDED, BUT THE CITY OF PORTLAND HAS ASSUMED THE FULL COST. YOU WILL NOTE THE ADDITION OF THE MENTAL HEALTH TRIAGE PILOT, WHICH IS CHAIR MADRIGAL'S EXECUTIVE BUDGET, AND WE THANK HER FOR THAT, AND THIS WAS PRESENTED LAST WEEK. I WILL TALK A BIT MORE ABOUT THAT.

>>> OUR SERVICES, ALL THE SERVICES ARE PROVIDED DIRECTLY BY COUNTY EMPLOYEES, AND THEY ARE ALSO PROVIDED VIA COMMUNITY-BASED PROVIDERS. WE CONTRACT WITH MORE THAN 300 COMMUNITY AGENCIES TO DELIVER THESE ARRAY OF SERVICES. I WILL NOW TURN THE PRESENTATION OVER TO ROB, WHO IS OUR DEPARTMENT'S FINANCE MANAGER. HE'S BEEN WITH US FOR ABOUT NINE MONTHS. ROB CAME TO US FROM THE OREGON HEALTH AUTHORITY. HE HAS BEEN A VALUE TO OUR DEPARTMENT, AND WE ARE GLAD TO HAVE HIM ONBOARD. ROB.

>> GOOD MORNING, CHAIR MADRIGAL AND COMMISSIONERS. I AM A FINANCE MANAGER FOR THE DCHS. OVERALL, OUR BUDGET IS A BIT UNDER \$236 MILLION, AND 237.5 FOR THE FY 2015, AND THE, THAT REPRESENTS \$61.2 MILLION, AND THE REST IS OTHER FUNDS THAT IS COMPRISED OF FEDERAL AND STATE AND OTHER LOCAL AND OTHER SOURCES, \$174.5 MILLION. AND THE FTE IS ALMOST \$780, THIS REPRESENTS ABOUT, ABOUT \$13 MILLION OF INCREASE COMPARED TO THE FY 2014 ADOPTED BUDGET. IN TERMS OF THE REVENUE SOURCES, 27% IS COUNTY GEM FUND. 70% OF FEDERAL AND STATE FUNDS, AND OTHER SOURCES, \$6.7 MILLION. LOCAL OTHER SOURCES INCLUDE \$1.1 MILLION OF THE [INAUDIBLE] FUNDS, AND THEY ALSO INCLUDE THE C.T. SCHOOL DISTRICTS, GRANTS, AND ETC. IN TERMS OF THE COUNTY

GENERAL FUND, IT HAS INCREASED BY \$2.8 MILLION, COMPARED TO FY 2014, WHICH IS ABOUT 5%. THE FEDERAL STATE FUNDS, THE NET INCREASES ARE \$10.2 MILLION, WHICH IS ABOUT 6% MORE THAN, THAN THE FRYING BUDGET. PLEASE NOTE THAT THE MAJORITY CHUNK IS THE INCREASE IN THE MEDICAID FUNDING, BUT ALSO, THERE WAS A DECREASE IN THE STATE ALLOCATIONS. IN THIS PARTICULAR SLIDE, WE ALSO SPECIFIED THE OREGON HOUSE PLAN, MULTNOMAH COUNTY, AND IT'S ABOUT OUR PROJECTIONS ARE, \$60 MILLION, FOR THAT PARTICULAR LINE OF BUSINESS. PERSONNEL IS ABOUT 32%, ALMOST \$75 MILLION.

[CLOSED CAPTIONING TRANSCRIBER SWITCH]

>>> DEPARTMENT AND ADMINISTRATION REPRESENTS ABOUT 3%, \$7.7 MILLION. MENTAL HEALTH AND ADDICTION SERVICES REPRESENTS ABOUT HALF OF THE ENTIRE BUDGET, ABOUT 45%. NEXT IS AGING AND DISABILITY SERVICES, 22%, \$51.5 MILLION. DEVELOPMENTAL DISABILITIES, \$19 MILLION OR ABOUT 8%, AND COMMUNITY SERVICES 14%. DOMESTIC VIOLENCE 2%. I JUST WANT TO POINT THAT THE DEPARTMENT ADMINISTRATION IN FY14 ADOPTED BUDGET ALSO REPRESENTED 3%. WE ARE CONSISTENT IN THAT REGARD AS WELL. THE BUDGET PROPORTION FOR EACH OF THE DIVISIONS COMPARED TO THE ENTIRE DCHS BUDGET REMAINED ABOUT THE SAME. 1% DIFFERENCE MAYBE. AS IT WAS IN FY14, HOWEVER, THERE ARE SOME DIVISIONS, BUDGETS OF WHICH INCREASED MORE THAN THE OTHERS. AND THOSE DIVISIONS ARE AGING AND DISABILITY SERVICES -- INCREASED BY \$5.5 MILLION, WHICH IS ABOUT 12% MORE THAN IN FY14 ADOPTED. AND THE MAJOR AREAS RESPONSIBLE FOR THAT INCREASE IS MEDICAID FUNDS AND OREGON PROJECT INDEPENDENCE. FOR MENTAL HEALTH AND ADDICTIONS, THE BUDGET INCREASED BY \$4.8 MILLION, WHICH IS ABOUT 5% MORE THAN FY14, AND MAINLY MEDICAID FUNDS ARE RESPONSIBLE FOR THAT. FUND SERVICE SYSTEM, \$2.3 MILLION. THAT IS COMPRISED OF COUNTY GENERAL FUNDS, CITY OF PORTLAND, DISTRICT, OREGON COMMISSION ON CHILDREN AND FAMILIES. OVERALL IT IS ABOUT 18% MORE THAN IN FY14 ADOPTED BUDGET. THE FTE SITUATION, AS SUSAN MENTIONED BEFORE, THE -- WE GOT ABOUT 57 MORE -- WE GOT ABOUT 57 MORE FTE, AND COMPARED TO THE FY14 BUDGET. ALMOST HALF OF THEM ARE NADS. HOSTED THE MAJORITY OF THE FTE IN FY14 AS WELL. IN FY15 IT HAS INCREASED BY 16%, OR BY 50 FTE FOR ADS. SOUND SERVICE SYSTEM ADDED ABOUT FIVE FTE, WHICH IS ABOUT 24% THAN IN FY14. THE GRAPHIC REPRESENTATION HERE THAT YOU CAN SEE, DEPARTMENT ADMINISTRATION, AND ABOUT 7% OF THE ENTIRE WORK FORCE. AGING AND DISABILITY HERE REPRESENTS ALMOST HALF OF THE DCHS. AND MENTAL HEALTH AND ADDICTIONS BEING 22%. COMMUNITY SERVICES BEING 4%. AND DEVELOPMENTAL DISABILITIES BEING 16%. SUN BEING 3%, AND DOMESTIC VIOLENCE 1%. ALSO WE HAVE THIS REPORT. THERE ARE LOTS OF POSITIONS HERE, BUT A MAJORITY OF POSITIONS ARE NOW FILLED OR BEING RECLASSIFIED OR IN THE PROCESS OF

RECLASSIFICATION. HOWEVER, THERE ARE SOME VACANT POSITIONS THAT WE WANT TO POINT YOUR ATTENTION TO. THERE ARE THREE POSITIONS WITH AGING AND DISABILITY SERVICES THAT AS WE FOUND OUT RECENTLY, A PROGRAM -- THERE ARE THREE POSITIONS WITH ADS THAT ARE BEING -- THAT ARE CLASSIFICATION PENDING DECISION IS PENDING, OR POSITION DESCRIPTION BEING UPDATED AND SOME POSITION DUTIES ARE BEING FINALIZED. THERE ARE TWO OTHER POSITIONS WITH MENTAL HEALTH AND ADDICTION SERVICES THAT ARE GOING THROUGH THE RECLASSIFICATION PROCESS ALSO, AND THEY'RE THINKING ABOUT RECLASSIFYING THE POSITION AS WELL. BUT THERE IS ONE POSITION THAT IS A COMMUNITY HEALTH NURSE. THAT POSITION WILL BE ELIMINATED IN FY15 IN OUR NEXT BUDGET CYCLE. IT IS ABOUT \$100,000. IT'S FEDERAL. AND FUNDED BY FEDERAL AND STATE FUNDS. AND IT WILL BE MOVED TO THE CONTRACTED SERVICES. SO, ON THAT, I WILL PASS IT BACK TO SUSAN.

>> THANK YOU, ROB. NOW I WILL TALK -- I WILL BE TALKING ABOUT OUR PROGRAM OFFERS. ALTHOUGH WE WERE FORTUNATE IN THAT THE COUNTY DID NOT ASK US TO HAVE A CONSTRAINT IN OUR GENERAL FUND, I DID ASK OUR DIVISIONS TO SUBMIT A .75 CONSTRAINT IN ORDER TO HAVE SOME OPTIONS FOR FUNDING SOME DEPARTMENT-WIDE INFRASTRUCTURE NEEDS. AND SO WE WERE ABLE TO ALLOCATE SOME DOLLARS TO DO THAT. AND WE ALSO REALLOCATED SOME DOLLARS IN MENTAL HEALTH TO FUND A SUICIDE PREVENTION COORDINATOR. I WILL GO THROUGH THE POSITIONS. WITH THE DOLLARS THAT WE WERE ALLOCATED FROM OUR DIVISIONS, WE WERE ABLE TO FUND A BUSINESS SYSTEMS ANALYST, AND THIS IS A POSITION THAT WAS FUNDED LAST YEAR WITH ONE-TIME ONLY MONEY. IT IS A BUSINESS PROCESS COORDINATOR. AND WHAT THIS POSITION DOES IS IT HELPS STREAMLINE AND CONSOLIDATE OUR 80 PLUS DATA SYSTEMS, AND DIRECTS - - IS IN THE PROCESS -- IS DIRECTING A STRATEGIC EFFORT TO INTEGRATE ALL DATA SYSTEMS ACROSS THE DEPARTMENT. WE FELT ALTHOUGH WE APPRECIATED HAVING THE ONE-TIME ONLY FUNDING, THIS IS REALLY AN ONGOING NEED. THIS INDIVIDUAL SERVES AS ESSENTIALLY THE DEPARTMENT'S LIAISON WITH I.T. TO WORK WITH OUR DATA SYSTEMS. ANOTHER POSITION THAT WE FELT IS -- WAS NECESSARY AND THAT WE COULD FUND INTERNALLY IS A GRANT WRITER. THIS POSITION WILL IDENTIFY GRANT OPPORTUNITIES, COORDINATE EFFORTS ACROSS THE DEPARTMENT, ACTUALLY WRITE GRANTS FOR US, AND SERVE AS OUR LIAISON WITHIN COUNTY AND COMMUNITY-WIDE EFFORTS. COMMISSIONER, I KNOW YOU HAVE ASKED ABOUT THIS. I THINK APPARENTLY WE HAD GRANT WRITER AEONS AGO, BUT WITH YEARS OF BUDGET CUTS, WE LOST THAT POSITION. AND WITH MORE AND MORE STATE DOLLARS BEING ALLOCATED THROUGH GRANTS, WE FELT LIKE WE REALLY NEEDED A GRANT WRITER. SO, WE FEEL LIKE THIS IS A VITAL POSITION NOW THAT THE STATE IS TRANSITIONING TO THIS MODEL. AND THE OTHER REALLOCATION THAT WE DID WAS WITH MENTAL -- WAS IN MENTAL HEALTH AND ADDICTION SERVICES. THIS IS

RELATED TO THE MENTAL HEALTH FIRST AID AND SUICIDE PREVENTION PROGRAM. REALLOCATE \$86,000 FROM MENTAL HEALTH FIRST AID. THIS WILL FUND A FULL-TIME SUICIDE PREVENTION COORDINATOR, WHICH WE KNOW IS NEEDED IN OUR COMMUNITY, THAT WILL BE TRAINED TO PROVIDE THE MENTAL HEALTH FIRST AID, AS WELL AS ASSIST SUICIDE PREVENTION TRAININGS TO INCREASE AWARENESS OF MENTAL HEALTH ISSUES AND -- WE WERE ABLE TO REALLOCATE THIS WITHIN THE FIRST AID PROGRAM THAT WAS STARTED LAST YEAR BECAUSE WE WERE -- WE REDUCED THE NECESSARY HOURS FOR THE PROGRAM FROM 12 TO 8 1/2. SO THAT SAVED SOME DOLLARS. AND WE HAD IN THE BUDGET LAST YEAR DOLLARS TO RENT FACILITY SPACES AND WE HAVE FOUND THAT WE DIDN'T NEED THAT. WE WERE ABLE TO FIND FREE SPACE. THAT WAS A GOOD THING AND WE WERE ABLE TO REALLOCATE THOSE DOLLARS BACK INSIDE THE PROGRAM TO FUND THE POSITION. THE POSITION LAST YEAR DID NOT HAVE AN FTE ATTACHED TO IT. AND IT CERTAINLY TAKES A LOT OF WORK TO COORDINATE ALL OF THESE TRAININGS. AND, SO, THIS POSITION WILL MANAGE ALL OF THAT AS WELL AS CONDUCT THE TRAININGS.

>> CHAIR, CAN I ASK A QUESTION ABOUT THAT?

>> Chair Madrigal: COMMISSIONER McKEEL.

>> I THINK IT'S GREAT. IT'S NEEDED, ABSOLUTELY. SO, AS YOU DO YOUR OUTREACH, ARE YOU PRIORITIZING GROUPS THAT YOU'RE GOING TO BE OUTREACHING TO, OR HAVE YOU GOTTEN THAT FAR?

>> WE HAVE PRIMARILY BEEN PRIORITIZING PROFESSIONALS, LAW ENFORCEMENT PROFESSIONALS AND OTHER PEOPLE WHO ENCOUNTER A HIGH-VOLUME OF MENTAL -- PEOPLE WHO APPEAR TO HAVE MENTAL HEALTH ISSUES. WE HOPE TO BROADEN THAT TO THE WIDER COMMUNITY AT SOME POINT.

>> OKAY. THANK YOU. AND I WILL JUST PUT IN MY PITCH FOR THE VETERANS, BECAUSE THE LINE FOR LIFE IS -- HAS RECEIVED MONEY FROM THE OREGON DEPARTMENT OF VETERANS AFFAIRS FOR SUICIDE PREVENTION OUTREACH, AMONG THE MILITARY POPULATION.

>> THANK YOU FOR THAT INFORMATION. I'M NOT SURE I SEE THAT SLIDE.

>> IT'S THE NEXT SLIDE.

>> OH, THERE IT IS. SORRY ABOUT THAT. IT IS SO SMALL. OKAY. SO, I'LL START TALKING ABOUT OUR PROPOSED BUDGET AND I WILL START WITH AGING AND DISABILITY SERVICES. OUR FIRST INCREASE IS FOR ON -- \$566,000 FOR ONGOING FUNDS TO BACKFILL FISCAL YEAR '14 ONE-TIME FUNDING FROM

BOTH THE CITY AND COUNTY GENERAL FUND. THIS FUNDS DISTRICT SENIOR CENTERS. THERE ARE FIVE SENIOR CENTERS AND NINE CULTURALLY-SPECIFIC CONTRACTORS, WHERE SENIORS RECEIVE A WIDE VARIETY OF COMMUNITY SERVICES THAT SUPPORT INDEPENDENCE, PROMOTE HEALTH, AND PREVENT INSTITUTIONALIZATION. THIS WAS FUNDED LAST YEAR WITH ONE-TIME ONLY AND NOW IT IS ONGOING AND WE ARE VERY THANKFUL FOR THAT.

>> THIS 566 IS THE TOTAL AMOUNT THAT WAS IN QUESTION LAST YEAR WHEN THE CITY AND COUNTY WERE NEGOTIATING OVER THE BUDGET, BUT NOT THE TOTAL AMOUNT THAT IS SPENT ON SENIOR CENTERS AND ON CONTRACTING.

>> THANK YOU FOR CLARIFYING THAT. THIS IS IN ADDITION TO WHAT IS ALREADY BEING SPENT, YES.

>> THANK YOU.

>> THE NEXT IS AN EXPANSION OF VETERAN SERVICES. THIS INCREASES THE CAPACITY OF VETERANS SERVICE OFFICE TO EXPAND THE NUMBER OF VETERANS RECEIVING ASSISTANCE TO ACCESS ENTITLED BENEFITS. WE HISTORICALLY HAD THREE PEOPLE IN THAT OFFICE, AND I FELT WITH THE RECENT ENGAGEMENTS THAT HAVE -- THE RECENT DEPLOYMENTS AND PEOPLE COMING BACK FROM THE WAR, IT JUST WASN'T ENOUGH TO SERVE THE COMMUNITY. WE HAD SUPPORT FROM OTHER AREAS IN THE COUNTY, AND THIS WILL ADD -- EXPAND COMMUNITY EDUCATION PROGRAMS, ADD TWO NEW LOCATIONS TO THE CURRENT FIVE, INCREASE BY ALMOST THREE FTEs, AND WE HOPE TO SERVE AN ADDITIONAL 200 VETERANS AND HOPEFULLY WE WILL BRING IN ALMOST \$2 MILLION IN BENEFITS TO OUR COMMUNITY. THESE ARE ENTITLED BENEFITS AND WE JUST FELT AS THOUGH WE WERE NOT ABLE TO SERVICE ENOUGH OF OUR VETERANS.

>> Chair Madrigal: COMMISSIONER SMITH.

>> Commissioner Smith: HOW MANY VETERAN SERVICE OFFICES DO WE HAVE TO DATE?

>> WE HAVE I BELIEVE THREE --

>> AND WE ARE GOING TO ADD 2.67 MORE.

>> IT IS NOT JUST -- WE ARE GOING TO ADD A SUPERVISOR, BECAUSE WE HAD A SUPERVISOR WHO WAS WORKING HALF TIME IN THAT OFFICE AND HALF TIME IN AGING. BRING THIS UP TO A FULL-TIME SUPERVISOR, AND WE ALSO DIDN'T HAVE ANYBODY ANSWERING THE PHONE. WE HAD A HALF TIME PERSON WHO ANSWERED THE PHONE. THE OTHER HALF-TIME, WE HAD A

RECORDING, AND WE FELT AS THOUGH IN ORDER TO BE MORE ACCESSIBLE TO THE VETERANS, WE NEEDED TO HAVE SOMEBODY ANSWER THE PHONE FULL-TIME. SO, IT IS NOT JUST VETERAN SERVICE OFFICERS. WE HAVE MORE CLERICAL SUPPORT AND SUPERVISION, AND I THINK 1 1/2 MORE SERVICE OFFICER.

>> I'M TRYING TO FIGURE OUT HOW MANY VETERANS FTEs DO WE HAVE IN THIS DEPARTMENT?

>> I CAN'T THINK OF THAT --

>> FIVE OR SIX. I'M NOT CLEAR.

>> CAN I GET THAT TO YOU AT THE END OF THE PRESENTATION?

>> YES.

>> OKAY. THANK YOU. SOMEBODY WILL HAVE THAT FOR ME. THE NEXT, AGING AND DISABILITY SERVICES, ONE-TIME ONLY OFFER OF \$15,000, FOR PROTECTED PERSON SPECIAL ADVOCATE PROGRAM. THIS IS WITH THE MULTNOMAH COUNTY PUBLIC GUARDIAN AND CONSERVATORY PROGRAM. WE PROPOSE TO OFFER THIS -- TO HAVE THIS ONE-TIME FUNDING TO SUPPORT PROTECTIVE PERSONS IN MULTNOMAH COUNTY. THIS WILL ASSIST COUNTY CIRCUIT COURTS BY USING TRAINED VOLUNTEERS TO MONITOR GUARDIANSHIP PROCEEDINGS AND PROVIDE SUPPORT TO GUARDIANS. THERE IS THE ASSUMPTION THAT GUARDIANS ARE ALWAYS DOING THE RIGHT THING AND MOST REALLY ARE. BUT THERE ARE PROBLEMS FROM TIME TO TIME, AND THIS MONITORING WILL REDUCE THE POTENTIAL FOR ABUSE, NEGLECT, AND EXPLOITATION OF PROTECTED LEGALLY INCAPACITATED ADULTS.

>> I WANT TO THANK YOU, AND I ALSO WANT TO TALK ABOUT THE METHODOLOGY HERE. I KNOW THAT MY OFFICE WAS APPROACHED BY A PARTICULAR PROGRAM. I THINK THAT THIS FREQUENTLY HAPPENS WITH OUR OFFICES AROUND BUDGET TIME THAT PARTICULAR PROGRAMS LIKE TO APPROACH US AROUND BUDGET TIME, AND SO I THINK THAT THE METHODOLOGY OF HAVING A PUBLIC PROCUREMENT PROCESS IN KEEPING WITH STATE POLICY AND LAW IS JUST COMMENDABLE, AND I WANT TO UNDERLINE IT. OTHERWISE THIS JUST SORT OF SLIPS THROUGH WITHOUT GRABBING THE GLORY THAT I KNOW WE LOVE TO DO HERE BY FUNDING OUR OWN PROGRAMS. THIS IS A SERVICE THAT IS REALLY NECESSARY, AND IT'S GOING TO HAPPEN AND IT'S GOING TO HAPPEN THROUGH THAT, YOU KNOW, THE FAIRNESS OF THE PUBLIC PROCESS.

>> THANK YOU. THE NEXT PROGRAM OFFER IS THE MENTAL HEALTH PILOT

WITH THE CRISIS ASSESSMENT AND TREATMENT CENTER. WE HAD A BRIEFING ON THIS LAST WEEK. THIS IS A PILOT SERVICE ENHANCEMENT TO THE CATC AND IT HELPS CREATE A BEHAVIORAL TRIAGE SERVICE AND THIS WOULD ALLOW FOR DIRECTED ADMISSIONS TO AVAILABLE BEDS, PROBATION, PAROLE, CORRECTIONS HEALTH, AND TARGETED FOR THOSE UNDER DCJ SUPERVISION. SINCE WE HAD A FULL BRIEFING ON THIS LAST WEEK, I WON'T GO INTO GREAT DETAIL BUT CERTAINLY CAN IF NEEDED. CATC, FISCAL YEAR 14, AND THE NEXT OFFER WHICH IS SOBERING AND THE CITY IS GOING TO BE FULLY FUNDING SOBERING. THE COUNTY WILL BE FULLY FUNDING THE CATC AND THE -- WE THINK THAT WILL CREATE SOME EFFICIENCIES IN OUR COMMUNITY FOR OUR PROVIDERS THAT -- WE WILL ONLY NOW HAVE TO HAVE ONE CONTRACT.

>> IF WE CAN GO BACK TO THAT FOR JUST A MINUTE. I KNOW WE ASKED THE QUESTION LAST WEEK, BUT I'M NOT SURE I HAVE MY HEAD AROUND THE CAPACITY ON BEDS. BECAUSE THERE IS AN ADDITIONAL CAPACITY ON BEDS. WHERE DO WE ANTICIPATE PEOPLE GOING THAT ARE COMING TO THE CATC AND DO NEED SHELTER --

>> ONLY LICENSED FOR 16 BEDS. IF THERE ARE MORE BEDS, IT HAS TO BE A DIFFERENT FACILITY. WE HAVE NOT EVER REALLY BEEN AT FULL CAPACITY. AGAIN, I THINK BECAUSE OF GENDER ISSUES OR JUST DIFFERENT -- PEOPLE ARE ADMITTED AND DISCHARGED AND THERE ARE A FEW BEDS EMPTY. WE ARE RESERVING TWO BEDS OF THE 16, SPECIFICALLY FOR PEOPLE ADMITTED INTO THE TRIAGE CENTER. YOU'RE ABSOLUTELY RIGHT IN THAT SOMETIMES WE -- WE DON'T KNOW HOW THE CAPACITY -- WE DON'T KNOW WHAT THE CAPACITY NEEDS WILL BE WITH THE TRIAGE CENTER. THAT IS PART OF THE PILOT TO BEGIN TO ASSESS THAT. THERE ARE OTHER OPTIONS FOR PEOPLE. ONE IS THERE IS A RESPITE FACILITY, AND THAT IS FOR PEOPLE WHO NEED EVEN A LOWER LEVEL CARE THAN CATC. SOME PEOPLE WAY NOT NEED ANY BED. THEY MIGHT JUST NEED TO BE ADMITTED DIRECTLY TO OUTPATIENT TREATMENT. SOME PEOPLE MIGHT NEED A HIGHER LEVEL OF CARE THAN CATC AND HAVE TO GO TO THE EMERGENCY ROOM. IT IS A GOOD QUESTION. WE'RE NOT REALLY SURE YET WHAT THE NEED IS GOING TO BE WITH THAT PILOT. WE DO KNOW THAT THERE IS A LACK OF SUPPORTED HOUSING IN THIS COMMUNITY. AND I WILL BE TALKING ABOUT THAT A LITTLE BIT FURTHER. BUT THAT IS A NEED IN THE COMMUNITY IS MORE SUPPORTIVE HOUSING FOR PEOPLE.

>> I THINK OUTSIDE IT GIVES US THE OPPORTUNITY THROUGH A PILOT TO DOCUMENT WHAT SOME OF THOSE NEEDS ARE TO MAKE THE CASE FOR ADDITIONAL DOLLARS IN THE FUTURE.

>> RIGHT.

>> YEAH.

>> THANK YOU. THE NEXT PROPOSED BUDGET OFFER IS COORDINATED ACCESS EXPANSION AT \$25,000. THIS PROGRAM ALSO REQUESTS \$25,000 OF PASS-THROUGH DOLLARS TO INITIATE EFFORTS TO INTEGRATE CURRENT DOMESTIC VIOLENCE CRISIS LINE SERVICES INTO THE HOMELESS FAMILY SYSTEMS OF CARE, COORDINATED ENTRY PRACTICE. CURRENTLY DOMESTIC VIOLENCE CRISIS LINES ARE UNDERRESOURCED TO SERVE FAMILIES SEEKING HOUSING, AND THIS IS AN OPPORTUNITY TO LOOK AT HOW WE CAN CONSOLIDATE AND INTEGRATE THOSE TWO SYSTEMS, DOMESTIC VIOLENCE AND HOMELESSNESS. NEXT IS COORDINATE AN ENTRY FOR HOMELESS FAMILIES AT A COST OF \$610,000. THIS IS TO CONTINUE COORDINATED ENTRY AND MOBILE HOUSING PLACEMENT FOR HOMELESS FAMILIES. IT PROVIDES FLEX FUNDS AND RENT ASSISTANCE AND IT WILL SERVE AN ESTIMATED 400 FAMILIES. AS WE KNOW, THE FEDERAL GOVERNMENT IS MOVING MORE AND MORE TOWARDS RAPID REHOUSING WHERE PEOPLE SHOULDN'T NEED TO SPEND A LOT OF TIME IN SHELTERS. THEY NEED HOUSING. LET'S MOVE THEM FROM SHELTER INTO HOUSING, BUT OFTENTIMES THE HUD DOLLARS ONLY PAY FOR RENT AND PEOPLE NEED FIRST, LAST, SECURITY, DEPOSIT, AND SO THESE DOLLARS HELP US MOVE PEOPLE INTO HOUSING MORE QUICKLY. AND IT IS NATIONAL BEST PRACTICES AND IT HELPS US BE MORE IN LINE WITH THE FEDERAL REQUIREMENTS WHICH ARE NEW. THE NEXT PROGRAM OFFER IS 5133-B, SHORT TERM RENT ASSISTANCE IN THE AMOUNT OF \$500,000, TO CONTINUE OUR INVESTMENT IN STRAW, SHORT TERM RENT ASSISTANCE. THIS IS JUST IN ADDITION TO OUR STRAW DOLLARS. AS YOU KNOW, THE ECONOMY IS IMPROVING FOR MANY, BUT NOT ALL. AND SOME PEOPLE ARE STILL NEEDING AFFORDABLE HOUSING. THE NEXT PROGRAM OFFER IS FOR STREET ROUTES IN THE AMOUNT OF \$20,000, TO CONTINUE SUPPORT FOR THE ROSE CITY RESOURCE GUIDE WHICH WE ALL USE IN OUR -- THROUGHOUT OUR DEPARTMENT TO GIVE TO CLIENTELE. WE HAVE AVAILABLE FOR EVERYBODY. AND IT IS, AS YOU KNOW, A POCKET GUIDE TO THE HEALTH AND HUMAN SERVICES IN THE METRO AREA. THE NEXT PROGRAM OFFER IS FACILITY-BASED HOUSING IN THE AMOUNT \$238,000. THIS IS PASS-THROUGH DOLLARS TO SUPPORT THREE FACILITIES-BASED TRANSITION IN PLACE PERMANENT SUPPORTIVE HOUSING PROGRAMS. THESE FUNDS PROVIDE MATCH FOR TWO OF OUR HUD McKINNY GRANTS AND RENT ASSISTANCE AT A THIRD AFFORDABLE COMMUNITY HOUSING SITE. IT LEVERAGES APPROXIMATELY \$340,000 IN FEDERAL FUNDS. THIS SERVES APPROXIMATELY 83 HOUSEHOLDS ANNUALLY AND 70% OF WHO REMAIN IN PERMANENT HOUSING AFTER SIX MONTHS OF EXIT. NEXT IS FLEX FUNDS FOR VETERANS IN THE AMOUNT OF \$50,000. THIS IS TO ASSIST VETERAN SERVICES ADMINISTRATION AND OTHER PROVIDERS TO FULLY UTILIZE ALL OF THE AVAILABLE SECTION 8 VOUCHERS FOR HOMELESS VETERANS. THE FEDERAL GOVERNMENT RECENTLY ANNOUNCED THE AVAILABILITY OF

ADDITIONAL VOUCHERS FOR VETERANS AND WE EXPECT OUR COMMUNITY TO RECEIVE SOME OF THESE. TO FULLY UTILIZE THE VOUCHERS, THESE FLEX FUNDS ARE NEEDED TO ASSIST WITH OTHER UNFUNDED COSTS, SUCH AS SECURITY DEPOSITS, FIRST AND LAST, AND THOSE KIND OF COSTS THAT THESE PROGRAMS DON'T FUND. AND ACCESS TO THESE FUNDS IS MANAGED THROUGH HOME FORWARD AND STRAW.

>> I HAVE A COUPLE OF QUESTIONS. SO WE CAN COME BACK AROUND TO THIS AT SOME LATER DATE. SHORT-TERM RENT ASSISTANCE, I TOTALLY UNDERSTAND THE NEED FOR IT. IT ALWAYS SEEMS TO ME THAT IT IS -- LANDLORD SUBSIDY, AS WELL AS A TENANT SUBSIDY, AND BECAUSE OF THAT, I WOULD LIKE TO COME BACK AROUND AND LOOK AT OUR STANDARDS FOR HOW WE ADMINISTER THIS PROGRAM. WHETHER IT GOES TO HOUSING, THAT IS TARGETED FOR A CERTAIN MFI LEVEL. WHETHER IT HAS BEEN SENT TRADITIONALLY TO LIKE A CONCENTRATED AREA GEOGRAPHICALLY, OR EVEN PARTICULAR FACILITIES OR PARTICULAR LANDLORDS, WHICH, I THINK, RELATES BACK TO THE AMOUNT OF RENT CHARGED AND THE RELATIONSHIP TO MEDIAN FAMILY INCOME. I WANT TO MAKE SURE THAT WE'RE TARGETING OUR ASSISTANCE REALLY APPROPRIATELY SO THAT IT IS LANDING WHERE WE WANT IT TO LAND.

>> I REALLY APPRECIATE THAT PERSPECTIVE, COMMISSIONER. THIS TYPE OF PROGRAM HAS BEEN IN MY PORTFOLIO FOR MANY, MANY YEARS, AND I ACTUALLY HAVE ADMINISTERED THIS PROGRAM DIRECTLY. AND VERY FEW PEOPLE ALSO RECOGNIZE THAT IT IS A SUBSIDY TO LANDLORDS. AND SO I APPRECIATE THAT PERSPECTIVE IN MAKING SURE THAT THOSE WHO ARE RECEIVING THE SUBSIDY ARE PROVIDING QUALITY HOUSING. SO, THANK YOU.

>> YEAH. YOU BET.

>> NOW I WILL START TALKING ABOUT SUN SCHOOLS. AND THE FIRST IS A NICE PROGRAM OFFER OF \$942,000. THIS WAS A FANTASTIC INCREASE, AND THIS IS FUNDING TO SUSTAIN 10 EXISTING SUN COMMUNITY SCHOOL SITES THAT HAD BEEN FUNDED WITH ONE-TIME ONLY MONEY OR

>> ALWAYS A PLEASURE TO GO OUT AND VISIT THE SCHOOLS AND SEE THE GOOD WORK THAT OUR STAFF IS DOING THERE. ALSO CHILD AND HUNGER -- CHILD AND FAMILY HUNGER RELIEF IN THE AMOUNT OF 200,000. THIS IS A NEW OFFER THAT EXPANDS THE SUN CHILD AND FAMILY HUNGER RELIEF PROGRAM TO RESPOND TO BOTH THE LACK OF FOOD SECURITY AND ACCESS TO FRESH, HEALTHY FOOD FOR THOUSANDS OF FAMILIES IN THE COUNTY WHO EXPERIENCE SIGNIFICANT GAPS IN THE AVAILABLE OF WEEKEND FOOD, SUMMER MEALS, AND FRESH PRODUCE. THE OFFER INCREASES THE NUMBER OF FOOD DISTRIBUTION SITES AS WELL AS SCHOOL AND HOME GARDENS AT 11 SUN COMMUNITY SITES TO PROVIDE AN ESTIMATED 345,000 ADDITIONAL

MEALS TO HUNGRY CHILDREN AND THEIR FAMILIES. WE THANK THE CHAIR FOR HER LEADERSHIP IN THIS PROGRAM AS WELL. ANOTHER SUN EXPANSION IS EARLY KINDERGARTEN TRANSITION. THIS WILL ADD A .5 FTE, \$158,000 -- THE .5 -- THIS IS HALF OF THE FTE AS WELL AS PROGRAMS AND MATERIALS FOR THE PROGRAM. THIS IS TO EXPAND, SUSTAIN, AND DEEPEN THE EARLY KINDERGARTEN TRANSITION PROGRAM. A THREE WEEK SUMMER PROGRAM THAT ENGAGES ENTERING KINDERGARTNERS WITH LITTLE OR NO PRESCHOOL EXPERIENCE AND THEIR FAMILIES AND CARE GIVERS. IF YOU HAVE AN OPPORTUNITY TO GO VISIT AN EARLY KINDERGARTEN SITE, IT IS A LOT OF FUN. ALSO ADDS HALF AN FTE FOR SCHOOL ATTENDANCE SUPPORTS. THIS WILL BE AT SIX SELECT SUN COMMUNITY SCHOOL SITES TO RESPOND TO CHRONIC ABSENT RATES, CHRONIC ABSENCE IS DEFINED AS STUDENTS ATTENDING SCHOOL 90% OR LESS OF THE TIME. IT IS ASSOCIATED WITH A MYRIAD OF POOR ACADEMIC AND LIFE OUTCOMES. WORK WITH 300 STUDENTS AND THEIR PARENTS TO ADDRESS BARRIERS TO ATTENDANCE AND ENGAGEMENT IN SCHOOL.

>> THAT LOOKS REALLY HIGH FOR A HALF OF AN FTE --

>> I APPRECIATE YOU POINTING THAT OUT. THAT IS FOR MATERIALS AND SUPPLIES AND THOSE KINDS OF SERVICES.

>> I KNOW BOTH OF THOSE LOOK LIKE GREAT POSITIONS, DON'T THEY? SO, ACTUALLY THE SCHOOL ATTENDANCE INITIATIVE WOULD BE MATCHED FOR THE SCHOOL DISTRICTS TO FUND HALF OF THE ATTENDANCE WORKER POSITION IN THEIR SCHOOL DISTRICT. IT IS A GREAT PARTNERSHIP BETWEEN MULTNOMAH COUNTY AND THE SCHOOL DISTRICTS, BECAUSE IT'S REALLY A SHARED RESPONSIBILITY OF HELPING KIDS GET IN SCHOOL BUT OFTENTIMES KIDS AREN'T GOING TO SCHOOL BECAUSE OF ISSUES GOING ON AT HOME. AND I WANTED TO MAKE AN AMENDMENT ON THIS ISSUE. IF I COULD KEEP GOING, IF THAT IS ALL RIGHT. THIS INITIATIVE HAS COME TOGETHER WITH TREMENDOUS COORDINATION FROM ALL HANDS RAISED AND THE SUPERINTENDENTS WHO ARE -- I DON'T THINK GIDDY IS TOO STRONG OF A WORD TO DIVE INTO THIS PARTNERSHIP WITH THE COUNTY. SO -- THAT SAID, NOT ALL SCHOOL DISTRICTS IN THE NEXT YEAR WILL BE ABLE TO MATCH. I WANT TO CHANGE THE NUMBER FROM SIX TO THREE SCHOOL DISTRICTS, AND I WANT TO CHANGE IN THE PROGRAM OFFER IT TALKS ABOUT NON-PROFITS AND THE POSITIONS -- SCHOOL DISTRICTS RATHER THAN NON-PROFITS AND WANT TO CHANGE THE DOLLAR FIGURES ACTUALLY GO ALL OUT INTO THE COMMUNITIES. SINCE THE DISTRICTS ARE PONYING UP THESE DOLLARS IT IS IMPORTANT TO GET THE MONEY OUT INTO THE POSITIONS ON THE GROUND.

>> NOW I HAVE TWO ONE-TIME ONLY PROGRAM OFFERS. ONE IS IN HOMELESS YOUTH SERVICES, MENTAL HEALTH AND ADDICTIONS

ENGAGEMENT SERVICES FOR THE AMOUNT OF \$471,000. THIS REQUEST CONTINUES FUNDING FOR MENTAL HEALTH AND ADDICTIONS TREATMENT ENGAGEMENT AND SUPPORT SERVICES FOR APPROXIMATELY 600 YOUTH WITHIN THE HOMELESS YOUTH CONTINUUM. AND THEN ALSO \$20,000 FOR COMPUTERS FOR HEADSTART GRADUATES. WE KNOW THAT KIDS FROM LOW -- WE KNOW KIDS FROM NOT LOW-INCOME FAMILIES HAVE COMPUTERS AT INFANCY, TODDLERHOOD. AND THERE IS A DIVIDE WITH LOW INCOME KIDS WHO DON'T HAVE ACCESS TO COMPUTERS, AND THESE DAYS THIS SEEMS LIKE YOU HAVE TO HAVE ONE WHEN YOU'RE THREE AND NOT A TEENAGER ANYMORE. THIS IS TO HELP KIDS GRADUATING FROM HEAD START GET A HEAD START AND HAVE ACCESS TO COMPUTERS ALREADY WHEN ENTERING KINDERGARTEN.

>> ON THIS ONE, THIS IS A PARTNERSHIP WITH COMCAST. WE'RE NOT PAYING FOR THE ENTIRE COMPUTER, ARE WE? WE'RE JUST PAYING FOR THE COPAYMENT FOR EACH OF THE STUDENTS? I THINK IT IS LIKE \$150, AND COMCAST IS KICKING IN \$800.

>> YES, THANK YOU FOR CLARIFYING THAT. YES, IT IS A GREAT PARTNERSHIP. AND WE HAVE TWO BACKFILLS OF DOMESTIC VIOLENCE GRANTS THAT ARE BEING REDUCED FROM THE FEDERAL GOVERNMENT. ONE IS WITH HOUSING AND STABILIZATION, WE'RE REQUESTING \$58,000 IN ONGOING GENERAL FUNDS TO BACKFILL A HUD REDUCTION IN THIS GRANT. AND IT WILL PROVIDE CAPACITY FOR 35 DOMESTIC VIOLENCE VICTIMS WHO WILL NO LONGER HAVE RENT ASSISTANCE, AND DB SUPPORTIVE SERVICES. AND THEN ALSO WE'RE ASKING TO BACKFILL ANOTHER DB FEDERAL GRANT, DVERT, PROVIDES IMMEDIATE CRISIS AND FOLLOW-UP INTERVENTION WITH DOMESTIC VIOLENCE CASES, DVERT -- THIS YEAR THE MAXIMUM AWARD WAS SLIGHTLY REDUCED. WE DID GET THE GRANT BUT THE AWARD WAS REDUCED. THOSE ARE OUR PROGRAM OFFERS. WE APPRECIATE YOUR CONSIDERATION. I WILL TALK A LITTLE ABOUT STATE AND FEDERAL IMPACTS AND ISSUES AND CONCERNS THAT WE HAVE. SOME OF THESE WE DID BRIEFINGS ON LAST WEEK. ONE CONCERN WE CONTINUE TO HAVE FROM THE STATE SHIFTING ALLOCATION OF MENTAL HEALTH AND ADDICTION DOLLARS FROM FORMULA-BASED FUNDING TO COMPETITIVE GRANT FUNDING AND WE ARE SEEING THIS SHIFT IN OTHER AREAS AS WELL. YOUTH DEVELOPMENT COUNCIL GRANT COULD BE REDUCED BY 14%. APPLICATIONS -- WE NOW HAVE TO APPLY FOR THESE DOLLARS AS WELL AND WE JUST RECENTLY HEARD I BELIEVE LAST WEEK THAT APPLICATIONS WILL BE CAPPED AT \$175,000, WHICH WOULD BE A REDUCTION OF \$125,000 FROM WHAT WE CURRENTLY ARE RECEIVING FROM THE STATE. SO, WE'RE ALREADY ANTICIPATING HOW TO ADDRESS THAT REDUCTION. SO, THE STATE SHIFTING TO COMPETITIVE GRANT FUNDING WILL CONTINUE TO BE AN ISSUE FOR US IN MAKING THAT TRANSITION. ANOTHER IMPACT FROM THE STATE IS WE'VE HEARD ALL THROUGH THIS LAST YEAR THE K-PLAN AND HOW THE K-PLAN IMPACTS BOTH AGING AND DISABILITY

SERVICES AND DEVELOPMENTAL DISABILITY SERVICES. AND WE PLAN TO DO A BRIEFING ON THE K-PLAN BUT I WILL TRY TO EXPLAIN IT IN A NUTSHELL. K-PLAN ALLOWS STATES TO PROVIDE HOME AND COMMUNITY-BASED SERVICES AND SUPPORTS WHILE RECEIVING AN INCREASE OF 6% IN FEDERAL MATCHING DOLLARS FOR MEDICAL ASSISTANCE FUNDS, WHICH IS A GOOD THING. IT SAVES MONEY BY PROVIDING MORE EXTENSIVE HOME AND COMMUNITY-BASED LONG-TERM SERVICES IN LIEU OF MORE EXPENSIVE INSTITUTIONAL CARE. ANOTHER GOOD THING. THE FEDS WILL PROVIDE FOR A REINVESTMENT OF THE DOLLARS BACK INTO OUR SYSTEM. HOWEVER, IT DOSE MEAN THE WAY WE AS CASE MANAGERS, CASE MANAGEMENT PROGRAMS, THE WAY WE DO THINGS. FOR INSTANCE, SOME OF THE NEW SERVICES WILL PAY FOR TRANSITION COSTS FROM A NURSING FACILITY BACK INTO THE COMMUNITY. SO, THESE DOLLARS WILL PAY FOR DEPOSITS. THEY WILL PAY FOR THE BACKGROUND CHECKS THAT ARE REQUIRED. THEY WILL PAY FOR MOVING COSTS. HOUSEHOLD SUPPLIES. EVEN PAY OFF OLD UTILITY BILLS THAT KEEP PEOPLE FROM GETTING NEW UTILITIES. THESE DOLLARS, THE K-PLAN WILL ALSO HELP PAY FOR TOUR SERVICES SO THAT THE HOMES THEY'RE MOVING INTO IS SAFE. AND IT WILL PAY FOR SOME ASSISTED TECHNOLOGY DEVICES TO AUTOMATICALLY TURN FAUCETS AND STOVES OFF AND THINGS LIKE THAT. THESE ARE ALL GOOD THINGS. BUT IT IS REQUIRING OUR CASE MANAGERS TO DO ASSESSMENTS AND IT TAKES A LOT MORE TIME TO DO. INTENSIVE ASSESSMENTS. WE ARE CONCERNED ABOUT THE IMPACT AND HOW THE K-PLAN WILL IMPACT THE WORKLOAD OF OUR CASE MANAGERS WHICH LEADS INTO THE NEXT ISSUE, WHICH IS WE HAVE HAD A POSITIVE IMPACT WITH ADDITIONAL MEDICAID DOLLARS AND LONG-TERM CARE. AS YOU KNOW, WE HAVE GOT ADDITIONAL DOLLARS IN LONG-TERM CARE THAT FUNDED OVER 50 NEW POSITIONS IN AGING AND DISABILITY SERVICES. MOST OF THESE ARE CASE MANAGEMENT OR CASE MANAGEMENT SUPERVISOR POSITIONS. THIS -- THIS INCREASE WAS ALSO DUE TO A WORK LOAD STUDY THAT THE STATE HAD DONE ON US THAT WE HAD BEEN REQUESTING FOR A FEW YEARS, AND THEY DID DECIDE -- THEY DID DETERMINE THAT, IN FACT, OUR CASELOADS ARE TOO HIGH. SO, THESE ADDITIONAL 50 STAFF ARE TO MITIGATE THAT. UNFORTUNATELY, WE ALSO BELIEVE NOW THAT WE'RE GOING TO EVENTUALLY BE RIGHT BACK IN THE SAME BOAT. AND THAT EVEN THOUGH WE HAVE THESE 50 NEW EMPLOYEES THAT WE'RE VERY GRATEFUL FOR, BECAUSE OF THE K-PLAN AND INCREASED -- OUR STAFF CASELOADS HAVE NOT INCREASED THAT MUCH. WE MIGHT BE ASKING FOR YET ANOTHER WORKLOAD STUDY FROM THE STATE. WE ARE APPRECIATIVE OF THE ADDITIONAL DOLLARS. NOW, FEDERAL IMPACTS, WE HAVE RECEIVED FUNDING FROM THE OREGON DEPARTMENT OF VETERAN AFFAIRS TO ALLOW OUR VETERAN SERVICES OFFICE TO CONDUCT NEW OUTREACH ACTIVITIES. THIS IS A GRANT IN THE AMOUNT OF \$175,000. WE WILL BE ADVERTISING ON NEWSPAPERS, TRIMET BUSES, TRAINING SESSIONS, DIRECT MAIL CAMPAIGN. WE PLAN TO INCREASE THE GEOGRAPHICAL REACH BY ADDING TWO NEW FIELD SITES AND ADDING FTEs

FOR CALLS, SCHEDULING, INCREASED SCREENING. BY CONDUCTING THIS OUTREACH THROUGH THESE DOLLARS, WE ANTICIPATE SEEING MORE VETERANS AND ASSISTING THEM TO GET THEIR ENTITLED BENEFITS WHICH IS WHY WE'RE ALSO GLAD TO HAVE ADDITIONAL STAFF IN THE OFFICE. THE IMPACT OF THE AFFORDABLE CARE ACT, WE DID A BRIEFING ON THIS LAST WEEK. AFFORDABLE CARE ACT WILL IMPACT THE MENTAL HEALTH AND ADDICTION SERVICES BUDGET. WE DON'T KNOW THE FULL IMPACT AT THIS TIME. I WILL TALK ABOUT THE MULTNOMAH TREATMENT FUND, OUR FUND TO SERVE THE UNINSURED. WE HAVE HAD 87 CLIENTS CONVERT FROM THE TREATMENT FUND TO MEDICAID, BUT WE STILL HAVE OVER 300 CLIENTS IN THE MULTNOMAH TREATMENT FUND. AND WE CONTINUE TO ENROLL 10 TO 12 NEW CLIENTS EACH WEEK. ONCE THEY'RE ENROLLED IN THE TREATMENT FUND, WE ARE HELPING THEM ENROLL IN MEDICAID. AND AS I SAID IN THE PREVIOUS PRESENTATION FROM THE HEALTH DEPARTMENT, THERE STILL ARE PEOPLE WHO WON'T BE ABLE TO ACCESS MEDICAID BECAUSE OF ELIGIBILITY REQUIREMENTS. WE ALSO DISCUSSED PROVIDER CAPACITY ISSUES, AS A RESULT OF THE AFFORDABLE CARE ACT. WE HAVE RECEIVED INCREASED REVENUE FROM NEW ENROLLEES, AND WE HAVE PUSHED THIS REVENUE BACK TO THE PROVIDER SO THAT THEY CAN INCREASE THEIR CAPACITY TO SERVE THE POPULATION. WHILE MEDICAID HAS INCREASED BY \$14.4 MILLION, STATE INDIGENT DOLLARS HAVE DECREASED BY \$10.5 MILLION. RIGHT NOW WE FEEL LIKE WE'RE IN A SHELL GAME, CONSTANTLY MOVING MONEY AROUND AND TRYING TO FIGURE OUT HOW TO BEST SERVE THE POPULATION. I THINK ONCE IT SETTLES IN A YEAR OR TWO WE WILL HAVE A BETTER UNDERSTANDING, BUT RIGHT NOW EVERYTHING IS SO MUCH IN FLUX WITH THE STATE REBALANCING AND IT HAS BEEN A CHALLENGE. AND I'LL JUST SAY ONE MORE FEDERAL IMPACT, AND I JUST MENTIONED THIS BUT I WILL SAY IT AGAIN, WE CONTINUE TO SEE DECLINING REDUCTIONS IN FEDERAL GRANTS FOR DOMESTIC VIOLENCE SERVICES. A LOT OF THESE GRANTS EXPECT COMMUNITIES TO SUSTAIN THE GRANT AFTER A PERIOD OF TIME, AND WE DO KNOW THAT THE DOMESTIC VIOLENCE SYSTEM IS SEVERELY UNDERFUNDED BOTH FROM STATE AND FEDERAL DOLLARS, AND IT MIGHT BE A CONSIDERATION FOR THE NEXT BUDGET TO REALLY LOOK AT THE DOMESTIC VIOLENCE PROGRAM AND HOW THE COUNTY CAN ASSURE THAT IT RECEIVES THE ONGOING FUNDING IT NEEDS TO SERVE THE COMMUNITY. ISSUE IS WITH CHALLENGES. A FEW POLICY ISSUES I WOULD LIKE TO DISCUSS THAT ARE OF CONCERN TO US AND STAFF. AS YOU KNOW, WE IMPLEMENTED -- WE STARTED IMPLEMENTATION OF THE EARLY LEARNING HUB. THIS WAS DEVELOPED FROM THE GOVERNOR'S VISION THAT EVERY CHILD BE READY FOR KINDERGARTEN. HOUSE BILL 2013. SINCE LEGISLATIVE ACTION CREATED THIS SYSTEM, THERE IS SOME CONCERN THAT LEGISLATORS WILL BE INTERESTED IN KNOWING HOW THE CYST TELL TRANSFORMATION IS GOING IN EACH COMMUNITY ACROSS THE STATE -- WE DON'T KNOW, BUT IT IS POSSIBLE THAT OTHER LEGISLATION COULD EMERGE THAT MIGHT AMEND OR ALTER HOUSE BILL 2013, EITHER POSITIVELY OR

NEGATIVELY BASED ON ISSUES OR CONCERNS. WE HAVE NOTHING SPECIFIC BUT IT IS A CONCERN FROM STAFF. ANOTHER POLICY ISSUE, HEALTH CARE TRANSFORMATION. WE HAVE BEEN TALKING ABOUT THAT QUITE A BIT OVER THE LAST YEAR OR SO. THE COUNTY AUDITOR RECENTLY CONDUCTED AN AUDIT OF THE MANAGEMENT OF THE MENTAL HEALTH MEDICAID PLAN, AND I WILL REPEAT SOME OF THE STATEMENTS IN THE AUDIT. FIRST SENTENCE IN THE LETTER STATES, HEALTH CARE TRANSFORMATION BRINGS WITH IT BOTH GREAT OPPORTUNITIES AND GREAT CHALLENGES, WHICH IS ABSOLUTELY TRUE. HE GOES ON TO STATE THAT, QUOTE, THE DEVELOPMENT OF CCOs IS THE MOST SIGNIFICANT HEALTH CARE TRANSFORMATION TO DATE, UNQUOTE. WE CONTINUE TO COLLABORATE WITH HEALTH SHARE OF OREGON AND OUR REGIONAL AND COUNTY PARTNERS -- SINCE THERE WAS A COMPREHENSIVE BRIEFING, I WON'T GO INTO A LOT OF DETAILS, BUT ONE OF THE CLOSING RECOMMENDATIONS IN THE AUDIT STATES THAT QUOTE THE COUNTY FORMALLY EVALUATE THE RISK AND VIABILITY OF RUNNING AN INSURANCE PLAN IN AN ENVIRONMENT WHERE THE CCO COVERS MULTIPLE COUNTIES AND IS COMPOSED OF PROVIDERS WHO MAY HAVE COMPETING VIEWS OF THE SYSTEM OF CARE AND RISK SHARING, UNQUOTE. AND AS YOU KNOW, WE HAVE PROCURED THE SERVICES OF A CONSULTANT TO HELP US MAKE RECOMMENDATIONS TO YOU AS TO THE BEST PATH FORWARD FOR THE COUNTY IN TERMS OF MANAGING THIS BENEFIT. WHILE WE DO SEE IT AS A SIGNIFICANT RISK THOUGH. OTHER POLICY ISSUES THAT ARE IMPACTING THE COMMUNITY -- THIS HAS BEEN A POSITIVE DIRECTION FOR US. NEW REQUIREMENTS IN FEDERAL HUD FUNDING. ONE OF WHICH IS TO HAVE A COLLABORATIVE GOVERNMENT STRUCTURE. AS YOU ALL KNOW, CITY, COUNTY, HOUSING -- A NEW GOVERNMENT STRUCTURE THAT WILL BETTER ALIGN THE VARIOUS FUNDING STREAMS TO IMPROVE THE INTEGRATION TO SERVICES TO ALL POPULATIONS THAT WE SERVE. AND THAT WILL BE -- WE WILL BE WORKING ON IMPLEMENTATION THIS YEAR. A FEW SHORT-TERM CONCERNS WE HAVE IS THE SUN RFP. CURRENTLY THE SEVEN YEAR CONTRACT EXPIRES IN FISCAL YEAR 15. WE'RE IN THE PROCESS OF DEVELOPING A REQUEST FOR PROPOSAL FOR FISCAL YEAR '16. WE HAVE AN ALLOCATION COMMITTEE WHICH IS COMPRISED OF SEVERAL MEMBERS OF THE SUN COUNCIL AND MANY STAKEHOLDERS THROUGHOUT THE COMMUNITY, AND WE ARE IN THE PROCESS OF REVIEWING CURRENT DEMOGRAPHICS, SERVICES, REGIONAL CONFIGURATIONS, AND WE WILL BE MAKING RECOMMENDATIONS TO THE SUN COUNCIL AND THEN WHO WILL ALSO MAKE RECOMMENDATIONS TO THE SPONSORS AND THE BOARD. ANOTHER SHORT-TERM CONCERN WE HAVE IS SPACE ISSUES IN OUR FACILITIES WITH THE ADDITION OF THE 50 FTEs FROM AGING AND DISABILITY SERVICES, WE HAVE BEEN MOVING PEOPLE THROUGHOUT THE BUILDINGS TRYING TO FIND SPACE. WE DO HAVE SEVERAL OLD BUILDINGS IN -- THAT WE'RE WORKING OUT OF AND OUR FACILITIES MANAGEMENT STAFF HERE AT THE COUNTY HAVE A STRATEGIC PLAN TO ADDRESS SOME OF THE ISSUES IN THE FACILITY. WE KNOW OUR POPULATION IS MOVING EAST AND MAYBE IT IS

TIME TO HAVE MORE OFFICE SPACE OUT EAST. AND THERE IS A DESIRE AMONGST THE WORK FORCE TO HAVE MORE MOBILE WORK FORCE OPPORTUNITIES. LOOKING AT SPACE NEEDS VERSUS MAYBE WE CAN HAVE MORE STAFF IN THE FIELD WHERE WE CAN REDUCE OUR SPACE NEEDS. THAT IS PART OF OUR STRATEGIC PLAN AND SHORT-TERM ISSUES. SUCCESS PLANNING. I HEARD COMMISSIONER McKEEL SPEAK ABOUT THAT EARLIER. DCHS, HIGHEST PERCENTAGE OF EMPLOYEES ELIGIBLE TO RETIRE IN FISCAL YEAR '15 AND '20. 15, 20% ELIGIBLE FOR RETIREMENT. FISCAL YEAR '20, 32% OF THE WORK FORCE. VAST MAJORITY OF THESE ARE NON-REPRESENTED, WHICH MEANS THEY ARE SUPERVISORS AND MANAGERS. WE DO BELIEVE IT IS INCUMBENT UPON THE DEPARTMENT TO HAVE A WORK FORCE DEVELOPMENT PROGRAM. I DON'T MEAN TO HAVE SIBLING JEALOUSY HERE, BUT WE DON'T HAVE A TRAINING POSITION IN OUR DEPARTMENT AND I KNOW SOME OTHER DEPARTMENTS DO. IT IS INCUMBENT UPON US TO SKILL UP OUR STAFF TO BECOME SUPERVISORS AND MANAGERS AND HAVE A MORE ROBUST TRAINING PROGRAM. WE HOPE AT SOME POINT TO GET SOME FUNDING FOR THAT. LONG-TERM CONCERNS, INVOLVE STATE HOSPITAL DISCHARGES. WE HAVE PRESENTED TO YOU ON THIS. DUE TO THE DEPARTMENT OF JUSTICE REVIEW OF THE STATE HOSPITAL, THE STATE MUST DISCHARGE PATIENTS QUICKER, RATHER THAN INSTITUTIONALIZING THEM FOR LONG PERIODS OF TIME, WHICH IS A GOOD THING. WE ARE -- HOWEVER, WE ARE THE ONES MANDATED TO PLACE PEOPLE IN THE COMMUNITY. OF COURSE, WE KNOW THAT IS THE RIGHT THING TO DO. THERE IS JUST NOT ENOUGH PLACEMENT AVAILABLE BACK TO THE SUPPORTING HOUSING ISSUES. AND IF WE CAN'T FIND A PLACEMENT FOR PEOPLE IN THE TIME FRAME THAT THE STATE WANTS US TO, WE GET FINED. AND THERE CONTINUES THIS LACK OF SUPPORT OF HOUSING WITH NO GROWTH OR AVAILABILITY AND WE SEE THAT AS A SIGNIFICANT LONG-TERM CONCERN FOR THIS COMMUNITY. AS RELATED TO LACK OF AFFORDABLE AND SUPPORTIVE HOUSING, WE KNOW THAT IN THE GREATER PORTLAND REGION, PERCENTAGE OF HOUSEHOLDS THAT PAY MORE THAN 30% OF THEIR INCOME FOR HOUSING RANGES FROM A LOW OF 33.3% IN WASHINGTON COUNTY TO A HIGH OF ALMOST 40% IN MULTNOMAH COUNTY. HIGH HOUSING COSTS -- WE SEE THIS AS A LONG-TERM CONCERN IN THIS COMMUNITY THAT PARTICULARLY FOR A LOT OF THE POPULATIONS THAT WE SERVE, TREATING PEOPLE, WE HAVE RESOURCES TO TREAT PEOPLE, BUT WHEN THEY HAVE NO WHERE TO LIVE AFTER THEY'RE TREATED, IT'S -- IT IS NOT A -- IT'S NOT A SUSTAINABLE PLAN IN ORDER TO BE SUCCESSFUL, PEOPLE NEED A ROOF OVER THEIR HEAD. LONG-TERM CONCERN, INCREASE IN DEMAND AND CHANGING DEMOGRAPHICS. WE CONTINUE TO SEE THE POPULATION RESHIFT FURTHER EAST. POPULATION IS AGING RAPIDLY. THE BABY BOOMERS, ME BEING ONE OF THEM, ARE AGING, AND WE ARE A LARGE POPULATION, AND THE RACIAL AND ETHNIC MAKE-UP OF THE COUNTY IS SWIFTLY CHANGING. IN ORDER TO CONTINUALLY AND EFFECTIVELY MEET

THE NEEDS OF THIS COMMUNITY, WE NEED TO ASSURE THAT WE HAVE THE RESOURCES IN PLACE TO DO SO.

>> SUSAN OR -- COMMENT OR QUESTION ON THE EARLY LEARNING HUB. I'M CURIOUS IS THERE IS A PRESENTATION SLATED BETWEEN NOW AND THE '16-'17 SESSION. THERE IS A LOT AT STAKE IN TERMS OF MULTNOMAH COUNTY BEING SUCH A LARGE COUNTY AND BEING A HUB AND WHAT ARE THE OUTCOMES TO DATE?

>> THERE ISN'T ONE BUT WE CAN CERTAINLY DO THAT.

>> SECOND IS MORE I THINK A COMMENTARY. I DON'T THINK WE ARE GOING TO SEE DRAMATIC DECREASES TO YOUR POINT EARLIER, STEVE, IN POVERTY, AND PERHAPS INCREASES. SO, WITH -- AND WITH FEDERAL AND STATE CHANGES, I THINK IT BECOMES EVEN MORE IMPORTANT FOR THE COUNTY TO BE PLAYING SOME OF THE SUPPORT ROLES AND BEING CONNECTERS ACROSS PROGRAMS. WHAT DOES IT LOOK LIKE TO CONNECT WITH WORK SYSTEMS, INC, FOR EXAMPLE OR HEALTH TO PROVIDE THAT COMPREHENSIVE SAFETY NET?

>> THANK YOU, COMMISSIONER. I THINK WE ARE SEEING THROUGHOUT THE NATION ACTUALLY, THE ANSWER IS BETTER COLLABORATION. IT DOESN'T LOOK LIKE WE ARE GOING TO HAVE MORE DOLLARS. WE NEED TO FIGURE OUT HOW TO SPEND THE DOLLARS MORE EFFICIENTLY AND EFFECTIVELY.

Commissioner Shiprack: MADAM CHAIR.

Chair Madrigal: COMMISSIONER SHIPRACK.

Commissioner Shiprack: THANK YOU. I HAVE TWO POINTS. ONE IS MORE POINTED THAN THE OTHER AND I WILL DO THAT FIRST. HOMELESS YOUTH IS ONE-TIME ONLY FUNDING. AND THAT IS REMARKABLY OPTIMISTIC, EVEN FOR COMING FROM ME, I WOULD SAY, THAT IT IS OPTIMISTIC TO THINK THAT WITH THE ONE-TIME ONLY INFUSION OF FUNDS IN THE HOMELESS YOUTH WE COULD SOMEHOW BE ON TOP OF THE PROBLEM BY THE TIME THE NEXT BUDGET ROLLS AROUND. SO, RATHER THAN INSTITUTIONALIZING ONE-TIME ONLY SPENDING AND MAKING HOMELESS YOUTH KIND OF BE THE CORNER THAT WE CAN CUT, IF WE HAVE A SHORTFALL THERE, I WOULD REALLY LIKE TO SEE ADEQUATE FUNDING FOR HOMELESS YOUTH IN THE COMMUNITY AND I WOULD REALLY LIKE TO SEE THE RECOMMENDATION FROM YOUR DEPARTMENT OF WHAT THAT FUNDING LEVEL SHOULD BE. THAT'S THE POINTED ONE. THE GENERIC ONE -- I HAVE TO GO BACK TO HOUSING FOR A SECOND. HOUSING HAS CROSSED ALL OF OUR PRESENTATIONS AND IT WILL CONTINUE TO CROSS OUR PRESENTATIONS AND IT CONTINUES TO BE NOT ONLY HORIZONTAL IN TERMS OF DEPARTMENT PRESENTATIONS FROM

DEPARTMENT OF COMMUNITY SERVICES TO HEALTH DEPARTMENT TO DEPARTMENT OF COUNTY HUMAN SERVICES, BUT ALSO VERTICAL IN TERMS OF OUR ABILITY TO COORDINATE WITH FEDERAL VETERANS PROGRAMS, OUR ABILITY TO COORDINATE WITH CITY PROGRAMS, AND I WANT TO PULL TOGETHER A BRIEFING THAT PUTS US ON SOME KIND OF A PLATFORM FOR ALL OF OUR MULTNOMAH COUNTY HOUSING EXPENDITURES. I WANT TO KNOW HOW THIS RELATES TO ZONING ISSUES LIKE THE GRANTING OF ADDITIONAL FAR TO DEVELOPERS WHO PROVIDE INCLUSIONARY HOUSING IN THEIR RENTAL OR MIXED INCOME IN THEIR RENTAL DEVELOPMENTS IN THE CITY OF PORTLAND. I WANT TO KNOW WHAT'S HAPPENING TO THE 30% URA MONEY THAT IS DEDICATED TO AFFORDABLE HOUSING. THAT IS A LOT OF MONEY. AND I DON'T KNOW WHERE THAT'S GOING. AND BECAUSE WE'RE A BIG PLAYER IN URA, WE NEED TO KNOW WHERE THAT'S GOING, ALSO BECAUSE OUR PROGRAMS ARE VERY DEPENDENT ON THEIR BEING SUFFICIENT AFFORDABLE HOUSING. I WANT TO KNOW WHAT THE IMPACTS OF ZONING -- I'M TALKING TO METRO, I'M TALKING TO PORTLAND HERE. I WANT TO KNOW WHAT THE IMPACT OF ZONING AND LAND USE LAW ARE ON OUR ABILITY TO PROVIDE HOUSING TO PEOPLE AT 30% OF MFI AND BELOW, TO PEOPLE AT 50% OF MFI AND BELOW, AND I WANT TO HAVE SOMEBODY COME HERE AND EXPLAIN TO ME WHY WE SHOULD EVER ALLOW THAT INCLUSION OF THE TERMINOLOGY WORKFORCE HOUSING INTO OUR BUDGET DISCUSSION EVER AT ANY LEVEL OF GOVERNMENT. I WANT TO HEAR THAT. BECAUSE TO ME THAT IS A KIND OF EROSION TO OUR ABILITY TO PROVIDE HOUSING FOR EVERYBODY ELSE AND A BIG SUBSIDY TO EMPLOYERS WHO RESIST PAYING AN ADEQUATE -- NOT EVEN TALKING ABOUT MINIMUM WAGE -- AN ADEQUATE WAGE TO SUBSIST IN OUR COMMUNITY. DID YOU GET ALL THAT?

>> MADAM CHAIR, I HAVE A QUESTION.

Chair Madrigal: COMMISSIONER SMITH.

Commissioner Smith: I WANT TO GO BACK TO THE HOMELESS YOUTH SERVICES. THERE WAS A PROGRAM OFFER FOR \$471,000, IS THIS THE OLD PROGRAM --

>> ORIGINALLY FUNDED BY THE CHILDREN'S LEVY AND THEY REDUCED IT, AND WHEN THEY REDUCED THE FUNDING, THE COUNTY -- THIS WAS I THINK TWO YEARS AGO -- AT SOME POINT, I THINK IT WAS MY FIRST BUDGET HERE, THERE WAS A REQUEST BY THE COUNTY TO BACKFILL THE LEVY REDUCTION AND WE DID, AND SO WE DID THE FUNDING ONE-TIME ONLY SINCE.

>> YOU ANSWERED MY QUESTION. I WANTED TO FIGURE OUT IF WE WERE BACKFILLING THIS. THIS PARTICULAR PROGRAM -- I REMEMBER THIS, WE TOOK A 3-2 VOTE ON IT AND THE CITY OF PORTLAND, THEY TOOK IT OUT OF THEIR BUDGET BECAUSE THEY DID INDIVIDUALS AND HOMELESS YOUTH, AND

THE QUESTION IS SINCE WE WERE DOING DRUG AND ALCOHOL REHAB, SINCE WE WERE DOING DRUG AND ALCOHOL REHAB, NOW THAT WE HAVE THE AFFORDABLE CARE ACT AND WE HAVE OUR MULTNOMAH COUNTY -- LET'S SEE -- I CAN'T SEE. OUR MULTNOMAH COUNTY TREATMENT FUND, WOULDN'T THESE FOLKS BE ELIGIBLE TO GET THAT UNDER THAT AND THE AFFORDABLE CARE ACT?

>> MARY LEE IS HERE AND SHE CAN HEAD SOME LIGHT. THE TREATMENT FUND IS REALLY FOR TREATMENT. THIS IS MORE ABOUT ENGAGEMENT SERVICES.

>> THIS PARTICULAR ONE, THE METAMORPHOSIS --

>> THE BOARD OF COUNTY COMMISSIONERS DID GAP FUNDING FOR THIS SERVICE WHEN THE CHILDREN'S LEVY POOLED THEIR MONEY AND DIRECTED THE SYSTEM AND DEPARTMENT TO DO COMMUNITY-BASED PLANNING PROCESS. THAT PROCESS HAPPENED. IT INVOLVED A NUMBER OF STAKEHOLDERS, A NUMBER OF REPRESENTATIVES FROM THE BOARD'S STAFF AS WELL, AND PRODUCED A SERIES OF REPORTS OF WHAT WAS THE OPTIMAL USE OF THE SYSTEM THAT WAS PRESENTED BACK TO THE BOARD OF COUNTY COMMISSIONERS AND, THUS, WAS THE FIRST FUNDING FOR WHAT IS NOW MENTAL HEALTH AND ADDICTIONS TREATMENT ENGAGEMENT, RECOVERY SUPPORT ORIENTED ACTIVITIES, AND MAKING SOBER ENVIRONMENT IN THE HOMELESS --

>> DOES IT INCLUDE ANY FORM OF TREATMENT?

>> IT DOES NOT. IT HAS SUPPORT --

>> IT IS THE OLD METAMORPHOSIS PROGRAM AND YOU CHANGED THE NAME ON IT --

>> NO, COMMISSIONER SMITH --

>> THE FIRST YEAR WE DID IT TWO YEARS AGO, SAME PROGRAM OFFER NUMBER IS BASICALLY POINTED TO IN THE PROGRAM OFFER. SO WHAT I'M TRYING TO FIGURE OUT IS WHAT KIND OF SERVICES WE ARE GIVING -- I WON'T ARGUE WITH YOU WHERE IT WAS OR WHERE IT CAME FROM, IT WAS THE SAME AMOUNT OF MONEY THAT WE GAVE TO METAMORPHOSIS. IF WE ARE GIVING TREATMENT TO THESE KIDS, IF THEY COULD GET TREATMENT FROM OTHER SOURCES. BUT YOU SAID THEY'RE NOT GETTING TREATMENT.

>> THEY ARE GETTING TREATMENT FROM THE YOUTH TREATMENT SYSTEM THAT IS IN PLACE THROUGH THE MENTAL HEALTH AND ADDICTION SERVICES. THIS PROJECT IS NOT TREATMENT. WE MOVED THE SERVICES IN

ACCORDANCE TO THE PLANNING PROCESS AWAY FROM TREATMENT BECAUSE WE DIDN'T WANT TO DO WHAT I THINK YOUR POINT IS, DOUBLE PAY OR DUPLICATION OF SERVICES. SO WE MOVED THE SERVICES AWAY FROM TREATMENT BECAUSE WE KNEW THAT WE WERE GOING TO LEVERAGE THOSE FROM THE MAINSTREAM YOUTH TREATMENT SYSTEM, AND WHAT THESE SERVICES ARE DOING NOW, ENSURING THAT HOMELESS YOUTH HAVE A CHANCE TO HAVE A CULTURALLY COMPETENT EXPERIENCE WITH THE MAINSTREAM YOUTH PROVIDERS AND PUTTING TOGETHER ENGAGEMENT, OUTREACH, GETTING KIDS READY TO GO INTO TREATMENT, RECOVERY-ORIENTED APPROACH, AND ALSO MAKING SURE WITHIN THE HOMELESS YOUTH CONTINUUM THERE IS SUPPORT FOR PRO SOCIAL ACTIVITIES THAT ARE NOT ORGANIZED AROUND ALCOHOL, DRUGS, AND OTHER ADDICTIONS.

Commissioner Smith: HOW DO WE GET PEOPLE READY TO GO TO TREATMENT OTHER THAN REFER THEM TO TREATMENT?

>> I AM NOT A MENTAL HEALTH PROVIDER --

>> RECEIVING SERVICES FROM MENTAL HEALTH.

>> WE ARE HELPING TO GET THEM INTO THE SERVICES THAT MENTAL HEALTH OFFERS.

Commissioner Smith: LET'S TALK ABOUT THIS FURTHER AFTER. I'M STILL REALLY NOT CLEAR ON WHAT WE ARE DOING. IT SOUNDS LIKE WE ARE GETTING INTO TREATMENT SERVICES AND I WANT TO MAKE SURE THAT THIS IS NOT A DUPLICATE OF SERVICES OR THAT THEY'RE FUNNELED INTO THE RIGHT PLACE.

>> ABSOLUTELY. I WOULD BE HAPPY TO CLARIFY IT FOR YOU.

>> Commissioner Smith: THANK YOU.

>> ADDITIONAL QUESTIONS?

>> CHAIR MADRIGAL --

>> AS IT HAPPENS, I CHAIR HEALTH SHARE OF OREGON COMMUNITY ADVISORY COUNCIL, I'M AN EX-OFFICIO MEMBER OF THE -- I HASTEN TO ADD I AM NOT OFFICIALLY REPRESENTING EITHER OF THOSE GROUPS AT THIS MEETING. BUT I WANTED TO TELL YOU A LITTLE ABOUT SOME OF THE STUFF THAT IS HAPPENING BEHIND THE SCENES AND SOME THINGS THAT ARE PUBLIC KNOWLEDGE THAT YOU MAY NOT KNOW ABOUT. 10 DAYS AGO, OREGON HEALTH AUTHORITY DIRECTOR'S WEEKLY MESSAGES, SHE SAID THERE ARE NOW APPROXIMATELY 920,000 PEOPLE ON THE OREGON HEALTH

PLAN. 300,000 OF THOSE FOLKS HAVE BEEN ADDED IN THIS YEAR ALONE AS A RESULT OF THE MEDICAID EXPANSION THAT IS PART OF THE AFFORDABLE CARE ACT. AT LAST COUNT, AS OF LAST WEEK, HEALTH SHARE HAD 215,000 OF THOSE 920,000 MEMBERS. CLOSE TO ONE-QUARTER OF THE OHP POPULATION. AND MY UNDERSTANDING IS THAT NEW FOLKS ARE SIGNING UP FOR HEALTH SHARE EVERY WEEK. SO, WE'RE APPROACHING THE POSSIBILITY OF A MILLION PEOPLE STATEWIDE ON THE OHP BY THE END OF THE CALENDAR YEAR, AND A SIGNIFICANTLY HIGHER NUMBER OF FOLKS WITHIN HEALTH SHARE ITSELF, WHICH IS BY FAR THE LARGEST CCO IN OREGON. THE OREGON HEALTH AUTHORITY ORIGINALLY ESTIMATED THAT FOR THE ENTIRE CALENDAR YEAR, 2014, THERE WOULD BE 136,000 NEW MEMBERS ON THE OHP AND WE HAVE ALREADY REACHED 300,000. IT BRINGS UP A NUMBER OF ISSUES. SOME OF WHICH I'M GUESSING STEVE MARCH TOUCHED ON IN HIS AUDIT. BUT IT ALSO BRINGS UP THE ISSUE OF CAPACITY. AND SPECIFICALLY WHETHER THERE ARE GOING TO BE A SUFFICIENT NUMBER OF PRIMARY CARE PROVIDERS AND PARTICULARLY PRIMARY CARE PHYSICIANS FOR THIS MUCH INCREASED POPULATION ON THE OREGON HEALTH PLAN. IT'S SOMETHING THAT MULTNOMAH COUNTY NEEDS TO KEEP AN EYE ON, TO LOOK INTO, AND TO PAY ATTENTION TO.

Chair Madrigal: THANK YOU VERY MUCH.

>> CHAIR, ONE ADDITIONAL AMENDMENT/COMMENT. IT'S REALLY EXCITING TO SEE SO MANY PROGRAM OFFERS THAT ADDRESS ACCESS TO SERVICES. BECAUSE I THINK SOMETIMES THAT AS YOU POINTED OUT SOMETIMES THAT IS ONE OF THE BIGGEST BARRIERS TO SERVICE. WITH THAT, I WANT TO PROPOSE AN AMENDMENT. I HAVE A VISUAL AID FOR THE AMENDMENT. ADDITIONAL \$10,000 FOR STREET ROUTES WHICH WOULD ADD ANOTHER 15,000 GUIDES THAT COULD BE OUT IN THE COMMUNITY, WHICH ARE A TREMENDOUS RESOURCE.

Chair Madrigal: ANY ADDITION QUESTIONS OR AMENDMENTS? OKAY. GREAT. KAREN.

>> THANK YOU.

>> THANK YOU VERY MUCH.

>> THANK YOU. I WILL BE VERY QUICK. THIS CONCLUDES OUR WORK SESSIONS FOR TODAY. I DID WANT TO LOOP BACK AND CHECK IN WITH THE BOARD ABOUT A FOLLOW-UP WORK SESSION ON THURSDAY. WE HAVE ENOUGH QUESTIONS THAT WERE PROPOSED TODAY WE COULD PUT TOGETHER A AGENDA IF THE BOARD CHOSE TO DO THAT OR THE DEPARTMENTS COULD RESPOND TO THAT IN WRITING. I NEED TO CHECK IN TO LET THE BOARD CLERK KNOW.

>> WOULD WE PREFER A BRIEFING OR RESPONSES IN WRITING ACCEPTABLE? I'M LOOKING FOR DIRECTION FROM MY COLLEAGUES.

>> WHAT TIME WOULD THIS BE?

>> WOULD IT BE AS PART OF THE REGULAR BOARD MEETING?

>> IT WOULD BE PART OF THE REGULAR BOARD MEETING. I BELIEVE WE HAVE IT SCHEDULED IN THE MORNING. 10:00.

>> OKAY.

>> YEAH, THAT SOUNDS GOOD.

>> IN-PERSON BRIEFING.

>> WE WON'T BE ABLE TO CAPTURE ALL OF THE QUESTIONS BECAUSE DEPARTMENTS MAY NEED ADDITIONAL TIME TO PREPARE FOR THAT BUT WE HAVE ENOUGH FOR A CONVERSATION. LASTLY, A BUDGET HEARING SCHEDULED ON WEDNESDAY, 6:00 TO 8:00, PUBLIC TESTIMONY. THAT WILL BE THE SECOND OF OUR THREE PUBLIC HEARINGS. AFTER THURSDAY'S WORK SESSION, THAT WILL CONCLUDE THIS WEEK'S PORTION OF OUR BUDGET WORK SESSIONS.

>> THANK YOU VERY MUCH. THERE BEING NO FURTHER BUSINESS, WE ARE ADJOURNED.

>> THANK YOU.

ADJOURNMENT

The meeting was adjourned at 12:03 p.m.

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

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Submitted by:

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Board of County Commissioners
Multnomah County