

**Transcript of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, September 16, 2014**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:03 a.m. with Commissioners Jules Bailey, Loretta Smith and Judy Shiprack present. Vice-Chair Diane McKeel arrived at 10:05 a.m.

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

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

Chair Kafoury: GOOD MORNING. OUR FIRST BRIEFING IS THE HEALTH DEPARTMENT. BOARD BRIEFING ON HEALTH SYSTEM TRANSFORMATION.

Ms. Fuller: THANK YOU, MADAM CHAIR AND COMMISSIONER. JOANNE FULLER, HEALTH DEPARTMENT DIRECTOR AND YOUR HEALTH CARE TRANSFORMATION LEADER FOR THE COUNTY. WE, ACTUALLY, ARE HERE TODAY TO TALK ABOUT SOME SUCCESS STORIES. I HAVE GOT WITH ME NANCY JACKSON, WHO IS OUR COORDINATOR FOR OUR HEALTH CARE TRANSFORMATION WORK AND AS SOON AS I FINISH KIND OF INTRODUCING THINGS TO YOU, I WILL BRING UP OUR THREE PRESENTERS FOR TODAY. ONE OF THE THINGS THAT, FIRST, I WANT TO THANK NANCY. SHE'S BEEN INSTRUMENTAL IN PREPARING ALL OF THE MATERIALS THAT WE'VE BEEN SHARING WITH YOU, THE LAST MONTHS, ABOUT HEALTH CARE TRANSFORMATION AND WE COULDN'T BE DOING THIS WORK WITHOUT HER. AND, YOU KNOW, SHE SITS UP HERE AND TURNS THE SLIDES FOR YOU, AND I'M NOT SURE IF YOU KNOW HOW MUCH BEHIND THE SCENES WORK THAT SHE DOES.

Chair Kafoury: OH, WE KNOW.

Ms. Fuller: GOOD. SO, WE'VE BEEN SHOWING YOU THE HEALTH CARE, OUR INTROVERTED PYRAMIDS DIAGRAM TO DEMONSTRATE OUR ROLE IN HEALTH CARE TRANSFORMATION FOR THE LAST YEAR OR SO, AND WE DECIDED TO UPDATE OUR THINKING ABOUT THIS EFFORT AND SHARE THAT THINKING WITH YOU TODAY BEFORE WE TALK ABOUT THESE THREE SPECIFIC SUCCESS STORIES. SO, THE THINGS THAT WE ARE REALIZING THIS IS GOING TO BE A MULTI-PHASE, MULTI-YEAR PROJECT IMPLEMENTATION, AND IT FEELS LIKE EACH TIME WE IMPLEMENT THE PHASE, WE LEARN THINGS ABOUT OUR SYSTEM, ABOUT OUR PARTNERS, AND ABOUT WHAT'S WORKING AND WHAT'S NOT WORKING. THAT HELPS US TO REFINE OUR, OUR EFFORTS FOR THE

NEXT PHASE, AND THEN THE NEXT PHASE OF IMPLEMENTATION. SO, WHAT YOU SEE HERE IS THE, KIND OF THE REPRESENTATION OF THREE POTENTIAL PHASES OF THE WORK. THE FIRST PHASE WAS ABOUT THE FORMATION OF THE CCOs, THE FEDERAL WAIVER, ACCEPTANCE, THE PASSAGE OF THE FEDERAL LAW AND THE KIND OF BEGINNINGS, FOUNDATIONAL OF THE PROCESS. NOW, WE'RE REALLY IN A PHASE OF MEDICAID EXPANSION. SO, AS WE HAVE TALK TO YOU ABOUT BEFORE, WE OVERSHOT OUR TARGETS FOR ENROLLMENT FOR PEOPLE IN MEDICAID, THROUGH, THROUGH THE MEDICAID EXPANSION, AND WE ARE, WE ARE BEGINNING TO WORK WITH ALL OF OUR, ACTUALLY, CONTINUING TO WORK WITH ALL OF OUR PARTNERS TO TRY TO FIGURE OUT HOW WE ENGAGE THOSE, THOSE NEW, NEW MEMBERS IN CARE, AND SHE AND BEGIN TO LOOK AT, AT THE KIND OF LONG-TERM CHANGES THAT WE'RE GOING TO HAVE TO MAKE TO OUR CARE SYSTEM TO BE ABLE TO ADDRESS THE METRICS LAID OUT FOR US. SO, THAT'S REALLY, REALLY SORT OF THE PIECE OF WORK THAT WE'RE IN. WE ALSO AT THIS POINT ARE ON THE VERGE OF CHANGING THE PAYMENT STRUCTURES. WE HAVE TALKED TO YOU ABOUT, ABOUT THE ALTERNATIVE PAYMENT METHODOLOGY, AND THAT METHODOLOGY IS REALLY GOING TO ALLOW US TO THINK ABOUT WHAT WE ARE DOING, AS YOU RECALL, IT'S A MOVEMENT AWAY FROM A FEE FOR SERVICE MODEL, TO A MODEL WHERE WE'RE PAID UP FRONT, FOR THE CARE AND THEN WE GET TO INNOVATE WHAT WE DO FOR THAT CARE. NOW, WE HAVE TO BE CAUTIOUS AS WE DO THIS BECAUSE AS YOU RECALL, THE STATE WANTS THAT ALTERNATIVE PAYMENT METHODOLOGY TO BE COST NEUTRAL, AND SO, WE'RE STILL TRACKING ENCOUNTER DATA IN THE SAME WAY THAT WE TODAY, AND THE STATE WILL EXPECT US TO MATCH THAT ENCOUNTER DATA WITH WHAT THEY PAID US IN THAT UP FRONT PAYMENT IN THE INITIAL PHASES OF THE PROJECT. SO THAT THEY, THEY ASSURE THEMSELVES THAT THE CARE IS BEING PROVIDED, AND IT'S COST NEUTRAL, AND THEY HAVE NOT PAID US FOR PEOPLE THAT WE DID NOT ENGAGE IN CARE. SO, THAT IS GOING TO BE AN ONGOING PROCESS WHERE WE ARE GOING TO NEED TO CONTINUE TO BE TRACKING BOTH THE NEW CARE AND THE OLD CARE, IF YOU WANT TO THINK ABOUT IT THAT WAY. SO, WE'RE GOING TO DO A BRIEFING ON, ON ALTERNATIVE PAYMENT METHODOLOGY. I THINK IT'S SCHEDULED FOR JANUARY, SO WE WILL HAVE HAD A COUPLE OF MONTHS OF THAT PROCESS UNDER OUR BELT. BUT THAT'S ONE OF THE OTHER PIECES THAT WE'RE INVOLVED IN. THE OTHER THING THAT WE'RE REALLY INVOLVED IN NOW, IS THINKING ABOUT, ABOUT INTEGRATED CARE IN A DIFFERENT WAY. AND IF WE MOVE TO THE NEXT SLIDE, KIND OF HOW WE'RE BEGINNING TO REPRESENT THAT, IS THAT IF THE HEALTH SYSTEM, WHAT WE THINK OF AS HEALTH SYSTEMS, YOU KNOW, PRIMARY CARE AND DENTAL CARE AND SEEING THE DOCTOR AND GETTING PHYSICAL THERAPY, AND GOING TO THE MENTAL HEALTH CENTER, ALL OF THAT, WE THINK OF AS KIND OF THE CORE OF HEALTH CARE. WE KNOW THAT THIS REFORM IS NOT JUST ABOUT REFORMING WHAT GOES ON IN THAT HEALTH CARE BOX. THIS REFORM IS REALLY ABOUT, ABOUT ATTACHING THAT HEALTH CARE TO THESE OTHER SYSTEMS THAT ARE ALSO INVOLVED IN PEOPLE'S LIVES, IN POSITIVE AND

SOMETIMES NOT SO POSITIVE WAYS. AND SO WE REALLY NEED TO BE THINKING ABOUT, ABOUT NOT JUST WHAT HAPPENS IN THE DOCTOR'S OFFICE, SO TO SPEAK, BUT WHAT'S HAPPENING IN PUBLIC HEALTH, WHERE WE'RE WORKING ON, ON, ON ENVIRONMENTAL DISEASE CONTROL STRATEGIES, ON WORKING WITH SPECIFIC COMMUNITIES TO TRY TO GET DIFFERENT OUTCOMES ON A POPULATION BASE IN THOSE COMMUNITIES AND WE NEED TO WORK WITH THE PUBLIC SAFETY SYSTEM TO FIGURE OUT ABOUT HOW TO DIVERT PEOPLE FROM GETTING INVOLVED IN THAT SYSTEM BECAUSE, BECAUSE THEY HAVE GOT, GOT MENTAL HEALTH OR ADDICTION ISSUES OR PHYSICAL ISSUES THAT ARE, ARE DRIVING THEIR BEHAVIOR THAT'S GETTING THEM ENGAGED IN THAT SYSTEM, AND ALSO, ONCE THEY GET INVOLVED IN THAT SYSTEM, MAKE SURE THAT THEY GET CONNECTED TO CARE, AND THAT CARE IS CONNECTED TO WHAT'S HAPPENING TO THEM IN THE PUBLIC SAFETY SYSTEM. WE NEED TO MAKE SURE THAT WE'RE ATTACHED TO HOUSING SYSTEMS. WE KNOW, AND ONE OF THE HUGEST CONVERSATIONS THAT'S HAPPENED AT THE CCO TABLES IS THE FACT THAT IF PEOPLE DON'T HAVE SUPPORTIVE, PERMANENT HOUSING, THEY CAN'T REALLY ENGAGE IN THE PROACTIVE BEHAVIORS THAT THEY NEED TO ENGAGE IN TO TAKE CARE OF THEIR HEALTH, SO THAT'S LIKE FUNDAMENTAL, AND THOSE SYSTEMS WERE VERY DISCONNECTED FROM THE HEALTH CARE SYSTEM TRADITIONALLY HISTORICALLY. AND THEN, AND THEN AGING AND DISABILITY SERVICES. WE KNOW THAT LONG-TERM CARE ASSISTANCE, CASE MANAGEMENT, OF PEOPLE WHO ARE DISABLED AND ELDERLY AND POOR, IS CRITICAL TO US BEING ABLE TO KIND OF FUNDAMENTALLY ENGAGE THOSE FOLKS IN THE BEHAVIOR CHANGE AND THE CARE MANAGEMENT THAT WE NEED TO ENGAGE THEM IN ORDER FOR THEM TO STAY HEALTHY AS LONG AS POSSIBLE. THE COUNTY HAS MULTIPLE ROLES, AND WE HAVE TALKED ABOUT THESE ROLES, BUT THIS IS A NEW WAY THAT WE'RE TRYING TO KIND OF STRUCTURE THINKING ABOUT, ABOUT THE ROLES THAT THE COUNTY HAS IN THIS HEALTH CARE TRANSFORMATION PROCESS. WE HAVE A STATUTORY ROLE. WE HAVE TALKED ABOUT OUR RESPONSIBILITY AS THE LOCAL MENTAL HEALTH AUTHORITY, WE HAVE GOT A RESPONSIBILITY AS THE LOCAL PUBLIC HEALTH AUTHORITY AND WE ARE THE AREA AGENCY ON AGING AND DISABILITIES FOR MULTNOMAH COUNTY AND WE HAVE A, IS A STATUTORY RESPONSIBILITY TO MANAGE THE EMERGENCY MEDICAL SERVICES SYSTEM AND WE HAVE A STATUTORY RESPONSIBILITY TO PROVIDE HEALTH CARE IN THE JAIL. SO, ALL OF THOSE STATUTORY RESPONSIBILITIES THAT THE COUNTY HAS INTERFACE WITH OUR HEALTH CARE TRANSFORMATION. WE ALSO HAVE CONTRACTS WITH THE STATE AND FEDERAL GOVERNMENT, THAT GOVERN OUR WORK WITH HEALTH CARE TRANSFORMATION, AND YOU SEE SOME OF THOSE CONTRACTS LISTED HERE. THEN, WE, AS THE COUNTY, CONTRACT WITH PROVIDERS WHO ARE PROVIDING SERVICES IN -- AND WE SET SOME EXAMPLES THERE, BUT AS YOU KNOW, WE HAVE GOT EXTENSIVE CONTRACTS IN THE MENTAL HEALTH SYSTEM, AND WE HAVE CONTRACTS IN AGING AND DISABILITY SERVICES FOR SERVICE DELIVERY AND SOCIAL SUPPORT. WE HAVE GOT CONTRACTS WITH CULTURALLY SPECIFIC

PROVIDERS AND SO, ALL OF THOSE CONTRACTS, CONTRACTED RELATIONSHIPS ARE INTERACTING WITH OUR HEALTH CARE TRANSFORMATION. AND THEN WE ARE A DIRECT SERVICE PROVIDER. WE PROVIDE, YOU KNOW, WE'RE THE BIGGEST FEDERALLY QUALIFIED HEALTH CENTER IN THE STATE, PROVIDING A VAST MAJORITY OF THE HEALTH CARE TO A LARGE POPULATION. WE HAVE THE -- OUR SEXUALLY TRANSMITTED DISEASE CLINIC. WE HAVE, WE HAVE GOT OUR, OUR SCHOOL-BASED MENTAL HEALTH AND PHYSICAL HEALTH SERVICE SYSTEM. WE HAVE GOT THE EARLY CHILDHOOD HOME VISITING SERVICES. WE HAVE ESA, WHICH IS OUR EARLY ASSESSMENT AND SUPPORT ALLIANCE SERVICES TO HELP TO IDENTIFY EARLY ONSET OF MENTAL HEALTH ISSUES AND PROVIDE THE SOCIAL SUPPORTS AND STRUCTURE AROUND PEOPLE EXPERIENCING MENTAL HEALTH CHALLENGES. WE PROVIDE THE SERVICES IN THE MENTAL HEALTH COURT AND WE PROVIDE COMMUNITY CARE TRANSITIONS. SO, ALL OF THOSE ARE PLACES WHERE, WHERE WE ARE, WE ARE BEING PAID EITHER THROUGH THE STATE AND FEDERAL CONTRACTS OR RELATIONSHIPS TO THE COORDINATED CARE ORGANIZATIONS TO BE A SERVICE DELIVERER. SO, ONE OF THE REASONS WHY WE WANTED TO SHARE THIS WITH YOU TODAY IS THAT WE THINK -- IT'S HELPFUL FOR THE BOARD TO KNOW THAT IN EACH OF THOSE, WE HAVE RESPONSIBILITIES, IN EACH OF THESE ROLES, AND SOMETIMES, THOSE MIGHT BE CONFLICTING RESPONSIBILITIES. WE MIGHT HAVE AN, A CERTAIN KIND OF INTEREST AS A CONTRACTOR TO THE STATE AND FEDERAL GOVERNMENT, BUT A DIFFERENT KIND OF INTEREST AS A DIRECT SERVICE PROVIDER. AND SO WE ARE, WE ARE TRYING TO BALANCE IN OUR IMPLEMENTATION OF THE HEALTH CARE TRANSFORMATION WITH THIS CROSS COUNTY VIEW, NOT JUST ONE DEPARTMENT, BUT MULTIPLE DEPARTMENTS, WE'RE TRYING TO BALANCE ALL OF THESE RESPONSIBILITIES. THEN, REMINDING YOU, OF COURSE, OF THE TRIPLE AIM, WHICH IS THAT, WHICH IS THE OVERARCHING CONSTRUCT FOR ALL OF THIS HEALTH CARE TRANSFORMATION, IS TO REDUCE COSTS AND PROVIDE BETTER CARE AND IMPROVE HEALTH OUTCOMES. SO, TODAY, WE WANTED TO TALK TO YOU -- WE HAVE TALK TO YOU A LOT ABOUT THESE STRUCTURES. DO YOU HAVE ANY QUESTIONS ABOUT THAT, REALLY QUICK OVERVIEW OF THAT KIND OF STRUCTURE?

Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. CURIOUS, DID WE GET OUR MONEY, GOING BACK TO THE, TO THE ALTERNATIVE PAYMENT SYSTEM, HAVE WE RECEIVED OUR FISCAL YEAR 14 MONEY FROM THE STATE YET?

>> WHICH MONEY ARE YOU ASKING ABOUT?

>> WE HAD -- THERE WAS MONEY FOR THE GLOBAL BUDGET OF SORTS. I DON'T KNOW WHAT YOU ARE CALLING IT NOW. IN TERMS OF WHAT WE WERE SUPPOSED TO BE PAID FOR FISCAL YEAR 2014. CURIOUS TO KNOW, DID WE GET OUR MONEY FROM THE STATE?

>> SO THERE IS A COUPLE OF THINGS THAT YOU COULD BE REFERRING TO. SO WE ARE NOT PAID YET ON A GLOBAL BUDGET. SO, WE'RE STILL -- WE'RE STILL IN OUR CLINICAL CARE SYSTEM PAID ON A PER PROVIDER BILLING.

Commissioner Smith: LET'S SAY, DOES THE STATE OWE US ANY OUTSTANDING MONEY FOR FISCAL YEAR 2014?

>> YES, THEY DO.

Commissioner Smith: HOW MUCH IS THAT?

>> I DON'T KNOW. WE CAN GET THAT INFORMATION TO YOU. WE BILL THEM, AND THEY PAY US -- THEY HAVE NOT PAID US ALL OF WHAT THEY OWE US YET.

Commissioner Smith: I KNOW THAT THERE WAS SOME KIND OF -- AN ISSUE AROUND EXACTLY WHAT THEY WERE SUPPOSED TO BE PAYING US, AND HOW THEY WERE GOING TO DO THAT AND IT WAS REDUCED AND I JUST DON'T KNOW THE TERMINOLOGY, BUT I KNOW THAT THEY OWED US THE MONEY, AND JUST CURIOUS TO KNOW WHAT THE STATUS WAS.

>> YES. WE'LL GET THAT INFORMATION TO YOU.

>> THANK YOU.

>> THANK YOU.

>> Chair Kafoury: OTHER QUESTIONS.

>> DEVARSHI BAJPAI HAS JOINED ME. HE'S THE DIRECTOR FOR MENTAL HEALTH AND ADDICTION SERVICES FOR -- OR ACTUALLY, ADDICTION SERVICES, AT THE COUNTY. AND HE'S GOING TO TALK TO YOU ABOUT ONE OF THE PROJECTS THAT WE WANT TO HIGHLIGHT TODAY. YOU ARE ALSO GOING TO BE HEARING FROM ALISON GOLDSTEIN WHO WORKS WITH US IN THE EMERGENCY MEDICAL SERVICES AND JANET MCMANUS, WHO WORKS FOR AGING AND DISABILITY SERVICES DIVISION ABOUT TWO OTHER PROJECTS THAT WE'RE REALLY PROUD OF THAT WE WANTED TO SHARE THE RESULTS WITH YOU TODAY ABOUT THAT HAVE TO DO WITH HEALTH CARE TRANSFORMATION. I WILL TURN IT OVER TO DEVARSHI. THANK YOU.

Mr. Bajpai: GOOD MORNING. I AM DEVARSHI BAJPAI, THE ADDICTION SERVICES MANAGER FOR MENTAL HEALTH AND ADDICTIONS. BEFORE I CAN TALK ABOUT THE PROJECT THAT WE'RE WORKING ON, THAT IS INNOVATIVE AND CHANGING THINGS, I HAVE TO EXPLAIN THE SYSTEM TO UNDERSTAND WHY THIS HAS REALLY CHANGED FOR ANYTHING. IT'S KIND OF ONE OF THOSE THINGS THAT JUST MAKES SENSE, AND WE WOULD ASSUME THAT WE WERE

DOING. BUT, GIVEN THE WAY THAT THE SYSTEM IS SET UP, IT'S REALLY, REALLY PUT UP BARRIERS TO US WORKING ACROSS THE SYSTEM VERY WELL. SO, I WILL START BY EXPLAINING HOW THE SYSTEM IS CURRENTLY STRUCTURED. THE FUNDING SYSTEM FOR, FOR ADDICTION SERVICES AND IT'S FRAGMENTED, THE PHYSICAL HEALTH PLANS MANAGE THE MONEY FOR DETOX, AND FOR, FOR OUTPATIENT TREATMENT FOR PEOPLE THAT ARE ENSURED THROUGH THE OREGON HEALTH PLAN, THROUGH MEDICAID. WE HAVE TRADITIONALLY ALWAYS PAID FOR A TREATMENT, DETOX, RESIDENTIALLY AND OUTPATIENT FOR PEOPLE ENSURED. BUT, IN ADDITION TO THAT, WE HAVE ALSO PAID FOR A RESIDENTIAL TREATMENT FOR PEOPLE ENSURED. SO, WHAT HAPPENS IS THAT FOR PEOPLE ENSURED, THERE IS A, A DISCONNECT BETWEEN WHO PAYS FOR DETOX AND WHO TO RESIDENTIAL AND FOR OUT-PATIENT. THERE IS NO CONNECTION, AND THAT NOT ONLY MEANS POOR CARE FOR THE CLIENT, AND PEOPLE GO THROUGH DETOX MANY TIMES BEFORE THEY CAN GET INTO THE RIGHT LEVEL TREATMENT AFTERWARDS. IT COULD MEAN PEOPLE STAYING IN RESIDENTIAL TOO LONG WHERE THEY COULD NOT MAKE THINGS WORK IN OUTPATIENT IF THEY HAD THE RIGHT RESOURCES, BUT, WITH NO CONNECTION BETWEEN THE LEVELS OF CARE, THAT DOES NOT OFTEN HAPPEN. SO, NOT ONLY IS THERE THE PROBLEM WITH THE CLIENT CARE, BUT ALSO WITH THE INFORMATION. WE DON'T KNOW, AT THE COUNTY LEVEL, WE DON'T KNOW WHO GETS OUTPATIENT, THAT'S COVERED BY MEDICAID, THE PHYSICAL HEALTH PLANS DON'T KNOW WHO HAS GOTTEN RESIDENTIAL. WE HAVE NO WAY TO TRACK THAT CONNECTION. SO, INTERMEDIATE, WE CALL THIS THE INTERIM STATE WHERE WE HAVE OPPORTUNITIES TO MAKE CHANGES AND THE SYSTEM WORK BETTER. WE'RE STILL IN THE SITUATION WHERE THE PHYSICAL HEALTH PLANS ARE PAYING FOR DETOX AND OUTPATIENT, BUT WITH THE MEDICAID EXPANSION, WE HAVE LESS NEED FOR PEOPLE, FOR TREATMENT SERVICES, CLINICAL TREATMENT SERVICES FOR PEOPLE ENSURED. IT HAS ALLOWED OUR TREATMENT PROVIDERS TO SHIFT SOME OF WHAT, WHAT -- SOME OF THE STAFF AND RESOURCES INTO, INTO PROVIDING MORE WRAP-AROUND SERVICES, PEER RECOVERY MENTORS, HOUSING, THAT THEY WERE NOT ABLE TO ADDRESS BEFORE THE MEDICAID EXPANSION STARTED. ONE OF THE WAYS THAT THE TREATMENT SYSTEM HERE IN MULTNOMAH COUNTY IS DEVELOPED, IS THAT WE HAVE A LOT OF, A LOT OF OUTPATIENT TREATMENT, WHICH IS, WHICH IS THE AMERICAN SOCIETY OF ADDICTION MEDICINE, DESCRIBES FOUR LEVELS OF CARE, AND OUTPATIENT IS LEVEL ONE. RESIDENTIAL IS LEVEL THREE. BUT, THE WAY OUR SYSTEM IS DEVELOPED, WE DON'T HAVE A LOT OF LEVEL TWO, WHICH IS INTENSIVE OUTPATIENT AVAILABLE IN OUR COMMUNITY, AND THAT'S JUST, JUST A FUNCTION OF HOW THINGS WERE FUNDED IN THE PAST. WHAT THAT MEANS IS THAT PEOPLE THAT DON'T DO WELL GOING TO TREATMENT ONCE OR TWICE A WEEK, GO TO RESIDENTIAL WHERE THEY ARE LIVING THERE FOR SIX TO NINE MONTHS, IN SOME CASES, AND IF WE HAD INTERMEDIATE CARE AVAILABLE, THEY WOULD NOT NEED TO GO THERE. WE COULD SAVE THE RESOURCE FOR THOSE WHO NEED IT MORE. THE OTHER OPPORTUNITY THAT WE HAVE IS SOMETIMES,

PEOPLE GO TO RESIDENTIAL TREATMENT BECAUSE THEY DON'T HAVE HOUSING, AND THAT'S AN EXTRAORDINARILY EXPENSIVE WAY TO HOUSE PEOPLE. IF WE HAVE IT AVAILABLE, OUTPATIENT TREATMENT PROVIDERS CAN PROVIDE RENT ASSISTANCE TO SOME OF THEIR CLIENTS. THEY DON'T HAVE TO GO TO RESIDENTIAL TREATMENT. THAT'S WHERE WE ARE AT. THE OTHER AREA THAT WE HAVE FUNDED, IT'S BEEN VERY SMALL, IS THE RECOVERY SUPPORT AREA. THE PEER RECOVERY MENTORS COACHING ON BASIC LIFE SKILLS LIKE HOW TO APPLY FOR -- AND INTERVIEW FOR A JOB, HOW TO EXPLAIN YOUR CRIMINAL HISTORY AND YOUR GAPS IN EMPLOYMENT AND THAT KIND OF STUFF, HOW TO WORK WITH THE LANDLORD OR SOMEBODY WHERE, WHERE YOU ARE RENTING. HOW TO DEAL WITH THE PROBATION OFFICER, AND ALL THOSE THINGS ARE THINGS THAT PEOPLE, WHEN THEY COME INTO RECOVERY, ARE NOT REALLY WELL -- HAVEN'T DONE FOR A WHILE. SO, RECOVERY SUPPORT IS OFTEN CAN, CAN REPLACE THE NEED FOR TREATMENT. THERE IS SOME PEOPLE THAT COME IN TO TREATMENT THAT HAVE BEEN THROUGH TREATMENT A DOZEN TIMES. AND THEY KNOW THE PHARMACOLOGY, THE PHYSIOLOGY BETTER THAN THE COUNSELORS TEACHING IT. BUT, THEY NEED SUPPORT. AND BEFORE, WE DID NOT REALLY HAVE THAT AVAILABLE, SO THEY WENT BACK INTO THE GROUPS WHERE THEY KNEW EVERYTHING AND THEY COULD HELP THE COUNCILOR FACILITATE THOSE GROUPS. SO, HAVING RECOVERY SUPPORT AVAILABLE, SAVED US RESOURCES, TOO. PEOPLE THAT MAY BE GETTING TREATMENT, WE CAN SAVE THOSE AND GET PEOPLE JUST, JUST SOME, SOME SUPPORTS, SOME COACHING, AND SOME HELP WITH CHILD CARE, AND HELP GETTING A JOB. AND SOME OF OUR, OUR TREATMENT PROVIDERS ARE STARTING TO ADDRESS THAT AND SEVERAL STARTED HIRING PEER RECOVERY MENTORS AND WE'RE SEEING THAT SHIFT HAPPEN NOW. MADAM CHAIR, BEFORE WE MOVE ON FROM THAT SLIDE, I WANT TO MAKE SURE I AM UNDERSTANDING EVERYTHING HERE. THE REINVESTMENT BAR, THAT'S 3194 MONEY, IS THAT RIGHT?

>> IT'S PROBABLY --

Commissioner Bailey: MEDICAID EXPANSION?

>> A FUNCTION OF MEDICAID EXPANSION. MOST OF THE MONEY IS STATE, OR FEDERAL SUBSTANCE ABUSE PREVENTION TREATMENT BLOCK GRANT MONEY FROM THE FEDS. IT COMES THROUGH THE DEPARTMENT, THE OREGON HEALTH AUTHORITY TO US AS A COUNTY, AND THERE IS ALSO THE COUNTY GENERAL FUND IN THERE, TOO, PROVIDING SOME SERVICES FOR UNINSURED PEOPLE PREVIOUSLY.

Commissioner Bailey: I WOULD ASSUME THAT THE BLUE BOX ON ENSURED UNDER DETOX IS SMALLER BECAUSE OF MEDICAID EXPANSION FROM THE PREVIOUS --

>> THAT'S CORRECT.

>> OK.

Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. IT'S PIGGY-BACKING ON WHAT COMMISSIONER BAILEY WAS TALKING ABOUT. SO HOW MUCH MONEY IS BEING RE-PURPOSED TO WRAP-AROUND SERVICES THAT'S, THAT'S IN THIS, IN THIS MODEL?

>> IT'S A HARD NUMBER TO TELL RIGHT NOW BECAUSE, BECAUSE ELIGIBILITY SHIFTS FROM DAY-TO-DAY. WE HAVE CLIENTS THAT COME INTO TREATMENT THAT ARE THERE FOR THREE MONTHS AND SUDDENLY GET, GET ASSIGNED TO A CCO THREE MONTHS PRIOR SO THEY HAVE TO BACK OUT FUNDING FROM WHAT WE FUNDED TO THEM. AND OUR PROVIDERS ARE TRYING TO REPORT BACK TO US RIGHT NOW, BUT THEY KEEP HAVING TO SEND CORRECTIONS INTO US, SO WE DON'T HAVE A FIRM GRASP ON THAT.

Commissioner Smith: THIS IS NEW INFORMATION, SO WAS THIS, ACTUALLY, LINE ITEMS IN THE 2015 YEAR BUDGET?

>> THERE IS PART -- WE DESCRIBED THE CONTINUUM THE PROGRAM OFFERED FROM RECOVERY SERVICES TO RESIDENTIAL TREATMENT AND SO, THESE ARE CONTRACTS THAT ALREADY EXISTED.

Commissioner Smith: THESE ARE REFLECTED. THIS IS NOT MONEY THAT'S, THAT'S JUST MOVED OVER ON THE FLY.

>> RIGHT.

Commissioner Smith: OK, THANKS. THE FUTURE OF ADDICTION TREATMENT SYSTEM, WE WOULD LIKE TO SEE A COMPREHENSIVE CONTINUUM OF CARE WHERE THERE ARE DIFFERENT LEVELS OF TREATMENT IN BETWEEN OUTPATIENT AND RESIDENTIAL WHERE THERE IS A MORE, MORE SHADES OF GRAY IN THE CONTINUUM. AND WE NEED CLEAN AND SOBER HOUSING CAPACITY TO -- THAT'S A HUGE PROBLEM THAT I THINK THAT EVERYBODY IS AWARE OF. AND RECOVERY SUPPORTS I HAD TALKED ABOUT ALREADY, AND ONE OF THE THINGS I DID NOT MENTION WAS THE TREATMENT FOR CRIMINALITY. I THINK THE CCOs, THE PUBLIC SAFETY IS NOT NECESSARILY THEIR PRIME OUTCOMES THEY LOOK AT, BUT IT'S ONE OF OURS. AND SO, WE'VE BEEN WORKING DCJ, GINGER MARTIN AND I HAVE BEEN WORKING TOGETHER TO MAKE SURE THAT OUR TREATMENT PROVIDERS ADDRESS CRIMINALITY AS PART OF THE REGULAR COURSE OF TREATMENT. IT IS NOT ANYTHING RECOGNIZED IN THE DSM OR ANY KIND OF PSYCHIATRIC PLACE, BUT IT IS A CO-OCCURRING DISORDER IN THAT CRIMINALITY IS NOT ADDRESSED, THE PEOPLE DO RELAPSE ON THEIR, TO THEIR ADDICTIONS, SO, IT'S SHORT SIGHTED NOT TO MAKE SURE THAT WE ADDRESS THAT. BUT,

WHAT WE WOULD LIKE TO SEE IN THE END IS A SINGLE -- A FINANCIAL INTEGRATION WHERE ALL THE FUNDING AREAS ARE IN ONE PLACE AND IF IT'S UP TO ME, EVEN IF I WAS RULING THE WORLD, IT WOULD BE US. SO, WE NEED A SYSTEM WHERE WE CAN SOMEWHERE, HAVE THE CONNECTION BETWEEN THOSE LEVELS OF CARE, WHERE WE CAN TRACK PEOPLE AND PRIORITIZE THE HIGHER INTENSITY SERVICES FOR THE PEOPLE THAT NEED IT THE MOST.

>> CAN I POINT SOMETHING OUT THAT I AM SURE IS OBVIOUS TO ALL MY COLLEAGUES, BUT WE GET TO HEAR EVERYONE, AND YOU COME AND YOU GO, AND SOMEBODY ELSE TAKES YOUR SPOT UP THERE IN THAT, IN THAT CHAIR THAT YOU ARE, YOU KNOW, KEEPING WARM RIGHT YOU NOW. THEY ARE GROWING -- THEY ARE GOING TO COME IN THERE. IT'S NOT THAT LONG AGO THAT THIS BOARD APPROVED, FOR EXAMPLE, A \$10 MILLION EXPENDITURE FOR HOUSING. WITHOUT HAVING THE OPPORTUNITY OF A LENS, THAT ENABLES US TO SEE THE COMPARATIVE VALUE OF THAT INVESTMENT WITH, WITH WHAT IT IS THAT YOU ARE DISCUSSING HERE TODAY. SO, I JUST -- YOU KNOW, I THINK THAT WE, SOMETIMES, NEGLIGENT TO EXPLOIT OUR ADVANTAGES UP HERE IN HAVING THAT EXPANSIVE OF VIEW OF WHAT IT IS THAT YOU ARE TALKING ABOUT RIGHT NOW, WHICH IS THE RETURN ON INVESTMENT OF THIS SYSTEM OF CARE. JUST SAYING.

>> THANK YOU.

>> THANK YOU.

>> THANK YOU.

>> SO, IF I CAN TALK ABOUT THAT A BIT. THIS STANDS FOR SCREENING, BRIEF INTERVENTION, SBI AND REFERRAL TO TREATMENT, R.T. THIS IS ONE OF THE QUALITY METRICS THE CCOs ARE JUDGED BY. AND IN THIS FIRST YEAR, NONE OF THE CCOs MET THAT METRIC FOR IMPLEMENTING IT. WHAT IT IS REALLY SCREENING FOR, FOR ADDICTION AND PRIMARY CARE OFFICES, AND A WAY TO ADDRESS THAT PROBLEM. IT HAS BEEN SHOWN BY THE RESEARCH TO BE REALLY EFFECTIVE FOR PEOPLE THAT ARE IN THAT -- IN THE MIDDLE OF THAT PYRAMID THAT I SHOW THERE. THE PEOPLE WITH RISKY USE OF ALCOHOL OR SOME DRUGS, MOSTLY ALCOHOL, AND ARE NOT AWARE OF THE FACT THAT THEY MIGHT BE IN A POSITION THAT THEY ARE PARTICIPATING IN RISKY DRINKING OR BEHAVIOR. THE DOCTOR TALKING TO SOMEBODY ABOUT THAT HAS BEEN SHOWN TO IMPROVE THOSE OUTCOMES.

>>> PEOPLE DRINK LESS, IN A LESS RISKY MANNER. AND IT'S BEEN FAIRLY -- REALLY EFFECTIVE FOR THAT, BEEN LESS EFFECTIVE WITH MORE SEVERE ALCOHOLISM AND WITH DRUG ADDICTION. THE TOP OF THE PYRAMID RIGHT THERE, AND IS THE PEOPLE THAT ARE REALLY DEPENDENT, THE PEOPLE THAT NEED TREATMENT THE MOST OR NEED TREATMENT AT ALL. AND IN THE GENERAL POPULATION, THAT'S ABOUT 5% OF THE POPULATION, THE

MEDICAID POPULATION, THAT'S, THAT'S UP TO AROUND 20% OF THE MEDICAID POPULATION, A SUBSTANTIAL PORTION OF THE POPULATION. PEOPLE, S. FUNCTION OF SCREENING AND PRIMARY CARE, ADDICTION GETS, GETS RECOGNIZED, KIND OF BY ACCIDENT. IT'S NOT THE POINT OF EXPERT, THE POINT OF IT IS THAT MIDDLE PART OF THE PYRAMID, BUT WHEN PEOPLE DO, SAY THAT THEY HAVE A PROBLEM AND NEED SOME HELP, OFTEN DOCTORS DON'T KNOW WHAT TO DO. THEY HAVE NOT HAD A LOT OF INTERACTION WITH THE ADDICTION TREATMENT SYSTEM OR WHO THE PROVIDERS ARE OR HOW TO REFER SOMEBODY, AND THEY TEND TO THINK OF RESIDENTIAL STREAM AS THE ONLY TREATMENT MODALITY, AND THEY TALK ABOUT THE LONG WAIT LIST. SO, THAT KIND OF -- LACK OF SATELLITE IMAGERY IS REALLY HAS CREATED A DISCONNECT BETWEEN THE PRIMARY CARE SYSTEM AND THE ADDICTION TREATMENT SYSTEM. THAT DOES NOT EXIST, REALLY, IN THE PROBATION DEPARTMENT, DCJ DOES A BETTER JOB OF UNDERSTANDING IT AND GETTING PEOPLE REFERRED. SO, WE CAN MOVE ON TO THE NEXT ONE. SO, ONE OF THE THINGS THAT -- IS NOW, I'M GETTING INTO THE PROMISING PROJECTS WE'RE WORKING ON. WE WORKED WITH CARE OREGON AS, YOU KNOW, THE LARGEST PHYSICAL HEALTH PLAN THAT WE WORKED WITH TO -- WE'RE WORKING WITH THEM TO MAKE THE SYSTEM WORK AS ONE, AND EVEN THOUGH WE'RE DIFFERENT POTS OF MONEY. AND CARE OREGON IS A, HAS AGREED TO DEDICATE A HALF TIME POSITION TO WORK WITH US ON -- THE FIRST THING WE'LL DO IS WORK WITH THE MID COUNTY HEALTH CLINIC TO -- WHEN THEY DO AN EXPERT SCREENING AND FIND SOMETHING THAT, SOMEBODY THAT NEEDS ADDICTION TREATMENT, IS INTERESTED OR IS KIND OF IN THE MIDDLE, WE WANT TO EXPLOIT THAT MOTIVATION AND MAKE SURE THAT WE GET THE PEOPLE INTO TREATMENT AS QUICKLY AS POSSIBLE AND MAKE SURE THAT ANYBODY INTERESTED IN GETTING IN GETS THAT OPPORTUNITY. SO, WE'RE GOING TO WORK WITH THE CARE OREGON STAFF TO BE SURE THAT WE CAN GET PEOPLE INTO DETOX AND INTO RESIDENTIAL TREATMENT WITH MY STAFF, AND WORKING WITH OUR TREATMENT PROVIDERS TO ENSURE THAT THEY HAVE A BED OPEN FOR THEM, MAKE SURE THAT THEY GET OUT OF RESIDENTIAL TREATMENT AS QUICKLY AS POSSIBLE AND INTO OUTPATIENT WHERE THE BULK OF THE, OF THE RECOVERY WORK HAPPENS. RESIDENTIAL IS FOR STABILIZING PEOPLE.

>> Commissioner Smith: MADAM CHAIR, I HAVE A QUICK QUESTION. YOU ARE IN THE HEALTH DEPARTMENT?

>> DCHS.

>> Commissioner Smith: OK.

>> SO, THE ADDICTION, MEAN, WE WORK WITH THE HOMELESS SYSTEM, DCJ.

>> Commissioner Smith: WHEN YOU SAID THIS IS THE HEALTH DEPARTMENT, I WAS LIKE WHY IS THE HEALTH DEPARTMENT DOING ALL OF THIS?

>> WE'RE WORKING WITH THE HEALTH DEPARTMENT. WE ARE ONE BIG FAMILY.

Commissioner Smith: YES, WE ARE.

>> SO, THEY ARE GOING TO BE WORKING WITH US TO MAKE SURE THAT HAPPENS, AND MAKE SURE THAT WE CAN PROVIDE CONSULTATION TO THE MID COUNTY HEALTH CLINIC, WHEN THEY HAVE SOMEBODY THAT NEEDS A REFERRAL, WE CAN OFFER THAT PROFESSIONAL ASSISTANCE TO THE MEDICAL ASSISTANCE OR TO THE DOCTORS THAT GIVE US A CALL. WE CAN ALSO, IF THEY NEED TO, TALK TO THE CLIENT AND TO THE PARENT AND GET THEM MOTIVATED OR HELP THEM TO UNDERSTAND WHAT THEY ARE LOOKING AT IN THE FUTURE. WE'RE ALSO JUST, AS A FUNCTION OF WORKING WITH CARE OREGON, WE CAN START LOOKING AT PRIORITIZING THE DETOX AND RESIDENTIAL BEDS AND MAKING SURE THAT PEOPLE MOVE THROUGH THOSE BETTER AND TRACK THEM ACROSS THE DIFFERENT SYSTEMS. AND NEXT.

Commissioner McKeel: I HAVE A QUESTION. IS THIS WORK THAT YOU ARE SPEAKING OF AT THE MID COUNTY HEALTH CLINIC, IS THAT GOING ON RIGHT NOW?

>> NO. WE'RE RIGHT IN THE EARLY STAGES OF IT. WE'RE MEETING WITH THEM ON FRIDAY TO WORK OUT THE DETAILS. WE ARE GOING TO EXPAND IT, BUT WE ARE JUST STARTING SMALL.

Commissioner McKeel: RIGHT, THANK YOU.

>> OF COURSE.

>>> SO, THAT'S ONE OF OUR PROJECTS. ACTUALLY, BEFORE I MOVE ONTO THE NEXT SLIDE, ARE THERE ANY OTHER QUESTIONS ON THAT?

>>> OK, SO THE OTHER PROJECT, IT'S RELATED TO THE OTHER, THE OTHER THING THAT I MENTIONED, BUT, YOU ALL MIGHT REMEMBER US TALKING, MENTAL HEALTH AND ADDICTIONS TALKING ABOUT THE PSYCHE HOLDS THAT HAPPEN IN THE EMERGENCY ROOMS. PEOPLE, WHEN THEY COME INTO THE EMERGENCY ROOM, INTOXICATED AND PSYCHOTIC OR HOMICIDAL OR SUICIDAL, IN THE PAST THEY GOT A PSYCHE HOLD PUT ON THEM AND SENT TO A PSYCHE WARD WHERE AFTER A DAY OR TWO, WHEN THEY ARE SOBERED UP, THEY WERE NOT PSYCHOTIC, HOMICIDAL OR SUICIDAL. CAN, AND THE PSYCHE HOLD GOT DROPPED AND THEY WERE RELEASED AND THEY WENT ON THEIR MERRY WAY. SOMETIMES, WITH ITS OWN NUMBER FOR A TREATMENT PROGRAM, BUT OFTENTIMES, NOT EVEN THAT. SO ONE OF THE THINGS THAT THE HOSPITAL STARTED DOING RECENTLY IS KEEPING PEOPLE ON A SAFETY HOLD FOR 48 HOURS IN THE EMERGENCY ROOM WHILE PEOPLE

SOBER UP, AND THEN WE CAN -- THEN THE PSYCHOSES OR WHATEVER CAN BE DIAGNOSED MORE CLEARLY. AT THE END, IF SOMEBODY DOESN'T NEED A PSYCHE HOLD, WE WANT THE PEOPLE THERE THAT WANT THE ADDICTION TREATMENT CAN GET CONNECTED TO THAT, AND THAT'S SOMETHING THAT HASN'T HAPPENED IN THE PAST. WE'RE WORKING WITH THREE OF THE TREATMENT PROVIDERS, DAKOTA AND [INAUDIBLE] BECAUSE ALL PROVIDERS HAVE ACCESS TO A CO-ED CONTINUUM OF CARE, SO MEN, WOMEN, ANYTHING. WE WANT TO MAKE SURE THAT PEOPLE GET HOOKED UP IN THE EMERGENCY ROOM, THE PEOPLE THAT EXPRESS ANY KIND OF EVEN MILD INTEREST IN THE ADDICTION TREATMENT, WE WANT TO BE SURE THAT WE CAN GET CONNECTED WITH THEM RIGHT THEN AND THERE. SO OH, THEY WON'T CYCLE THROUGH THE E.R.s OVER AND OVER AND OVER. WE WANT OUR TREATMENT PROVIDERS TO BE ACTIVELY GOING OUT AND FINDING PEOPLE TO GET INTO TREATMENT RATHER THAN PASSIVELY WAITING FOR THEM TO SHOW UP THERE. THIS IS, THIS IS ONE OF OUR OPPORTUNITIES TO DO THAT. SO, I THINK THAT'S IT FOR ME, UNLESS THERE ARE, THERE ARE --

Commissioner McKeel: CHAIR, I HAVE ONE MORE QUESTION ABOUT THE HOSPITALS. ARE THEY -- IS THIS CURRENTLY HAPPENING, WHAT YOU ARE TALKING, ABOUT THE EMERGENCY ROOM, WITH THE 48-HOUR SAFETY HOLDS AND OUR, OUR, OUR AREA HOSPITALS, ARE THEY ENGAGED IN THIS PROCESS?

>> THE 48-HOUR SAFETY HOLDS ARE HAPPENING NOW. RIGHT NOW, PEOPLE ARE -- THE SOCIAL WORKERS TRY TO GET PEOPLE CONNECTED. THE CONNECTION IS NOT HAPPENING RIGHT NOW, SO, WE'RE WORKING SPECIFICALLY WITH ADVENTIST AND WITH LEGACY TO WORK WITH THEIR EMERGENCY ROOMS SO EMANUEL, GOOD SAM, AND ADVENTIST E.R.s TO START LOOKING AHEAD TO DO THIS.

Commissioner McKeel: SO THAT IS JUST STARTING, OR THEY ARE ALREADY ENGAGED?

>> THEY ARE ENGAGED IN IT, BUT WE HAVE NOT STARTED THE, DOING IT YET.

Commissioner McKeel: THANK YOU.

>> ANY OTHER QUESTIONS? THANK YOU.

>> THANK YOU.

>> GOOD MORNING, COMMISSIONERS, AND CHAIR KAFOURY. THANK YOU FOR HAVING ME HERE TODAY. I AM ALISON GOLDSTEIN, AND I AM THE LEAD SOCIAL WORKER FOR THE TRICOUNTY 9-1-1 SERVICE COORDINATION PROGRAM. WE ARE ONE OF SEVERAL LOCAL INNOVATION PROJECTS, FUNDED BY THE CENTER FOR MEDICAID AND MEDICARE INNOVATION,

LOCALLY CALLED THE HEALTH COMMONS GRANT. THIS GRANT ENDS IN JUNE OF 2015. WE ARE MADE UP OF A STAFF OF FOUR LICENSED CLINICAL SOCIAL WORKERS, AND WE'RE ADMINISTRATIVELY EMPLOYED BY THE MULTNOMAH COUNTY HEALTH DEPARTMENT. WE ARE A PROJECT THAT TARGETS, TARGETS CLACKAMAS, WASHINGTON, AND MULTNOMAH COUNTY RESIDENTS, WHO HAVE FREQUENT CONTACT WITH THE EMERGENCY MEDICAL SERVICES SYSTEM. SO, THAT CAN INCLUDE CALLING THE 9-1-1 DISPATCH CENTER. IT CAN INCLUDE INTERACTIONS WITH FIRE AND AMBULANCE, FIRST RESPONDERS, AS WELL AS EMERGENCY DEPARTMENTS. AND I SHOULD TELL YOU THAT THE AVERAGE CLIENT THAT WE'RE WORKING WITH HAS MUCH MORE THAN SIX OR MORE EMS INCIDENTS IN A SIX-MONTH PERIOD. AVERAGING MORE LIKE 13 TO 15. THE CLIENTS, THAT WE'RE WORKING WITH, ARE LARGELY HOUSE SHARE OF OREGON MEDICAID CLIENTS BY VIRTUE OF THE GRANT CRITERIA. WE RECEIVE OUR REFERRALS LARGELY THROUGH DATA REPORTS FROM FIRE AND AMBULANCE AGENCIES ON THEIR TOP USERS OF THE SYSTEM. WE ALSO DO RECEIVE REFERRALS DIRECTLY FROM MEDICS IN THE FIELD. OUR, OUR PROGRAM GOALS ARE, ARE REALLY TO REDUCE THE DEMANDS ON THE EMS SYSTEM BY LINKING CLIENTS TO THE RIGHT CARE AND THE RIGHT PLACE. AS DEVARSHI MENTIONED, FOR MANY OF OUR CLIENTS, IT'S GETTING THEM CONNECTED TO ADDICTIONS TREATMENT OR MENTAL HEALTH SERVICES OR STABILIZING THEIR HOUSING. IT'S NO SURPRISE THAT CARE PROVIDED OUTSIDE OF THE EMERGENCY DEPARTMENTS IS CERTAINLY MUCH LESS COSTLY AND MUCH MORE APPROPRIATE AND RESULTS IN BETTER HEALTH OUTCOMES FOR CLIENTS. OUR STAFF DOES A NUMBER OF THINGS. ONE IS TO REACH OUT TO INDIVIDUALS OR PROVIDERS THAT ARE ALREADY WORKING WITH, WITH CLIENTS THAT ARE REFERRED TO US. SO, WE REACH OUT TO PRIMARY CARE PROVIDERS, MENTAL HEALTH PROVIDERS, AND ADDICTIONS PROVIDERS, AND HOUSING PROVIDERS, AGING AND DISABILITY SERVICE WORKERS, AND WE NOTICE THEM OF THE CLIENTS OR THE PATIENTS, THE EMS INCIDENTS. IT'S NOT UNCOMMON FOR, FOR THE SERVICE PROVIDERS TO BE UNAWARE OF THE, OF THE CLIENT INTERACTION WITH THE EMS SYSTEM. WE ALSO WORK ACROSS THE SYSTEMS AND CARE PROVIDERS TO FACILITATE COMMUNICATION AND CARE COORDINATION FOR CLIENTS. SO, WE OFTEN WILL BRING VARIOUS PROVIDERS TOGETHER IN ONE ROOM, TO TRY AND BREAK DOWN THE SYSTEM SILOS AND DEVELOP A CARE PLAN THAT IS CONSISTENT ACROSS THE BOARD FOR FOLKS. IT CAN RESULT IN, YOU KNOW, IN POTENTIAL BETTER SUCCESS FOR, FOR EVERYBODY. THERE ARE, YOU KNOW, SOME CLIENTS THAT WE WORK WITH WHO ARE NOT TOUCHING ANY SYSTEMS, AND SO, WE WILL REACH OUT DIRECTLY TO THEM AND PROVIDE SHORT-TERM INTENSIVE CASE MANAGEMENT WITH THE GOAL TO LINK THEM TO APPROPRIATE LONGER TERM CARE SERVICES. SO, OUR CLIENTS ARE, ARE COMPLEX. THEY HAVE MULTIPLE COMPLEX HEALTH AND MENTAL HEALTH ISSUES. IT MEANS THAT NO ONE SYSTEM IS OFF IN THE, OFTEN THE RIGHT SYSTEM SOLELY FOR THEM. ABOUT 10% OF THE CLIENTS THAT WE SERVE TO DATE HAD, HAD A JAIL INTAKE IN THE PAST YEAR. THAT'S DATA ONLY FROM

MULTNOMAH COUNTY AT THIS POINT. SO, WE DO EXPECT THAT IF WE HAD ACCESS TO CLACKAMAS AND WASHINGTON COUNTY JAIL DATA, THAT PERCENTAGE WOULD, ACTUALLY, BE HIGHER.

>> SO THE OTHER DATA ON HERE FROM ALL THREE COUNTIES --

>> CORRECT.

Chair Kafoury: OK.

>> 40% OF THE CLIENTS THAT WE HAVE SERVED HAVE SEVERE ALCOHOL AND DRUG DEPENDENCE. I DO JUST WANT TO MENTION THE SIGNIFICANCE OF ALCOHOL DEPENDENCE ON THE NUMBER OF EMS INCIDENCE. OFTEN THE CLIENTS ARE HAVING, SO BEING SO IMPAIRED AND INTOXICATED WITH ALCOHOL THAT THEY ARE FALLING OUT OF WHEELCHAIRS. THEY ARE TRIPPING OVER THEIR OXYGEN TUBE, THOSE KINDS OF THINGS. 50% OF THE CLIENTS HAVE AT LEAST ONE -- SIGNIFICANT MENTAL HEALTH CONDITION, LIKE CHRONIC SUICIDITY, OR PRESENTING WITH PSYCHOTIC FEATURES. 75% OF OUR CLIENTS HAVE AT LEAST ONE PHYSICAL HEALTH CONDITION. THERE ARE A LOT OF PEOPLE WHO BELIEVE THAT THE CLIENTS WHO ARE FREQUENTING EMERGENCY MEDICAL SERVICES DON'T HAVE LEGITIMATE MEDICAL ISSUES. 75% OF OUR CLIENTS DO HAVE AT LEAST ONE HEALTH PROBLEM. LARGELY, IT IS RESPIRATORY DISEASE, UNMANAGED DIABETES, LIVER DISEASE, CHRONIC PAIN, JUST AS EXAMPLES. WE'VE BEEN IN OPERATION FOR ABOUT A YEAR, AND, A YEAR AND A HALF OR SO. SINCE WE STARTED, WE HAVE SERVED 285 INDIVIDUALS WITH THE FOUR CLINIC SOCIAL WORKERS. OUR STAFF MAINTAINS RELATIVELY SMALL CASELOADS BECAUSE THE CLIENT NEEDS ARE SO COMPLEX. AVERAGING ABOUT 26 CLIENTS PER FTE. EVEN WITH THE GRANT CRITERIA NARROWING WHO WE'RE ALLOWED TO SERVE RIGHT NOW, THE DEMAND STILL EXCEEDS OUR CURRENT STAFF CAPACITY. I DO JUST WANT TO MENTION WITH MEDICAID EXPANSION, THAT INDIVIDUALS WHO WERE REFERRED IN THE PAST, WHO WERE NOT ELIGIBLE, WE DID SEE A CHANGE, AND AN INCREASE IN THE NUMBER OF CLIENTS WHO ARE NOW ELIGIBLE BECAUSE THEY ARE ENROLLED IN MEDICAID, SO THAT WAS REALLY EXCITING FOR US TO SEE THAT. WE ARE IN PROCESS OF ANALYZING OUR PROGRAM IMPACT, PARTICULARLY, LOOKING AT, AT, YOU KNOW, DID WE SEE A CHANGE IN EMERGENCY DEPARTMENT VISITS? DID WE SEE A CHANGE IN EMS INCIDENTS OR EMS RESPONSES? DID WE IMPACT THE COST PER PATIENT OVERALL AS A RESULT OF OUR INTERVENTION. THIS EVALUATION IS BEING DONE BY THE PROVIDENCE CENTER FOR OUTCOMES RESEARCH AND EDUCATION, OR CORE, AND CORE HAS BEEN, HAS BEEN IDENTIFIED AS, AS THE LEAD EVALUATION GROUP TO ANALYZE THE RETURN ON INVESTMENT FOR ALL OF THE GRANT INTERVENTIONS. AND WE ARE, ACTUALLY, RIGHT NOW, IN THE PROCESS OF DOING THE ANALYSIS ON OUR PROGRAM, SO I DON'T HAVE ANY RESULTS FROM THAT, FROM THAT, FOR YOU TODAY. BUT, WHAT I CAN TELL YOU IS WE HAVE DONE OUR OWN INTERNAL

IMPACT EVALUATION WHERE WE LOOKED AT 66 OF THOSE 285 CLIENTS WHO HAD ENOUGH, ENOUGH TIME, SIX MONTHS BEFORE WE INTERVENED AND SIX MONTHS AFTER, AFTER WE INTERVENED, AND WE LOOKED AT THE AGGREGATE NUMBER OF EMS INCIDENTS THAT THEY HAD BEFORE, WHICH WAS SOMEWHERE AROUND 980 EMS INCIDENTS, AND THE PERIOD AFTER INTERVENTION. THEY HAD AN AGGREGATE OF 580. IT SHOWS A 47% AGGREGATE DECREASE IN EMS INCIDENTS BEFORE AND AFTER INTERVENTION. THERE ARE LOTS OF POTENTIAL EMS INCIDENT ESTIMATES OF COST. OUR MEDICAL DIRECTOR AVERAGES, OR ESTIMATES THAT THE -- AN EMS ESTIMATE COST \$1,500. THAT INCLUDES FIRE, AMBULANCE AND A TRANSPORT TO AN EMERGENCY DEPARTMENT AND THE PAYMENT FOR THE EMERGENCY DEPARTMENT. SO, JUST LOOKING AT THAT, 47% DECREASE IN EMS INCIDENTS, WE'RE SUGGESTING A POTENTIAL SAVINGS OF CLOSE TO \$700,000 WITH THE 66 CLIENTS. SO, WE HAVE LEARNED A LOT IN THE YEAR AND A HALF OR SO THAT WE'VE BEEN UP AND RUNNING, AND PROBABLY THE MOST SIGNIFICANT IS THAT MOST OF OUR CLIENTS HAVE, HAVE A SIGNIFICANT ABUSE, NEGLECT, AND VIOLENCE HISTORY. THEIR EXPERIENCES WITH, WITH EARLY TRAUMA IMPACTS THEIR ABILITY TO SEEK AND GET THE CARE THAT THEY NEED. SO, THESE ARE FOLKS WHO OFTEN FEEL UNSAFE. THESE ARE INDIVIDUALS WHO CAN PRESENT AS REALLY DISORGANIZED SO THEY MISS APPOINTMENTS. THEY MAY NOT FOLLOW MEDICAL ADVICE. THEY GET KICKED OUT OF OFFICES AND TOLD NOT TO RETURN. SO, AS A RESULT, THEY ARE FALLING THROUGH THE CRACKS. OFTEN, THEY BECOME WHAT, WHAT WE DEFINE AS CHRONICALLY VULNERABLE, AND WE HAVE FOUND THAT THESE INDIVIDUALS, IN PARTICULAR, REALLY BENEFIT FROM INTENSIVE, COMPLEX, CARE MANAGEMENT. TO STABILIZE THEIR CURRENT SITUATION, BUT WE ALSO KNOW THAT THIS LIFETIME OF EARLY TRAUMA AND THEN, AND THEN KIND OF CUMULATIVE TRAUMA THAT DEVELOPS OVER TIME, REALLY, IT REQUIRES THAT THEY HAVE LONGER TERM CARE MANAGEMENT SUPPORT IN PLACE AND THERE IS, THERE IS NO BLAME HERE, BUT THE REALITY IS THAT MOST SERVICE SYSTEMS ARE NOT DESIGNED FOR THESE COMPLEX CLIENTS. THEY ARE DESIGNED FOR THE AVERAGE CLIENT, BUT NOT SOMEONE WHO HAS PHYSICAL HEALTH, MENTAL HEALTH, ADDICTIONS, THESE KIND OF QUAD MORBIDITIES. MOST SYSTEMS ARE NOT ON DEMAND. SO, AS DEVARSHI MENTIONED, YOU KNOW, MAKING SERVICES AVAILABLE WHEN THE CLIENT IS, ACTUALLY, READY. OFTENTIMES, WHEN PEOPLE ARE READY, THE SYSTEMS AREN'T, SO, WE FOUND THAT THESE INDIVIDUALS REALLY NEED, NEED READINESS-BASED SERVICES. SO, IF THEY ARE AMBIVALENT ABOUT IF THEY ARE READY TO GET CLEAN AND SOBER, BUT WHEN THEY ARE READY, THERE BETTER BE A BET READY BECAUSE THAT OPPORTUNITY CAN BE MISSED. WE HAVE REALIZED THE IMPORTANCE OF OUTREACH, BRINGING SERVICES TO PEOPLE AND NOT EXPECTING THEY JUST SHOW UP. THE ABILITY TO ASSIST PEOPLE WITH THEIR BASIC NEEDS, SO AS MENTIONED EARLIER, IF PEOPLE DON'T HAVE SAFE HOUSING, OR THEY DON'T HAVE NOURISHMENT, IT'S REALLY DIFFICULT FOR THEM TO FOLLOW MEDICAL ADVICE OR PARTICIPATE IN A TREATMENT PROGRAM. WE HAVE LEARNED THAT ACCESS TO HEALTH

INFORMATION IS CRITICAL. THERE IS LOTS OF DATA SYSTEMS IN PLACE, SO WE DON'T NEED NEW SYSTEMS, PER SE, BUT WHAT WE DO NEED IS ACCESS TO THE RIGHT INFORMATION AT THE RIGHT TIME. IT HAS BEEN HELPFUL IN OUR PROGRAM TO HAVE ACCESS TO MULTIPLE DATA SYSTEMS, AND THEN BEING ABLE TO SHARE THAT IMPORTANT CLINIC INFORMATION WITH PEOPLE WHO ARE PROVIDING CARE. WE HAVE REALIZED THE IMPORTANCE OF MENTAL HEALTH ADDICTIONS, AGING AND DISABILITY SERVICES, PRIMARY CARE, AND HOUSING AS, AS VITAL PARTNERS IN THE WORK THAT WE'RE DOING. LAST, WE -- WE REALLY HAVE LENDERS THAT EMS IS A CRITICAL BUT UNTAPPED PART OF THE HEALTH CARE SYSTEM. THESE MEDICS ARE SEEING PEOPLE IN THEIR NATURAL ENVIRONMENT. THEY ARE DOCUMENTING REALLY IMPORTANT CLINIC INFORMATION, AND OFTEN, THAT INFORMATION IS NEVER SEEN OR SHARED WITH OTHER, WITH OTHER KEY PROVIDERS IN THAT PERSON'S LIFE. THERE IS A GREAT OPPORTUNITY FOR EMS TO BE A MORE ACTIVE PLAYER IN HEALTH CARE TRANSFORMATION.

Commissioner McKeel: I HAVE A QUESTION. I FIND THIS VERY INTERESTING, THE IMPACT OF EARLY TRAUMA, WHERE -- THE FIRST LESSONS LEARNED. COULD YOU TALK ABOUT THAT A BIT? IF WE HAVE WANTED TO GET UPSTREAM OF THIS SITUATION, WHERE WOULD WE BE IMPACTING IN EARLY TRAUMA?

>> THAT'S A HUGE QUESTION.

>> ANOTHER BRIEFING TOPIC.

>> I WILL SAY THAT I THINK THAT PEOPLE ARE BECOMING MORE AND MORE AWARE OF THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES ON, ON PEOPLE, PEOPLE'S BRAIN DEVELOPMENT, THEIR CAPACITY TO -- I'M SORRY, THEIR CAPACITY TO INTERACT AND ENGAGE IN SCHOOLS WITH FAMILIES, WITH COMMUNITY, AND THESE ARE INDIVIDUALS WHO REALLY SUFFERED TERRIBLE EARLY LIFE EXPERIENCES FROM, FROM AGAIN, SIGNIFICANT ABUSE AND NEGLECT TO CHRONIC HOMELESSNESS BEING THE VICTIMS OF DOMESTIC VIOLENCE, AND SO, I THINK, UNLESS WE BEGIN TO ADDRESS TRAUMA AND WORK UPSTREAM, AS YOU SAY, WHICH IS THE GREAT ROLE OF THE PUBLIC HEALTH, I THINK THAT WE'RE GOING TO CONTINUE TO SEE THESE COMMUNITY ISSUES.

Commissioner McKeel: THANK YOU. I APPRECIATE YOU, YOUR ANSWER, AND I KNOW IT IS A BIG ISSUE, BUT WE'VE BEEN TALKING ABOUT THIS AS OF LATE ABOUT BRAIN DEVELOPMENT IN THE VERY, VERY YOUNG AND I DIDN'T WANT THAT PIECE TO GO BY, YOU KNOW, THIS IS, THIS IS IMPORTANT WORK HERE, UPSTREAM, OF THESE ISSUES. SO, THANK YOU, I APPRECIATE YOUR ANSWER. THANK YOU.

>> THERE IS ALSO A PLACE -- WE'RE SEEING AN INTERACTION BETWEEN THE CLIENTS WHO EXPERIENCED EXTREME TRAUMA AND THE SERVICE

PROVIDERS THAT ARE, ARE WORKING WITH THEM. THERE IS A VICARIOUS TRAUMA, SO BOTH REALLY NEED TO BE HELD AND ADDRESSED.

Commissioner McKeel: THANK YOU.

Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION. IN TERMS OF THE EMS SERVICES, DO WE HAVE A RATIO, APPROVED ANSWERING THESE CALLS BETWEEN THE AMBULANCE AND THE FIRE DEPARTMENT? DO WE KNOW WHO IS ANSWERING THE CALLS AND WHAT THE RATIO IS?

>> SO, IN MULTNOMAH COUNTY, THAT'S THE BUREAU OF EMERGENCY OPERATIONS. SO THEY ARE ANSWERING THE 9-1-1 CALLS. THEN FIRE AND AMBULANCE GETS, DEPENDING ON THE SITUATION.

Commissioner Smith: WE DON'T KNOW WHO EXACTLY IS GOING OUT TO THE HOME?

>> WE DO BECAUSE FOR THE CLIENTS WE'RE WORKING WITH, YOU KNOW.

Commissioner Smith: THE CLIENTS WE'RE WORKING WITH, HOW MANY WERE SERVICED BY AMBULANCE, JUST FIRE, OR FIRE? THAT'S WHAT I'M TRYING TO FIGURE OUT.

>> I WOULD HAVE TO GET BACK TO YOU.

Commissioner Smith: WE HAVE ONLY SERVED 66 PEOPLE, RIGHT?

>> NO, WE SERVED 285. WE JUST ONLY HAD ENOUGH DATA BECAUSE WE'RE SUCH A NEW PROGRAM, WE ONLY HAD ENOUGH DATA ON, ON ABOUT 66 CLIENTS WHERE WE HAD ENOUGH PRE AND POST DATA TO LOOK AT THE CHANGE.

Commissioner Smith: DO YOU WORK WITH THE OTHER 9-1-1 TRIAGE PILOT THAT WE STARTED ABOUT THE AMBULANCE, TO DETERMINE IF THEY NEEDED AN AMBULANCE OR NOT? HOW MANY OF THOSE FOLKS ARE, ARE SOME OF YOUR FOLKS?

>> VERY FEW. THE ALTERNATIVE TRANSPORT PROGRAM IS REALLY -- I'M RULED OUT, RULING OUT PEOPLE WHO HAVE SIGNIFICANT SUBSTANCE USE AND SEVERE AND PERSISTENT MENTAL ILLNESS, WHICH IS, WHICH IS A LARGE PROPORTION OF THE CLIENTS.

Commissioner Smith: AND THAT'S NOT UNDER DCHS BUT THE HEALTH DEPARTMENT?

>> OUR PROGRAM, RIGHT, IS ADMINISTERED -- IS ADMINISTERED BY, BY THE MULTNOMAH COUNTY HEALTH DEPARTMENT'S EMERGENCY MEDICAL SERVICES.

Commissioner Smith: THANKS.

>> YEAH.

>> Chair Kafoury: WE HAVE ANOTHER PERSON THAT -- AND THEN ANOTHER BRIEFING, SO LET'S KEEP THAT IN MIND AS WE'RE --

>> I WILL BE VERY QUICK.

Commissioner Shiprack: I HAD A QUESTION RELATED TO THE SHARING OF MEDICAL RECORDS ACROSS THE SYSTEM. YOU UNDERLINED THIS AS AN AREA OF OPPORTUNITY, AND I AGREE WITH YOU. SO, DO AMBULANCE DRIVERS HAVE ACCESS TO ANYTHING LIKE THE EPIC SYSTEM? AND IS THAT UNHEARD OF ACROSS THE COUNTRY IN TERMS OF THE EXPERIENCE? IS IT SEEMS TO ME IT WOULD BE VERY DESIRABLE TO HAVE SOME KIND OF INSTITUTIONALIZED WAY THAT SPEAKS TO THE REST OF THE HEALTH CARE SYSTEM -- EXCUSE ME. THAT'S THE UNIVERSAL SYSTEM LANGUAGE FOR THE REST OF IT.

>> I CAN'T SPEAK FOR WHAT'S HAPPENING ACROSS THE NATION, BUT CURRENTLY, OUR AMBULANCE PROVIDERS, AT LEAST AMR IN MULTNOMAH COUNTY, DOES NOT INTERACT WITH, FOR EXAMPLE, EPIC. THEY HAVE THEIR OWN KIND OF FINITE DATA SYSTEM THEY USE. THEY DO, DO SOME COORDINATION, YOU KNOW, WITH OTHER SYSTEMS, BUT THE HEALTH INFORMATION IS NOT SHARED. THERE ARE DISCUSSIONS HAPPENING ABOUT, ABOUT KIND OF CREATIVE INNOVATIVE WAYS TO GET THE PRE-HOSPITAL SYSTEMS AND PRIMARY CARE AND THE HOSPITAL SYSTEMS TO COMMUNICATE MORE READILY.

Commissioner Shiprack: THANK YOU. I AM GUESSING, SO YOU DON'T HAVE TO DO THAT, I AM GUESSING THIS IS A COST ISSUE, OR IS THIS A HIPPA ISSUE? WHAT ARE THE BARRIERS TO THIS?

>> I WILL HAVE TO GET BACK TO YOU BECAUSE I'M PROBABLY NOT THE BEST PERSON TO SPEAK TO THAT, JUST BECAUSE I'M, I'M REALLY -- MY PURVIEW IS THIS PILOT PROJECT.

Commissioner Shiprack: THANK YOU.

>> THE PARTNERSHIPS THAT WE HAVE DEVELOPED IN THE COUNTY, ACROSS COUNTIES, AND IN THE COMMUNITY, WE ARE TESTING NEW EMS INTERVENTIONS. WE HAVE A BETTER SENSE OF WHO THE PATIENT

POPULATION IS, WHICH IS HELPING US TO PROBLEM SOLVE THE SYSTEM BARRIERS, AND WE ARE PLAYING A GREATER PART IN THE HEALTH CARE DELIVERY SYSTEM CONVERSATIONS AS WE MOVE FORWARD. THANK YOU VERY MUCH, I WILL HAND IT OVER TO JAN, WHO WILL TALK ABOUT LONG-TERM CARE.

Ms. McManus: GOOD MORNING, I'M JANET MCMANUS, AND I AM THE LONG-TERM SERVICES AND SUPPORTS INNOVATOR AGENT, HOUSED IN MULTNOMAH COUNTY, AGING AND DISABILITY SERVICES, BUT RESPONSIBLE FOR, FOR THE TRICOUNTY AREA, IN ROLE. AND THIS IS A NEW ROLE THAT'S BEEN CREATED BY THE STATE. THERE IS SEVERAL OF US IN THE STATE, AND WE'VE BEEN [INAUDIBLE] IN PLACE SEVEN MONTHS. WE ARE CHARGED WITH INCREASING THE COORDINATION AND COLLABORATION AND COMMUNICATION BETWEEN NOT JUST LONG-TERM CARE BUT THE AGING AND DISABILITY SERVICES NETWORK, AND THE CCOs SPECIFICALLY BUT ALSO THE LARGER REALM WITH HEALTH SYSTEMS AS A WHOLE.

>> MOVE THE SLIDE OVER.

>> TO PUT US IN CONTEXT, HERE IN MULTNOMAH COUNTY, ALONE, WE SERVE TWO POPULATIONS OF FOLKS ON MEDICAID WHO ARE EITHER OVER THE AGE OF 65 OR ADULTS WITH DISABILITIES. OF THE POPULATION WE SERVE, WHICH IS ROUGHLY 35,000, 7,000, APPROXIMATELY, A BIT OVER 7,000, WE SEE LONG-TERM SERVICES AND SUPPORTS. THAT MEANS THAT THEY QUALIFY FOR, FOR THE ACTIVITIES -- THEY HAVE NEED FOR ASSISTANCE WITH AT LEAST TWO AT THIS TIMES OF DAILY LIVING AND ARE RECEIVING THAT HELP EITHER IN FACILITIES OR AT HOME, AND THE BULK OF THEM ARE RECEIVING THAT SERVICES IN THEIR OWN HOME. AS YOU CAN SEE, THERE IS A MUCH LARGER POPULATION THAT WE PROVIDE MORE MINIMAL, BASIC SERVICES TO, AND THAT'S REALLY THEIR ENROLLMENT AND ELIGIBILITY FOR, FOR THE OREGON HEALTH PLAN, THE ASSISTANCE WITH THE SUPPLEMENTAL NUTRITION AND THE ASSISTANCE WITH PAYING FOR SOME OF THE MEDICARE CO-PAY AND IS PREMIUM COSTS, AND THOSE FOLKS DO NOT RECEIVE CASE MANAGEMENT SERVICES IN OUR SYSTEM. WE HAVE NEVER BEEN FUNDED TO PROVIDE THEM WITH CASE MANAGEMENT SERVICES. MOVING TO THE NEXT SLIDE, THE STATE HAS BEEN WORKING FOR SEVERAL YEARS TO PROMOTE CLOSER COORDINATION, BETWEEN, BETWEEN ALL THE ELEMENTS OF THE HEALTH SYSTEM AND THE AGING AND DISABILITY SERVICE IS NETWORK. THAT INCLUDES BETWEEN CCOs, COORDINATED CARE ORGANIZATIONS AND OUR, OUR LONG-TERM SERVICES SUPPORTS. ALSO, BETWEEN MEDICARE AND MEDICAID, AND THERE IS A POPULATION THAT RECEIVES BENEFITS FROM BOTH SYSTEMS, AND THEY ARE CALLED DUAL ELIGIBLES, AND THEY ARE OF CONCERN TO THE STATE AND IN FACT, NATIONALLY. THE STATE ALSO IS PROMOTING CLOSER COLLABORATION BETWEEN AGING, DISABILITY SERVICES AND A VERY WIDE BREATH OF OTHER STAKEHOLDERS. THE NON PAID FORCE, THROUGHOUT THE STATE, IS AN INCREDIBLY IMPORTANT PART

OF KEEPING PEOPLE AT HOME AND SUPPORTING THEM AS THEY AGE AND HAVE INCREASING DISABILITY, BUT IN THE PAST, THEY HAVE NOT REALLY BEEN VERY ENGAGED WITH THE REST OF THE SYSTEM. WE'RE LOOKING AT BOTH PAID AND NON PAID CAREGIVERS AND HOW WE CAN SUPPORT THEM. NEXT SLIDE, SO THE STATE HAS BEEN DOING A LOT OF THINGS AT THE AGING AND DISABILITY SERVICES ARM, THE AGING AND PEOPLE WITH DISABILITIES AT THE STATE LEVEL, HAS BEEN VERY ENGAGED IN TRANSFORMATION JUST LIKE THE OREGON HEALTH AUTHORITY HAS BEEN. PART OF HOW THEY HAVE BEEN ENGAGE IDEA IS BY GETTING FUNDING FROM THE LEGISLATURE FOR, FOR THESE INNOVATOR POSITIONS, AND ALSO, THE STATE HAS RECENTLY REINVESTED ADDITIONAL FUNDS INTO THE OREGON PROJECT INDEPENDENCE. OVER 12 OF THE COUNTIES TO SERVE YOUNGER ADULTS WITH DISABILITIES, WHICH, IN THE PAST, OPI HAS BEEN AVAILABLE TO PEOPLE AGE 60 AND OLDER, AND IF YOU ARE NOT FAMILIAR WITH THE OREGON PROJECT INDEPENDENCE, THAT IS A PROGRAM TO PROVIDE SOME IN-HOME SERVICES TO FOLKS WHO DO NOT QUALIFY FOR MEDICAID. OFTEN THEY ARE JUST ABOVE THE LINE IN TERMS OF THE INCOME, AND CAN'T AFFORD TO HIRE THEIR OWN SERVICES AND NEED HELP FROM THE STATE AND THE COUNTY TO GET THE HELP THAT THEY NEED. THE STATE HAS FUNDED A STATEWIDE SYSTEM OF WEB-BASED AGING AND DISABILITY RESOURCE CENTERS. THAT'S GETTING RICHER ALL THE TIME. I DON'T KNOW IF YOU HAVE HAD A CHANCE TO LOOK AT THE WEBSITE, IT'S WWW.ADRG.ORG. BUT IT HAS INCREDIBLE RESOURCES FOR THE PUBLIC AND SERVICE PROVIDERS ABOUT ALL THE WAYS, THE KINDS OF PROGRAMS AND SERVICES THAT ARE AVAILABLE STATEWIDE FOR FOLKS TO HELP THEM AS THEY AGE. IT IS THE SPELL SPECTRUM OF SERVICES, INCLUDING MEDICAID FUNDED SERVICES AND OTHER COMMUNITY-BASED SERVICES. AND FINALLY, THE STATE HAS ISSUED SOME INNOVATION FUND GRANTS ALL OVER THE STATE TO TRY TO KICK START ADDITIONAL EFFORTS TO ENHANCE THE COLLABORATION AND COORDINATION AMONG, AMONG ALL THE STAKEHOLDERS. THE HUB PROJECT IS FUNDED WITH THOSE FUNDS. SO OH, JUST BEFORE I GET TO THAT, JUST -- HERE'S SOME WAYS THAT WE ARE LEADING THE STATE, REGIONALLY, HERE IN MULTNOMAH COUNTY. WE ARE LEADING A FOUR-COUNTY PILOT CALLED THE COMMUNITY TRANSITIONS PROGRAM REFERENCED ON AN EARLY SLIDE, WHICH IS HELPING TO SUPPORT PEOPLE MAKING THE TRANSITION FROM HOSPITAL TO HOME. THROUGH THAT, THOSE EFFORTS, THERE'S BEEN SOME GOOD RESEARCH ANALYSIS, AND WE'VE BEEN ABLE TO REDUCE THE HOSPITAL READMISSION RATES SIGNIFICANTLY FOR FOLKS PARTICIPATING IN THAT PROJECT, AND IN FACT, WE WERE HAVING THE SPOTLIGHT SHOWN ON US NATIONALLY BY THE CENTERS FOR MEDICAID AND MEDICARE SERVICES BECAUSE OF THE SUCCESS RATE OF THE COMMUNITY TRANSITIONS PROGRAM. IT'S NOT WELL-KNOWN TO THE HEALTH SYSTEM. WE ALSO, AS AN AGENCY, HOST AND TRACK THE MULTI-SYSTEM SERVICE TEAM MEETINGS ON A MONTHLY BASIS THAT BRINGS PEOPLE IN LIKE FROM ALISON GOLDSTEIN'S PROGRAM, AND OTHERS FROM THE DEVELOPMENTAL DISABILITY DIVISION, PUBLIC GUARDIAN,

HOSPITAL, SOCIAL WORKERS TO WORK TOGETHER ON, ON SOLVING PEOPLE WHO -- SERVING PEOPLE IN CRISIS WHOSE NEEDS CROSS THROUGH THE SYSTEM. WE TEND TO FALL THROUGH THE CRACKS. WE RECENTLY STARTED HAVING INTERDISCIPLINARY CARE CONFERENCES WITH, WITH CCOs ACROSS THE THREE COUNTIES HERE IN THE TRICOUNTY AREA, TO FOCUS ON HIGH PRIORITY, LONG-TERM CARE CLIENTS THAT ARE MUTUALLY OF INTEREST TO THE CCOs AND TO OUR AGENCY. WE ARE WORKING WITH, WITH THE TWO HOSPITALS, PROVIDENCE AND OREGON HEALTH SCIENCES, AND WE HAVE HAD EMBEDDED INTAKE SPECIALISTS THERE FOR SOME YEARS, BUT NOW, WE'RE TALKING TO THEM ABOUT BROADENING THE ROLE OF HAVING AN EMBEDDED PERSON WHO SPECIALIZES IN AGING AND DISABILITY SERVICES AT THE HOSPITAL. SO, THAT'S PRETTY EXCITING TO US. AND WE ARE JUST NOW BEGINNING TO LEAD A NEW VETERAN DIRECTED HOME, COMMUNITY-BASED SERVICE INITIATIVE, WITH THE V.A., THAT WILL SOON BE OPERATING IN OUR AREA.

>> Commissioner Smith: MADAM CHAIR, I HAVE A QUESTION, SO FOR THE COMMUNITY TRANSITION PROGRAM WITH THE HOSPITALS, ARE WE WORKING WITH JUST THE PROVIDENCE HOSPITAL AND OHSU?

>> NO, THAT ONE IS PRETTY INTERACTIVE WITH MOST OF THE HOSPITAL SYSTEMS IN THE AREA. PROVIDENCE IS ONE OF THE ONES THAT WE'VE BEEN LEAST INTERACTING AND I'VE BEEN WORKING ON BUILDING THAT RELATIONSHIP. WE ARE WORKING WITH THE ADVENTIST SYSTEM, THE LEGACY SYSTEM, OHSU, OTHERS.

Commissioner Smith: I KNOW AS A PART OF THE, OF THE HEALTH CARE TRANSFORMATION, THERE WAS SOME HOSPITALS WHO HAD HIGH -- WHAT AM I TRYING TO SAY. THEY HAD HIGH READMIT RATES GOING BACK TO THE HOSPITAL WITHIN THE SEVEN-DAY PERIOD. AND, CURIOUS IF WE WERE WORKING WITH ANY OF THOSE HOSPITALS TO, BASICALLY, IDENTIFY WHAT WERE SOME OF THOSE ISSUES WHEN THE MEDICARE BENEFICIARIES GO HOME AND HOW WE'RE HELPING THEM. WHAT ARE WE DOING FOR THOSE FOLKS?

>> WE ARE. WHAT WE'RE DOING IS CALLED THE COLEMAN MODEL, AN EVIDENCE-BASED PRACTICE, AND IT'S -- SOME STRUCTURED INTERVENTIONS WHERE WE TRY TO HAVE A WARM HAND-OFF, AND IN THE HOSPITAL AND FOLLOW THEM HOME AND THEY CAN VISIT RIGHT AFTER THEY GET HOME, TRY TO MAKE SURE THAT THEY GET TO SEE THEIR PRIMARY DOCTOR, AND THAT THEY HAVE FOOD, YOU KNOW, MEALS ON WHEELS, AND THAT THEY HAVE IN-HOME SUPPORT FOR A SHORT TIME IF THEY NEED IT, AND THAT THEY UNDERSTAND WHAT TO BE WATCHING FOR IN TERMS OF THE SYMPTOMS THAT MIGHT MEAN THAT THEY, THEY NEED TO GET SOME, SOME, SOME EXTRA MEDICAL ATTENTION.

>> Commissioner Smith: THANK YOU.

>> Commissioner McKeel: I HAVE A QUESTION, TOO, PLEASE. ON THE VETERAN DIRECTED HOME AND COMMUNITY-BASED SERVICES, ARE WE WORKING WITH OUR VETERAN SERVICE OFFICE HERE?

>> OH, YES. THAT'S WHO WILL BE LEADING IT, AND THAT IS HOW, HOUSED WITHIN AGING AND DISABILITY SERVICES HERE IN MULTNOMAH COUNTY.

>>> THE NEXT SLIDE IS, ACTUALLY, FOCUSING IN ON THIS PILOT PROJECT THAT WE HAVE RECEIVED. INNOVATION GRANT FUNDS FOR ONE OF THREE PROJECTS FUNDED IN THE STATE UNDER THIS LATEST ROUND OF FUNDING. AND IN THIS PROJECT, WE ARE GOING TO BE TARGETING A SMALL GROUP OF 30 OF THE MOST AT-RISK, NON LONG-TERM CARE CLIENTS IN OUR SYSTEM. SO, THAT'S REVERING BACK TO THAT 28,000 PLUS GROUP OF PEOPLE THAT WE SERVE WHO WE ARE NOT NORMALLY ABLE TO PROVIDE CASE MANAGEMENT SERVICES TO. AND WE'RE GOING TO PICK SOME FOLKS THAT HAVE CO-OCCURRING MENTAL ILLNESS, SUBSTANCE ABUSE, AND OTHER CHRONIC ILLNESSES OR COMPLEX MEDICAL NEEDS WHO HAVE BEEN UTILIZING NOT ONLY 9-1-1, AND EMERGENCY ROOM RESOURCES, BUT ALSO, MENTAL HEALTH CRISIS LINES, ARE COMING IN AND WE'RE HAVING A LOT OF CONTACT WITH OUR STAFF AT OUR AGING AND DISABILITY SERVICE BRANCH OFFICES AND SENIOR CENTERS. WE'RE PARTNERING IN THIS PROJECT WITH, WITH OUR COUNTY MENTAL HEALTH AND ADDICTIONS DIVISION, AND WITH CASCADIA, BEHAVIORAL HEALTH, WITH THE MCDONALD'S CENTER, AND WITH THE UNION, AND THE 503 THAT REPRESENTS THE HOME CARE WORKERS THROUGHOUT THE STATE, AND WITH, WITH -- WE WILL BE WORKING WITH AN ADDICTION SERVICE PROVIDER THAT WE ARE IDENTIFYING STILL. CAN YOU SHOW THE NEXT SLIDE? SO, WHAT WE'RE TRYING TO DO IN THIS IS PROVIDE LONG-TERM WRAP-AROUND SERVICES TO TRY TO BETTER COORDINATE COUNTY AND HEALTH SERVICES SO PEOPLE ARE NOT FALLING THROUGH THE CRACKS, WORK WITH THE INDIVIDUALS IN THE CASELOAD TO REDUCE THEIR HARM AND IMPROVE THEIR CARE EXPERIENCES, AND HELP LINK THEM AND SUPPORT THEM TO GET THE MEDICAL SERVICES THAT THEY NEED AND THE ADDICTION AND TREATMENT SERVICES THAT THEY NEED, SO, EVERYTHING WE'RE GOING TO BE DOING IN THIS PROJECT WILL BE DONE JOINTLY. WE'LL BE HAVING A JOINT REFERRAL PROCESS WITH MENTAL HEALTH AND ADDICTIONS, AND WE'LL BE JOINTLY PLANNING THE CARE AND DECIDING WHICH RESOURCES TO SENDS OUT TO WORK WITH PEOPLE. WE'RE GOING TO TRY TO MEET PEOPLE WHERE THEY ARE, USING, USING -- AND WE'LL HAVE A TOOLBOX THAT INCLUDES THE PEER WELLNESS SPECIALIST THROUGH THIS, AND [INAUDIBLE], AND ALSO A CASE MANAGER WHO IS -- SPECIALIZES IN INTENSIVE CASE MANAGEMENT. AND WE'RE GOING TO BE COORDINATING WITH THE UNDERUTILIZED PROGRAM CALLED STATE PLANNED PERSONAL CARE. SO, THAT IF THE FOLKS WE'RE WORKING WITH IN THIS CASELOAD NEED HELP GETTING NUTRITIOUS MEALS, MANAGING THEIR HYGIENE, TAKING

THEIR MEDICATIONS, AND GETTING TO MEDICAL APPOINTMENTS, AND WE WILL HAVE PEOPLE AVAILABLE TO PROVIDE THAT KIND OF SUPPORT TO THEM. SO, IT'S VERY EXCITING TO ALL OF US INVOLVED IN THIS PROJECT, AND WE HAVE A ROBUST EVALUATION THAT'S BUILT IN THROUGH PORTLAND STATE UNIVERSITY, SO WE'LL BE ABLE TO SHOW YOU IN A YEAR WHAT WE HAVE BEEN ABLE TO ACHIEVE AND IF IT WORKS, AS WELL AS WE HOPE IT WILL, WE'LL BE LOOKING TO EXPAND AND CONTINUE, CONTINUE THIS PROGRAM, NOT ONLY IN MULTNOMAH COUNTY, BUT ACROSS THE STATE.

>> Commissioner Smith: I HAVE A QUESTION, MADAM CHAIR. HOW DO YOU IDENTIFY THE CLIENTS TO PARTICIPATE IN THIS PROGRAM?

>> WE'RE GOING TO HAVE A SPECIALIZED MULTI-DISCIPLINARY TEAM WITH REPRESENTATIVES FROM AGING SERVICES AND MENTAL HEALTH AND ADDICTIONS ON IT, AND WE'LL BE GETTING REFERRALS FROM PROGRAMS LIKE ALISON GOLDSTEIN'S, THAT SHE TOLD YOU ABOUT, BUT ALSO FROM OUR OWN BRANCH OFFICES, AND FROM COMMUNITY STAKEHOLDERS SO WE'LL BE DOING A LARGE MARKETING EFFORT. ON THE OTHER HAND, WE CAN ONLY TAKE 30 PEOPLE, SO YOU CAN IMAGINE IT'S GOING TO BE A DROP IN THE BUCKET.

>> Commissioner Smith: A QUESTION. I KNOW THERE IS A WAIT, LIST FOR PROJECT INDEPENDENTS. THERE IS A, IS THERE A WAY TO PULL PEOPLE FROM THAT LIST BECAUSE SOME OF THE SAME SERVICES THAT YOU ARE OFFERING THROUGH THIS PILOT, ARE SOME OF THE SAME SERVICES THAT THEY GO WHERE THEY NEED ON THAT PROGRAM.

>> RIGHT, AND ACTUALLY, OREGON PROJECT IS AN EXPANSION, IN EXPANSION MODE BECAUSE THERE HAS BEEN SOME REINVESTMENT IN IT. PEEL BE WORKING CLOSELY WITH THEM, AND WE'LL HAVE THE ABILITY TO REFER PEOPLE THAT ARE MORE APPROPRIATE FOR THE OREGON PROJECT OF INDEPENDENCE THERE, AND IF THERE IS PEOPLE THAT THEY CANNOT SERVE WHO NEED MORE SUPPORT, THEN THAT PROGRAM, THAN THAT PROGRAM CAN PROVIDE, WE WILL HAVE THE ABILITY TO PROVIDE A RICHER LEVEL OF SERVICE FOR THOSE WHO ARE THE MOST COMPLEX.

>> Commissioner Smith: IN TERMS OF THE MARKETING PIECE, I THINK THAT WE HAD BUILT-IN FOLKS WHO QUALIFIED FOR IT ALREADY WHO NEED SERVICES.

>> I THINK THAT THE 30 SLOTS WILL FILL UP IN TWO SECONDS.

>> Chair Kafoury: ANY OTHER QUESTIONS? THANK YOU VERY MUCH. THAT WAS REALLY INFORMATIVE, AND IT'S SO GREAT FOR US TO HEAR ALL THE WAYS IN WHICH THE COUNTY IS WORKING TOGETHER ACROSS THE DEPARTMENTS, AND BREAKING DOWN SILOS. I KNOW THAT'S REALLY HOW WE GET TO THE

HEALTH CARE TRANSFORMATION, AND YOU GUYS ARE DOING A GREAT JOB. IT'S SOMETHING TO BE PROUD OF. THANK YOU VERY MUCH.

>> THANK YOU.

>>> NEXT WE HAVE THE DEPARTMENT OF COUNTY MANAGEMENT. WE ARE HAVING A BRIEFING ON BUDGET NOTES. I LIKE THAT SMILE. A BUDGET NOTE ON BUDGET NOTE. THAT WAS COMMISSIONER SHIPRACK.

>>> GOOD MORNING, MADAM CHAIR AND MEMBERS OF THE BOARD. KARYNE KIETA, I HAVE BESIDE ME ALLEGRA WILLHITE, AND THIS IS THE BEGINNING OF ALLEGRA'S THIRD WEEK IN THE BUDGET OFFICE.

>> YEAH. [LAUGHTER]

>> SHE'S ALSO BEEN WITH THE DEPARTMENT OF COUNTY MANAGEMENT -- THIS IS, ACTUALLY, YOUR THIRD MONTH, SO OUR LATEST ADDITION, AND WE'RE VERY EXCITED TO HAVE HER WITH US. BECAUSE ALLEGRA HAS DONE THE LION'S SHARE OF THE WORK ON THIS BUDGET NOTE ON BUDGET NOTES, I THOUGHT IT WOULD BE A GREAT OPPORTUNITY FOR HER TO PRESENT THIS INFORMATION TO YOU. AS WE SAY, NO GOOD DEED GOES UNPUNISHED. AT THE END OF THE BUDGET PROCESS, INTERIM CHAIR MADRIGAL PROPOSED A BUDGET NOTE ON BUDGET NOTES. AND THIS NOTE WAS PROMPTED NOT ONLY BECAUSE OF THE UNUSUAL NUMBER OF BUDGET NOTES IN COMPARISON TO A PRIOR YEAR, BUT ALSO, BECAUSE OF THE CONTENT OF THE NOTES, THEMSELVES. SO, WE'RE GRATEFUL TO HAVE THIS OPPORTUNITY TO TAKE A STEP BACK AND TAKE A CLOSER LOOK AT WHAT HAPPENED DURING THE FISCAL YEAR 2015 ADOPTION CYCLE OF OUR BUDGET. THIS IS REALLY A GOOD OPPORTUNITY FOR US. IT'S IMPORTANT FOR A COUPLE OF REASONS. IT GAVE US AN OPPORTUNITY TO LOOK AT THE BUDGET NOTES AND REALLY COMPARE HOW THEY WERE USED FOR THIS YEAR AS TO HOW, HOW BOARDS IN THE PAST HAVE USED THE NOTES. IT ALSO GAVE US AN OPPORTUNITY TO DO SOME RESEARCH INTO HOW OTHER AGENCIES USE BUDGET NOTES, AND IF THERE ARE ANY BEST PRACTICES IN RELATION TO THE BUDGET NOTES. WE ALSO REALLY WANTED TO GAIN A BETTER UNDERSTANDING OF HOW THE BOARD WANTS TO USE BUDGETED NOTES AS A TOOL. WE WANT TO MAKE SURE THAT WE'RE USING THE RIGHT TOOL FOR THE RIGHT JOB BECAUSE THERE ARE ANY NUMBER OF WAYS THAT YOU CAN ACCOMPLISH WHAT YOU WANT. WE JUST WANT TO MAKE SURE WHEN WE USE THE NOTES, WE USE THEM JUDICIOUSLY AND REALLY FOR THE INTENT OF WHATEVER THE BOARD DECIDES. IN THAT VEIN, AND BASED ON THE DATA THAT WE ANALYZED, WE PROPOSED SOME GUIDELINES, AND THESE ARE -- THE GUIDELINES THAT WILL HELP US TO MAKE SURE THAT WE DO USE THEM, THEM PROPERLY AND AS THE INTENT OF FOLKS. THE LAST THING IS, WE ALSO THOUGHT, THOUGHT IT WAS IMPORTANT FOR YOU TO HAVE A CLEARER UNDERSTANDING OF THE IMPACT ON DEPARTMENTAL

RESOURCES THAT BUDGET NOTES HAVE. AND YOU WILL HEAR MORE FROM ALLEGRA IN TERMS OF THE IMPACT, BUT BUDGET NOTES CAN HAVE THE UNINTENDED CONSEQUENCE OF REPRIORITIZING THE WORKLOADS, DEPENDING ON WHAT THE ASK IS. SO WHEN THE NOTES ARE PROPOSED, AS PART OF THE GUIDELINES, WE'RE SUGGESTING THAT WE PROVIDE YOU WITH SOME MORE INFORMATION IN TERMS OF THE IMPACT OF THE DEPARTMENT. SO YOU CAN CONSIDER THAT AS PART OF THE DECISION-MAKING PROCESS. THE LAST BENEFIT OF HAVING THIS CONVERSATION, I THINK THERE IS AN OPPORTUNITY TO IMPROVE COMMUNICATION TO MAKE SURE THAT THE DEPARTMENTS DELIVER A BRIEFING AS INTENDED BY THE BOARD. SOMETIMES, WE'RE IN A BIT OF A HURRY AT THE END, AND WE'RE HELPING CRAFT THE BUDGET NOTE, AND IT'S NOT AS CLEAR. IT CAN BE, AND SOMETIMES THERE IS CONFUSION WHEN THE DEPARTMENTS COME BACK, AND WE, ACTUALLY, PRESENT INFORMATION. A LOT OF WORK GOES INTO THE PRESENTATIONS, SO THAT'S NOT EXACTLY ON TARGET IN TERMS OF THE ORIGINAL ASK. SO, WE WANT TO MAKE SURE THAT WE DO A BETTER JOB OF CAPTURING THAT INFORMATION AND THAT YOUR INTENT IS CLEAR. SO TODAY, WE'RE GOING TO BRING YOU THE RESULTS OF ALL THE WORK AND ANALYSIS THAT WE DID. AND IF YOU HAVE NO FURTHER QUESTIONS OF ME, I WOULD LIKE TO TURN THIS OVER TO ALLEGRA.

>> HI.

Commissioner Smith: I HAVE A QUESTION. THANK YOU, KARYNE. FROM WHAT I UNDERSTAND ABOUT THE BUDGET NOTES, ARE THAT EVEN IF YOU PUT A DEADLINE ON THEM, THAT DEPARTMENTS, THEY DON'T NECESSARILY HAVE TO MEET THOSE. THERE IS NOT A, A CLEAR DEADLINE THAT THEY HAVE TO MEET.

>> THERE IS NOT A LEGAL PENALTY IN TERMS OF THE DEADLINE. IT'S A POLICY DIRECTION. IF THE DEPARTMENTS HAVE A DIFFICULTY OF MEETING THE DEADLINE THAT THE BOARD HAS ASKED, AND ADOPTED, THEY SHOULD HAVE A CONVERSATION WITH THE CHAIR AND THE BOARD EXPLAINING WHY THEY NEED ADDITIONAL TIME.

Commissioner Smith: OK.

Ms. Willhite: I AM ALLEGRA WILLHITE, THE SENIOR BUDGET ANALYST WITH THE CENTRAL BUDGET OFFICE. AND THANK YOU VERY MUCH FOR, FOR HAVING US HERE TODAY TO TALK TO YOU ABOUT THE MOST EXCITING TOPIC THAT YOU CAN IMAGINE, BUDGET NOTES. AND I WILL WARN YOU, YOU ARE GOING TO GET VERY TIRED OF HEARING THE WORD, BUDGET NOTE. I AM TIRED OF SAYING IT, AFTER PRACTICING THIS A FEW TIMES, SORRY ABOUT THAT. BUT, IT'S THE ONLY WAY TO DESCRIBE THEM. BEFORE WE TALK ABOUT THE REQUIREMENTS IN THE BUDGET NOTE, THE RECOMMENDATIONS THAT WE HAVE, THERE'S BEEN A BIT OF TIME TALKING ABOUT HOW IT HAS BEEN

WORKING OUT, AND WE HAVE HAD BUDGET NOTES FOR A VERY LONG TIME. AND IN FACT, ARE, AS LONG AS ANYONE I TALKED TO CAN REMEMBER AND LOOKING BACK AT ELECTRONIC DOCUMENTS, IT LOOKS LIKE WE HAVE HAD THEM IN OUR BUDGETS SINCE THE LATE '90S, AND POSSIBLY, BACK THEN. SO, WE REALLY HAVE BEEN MAKING USE OF THESE OVER AN EXTENDED PERIOD OF TIME. AND WHAT'S INTERESTING IS WE'VE BEEN USING THIS SCHEDULE FOR A LONG TIME, AND WE DON'T HAVE ANY SPECIFIC GUIDELINES AROUND THEM SET BY THE BOARD POLICY OR ADMINISTRATIVE REQUIREMENTS. THE WAY THAT THE PROCESS WORKS RIGHT NOW IS THAT AT ANY TIME, COMMISSIONERS AND THE CHAIR CAN PROPOSE THE BUDGET NOTES. ONCE THE NOTES ARE FINALIZED, THEY ARE INCLUDED IN THE BUDGET ADOPTION RESOLUTION AND THE BUDGET DOCUMENT. AND THEY BECOME PART OF THE, OF THE, OF IT. WE TOOK A HISTORICAL LOOK TO GET A BETTER UNDERSTANDING, WHAT ARE THE PURPOSES FOR BUDGET NOTES? WHY HAVE THEY BEEN USED TRADITIONALLY? WHAT WE FOUND IS THAT THEY ARE REALLY, THERE ARE FOUR CATEGORIES THAT CAME UP TIME AND TIME AGAIN IN THE SIX YEARS THAT WE LOOKED AT. THE FIRST PURPOSE IS THAT THE CONTINGENCY FUND. THIS IS THE MOST STRAIGHTFORWARD, EASIEST TO UNDERSTAND WHEN THE BOARD WANTS TO SET ASIDE MONEY TO GO TOWARDS A SPECIFIC PURPOSE, THEY CAN DO THAT THROUGH A BUDGET NOTE. IT'S THE MOST FREQUENTLY USED, WHICH MAKES SENSE BECAUSE IT IS THE CLEAREST GUIDELINE. AND THE NEXT PURPOSE IS SIMILAR IN THE SENSE THAT THE BOARD WANTS TO TAKE [INAUDIBLE], BUT THEY MAY NOT HAVE ENOUGH INFORMATION TO SPECIFY, THIS DOLLAR AMOUNT WILL GO TOWARDS 24 PROGRAM AS WE WOULD WITH THE CONTINGENCY FUND PURPOSE. AN EXAMPLE OF THIS WOULD BE, IF WE ARE ANTICIPATING CUTS DO STATE FUNDING, BUT WE MAY NOT KNOW WHAT IMPACTS THAT'S GOING TO HAVE. THE BOARD COULD USE A NOTE TO SAY, WE WANT TO ADDRESS THIS FURTHER. WE JUST NEED MORE INFORMATION ON WHAT THAT'S GOING TO LOOK LIKE TO MAKE THE DECISIONS AND MAKE A PATH FORWARD. THE MORE INFORMATION THAT COMES ALONG WITH AN ACTION IN THAT FISCAL YEAR, IT'S JUST LATER AFTER MORE INFORMATION HAS BEEN GATHERED. THE THIRD PURPOSE, AS YOU CAN SEE, IS NOT VERY COMMON. IF IT HAPPENED ONE TIME. BUT BECAUSE IT IS SUCH A UNIQUE PURPOSE, WE WANTED TO CAPTURE IT HERE, AND THAT'S WHEN, WHEN THERE IS AN EXCEPTION TO A BUDGET POLICY OR RULE, AND THE ONE EXAMPLE THAT USED, YOU SEE HERE IS IN FISCAL YEAR 2011, THE SHERIFF'S OFFICE WAS GIVEN PERMISSION TO OVERFILL THE DEPUTY POSITIONS, SO THE BUDGET NOTE WAS AN EXPLANATION OF WHY THAT WAS HAPPENING. THAT'S, THAT'S AN IMPORTANT REASON TO HAVE THE NOTES, AS WELL. OUR FINAL PURPOSE IS THE MOST NEBULOUS, AND ALMOST SERVES AS A, AS A CATCH-ALL FOR THOSE THINGS THAT ARE BUDGET RELATED POLICY ISSUES. NOW, WE CAN TALK ABOUT WHAT IS DEFINED AS BUDGET RELATED BECAUSE THAT IS OPEN TO INTERPRETATION. GENERALLY WHAT WE FOUND FROM LOOKING AT THIS HISTORICALLY, IS THAT IT WOULD BE TIED BACK TO A SPECIFIC ITEM IN THE BUDGET, WHETHER IT -- WHETHER THERE IS MORE INFORMATION OR ACTION

IN THE FISCAL YEAR, THERE WOULD BE AN ASK FOR MORE INFORMATION TO EXPLORE FOR SOME TIME IN THE FUTURE. SO, IT'S NOT AS CLEAR WHAT THE DIRECTION IS GOING TO BE, BUT STILL, IT IS TIED BACK TO THE BUDGET AND MAKING THE DECISIONS ABOUT THE DIRECTION THE BOARD WANTS TO GO. YOU WILL NOTICE FOR FISCAL YEAR 2015, WE HAVE ANOTHER CATEGORY, AND THAT'S BECAUSE OF THE PURPOSES OF THE BUDGET NOTES WERE A LITTLE BIT DIFFERENT THAN WHAT WE HAD SEEN PREVIOUSLY. WE HAD SOME THAT, FOR EXAMPLE, ADDRESSED MORE ADMINISTRATIVE OR OPERATIONAL - - REALLY, BROADER PIECES THAN WE HAD SEEN PREVIOUSLY. I WANT TO BE CLEAR THAT DOES NOT MEAN THAT THAT WAS SOME KIND OF MISUSE OF BUDGET NOTES OR ANYTHING LIKE THAT. THE NOTES ARE A TOOL FOR THE BOARD TO USE AS THEY SEE FIT AND GET THE INFORMATION THEY NEED. WE JUST NOTED IT WAS DIFFERENT THAN WHAT WE HAD BEEN SEEING PREVIOUSLY. THAT'S THE HISTORICAL PERSPECTIVE ON IT. AND NOW, WE'LL GET DOWN TO WHAT OUR BUDGET NOTE ON BUDGET NOTES HAD REQUESTED. THE FIRST WAS A REVIEW OF THE IMPACTS OF THE FISCAL YEAR 2015 BUDGET.

Commissioner Shiprack: I AM JUST CURIOUS, IF WE ARE GOING TO BE A SUMMARY LIST OF THE NINE DIVIDED INTO THE CATEGORIES THAT YOU JUST HIGHLIGHTED.

>> YES, IN THE MEMO, THAT WAS ATTACHED. THERE IS A NICE LITTLE TABLE IN THERE, AND I AM GLAD YOU BROUGHT THAT UP BECAUSE I WANT TO BE CLEAR, THE CATEGORIES WE WERE ASSIGNED WAS DOING COMPARISONS FROM YEAR TO YEAR. SOME OF THOSE IN OTHERS, YOU COULD SAY MAYBE THIS REALLY IS MORE THIS OR THAT. WE JUST MADE OUR BEST COMPARISON BASED ON THIS.

Commissioner Shiprack: I DON'T MEAN THIS AS A CRITICISM BUT WE COULD LOOK AT ALL THEM ON ONE PAGE.

>> YEAH, IT'S ON -- I CAN'T REMEMBER WHICH SPECIFIC PAGE.

>> THAT'S GREAT.

>> OK.

Commissioner Shiprack: WE'LL GET THERE. PAGE 4 OF THE MEMO IF YOU WOULD LIKE TO LOOK AT IT FURTHER. IN THE MEMO, THERE IS ADDITIONAL DETAIL ON ALL THE THINGS THAT WE'RE PROVIDING FOR YOU TODAY VERBALLY. WE'RE PROVIDING AN OVERVIEW, BUT IF YOU WANT TO DIG IN DEEPER INTO ANY OF THE, OF THIS, FEEL FREE TO READ THAT OR ASK US QUESTIONS. SO, WE'LL TALK FIRST ABOUT IMPACTS, AND THEN WE'LL MOVE INTO THE GUIDELINES AND PROCESS WE PUT TOGETHER AS REQUESTED IN THE BUDGET NOTE. WE CAN SUMMARIZE THE IMPACTS EASILY. IT JUST

COMES DOWN TO TIME. AS COMMISSIONER SHIPRACK MENTIONED, WE HAD NINE BUDGET NOTES THIS YEAR, AND THAT RESULTED IN 23 BRIEFINGS. SO, TYPICALLY, IN THE PAST, WE WOULD HAVE ABOUT SIX TO EIGHT BUDGET NOTES, AND THOSE WOULD RESULT IN SEVEN BRIEFINGS. THIS YEAR REALLY DID REPRESENT A DEPARTURE IN THAT SENSE, AND YOU WILL SEE UP THERE, A SCREEN SHOT OF JUST A FEW MONTHS OF OUR BUDGETS NOTE BRIEFING CALENDAR THAT WE PUT TOGETHER TO TRY TO MANAGE ALL OF THE ITEMS THAT ARE COMING UP, AND YOU CAN SEE WE HAVE A LOT OF TOPICS TO COVER. WHAT THAT MEANS IS TIME FOR THE BOARD TO PREPARE AND ATTEND THE BRIEFINGS AND TIME FOR THE DEPARTMENTS TO PUT TOGETHER INFORMATION TO PRESENT. WE, ACTUALLY, BETWEEN AUGUST AND APRIL OF THIS FISCAL YEAR, WE'RE GOING TO HAVE NEARLY HALF OF THE AVAILABLE BRIEFING TIME WITH THE BUDGET NOTE BRIEFING SPECIFICALLY. SO, THAT BREAKS DOWN TO A 22-HOUR BRIEFING TIME. WE'RE GETTING LOTS OF FUN, MORE PRESENTATIONS TO COME DOWN THE LINE. TO SUMMARIZE A BIT ABOUT THE DEPARTMENTAL RESPONSIBILITIES, HERE'S HOW IT BREAKS OUT. YOU WILL NOTICE THAT THERE ARE, THERE ARE MORE THAN, THAN ONE DEPARTMENT THAT IS -- THANK YOU. THERE IS MORE THAN ONE DEPARTMENT ASSOCIATED WITH THE BRIEFINGS, SO THAT'S HOW WE END UP WITH THE DEPARTMENTS BEING INVOLVED ON BRIEFINGS, A TOTAL OF 36 TIMES. THERE IS MORE INFORMATION OBJECT IMPACTS IN THE MEMO, AS WELL. IN APPENDIX A WE TALK WERE -- ABOUT THE RESOURCES INVOLVED, LEVEL OF DIFFICULTY, AND THINGS LIKE THAT. FEEL FREE TO REVIEW THAT IF YOU HAVE MORE QUESTIONS ON IMPACTS. AND AS WE STARTED TO LOOK AT THE RECOMMENDATIONS, WE REALLY WANTED TO KEEP IN MIND THAT THESE HAVE BEEN AROUND FOR A LONG TIME. WE WANT TO PRESERVE THAT ORIGINAL INTENT OF THE BUDGET NOTES TO BE GETTING INFORMATION BACK TO THE BOARD THAT'S NECESSARY FOR, FOR MAKING THESE BUDGETARY POLICY DECISIONS. SO, WE KEPT THAT IN MIND, AND AS THE BUDGET NOTE DIRECTED TRYING TO BALANCE THAT WITH LOOKING AT THE DEPARTMENT WORKLOADS, AND TRYING TO AVOID THAT PRIORITIZATION OF EXISTING WORK, TO FULFILL THE REQUIREMENTS, SO THAT'S THE MINDSET THAT WE TOOK INTO THIS, AND WE STARTED AS KAREN MENTIONED BY LOOKING AT BEST PRACTICES. THIS IS INTERESTING BECAUSE IT TURNS OUT THAT THE BUDGET NOTES REALLY ARE NOT COMMON. WASHINGTON AND CLACKAMAS DON'T HAVE THEM. MOST IN OREGON DON'T HAVE THEM, AND MOST CITIES IN OREGON DON'T HAVE THEM. WE EVEN LOOKED AT -- ACROSS THE COUNTRY AT OTHER COUNTIES AND THEY ARE JUST NOT -- REALLY NOT THAT COMMON. THOSE COUNTIES THAT DO USE BUDGET NOTES, TYPICALLY, USE THEM IN A DIFFERENT WAY THAN WE DO. THEY DON'T HAVE AS MUCH OF THE POLICY PIECE. THEY ARE LIMITED TO DESCRIBING CERTAIN DOLLAR AMOUNTS. SO, THEY WOULD, AS WE USE OUR CONTINGENCY FUND PURPOSE. THEY WOULD SPECIFY, THIS AMOUNT IN THE CONTINGENCY FUND IS TO GO TO THIS PURPOSE, OR MAYBE DESCRIBING, YOU KNOW, THIS NUMBER HAS DOUBLED SINCE LAST YEAR, AND HERE'S SOME REASONS WHY. THAT MADE IT DIFFICULT TO FIND BEST

PRACTICES WHEN OTHERS WERE NOT USING THEM THE SAME WAY THAT WE WERE. WE LOOKED SAT GFOA TO SEE IF WE COULD FIND BEST PRACTICE RECOMMENDATIONS. THEY HAVE A NUMBER OF BEST PRACTICES FOR BUDGETING, AND THEY DID NOT HAVE ANYTHING ON THE BUDGET NOTES, EITHER. ONE SOURCE OF INFORMATION WE DID FIND WAS THE OREGON LEGISLATIVE FISCAL OFFICE. AND THEY HAVE PRODUCED A, A MEMO ON BUDGET NOTES. SO, WE DID REVIEW THAT AND LOOKED THROUGH IT. THEIR DEFINITION IS A BIT MORE RESTRICTIVE THAN THE WAY THAT WE USED THEM, AND I PUT UP SOME, SOME KEY POINTS FROM THE MEMO THERE. YOU CAN SEE THEY DESCRIBED THEM AS A WAY TO CLARIFY OR EXPAND UPON ADMINISTRATIVE REQUIREMENTS, WHICH ARE DIRECTLY RELATED TO THE EXECUTION OF THE BUDGET. THEY ARE HAVING THAT STRONGER TIE WITH, WITH THE BUDGET, AND THE BUDGET NOTES. SO, GIVEN ALL OF THE HISTORICAL LOOK THAT WE TOOK, AND ALSO, LOOKING AT, AT THE WAYS THEY ARE BEING USED ACROSS THE COUNTRY, WE CAME UP WITH THE GUIDELINES. THE FIRST ONE IS THE BUDGET NOTES SHOULD BE RELATED TO THE SPECIFIC ITEMS IN THE BUDGET, AND THAT'S GOING BACK TO WHAT WE SAW WITH THE LFO AND THE WAY THAT THE OTHER COUNTIES ARE USING BUDGET NOTES, TO MAKE SURE THAT WE HAVE THAT TIE IN THERE. NOW, I DO WANT TO BE CLEAR THAT WE DEVELOPED THESE GUIDELINES TO BE FLEXIBLE, AND THE ORIGINAL BUDGET NOTE HAD ASKED FOR GUIDELINES AND CRITERIA. WE DECIDED JUST ON GUIDELINES -- BECAUSE WE WANTED TO BE SURE THE NEED THE GOVERNMENT HAD FOR INFORMATION, WOULDN'T BE STYMIED OR PUT THROUGH AN OVERLY BUREAUCRATIC PROCESS. THESE ARE RECOMMENDATIONS, BUT IF THERE IS SOMETHING THAT FOR WHATEVER REASON IS OUTSIDE, OF COURSE, THE BOARD CAN USE THE BUDGET NOTES AS THEY SEE FIT. SO, A SECOND GUIDELINE WOULD BE THAT BUDGET NOTES SHOULD TAKE INTO CONSIDERATION THE WORKLOAD IMPACTS AND THE VETTING PROCESS WILL DO THAT. WE'LL TALK ABOUT THAT IN A MOMENT. OUR FINAL GUIDELINE WOULD BE FOR BUDGET NOTES, THAT FIT INTO WHAT THE HISTORICAL PURPOSES HAVE BEEN. THIS IS THE WAY WE'VE BEEN USING THEM FOR YEARS, AND IT SEEMS TO BE WORKING, SO WE WANTED TO CAPTURE THAT HISTORICAL PIECE AND MAKE SURE THAT THAT WAS PRESENTED BACK IN THERE, AS WELL. NEXT, THE VETTING PROCESS AND PROPOSAL PROCESS. AND YOU WILL SEE AS I'M TALKING ABOUT THESE GUIDELINES AND THE VETTING PROCESS, WE'RE NOT PROPOSING DRASTIC CHANGES TO THE WAY THAT THINGS EXIST. WHAT WE'RE SUGGESTING IS JUST PUTTING PARAMETERS AROUND WHAT WE'RE DOING SO WE HAVE A COMMONPLACE OF UNDERSTANDING, AND SO WE CAN ALSO START TO HAVE THE EXPECTATION AND IS GATHER BETTER INFORMATION TO PRESENTED BACK TO THE BOARD AROUND BUDGET NOTES. ALONG THE SAME LINES, OUR VETTING PROCESS IS NOT DIFFERENT THAN WHAT'S DONE, I WILL NOT READ YOU EACH STEP, JUST TALK ABOUT THE PIECES THAT MIGHT BE DIFFERENT. SO, RIGHT NOW, THE BUDGET OFFICE DOES, DOES GATHER INFORMATION ON BUDGET NOTES. WE WOULD CONTINUE TO DO THAT, BUT WE WOULD ALSO GATHER MORE INFORMATION UP FRONT. SO WE WOULD GATHER

INFORMATION ON, ON ESTIMATED WORKLOAD IMPACTS. WE WOULD GATHER INFORMATION ON ANY POTENTIAL COSTS THAT MAY COME WHEN WORKING ON THE BUDGET NOTE. WE COULD TALK ABOUT WHO THE RESPONSIBLE PARTIES ARE, AND WE WANT TO MAINTAIN THE FLEXIBILITY. THESE WOULD BE ESTIMATES FROM DEPARTMENTS. WE'RE NOT EXPECTING THEM TO MAP THE WHOLE THING OUT WITHIN OUR BUDGET PROCESS BECAUSE WE DO HAVE SHORT TURN-AROUNDS, BUT BY PROVIDING INFORMATION AROUND WHAT WE'RE HEARING IS THE INTENT AND THE NEED FOR THE BUDGET NOTE, WE CAN PRESENT THAT BACK TO THE BOARD TO CHECK OUR ASSUMPTIONS AND MAKE SURE THAT WE ARE CAPTURING THAT. SO IS, THROUGHOUT THE PROCESS WE PRESENT IT BACK TO THE BOARD, AND IT GIVES THE BOARD THE OPPORTUNITY TO LOOK AT THE BUDGET NOTES, ALONG WITH THAT ADDITIONAL INFORMATION AND HAVE AN OPPORTUNITY TO SAY, THIS FITS MY INTENT, OR, YOU KNOW, ACTUALLY, THIS IS REALLY INFORMATIONAL ONLY, AND WHEN I WAS SUGGESTING THIS, I WAS THINKING, JUST, JUST I WANTED A MEMO TO THE BOARD, NOT A FULL BRIEFING, IT GIVES US A CHANCE TO HAVE THAT CONVERSATION BEFORE, BEFORE THE BUDGET NOTES ARE ADOPTED AND PUT INTO THE FORMAL BUDGET DOCUMENT. THE ONE OTHER CHANGE FROM RADAR PICTURE FROM THE WAY THAT OUR PROCESS IS CURRENTLY, THAT OUR FINAL SUBMISSION DATE FOR BUDGET NOTES WOULD BE ONE WEEK BEFORE THE ADOPTION. THE REASON IS TO ALLOW THE TIME TO WORK WITH THE DEPARTMENT AND MAKE SURE THAT WE ARE FLUSHING OUT WHAT THE BUDGET NOTE IS GOING TO LOOK LIKE. THOSE ARE THE GUIDELINES AND VETTING PROCESS, AND WE'LL END WITH THE OPTIONS THAT WE HAVE FOR GOING FORWARD. THE FIRST WOULD BE TO ACCEPT OUR RECOMMENDATIONS. DID TAKE THE HISTORICAL LOOK, AND WORKED ON BEST PRACTICES TO PUT TOGETHER A GOOD PATH FORWARD. THE BOARD MAY HAVE OTHER WAYS THAT THEY WANT TO APPROACH THIS, AND SO WE HAVE OTHER OPTIONS, AS WELL. ONE WOULD BE TO LIMIT THE AMOUNTS TO IDENTIFY AN EXPLAINING DOLLAR AM, AND THAT'S FOLLOWING THE MODEL THAT WE HAVE SEEN WITH A FEW OTHER GOVERNMENTS, AND THE ADVANTAGE WOULD BE THAT THERE WOULD BE CLEAR CRITERIA, AND IT WOULD BE VERY SIMPLE TO SAY, THIS IS THE BUDGET NOTE, AND NO, IT IS NOT. AND THE BOARD, OF COURSE, COULD STILL GET WHATEVER INFORMATION THAT THEY NEEDED THROUGH THE REGULAR AGENDA PROCESS. IT WAS JUST A DIFFERENT WAY OF GETTING AND MANAGING THAT INFORMATION. THE BOARD CAN DISCONTINUE THE NOTES IF THEY SO CHOOSE. MANY JURISDICTIONS DON'T HAVE THEM, SO THAT'S AN OPTION, AS WELL AND WE COULD KEEP THE PROCESS AS IT IS AND WE HAVE HAD IT IN PLACE FOR A LONG TIME AND AS WE SAID, WITH OUR RECOMMENDATIONS, WE BELIEVE HAVING SOME PARAMETERS AROUND WHAT WE'RE DOING WILL ASSIST WITH THAT COMMUNICATION PIECE, AND GETTING EVERYONE ON THE SAME PAGE, AND WE COULD ADOPT A DIFFERENT SET OF GUIDELINES AND VETTING PROCESS, IF AS WE'VE BEEN TALKING ABOUT THIS, YOU HAD IDEAS OF, WELL, THIS IS REALLY WHAT I WOULD LIKE TO SEE, THIS IS WHAT WOULD HELP ME, IN MY JOB, AND WE WOULD LOVE TO HEAR THAT, AND WE'RE HAPPY

TO DO ADDITIONAL RESEARCH OR WHATEVER WE NEED TO DEVELOP THAT OUT. SO, GIVING THESE FIVE OPTIONS, THE BUDGET NOTE, ACTUALLY, SAID THAT WE WERE TO LEAD A DISCUSSION ON BUDGET NOTES, SO, I AM GOING TO STOP TALKING AND ASK YOU IF YOU HAVE ANY THOUGHTS ON THESE OPTIONS OR WHAT DIRECTION YOU WOULD LIKE TO GO.

Commissioner Smith: I HAVE A COMMENT. I LIKE YOUR RECOMMENDATIONS. IT WOULD HAVE BEEN GREAT TO HAVE THOSE WHEN I FIRST GOT HERE. JUST TO LET YOU KNOW, FOR ME, THE PUSH IN TERMS OF HOW WE ORGANIZED THIS, I THINK THAT HAS TAKEN ME OFF THE TOP WITH YOUR RECOMMENDATIONS. AND BUT, THE ISSUE AROUND HISTORICAL BACKGROUND OF WHAT WE HAVE DONE BEFORE, THAT DOES NOT MOVE ME. JUST BECAUSE WE HAVE NOT DONE IT BEFORE DOES NOT MEAN THAT WE SHOULD NOT DO IT GOING FORWARD. WE HAVE A \$1.6 BILLION BUDGET AND WE HAVE NINE BUDGET NOTES AND FOR ME, THAT'S NOT A WHOLE A LOT OF BUDGET NOTES FOR THIS SIZE OF A BUDGET, AND-OR BOARD, SO IT MAY BE A BIT DIFFICULT FOR THE DEPARTMENTS, BUT IF THAT'S SOMETHING THAT WE NEED, I DON'T WANT US TO GET INTO THIS ISSUE -- WE HAVE 20 BUDGET NOTES, AND WE CANNOT DO 20 BUDGET NOTES BECAUSE THE DEPARTMENTS CAN'T COME UP WITH A, WITH A BOARD BRIEFING. THEY ARE ALL NOT RELATED TO BOARD BRIEFINGS, SO I DON'T WANT TO BE LIMITED TO THE NUMBER, BUT I DO THINK THAT THIS WILL BE HELPFUL TO US TO PUT THE BUDGET NOTES IN A WEEK BEFORE AND ALL THE GUIDELINES THAT YOU HAVE, SO I THINK THAT THAT'S FINE. AND I THINK THAT WE HAVE A, A BIG ENOUGH BUDGET TO WARRANT NINE. IT GOES AS FAR AS 100. BUT, I THINK IT'S, IT'S AN APPROPRIATE NUMBER.

>> Chair Kafoury: ANYBODY ELSE WITH QUESTIONS OR COMMENTS?

>> Commissioner Bailey: FIRST OF ALL, I WILL BE HEARING THE WORD BUDGET NOTE IN MY SLEEP TONIGHT.

>> I AM SORRY. I TRIED TO WARN YOU.

>> Commissioner Bailey: WELCOME TO YOUR WORLD, I'M SURE. AND GREAT ANALYSIS. IT'S VERY INTERESTING, OBVIOUSLY, AND IT'S A UNIQUE PROCESS. I HAVE NOT BEEN THROUGH THE PROCESS, BUT IT SEEMED TO MAKE SENSE TO HAVE THE MINIMUM OF SOME SORT OF UNDERSTANDING OF THE ADMINISTRATIVE BURDEN THAT WE ARE PUTTING ON, ON THE AGENCIES. IT WOULD SEEM, PERHAPS, YOU MENTIONED THIS IN YOUR PRESENTATION, BUT MAYBE ANOTHER VARIABLE WOULD BE A TIME VARIABLE FOR WHAT WE'RE LOOKING AT, AND I WOULD AGREE WITH, WITH COMMISSIONER SMITH, IN A BUDGET THIS SIZE, SEEMS PARTICULARLY LARGE, 22 HOURS DOES SEEM A BIT LARGER, WHEN I THINK ABOUT THE AMOUNT OF TIME THAT WE'RE GOING TO HAVE TO TAKE FOR THE BRIEFINGS. SO IT MIGHT BE ONE VECTOR TO CONSIDER IN TERMS OF THE ANALYSIS.

>> Commissioner Shiprack: JUST -- AND BECAUSE, BECAUSE YOU ARE NEW AND -- YOU HAVEN'T BEEN ABLE TO HAVE THIS DISCUSSION WITH THE BOARD BEFORE. THE OTHER THING IS GOING ON WITH THE NUMBER OF BUDGET NOTES IS A REFLECTION OF SOME -- NOT JUST FRUSTRATION, ALTHOUGH THAT'S PART OF IT, BUT A NEXT -- A REFLECTION OF SOME, SOME LIKE, LIKE JUST, JUST SHOCK FROM THE BOARD AT THE SPEED OF THE BUDGET PROCESS. WITH THE INTENSITY AND THE SPEED OF THE WAY THAT THE BUDGET HITS THIS BOARD, WE RECEIVE THE CHAIR'S BUDGET IN LATE APRIL, AND WE ARE EXPECTED TO VOTE ON IT THE FIRST WEEK OF JUNE, THAT DYNAMIC DRIVES A LOT OF INTENSITY. ALL OF THAT INTENSITY AND ALL OF THE QUESTIONS THAT ARISE BECAUSE OF THE PROCESSES OF BUDGETING DON'T NECESSARILY FIT INTO THE TIME ALLOTTED. SO, WHAT THESE BUDGET NOTES REPRESENT, I THINK, AND I WILL GO BACK -- I AGREE WITH COMMISSIONER SMITH, BECAUSE WE HAVE NEVER DONE IT BEFORE DOESN'T MEAN THAT WE CAN'T, BUT I THINK THAT, THIS HAS ALWAYS BEEN THE WAY THAT WE HAVE CONDUCTED OUR BUDGET. I THINK THAT MAYBE THE DIFFERENCE IN THE VARIABLES IS THE AMOUNT OF THE ACTIVISM REPRESENTED BY THE MEMBERS OF THE BOARD. SO, I AM NOT DISPUTING WE NEED TO LOOK AT OUR PROCESS, SO THAT WE DON'T START SKEWING THE MISSION OF THE COUNTY TO BE THE EDUCATION OF THE BOARD. HOWEVER, I THINK THAT THERE IS A BALANCE THAT THIS WHOLE PROCESS IS SEEKING TO STRIKE. I THINK THAT AT SOME FULCRUM OF THAT BALANCE, IS THE DESIRE OF THE BOARD TO PARTICIPATE MORE, AT LEAST TO HAVE MORE SUBSTANTIVE INFORMATION ABOUT WHAT UNDERLIES OUR OWN COUNTY BUDGET.

Chair Kafoury: I WILL JUMP IN. ONE BEAUTY OF HAVING A FORMER COMMISSIONER NOW AS CHAIR IS UNDERSTANDING VERY WELL HOW IT FEELS TO BE ON THE OTHER SIDE OF THE TABLE. AND I WANT THE BOARD TO KNOW THAT ONE OF THE FIRST THINGS THAT I DID WHEN I STARTED WAS TO ASK THE BUDGET OFFICE TO LOOK AT WAYS THAT WE CAN OPEN UP THE BUDGET PROCESS WITHIN THE LIMITS OF LAW, I UNDERSTAND THAT, BUT TO ALLOW -- IT IS, OBVIOUS TO ME, THAT THE NUMBER OF, THE SHEER NUMBER OF BUDGET NOTES AND THE CONTENT WAS A REFLECTION OF PEOPLE FEELING THEY DID NOT HAVE THE ABILITY TO DELVE AS DEEPLY INTO CERTAIN ISSUES, BUT ALSO THE DEPARTMENTS ARE NOT GIVING BOARDS, THE BOARD THE INFORMATION THAT WE NEED TO MAKE THE DECISIONS. SO, WHILE I APPRECIATE THIS HISTORICAL PERSPECTIVE, IT'S INTERESTING. I THINK THAT THERE IS ANOTHER PARALLEL CONVERSATION OR STUDY THAT NEEDS TO GO ON, THAT'S ABOUT THE BUDGET PROCESS, AND I THINK THAT IF WE CAN WORK ON THAT, THEN THIS WILL FALL INTO PLACE. I ALSO WANT TO NOTE THAT WHEN, WHEN -- IN PRIOR YEARS WE HAVE HAD ANOTHER OPTION THAT'S NOT A BUDGET NOTE, BUT WHERE WE WOULD JUST SAY THAT I WOULD LIKE MORE INFORMATION, AND CHRISTIAN BROUGHT IT UP ON THE -- OK. MAYBE THAT, HAVING, HAVING QUALIFYING BUDGET NOTES AS -- IN A

MORE TIGHT FASHION SO WE CAN VOTE ON THEM AS A PACKAGE WITH THE BUDGET, BUT WE HAVE THE OTHER BRIEFINGS THAT PEOPLE WANT THAT DON'T HAVE TO BE VOTED ON THAT WILL ALLOW MORE TIME TO FLUSH OUT WHAT THE COMMISSIONERS, WHAT THEY ARE LOOKING FOR, AND THEN -- I WANT CONCERNED ABOUT A ONE-WEEK NOTICE. IN THE HEAT OF THE LAST FEW DAYS, OR THE LAST, YOU KNOW, WE POLITE. TO THROW OUT A BUDGET NOTE TO GET SOMEONE WHO IS NOT COMFORTABLE WITH, WITH THE VOTING ON, ON IT, THEY MIGHT BE MORE COMFORTABLE IF THEY HAD A BUDGET. SO, I THINK THAT IF WE CAN SOME HOW FOCUS THE BUDGET NOTES TO THINGS THAT ARE, ARE RELEVANT TO THE PASSAGE OF THE BUDGET, AND WE CAN HAVE ANOTHER CATEGORY, WHICH IS BRIEFINGS THROUGHOUT THE YEAR THAT PEOPLE ARE INTERESTED IN, WE WOULD HAVE TIME TO FLUSH OUT, THAT MIGHT TAKE THIS PRESSURE AWAY.

>> I THINK YOU HIT THE NAIL ON THE HEAD. THERE ARE ANY NUMBER OF WAYS TO GET THE INFORMATION BACK TO THE BOARD. THE BUDGET NOTE IS JUST ONE TOOL TO DO THAT, AND I THINK THAT BECAUSE THE BOARD HAS FELT VERY LIMITED IN THEIR TOOLS TO GET THE INFORMATION BACK AND INFORMATION, ONGOING INFORMATION FROM THE DEPARTMENTS, THE BOARD IS USING THE TOOL THAT THEY HAVE AVAILABLE. I THINK IF WE MAKE IT CLEARER, THERE ARE CERTAINLY MANY WAYS TO GET MORE INFORMATION TO THE BOARD, AND I ALSO THINK THAT TO RELIEVE SOME OF THIS PRESSURE AND INTENSITY THAT THE COMMISSIONER WAS, WAS TALKING ABOUT IN THE BUDGET PROCESS, AND ONE OF THE WAYS, AND WE'VE BEEN HAVING CONVERSATIONS, IS MANAGING THE REGULAR AGENDA PROCESS AND INSURING THAT THE DEPARTMENTS ARE, ARE COMING BEFORE THE BOARD ON THE IMPORTANT POLICY ISSUES RATHER THAN JUST, JUST A LOT OF IT HAPPENING DURING THE BUDGET PROCESS, SO YOU WILL BE HEARING FROM THEM THROUGHOUT THE YEAR, SO WHEN THE, WHEN WE DO COME TO THE TIME WHEN WE'RE DOING THE DEPARTMENT PRESENTATIONS, IT'S NOT NEW INFORMATION TO YOU. I THINK ONE OF THE THINGS THAT, AS WE'VE BEEN LOOKING AROUND, I THINK WE CAN CERTAINLY CREATE AN EXPECTATION OF A MORE ROBUST AGENDA FOR YOUR TUESDAY BRIEFINGS AND FOR YOUR THURSDAY WORK SESSIONS, YOUR BUSINESS SESSIONS. I THINK THAT THERE IS A LOT OF THINGS THAT COULD BE COMING IN FRONT OF THE BOARD THAT ARE NOT.

>> I THINK WITH HAPPY OF THE THINGS SAID, AND I THANK YOU FOR YOUR ASSESSMENT. I THINK THAT, YOU KNOW, AS HAS BEEN DISCUSSED, A LOT OF THE BUDGET NOTES WERE -- ARE WANTING TO HAVE MORE INFORMATION, AND THAT'S PROBABLY NOT A TRUE BUDGET NOTE. AND I THINK THAT THE ONE WEEK -- I KIND OF LIKED THAT FOR THE PART ABOUT INFORMATION, MAYBE THE ACTUAL BUDGET NOTES, WE NEED TO KEEP THE PROCESS LIKE WE HAVE HAD BECAUSE THERE IS SOME TIMES WHEN, WHEN RIGHT IN THE BUDGET PROCESS, IN THE LAST WEEK, THE FEW DAYS, YOU KNOW, WE WOULD LIKE TO PUT IN A BUDGET NOTE. I LIKE YOUR SUGGESTION, KAREN,

ABOUT MANAGING THE AGENDA PROCESS. WE SEEM TO RUN OUT OF TIME. WE JUST DID THAT THIS MORNING. WE HAD TO HAVE A TIME CHECK ON OUR BOARD BRIEFING. SO, THAT'S DIFFICULT WHEN WE DON'T HAVE ENOUGH TIME TO HAVE ALL OF OUR QUESTIONS ANSWERED. I THINK THAT THAT'S PART OF MANAGING THAT PROCESS.

>> IF I KAY, I JUST WANT TO PIGGY-BACK AND EMPHASIZE WHAT KARYNE WAS SAYING ABOUT MANAGING THE AGENDA. I THINK THE DEPARTMENTS HAVE HEARD LOUD AND CLEAR FROM THE BOARD THAT THEY NEED TO BE BRINGING A POLICY, TRENDS, CHANGES, CHALLENGES, OPPORTUNITIES TO THE BOARD SOONER TO RELIEVE THAT PRESSURE FROM THE BUDGET PROCESS. IT'S TOO INTENSE TO HAVE TO WRAP YOUR MIND AROUND THESE BIG PICTURE THINGS AND THEN DRILL DOWN INTO, INTO THE TINY BUDGET NUMBERS. AND SO, WE HAVE EMBARKED ON A PROCESS WITH THE DEPARTMENT DIRECTOR OF IDENTIFYING NOW, WHAT THOSE ISSUES AND TRENDS ARE, AND WE'LL BE ADDING IN, AND FILLING INTO THE BUDGET NOTES, BRIEFING SCHEDULE. SO, THE DEPARTMENTS ARE FORWARDING THE TOPICS TO ME, AND IF YOU HAVE ITEMS OR QUESTIONS ABOUT, ABOUT BIG PICTURE THINGS YOU HAVE HEARD ABOUT IN THE COMMUNITY THAT YOU WOULD LIKE MORE INFORMATION ON, CERTAINLY SEND THOSE OUR WAY, AND THE VISION WOULD BE TO HAVE, ESSENTIALLY, A, A CATALOG OF BRIEFING TOPICS FOR YOU WITH THE SCHEDULE SO THAT YOU CAN NOT ONLY, YOU KNOW, PREDICT WHAT'S COMING BEFORE YOU, BUT TIE YOUR OWN BRIEFINGS AND PROCLAMATIONS TO THAT. WE CAN ALL HAVE A MORE INTENTIONAL, THOUGHTFUL PROCESS THROUGHOUT THE YEAR.

>> Commissioner Smith: MADAM CHAIR, AND IF YOU COULD PASS ALONG FOR US, BECAUSE TO THE DEPARTMENTS, AS COMMISSIONER SHIPRACK SAID, WE ARE NOT PRIVY TO THE BUDGETING PROCESS UNTIL 30 DAYS BEFORE. THE DEPARTMENTS AND THE CHAIR'S OFFICE, THEY ARE WORKING ON A BUDGET A YEAR IN ADVANCE SO THEY KNOW EVERYTHING THAT'S IN THERE AND THEY KNOW WHY THIS IS PUT HERE OR THERE. WE JUST DON'T HAVE THAT KIND OF INFORMATION. TELL THEM, WE'RE NOT TRYING TO GIVE THEM A LOT OF WORK. THAT MEANS THAT'S A LOT OF WORK FOR US, TOO, MORE THAN WHAT WE NORMALLY HAVE. BUT, WE ARE JUST, JUST NOT ABLE TO PROCESS ALL OF THIS BUDGET INFORMATION LIKE YOU ARE BECAUSE YOU ARE LOOKING AT IT, THE CHAIR AND COO ARE LOOKING AT IT, BUT WE'RE ONLY LOOKING AT IT 30 DAYS BEFORE, SO THEY ARE -- WE ARE AT A DISADVANTAGE MORE SO THAN THEY ARE BECAUSE THEY KNOW EXACTLY WHAT'S GOING ON, AND WE DON'T.

>> AND MY GOAL WOULD BE FOR THERE NOT TO BE ANY SURPRISES WHEN THE BUDGET COMES, THERE SHOULD NOT BE ANY FEELING THAT OH, I DIDN'T KNOW THAT THAT WAS HAPPENING OUT THERE IN THE WORLD, YOU KNOW, THE NUMBERS MAY BE NEW AND THE CHAIR'S CHOICES WOULD BE NEWS, BUT, THE UNDERLYING LANDSCAPE, THE LARGER TRENDS, THERE SHOULD

BE NO WHIPLASH BY THE TIME THAT WE GET TO THE IN FRONT OF YOU FOR THE BUDGET. SO, THAT'S MY COMMITMENT, AND I KNOW THE BUDGET OFFICE IS ALSO COMMITTED TO A MORE THOUGHTFUL THING.

Commissioner Smith: UNLESS WE CHANGE THE DEADLINE DATES. COMMISSIONERS DON'T KNOW WHAT'S SUBMITTED AND WE ARE NOT ABLE TO TALK TO THEM. IT'S ALWAYS GOING TO BE THAT WAY. THERE WILL BE SURPRISES. YOU CANNOT LIMIT THE SURPRISES, BUT WE CAN HAVE A LONGER TIME PERIOD TO DISCUSS THE BUDGET. THAT WOULD BE HELPFUL.

>> YOU CAN ALSO REDUCE THE SURPRISES BY EXACTLY WHAT YOU WERE TALKING ABOUT. I REMEMBER EVERY YEAR DURING THE BUDGET, THE HEALTH DEPARTMENT COMING IN AND SAYING, WE HAVE REVAMPED THIS WHOLE ENTIRE AREA. WE CHANGED EVERYTHING AROUND, AND THAT JUST -- YOU CANNOT FIGURE THAT -- YOU CANNOT GO THROUGH THAT IN A MATTER OF WEEKS AND TRYING TO DELVE INTO WHICH POSITIONS WERE CHANGING FROM A POLICY CHANGE DOWN TO THE MICRO-LEVEL, I THOUGHT, IS REALLY, REALLY DIFFICULT. IF YOU KNOW IN ADVANCE THAT BIG CHANGE IS GOING TO HAPPEN, AND THIS IS WHAT IT'S GOING TO BE WITHOUT TALKING ABOUT FIGURES, YOU CAN REALLY ALLEVIATE A LOT OF THAT, I DO BELIEVE.

>> THANK YOU, MADAM CHAIR. THE CONTEXT OF THE CONVERSATION REALLY, I THINK, HINGES AROUND THE FACT THAT -- THE MOST IMPORTANT THING THIS BOARD DOES, WE DO ONCE A YEAR, AND THAT IS CREATE A BUDGET AND IF YOU LOOK AT OUR AGENDA, YOU CAN SEE THAT BECAUSE OUR AGENDA CONSISTS OF NOTICES OF INTENT TO, YOU KNOW, TO AUGMENT THE BUDGET, WITH GRANT APPLICATION MONEY AND BUDGET MODIFICATIONS. SO, WE, PRIMARILY, ARE A BUDGET-MAKING BODY, AND I THOUGHT WHAT COMMISSIONER BAILEY SAID EARLIER TODAY ABOUT WHAT WAS BEING PROPOSED IN TERMS OF THE HEALTH CARE, AND WAS BEING CALLED REINVESTMENT, IS JUST REALLY HITS THE NAIL IN THE HEAD, WHICH IS THAT WE'RE ALSO LOOKING AT REINVESTMENT UNDER, IN THE PUBLIC SAFETY CONTEXT AND UNDER HOUSE BILL 3194 AND THAT WORD HAS KIND OF APPROPRIATED. THE REINVESTMENT WORD HAS ALMOST BEEN APPROPRIATED BY THE PUBLIC SAFETY, BUT REALLY, REINVESTMENT IS THE RESULT OF A BUDGET PRIORITIZATION PROCESS, WHICH ACKNOWLEDGES THAT ALL OF THE WORK THAT WE DO IS DONE BY, BY SYSTEMS, WHICH DURING THE BUDGET PROCESS, WE FUND IN SILOS BECAUSE THAT'S HOW THE BUDGETS WORK. WE PLOT MONEY INTO, YOU KNOW, EVERYBODY BRINGS THEIR CUP AND RATTLES IT FOR US, AND WE SCORE A LITTLE MONEY IN THERE. WE ARE REALLY FUNDING SYSTEMS OF CARE, SYSTEMS OF SAFETY, AND THOSE SYSTEMS ARE, ARE INTENDED TO TAKE CARE OF THE INDIVIDUALS WHO CAN EITHER WANDER THEIR WAY, HOWEVER WE DESIGN IT, WHATEVER OUR PRIORITIES ARE, EITHER WANDER FROM CUP TO CUP TO CUP TO GET WHAT THEY NEED, OR THEY CAN ACCESS WHAT WE HAVE CREATED TO BE A SYSTEM SO THAT WE'RE NOT ASKING THE MOST

VULNERABLE PEOPLE TO NAVIGATE THE MOST COMPLEXITY. THE FACT THAT WE'RE WRESTLING WITH THE BUDGET NOTES, AND I HAD BE THE FIRST TO AGREE, THEY ARE NOT ALL, YOU KNOW, WHAT IS A BUDGET NOTE? THAT'S WHAT YOU ARE DOING NOW, IS HELPING US TO FIND THAT, TO DEFINE THAT, BUT THE FACT THAT WE'RE WRESTLING WITH THAT GOES BACK TO COMMISSIONER BAILEY'S QUESTION ABOUT REINVESTMENT. IS THIS THIS A 3194 REINVESTMENT? IS THIS A -- WHAT KIND OF REINVESTMENT IS THIS? THAT'S OUR EXERCISE HERE IS TO DESIGN WHAT'S GOING TO BE STATUS QUO, AND WHAT'S GOING TO BE REINVESTMENT ACCORDING TO SOME, SOME KIND OF PRIORITIZATION, AND DURING TIME THAT I'VE BEEN HERE, WE HAVE REALLY STRUGGLED TO FIND THAT. PRIORITIZATION THAT WILL HELP GUIDE THIS PROCESS, WHICH UNLIKE OUR REALIZATION NOW THAT WHAT WE RUN INTO THE SYSTEM, THAT IS NOT REALLY DEFINITELY NOT SEAMLESS, BUT IS I WANT GREAT, WHETHER WE WANT TO CALL IT THAT OR NOT, IS DURING THE BUDGET TIME WE'RE DEALING IN SILOS OF BUDGET CATEGORIES. I APPRECIATE HAVING YOU, AND WE ALSO HAVE PUBLIC MEETINGS LAWS THAT MAKE IT DIFFICULT TO ARTICULATE THESE THINGS UNLESS THEY ARE ARTICULATED IN THIS SETTING. LEVEL OF DIFFICULTY. I APPRECIATE YOU TRYING TO HELP US SORT OUT WHAT WE CALL IT, BUT I THINK THAT THE PROCESS NEEDS TO GO BACK TO AN AGREED UPON SET OF PRIORITIES THAT THIS BOARD OWNS THAT WILL NOT JUST DIRECT US TO FIT INTO, SO WE KNOW OUR PLACE, AND WE DON'T STEP OUT, BUT TO HELP OUR DEPARTMENTS UNDERSTAND WHAT THEIR PLACE IS.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS FROM THE BOARD? THIS WAS HELPFUL AND I LOOK FORWARD TO CONTINUING THIS CONVERSATION SO WE CAN PRODUCE A PROCESS THAT HELPS. ULTIMATELY, ALL THE RESIDENTS OF MULTNOMAH COUNTY.

Commissioner Smith: I HAVE A QUICK QUESTION SO I AM NOT CLEAR, ARE WE ACCEPTING THE CURRENT RECOMMENDATIONS OR ARE WE GOING BACK TO THE DRAWING BOARD.

>> Chair Kafoury: WE ARE GOING TO HAVE FURTHER CONVERSATIONS. I THINK THAT YOU KNOW.

Commissioner Smith: WE ARE NOT ACCEPTING THAT.

Chair Kafoury: WE CANNOT TAKE ANY OFFICIAL OPTIONS, WE ARE NOT GOING TO ACCEPT IT BUT FURTHER REFINE THEM AND COME BACK WITH SOMETHING THAT -- I'M NOT SURE WHETHER WE NEED TO HAVE AN OFFICIAL VOTE. ARE WE TRYING TO PUT SOMETHING INTO A PROCEDURE THAT'S --

>> NO. GUIDELINES ARE JUST A HELPFUL WAY FOR, FOR THE BOARD TO THINK ABOUT HOW THEY WANT TO ACCOMPLISH POLICY DIRECTION DURING THE BUDGET PROCESS. IT'S JUST ONE, ONE OF THE TOOLS, AND THAT WAS

REALLY WHAT WE WANTED TO GET OUT OF THIS IS THAT THERE ARE DIFFERENT TOOLS THAT WORK BETTER FOR WHAT THE BOARD MAY WANT. IT'S REALLY JUST A GUIDELINE. WE WERE JUST LOOKING TO BE HELPFUL.

Commissioner Smith: I WANT TO BE CLEAR, I ACCEPT THE BUDGET RECOMMENDATIONS. I THINK THAT THEY ARE FINE AND IT HELPS ME TO STAY IN THE LANE.

Chair Kafoury: GREAT. WELL, WE WILL HAVE FURTHER CONVERSATIONS ON THIS AND OTHER ISSUES AS WE HEAD INTO, INTO YET ANOTHER FUN-FILLED BUDGET SEASON. ANY OTHER COMMENTS? WE ARE ADJOURNED. THANK YOU. [GAVEL POUNDED]

ADJOURNMENT

The meeting was adjourned at 11:53 a.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office. For access to the video and/or board packet materials, please view at:
http://multnomah.granicus.com/ViewPublisher.php?view_id=3

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