

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, October 8, 2013**

BOARD BRIEFING

Chair Marissa Madrigal called the meeting to order at 10:12 a.m. with Commissioners Deborah Kafoury, Loretta Smith and Diane McKeel present. Vice-Chair Judy Shiprack was excused.

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

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

Chair Madrigal: ORDINANCE AMENDING MCC 21.416. DR. DENNY? DO YOU WANT TO COME ON UP?

Dr. Denny: GOOD MORNING. THANK YOU FOR HAVING US THIS MORNING. APPRECIATE YOUR TIME. I'M JUSTIN DENNY, THE COUNTY HEALTH OFFICER, MULTNOMAH COUNTY. SO ARE YOU READY?

>> YES.

>> GOOD, EXCELLENT. TODAY, I HAVE TWO ISSUES I WOULD LIKE TO BRING FORWARD TO YOU IN THE FORM OF A PRESENTATION, JUST TO BRING YOU UP TO DATE ON TWO OF THE PIECES OF WORK WE NEED TO MOVE FORWARD WITH, WE BELIEVE. THE FIRST IS AROUND A CODE CHANGE AND THE OTHER IS AROUND A SPECIAL PROCUREMENT. DARRELL KNOTT, OUR EMS DIRECTOR, DO YOU WANT TO INTRODUCE YOURSELF?

Mr. Knott: DARRELL KNOTT, EMS ADMINISTRATOR FOR THE COUNTY. EMERGENCY MEDICAL SERVICES.

>> SO TOGETHER WE WOULD LIKE TO UPDATE YOU ON EACH OF THESE AND I'LL PAUSE BETWEEN THE TWO REQUESTS. THE FIRST OF WHICH IS TO CHANGE A CODE, MCC 21.416, WHICH WOULD ENABLE US TO PUT FORTH A HEALTHCARE INNOVATION AND TEST THE ABILITY OF US TO TRANSPORT LOWER ACUITY PATIENTS AWAY FROM THE EMERGENCY DEPARTMENT AND TO THEIR PRIMARY CARE HOMES, SO IF I CAN JUST SPELL IT OUT FOR YOU, THE IDEA IS TO WE BELIEVE FROM STUDIES THAT 15 TO 50% OF PATIENTS DON'T NEED TO BE SEEN IN THE EMERGENCY DEPARTMENT AND SO WE TOGETHER WITH OUR MEDICAL DIRECTORS AND THE COMMUNITY HAVE WRITTEN 17 PROTOCOLS OF LOWER ACUITY THAT WILL ENABLE PARAMEDICS IN THE FIELD TO TRIAGE THESE PATIENTS AND THEN TRANSPORT THEM BY WAY OF A TAXI CAB OR OTHER TRANSPORT TO THEIR

PRIMARY CARE OFFICE TO AN URGENT CARE BUT ALL WILL BE ON THE SAME DAY. THIS IS AN INNOVATION THAT WE THINK IS TIMELY AND IMPORTANT FOR PATIENT CARE AND QUALITY. THE CURRENT SYSTEM THAT EXISTS IS RATHER STRAIGHTFORWARD, ALL PATIENTS ARE TRANSPORTED BY CODE TO THE EMERGENCY DEPARTMENT. SO IN SUMMARY AGAIN THE IDEA FOR US IS WE BELIEVE IN THE PRIMARY CARE ENVIRONMENT PATIENTS ARE BETTER KNOWN TO THEIR PHYSICIANS AND NURSE PRACTITIONERS, WE HAVE A BETTER MEDICAL RECORDS SYSTEM KNOWING THEIR HISTORY AND WE BELIEVE THAT GETTING THEM THERE FOR THESE 17 PROTOCOLS THAT ARE AGAIN LOWER ACUITY, WE CAN ACTUALLY GIVE BETTER QUALITY CARE TO PATIENTS AND IMPROVE THE OUTCOMES FOR THESE PATIENTS WHO ARE IN THIS LOWER ACUITY PILOT. THAT'S THE FIRST RECOMMENDATION FROM US TO YOU IS TO CHANGE THIS CODE TO ALLOW US TO DO THE WORK WE NEED TO DO. I'LL PAUSE THERE, IF THERE'S ANY QUESTIONS.

>> COULD YOU TALK A LITTLE BIT ABOUT THE PROTOCOLS YOU'LL BE PUTTING IN PLACE TO MAKE SURE THAT IT IS LOWER ACUITY PATIENTS THAT GET FUNNELED?

>> WITH PLEASURE, THESE PROTOCOLS HAVE BEEN WRITTEN WITH DR. TARRY SCHMIDT FROM CLACKAMAS COUNTY WITH INPUT FROM EVERY OTHER MEDICAL DIRECTOR IN THE REGION AND THINGS LIKE SPRAINED ANKLES, LACERATIONS, UPPER RESPIRATORY INFECTIONS, VERY STRAIGHTFORWARD MEDICAL COMPLAINTS THAT HAVE BEEN COMPLETELY VETTED AND ARE THE SAFEST OF THE SAFE, WHICH WILL BE MONITORED BY A COORDINATION CENTER TO IDENTIFY THESE PATIENTS, AND MAKE SURE THEY HAVE A CELL PHONE, MAKE SURE THEY OPT INTO THIS, IT'S AN EXTREMELY SAFE APPROACH TO THIS PROTOCOL, A. FROM THE STANDPOINT OF THEIR DISEASE, B. FROM THE WAY IN WHICH WE'RE GOING TO HANDLE THEM, WE'LL BE CALLING THEM FREQUENTLY, THE PATIENT HAS TO OPT INTO THIS PROTOCOL, THERE'S LOTS OF SAFETY MEASURES IN PLACE BECAUSE OUR MEDICAL LICENSES ARE ON THE LINE HERE WITH SAFETY, WE WANT TO TEST THE CONCEPT, WITH THESE PARAMEDICS EFFECTIVELY TRIAGE IN THE FIELD AND LINK TO THEIR PRIMARY CARE HOMES? THERE'S SEVERAL OUTPUTS TO THIS PILOT WE HAVE TO ASSESS BEFORE MOVING FORWARD AND SAFETY IS OUR FIRST CONCERN.

>> I HAVE A QUESTION. SO THIS IS -- WHEN THE FOLKS WILL STILL BE DISPATCHED TO SOMEONE'S HOME OR WHEREVER THEY ARE, THAT'S NOT -- THAT WON'T BE AFFECTED?

>> THAT'S CORRECT. THESE ARE ALL PARAMEDIC ASSESSMENTS IN THE FIELD, THERE WILL BE TRAININGS OF PARAMEDICS FROM FIRE AND AMR TO ACTUALLY THE ASSESS THE PATIENTS ACCORDING TO THESE TRAININGS AND IF THEY MEET THE CRITERIA, THEY WOULD SAY TO THE PATIENT WE BELIEVE YOU WOULD QUALIFY FOR A PILOT PROGRAM IN WHICH CASE YOU COULD BE TRANSFERRED TO YOUR PRIMARY CARE HOME, AND THEY WOULD SIGN A FORM, DO THEY HAVE A CELL PHONE, CAN THEY BE REACHABLE, DO THEY WANT TO BE IN THE PILOT, THEY CAN

OPT OUT OF THIS SO THEY DON'T HAVE TO DO THIS PILOT. BUT WE BELIEVE WE HAVE PLENTY OF PATIENTS WHO WOULD BENEFIT FROM THIS PROGRAM, AND THEN WE WOULD ACTUALLY CALL THE COORDINATION CENTER AND GET THEM PLUGGED INTO THEIR PRIMARY CARE HOME AND WE'VE BEEN WORKING WITH ALL THE PRIMARY CARE HOMES TO BE AWARE OF THIS PILOT AND THEY HAVE BEEN VERY EXCITED ABOUT THIS TO GET THEIR PATIENTS TO COME TO THEIR PRIMARY CARE OFFICE FOR THEIR LACERATION, FOR THAT NEED FOR AN ASTHMA MEDICATION, WHATEVER IT MIGHT BE.

>> HAS THERE BEEN DISCUSSION ABOUT MOVING THIS CONVERSATION BACK OR FORWARD, I DON'T KNOW WHICH WAY, SO THAT WHEN SOMEONE CALLS, THAT WE'RE NOT SENDING OUT ALL THESE FOLKS, IF IT'S JUST A SPRAINED ANKLE OR SOMETHING LIKE THAT?

>> WE DEFINITELY HAD THOSE CONVERSATIONS. WE'RE EXCITED ABOUT THAT IDEA. THE CHALLENGES THERE ARE SAFETY, AND I THINK IF YOU LOOK AT THE STUDIES AND LOOK AT THE ACTUAL EXPERIENCES THAT HAVE HAPPEN ACROSS THE COUNTRY, SOME OF THESE CALLS WE CAN'T FIGURE OUT FROM THE POINT OF TRIAGE AND EVEN THE BEST TRAINED TRIAGE, FOLKS WILL TALK TO A LOVED ONE OR A FAMILY MEMBER AND THEY WON'T GET THE RIGHT HISTORY AND SO OUR MEDICAL INSIGHT IS TO START WITH THIS POINT OF TRIAGE. IF WE'RE SUCCESSFUL WE LOOK AT OTHER PILOTS ACROSS THE COUNTRY. WE COULD INTRODUCE THIS BUT THAT DEPENDS UPON HAVING GOOD MEDICAL INFORMATION, A UNIFIED EMR, FOR EXAMPLE, SOMEONE LIKE KAISER, FOR EXAMPLE, HAS A UNIFIED MEDICAL SYSTEM SO YOU KNOW MORE ABOUT THE PATIENT, WE'RE TALKING ABOUT A MORE DIVERSE POPULATION OF NEEDS THAT ARE NOT WELL KNOWN TO THE PARAMEDIC SO WE'RE NOT VERY COMFORTABLE PUTTING THAT IN JUST YET, A VAGUE ABDOMINAL PAIN COULD BE A HEART ATTACK FOR A YOUNG WOMAN, FOR EXAMPLE. WE DON'T WANT TO TAKE THAT RISK RIGHT NOW. WE WANT TO START SMALL SO THERE'S PLENTY OF WORK FOR US. YOU WOULDN'T BELIEVE THE AMOUNT OF WORK WE'VE HAD TO DO JUST TO GET THIS THING AND UP RUNNING AND A LOT OF PEOPLE ARE NERVOUS ABOUT IT. WE WANT TO MAKE SURE WE GO SLOW, EVERYONE BUYS IN AND WE'RE ONLY DOING 100 PATIENTS SO IT'S A VERY SMALL PILOT.

>> GREAT AND WHEN DO YOU THINK YOU'LL HAVE SOME RESULTS BACK TO WHAT WAS THE TIMELINE?

>> WE ESTIMATE TWO TO FIVE PATIENTS A WEEK ONLY. WE'RE EXPECTING THIS TO BE FINISHED EARLY PART OF NEXT YEAR, WE'RE NOT GOING TO RUSH IT THROUGH, SAFETY BEING FIRST. I IMAGINE BY JANUARY, FEBRUARY, MARCH, WE'LL HAVE 100 PATIENTS THAT WE'VE ASSESSED AND WE CAN SEE HOW THE PARAMEDICS DID, HOW SAFELY THEY WERE TRANSPORTED AND GET THE FEEDBACK FROM THE PATIENTS, FEEDBACK FROM THE CLINICS, FEEDBACK FROM THE PARAMEDICS, ALL TOGETHER AND BRING IT BACK TO YOU IF YOU WOULD LIKE WITH THE ASSESSMENT OF THE PILOT.

>> WE WOULD LIKE THAT, THANK YOU.

>> CERTAINLY.

>> COMMISSIONER SMITH.

>> Commissioner Smith: THANK YOU. HOW MANY CALLS AND VISITS TO THE HOSPITAL DO WE HAVE VIA THE AMBULANCE EVERY MONTH?

>> DARRELL, DO YOU WANT TO ANSWER THAT?

>> WE'RE IN THE NEIGHBORHOOD, COMMISSIONER, OF AROUND 70,000 CALLS A YEAR, SO THE MATH ON THAT IS FIVE TO 6,000 A MONTH.

>> Commissioner Smith: AND HOW MANY TRIPS TO THE HOSPITAL?

>> THE TRANSPORTS ARE ABOUT IN THE RANGE OF 55,000.

>> Commissioner Smith: A MONTH?

>> FOR THE YEAR. SO FOR A MONTH, SORRY THE MATH ON THAT, BETWEEN FOUR AND 5,000.

Commissioner Smith: FOUR AND 5,000 TRIPS A MONTH. SO IF WE'RE SAYING ANYWHERE BETWEEN 15 AND 50% OF THOSE ARE NONMEDICAL EMERGENCIES, WE COULD ACTUALLY DO THIS PILOT IN THE COURSE OF A MONTH? SO HOW ARE YOU GOING TO DETERMINE -- ONCE YOU DO THE TRIAGE AND THAT'S WHERE THE BALLGAME IS IT SOUNDS LIKE TO ME BECAUSE WHOEVER'S GOING TO HAVE THAT INFORMATION, THEY HAVE TO DETERMINE WHETHER OR NOT THIS PERSON IS ACTUALLY REALLY IN NEED OF AN EMERGENCY ROOM OR PRIMARY CARE DOC. SO HOW ARE YOU GOING TO MAKE THOSE DECISIONS? THIS COULD ACTUALLY BE FINISHED IN A MONTH.

>> WELL, THERE'S LOTS OF THINGS THAT GET IN THE WAY OF THAT BEING ALL COMMERCE. THERE'S ONLY GOING TO BE MEDICAID PATIENTS PAID FOR BY HEALTH SHARE AND KAISER MEDICAID, PROVIDENCE MEDICAID, ONLY BETWEEN 8:00 AND 5:00 P.M. BECAUSE THE CLINICS ARE OPEN, ONLY THOSE WITH A CELL PHONE, A LOT OF THESE STIPULATIONS, SAFETY AND SPEED WE'RE NOT TRYING TO RUSH THIS THROUGH, IT'S ABOUT GIVING PEOPLE -- WE'LL COME BACK -- WE WILL HAVE AS PART OF OUR ASSESSMENT THE NUMBER OF PEOPLE WHO DECLINED, THE NUMBER OF PEOPLE WHO DIDN'T WANT TO BE PART OF THIS, THOSE WHO DIDN'T MEET THE CRITERIA. ONE OF OUR QUESTIONS IS HOW MANY FOLKS CAN WE LEARN ABOUT THEIR HEALTH INSURANCE? A LOT OF FOLKS DON'T KNOW WHO THEIR HEALTH INSURANCE IS THROUGH. SO THAT'S A BIG QUESTION FOR US IN THE STUDY IS HOW MANY FOLKS CAN WE FIGURE OUT? THEY DON'T EVEN KNOW WHERE

THEY GO AND IN FAIRNESS, WE DON'T CARRY CARDS ON US OFTEN, WE HAVE LOTS OF THINGS TO LEARN. SO THERE'S A LOT OF QUALITATIVE NATURE OF THIS STUDY TO GET FEEDBACK FROM THE PROVIDERS, FROM THE PARAMEDICS, IS THIS A GOOD IDEA? IS THIS A USEFUL PATIENT QUALITY ENDEAVOR? AND SO WE WANT TO GO SLOW, WE THINK ACCORDING TO OUR ESTIMATES, TWO TO FIVE A WEEK WOULD BE OUR ESTIMATE.

>> Commissioner Smith: I THINK THIS SOUNDS GREAT. I'M GOING BACK TO WHEN I HAD AN EMERGENCY AND I WAS DOWN PLAYING SAYING IT'S JUST THE FLU, IT'S JUST THE FLU AND I WAS HEMORRHAGING AND HAD A STROKE AND THERE WAS A GOOD CHANCE THAT HAD I GONE TO SLEEP THAT I WOULD HAVE NEVER AWOKEN. BUT FOR ME, WHEN YOU'RE TALKING ABOUT ELDERLY FOLKS AND THAT'S WHAT I'M KIND OF WORRIED ABOUT, THAT THEY WILL NOT GIVE YOU THE INFORMATION THAT YOU REALLY NEED BECAUSE SOMETIMES, YOU CAN LOOK AT SOMEONE AND SAY SOMETHING IS WRONG WITH YOU.

>> VERY GOOD POINTS. I WANT TO EMPHASIZE THE PARAMEDICS ARE EXTREMELY WELL TRAINED, WE HAVE SOME OF THE BEST TRAINED PARAMEDICS IN THE COUNTRY AND THEY HAVE THE SKILLS, EXPERIENCE AND WILL HAVE TRAINING ON THESE ISSUES, PLUS THERE'S A SECOND LEVEL OF QUALITY, FOLLOWING UP WITH PHONE CALLS.

>> Commissioner Smith: THEY WILL GO TO THE SITE FIRST.

>> WE'RE GOING TO HAVE PATIENT CONTACTS. THIS IS REALLY A CHANCE TO MAKE SURE WE CALL THEM, MAKE SURE THEY'RE FOLLOWING UP. THIS IS ALL IN THE SPIRIT OF HEALTHCARE TRANSFORMATION, HOW DO WE IMPROVE THE PATIENT EXPERIENCE, HOW DO WE IMPROVE THE OUTCOME, SO WE'RE GOING TO BE FOLLOWING AND CALLING AND MAKING SURE THAT PATIENT GETS INTO THAT POSITION APPOINTMENT, SAME DAY, THEY'RE NOT GOING TO WAIT A DAY OR TWO DAYS. WE'RE GOING TO START VERY SAFELY.

>> Commissioner Smith: GREAT.

>> THANK YOU.

>> THANKS. I'M GLAD YOU EXPANDED ON THAT BECAUSE THE TRIAGE ASSESSMENT PIECE, WE TALKED ABOUT THAT, YOU KNOW, AND HOW THAT'S GOING TO WORK AND SO YEAH, I DON'T KNOW IF YOU HAVE ANYTHING TO ADD BECAUSE YOU JUST TALKED ABOUT THAT. BUT SO THANK YOU.

>> THANK YOU.

>> OKAY.

>> Chair Madrigal: THANK YOU.

>> MOVING FORWARD TO THE SPECIAL PROCUREMENTS, I WOULD LIKE TO EXPLAIN OUR REQUEST AND RECOMMENDATION TO EXTEND A CONTRACT THAT IS DUE TO EXPIRE IN 2015. THIS IS THE AMR CONTRACT FOR THE COUNTY, THIS IS ACTUALLY BEING EXTENDED ALREADY TWICE, FIRST, IT BEGAN AS A FIVE-YEAR CONTRACT IN 2005, 2010, A THREE-YEAR EXTENSION AND THEN RECENTLY A TWO-YEAR EXTENSION SO WHY WOULD WE WANT --

>> ONE SECOND SO WE CAN READ THE TITLE INTO THE -- OF THE BRIEFING, THE SECOND BRIEFING.

>> INFORMATIONAL BRIEFING TO CONSIDER AUTHORIZING MULTNOMAH COUNTY EMERGENCY SERVICES AMBULANCE FRANCHISE CONTRACTS SPECIFIC SPECIAL PROCUREMENT REQUESTS.

>> THANK YOU.

>> SO JUST AGAIN, THE BACKGROUND IS THAT WE'VE HAD AMR WITH THIS CONTRACT FOR SOME TIME AND THIS IS A REQUEST THAT WE HAVE TO GIVE US A LITTLE MORE SPACE TO FIGURE OUT THE LANDSCAPE. OUR RECOMMENDATION AND BELIEF AND I'LL EXPLAIN WHY WE BELIEVE THIS IS IMPORTANT IS THAT WE THINK THAT THE CURRENT CONTRACT ENDING IN 2015, WE WOULD BENEFIT FROM A THREE-YEAR EXTENSION UP TO A THREE-YEAR EXTENSION, IT'S UP TO A THREE-YEAR EXTENSION WITH A MIDPOINT ASSESSMENT FOR SEVERAL REASONS. THE FIRST OF WHICH IS A LOT OF THINGS HAPPENING RIGHT NOW WITHIN THE HEALTHCARE ENVIRONMENT. FIRST OF WHICH IS THE HEALTHCARE STANDARDS AROUND PAYMENT REFORM, IF WE'RE GOING TO MOVE FROM A FEE FOR SERVICE MODEL INTO A CAPITATED MODEL. WE HAVE PILOT PROGRAMS, THE OTHER I'LL EXPLAIN IN A SECOND. WE HAVE OTHER REDESIGN EFFORTS ACROSS THE COUNTRY LOOKING AT EMS PILOTS. AND WRITING AN RFP PROCESS IS QUITE LABORIOUS AND DETAILED EFFORT THAT REQUIRES A KNOWLEDGE OF THE LANDSCAPE AND FUNDING ENVIRONMENT FOR IT TO BE EFFECTIVE. SO OUR RECOMMENDATION IS TO GIVE US UP TO THREE MORE YEARS TO GIVE US A CHANCE TO TEST THESE INNOVATIVE PILOT PROGRAMS, SO THAT WE CAN INFORM THE RFP PROCESS FOR OTHER POTENTIAL BIDDERS, PARTNERS WHO MAY WANT TO BE A PART OF THE EMS LANDSCAPE. AND SO WE'RE WORKING VERY CLOSELY WITH OUR CTOs, WORKING WITH EMS STAKEHOLDERS QUITE CLOSELY ON THIS, WE'VE BEEN DISCUSSING THIS WITH THEM AND WE DON'T WANT TO RUSH INTO A LONGER-TERM CONTRACT UNTIL WE HAVE A BETTER SENSE FOR WHAT'S HAPPENING WITH HEALTHCARE TRANSFORMATION. AND I'LL SAY A FEW MORE WORDS BECAUSE IT IS SORT OF A LOT TO GO THROUGH. THE AFFORDABLE CARE ACT AGAIN IS LOOKING AT OUTCOMES VERSUS PAYING FOR SERVICES, THAT'S A VERY BIG ISSUE, SO THERE COULD BE A LUMP SUM PAYMENT THAT COMES FORWARD FOR HOW WE PAY FOR EMS SERVICES, CCOs COULD BE THE MECHANISM BY WHICH MONEY COMES TO THEM AND IS DISSEMINATED FOR US TO OUR EMS COLLEAGUES, AND THEN COVER OREGON IS CHANGING THE COVERAGE OF

OREGONIANS IN TERMS OF THE PERCENTAGE OF FOLKS WHO ARE INSURED. THESE ARE ALL REASONS THAT WE BELIEVE WE NEED A LITTLE MORE TIME TO UNDERSTAND WHAT RFP NEEDS, WHAT WOULD BE BENEFICIAL FOR AN RFP PROCESS. WE'RE HAPPY TO DO IT. WE'LL DO IT GLADLY BUT IT WOULD TAKE US ENERGY NOW, TODAY, TO WRITE THE RFP WITH TODAY'S UNCERTAINTIES ABOUT THE FUTURE TO BE READY FOR TWO YEARS FROM TODAY. ONE LAST POINT IS THAT EMS IS ALSO PERHAPS GOING TO BE MORE CONNECTED TO PROBABLY CARE OR COMMUNITY BASED HEALTH SERVICES BY USING TELEMEDICINE, DIFFERENT IDEAS, THESE ARE BEING PILOTED ACROSS THE COUNTRY. SO WE WOULD LIKE TO LOOK AND SEE WHAT LESSONS COME FROM THESE PILOTS. SO TOGETHER WITH THESE IDEAS, WORKING WITH OUR PEERS, STAKEHOLDERS, LOOKING AT NEW TRIAGE OPTIONS LIKE I JUST DESCRIBED TO YOU, WE BELIEVE WE WILL KNOW IN THE COMING MONTHS, COMING YEAR OR TWO MORE ABOUT WHAT WE NEED IN THE COMMUNITY BEFORE EMBARKING ON A RFP PROCESS. ONE OF THE PILOTS I HAVE NOT MENTIONED IS VERY EXCITING TO US OUT OF THE HEALTH DEPARTMENT, WE HAVE FREQUENT CALLER PROGRAM, LOOKING AT FOLKS WHO CALL SOMETIMES 17, 20, 70 TIMES A YEAR AND MOST OF THESE FOLKS HAVE INTENSE SOCIAL NEEDS. AND SO WE'VE DEPLOYED FOUR SOCIAL WORKERS WITH CREWS CREATING A CALL CENTER TO IDENTIFY WHAT SOCIAL NEEDS ARE BEST MET IN ORDER TO DECREASE THEIR UTILIZATION OF OUR EMS SYSTEM AND WE'RE EXTREMELY EXCITED ABOUT THIS AND WE WILL BE COMING BACK TO YOU WITH OUR FINDINGS FROM THIS WORK ITSELF. SO THIS IS ONE EXAMPLE OF THE CHANGING ENVIRONMENT IN WHICH WE ARE ADDRESSING SOCIAL NEEDS, AND I THINK WORKING FURTHER UPSTREAM VERSUS BEING SO REACTIVE, WHICH IS HOW WE'VE BEEN FOR YEARS IN THIS MEDICAL SYSTEM, HEALTHCARE DELIVERY SYSTEM. I MENTIONED TO YOU, THE LOWER ACUITY PILOT PROGRAM, THIS IS ONE OTHER PILOT WE WOULD LIKE TO FEED INTO THE THINKING FOR THE NEXT RFP, IS THIS SOMETHING WE WANT TO ACTUALLY CARVE INTO IT, IF IT'S EFFECTIVE. OR WE CAN GO WITH PLAN A., WHICH IS TO ACTUALLY BEGIN THE RFP PROCESS NOW, WE WOULD LIKE TO GET YOUR INFORMATION AND YOUR DIRECTION ON THIS AS OUR COMMISSIONERS. WE'RE HAPPY TO DO IT BUT WE BELIEVE THAT THIS ENVIRONMENT AND CHANGING LANDSCAPE TOGETHER WITH WE ESTIMATE OVER \$300,000 OF CURRENT COSTS THAT MAY NEED TO BE PAID FOR AGAIN IN TWO YEARS AS THE RFP MAY NEED TO BE REWRITTEN IN TWO YEARS BASED UPON THE INPUTS WE'RE EXPECTING. THAT'S MY PRESENTATION, THANK YOU.

>> Chair Madrigal: COMMENTS OR QUESTIONS?

>> Commissioner Kafoury: I HAVE A COMMENT, I WANT TO THANK YOU FOR THE CONVERSATION THE WAY THAT YOU'RE THINKING PROACTIVELY. WE'RE ENTERING INTO -- WE HAVE BEEN IN REALLY A TENUOUS TIME WHERE THERE'S SO MUCH CHANGE GOING ON. AND I REALLY APPRECIATE THAT YOU GUYS ARE THINKING AHEAD SO THAT WE DON'T GET STUCK IN A POSITION THAT WE DON'T WANT TO BE IN DOWN THE LINE. SO AND I APPRECIATE ALSO FROM JUST THE SERIES OF BRIEFINGS THIS MORNING WAS VERY INFORMATIVE, SO THANKS.

>> THANK YOU.

>> THANK YOU FOR YOUR WORK.

>> Chair Madrigal: OKAY. HAVE A WONDERFUL DAY. YOU'RE DONE.

>> THANK YOU VERY MUCH, THANK YOU ALL FOR YOUR INPUT, VERY HELPFUL TO US.

>> Commissioner Smith: WE'LL SEE YOU THURSDAY?

>> THURSDAY, YES, MA'AM.

>> THANK YOU.

>> INFORMATIONAL BRIEFING REGARDING MCSO ACCEPTANCE POLICY FOR ICE I-247 DETAINER REQUESTS.

>> GOOD MORNING.

>> GOOD MORNING CHAIR, GOOD MORNING COMMISSIONERS. I'M UNDERSHERIFF AND SHERIFF STATON IS OUT ILL TODAY SO HE CAN'T BE HERE FOR THIS BRIEFING AND WITH THAT I'M GOING TO TURN IT OVER TO CHIEF DEPUTY BROSH WHO HAS THE CONTENT.

>> GOOD MORNING, DREW BROSH, SHERIFF'S OFFICE I'M -- I'VE GOT SOME NOTES HERE FROM THE QUESTIONS THAT YOU ALL FORWARDED LAST WEEK. I APOLOGIZE FOR THE FORMAT. NORMALLY, I HAVE A SNAPPY POWERPOINT FOR YOU. I DON'T BECAUSE THIS WAS FAIRLY SHORT NOTICE FOR SOME OF THESE. SOME OF THESE ARE POLICY QUESTIONS, EASILY DEALT WITH. THE DATA QUESTIONS I TRIED TO ADDRESS AS BEST I CAN. SO WHAT I'M GOING TO DO IS I'M GOING TO GO AHEAD AND READ THE QUESTION FIRST, AND THEN I'LL ARTICULATE THE ANSWER. FEEL FREE TO STOP ME IF YOU'VE GOT QUESTIONS, THERE WILL BE TIME FOR THAT AT THE END. SO THE FIRST QUESTION FROM YOU ALL REGARDING OUR -- AND LET ME - - I SUPPOSE I SHOULD START BY SAYING THIS: ON APRIL 4th, OBVIOUSLY THERE WAS A BOARD RESOLUTION SUPPORTING THE SHERIFF'S OFFICE POLICY CHANGE REGARDING THE ACCEPTANCE OF ICE I-247 DETAINER REQUESTS. ON APRIL 15th, WE INITIATED THAT POLICY TO OUR RECORDS UNIT AND SO WE NO LONGER ACCEPTED DETAINER REQUESTS -- WE ONLY ACCEPTED DETAINER REQUESTS FOR FELONIES AND MISDEMEANORS. AND SO AS PART OF THE CONTENT OF YOUR QUESTIONS, I'LL EXPLAIN ADJUSTMENTS THAT HAVE BEEN MADE TO THAT POLICY SINCE THEM, THAT'S WHERE WE STARTED. SO THE FIRST QUESTION WAS A DATA QUESTION REGARDING ICE HOLD REQUESTS. IN 2012 VERSUS THE SAME TIME PERIOD IN 2013. SPECIFICALLY MAY 1st, 2012, THROUGH OCTOBER 1st, 2012, AND THEN THE SAME TIME PERIOD IN 2013. OF THE ICE HOLD REQUESTS, HOW MANY

WERE ACCEPTED, HOW MANY WERE DENIED, AND WHAT IS THE DIFFERENCE IN NUMBERS FROM 2012 TO 2013? SO FIRST OF ALL, NO HOLDS WERE DENIED UNTIL THE POLICY CHANGE ON APRIL 15th. 2012 SAW 569 REQUESTS FOR THE TIME PERIOD INDICATED AND FOR 2013, 382 REQUESTS. I HAD TO COUNT THOSE NUMBERS FROM APRIL TO SEPTEMBER IN 2013 BECAUSE I DIDN'T HAVE THE OCTOBER NUMBERS YET. THE DIFFERENCE FROM 2012 TO 2013 AND THE SIX MONTHS PERIOD INDICATED WAS 187. SINCE THAT CHANGE IN POLICY, IN APRIL, 36 REQUESTS HAVE BEEN DENIED. SO ESSENTIALLY, YOU'VE GOT 2012 TO 2013 YEAR TO YEAR, WE WERE DOWN NEARLY 200 REQUESTS THIS YEAR OVER LAST YEAR. BUT THE POLICY CHANGE ESSENTIALLY IN TERMS OF REJECTIONS BY OUR DEPARTMENT WAS 36 MOVING FROM APRIL TO THE CURRENT DATE.

>> DREW? I APPRECIATE THE TIME RESTRAINT, CAN YOU GIVE US A WRITTEN COPY OF THIS AT SOME POINT?

Chief Deputy Brosh: I HAVE A WRITTEN COPY OF MY NOTES TO PROVIDE, I PROVIDED ONE TO THE BOARD CLERK AND ONE TO YOU AFTERWARDS.

>> THANK YOU.

>>YOU'RE WELCOME. SECOND CONVECTION WAS PRIOR TO THE NEW POLICY, MCSO EXPRESSED CONCERNS REGARDING THE PROSECUTORIAL DISCRETION WITH THE REQUESTS. HAVE THERE BEEN ANY NEGATIVE REPERCUSSIONS SINCE IMPLEMENTATION? ICE DID EXPRESS CONCERN OVER THE REMOVAL OF SAUL POSGILL AS IT WAS CONSISTENT WITH OUR POLICY TO DETERMINE THE CHARGED STATUS AT THE TIME OF THE DETAINER REQUEST RATHER THAN REASSESSING CHARGE STATUS THROUGHOUT CUSTODY. THE SHERIFF AGREED WITH THE COMMUNITY GROUPS TO CONSIDER INDIVIDUAL CASES BROUGHT TO HIM ON A CASE-BY-CASE BASIS AND WE FORMALIZED THAT PROCESS BY SIGNING CONTACTS BETWEEN THE ACT NETWORK AND THE MCSO. ICE HAS NOTICED THAT AT THIS TIME, WE HAVE NOT CHANGED OUR POLICY REGARDING DETERMINING CHARGE STATUS AT THE TIME OF THE REQUEST BUT ARE EXPLORING METHODS TO MONITOR LENGTH OF CUSTODY AND THE SHERIFF MAY CONSIDER INDIVIDUAL CASES. THIRD QUESTION IS WHAT CHALLENGES HINDER YOUR ABILITY TO ADHERE TO THE CURRENT POLICY? THE LANGUAGE IN THIS IS THE ANSWER, THE LANGUAGE IN THE RESOLUTION SUGGESTS THAT MCSO WILL ONLY ACCEPT ICE DETAINER REQUESTS FOR INDIVIDUALS CHARGED WITH FELONIES OR A PERSON MISDEMEANORS. THE POLICY DIRECTS THE ASSESSMENT OF THE CHARGES AT THE TIME OF THE DETAINER REQUEST. WE CURRENTLY DO NOT HAVE A MECHANISM FOR TRACKING CHARGES FOR INDIVIDUALS WITH AN ICE HOLD THROUGHOUT THEIR CUSTODY BUT HAVE AGREED TO EXPLORE THIS POSSIBILITY AND ASSESS ITS STABILITY WITHIN CURRENT RESOURCES, TO SEE IF THERE'S A WAY WE CAN DEVELOP A SYSTEM TO MONITOR CHARGES FOR FOLKS WITH ICE HOLDS THROUGH THE LENGTH OF THEIR CUSTODY AND IS THAT WITHIN OUR CURRENT CONSTRUCT TO DO? NEXT QUESTION, IN JUNE OF 2012, 102 BOOKING EVENTS WERE ASSOCIATED WITH AN ICE HOLD. THIS WAS SIGNIFICANTLY HIGHER THAN OTHER

MONTHS IN 2012 AND 2013, INCLUDING JUNE OF 2013. WHY WOULD WE SEE THIS INCREASE? AND OUR ANSWER IS THE CAUSE WOULD BE AN INCREASE IN THE BOOKINGS FOR PERSONS WHO QUALIFY FOR THE DETAINER REQUEST UNDER THE NEW CRITERIA. AND IT'S REALLY -- IT'S NOT KNOWN TO US WHAT DROVE THAT DYNAMIC AT THAT TIME. IT SEEMS LIKE AN OUTLIER. NEXT QUESTION, PRIOR TO THE NEW POLICY, DID MCSO EVER DENY HOLD REQUESTS BY ICE? IF YES, WHY. AND THE ANSWER IS NO. BEFORE THE CHANGE IN POLICY, WE DIDN'T DENY REQUESTS. NEXT QUESTION. SINCE THE SHERIFF'S POLICY CHANGE AND SUPPORTING MULTNOMAH COUNTY BOARD OF COMMISSIONERS SUPPORTING RESOLUTION, THE SHERIFF HAS HELD EIGHT PEOPLE WHO DID NOT FALL INTO ANY OF THE QUALIFYING CATEGORIES FOR AN ICE HOLD. WHAT WERE THE CIRCUMSTANCES SURROUNDING THESE HOLDS AND WHY WERE THEY HONORED?

>> SO THE EIGHT CASES IN QUESTION WERE RESEARCHED AND REPORTED BY STAFF. MCSO REVIEWED EACH ONE OF THESE CASES AND DETERMINED THE FOLLOWING. IN FOUR CASES, THE HOLD WAS INADVERTENTLY PLACED. WE HAVE MADE A POLICY ADJUSTMENT SINCE THEN TO INSURE THIS DOES NOT HAPPEN IN THE FUTURE BY CREATING A SECOND CHECK PROCESS, ESSENTIALLY CHECKING THE CHARGE STATUS TWICE ON EVERY ICE DETAINER REQUEST WE PROCESS. IN ONE CASE, WE DETERMINED CHARGES WERE CONSISTENT WITH THE POLICY CHANGE IN APRIL 15th AS THE SUBJECT HAD AN ASSAULT WARRANT FROM WASHINGTON COUNTY. IN ONE CASE, THE ICE HOLD WAS PLACED PRIOR TO THE POLICY CHANGE IN APRIL. IN ONE CASE, THE SUBJECT WAS BOOKED ON A FELONY AND LATER THAT CHARGE WAS REDUCED TO A MISDEMEANOR. THAT CASE WAS APPEALED TO THE SHERIFF WHO RELEASED THE ICE HOLD AND THE FAMILY POSTED BAIL ON THAT SUBJECT. THE RELEASE OF THE HOLD WAS IN CONTRADICTION OF THE SHERIFF'S CURRENT POLICY. AND IN THE FINAL CASE, THE SUBJECT WAS BOOKED IN ON A VIOLATION OF RESTRAINING ORDER AND THAT CHARGE WAS NOT ARTICULATED IN THE APRIL 4 RESOLUTION OR THE APRIL 15th SHERIFF'S OFFICE POLICY. HOWEVER, IN THE SPIRIT OF THE AGREEMENT THAT WAS REACHED IN APRIL WAS TO ONLY ACCEPT ICE DETAINERS FOR FELONY AND PERSON CRIMES AND RETAINING ORDER VIOLATIONS ARE CLEARLY ALWAYS PERSON AFFECTED, THEY CARRY A FELONY LEVEL BAIL, ARE A MANDATORY ARREST WITH NO RECOG OPTIONS PRIOR TO ARRAIGNMENT AND ARE INHERENTLY TIED TO DOMESTIC VIOLENCE OR THREATS OF VIOLENCE, WHICH WERE THE ALLEGATIONS IN THIS CASE. MULTNOMAH COUNTY HAS A LONG HISTORY OF SUPPORTING VICTIMS OF DOMESTIC VIOLENCE AND ENFORCING DOMESTIC VIOLENCE RELATED CRIMES AND THE MCSO POLICY REFLECTS THAT COMMITMENT. MCSO HAS ADJUSTED OUR OPERATING POLICY TO INCLUDE VIOLATION OF RESTRAINING ORDER FOR THESE REASONS. AND I SHOULD ALSO MENTION HERE THAT OBVIOUSLY THERE IS A DIFFERENCE BETWEEN WHAT A RESOLUTION DOES IN TERMS OF SUPPORTING A HIGH-LEVEL DIRECTION FOR AN AGENCY AND AN ACTUAL OPERATIONAL POLICY WHICH ARTICULATES THE FINER DETAILS WHICH CAN'T ALWAYS BE CAPTURED IN TERMS OF RESOLUTION. NEXT QUESTION, IS IT CORRECT THAT IF AN INMATE IS ELIGIBLE FOR BAIL, BASED ON THEIR LOCAL CHARGES, IF THERE IS AN ICE HOLD ATTACHED TO THEIR CUSTODY, ONCE THE BAIL IS POSTED,

THEY ARE RELEASED TO THEIR ICE DETAINER AND ICE HAS 48 HOURS EXCLUDING WEEKENDS AND HOLIDAYS TO PICK THEM UP? YES THAT IS CORRECT PROVIDED HOLDS FROM OTHER JURISDICTIONS ARE NOT PRESENT. NEXT QUESTION. SINCE THE POLICY CHANGE IN APRIL, 2013, HOW MANY INMATES WHO HAD AN ICE HOLD ATTACHED TO THEIR CUSTODY POSTED BAIL? THE ANSWER IS FIVE INMATES POSTED BAIL ON LOCAL CHARGES DURING THAT TIME FRAME. NEXT QUESTION, FOR ALL INMATES RELEASED TO THEIR ICE DETAINER, PLEASE PROVIDE THE AMOUNT OF TIME THEY STAYED IN MCSO CUSTODY BEFORE RELEASE TO ICE, PRISON OR ANY OTHER TYPE OF RELEASE FROM MAY 1st THROUGH OCTOBER 1st. AND SO WHAT I DID WAS I TRIED TO PUT THIS INTO AN AVERAGE LENGTH OF STAY FOR RELEASE REASON. IN OTHER WORDS, WHEN THEY WERE RELEASED FROM OUR CUSTODY, WHERE DID THEY GO AND WHAT WAS THE RELATED RELATIVE AVERAGE FOR LENGTH OF STAY? AND I TRACKED THAT UP TO 10 DAYS OR LESS AND THE FIRST ONE WAS COMMITMENTS TO THE DEPARTMENT OF CORRECTION SO PEOPLE THAT ARE GOING TO PRISON, THE ICE DETAINER FOLLOWED THEM, THEIR AVERAGE LENGTH OF STAY WAS 56 DAYS. TRANSFERS TO MARION COUNTY WERE 54 DAYS. COMMITMENTS TO OREGON STATE HOSPITAL WERE 51 DAYS. TRANSFERS AND I'M GOING TO SKIP ONE RELEASES TO SUPERVISION BECAUSE WE DETERMINED THAT THE ICE HOLDS WERE DROPPED IN THOSE CASES. TRANSFER TO WASCO COUNTY WAS 30 DAYS. TRANSFER TO U.S. IMMIGRATION WAS 25 DAYS. LOCAL SENTENCES, 23 DAYS. TRANSFER TO U.S. MARSHAL WAS 18 DAYS. COURT RELEASES 15 DAYS AND TRANSFERS TO BENTON COUNTY 13 DAYS, TRANSFERS TO CLACKAMAS COUNTY 11 DAYS. ALL THE OTHER RELEASE TYPES WERE UNDER 10 DAYS FOR AVERAGE LENGTH OF STAY IN OUR JAILS. NEXT QUESTION. WHAT HAS BEEN DONE TO EDUCATE THE COMMUNITY ON THE NEW POLICY AND BUILD TRUST IN LAW ENFORCEMENT AMONG IMMIGRANT COMMUNITIES? ANSWER, MEETINGS HAVE BEEN ESTABLISHED WITH CONCERNED COMMUNITY GROUPS, REPRESENTATIVES FROM MCSO AND THE ACT NETWORK HAVE BEEN ESTABLISHED FOR MAINTENANCE OF DIALOGUE. NEXT QUESTION, WHAT PROCEDURAL TRAINING HAS MCSO DONE FOR STAFF DEALING WITH THE NEW POLICY? ANSWER, INITIAL TRAINING FOR RECORDS STAFF FOLLOWED BY REMEDIAL TRAINING WHERE AREAS WERE FOUND AND ALSO SUPERVISORY TRAINING, PARTIALLY WHERE THAT POLICY CAME FROM TO ENSURE THAT WE PLACED ON THE HOLDS THAT WE'VE COMMITTED TO PLACE. NEXT QUESTION, SINCE THE POLICY CHANGE IN APRIL, MCSO HAS ACCEPTED OVER 300 DETAINER REQUESTS FROM ICE. CURRENTLY, THERE IS AN AVERAGE OF 50 INMATES A DAY WITH AN ICE HOLD ATTACHED TO THEIR CUSTODY. WITH BUDGET CONSTRAINTS AND EMERGENCY RELEASES, WHAT IS THE VALUE TO MULTNOMAH COUNTY OF ACCEPTING THESE HOLD REQUESTS? AND OUR ANSWER, ACCEPTING THE ICE REQUESTS GIVES LAW ENFORCEMENT ADDITIONAL ENFORCEMENT OPTIONS FOR INDIVIDUALS CHARGED WITH SERIOUS CRIMES IN OUR COMMUNITY AND THE CAPACITY FOR OUR FEDERAL PARTNERS TO ADJUDICATE AND PROCESS SERIOUS OFFENDERS. AND FINALLY, WHAT DO YOU SEE AS NEXT STEPS? THE SHERIFF IS COMMITTED TO CONTINUE PRODUCTIVE DIALOGUE WHERE POSSIBLE BETWEEN CONCERNED CITIZEN GROUPS AND MCSO, WHILE EDUCATING ON OUR INTEREST IN LOCAL PUBLIC SAFETY. FURTHER, HE BELIEVES OTHER LAW ENFORCEMENT AGENCIES SHOULD BE ENGAGING IN THESE

DISCUSSIONS AND FINALLY, MCSO SHOULD CONTINUE TO MONITOR POLICIES TO ENSURE QUALITY CONTROL AND AN APPROPRIATE BALANCE BETWEEN SCARCE RESOURCES AND PUBLIC SAFETY INTERESTS EXISTS. AND THOSE ARE THE TOTAL OF THE QUESTIONS THAT YOU POSED, I'LL GET A COPY TO EACH OF YOU AT THE END OF THIS BRIEFING. WE WOULD BE HAPPY TO TAKE YOUR QUESTIONS NOW.

>> Chair Madrigal: QUESTIONS?

Commissioner Smith: I HAVE A QUESTION. THANK YOU FOR YOUR PRESENTATION AND IT WAS GREAT TO HEAR THAT YOU HAVE STAKEHOLDER MEETINGS. WILL THOSE MEETINGS BE REGULAR? WILL THE COMMUNITY KNOW ABOUT WHEN THOSE MEETINGS ARE OR IS IT JUST AS NEEDED?

>> CURRENTLY, WE'VE GOT A MEETING SCHEDULED FOR NOVEMBER. WE TYPICALLY DECIDE AT THE TIME OF THE MEETING HOW MUCH TIME WE'LL NEED TO GET -- WHETHER IT'S A DATA REQUEST OR CONSIDERATION OF A POLICY CHANGE WHEN TO HAVE THAT NEXT MEETING. WE SCHEDULE AS WE GO. WE HAVE, HOWEVER, ESTABLISHED A METHOD FOR INQUIRIES INTO CERTAIN CASES WHICH DOESN'T REQUIRE A MEETING TO HAPPEN BETWEEN MEMBERS OF MCSO AND THE COMMUNITY GROUPS.

Commissioner Smith: SO WHO IS POINT PERSON ABOUT SOME OF THE ICE HOLDS? IF THE COMMUNITY MEMBERS WANTS TO TALK TO SOMEONE, WHO SHOULD THEY CONTACT?

>> I AM THE POINT OF CONTACT, ALSO DETECTIVE KEITH BICKFORD IS THE SECONDARY FOR MCSO.

>> Commissioner Smith: AND DO THE STAKEHOLDERS KNOW YOU'RE THE CONTACT?

>> THEY DO.

>> Commissioner Smith: OKAY, GREAT THANK YOU.

Commissioner Kafoury: I HAVE A QUESTION, I APOLOGIZE FOR NOT THINKING OF THIS EARLIER. DO OTHER COUNTIES LIKE WASHINGTON COUNTY, AND CLACKAMAS COUNTY, DO THEY HAVE A SIMILAR POLICY TO OURS OR DO THEY -- DO WE HAVE INFORMATION ABOUT HOW THEY HANDLE ICE HOLDS?

>> MY UNDERSTANDING IS WE'RE THE ONLY COUNTY IN OREGON THAT HAS A CONSIDERATION BETWEEN THE LOW-LEVEL CHARGES DO REJECT THOSE DETAINER REQUESTS. I DO KNOW THAT KING COUNTY, THE KING COUNTY BOARD OF COMMISSIONERS IS LOOKING AT A VERY SIMILAR MODEL TO THE ONE THAT WE HAVE PUT INTO PLACE.

>> Commissioner Kafoury: THANK YOU.

>> Chair Madrigal: COMMISSIONER?

>> IN THE STAKEHOLDER MEETINGS THAT YOU TALKED ABOUT, HOW MANY PEOPLE USUALLY, ATTEND THOSE MEETINGS?

>> WE USUALLY HAVE 13 OR 14 DIFFERENT -- EACH PERSON AT THE TABLE MAY REPRESENT A DIFFERENT GROUP, JOBS FOR JUSTICE, THE ACLU, ETC. AND SO ON, LARGELY CONNECTED. THE POINT PERSON IS WITH ANOTHER GROUP BUT WITH THE ACT NETWORK, WHICH IS JUST A, YOU KNOW, AGREEMENT BETWEEN THE DIFFERENT GROUPS TO ORGANIZE AND COMMUNICATE.

>> THANK YOU.

>> Chair Madrigal: ADDITIONAL COMMENTS? THANK YOU.

>> I JUST WANT TO ACKNOWLEDGE THIS IS A DIFFICULT ISSUE AND I WANT TO ACKNOWLEDGE ALL THE FOLKS WHO HAVE TURNED OUT TODAY TO LISTEN TO THIS PRESENTATION AND ALSO TO THANK FOLKS FOR THEIR CONTINUED ADVOCACY. I KNOW I'VE RECEIVED OVER 300 E-MAILS IN THE LAST FEW DAYS AND AS ONE WHO APPRECIATES GOOD ADVOCACY WANTED TO SAY THANK YOU FOR PEOPLE FOR SHARING THEIR CONCERNS WITH US. THANK YOU.

Chair Madrigal: I WOULD LIKE TO SAY THANK YOU, AS WELL. I THINK THIS IS THE PERFECT EXAMPLE OF WHY WE NEED COMPREHENSIVE IMMIGRATION REFORM IN THIS COUNTRY BECAUSE THE CONSEQUENCES OF DECISIONS MADE AT THE FEDERAL LEVEL ROLL DOWN TO LOCAL GOVERNMENTS THAT THEN HAVE TO STRUGGLE AND CONFRONT THE REALITY THAT PEOPLE ARE FACING, THAT INDIVIDUALS FACE. I FEEL LIKE THE FEDERAL GOVERNMENT HAS THE LUXURY OF KIND OF MAKING RULES WITH FACELESS, NAMELESS PEOPLE AND WE HAVE YOU, THAT WE CAN SEE AND THAT WE CAN SPEAK TO INDIVIDUALLY AND REALLY FEEL THE HEARTBREAK OF SOME OF THESE DECISIONS. I WANT TO THANK THE SHERIFF'S OFFICE -- I KNOW THAT IT'S BEEN DIFFICULT AND THAT YOU'VE TAKEN A LOT OF FLACK FOR PUTTING TOGETHER A POLICY THAT ICE IS NOT HAPPY WITH. AND I THINK, YOU KNOW, WE ARE STRUGGLING -- I KNOW THAT YOU ARE TRYING TO MAKE THE BEST OF A VERY DIFFICULT SITUATION WHILE IT IS IMPACTING FAMILIES IN OUR COMMUNITY. AND I JUST -- I HOPE THAT WE CAN ALL REMAIN AT THE TABLE, THAT YOU STAY ENGAGED WITH THE STAKEHOLDERS IN THE COMMUNITY AND I CERTAINLY PLEDGE TO DO THAT AS WELL BECAUSE I THINK THERE'S -- IT'S NOT -- IT'S NOT A BLACK AND WHITE ISSUE AND THESE ARE SOME VERY DIFFICULT THINGS THAT WE'RE GRAPPLING WITH AND WE NEED TO ALL COME TO THE TABLE WITH RESPECT AND HONORING EACH OTHER'S DIGNITY AS INDIVIDUALS AND SO I HOPE THAT I CAN ASSIST YOU IN THAT. IF YOU NEED IT.

>> THANK YOU.

>> ANYTHING ELSE? NO? OKAY.

>> THANK YOU.

>> WITH THAT, WE'RE ADJOURNED. [GAVEL]

ADJOURNMENT

The meeting was adjourned at 11:47 a.m.

This transcript was prepared by LNS Captioning and edited by the Board Clerk's office.
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Board of County Commissioners
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