

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Wednesday, June 3, 2015**

BUDGET WORK SESSION #13

Chair Deborah Kafoury called the meeting to order at 9:37 a.m. with Vice-Chair Jules Bailey and Commissioners Loretta Smith and Diane McKeel present. Commissioner Judy Shiprack was excused.

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

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

BWS-13 FY 2016 Budget Work Session on Health Department including CBAC. Presenters: Joanne Fuller, Director, Health Dept. and Invited Others.

Chair Kafoury: ALL RIGHT, I THINK WE'RE GOING GET STARTED, GOOD MORNING, WELCOME TO BUDGET WORK SESSION LUCKY NO. 13. WE HAVE THE HEALTH DEPARTMENT INCLUDING CBAC HERE TODAY, SORRY, TAKE YOUR BREATH, TAKE YOUR COAT OFF, PUT YOUR COFFEE DOWN.

Ms. Fuller: SORRY, MADAME CHAIR.

Chair Kafoury: YOU KNOW US, ALWAYS PROMPT AND ON TIME, RIGHT?

Ms. Fuller: MADAME CHAIR, MEMBERS OF THE COMMISSION, JOANNE FULLER HERE, I'M YOUR HEALTH DEPARTMENT DIRECTOR. AND I'M HERE WITH WENDY LEAR FROM THE HEALTH DEPARTMENT TO PRESENT THE HEALTH DEPARTMENT'S BUDGET TO YOU TODAY. I WARNED A COUPLE OF YOU THIS WEEK, IT'S LONG AND IN PARTS BORING, I THINK.

Ms. Lear: THAT'S MY PART.

Ms. Fuller: WE'RE GOING TO REALLY TRY TO COVER ALL OF THE TERRITORY AND ANSWER WHATEVER QUESTIONS THAT YOU HAVE THIS MORNING. SO IF YOU LOOK AT THE AGENDA, THIS IS THE BASIC OUTLINE YOU'VE BEEN SEEING FROM ALL THE DEPARTMENTS. I WANT TO TALK TO YOU A LITTLE BIT ABOUT OUR COMMUNITY BUDGET ADVISORY COMMITTEE, AND THEN I'LL TURN IT OVER TO GARY FOR SOME REMARKS. HISTORICALLY THE HEALTH DEPARTMENT USED THE COMMUNITY HEALTH COUNCIL AS OUR CITIZENS BUDGET ADVISORY COMMITTEE.

Ms. Fuller: WHEN WE HAD THE SITE VISIT LAST AUGUST THEY REMINDED US THE COMMUNITY HEALTH COUNCIL IS SUPPOSED TO BE FOCUSING ON OVERSEEING OUR FEDERALLY QUALIFIED HEALTH CENTER. WE HAVE REFOCUSED THE COMMUNITY HEALTH COUNCIL ON THAT WORK, AND ARE TAKING THIS OPPORTUNITY TO FORM A COMMUNITY BUDGET ADVISORY COMMITTEE THAT'S REALLY GOING REPRESENT ALL ASPECTS OF THE WORK IN THE HEALTH DEPARTMENT, THE CLINICAL SYSTEMS, MENTAL HEALTH, AND OUR COMMUNITY ORIENTED PUBLIC HEALTH WORK. SO THAT COMMITTEE IS VERY NASCENT AND THEY ARE JUST BEGINNING TO FEEL THEIR ROLE. THE PERSON FROM THE COMMITTEE WHO FELT COMFORTABLE SPEAKING WITH YOU TODAY HAD A CONFLICT AND THE REST OF THE MEMBERS DIDN'T YET FEEL LIKE THEY COULD COME AND PRESENT TO THE BOARD. THEY ARE VERY NEW TO THIS AND ARE VERY EXCITED BUT VERY NEW. I'M GOING TO TURN IT OVER TO GARY TO TALK ABOUT THIS.

Mr. Marschke: GOOD MORNING, STILL THE NEW DIRECTOR OF THE OFFICE OF CITIZEN INVOLVEMENT. I WORE MY TESTIFYING TIE AGAIN BECAUSE THIS IS PARTICULARLY INDICATIVE OF THE WORK THE HEALTH DEPARTMENT IS DOING AROUND THE COMMUNITY BUDGET ADVISORY MEET. I WORKED WITH WENDY AND JOANNE AND THE GROUP FROM THE VERY BEGINNING. THEY ARE BEING EXTREMELY MINDFUL AND VERY SENSITIVE AS THEY FORM THEIR CBAC TO MAKE SURE THE STAKEHOLDERS AND COMMUNITIES ARE ALL REPRESENTED AS DIVERSELY AS POSSIBLE. I APPLAUD THEM ON THAT. I WOULD SAY IT'S TAKEN SEVERAL MONTHS FOR THIS TO FORM, BASICALLY BECAUSE IT TAKES A NEW MEMBER ON THE CBAC, GENERALLY ABOUT A YEAR TO GET UP TO SPEED. HERE YOU HAVE A FULL ENTIRE COMMITTEE BEING RECRUITED AND EXPECTED TO GET UP TO SPEED, ESPECIALLY AT A POINT IN TIME WHEN YOU HAVE A DEPARTMENT THAT'S IN MAJOR TRANSITION. I APPLAUD THEM FOR THE WORK THEY ARE DOING. WE'RE WORKING CLOSELY WITH THEM TO GET UP TO SPEED AND WE EXPECT THEY WILL HAVE A FULLY FUNCTIONING BUDGET ADVISORY COMMITTEE OVER THE NEXT FEW MONTHS AND CERTAINLY FOR THE NEXT BUDGET SEASON. I WANT TO LEND MY SUPPORT TO WHAT THEY ARE DOING AND GIVE YOU THE INSIGHT THAT NINGS ARE IN PROGRESS AND ALL GOOD THINGS TAKE TIME.

Ms. Fuller: THANK YOU. SO THE MISSION AND VISION OF THE DEPARTMENT HASN'T CHANGED. I THINK THE VISION IS PARTICULARLY A PROPOS FOR US, HEALTHY PEOPLE AND HEALTHY COMMUNITIES. THAT'S REALLY KIND OF CORE MESSAGE ABOUT ALL OF WHAT WE'RE TALKING ABOUT TODAY IN THIS BUDGET PRESENTATION. WHEN I CAME TO THE DEPARTMENT ABOUT A YEAR AND A HALF AGO, THE DEPARTMENT HAD BEEN INVOLVED IN A LONG STRATEGIC PLANNING PROCESS. AND I DECIDED TO CREATE A SHORTENED STRATEGIC PLAN BECAUSE OF THE DYNAMIC AND TURBULENT KIND OF CHANGING COMMUNITY FACTORS THAT ARE INFLUENCING THE HEALTH DEPARTMENT'S WORK. WE FOCUSED ON A STRATEGIC PLAN THAT SPANS

TWO TO THREE YEARS. THESE ARE THE FOUR GOALS FROM THAT PLAN, IMPROVING HEALTH OUTCOMES AND HEALTH EQUITY, ESPECIALLY FOR COMMUNITIES WHERE DISPARATES EXIST.

Ms. Fuller: ASSURE EQUALITY AND AFFORDABILITY IN ACCESS TO HEALTH CARE, INCREASE DIVERSITY IN OUR ORGANIZATION AND DEVELOPING AND HEALTHY AND SUSTAINABLE ORGANIZATION. THIS IS OUR FOCUS AND WE'RE IN THE MIDDLE OF THAT TWO-YEAR TIME PERIOD. WE EXPECT IN THE NEXT YEAR TO DO ANOTHER ROUND OF STRATEGIC PLANNING TO DO AN ENVIRONMENTAL SCAN TO LOOK AT WHAT'S GOING ON OUT THERE IN OUR COMMUNITY. THIS IS JUST A PICTURE OF TODAY'S HEALTH DEPARTMENT. THE ADDITION ON THIS SLIDE IS MENTAL HEALTH AND ADDICTION SERVICES. I PERSONALLY AM THRILLED THAT WE ARE TAKING THIS OPPORTUNITY TO BRING MENTAL HEALTH AND ADDICTION SERVICES INTO THE HEALTH DEPARTMENT TO RECOGNIZE THE NEED TO INTEGRATE PHYSICAL, MEMO, DENTAL, WHOLE BODY HEALTH. AND ALONG WITH WHOLE POPULATION HEALTH. AND I PERSONALLY AS YOU ALL KNOW LOVE MENTAL HEALTH AND ADDICTIONS SO IT'S A GREAT OPPORTUNITY TO LOOK AT THE SYNERGIES WE'VE GOT THERE.

I WANTED TO TAKE A MOMENT TO BRAG ON THE ORGANIZATION. IT'S A LARGE ORGANIZATION THAT TOUCHES SO MANY PARTS OF PEOPLE'S LIVES IN OUR COMMUNITY. WE INSPECT 15,000 RESTAURANTS, FOOD CARTS AND PUBLIC FACILITIES. WE SERVE 52,300 CLIENTS IN OUR PRIMARY CARE CLINICS. CORRECTIONS HEALTH TREATED 38,000 INMATES. WE OPERATED A CRISIS SYSTEM AND MENTAL HEALTH AND ADDICTION SERVICES THAT SERVED 76,300 PEOPLE LAST YEAR. I ALSO WANTED TO SHARE WITH YOU SOME OF THE OUTCOMES. IT'S NOT JUST ABOUT THE NUMBERS OF PEOPLE WE TOUCH BUT ABOUT WHAT HAPPENS AS A PRODUCT OF THAT INTERVENTION. SO WE PROTECTED ABOUT 7,300 PEOPLE FROM FOOD SAFETY THREATS. WE MET AS WE SAID YESTERDAY ALL OF THE PAY FOR PERFORMANCE METRICS THAT WERE ATTACHED TO PRIMARY CARE MENTAL HEALTH AND ADDICTIONS IN THE COORDINATED CARE TRANSITION, I THINK THAT'S AN AMAZING ACCOMPLISHMENT. WE'LL TALK LATER ON ABOUT THAT DYNAMIC. BUT THESE ARE METRICS WHERE THE BAR RISES EVERY YEAR. SO WE'RE GOING TO NEED TO STAY ON OUR TOES TO BE ABLE TO CONTINUE TO MEET THESE METRICS.

A FEW OF THEM ARE SEVEN-DAY FOLLOW UP FOR HOSPITALIZATION FOR PEOPLE HOSPITALIZED FOR MENTAL ILLNESS. FOLLOW UP FOR CHILDREN PRESCRIBED ADHD MEDICATIONS. DEVELOPMENTAL SCREENING FOR THE FIRST 36 MONTHS OF LIFE FOR INFANTS THAT ARE SERVED ON MEDICAID. SCREENING FOR CLINICAL DEPRESSION AND FOLLOW-UP PLANNING. COLORECTAL CANCER SCREENING. DECREASING EMERGENCY DEPARTMENT UTILIZATION. AND CREATING A PATIENT-CENTERED PRIMARY CARE HOME

THAT PROVIDES A LOOK AT HEALTH, NOT JUST RESPONDING TO THE COMPLAINTS THAT PEOPLE COME AND TALK TO THEIR DOCTOR ABOUT.

Ms. Fuller: THIS IS REALLY A HUGE ACCOMPLISHMENT. AND IN ADDITION TO THAT ACCOMPLISHMENT, I THINK I'D LIKE TO POINT OUT THE DECREASE IN CLIENTS ON SUICIDE WATCH IN THE JAIL FROM 11, AN AVERAGE OF 11 PER DAY TO AN AVERAGE OF FOUR PER DAY, WHICH IS THE RESULT OF THE INVESTMENTS THAT YOU ALL MADE LAST YEAR IN CORRECTIONS HEALTH FOR ADDITIONAL MENTAL HEALTH STAFF TO BE ABLE TO RESPOND MORE QUICKLY TO CLIENTS THAT ARE ON SUICIDE WATCH AND GET THEM OFF OF SUICIDE WATCH MORE RAPIDLY. THAT'S REALLY A FANTASTIC OUTCOME OF THAT. AND THEN 96% OF THE OVER 4,600 PEOPLE WHO WERE SERVED IN OUR URGENT WALK-IN CLINIC IN THE MENTAL HEALTH SYSTEM WERE DIVERTED FROM THE EMERGENCY DEPARTMENT. SO THAT'S ABOUT 4,200 PEOPLE. SO THESE ARE JUST A FEW OF THE STATISTICS OF THE OUTCOMES OF THE WORK WE'RE DOING IN THE DEPARTMENT THAT I WANTED TO SHARE WITH YOU.

Commissioner Shiprack: CAN I ASK A QUESTION? SO THOSE ARE HOSPITAL EMERGENCY DEPARTMENTS?

Ms. Fuller: YES.

Commissioner Shiprack: AND WHO PAYS FOR THAT URGENT WALK-IN SERVICE?

Ms. Fuller: MULTNOMAH COUNTY DOES. IT'S A PART OF OUR CRISIS, OUR MENTAL HEALTH CRISIS SYSTEM.

Commissioner Shiprack: DOES IT COME FROM MEDICAID FUND OR GENERAL FUNDS.

Ms. Fuller: IT'S PART MEDICAID AND PART GENERAL FUND. SOME OF THE CLIENTS ARE MEDICAID ELIGIBLE AND SOME AREN'T.

Commissioner Shiprack: I'M JUST TRYING TO EXAMINE THE FLOW OF MONEY HERE A LITTLE BIT. THE EMERGENCY DEPARTMENT, WOULD THOSE VISITS BE PAID FOR BY MULTNOMAH COUNTY?

Ms. Fuller: NO, THEY WOULDN'T, UNLESS PEOPLE ARE PLACED ON HOLDS AND ADMITTED, THEN WE WOULD HAVE PAID FOR THE PSYCHIATRIC HOSPITALIZATION BUT THE E.R. VISIT WOULDN'T HAVE BEEN PAID FOR.

Commissioner Shiprack: HOW MUCH HAVE WE SAVED AREA HOSPITALS?

Ms. Fuller: I DON'T KNOW. IT WOULD BE HARD FOR US TO SAY. WE KNOW THAT WE DIVERTED THE PEOPLE BUT WE DON'T KNOW WHAT WOULD HAVE HAPPEN

FIRE DEPARTMENT THEY SHOWED UP AT E.D. SOME WOULD HAVE SHOWED UP, TURNED AROUND AND GONE AWAY. OTHERS MIGHT HAVE BEEN ADMITTED TO THE PSYCHIATRIC FACILITY AND WE WOULD HAVE PAID FOR THEM. SO WE DON'T REALLY -- IT'S REALLY HARD. WE KNOW WE INTERVENED AND THAT THERE WERE PEOPLE THAT MIGHT HAVE BEEN HEADED TO THE EMERGENCY DEPARTMENT BUT WE DON'T REALLY KNOW SORT OF WHAT WOULD HAVE HAPPENED TO THEM SUBSEQUENTLY AFTER THAT. THAT'S THE WHOLE THING ABOUT PREVENTION THAT'S HARD TO QUANTIFY. I UNDERSTAND THAT.

Commissioner Shiprack: I GUESS THE POINT I'M TRYING TO GET YOU TO HELP ME MAKE -- THE WORK THAT YOUR DEPARTMENT IS DOING IS SAVING AREA HOSPITALS MONEY?

Ms. Fuller: THAT IS TRUE AND THAT'S ALSO TRUE IN THE CLINICS, AS WELL.

Commissioner Shiprack: THAT WAS SO HARD.

Ms. Fuller: I JUST WANT TO BE CLEAR ABOUT THINGS. SO THIS IS THE WORK CHART OF THE ORGANIZATION. AND WITH OUR SPAN OF CONTROL RATIOS ON IT. SO I WILL TURN IT TO WENDY TO TALK ABOUT THE FUNDING SOURCES AND THE BUDGET.

Ms. Lear: OKAY. THIS FIRST PIE CHART IS OUR \$321 MILLION BUDGET DIVIDED IN THREE BROAD AREAS, THE COUNTY GENERAL FUND, THE FEDERAL AND STATE FUND, AND NOW THE BEHAVIORAL HEALTH FUND WHICH IS EXCLUSIVELY MENTAL HEALTH MEDICAID FUNDING. IT WAS FORMERLY CONSIDERED THE VERITY FUND, BUT THAT CHANGED WITH THE INCLUSION OF HEALTH SHARE. WE HAVE A COUPLE OF SMALLER SUBFUNDS. IN THE PIE CHART THAT'S THE TINY GREEN SLIVER. AND THEN THE DARKER BLUE SLIVER, OR PIE SLICE THAT'S NEXT TO IT -- THOSE ARE THE TWO SUBFUNDS OF THE GENERAL FUND. IT'S \$4.6 MILLION IN MEDICAID PRIMARY CARE, PATIENT CENTERED HOME FUNDING, THAT'S KIND OF A MOUTHFUL. AND THAT IS QUALITY AND OUTCOME FUNDING THAT WE RECEIVE FOR PATIENTS IN THE PRIMARY CARE SYSTEM. AND THEN RIGHT NEXT TO IT IS THE FQHC WRAP-AROUND FUNDING, \$49 MILLION OF REVENUE FUNDING PAID FOR BY THE STATE FOR PRIMARY CARE AND DENTAL SERVICES.

THEN THE \$86 MILLION IN THE LIGHT BLUE IS COUNTY GENERAL FUND, REGULAR COUNTY GENERAL FUND. OF THAT \$8 MILLION IS USED GENERATED BY THE HEALTH DEPARTMENT FOR THINGS LIKE EMS, LICENSURE AND THE FEDERAL FEES. THERE'S \$117 MILLION INCLUDED IN THE NEXT AMOUNT, THAT'S THE BIG BRIGHT GREEN PIE SLICE. THAT INCLUDES GRANTS PAID FOR BY THE INSURANCE COMPANIES OF THE COORDINATED CARE ORGANIZATIONS. AND THEN THE \$73 MILLION IN THE BEHAVIORAL HEALTH FUND, THE DARK BLUE PIE SLIGHT AT THE TOP IS THE MEDICAID PAYMENTS

EXCLUSIVELY FOR MENTAL HEALTH CLIENTS ENROLLED IN THAT MANAGED CARE FUND.

Ms. Lear: SO THE NEXT SLICE IS OUR BUDGET, OUR \$321 MILLION BUDGET BY EXPENSE CATEGORY. THIS IS VERY SIMILAR TO WHAT YOU'VE SEEN FROM OTHER DEPARTMENTS. FOR US IN THE HEALTH DEPARTMENT THIS IS A BIG SHIFT IN THE SIZE OF THESE PIE SLICES WITH THE INCLUSION OF MENTAL HEALTH AND ADDICTION SERVICES. IT'S PRIMARILY A STAFF DRIVEN ORGANIZATION SO MOST OF OUR COSTS ARE IN PERSONNEL, WHERE MENTAL HEALTH AND ADDICTION SERVICES HAS A VERY SMALL NUMBER OF STAFF, MOST OF THEIR SERVICES ARE CONTRACTED OUT AND A LARGE PORTION OF THEIR BUDGET IS IN CONTRACTS AND PROFESSIONAL SERVICES. SO THE PERSONNEL BUDGET OF \$153 MILLION ONLY 15% OF THAT IS ASSOCIATED WITH MENTAL HEALTH AND ADDICTION SERVICES. WHERE IN THE CONTRACTOR LINE, THAT PALE BLUE PIE SLICE OF \$114 MILLION, 88% OF THAT IS MENTAL HEALTH AND ADDICTIONS CONTRACTING. SO IF WE TURN TO THIS GRAPH, AND THE NEXT GRAPH, THEY WILL BE THE EXACT SAME INFORMATION.

IT'S A BUDGET FISCAL YEAR 15 BUDGET COMPARED TO FISCAL YEAR 16 BUDGET BY FUND. AND IT'S THE SAME INFORMATION BUT TWO DIFFERENT AREAS OF EMPHASIS. SO THIS TABLE DEMONSTRATES THE -- THE CHANGE IN GROWTH IN THE FQHC WRAP AROUND PORTION OF THE GENERAL FUND. IF YOU LOOK AT THE VERY FIRST BARS IN THE GRAPH, THE GENERAL FUND, THE LIGHT BLUE AND THE GRAY IS THE GENERAL FUND WRAP-AROUND REVENUE COMPARED FROM ONE YEAR TO THE NEXT. IT SHOWS THAT THERE WAS AN INCREASE IN THE GENERAL FUND TO \$131 MILLION, WHICH IS AN INCREASE OF \$35 MILLION. AND A GOOD PORTION OF THIS IS THE GROWTH IN THE FQHC WRAP AROUND REVENUE. AND THEN THANK YOU, ROBERT.

SO IN THIS PIE SLICE, I SHOULD HAVE ADDED A THIRD THAT MERGED THEM ALL TOGETHER. BUT IN THIS GRAPH YOU'LL SEE THAT THE GROWTH FROM THE ADDITION OF MENTAL HEALTH AND ADDICTION SERVICES TO THE HEALTH DEPARTMENT, SO THE DARK BLUE IS THE FISCAL YEAR 15 BUDGET FOR THE HEALTH DEPARTMENT ALONE. AND THEN THE GREEN BARS ARE THE NEXT YEAR'S BUDGET WITH THE HEALTH DEPARTMENT AND MENTAL HEALTH AND ADDICTIONS CALLED OUT IN A LIGHTER GREEN SHADE. AS YOU CAN SEE FROM THE TOTAL BUDGET MOST OF THE GROWTH IN THE DEPARTMENT HAS BEEN FROM THE ADDITION OF MENTAL HEALTH AND ADDICTION SERVICES. SO ON THE NEXT SLIDE THIS IS FTE GROWTH BY FUND. AND THE HEALTH DEPARTMENT AGAIN, FISCAL YEAR 15 IN THE DARK BLUE, IS THE DEPARTMENT. BUT FOR THE MENTAL HEALTH AND ADDICTIONS, AND THEN THE 16 BUDGET IS DENOTED IN GREEN AND LIGHT GREEN FOR THE MENTAL HEALTH PORTION.

Ms. Lear: AND THE TOTAL HEALTH DEPARTMENT FTE INCREASE BY 375 POSITIONS, AND OF THAT 224 WERE THE ADDITION OF MENTAL HEALTH AND ADDICTIONS SERVICES. I UNDERSTAND THERE WAS A QUESTION YESTERDAY AT THE BRIEFING. TO CLARIFY, 48 OF THE POSITIONS ARE VACANT AND 176 OF THOSE POSITIONS ARE FILLED POSITIONS. MOVING TO THE HEALTH DEPARTMENT. AND THEN THERE'S ANOTHER 151 POSITIONS THAT ARE NEW POSITIONS IN THE HEALTH DEPARTMENT THAT WERE ADDED BETWEEN FISCAL YEAR 15 ADOPTED AND NEXT YEAR'S BUDGET. BECAUSE THIS IS A FAIRLY DENSE AMOUNT OF INFORMATION, WE ADDED AN ADDITIONAL SLIDE THAT GIVES YOU SOME MORE INFORMATION ON THE FTE CHANGES.

Ms. Fuller: SO SINCE WE'RE ADDING MENTAL HEALTH AND AT THE SAME TIME ADDING POSITIONS TO BOLDT THE HEALTH DEPARTMENT AND THE MENTAL HEALTH DIVISION WE WANTED TO TRY TO BREAK OUT OF THOSE ADDITIONS ADDITIONAL FTEs SO SHOW YOU A LITTLE MORE WHAT THE BIG PICTURE LOOKS LIKE. ON THE FIRST COLUMN YOU'VE GOT 2015 ADOPTED BUDGET. THRU SEE THE INTEGRATED CLINICAL SERVICES DIVISION OF THE HEALTH DEPARTMENT. AND THEN EVERYTHING ELSE TOTALING ABOUT A THOUSAND FTE. AND THEN THE MENTAL HEALTH AND ADDICTION SERVICES OF ABOUT 186 FTE WITH THE TOTAL BETWEEN THE TWO AT 1,189 ABOUT.

THEN BECAUSE OF THE GROWTH IN MEDICAID AND THE ADDITION OF SEVERAL GRANT-FUNDED SOURCES DURING THE MIDYEAR, YOU ALL APPROVED SOME BUDGET MODIFICATIONS THAT INCREASED THOSE FTE. THOSE ARE THE FTE ADDED, 42 TO THE CLINICAL SERVICES. THAT WAS OUR PLAN TO STAND THE TABLES OUR CLINICS AND THE SUPPORT FOR THOSE TEAMS THAT CAME TO YOU EARLIER THIS YEAR. OTHER HEALTH DEPARTMENT FTE WERE ADDED BECAUSE OF GRANTS AND OTHER MEDICAID FUNDING SOURCES DURING THE YEAR. AND THEN 21.3 FTE ADDED TO THE MENTAL HEALTH AND ADDICTIONS SERVICES BUDGET. SO THAT MEANS THAT DURING THE YEAR TOTAL WE ADDED ABOUT 113 FTE COMBINED.

IF YOU LOOK AT MENTAL HEALTH AND ADDICTIONS COMBINED WITH THE HEALTH DEPARTMENT. SO THEN IN THIS PROPOSED BUDGET, YOU GET -- OH, SORRY, I WAS LOOKING AT MY NUMBERS WRONG THERE. MIDYEAR WE ADDED ABOUT 77 FTE. THE NEXT COLUMN YOU SEE THE NEW POSITIONS THAT WE PROPOSED IN THIS BUDGET. WE WILL TALK ABOUT THOSE IN A MINUTE. SO THEN YOU SEE THAT LAST COLUMN, THAT'S THE PROPOSED TOTAL OF POSITIONS, 613 IN INTEGRATED SERVICES. THEN ADDING THE MENTAL HEALTH AND ADDICTIONS POSITIONS OF ABOUT 224 WITH THE TOTAL OF ABOUT 1,380 ROUNDING UP POSITIONS THAT HELPED PRESENT THE HEALTH DEPARTMENT'S BUDGET THAT WE'RE PRESENTING HERE TODAY.

IF YOU GO TO THE NEXT SLIDE, I WANTED TO FOCUS A LOT ON THE NEW AND EXPANDED EFFORTS, AND WALK THROUGH IN PUBLIC HEALTH AND MENTAL HEALTH AND CLINIC SERVICES, WHAT IS THAT WE'RE ADDING AND

EXPANDING AND ANSWER ANY QUESTIONS YOU HAVE. SO LET ME START WITH PUBLIC HEALTH. SO ONE OF THE THINGS THAT'S VERY EXCITING ABOUT THIS BUDGET IS THAT THE EXPANSION OF MEDICAID HAS ALLOWED US TO MOVE SOME OF THE GENERAL FUND THAT WE WOULD HAVE PREVIOUSLY USED IN CLINICAL SERVICES TO SUPPORT THE CLINICAL SYSTEM, TO THE PUBLIC HEALTH SYSTEM TO TRY TO ADDRESS THE SIGNATURE HEALTH DISPARITIES WE HAVE IN OUR COMMUNITY. I'M GOING TO WALK THROUGH THIS SET OF NEW AND EXPANDED EFFORTS THAT I THINK THE THREAT YOU SEE RUNNING THROUGH IT IS TWO THINGS.

Ms. Fuller: ONE IS ADDRESSING HEALTH DISPARITY AND THE OTHER IS HELPING WITH A FUNDAMENTAL RESPONSIBILITY TO RESPOND TO POPULATION HEALTH THREATS IN OUR COMMUNITY. AND JUST TO TALK ABOUT THE NUMBERS THAT YOU SEE ATTACHED TO THOSE, TO THE PROGRAM OFFERS, THE PROGRAM OFFER NUMBERS ARE EITHER NEW OR EXPANDED. AND THE DOLLAR AMOUNT IS THE ADDITIONAL NEW DOLLAR AMOUNT, NOT NECESSARILY IF IT'S AN EXPANDED PROGRAM OFFER, THE WHOLE PROGRAM OFFER.

WE'RE TRYING TO CALL OUT WHAT'S NEW IN THIS BUDGET. SO FIRST EMPLOYMENT SUPPORT FOR PEOPLE WITH HIV. THE GRANT THAT IS ENDING THAT HELPS TO PROVIDE EMPLOYMENT, SEARCH AND SUPPORT FOR PEOPLE WHO ARE HIV POSITIVE, AND ALSO TRANSGENDER. YOU ALL ARE AWARE OF STRIVE WORK TO ADDRESS VIOLENCE, YOUTH VIOLENCE IN COMMUNITIES, IN MULTNOMAH COUNTY. THAT'S A FEDERALLY FUNDED EFFORT. WE'VE GOT A COUPLE MORE YEARS ON THAT FEDERAL GRANT. PART OF THE STAFF OF STRYVE, THIS WOULD ALLOW TO US CONTINUE THE STAFFING FUNDED BY THE FEDERAL DEFENDING CHILDHOOD ADDED TO THE STRYVE GRANT. AND ADD A LITTLE BIT OF A CAPACITY TO CONTINUE TO CONTRACT MORE WITH COMMUNITY BUILDING ORGANIZATIONS TO TRY TO ENGAGE YOUTH IN PRO SOCIAL BEHAVIORS AND BUILD A SENSE OF COMMUNITY AND ANTIVIOLENCE ETHOS IN THOSE COMMUNITIES.

Commissioner Smith: SO JOANNE FOR THIS PARTICULAR ONE, WOULD WE THE DEPENDING CHILDHOOD, WOULDN'T WE JUST REFUND THAT? IS THIS COMING FROM THE MEDICAID DOLLARS OR GENERAL FUND?

Ms. Fuller: THIS IS A GENERAL FUND PROPOSAL THE TRAINING FOR COMMUNITY HEALTH WORKERS WITH IMMIGRANT AND REFUGEE FOCUS. AS YOU KNOW, COMMUNITY HEALTH WORKERS IS ONE OF THE REALLY IMPORTANT STRATEGIES TO TRY TO GET PEOPLE ENGAGED IN POSITIVE, HEALTHY BEHAVIORS AMONG COMMUNITIES THAT MAY NOT HISTORICALLY HAVE GONE TO THE DOCTOR AND MAY HAVE A LOT OF BARRIERS TO ENGAGEMENT AND POSITIVE HEALTH BEHAVIORS. THIS GENERAL FUND-FUNDED PROPOSAL WOULD -- HALF OF THE FUNDING WOULD GO TO A COMMUNITY-BASED ORGANIZATION THAT WOULD BE RECRUITING

VOLUNTEERS FROM THE COMMUNITY TO RECEIVE COMMUNITY HEALTH WORKER TRAINING. THEN THEY WOULD, AFTER THEY RECEIVED THAT TRAINING, GO BACK OUT INTO THE COMMUNITY AND START BECOMING COMMUNITY HEALTH WORKERS IN THAT COMMUNITY THE OTHER HALF OF THE FUND WOULD GO FUND THE TRAINING AT THE CENTER WHICH IS A PART OF THE HEALTH DEPARTMENT THAT'S PROVIDING THIS TRAINING AND SUPPORT TO NETWORKS OF COMMUNITY HEALTH WORKERS ACROSS OUR COMMUNITY. SO THIS IS AN ABILITY TO EXPAND INTO IMMIGRANT AND REFUGEE COMMUNITIES A MODEL WE'VE USED IN OTHER COMMUNITIES THAT'S BEEN REALLY EFFECTIVE IN ENGAGING PEOPLE IN THEIR HEALTH AND HEALTHY BEHAVIORS.

Ms. Fuller: THE NEXT PROPOSAL IS A PROPOSAL TO EXPAND OUR COMMUNICABLE DISEASE AND RESPONSE. ONE OF THE FUNCTIONS OF THE DEPARTMENT IS TO TAKE INFORMATION ABOUT COMMUNICABLE DISEASE OUTBREAKS AND INVESTIGATE THOSE AND RESPOND, AND MAKE SURE WE ARE APPROPRIATELY CONTAINING COMMUNICABLE DISEASE IN OUR COMMUNITY. THIS HAS BEEN KIND OF A HOT TOPIC THE LAST YEAR WITH EBOLA PREPAREDNESS. IN ADDITION TO THAT WE'VE SEEN A SPIKE IN INFLUENZA IN NURSING HOMES. AND REMEMBER WHOOPING COUGH AND PERTUSSIS AND OUTBREAKS IN OREGON? AND WE HAVE JUST SEEN DRAMATIC POPULATION GROWTH. THIS IS KIND OF A POT FORM SERVICE THAT NEEDS TO BE AVAILABLE 24/7 A DAY, AND WE NEED TO BE ABLE TO RESPOND IMMEDIATELY. IT'S BEEN REALLY CRUNCHED FOR FUNDING OVER THE LAST FEW YEARS SO THIS IS AN OPPORTUNITY FOR US TO EXPAND OUR CAPACITY THERE AND MAKE SURE THAT WE'RE AS RESPONSIVE TO THESE OUTBREAKS AS WE NEED TO BE.

Commissioner McKeel: CHAIR, I HAVE A QUESTION, PLEASE. WOULD BE THAT A PHYSICAL LOCATION?

Ms. Fuller: IT'S A CENTRAL FUNCTION THAT THE SKIN CARE CLINIC IS EAST COUNTY. I'M TALKING ABOUT THE COMMUNICABLE DISEASES FUNCTION THAT GOES OUT AND INVESTIGATES THEM. THE NEXT ONE, THE EXPANSION OF THE SKIN CARE CLINIC IN EAST COUNTY.

Commissioner McKeel: SORRY, NOT ENOUGH COFFEE.

Ms Fuller: WE TALKED YESTERDAY ABOUT HOW WE RECEIVED INNOVATION FUNDS FROM MEDICARE AND MEDICAID INNOVATION. ONE OF THOSE WAS THE SKIN CARE CLINIC. AS I'VE SAID TO THE CHAIR, SOUNDS LIKE WE'RE DOING FACIALS. BUT WHAT WE'RE DOING IS WOUND CARE WITH THIS. AND THAT CLINIC HAS BEEN AT THE BUD CLARK COMMONS WHERE THEY HAVE BEEN IDENTIFYING I. V. DRUG USERS WHO HAVE WOUNDS AS A RESULT OF I.V. DRUG USE. AND THEY ARE REALLY USING THIS AS AN OPPORTUNITY TO ENGAGE PEOPLE IN CARE, BOTH TO LURE THEM INTO PRIMARY CARE AND

TALK TO THEM ABOUT NEEDLE EXCHANGE AND ABOUT DECREASING OR ENDING THEIR I.V. DRUG USE AND ENGAGING IN DRUG AND ALCOHOL TREATMENT.

Ms. Fuller: THAT VERY SUCCESSFUL MODEL IS GOING TO CONTINUE AT THE BUD CLARK COMMONS AND IT'S GOING TO BE -- WE'RE STILL ACTUALLY GOING TO DO THE SERVICE BUT WE'RE GOING TO SUBCONTRACT WITH CENTRAL CITY CONCERN. THEY ARE GOING UMBRELLA IT UNDER THEIR FEDERALLY QUALIFIED HEALTH CENTER. OUR STAFF THAT EVERYONE LOVES ARE GOING TO CONTINUE TO DO THIS WORK AT THE BUD CLARK COMMONS. THIS IS AN OPPORTUNITY FOR US TO EXPAND THAT EFFORT TO EAST COUNTY AND ATTACH IT. AND TO ATTACH IT TO EAST COUNTY NEEDLE EXCHANGE AND OUTREACH WORK THAT WE'RE ALREADY DOING IN EAST COUNTY SO THAT PEOPLE CAN THERE BEEN FROM THE STADIUM STRATEGY. WE WOULD HOPE THAT INTO THE FUTURE WE CAN FIGURE OUT A WAY TO UMBRELLA IT UNDER THE MEDICAL SYSTEM, AS WELL. BUT IT TAKE AS WHILE TO GET THINGS UP AND RUNNING AND GOING, SO THIS IS AN OPPORTUNITY FOR US TO DO THAT.

Commissioner McKeel: SO IT WOULD BE THE OUTREACH TO THE EAST COUNTY RATHER THAN THE PHYSICAL LOCATION?

Ms. Lear: THEY ARE LOOKING AT A PHYSICAL SITE WHERE IT WOULD BE A WARM DRY PLACE WHERE THEY COULD DO THE SKIN CARE BUT NEAR PHYSICALLY LOCATED NEAR WHERE THEY DO NEEDLE EXCHANGE BUT I THINK THEY ARE STILL LOOKING FOR A SITE. THEY HAD A COUPLE IN MIND BUT IT WOULD BE A PHYSICAL LOCATION.

Commissioner McKeel: IT WOULDN'T BE OUR EAST COUNTY BUILDING?

Ms. Lear: NO, NO, NO.

Commissioner McKeel: THANK YOU.

Ms. Fuller: THEN THERE'S A SERIES OF DISPARITIES POKED ISSUES. WE STARTED IN DECEMBER ENGAGING IN A CONVERSATION WITH YOU ABOUT THE DEEP HEALTH DISPARITIES THAT WE ARE EXPERIENCING IN OUR COMMUNITY. AND YESTERDAY COMMISSIONER BAILEY REMINDED US OF DR. WALLACH'S PRESENTATION. WE TALKED ABOUT INFANT MORTALITY AND DISPARITIES IN INFANT MORTALITY. THEN IN DECEMBER WE BROUGHT THE DISPARITIES REPORT. YOU ALL HAVE ALSO BEEN ENGAGED IN THIS CONVERSATION WITH MEMBERS OF THE COMMUNITY OF VARIOUS ETHNIC AND RACIAL COMMUNITIES ABOUT THE STATE OF AFFAIRS IN DIFFERENT COMMUNITIES.

Ms. Fuller: LAST FRIDAY I ALSO WAS AT THE ECONOMIC OPPORTUNITIES CONVERSATION WHERE WE WERE TALKING ABOUT THE DISPARITIES IN ECONOMIC OPPORTUNITY AND THE PREVALENCE OF POVERTY AMONG COMMUNITIES OF COLOR IN MULTNOMAH COUNTY. SO THIS WORK ALONG WITH MUCH OF THE WORK THAT WE DO IN OUR CLINICAL SYSTEM WHERE WE SERVE MANY, MANY, MANY PEOPLE OF COLOR AND MANY PEOPLE FROM RACIAL AND ETHNIC GROUPS ACROSS THE COUNTY IN THE JAIL, WHERE WE'RE SERVING A LOT OF PEOPLE, PARTICULARLY HISPANIC AND AFRICAN-AMERICAN MEN, AND OUR MENTAL HEALTH AND ADDICTIONS STORM SYSTEM WHERE WE ARE SERVING A LOT OF PEOPLE EXPERIENCING HEALTH DISPARITIES, THIS IS AN OPPORTUNITY FOR US IN THE PUBLIC HEALTH REALM TO EXPAND THAT WORK.

AND THIS WORK IS REALLY ABOUT OPPORTUNITIES FOR US TO BOTH INVEST IN THE COMMUNITY AND BUILD COMMUNITIES, CAPACITIES, TO BECOME HEALTHIER ON THEIR OWN. TO CHANGE OUR INSTITUTION AND OTHER INSTITUTIONS THAT CREATE THE THAT CREATE THE ENVIRONMENT WITHIN WHICH DISPARITIES OCCUR, AND CREATE THE DISPARATE OPPORTUNITIES REFLECTED IN HEALTH DISPARITIES, IF THAT MAKES SENSE. SO WE'RE CALLING THIS AN INSIDE-OUTSIDE STRATEGY. SO IT'S REALLY ABOUT INSIDE THE ORGANIZATION US TAKING RESPONSIBILITY FOR CHANGING SOME THINGS TO BE ABLE TO DO WHAT WE NEED TO DO. IN INVESTING IN THE COMMUNITY FOR THEM TO BE ABLE TO BUILD THEIR CAPACITY.

SO THE REACH GRANT, WE GOT THIS FABULOUS GRANT TO WORK ON HEALTH IN NORTHEAST, NORTH PORTLAND, ROCKWOOD. THE HEALTH EQUITY INITIATIVE. IN THIS INITIATIVE WHAT WE'VE DONE IS IDENTIFIED SPECIFIC RACIAL AND ETHNIC COMMUNITIES. WELL, TWO THINGS. FIRST OF ALL, WE'VE TALKED TO YOU ABOUT THE COMMUNITY HEALTH IMPROVEMENT PLAN, WHICH IS A PART OF THE PUBLIC HEALTH ACCREDITATION PROCESS, WHICH IS THE OPPORTUNITY FOR US TO ASSESS WHAT ARE THE HEALTH ISSUES PARTICULARLY IN A COMMUNITY, AND IDENTIFY WHICH ONES WE NEED TO WORK ON. WE SHARED WITH YOU THAT WE PLAN ON DOING A DISPARITIES-FOCUSED COMMUNITY HEALTH IMPROVEMENT PLAN THAT IN MANY COMMUNITIES THAT HEALTH IMPROVEMENT PLANNING PROCESS, PEOPLE -- IT'S SORT OF LIKE WHOEVER SHOWS UP FOR THE MEETINGS AND TALKS ABOUT WHATEVER THEY TALK ABOUT, THAT'S WHAT RISES TO THE TOP. EPIDEMIOLOGISTS MAY LOOK AT EPIDEMIOLOGICAL INFORMATION AND MAKE SOME SUGGESTIONS. BUT WE ARE GOING TO REALLY TARGET WORKING ON IDENTIFYING SPECIFIC DISPARITIES IN SPECIFIC COMMUNITIES. SO THAT COMMUNITY HEALTH IMPROVEMENT PLAN, WHICH WE DID THE BIDDERS CONFERENCE FOR THE RFP YESTERDAY, WE ARE NOW GOING TO USE THE INFORMATION FROM THAT TO REALLY IDENTIFY WHAT ARE THE ISSUES THAT COMMUNITIES ARE CONCERNED ABOUT, WHAT DO WE HAVE DATA ABOUT.

Ms. Fuller: AND HOW DO WE INTEGRATE BOTH COMMUNITY KNOWLEDGE AND DID A THE TO CREATE A PLAN FOR ADDRESSING DISPARATE. IN ADDITION TO THAT, WE THEN WILL BE ADDING POSITIONS TO OUR HEALTH EQUITY INITIATIVE. YOU KNOW, THIS INITIATIVE WAS STARTED MANY YEARS AGO AND THE RACIAL AND EQUITY LENS IS A PRODUCT OF THE HEALTH EQUITY INITIATIVE IN THAT DEPARTMENT. THAT LENS IS USED WIDELY ACROSS THE COMMUNITY AS TOOL FOR ASSESSING EVERYTHING FROM TRANSPORTATION KEN PEOPLE'S USED IT IN HIS DEPARTMENT FOR TRANSPORTATION. PEOPLE HAVE USED IT TO IDENTIFY WHERE TO MAKE INVESTMENTS AND ALL KINDS OF APPLICATIONS SO NOW THIS WORK BUILDS TO THE NEXT PHASE TO HAVE STAFFING WITHIN THE INITIATIVE TO WORK WITH PARTICULAR COMMUNITIES TO TRY TO IDENTIFY WHAT INSTITUTIONAL CHANGES WE NEED TO MAKE, AND WHAT COMMUNITY CAPACITY WE NEED TO BUILD TO BE ABLE TO ADDRESS HEALTH DISPARATE.

ADDITIONALLY, EXPANDING OUR WORK WITH THE FUTURE GENERATIONS COLLABORATIVE. YOU ALL KNOW ABOUT THIS WORK, THEY RECEIVED A HEALTH HEROES AWARD. THIS IS THE DEEP PERPETRATE BETWEEN MEMBERS OF THE NATIVE COMMUNITY AND STAFF AT THE HEALTH DEPARTMENT TO IDENTIFY HISTORIC TRAUMA, DISCRIMINATION, AND ATTEMPTS TO ELIMINATE NATIVE CULTURE THAT HAVE RESULTED IN A DEEP LACK OF TRUST IN INSTITUTIONS, AND A DEEP LACK OF TRUST IN HEALTH CARE AND HELPING ENVIRONMENTS. AND TO ELIMINATE THAT, IT'S REALLY ABOUT A JOURNEY TOGETHER TO LEARN TOGETHER HOW TO REBUILD THAT TRUST IN ORDER TO HAVE HEALTHIER BABIES AND HEALTHIER FAMILIES. SO WE'RE MAKING THAT INVESTMENT.

Commissioner Shiprack: I'D LIKE TO CHIME IN FOR A SECOND. I DON'T WANT TO BACK YOU UP ALONG THE ROAD OF YOUR PRESENTATION, JOANNE. BUT KIND OF STARTING WITH COMMUNITY HEALTH IMPROVEMENT PLAN AND WITH THE COMMUNITY HEALTH MEETINGS THAT YOU'RE PLANNING, I'VE BEEN FASCINATED BY THE APPLICATION OF THE ADVERSE CHILDHOOD EXPERIENCE STUDY. ACROSS THE BOARD, AND I THINK IT'S VERY USEFUL TO PEOPLE WHO ARE HIGHLY MOTIVATED TO PARTICIPATE IN PUBLIC HEALTH, MAINLY PARENTS OF YOUNG CHILDREN WHOSE ASPIRATIONS FOR THEIR CHILDREN ARE REALLY KIND OF OVERWHELMINGLY POWERFUL. AND I THINK THAT IT'S ENCOURAGING THAT WE'RE WORKING SO CLOSELY WITH THE FUTURE GENERATIONS COLLABORATIVE.

REALLY, THE GENERATIONAL TRAUMA REACHES BACK TO THE ACES STUDY AND SOME OF THE REMARKABLE THINGS THAT THE STUDY IS DISCOVERING IN A SCIENTIFIC WAY THAT, APPLY BEYOND THE JUST REALLY HORRIBLE GENOCIDE THAT NATIVE AMERICANS EXPERIENCED, AND INTO OTHER CULTURES AND MEMBERS OF THE COMMUNITY NOW TODAY. SO I JUST WANTED TO POINT THAT OUT AND JUST SAY I REALLY LOOK FOR MORE WORK ALONG THOSE LINES, AND MORE INFORMATION TO THE BOARD SO THAT WE

CAN CONTINUE TO SPREAD OUT THE LESSONS THAT ARE BEING LEARNED FROM PUBLIC HEALTH AND THE HEALTH DEPARTMENT, MAINLY RIGHT NOW UPSTREAM PUBLIC HEALTH AND THE WORK WE DO WITH PREVENTION SO WE CAN START USING CHILDHOOD TRAUMA, GENERATIONAL TRAUMA, AS ANOTHER LEVERAGING POINT FOR HEALING WORK IN THE COMMUNITY.

Ms. Fuller: THANK YOU, COMMISSIONER. THAT LEADS ME TO THE LAST PROGRAM OFFER I WAS GOING TO TALK ABOUT HERE. THAT'S A NATURAL SEGUE TO TALK ABOUT THE TRAUMA INFORMED ORGANIZATIONAL DEVELOPMENT PROGRAM OFFER. I CONSIDER THIS A DOWN PAYMENT ON AN ONGOING CHANGE PROCESS THAT WE'RE GOING TO ENGAGE IN, IN THE DEPARTMENT. SO IN ORDER TO REALLY ADDRESS THE ADVERSE CHILDHOOD EFFECTS, YOU NEED TO NOT JUST CREATE TREATMENT SYSTEMS THAT TREAT TRAUMA. YOU NEED TO THINK ABOUT HOW THE WHOLE ORGANIZATIONAL EXPERIENCE FOR BOTH THE PEOPLE WHO ARE COMING TO THE ORGANIZATION AND THE PEOPLE WITHIN THE ORGANIZATION ARE IMPACTED BY PEOPLE'S TRAUMA. AND ONE OF THE THINGS THAT WE ARE GOING TO TRY TO DO WITH THIS INITIATIVE IS TO NOT JUST THINK ABOUT INDIVIDUAL TRAUMA, WHICH IS HOW MUCH OF THIS WORK HAS BEEN CHARACTERIZED BUT TO THINK ABOUT INTERGENERATIONAL AND KIND OF POPULATION LEVEL TRAUMA, RIGHT? SO TO YOUR POINT ABOUT HOW THE TRAUMA AFFLICTED IN ONE GENERATION HAS A THREAD THAT CONTINUES ON THROUGH MULTIPLE GENERATIONS AND IMPACTS PEOPLE A LONG WAY DOWN THE LINE.

SO THIS FOR US IS AN OPPORTUNITY TO BEGIN THAT WORK. AND IN OUR ORGANIZATION. WE REALLY LOOK FORWARD TO SHARING MORE INFORMATION WITH YOU ABOUT WHAT THAT'S GOING TO BE LIKE. I SPENT A LOT OF TIME TALKING ABOUT THIS SET OF PROGRAM OFFERS BUT I JUST REALLY WANT TO EMPHASIZE THAT I SO MUCH APPRECIATE THE SUPPORT AND INTEREST AND CONCERN AND DEEP COMMITMENT THAT YOU ALL HAVE SHOWN TO HELPING US TO MAKE THIS DEEPER COMMITMENT TO ADDRESS HEALTH DISPARATES. I LOOK FORWARD TO THAT DIALOGUE CONTINUING WITH US AND NOT JUST ME BUT MANY OF THE PEOPLE IN THE HEALTH DEPARTMENT WHO ARE DEEPLY, DEEPLY COMMITTED TO THIS WORK. SO MOVING ON TO MENTAL HEALTH, SO YOU'LL SEE SOME THEMES HERE. SO AGAIN, THIS HAS GOT TWO THEMES. ONE IS EXPANDING OUR ABILITY TO SERVE THEIR POPULATIONS, OFTEN POPULATIONS OF PEOPLE OF COLOR, PEOPLE WHO HAVEN'T HAD ACCESS TO TREATMENT. AND EXPANDING SOME OF OUR BASIC CORE FUNCTIONS THAT HAVE BEEN STRETCHED IN THE LAST FEW YEARS. SO THE FIRST PROGRAM OFFER IS THE CONTINUATION OF THE MENTAL HEALTH SERVICES ENHANCEMENT THAT THE BOARD MADE LAST YEAR, THAT'S BEEN SO IMPORTANT IN HELPING US TO IMPROVE OUR MENTAL HEALTH RESPONSE IN THE CORRECTIONS HEALTH SYSTEM. AND WE'RE PRETTY EXCITED ABOUT THAT.

Ms. Fuller: THE CRISIS SERVICES IMPROVEMENT TO THE CALL CENTER. SO WE HAVE THIS -- WE'RE ACTING ON THIS GREAT OPPORTUNITY THAT WE HAVE TO MOVE THE CALL SERVICES, THE CENTRALIZED CALL SERVICES FOR THE HEALTH CLINICS AND THE MENTAL HEALTH AND ADDICTIONS CRISIS CALL SYSTEM OUT TO THE BUILDINGS, WHICH CREATES AN OPPORTUNITY FOR THEM TO BE IN A BUILDING THAT HAS BACKUP GENERATORS, HAS GOOD PARKING FOR 24 HOURS A DAY FOR THESE 24 HOUR A DAY FUNCTIONS. GOOD LIGHTING IN THE PARKING LOT. THEY GET PLOWED WHEN WE HAVE THAT OCCASIONAL SNOWSTORM AND GOOD TRANSPORTATION. SO IT'S A GREAT OPPORTUNITY FOR US TO TAKE THOSE FUNCTIONS AND SEE WHAT HAPPENS WHEN YOU PUT THEM IN THE SAME PLACE AND WORK ON THAT. AND BECAUSE WE ARE MOVING THE CRISIS SERVICES OUT OF THE LINCOLN BUILDING WE'VE BEEN PROVIDING SUPER ADVISORY BACKUP FOR THOSE SERVICES BY JUST HAVING OVER SUPERVISORS AND MANAGERS AROUND. SO NOW WE NEED TO EXPAND THAT SUPERVISOR AVAILABILITY. AND HIRE SOME ADDITIONAL HIGHLY QUALIFIED STAFF. WE'VE BEEN PROMOTING THIS NUMBER, TRYING TO GET PEOPLE TO CALL IT. IT'S PART OF OUR ANTISUICIDE EFFORT. AND THEY ARE SEEING AN INCREASE IN DEMAND. THE MENTAL HEALTH CRISIS ASSESSMENT AND TREATMENT AND JAIL DIVERSION, THIS IS -- THIS PROGRAM OFFER CONTINUES OUR JAIL DIVERSION TRIAGE AT THE CRISIS ASSESSMENT AND TREATMENT CENTER.

THIS ALSO INCLUDES EIGHT HOUSING BEDS AT THE MEDFORD, ONE OF THE THINGS THAT YOU KNOW IS A HUGE ISSUE RIGHT NOW, IS HOUSING FOR PEOPLE. AND THERE ARE A LOT OF PEOPLE IN THE CRIMINAL JUSTICE SYSTEM BOTH UNDER PROBATION AND PAROLE, RELEASED FROM THE JAIL AND CONTACTED BY THE BEHAVIORAL HEALTH UNIT OF THE POLICE, WHO HAVE BEEN EVICTED FROM THEIR HOUSING AND CAN'T GO BACK. THIS CREATES SOME TEMPORARY, NOT PERMANENT HOUSING AT THE MEDFORD FOR EIGHT BEDS FOR TO US BE ABLE TO FIGURE OUT WHAT'S NEXT FOR THOSE PEOPLE, INSTEAD OF JUST ASSESSING THEM AT THE TRIAGE CENTER AND MOVING THEM OUT TO THE STREET AGAIN.

THE NEXT PROGRAM OFFER IS A REALLY EXCITING EXPANSION OF SCHOOL-BASED MENTAL HEALTH. AND THIS IS A PARTNERSHIP BETWEEN THESE AND MULTNOMAH COUNTY TO TRY DO TWO THINGS. ONE IS WE'RE EXPANDING OUR SCHOOL-BASED BEHAVIORAL HEALTH SERVICES, WHICH ARE AGAIN A BIG PART OF ANTISUICIDE PREVENTION WORK IN THE COMMUNITY, IDENTIFYING THOSE KIDS EARLY AND GETTING THOSE KIDS THE SUPPORTS THAT THEY NEED IS A SUPER IMPORTANT PART. AND CONSULTING WITH TEACHERS, YOU KNOW, AND TALKING TO SCHOOL COUNSELORS AND OTHER FOLKS WHO ARE INTERACTING WITH KIDS. THE OTHER COOL THING ABOUT THIS PROGRAM OFFER IS THAT WE ARE EXPANDING THE STAFF THAT HAS SKILLS, KNOWLEDGE AND ABILITIES TO WORK WITH CULTURALLY SPECIFIC POPULATIONS.

Ms. Fuller: SO IT ISN'T JUST GENERIC MENTAL HEALTH, IT'S ALSO MENTAL HEALTH TARGETED AS CULTURALLY SPECIFIC EFFORTS THAT WE THINK IS GOING TO HELP REACH KIDS WAY BETTER THAN KIND OF A GENERIC SYSTEM. AND IT'S ALSO A GREAT OPPORTUNITY FOR US TO PARTNER WITH THE SCHOOLS AND SHOWS THE SCHOOLS UNDERSTANDING THAT THIS IS A CRITICAL THING TO HAVE HAPPENING IN THEIR SCHOOLS. THE CULTURALLY SPECIFIC MENTAL HEALTH SERVICES FOR IMMIGRANTS AND REFUGEES. SO FOR PROBABLY, I DON'T KNOW, 15 YEARS OR SO MULTNOMAH COUNTY HAS SPENT COUNTY GENERAL FUND ON CULTURALLY SPECIFIC MENTAL HEALTH SERVICES FOR SPECIFIC POPULATIONS. THAT HAS NEVER INCLUDED IMMIGRANTS AND REFUGEES. THIS IS IN ADDITION TO THAT ALREADY EXISTING PROGRAM TO GIVE IMMIGRANT AND REFUGEE COMMUNITIES. THIS WILL BE CONTRACTED WITH AN ORGANIZATION IN THE COMMUNITY THAT SERVES IMMIGRANT AND REFUGEES FOR MENTAL HEALTH TREATMENT. AND JUST LIKE WE CURRENTLY CONTRACT WITH ORGANIZATIONS TO SERVE THE NATIVE AMERICAN, ASIAN, PACIFIC ISLANDER, AFRICAN-AMERICAN AND LATINO COMMUNITIES.

Commissioner McKeel: CHAIR, I HAVE A QUESTION. ON THE CALL CENTER, WHEN DO YOU ANTICIPATE THE MOVE WILL BE HAPPENING?

Ms. Lear: I DON'T KNOW.

Ms. Fuller: IS IT THERE?

Ms. Lear: IT'S ALREADY.

Ms. Fuller: THE HEALTH DEPARTMENT CALL CENTER IS ALREADY THERE. AND A WEEK OR TWO FOR MENTAL HEALTH.

Commissioner McKeel: OKAY. I THINK IT'S A GREAT PARTNERSHIP, I WAS JUST CURIOUS AND IF IT WAS EXTENSIVE WORK TO BE DONE AT THE BUILDING TO GET THAT GOING.

Ms. Fuller: THEY DID THE WORK, I THINK THEY HAD TO DO SOME IMPROVEMENTS IN THE BACKUP SYSTEMS TO MAKE SURE THAT THE PHONE LINES DIDN'T GO DOWN AND STUFF. AND THEY ALSO, YOU KNOW, THEY ARE PART OF OUR NEW PHONE SYSTEM AND THEY HAD TO MAKE SURE THEY HAD THE CAPACITY TO LINK -- BECAUSE WHAT WE'RE TRYING TO DO FOR THE CLINIC PATIENTS IS HAVE IT BE SEAMLESS FOR THEM. THEY DON'T KNOW THEY HAVE CALLED THE CALL CENTER, SO THEY CAN BE LINKED QUICKLY TO THEIR CLINIC. THEY HAVE CALLED A CENTRAL NUMBER TO GIVE THEM MORE HELP.

Commissioner McKeel: THAT'S A GREAT IDEA. I KNOW THEY HAVE THE ROOM THERE.

Ms. Fuller: SO THE CLINICAL NEWER EXPANDED SERVICES AND CLINICAL SERVICES, WE'VE TALKED A LOTS ABOUT THE PRIMARY CARE EXPERIENCE. AS WE REMEMBER WE BROUGHT YOU A TWO-YEAR PLAN. THEY ARE SORT OF STAGGERED DATES. WE HAVE BEEN HIRE CLINICAL STAFF. WE ARE GOING TO BE CONTINUING TO HIRE STAFF AND QUALITY FOLKS IN ROLES THAT ARE IMPORTANT TO US HITTING OUR METRICS AND RECORDING THOSE METRICS IN SYSTEM. SO THAT IS ONGOING WORK THAT'S REFLECTED IN THIS BUDGET. AND THEN WE ARE GOING TO BE PURCHASES A TEMPORARY MOBILE CLINIC. YOU KNOW THAT PORTLAND PUBLIC SCHOOLS IS GOING THROUGH THEIR RENOVATION OF THEIR HIGH SCHOOLS WITH THEIR BOND. THAT MEANS WE HAVE TO MOVE OUT OF CLINICS AND WE WANT TO CONTINUE OUR SCHOOL-BASED HEALTH CARE DURING ALL OF THOSE CHANGES. SO THIS IS AN INVESTMENT THAT'S GOING TO ALLOW US TO CONTINUE TO DO THAT WHILE THERE IS CONSTRUCTION GOING ON.

AND THEN THE MEDICAL EXAMINER, A SUPERVISION POSITION, THIS WAS AN ISSUE TALKED ABOUT IN LAST YEAR'S BUDGET. THAT WE HAVE INCLUDED IN THIS PROPOSED BUDGET. YOU KNOW WE HAVE THE DEPUTY MEDICAL EXAMINER STAFF, WHO ARE COLOCATED IN CLACKAMAS COUNTY WITH THE STATE STAFF THAT GO OUT AND COLLECT DECEASED INDIVIDUALS AND BRING THEM TO THE FACILITY THAT. GROUP HASN'T HAD ON-SITE SUPERVISION, AND WE'VE HAD PART OF AN FTE LOCATED AT THE MCCOY BUILDING THAT GOES OUT AND DOES THE BEST WE CAN TO HELP SUPERVISE THEM. THIS IS A POSITION THAT WAS CUT FROM THE BUDGET AS LONG TIME AGO, PROBABLY 10 YEARS AGO OR MORE, THAT WOULD ADD THIS BACK TO ALLOW THEM TO HAVE ON-SITE SUPERVISION AND MANAGEMENT. THAT'S ABOUT NINE FTE WITH A 24/7 OPERATION THIS PERSON WOULD BE SUPERVISING. LASTLY, THETRY COUNTY 9-1-1 PROGRAM, WE'VE TALKED WITH YOU ABOUT THIS BEFORE. THIS IS AGAIN A PROGRAM THAT WE RECEIVED, THE CENTER FOR INNOVATION FUNDING TO DO AS A PILOT.

THIS PROGRAM, THE GROUP OF CLINICAL SOCIAL WORKERS IDENTIFIES PEOPLE WHO ARE HIGH UTILIZERS OF THE 9-1-1 CALL SYSTEM AND HIGH USERS BEING TRANSPORTED TO A LOCALITY TO THE EMERGENCY DEPARTMENTS. THEY MEET WITH THESE PEOPLE, FIGURE OUT WHAT THEY NEED. THESE ARE COMPLICATED FOLKS A LOT OF ADDICTIONS ISSUES. THEY OFTEN AT TIMES ARE COUCH SERVING OR ARE IN AND OUT OF HOUSING. THEY TEND TO BE COMPLICATED. WE JUST RECEIVED THE PROVIDENCE CORPS INDEPENDENT EVALUATION OF THIS PROGRAM THIS SPRING. PROUDLY, \$1.30 IS SAVED. AND PHENOMENALLY, THEY IN THE EVALUATION FOUND THESE FOLKS ARE ACTUALLY SAVING PEOPLE'S LIVES. THAT IN ADDITION TO CALLING 9-1-1 -- AND THIS MAKES PERFECT SENSE -- THESE INDIVIDUALS WERE ALSO PREMATURELY DYING AND THIS HAS EXTENDED PEOPLE'S LIVES. IT'S REALLY A GREAT EFFORT.

Ms. Fuller: SO I SPEND A LOT OF TIME ON THOSE NEW AND EXPANDED EFFORTS. WEAVER GOING TO MOVE TO TALKING ABOUT THE DIVISION BY DIVISION CHANGES YEAR OVER YEAR. BUT I JUST WANTED TO UNDERSTAND THAT WE REALLY TALKED ABOUT THE EXCITING NEW THINGS THAT WE'RE DOING THAT ARE REPRESENTED IN THIS BUDGET. IF YOU HAVE ANY MORE QUESTIONS THAT WOULD BE GREAT.

Commissioner Smith: I HAVE A QUESTION. I WANT TO GO BACK TO SOME OF THOSE NEW PROGRAMS LIKE STRYVE. IT'S KIND OF LIKE BACKFILLING ANOTHER PROGRAM THAT'S DOING THE SAME KIND OF WORK THAT STRYVE IS DOING. ARE SOME OF THESE PROGRAMS THAT YOU'RE EXPANDING, CAN YOU USE THOSE DOLLARS FROM THE MEDICAID REIMBURSEMENT?

Ms. Fuller: WE ARE USING THE DOLLARS FOR REIMBURSEMENT EVERYWHERE THAT WE CAN. WE CONTINUE TO IDENTIFY -- THE ORGANIZATIONS WERE STILL VERY MUCH IN THE FEE FOR SERVICE MODEL. THAT HAS REAL LIMITATIONS IN TERMS OF WHO CAN BE FUNDED IN THOSE MODELS. WE'VE SLOWLY BEEN MOVED TO THE ALTERNATIVE PAYMENT METHODOLOGY. WE CONTINUE TO TALK WITH THE CARE ORGANIZATIONS ABOUT THEM MAKING INVESTMENTS IN POPULATION HEALTH EFFORTS. SO WE ARE LOOKING, IT'S A CHANGING LANDSCAPE OF WHAT CAN BE USED FOR MEDICAID. WE'RE CONTINUING TO LOOK AT WHERE WE CAN USE MEDICAID DOLLARS. THERE MAY BE THINGS THAT WE CAN'T USE MEDICAID DOLLARS FOR TODAY THAT A YEAR FROM NOW WE MAY BE ABLE TO FUND WITH MEDICAID, AND WE'RE GOING TO CONTINUE TO WORK ON THAT. IN FACT, THAT'S A PART OF WENDY'S IMPORTANT WORK TO DO.

Commissioner Smith: THE MEDICAID DOLLARS, COULD THEY BE USED FOR STRYVE?

Ms. Fuller: NOT WHAT WE'RE CURRENTLY DOING WITH THAT PROGRAM.

Commissioner Smith: WE'RE KIND OF BACKFILLING STRYVE TWO YEARS EARLY?

Ms. Fuller: YES. WE'RE REPLACING, BACKFILLING POSITIONS THAT HAD BEEN FUNDED BY THE DEFENDING CHILDHOOD GRANT THAT'S GOING AWAY.

Commissioner Smith: SO THAT WE'RE NOT CONFUSED WHY DID YOU PUT IT UNDER STRYVE INSTEAD OF THE DEFENDING CHILDHOOD BACKFILL?

Ms. Fuller: THE DEFENDING CHILDHOOD MONEY HAD BEEN USED IN THE STRYVE PROGRAM. WE HAD CALLED IT STRYVE. WE WEREN'T TRYING TO BE CONFUSING. DEFENDING CHILDHOOD WAS THE FUNDING SOURCE AND STRYVE WAS THE PROGRAM.

Commissioner Smith: WE HAVE KIND OF A FORMAL, INFORMAL POLICY ABOUT BACK TILLING PROPERTY TAXES. WE ALL RIGHT HAVE TWO MORE YEARS OF FEDERAL DOLLARS FOR. FOR ME, BACKFILLING IN GENERAL IS SOMETHING THAT WE HAVE TRIED TO STAY AWAY FROM. I LIKE THE PROGRAM. LOVED IT. I'M JUST TRYING TO FIGURE OUT THE BEST USE FOR THE GENERAL FUND.

Ms. Fuller: IF WE DID NOT HAVE THE GENERAL FUND, WE DON'T HAVE ADDITIONAL STRYVE FEDERAL DOLLARS TO PAY FOR THOSE TWO POSITIONS.

Commissioner Smith: AND WHAT HAPPENS IF WE DON'T BACKFILL THE PROGRAM?

Ms. Fuller: THE TWO POSITIONS WOULD GO AWAY.

Commissioner Smith: THERE'S NO WAY TO PUT THAT OUTSIDE OF THE GENERAL FUND?

Ms. Fuller: NOT RIGHT NOW.

Commissioner Smith: WE STILL HAVE STRYVE FOLKS?

Ms. Fuller: YES. THEY WOULD BE DOWN TWO POSITIONS, YES.

Commissioner Smith: WE ARE ADDING TWO POSITIONS, THEY WOULD NOT BE DOWN POSITIONS.

Ms. Fuller: THERE ARE TWO POSITIONS THAT LAST YEAR WERE FUNDED BY DEFENDING CHILDHOOD AS PART OF THE STRYVE TEAM. THEY ARE CURRENTLY FILLED POSITIONS.

Commissioner Smith: I THINK WE HAVE TO FIGURE OUT ON THE BOARD WHAT'S MOST IMPORTANT, HOW TO USE THE GENERAL FUND, WE'RE EXPANDING A LOT OF DIFFERENT PROGRAMS. THE HEALTH DEPARTMENT IS EXPANDING IN A BIG, BIG -- I'M JUST PICKING ON THIS BECAUSE THIS IS THE ONE THAT STUCK OUT TO ME. BUT WE CAN'T BACKFILL EVERY PROGRAM WHEN THE THIS MONEY GOES AWAY. YOU KNOW MY STORY, I GET TEASED A LOT BY MY OTHER COUNTY COMMISSIONERS AND IN PARTICULAR WASHINGTON COUNTY. THE REASON WHY YOU CAN'T BUDGET YOUR MONEY IS BECAUSE YOU BACKFILL EVERY PROGRAM, YOU'RE JUST DO-GOODERS OVER THERE. I GUESS WE ARE TO A DEGREE. BUT WE NEED TO FIGURE OUT A SYSTEM OR A POLICY OF HOW WE BACKFILL PROGRAMS BECAUSE WE CAN'T KEEP BACKFILL ALL OF THESE PROGRAMS.

Ms. Fuller: THANK YOU.

Chair Kafoury: I HAD SOME ISSUES WITH BACKFILLING THIS PROGRAM, AND WE TALKED A LOT ABOUT IT, THE FOLKS INVOLVED IN STRYVE AND THE COMMUNITY WHO HAS BENEFITED FROM THE WORK THAT THE STRYVE GRANT HAS DONE. PARTICULARLY WHEN WE KNOW VIOLENCE AMONG OUR YOUTH IS JUST ESCALATING. CUTTING BACK ON A PROGRAM THAT IS PROVEN SAFE, KIDS TALKING TO KIDS, I JUST FELT LIKE NOW WAS DEFINITELY THE RIGHT TIME TO BE RE-INVESTING IN A PROGRAM THAT HAS BEEN SUCCESSFUL.

Commissioner Smith: BUT THE ISSUE ABOUT, IT'S NOT A PROGRAM THAT WORKS WITH YOUTH. THEY ORGANIZE OTHER YOUTH PROGRAMS. THEY DON'T HANDLE THEIR OWN YOUTH, THEY ARE ORGANIZATIONS OTHER COMMUNITY-BASED ORGANIZATIONS IN THE COMMUNITY AND PARTICIPATING IN COMING UP WITH ACTIVITIES. THESE YOUTH ARE ALREADY BEING SERVED IN OTHER PROGRAMS. BUT STRYVE IS JUST ORGANIZING OTHER EVENTS. WE CAN DO THAT, AND I'D RATHER SEE THOSE DOLLARS GO TO THOSE YOUTH PROGRAMS TO MAKE SURE WE HAVE MORE MENTORING GOING ON WITH THOSE KIDS. WE HAVE STRYVE, IT'S NOT GOING AWAY, and WE'RE GOING TO STILL BE ABLE TO DO THE WORK. BUT IF WE'RE GOING TO PUT AN INVESTMENT, PUT AN INVESTMENT IN THE YOUTH PROGRAMS.

Ms. Fuller: SO ONE OF THE THINGS THAT WE'LL GET TO YOU IS A BREAKDOWN OF THE ADDITIONAL FUNDING. THIS ADDITIONAL FUNDING INCLUDES THE TWO POSITIONS THAT ARE CURRENTLY FILLED THAT WOULD GO AWAY, THE COMMUNITY HEALTH WORKERS, AND A LITTLE BIT MORE FUNDING FOR THE AGENCIES THAT WE WORK WITH, WITH STRYVE.

Commissioner Smith: FOR \$323,000, I -- WE'LL TALK ABOUT THIS A LITTLE BIT LATER. BUT IT'S GIVING US MORE EMPLOYEES. IT'S NOT PUTTING ANY MORE FEET ON THE GROUND FOR THE COMMUNITY-BASED ORGANIZATION. THEY ARE BEING ORGANIZED ALREADY. WE NEED MORE KIDS THAT ARE PART OF THE BIGGER POOL. IF WE START TO USE THESE DOLLARS AND PUT KIDS IN PROGRAMS LIKE THE PROMISE NEIGHBORHOOD, KID WHO WILL FOLLOW THEM WITH THE WRAP-AROUND SERVICES. I PUT THAT THERE A PROGRAM IN EVERY DEPARTMENT THAT DEALS WITH YOUTH AND THEY ARE NOT BEING COORDINATED. I'M GOING PUT \$5 MILLION OUT THERE. WE KNOW WHERE THE MONEY IS GOING TO GO. WE NEED TO COORDINATE THESE PROGRAMS AND FIGURE OUT WHAT OTHER FOLKS ARE DOING.

Chair Kafoury: COMMISSIONER SHIPRACK.

Commissioner Shiprack: I WANTED TO SAY I REALLY APPRECIATE THAT COMMISSIONER SMITH IS BRINGING HER SHARP PENCIL FOR THIS DISCUSSION. I WANTED TO MAKE A REQUEST, BECAUSE IN ADDITION TO PENCIL-SHARPENING THIS BOARD HAS DONE, WHAT THEY HAVE DONE IS

IMPOSED A DISCIPLINE OF ESTABLISHING OUTCOME GOALS AND MEASURING OUTCOMES. SO I WOULD BE VERY INTERESTED IN JUST SEEING ON MY DESK THE REPORT FROM STRYVE. I BELIEVE THAT WE'VE MADE PROGRESS BUT I HAVE NOT LOOKED AT THOSE OUTCOME REPORTS FOR A WHILE. I THINK WE NEED TO SEE THE OUTCOME FROM STRYVE BROKEN DOWN SO THAT IT INCLUDES THE DEFENDING CHILDHOOD INITIATIVE ASPECTS OF STRVYE. IT'LL BE GOOD TO SEE THE OUTCOME FROM THE PROMISE NEIGHBORHOOD PROJECT, AS WELL. I KNOW LAST YEAR WE FUNDED, I THINK A MILLION DOLLARS INTO A PROMISE NEIGHBORHOOD PROGRAM AND WE NEED TO KEEP THOSE OUTCOMES AND THE OBJECTS IN FRONT OF US ALL THE TIME SO THAT WE CAN BE CAREFUL OF STEWARDSHIP OF THE PUBLIC TRUST HERE.

Ms. Fuller: THANKS, COMMISSIONER. SO WE'RE GOING TO GO THROUGH AND WE'RE GOING TO DO THIS RELATIVELY QUICKLY. WE'RE GOING TO GO THROUGH THE DIVISIONAL BREAKDOWNS SO SLOW ME DOWN IF YOU THINK WE'RE HEADED TOO QUICKLY THROUGH THIS. SO WENDY'S GOING TALK ABOUT THE DIVISIONAL BREAKDOWN.

Ms. Lear: OKAY. THIS IS THE PIE CHART, OUR DIVISIONAL BREAKDOWN. AND MENTAL HEALTH AND ADDICTIONS --

Chair Kafoury: COMMISSIONER SMITH WANTS TO LEAVE FOR ANOTHER EVENT, NOT JUST LEAVING BECAUSE SHE'S TIRED OF THIS CONVERSATION. SHE HAS SOMETHING ELSE.

Ms. Fuller: THANK YOU, COMMISSIONER.

Ms. Lear: THANK YOU FOR THAT CLARIFICATION.

Chair Kafoury: OKAY.

Ms. Lear: SO MENTAL HEALTH AND ADDICTION SERVICES BECOMES OUR LARGEST DIVISION AT \$133 MILLION. IT'S OUR LARGEST DIVISION WHEN YOU CONSIDER BUDGET SIZE. BUT IN TERMS OF STAFFING THEY HAVE 215 EMPLOYEES IN THIS DIVISION AT \$133 MILLION. INTEGRATED CLINICAL SERVICES NOW BECOMES OR SECOND LARGEST DIVISION AT \$100 MILLION. DEPENDING UPON HOW YOU MEASURE THE SIDE OF A DIVISION, IF IT'S MEASURED BY FTE AND OCCUPICALLY AND FOOTPRINTS AND ALL OF THAT.

INTEGRATED CLINICAL SERVICES HAS 660 EMPLOYEES AND IS STILL QUITE A LARGE DIVISION FOR US TO MANAGE. AND THIRD, IN EITHER COUNT IS PUBLIC HEALTH AT \$50 MILLION AND THEY HAVE 305 EMPLOYEES IN THE PUBLIC HEALTH DIVISION. IF WE'LL GO TO THE NEXT SLIDE. THIS IS THE FIRST OF TWO SLIDES. THIS SHOWS OUR SMALLER DIVISIONS. AND I'M SORRY, I KNOW WE WERE ASKED TO ADD THE FISCAL YEAR 15 AND FISCAL YEAR 16 TO THE BARS,

I NOTICED THEY WERE NOT INCLUDED. BUT THIS IS COMPARING THIS YEAR'S DOMINATED BUDGET TO NEXT YEAR'S PROPOSED BUDGET. SMALLER DIVISIONS, A CPI INTERESTING POINTS TO NOTE, THE GENERAL FUND AND THE HEALTH OFFICER, \$108 MILLION OF THAT GENERAL FUND IS AMBULANCE FEES THAT ARE GENERATED IN THE HEALTH OFFICER PROGRAM.

Ms. Lear: AND THEN IN OTHER FUNDS FOR THE HEALTH OFFICER PROGRAM THAT, INCLUDES THE FUNDING FOR THE TRY COUNTY HEALTH OFFICER FUNCTION, THE AGREEMENTS WITH CLACKAMAS AND WASHINGTON COUNTY AS WELL AS A COUPLE OF OTHER GRANTS IN THAT AREA. AND THEN THE GROWTH IN BUSINESS SERVICE, BUSINESS OPERATIONS, WHICH INCLUDES HUMAN RESOURCES IS PREDOMINANTLY THE TRANSFER OF MENTAL HEALTH AND ADDICTIONS SERVICES BUSINESS OPERATIONS STAFF FROM DEPARTMENT OF COUNTY HUMAN SERVICES INTO THE HEALTH DEPARTMENT'S BUSINESS SERVICES AREA. AND ON THE NEXT IS THE COMPARISON OF OUR LARGER DIVISIONS. AND INTEGRATED CLINICAL SERVICES WITH A BUDGET OF \$100 MILLION, JUST TO CALL OUT -- AND IT'LL BE CLEAR WHEN WE LOOK AT THE DIVISION BUDGET -- THAT OF THAT \$49 MILLION IN COUNTY GENERAL FUND, \$43 MILLION OF THAT IS THE WRAP-AROUND AND MEDICAID PORTION OF THE GENERAL FUND. AND THEN IN MENTAL HEALTH AND ADDICTIONS SERVICES, THEY HAVE MONEY FROM THE BEHAVIORAL HEALTH FUND AND THAT'S THE AREA THAT HAS SEEN THE MOST GROWTH IN THE LAST YEAR. THAT FUND INCREASED \$22 MILLION FOR NEXT YEAR.

Commissioner Shiprack: CAN I MAKE A COMMENT ON THIS? I HAVE TO PICK MY JAW UP FOR A SECOND AT THE COMPARISON BETWEEN INTEGRATED CLINICAL SERVICES AND MENTAL HEALTH AND ADDICTION SERVICES. I'M -- I'M PLEASED THERE'S SO MUCH ATTENTION INTO THAT MENTAL HEALTH AND ADDICTION SERVICES OTHER FUND'S POT. BUT FRANKLY I'M JUST SURPRISED AT THE COMPARATIVE SPENDING INDICATOR HERE. DO YOU WANT TO --

Ms. Fuller: SO THE THING TO REMEMBER IS THAT IN THE INTEGRATED CLINICAL SERVICES SYSTEM WE'RE A DIRECT SERVICE PROVIDER. SO WE HAVE CLIENT THAT ARE FIND FOR US FOR THE CLINICAL SERVICES AND WE DELIVER THOSE CLINICAL SERVICES. IN THE MENTAL HEALTH AND ADDICTIONS DIVISION WE'RE AN INSURANCE PROVIDER. SO WE GET A PERMEMBER, PER MONTH AND THEN WE MANAGE THE CARE FOR ALL OF THOSE INDIVIDUALS THAT ARE ESSENTIALLY INSURED BY US. AND SO THAT, THAT INCREASE THERE REPRESENTS THE FACT THAT HEALTH SHARE OF OREGON AFFORDABLE CARE ACT EXPANSION POPULATION IN MULTNOMAH COUNTY EXPANDED DRAMATICALLY THE NUMBER OF PEOPLE THAT WERE SIGNED UP FOR MEDICAID THAT WERE ASSIGNED TO HEALTH SHARE OF OREGON IN MULTNOMAH COUNTY. EVERY ONE OF THOSE PEOPLE WE GOT A PAYMENT FOR. AND THAT DOESN'T NECESSARILY MEAN THAT ALL OF THOSE PEOPLE SEEK TREATMENT IN A YEAR. IN FACT, OUR EXPERIENCE IS THAT THE

EXPANSION POPULATION UNDER THE AFFORDABLE CARE ACT IS SEEKING LESS TREATMENT THAN WAS PREDICTED. BUT WE GET THAT GLOBAL PAYMENT FOR THEM. SO THAT'S THAT -- SO IT'S -- THERE ARE ACTUAL REALLY DIFFERENT KINDS OF BUSINESSES. SO IT'S REALLY DIFFICULT TO KIND OF COMPARE THE INVESTMENT.

Ms. Lear: BUT MEDICAID EXPANSION IS INFLUENCING THE REVENUE GROWTH IN THOSE AREAS BUT FOR DIFFERENT REASONS.

Commissioner Shiprack: YOU TOOK MY COMMENT AND EXPANDED IT TO A LEVEL ALMOST BEYOND WHAT I CAN GRASP.

Commissioner Shiprack: THANK YOU FOR MAKING ME STRETCH. MY COMMENT WAS A LOT MORE SIMPLE THAN YOUR EXPLANATION.

Ms. Fuller: SORRY.

Commissioner Shiprack: I'M LAUGHING BECAUSE -- AND I APPRECIATE THE PART ABOUT THE COMPARISON MAY NOT BE ACCURATE. BUT I TAKE GREAT HOPE FROM THE FACT THAT THERE IS FUNDING AVAILABLE INTO MENTAL HEALTH AND ADDICTION SERVICES.

Ms. Fuller: YES.

Commissioner Shiprack: AND IT IS AVAILABLE IN THESE PROPORTIONS.

Ms. Fuller: YES.

Commissioner Shiprack: AND THAT'S AS FAR AS MY SOPHISTICATION CAN TAKE ME IN ANALYZING THIS.

Ms. Lear: I WAS GOING TO GO EVEN DEEPER BUT I'LL JUST --

Commissioner Shiprack: YES, THANK YOU.

Ms. Fuller: WE'RE VERY QUICKLY GOING TO GO THROUGH THE DIVISIONAL BREAKDOWNS HERE. THIS IS THE DIRECTOR'S OFFICE. OUR STRATEGIC DIRECTION, I THINK OF MY JOB AS PROCURING THE RESOURCES AND HELPING PEOPLE SOLVE PROBLEMS AND THEN GETTING OUT OF WAY. THAT WOULD BE HOW I WOULD SUMMARIZE THE WORK OF THE DIRECTOR'S OFFICE. IF YOU LOOK AT THIS SLIDE YOU SEE THERE'S A LITTLE INCREASE IN THE DIRECTOR'S OFFICE THIS YEAR. IT'S ALL ADMINISTRATIVE SUPPORT. WE LUMP IN THE ADMINISTRATIVE SUPPORT THE WHOLE LEADERSHIP TEAM OF THE HEALTH DEPARTMENT AND WE'VE HAD A LITTLE EXPANSION IN THAT.

Ms. Fuller: HEALTH CARE CONTINUES TO BE OUR MAJOR FOCUS. THE HEALTH OFFICER, REALLY, ONE OF THE HIGHLIGHTS HERE IS THE REAL CHALLENGE OF COORDINATING AND COLLABORATING ACROSS A COMPLEX REGIONAL HEALTH SYSTEM TO PLAN SUCH THINGS AS EMERGENCY RESPONSE, EBOLA PREPAREDNESS, RESPONSE TO OUTBREAKS, RESPONSE TO KIND OF BASIC HEALTH THREATS. IT'S A VERY COMPLEX ENVIRONMENT WITHIN WHICH THE HEALTH OFFICER'S OFFICE PARTICIPATES. AND THEN HERE YOU SEE THE CHANGE YEAR OVER YEAR, AND THAT REPRESENT AS LOT OF CHANGES THAT WE'VE ALREADY TALKED TO YOU ABOUT IN THE PRESENTATION. IN BUSINESS OPERATIONS THE INTEGRATION OF MENTAL HEALTH AND ADDICTION SERVICES WITH THE BRINGING ON OF AN INSURANCE ENTITY IS A BIG DEAL FOR WENDY'S SHOP AND OUR H.R. PEOPLE, AS WELL. THAT'S GOING TO BE ONE OF THE BIG TASKS IN THIS NEXT YEAR.

THEN AS WE WERE TALKING WITH COMMISSIONER SMITH ABOUT REALLY MAXIMIZING OUR ABILITY TO USE ALTERNATIVE PAYMENTS AND OTHER WAYS OF USING THAT MEDICAID -- THOSE MEDICAID DOLLARS TO BENEFIT THE BROAD SYSTEM IN GENERAL, AND CREATIVE WAYS IN OUR ENGAGEMENT WITH THE CARE ORGANIZATIONS. AND THEN IN BUSINESS OPERATIONS, MOST OF THE INCREASE HERE IS THE ADDITION OF McMinnville BUSINESS AND H.R. FUNCTIONS WITH A FEW OTHER POSITIONS THAT WE'VE ADDED AGAIN WITH THE COMPLEXITY OF THE ENVIRONMENT THAT WE'RE WORKING IN. IN CORRECTIONS HEALTH, TWO THINGS. WE CONTINUE TO REALLY TRY TO STABILIZE CARE FOR A SYSTEM OF PEOPLE THAT NEED A LOT OF CARE WHEN THEY SHOW UP AT THE JAIL. AND THE CORRECTIONS HEALTH SYSTEM DOESN'T GET TO PICK AND CHOOSE WHO THEY SERVE, THEY SERVE WHOEVER SHOWS UP AT THE DOOR AND HAS TO COME TO THOSE CHALLENGES. WE CONTINUE TO HAVE CHALLENGES ATTRACTING AND RETRAINING A QUALITY CLINICAL STAFF IN CORRECTIONS HEALTH.

IT'S A VERY CHALLENGING ENVIRONMENT FOR PEOPLE TO SERVE IN. AS WE TALKED TO YOU YESTERDAY, EVERYBODY OUT THERE IS CURRENTLY TRYING TO ATTRACT A QUALITY CLINICAL STAFF. IT'S A CHALLENGING ENVIRONMENT. A FEW TRENDS, THIS IS ONE OF THE COOLEST. A FEW YEARS AGO THE HEALTH DEPARTMENT WAS TALKING TO YOU ABOUT THE KIND OF CONTINUALLY RISING AND VERY DIFFICULT TO CONTAIN OUTSIDE MEDICAL COSTS. SO THESE WERE -- THIS WAS WHEN INDIVIDUALS WERE ADMITTED TO THE JAIL AND THEN HAD TO BE SENT TO THE HOSPITAL FOR CARE THAT WAS MORE COMPLEX THAN COULD BE PROVIDED IN THE JAIL SETTING.

AND THOSE WERE JUST STEADILY RISING. WITH THE PASSAGE OF THE AFFORDABLE CARE ACT AND CLARIFICATION FROM THE STATE OF OREGON, IT'S VERY CLEAR IF PEOPLE ARE COVERED UNDER MEDICAID, AND AS YOU KNOW WE PUT A HUGE EFFORT INTO SIGNING PEOPLE UP IN THE CORRECTIONS SYSTEM IN BAKED, WHEN PEOPLE ARE ADMITTED TO THE SHRINERS HOSPITAL FOR 24 HOURS, THE HOSPITAL BUILD MEDICAID INSTEAD

OF BILLING US. THAT HAS DRAMATICALLY SHIFTED WHAT WE'RE PAYING FOR IN TERMS OF OUTSOURCED MEDICAL COSTS. 96 TO THAT, THE OTHER GREAT THING IS NOW THAT OUR SYSTEM IS ON THE EPIC SYSTEM, THEY ARE ABLE TO USE A FUNCTION CALLED CARE EVERYWHERE THAT ALLOWS THIS TOMORROW LOOK AT THE MEDICAL RECORDS OF PEOPLE ADMITTED TO THE JAIL WHO MIGHT HAVE BEEN IN THE HOSPITAL JUST THE DAY BEFORE HAVING A BUNCH OF TESTS RUN. IN THE PAST THEY WOULDN'T HAVE KNOWN ANYTHING ABOUT THAT MEDICAL HISTORY WHEN THEY TOOK THEM INTO THE JAIL. NOW THEY ARE REALLY ABLE TO BE A PART ARE A CARE SYSTEM, INSTEAD OF A BLACK HOLE WHEN PEOPLE SHOW UP, IT'S REALLY, REALLY RARE. THEY HAVE DRAMATICALLY CHANGED THEIR ABILITY TO SERVE PEOPLE.

Commissioner Shiprack: MADAME CHAIR.

Commissioner Shiprack: THIS IS A SLIDE I NEED A LITTLE COMPARE AND CONTRAST EXPLANATION WITH THE PREVIOUS GRAPHS THAT SHOWED YEAR TO YEAR COMPARISONS IN COSTS OF CORRECTIONS HEALTH. I HAVE THAT IN MY MIND. I DON'T KNOW IF WE CAN TOGGLE BETWEEN THESE TWO PAGES. SO WHY NO DECREASE IN FISCAL YEAR 2016 REFLECTING THIS DRAMATIC DECREASE?

Ms. Fuller: WE'VE TAKEN THOSE RESOURCES THAT WERE SAVED AND INVESTED THEM IN THE CARE ACTUALLY IN THE CORRECTIONS HEALTH SYSTEM, WHICH HAS LOTS TO EXPAND THE MENTAL HEALTH ABILITY, EXPAND OUR DISCHARGE PLANNING AND FUND POSITIONS AT THE AT THE MEAD BUILDING WHICH ARE DOING PAIR ASSESSMENT WITH PEOPLE WHO ARE RELEASED FROM THE JAIL, AND RELEASED FROM PRISON. SHOWING UP AT THE. THIS WAS DEMONSTRATED THROUGH A PROJECT THROUGH HEALTH SHARE FUNDS THAT NOW WE'RE ABLE TO CONTINUE THAT SERVICE. THAT'S A SERVICE WE'RE ALSO GOING TO BE FIGURING OUT ON WENDY'S LONG LIST FOR THE NEXT YEAR, FIGURING OUT HOW GOING FORWARD THAT COULD BE BUILD TO MEDICAID POTENTIALLY OR PART OF THAT. WE'RE REALLY CONTINUING TO EVOLVE THE CARE THAT'S PROVIDED, MAKE IT MEANINGFULLY ATTACHED TO OTHER HEALTH CARE SYSTEMS, MAKE SURE PEOPLE GET ENGAGED IN CARE AND THAT THE CARE IN THE JAIL ISN'T JUST ITS OWN LITTLE ISOLATED THING.

Commissioner Shiprack: THANK YOU. JUST TO FOLLOW UP, I'VE BEEN REALLY ENGAGE WITH THE REMOVAL OF THE MEDICAID EXEMPTION FOR PRETRIAL INMATES WHICH CONSTITUTE OVER 20% OF OUR JAIL POPULATION. AND NATIONALLY CONSTITUTES A LOT MORE THAN 20% OF JAIL POPULATIONS, AND YESTERDAY -- AND ALL OF THEM ARE CONSTITUTIONALLY INNOCENT. THEY HAVE NOT BEEN TO TRIAL YET. BUT ALL OF THEM HAVE HAD THEIR EXPECTATION OF HEALTH CARE REMOVED BY CONGRESS. SO THE REAL QUESTION THAT I HAVE AGAIN,ING TO LING BETWEEN THESE TWO REALLY,

REALLY DESCRIPTIVE BAR CHARTS, IS SHOULD I STILL CARE ABOUT THE PRETRIAL EXCEPTION?

Ms. Fuller: YES. BECAUSE WE ARE STILL USING GENERAL FUNDS TO SERVE EVERYONE WHO'S PHYSICALLY AT THE JAIL. THE OUTSOURCE MEDICAL COSTS ARE THE COSTS OF THE SMALL PERCENTAGE OF JAIL POPULATION THAT WIND UP AT THE HOSPITAL. I THINK THE CONFOUNDING THING IS THAT THERE WOULD BE A LOT OF STRUCTURAL ADMINISTRATIVE CHANGES FOR CORRECTIONS HEALTH IF WE WERE TO GO DOWN THE PATH OF BILLING FOR THE IN-JAIL CORRECTIONS HEALTH SERVICES. RIGHT NOW WE DON'T HAVE THAT BILLING INFRASTRUCTURE FOR THEM, THEY DEPARTMENT OF I'VE WHO'S INSURANCE OUR TON. KIND OF ALL OF THOSE OTHER PROCEDURES THAT WE DO ATTACH TO BUILDING, THEY ALSO DON'T NECESSARILY HAVE INFORMATION ABOUT WHO'S PRETRIAL AND WHO'S NOT PRETRIAL. WE WOULD NEED TO PUT ALL OF THOSE SYSTEMS IN PLACE IF THAT IS OKAY. THANK YOU.

Ms. Fuller: SO IN INTEGRATED CLINICAL SERVICES, AGAIN ONE OF THE BIGGEST PIECES OF OUR ORGANIZATION, EXPANDING CLINICAL SERVICES, CONTINUING TO INTEGRATE CLINICAL CARE, CONTINUING TO RETAIN, STRENGTHEN OUR BUILD TO RETAIN OR STAFF, AND CONTINUING OUR QUALITY OF CARE ENVIRONMENT IMPROVEMENT. AS I SAID BEFORE THE METRICS IN THE PAY FOR PERFORMANCE METRICS IN THE NEW FISCAL ENVIRONMENT THAT WE WORK IN, THAT BAR CONTINUES TO RISE EVERY YEAR. THAT MEANS WE NEED TO CONTINUE TO INVEST IN IMPROVING THE QUALITY OF OUR CARE AND SUPPORTING OUR PROVIDERS IN MEETING THOSE METRICS AND NOT JUST KIND OF SIT ON THE RESULTS THAT WE HAVE TODAY. THEY EXPECTED RESULTS EVERY YEAR WILL BE INCREASING.

THE SERVICE TRENDS, HERE YOU SEE ON THE TOP AND THE LIGHT, THE DENTAL PATIENTS WITH INSURANCE, WHICH HAS BLOWN US AWAY, THE NUMBER, THE CHANGE YEAR OVER YEAR. AND THEN THE PRIMARY CARE PATIENTS. AND SO, YOU KNOW, THIS IS JUST REALLY A CREDIT TO EVERYONE WHO HAS WORKED SUPER HARD TO GET PEOPLE INSURED IN THIS COMMUNITY AND MAKE SURE THAT PEOPLE WHO NOW HAVE ACCESS TO CARE TO INSURANCE ARE GETTING SIGNED UP AND MAINTAINING THEIR EN ROW. THROUGH AN ENVIRONMENT THAT AS YOU KNOW, THE OREGON HEALTH AUTHORITY PROVIDED LOTS OF CONFUSING INFORMATION TO PEOPLE ABOUT MAINTAINING THEIR ENROLLMENT THIS YEAR. AND THEN SERVICE TRENDS, THIS IS THE CLINTON COUNT IN THE CLINICS. AGAIN, YOU SEE THE DRAMATIC UPTICK. THEN IN THE INTEGRATED CLINICAL SERVICES PICTURES.

Ms. Lear: YES, SO IN THIS SLIDE THIS REALLY DEMONSTRATES HOW WE WERE ABLE TO REDIRECTED COUNTY GENERAL FUND WITHIN OUR HEALTH DEPARTMENT BUDGET INTO UPSTREAM WORK, WHILE STATEMENT THE

INTEGRATED CLINICAL SERVICES BUDGET GREW FOR NEXT YEAR. THE DARK BLUE PIE SLICE AT THE VERY BOTTOM IS GENERAL FUND AND THAT WAS REDUCED BY \$3 MILLION COMPARED TO FISCAL YEAR 15. AND THEN -- BUT THE MEDIUM BLUE IS THE COUNTY GENERAL FUND WRAP-AROUND AND PRIMARY CARE PATIENT CENTERED HOME REVENUE. THAT ACTUALLY INCREASED \$11 MILLION FOR NEXT YEAR. IN ADDITION, THE GREEN BAR IS OTHER FUNDS, WHICH INCREASED BY \$4 MILLION, MOSTLY MISTAKE TEE INCREASES. ASSOCIATED WITH THOSE CLINICAL EXPANSIONS YOU IMPROVED IN JANUARY. SO THAT'S DRIVING THE GROWTH IN THE LIGHT BLUE AND THE GREEN PORTION OF THIS BAR CHART.

Ms. Fuller: ONE OF THE THINGS I'D LIKE FOR HIGHLIGHT HERE, WE HAVE CLIENTS WHO SPEAK OVER 60 LANGUAGES IN OUR CLINICS AND WE NOW HAVE THREE CLINICS WHERE WE HAVE MORE THAN 50% OF OUR CLIENTS PREFER A LANGUAGE OTHER THAN ENGLISH. AND SO THIS IS REALLY A DYNAMIC. WHEN WE TALK ABOUT ADDRESSING HEALTH DISPARITIES, THE POPULATION OF PEOPLE THAT ARE BEING SERVED IN OUR CLINICAL AND DENTAL SYSTEM, AND SERVED BY OUR PHARMACIES, WE ARE DEEPLY PEN SEPARATING COMMUNITIES OF COLOR BUT IN A VERY CHALLENGING ENVIRONMENT, PEOPLE COME FROM A LOT OF DIFFERENT PLACES IN THE WORLD AND SPEAK A LOT OF LANGUAGES. IN MENTAL HEALTH AND ADECKSES WE WANT TO REALLY INCREASE WHAT WE CALL THE LOCAL McMINNVILLE. IF YOU THINK ABOUT PUBLIC HEALTH AS THE POPULATION, THE PATIENT FOR HEALTH INTERVENTIONS, IN MENTAL HEALTH, OUR LOCAL MENTAL HEALTH AUTHORITY IS SORT OF THE POPULATION AS THE PATIENT FOR MENTAL HEALTH AND ADDICTIONS INTERVENTION.

SO THESE ARE STRATEGIES LIKE SUICIDE PREVENTION EFFORT, AND A MENTAL HEALTH PER SE OF TRAINING PEOPLE WHO MIGHT BE SUICIDAL. PEOPLE KNOW OURIZES INTERVENTION NUMBER AND UNDERSTAND THEY CAN CALL IT WHEN THEY ARE IN DISTRESS. THE PARTS OF SCHOOL-BASED MENTAL HEALTH THAT AREN'T DIRECTLY SERVING AN INDIVIDUAL BUT MAY BE CONSULTING WITH TEACHER GROUPS OR TRAINING TEACHER GROUPS ABOUT IDENTIFYING MENTAL HEALTH ISSUES, THOSE ARE THE KINDS OF THINGS THAT FIT IN OUR LOCAL MENTAL HEALTH AUTHORITY.

WE ARE ALSO THE SAFETY NET THERE FOR THE UNINSURED POPULATION, AS WELL. AND THEN I JUST WANT TO POINT OUT THAT BOTH IN OUR CLINICAL SYSTEM AND HERE IN MENTAL HEALTH AND ADDICTIONS WE'RE DEALING WITH A REALLY VOLATILE FUNDING SITUATION WHERE WE'VE GOTTEN THESE DRAMATIC INCREASES IN THE BUDGET HERE, AND WE NEED TO BE FIGURING OUT WHAT DOES THAT REALLY MEAN AND THE CHANGES IN THE WAY THAT WE'RE FUNDED. ARE WE GOING TO SEE A DIP? AND THAT'S ALL A PRETTY MURKY PICTURE. WE NEED TO STAY ON TOP OF THAT. CHILDREN SERVED BY MENTAL HEALTH PROGRAMS AND OUR SERVICE TREND GOING UP. THIS MEANS THAT PEOPLE WHO ARE SEEKING ADDICTIONS TREATMENT, THE

VASTER MAJORITY OF THEM IN THE PAST WERE UNINSURED, PASSOVER -- HOUSING IMPORTANTS, MENTORING, OTHER KINDS OF THINGS THAT ARE GOING TO MAKE IT SO THAT THE TREATMENT THEY GOT STICKS AND THEY ARE ACTUALLY ABLE TO STAY IN RECOVER.

Ms. Fuller: I LOVE THIS TREND. AND THEN THE LAST TREND, WHICH IS MENTAL HEALTH MEMBERS: SO THIS IS THE INSURANCE ENTITY THAT WE WERE TALKING ABOUT EARLIER, THE MEDICAID PLAN. AND THIS REPRESENTS THE INCREASE EN MEMBERS WHICH THEN IS REPRESENTED BY THAT INCREASE YOU SAW IN THE FUND. AND THEN I THINK WE'VE REALLY WE'VE TALKED ABOUT EVERYTHING WE TALKED ABOUT HERE. THIS IS THE \$22 MILLION INCREASE THE MEDICAID MONEY AND A TWO MILLION DOLLAR INCREASE IN COUNTY GENERAL FUND WHERE WE TALKED ABOUT THE EXPANSIONS THAT WE'RE DOING. IN PUBLIC HEALTH, I THINK ONE OF THE THINGS I WOULD HIGHLIGHT WHEN YOU TALK ABOUT OUR WORK TO ADDRESS RACIAL AND ETHNIC DISPARITIES, BUT I REALLY WANT TO HIGHLIGHT OUR WORK AROUND FOOD SAFETY. THOSE RESTURANT INSPECTORS ARE OUT THERE INSPECTING CARTS, TALKING WITH PEOPLE WHO DON'T SPEAK ENGLISH AS THEIR FIRST LANGUAGE. AND SO THAT IS A REALLY IMPORTANT PART OF WHAT WE'RE DOING IN PUBLIC HEALTH, AS WELL AS THE MORE INTERESTING STUFF THAT WE'VE BEEN TALKING ABOUT EARLIER.

AND THEN STATE AND FEDERAL MONEY ISN'T KEEPING PACE WITH OUR PUBLIC HEALTH. IN TERMS OF OUR WATER, OUR FOOD, OUR AIR, OUR COMMUNICABLE DISEASE EXPOSURE. AND THEN IN PUBLIC HEALTH YOU SEE THE INCREASES THERE. THIS IS -- WE'RE SUPER HAPPY TO BE IN THIS PLACE TODAY WHERE WE CAN MAKE THE GENERAL FUND SHIFT INTO PUBLIC HEALTH TO MAKE THESE INVESTMENTS THAT WE'VE BEEN TALKING TO YOU ABOUT TODAY. THE NEXT TWO SLIDES ARE THE PLACE IN THE BUDGET PROCESS WHERE WE ARE JUST SHOWING YOU KIND OF THE RESULTS OF THE PROGRAMS THAT WE TALKED ABOUT EARLIER IN THE PRESENTATION.

IF YOU'VE GOTTEN ANY QUESTIONS HERE I'LL TAKE THEM BUT THERE'S NOTHING REALLY TO POINT OUT HERE. AND THEN THAT'S THE NEW ONE TIME ONLY, ALL OF THE EXPANSION OFFERS THAT WE TALKED ABOUT. AND THEN LEGISLATIVE IMPACTS: SO DURING THIS LEGISLATIVE SESSION THE LEGISLATURE IS GOING TO PASS A BILL ON PUBLIC HEALTH MODERNIZATION. IT IS SUPPOSED TO BE CREATING THE FRAMEWORK FOR A FUTURE CONVERSATION WITH THE STATE AND ACROSS THE STATE ABOUT HOW PUBLIC HEALTH EXPECTATIONS ARE DIVVIED UP BETWEEN THE STATE AND COUNTIES AND COMMUNITIES. AND WHAT A FUNDING PLATFORM MIGHT LOOK LIKE IN FUTURE LEGISLATIVE SESSIONS. WE ARE GOING TO NEED TO BE ALL OVER THAT IN THE NEXT COUPLE OF YEARS. TOBACCO AND E CIGARETTE POLICY, YOU ARE DEEPLY INVOLVED IN THAT WORK AND WE'RE INCREDIBLY PROUD TO BE YOUR PARTNERS IN THAT WORK.

Chair Kafoury: AND THANKS TO YOU AND US THAT THE STATE FOLLOW OUTER LEAD.

Ms. Fuller: YES. AND REALLY NOT ME, IT'S MY GREAT STAFF. YOU GUYS AND THEM. THE MENTAL HEALTH SYSTEM, WE STARTED THE LEGISLATIVE SESSION WITH SENATOR COURTNEY SAYING HE WANTED TO PUT BIG BUCKS INTO THE MENTAL HEALTH SYSTEM. WE HAVEN'T SEEN THAT HAPPEN YET. IT'S BEGINNING TO LOOK LIKE MAYBE IT'S NOT GOING HAPPEN. WE DON'T KNOW WHERE THE DISCUSSION ABOUT MENTAL HEALTH REFORM AT THE LEGISLATURE IS GOING TO LAND. THAT'S KIND OF A MOVING TARGET FOR US THAT WE'RE GOING TO NEED TO PAY ATTENTION TO NEXT YEAR. IN ADDITION TO THAT, THE STATE HAS LET US KNOW THAT THEY ARE GOING WITH HOLD THE FEDERAL BLOCK GRANT THAT USED TO COME TO US IN MENTAL HEALTH IN KIND OF A FLEXIBLE WAY. THEY MAY BE DECIDING WHAT BUCKETS THAT COMMUNITIES NEED TO USE THAT IN. THAT MIGHT BE A COMPETITIVE PROCESS ACROSS COMMUNITIES. WE WILL PROBABLY BE COMING BACK TO YOU.

I KNOW YOU ALL DON'T LIKE THIS BUT FAIRLY SHORTLY AFTER YOU PASS THE BUDGET WE WILL PROBABLY COME BACK TO TALK TO YOU ABOUT WHAT THAT DOES TO OUR BUDGET ONCE WITH YOU KNOW WHAT THAT DOES TO OUR BUDGET. IMMUNIZATION, SEEMS LIKE THERE WAS GOING TO BE PUBLIC POLICY BUT IT HASN'T REALLY MATERIALIZED. MARIJUANA HAS MATERIALIZED AND LITERALLY AND FIGURATIVELY. AND SO WE ARE REALLY RIGHT NOW IN THE PROCESS OF TRACKING WHAT THE STATE'S GOING DO IN TERMS OF THEIR POLICY FRAMEWORK. ONCE WE KNOW WHAT THEY ARE GOING DO THEN WE'LL BE ABLE TO ENGAGE IN A CONVERSATION WITH YOU ABOUT WHAT IS OUR SANDBOX IN TERMS OF THE PROGRAMS THE STATE SETS, AND WHAT'S THE LOCAL AUTHORITY AND WHAT YOU'RE OPTIONS ARE AND WHAT YOU WANT TO DO WITH THAT LOCAL AUTHORITY. IT HAS IMPACTS ACROSS THE WHOLE COUNTY. HIRING, MOTOR VEHICLES, PESTICIDES, A WHOLE HOST OF FENNEL CONSEQUENCES. AND FEDERAL IMPACTS: THE REPUBLICANS CONTINUE TO TALK ABOUT HOW THEY WOULD LIKE TO REPEAL ALL OR PORTIONS OF THE AFFORDABLE CARE ACT. YOU KNOW, WE DON'T KNOW WHAT'S GOING HAPPEN WITH THAT. WELTON FOLLOW THAT. AND BECAUSE OF THE EXPANSION OF THE AFFORDABLE CARE ACT AND THE FACT THAT THE FEDS ARE SEEING ALL OF THIS MONEY THAT'S GOING COMMUNITIES ACROSS THE COUNTRY, THERE'S NOW ALL THIS CONVERSATION ABOUT SCALING BACK FUNDING THAT COMES TO US LIKE OUR COMMUNITY HEALTH --

Ms. Lear: THE PRIMARY CARE THROUGHOUT 30 GRANT.

Ms. Fuller: SO THAT'S THE BASE LEVEL FUNDING FOR OUR CLINICAL SYSTEM THAT COMES TO US AND THERE'S, YOU KNOW, THIS CONVERSATION AT THE

FEDERAL LEVEL ABOUT THE CONTINUATION OF FUNDING FOR THAT. WE'RE COMPLETELY ON TOP OF THAT, AS WELL.

Ms. Fuller: IN SUMMARY, I JUST HAVE TO SAY PERSONALLY THAT AFTER CUTTING BUDGETS FOR SO MANY YEARS AT THE COUNTY AS A DEPARTMENT DIRECTOR AND HAVING TO SIT HERE AND TALK ABOUT HORRIBLE CHOICES, IT'S REALLY A PLEASURE TO BE HERE TODAY TO TALK TO YOU ABOUT NOT ONLY AN IMPROVED BUDGET PICTURE BUT AN OPPORTUNITY TO MAKE SUPER IMPORTANT INVESTMENTS THAT ARE REALLY GOING TO MOVE HEALTH AND PROSPERITY FORWARD IN OUR COMMUNITY, AND REALLY MAKE A DIFFERENCE, BOTH IN INDIVIDUAL PEOPLE'S LIVES AND COLLECTIVELY IN GROUPS AND ALL OF OUR LIVES. I'M INCREDIBLY PROUD OF THE WORK THAT THE ORGANIZATION DOES, AND I REALLY MEAN IT WHEN I SAY, YOU KNOW, IT'S MY JOB SOMETIMES TO JUST GET OUT OF THE WAY AND LET THE GREAT PEOPLE THAT WORK FOR THE COUNTY AND THE HEALTH DEPARTMENT DO THEIR GREAT WORK. SO I WANT TO THANK YOU FOR YOUR SUPPORT FOR THAT WORK.

IT'S MEANT A LOT THIS YEAR, YOUR FOCUS, AND YOUR WILLINGNESS TO STEP INTO YOUR BOARD OF HEALTH ROLE. I LOOK FORWARD TO US CONTINUING WITH THAT PARTNERSHIP. I THINK I WOULD JUST LEAVE YOU WITH, YOU KNOW, WE TALKED ABOUT UPSTREAM YESTERDAY. WE ALSO NEED TO THINK ABOUT BEING NIMBLE. WE ARE IN A VERY DYNAMIC ENVIRONMENT AND AN ENVIRONMENT THAT'S BOTH EXCITING AND SCARY. AND WE NEED TO BE -- WE NEED TO BE ON TOP OF OUR GAME TO BE ABLE TO BE RESPONSIVE TO THAT ENVIRONMENT AND THE OPPORTUNITIES AND THE CHALLENGES THAT IT CREATES. I WANT TO THANK WENDY AND HER STAFF. AND I'D LIKE THEM TO STAND UP. THEY ARE HERE. COME ON!

Chair Kafoury: COME ON, STAND UP. THEY HAVE PUT IN INCREDIBLE WORK.

Ms. Lear: AND ROBERT WOULD BE STANDING UP IF WE DIDN'T DRAG HIM.

Ms. Fuller: WHO HAVE DONE INCREDIBLE WORK DEVELOPING THIS BUDGET AND THE MOVEMENT OF THE MENTAL HEALTH AND ADDICTIONS INTO THE BUDGET WHICH SEEMS REALLY EASY BUT UNDER THE COVERS THERE'S A LOT OF WORK TO BE DONE THERE. THAT'S INCREDIBLE, INCREDIBLE. ALSO TO THE DEPARTMENT LEADERSHIP AND THEIR TEAMS. THE BUDGET FOLKS HAVE TO FIGURE OUT ALL THE NUMBERS AND THE MECHANIC MAKES BALANCE EVERYTHING, LOAD OF CONTENT, TALK ABOUT THE POLICY IDEAS, TALK ABOUT THE OPPORTUNITIES, TALK ABOUT THE RISK. , II REALLY WANT TO THANK ALL OF THEM, AND AGAIN THANK YOU FOR YOUR COMMITMENT TO HEALTH IN OUR COMMUNITY. THANK YOU.

Chair Kafoury: QUESTIONS OR COMMENTS FROM THE BOARD?

Commissioner Shiprack: QUESTION MAKE A COMMENT?

Chair Kafoury: GO AHEAD.

Commissioner Shiprack: WHEN I GET OUT OF MY DISTRICT I HEAR AND PEOPLE COME AND TALK TO ME IN MY OFFICE, PEOPLE FROM THE DISTRICT, THERE'S ALMOST ALWAYS A KUDO TO THE HEALTH DEPARTMENT. I WANT TO SAY THAT ONE OF THE MOST DELIGHTFUL FIELD TRIPS I'VE MADE IN THE RECENT PAST WAS TO THE SCHOOL-BASED HEALTH CLINIC AT DAVID DOUGLAS HIGH SCHOOL. I JUST WANT TO GIVE YOU AND THEM A SHOUT-OUT FOR HOW REMARKABLE THE FOCUS ON BEHAVIORAL HEALTH IS, HOW REMARKABLE THE FOCUS IS ON CULTURALLY APPROPRIATE AND SPECIFIC HEALTH CARE ACCESS IS, HOW LOVELY IT IS THAT THE PROGRAM IS DESIGNED TO PICK UP A CHILD AND THE CHILD'S FAMILY, IN ELEMENTARY SCHOOL, AND STAY WITH THEM ALL THROUGH THEIR HIGH SCHOOL YEARS PROVIDING HEALTH CARE. SO I'M REALLY PROUD OF THE WORK THAT YOU DO. I KNOW THAT WE ECHO YOUR POSITION, JOANNE, OF SOMETIMES YOU JUST HAVE TO LET YOUR DEPARTMENT DIRECTORS AND THE MANAGERS AND THE EMPLOYMENT OUT IN THE WORLD DO THEIR WORK. AND THIS IS A CASE WHERE YOU JUST DO IT SO WELL. THE FACT THAT YOUR PRESENTATION TODAY INCLUDES THESE METRICS AND THESE OUTCOMES, I THINK THEY ARE EVEN MORE. I KNOW THEY ARE EVEN MORE THAN YOU'VE LISTED FOR US, THE ONES THAT YOU'VE LISTED ARE IMPRESSIVE. THANK YOU FOR YOUR GOOD WORK.

Ms. Fuller: THANK YOU.

Vice-Chair Bailey: THANK YOU, CHAIR, I APPRECIATE THE PRESENTATION. SEEMS LIKE THERE'S A REAL FOCUS WITHIN YOUR DEPARTMENT AND THE PRESENTATION ON GETTING UPSTREAM, INTERVENING AT A BETTER POINT IN THE PROCESS, WHETHER BEHAVIORAL HEALTH OR PHYSICAL HEALTH. AND LEVERAGING COMMUNITY HEALTH IMPROVEMENT PLAN TRANSFORMATION AND MEDICAID EXPANSION TO BE ABLE TO PROVIDE ADDITIONAL SERVICES, MORE EFFICIENT SERVICES AND TO TAKE ADVANTAGE OF WHAT I THINK ARE A LOT OF OPPORTUNITIES AND COMPLEXITIES WITHIN THAT LAW. SO I CONGRATULATE YOU ON NAVIGATING SOME VERY PERHAPS CHOPPY WATERS IN TRYING TO FIGURE OUT HOW THESE OVERALL STRUCTURAL MOVEMENTS PLAY OUT WITHIN YOUR DEPARTMENT. TO END ON THAT THEME OF GOING UPSTREAM I WOULD LIKE TO PROPOSE AN AMENDMENT.

I'D LIKE TO PROPOSE \$65,000 IN ONE-TIME-ONLY FOR ORGANIZATIONS THAT PROVIDE ACCESS TO FRESH AND HEALTHY FOOD IN NEW COLUMBIA, IN THAT UNDERSERVED COMMUNITY. I THINK IT'S IMPORTANT THAT WE HAVE FOOD AND ACCESS TO FRESH AND HEALTHY FOOD AS AN IMPORTANT PART OF OUR HEALTH STRATEGY. BE BACK IN TOUCH WITH MORE DETAILS ON THAT, I HAVE A FEELING IN FUTURE YEARS WE WILL NEED TO THINK ABOUT THAT I

CANNING THAT AN ONGOING ASK, AN ONGOING BUDGET ITEM. FOR NOW I'D LIKE TO IT BE ONE-TIME-ONLY AND I WOULD LIKE TO HAVE A REPORT BACK ON ACCESS TO FOOD AND THE EFFECTIVENESS OF THESE KINDS OF PROGRAMS.

Chair Kafoury: I JUST WANTED TO THROW MY THANKS ON THERE AS WELL TO YOUR LEADERSHIP AND THE STAFF AT THE HEALTH DEPARTMENT. I THINK THAT OF ANY ORGANIZATION ANY DEPARTMENT IN OUR ORGANIZATION THE HEALTH DEPARTMENT HAS GONE THROUGH THE MOST CHANGE, PEAKS AND VALLEYS SHALL WE SAY. AND I KNOW IT'S BEEN TOUGH AND PEOPLE HAVE REALLY HELD IN THERE. AS WE SAID THROUGH THE PAST ISSUES OF A COUPLE YEARS AGO THAT PEOPLE SHOWED UP EVERY DAY AT OUR HEALTH CLINICS AND STILL GOT THE SERVICES THEY NEEDED TO KEEP THEM HEALTHY. I CAN SAY THAT TODAY. I KNOW ADDING AS YOU TALKED B ADDING MENTAL HEALTH AND BEHAVIORAL HEALTH AND ADDICTIONS INTO THE DEPARTMENT WAS NOT AN EASY JOB FOR ANYONE AND I JUST WANTED TO SAY THANK YOU, THANK YOU, FOR ALL THE GOOD WORK YOU DO. WE SOMETIMES HAVE INTERESTING DISAGREEMENTS BUT THEY ARE ALWAYS APPROPRIATE AND AT THE END OF THE DAY I THINK IT MAKES FOR A BETTER PRODUCT FOR ALL OF THE CONSTITUENTS IN MULTNOMAH COUNTY. WE JUST WANT TO THANK YOU.

Ms. Fuller: THANK YOU, MADAM CHAIR.

Chair Kafoury: AND FOR THOSE WHO ARE WONDERING OUR PLANS THIS AFTERNOON, WE WILL BE RIGHT BACK HERE AT 1:00 FOR MORE FUN.

ADJOURNMENT

The meeting was recessed at 11:20 a.m.

Transcript prepared by LNS Captioning and utilized in creating minutes by the Board Clerks. 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