

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, May 14, 2013**

FY 2014 Budget Work Session #2

Chair Jeff Cogen called the meeting to order at 10:11 a.m. with Vice-Chair Judy Shiprack and Commissioner Deborah Kafoury, Loretta Smith and Diane McKeel present.

Lynda J. Grow, Board Clerk, was also in attendance.

BWS #2-a FY 2014 Budget Work Session – Financial Overview. Presenters: Karyne Kieta, Deputy Director & Mike Jaspin, Economist.

Chair Cogen: GOOD MORNING, EVERYONE, AND WELCOME TO OUR SECOND BUDGET WORK SESSION. WE HAVE TWO SPECIFIC ITEMS TODAY WE'RE GOING TO LEARN ABOUT THE FINANCIAL OVERVIEW OF THE COUNTY THIS YEAR, AND ABOUT THE HEALTH DEPARTMENT'S BUDGET. BEFORE WE DO THAT, KARYNE IS GOING TO WALK US THROUGH THE WHOLE PROCESS WE'RE ABOUT TO ENGAGE IN. LET ME TURN IT OVER TO KARYNE KIETA.

Ms. Kieta: GOOD MORNING. KARYNE KIETA, BUDGET DIRECTOR. AND TO MY RIGHT IS MIKE JASPIN, AND HE'S THE COUNTY'S ECONOMIST AND DRIVER OF OUR PRESENTATION HERE. I WANT TO START FIRST AND TALK ABOUT THE PURPOSE OF THIS PRESENTATION. WE BRIEFLY WANT TO REVIEW THE SCHEDULE AND THE PROCESS. AND WE ALSO WANT TO PROVIDE YOU WITH A BIG PICTURE OF THE FINANCIAL CONTEXT FOR THE COUNTY'S BUDGET AS IT WILL BE DISCUSSED OVER THE NEXT FOUR WEEKS. WE'LL BE PRESENTING INFORMATION ON SOME VERY INTERESTING TRENDS AND THEN WE'LL WRAP IT UP. AS I DO EVERY YEAR AT THIS TIME, I WAS REFLECTING ON THE NUMBERS AND WHERE WE'VE COME FROM. I'VE BEEN DOING BUDGETS FOR OVER 28 YEARS, AND I'VE BEEN WITH THE COUNTY FOR OVER 17 YEARS. THIS IS MY ELEVENTH BUDGET AS THE BUDGET DIRECTOR FOR MULTNOMAH COUNTY. AND THIS IS THE FIRST TIME IN THOSE 11 YEARS THAT WE'VE BEEN IN A POSITION TO MAKE FUNDING DECISIONS RATHER THAN CUTTING DECISIONS. CHAIR COGEN STATED IN HIS MESSAGE THAT OUR FISCAL POSITION HAS STABILIZED. THIS IS TRUE, HOWEVER AS YOUR BUDGET DIRECTOR I WANT TO CAVEAT THAT STATEMENT. OUR RELATIVELY STABLE POSITION IS BASED ON A DELICATE BALANCE THAT ANTICIPATES WE'LL KEEP OUR FORECASTED ONGOING EXPENDITURES IN LINE WITH OUR REVENUES OVER THE LIFE OF THE FIVE-YEAR FORECAST. WE'LL BE TALKING TO YOU MORE ABOUT THIS BALANCING ACT IN LATER SLIDES, AND THEN AGAIN WHEN WE PRESENT THE UPDATED FORECAST NEXT WEEK.

ALTHOUGH THIS YEAR'S BUDGET PROCESS BEGAN IN DECEMBER, WE HAD A MAJOR MILESTONE THAT I DON'T WANT TO NEGLECT. IN NOVEMBER OF COURSE THE VOTERS APPROVED THE FORMATION OF THE LIBRARY DISTRICT, AND THIS HAD A DIRECT AND POSITIVE FISCAL IMPACT ON THE LIBRARY AND THE COUNTY. IN DECEMBER, WE PRESENTED THE GENERAL FUND FORECAST WHICH SET THE FISCAL PARAMETERS FOR PHYSICAL YEAR 2014. AT THAT TIME WE REPORTED TO YOU AN ESTIMATED \$5.2 MILLION GAP IN BETWEEN REVENUES AND EXPENDITURES IN THE GENERAL FUND. THE 5.2 MILLION GAP WAS WITHOUT CONSIDERATION OF THE IMPACT OF THE NEW LIBRARY DISTRICT. IN FEBRUARY, THE DEPARTMENT SUBMITTED THEIR BUDGET REQUESTS AND THE STATE BEGAN ITS LEGISLATIVE SESSION ON THE FIRST YEAR OF THE 2013-15 BIENNIUM. IN MARCH, WE HELD A COMMUNITY -- THE CIC, THE CITIZEN INVOLVEMENT COMMITTEE HELD A COMMUNITY EDUCATIONAL FORUM ON THE HEALTH CARE SYSTEM TRANSFORMATION. ON MAY 2nd, OF COURSE THE CHAIR RELEASED HIS FISCAL YEAR 2014 PROPOSED BUDGET AND THE BOARD APPROVED THE SAME. THE BOARD ACTING AS THE LIBRARY DISTRICT BOARD ALSO APPROVED THE LIBRARY DISTRICT'S PROPOSED BUDGET. AND AS I MENTIONED EARLIER ON MAY 23rd, WE WILL BE PRESENTING TO YOUR BOARD AN UPDATED FORECAST FOR FISCAL YEAR 2014, AND WE WILL ALSO BE COVERING THE FISCAL YEAR 2014 FINANCIAL POLICIES. AS YOU KNOW THERE ARE THREE EVENING PUBLIC HEARINGS. WE HAD OUR FIRST PUBLIC HEARING LAST WEEK. AND THAT WAS A VERY NICE REFRESHING HEARING FROM THE ONES WE'VE HAD IN THE PAST. WE HAVE TWO MORE COMING UP, ONE IN EAST COUNTY, AND ONE IN NORTHEAST. ADDITIONALLY, THERE ARE TWO TSCC HEARINGS IN JUNE. THE FIRST IS ON THE MULTNOMAH COUNTY BUDGET, AND THE SECOND IS ON THE LIBRARY DISTRICT. AND ON JUNE 6th, WE ARE SCHEDULED TO ADOPT BOTH BUDGETS. THE LIBRARY DISTRICT AND MULTNOMAH COUNTY. THE BUDGET WORK SESSIONS ACTUALLY BEGAN LAST WEEK WITH A PRESENTATION FROM OUR CITIZEN INVOLVEMENT COMMITTEE, AND ALSO FROM THE FOLKS WHO ARE RESPONSIBLE FOR THE CAPITAL BUDGET.

TODAY WE'LL BE PRESENTING THE FINANCIAL OVERVIEW AND THEN WE'LL ROLL INTO THE DEPARTMENT PRESENTATIONS. WE'VE TRIED TO GROUP THE WORK SESSIONS BY FUNCTIONAL AREA STARTING THIS WEEK WITH HEALTH AND HUMAN SERVICES. THEN THE WEEK OF MAY 20th, YOU WILL HEAR FROM THE PUBLIC SAFETY PEOPLE, AND THE WEEK OF MAY 27th WE'LL INCLUDE PRESENTATIONS FROM THE GENERAL GOVERNMENT GROUP AND THE LIBRARY DISTRICT. ALSO DURING THE WEEK OF THE 27TH YOU'LL HAVE A BRIEFING ON THE FEDERAL SEQUESTRATION, WE'LL BE PROVIDING YOU WITH THE LATEST INFORMATION WE HAVE AND HOW IT COULD POTENTIALLY IMPACT MULTNOMAH COUNTY. I DO WANT TO NOTE THAT EACH DEPARTMENT WILL BE TALKING ABOUT THE POTENTIAL IMPACTS OF THE SEQUESTRATION THE STATE BUDGETS, AND POTENTIAL CITY OF PORTLAND CUTS DURING THEIR PRESENTATIONS. THE FINAL BRIEFING HERE DURING THE WEEK OF

THE 27th ON THE FEDERAL SEQUESTRATION WILL HELP YOU PULL THIS ALL TOGETHER AND PROVIDE WITH YOU A MORE GLOBAL PERSPECTIVE. AS I MENTIONED EARLIER IN JUNE, WE'LL HAVE OUR TSCC HEARINGS AND THE ADOPTION OF BOTH BUDGETS. WE'VE ALSO RESERVED ADDITIONAL TIME TO RESPOND TO INFORMATION REQUESTS AND AMENDMENT PROPOSALS FROM THE DEPARTMENTS AND THE BOARD. JUST A HOUSEKEEPING NOTE FOR YOU, THERE ARE NO BOARD ACTIONS REQUIRED AT ANY OF THESE WORK SESSIONS. YOU WON'T ACTUALLY BE VOTING UNTIL JUNE 6TH, BUT YOU CAN PROPOSE BUDGET AMENDMENTS OR BUDGET NOTES DURING ANY OF THE PUBLIC WORK SESSIONS.

SO BEFORE I BEGIN WITH THE REAL SUBSTANCE OF THIS PRESENTATION, I WANT TO CALL OUT THAT MANY OF THE UPCOMING CHARTS YOU'LL BE SEEING SHOULD FEEL VERY FAMILIAR. EVERY BUDGET YEAR WE SHOW A ONE-YEAR SNAPSHOT OF DIFFERENT THINGS AND WE ALSO SHOW TRENDING INFORMATION THAT SPANS MULTIPLE YEARS. SOMETIMES THE NET CHANGES CAN BE VERY SMALL FROM YEAR TO YEAR AND IT WILL FEEL LIKE YOU'VE SEEN THE SAME CHART OVER AND OVER AGAIN. THE NUMBER MOST PEOPLE WANT TO KNOW ABOUT IS HOW BIG IS THE BUDGET, AND HOW MUCH DID IT CHANGE FROM LAST YEAR? THE 2014 BUDGET IS SLIGHTLY OVER 1H \$1.5 BILLION FOR ALL FUNDS, AND THAT INCLUDES CONTINGENCIES, RESERVES, AND UNAPPROPRIATED BALANCE. THAT'S ONLY A 1.3% INCREASE OR 19.7 MILLION DOLLARS OVER LAST YEAR. I WANT TO POINT OUT THIS CHANGE IS SLIGHTLY MISLEADING BECAUSE IT'S REALLY A REFLECTION AFTER NET CHANGE RESULTING FROM LOTS OF UPS AND DOWNS IN OUR 32 FUNDS. FOR EXAMPLE, A COUPLE OF CAPITAL PROJECTS, SAY THE SELLWOOD BRIDGE AND THE HEALTH DEPARTMENT HEADQUARTERS, CAN MAKE GOOD SWINGS IN EITHER DIRECTION THAT GO INTO THIS NET NUMBER. YOU'LL REMEMBER WE ISSUED \$128 MILLION BOND FOR THE SELLWOOD BRIDGE THIS YEAR, AND WITH THOSE BONDS WE PAID OFF \$9 MILLION INTERNAL LOAN AND A \$40 MILLION LINE OF CREDIT. FOR FISCAL YEAR 2014, WE'RE APPROPRIATING \$40 MILLION FOR THE HEALTH DEPARTMENT HEADQUARTERS. SO YOU CAN SEE THESE LARGE NUMBERS THAT SWING IN EITHER DIRECTION HAVE AN IMPACT BOTH WAYS ON THE NET NUMBER. YOU CAN FIND MORE DETAIL ON THE UPS AND DOWNS THAT OCCURRED IN THE 32 FUNDS ON PAGE 15 OF THE BUDGET DIRECTOR'S MESSAGE. OR THE LEGAL DETAIL IN VOLUME ONE CAN PROVIDE YOU AN EVEN MORE GRANULAR LEVEL OF INFORMATION, OR YOU CAN JUST CALL ME AND I'LL TALK TO YOU.

I WANT TO BRIEFLY REVIEW THE GENERAL FUNDS SPECIFICALLY WHERE OUR MONEY COMES FROM AND WHERE IT GOES TO. WE TYPICALLY PAY A LOT OF ATTENTION TO THE GENERAL FUND BECAUSE IT'S OUR LARGEST SOURCE OF DISCRETIONARY REVENUE AND IT'S WHERE YOU AS THE BOARD HAS THE MOST CONTROL OVER ITS ALLOCATION. THE GENERAL FUND REPRESENTS ABOUT ONE-THIRD OF THE COUNTY'S BUDGET OR \$443 MILLION. THIS ALSO INCLUDES THE FUHC, THE FEDERALLY QUALITY FILED HEALTH CENTERS

MEDICAID WRAP-AROUND REIMBURSEMENTS. PRIOR TO FISCAL YEAR 2013, THEY WERE BUDGETED IN THE GENERAL FUND, BUT DUE TO AN EXISTING RULE CHANGE WE MOVED THESE INTO THE GENERAL FUND SO WE SAW A GOOD INCREASE IN THE GENERAL FUND REVENUE AS A RESULT OF THAT. GENERAL FUND RESOURCES HAVE INCREASED \$14 MILLION OR 3.2% FROM FISCAL YEAR 2013. THIS CAN BE ATTRIBUTED TO A \$10 MILLION INCREASE IN THE FQHC REVENUE AND PERSPECTIVE HEALTH PAYMENTS, A \$3 MILLION INCREASE IN TAXES AND THAT'S MAINLY OUR BUSINESS INCOME TAX AND OUR MOTOR VEHICLE RENTAL TAX. AND A LITTLE OVER A MILLION DOLLAR INCREASE IN BWC ORIGINNING WORKING CAPITAL. I WANT TO DRAW YOUR ATTENTION TO THE PIE CHART IN THE UPPER LEFT CORNER THERE. ARE THREE REVENUES IN THE TAX CATEGORY THAT MAKE UP ABOUT 73% OF THE GENERAL FUND. THERE ARE PROPERTY TAXES AT ROUGHLY \$237 MILLION, THE BUSINESS INCOME TAX AT \$58 MILLION, AND THE MOTOR VEHICLE RENTAL TAX AT \$20 MILLION. THAT IS THE BULK OF THE GENERAL FUND AT \$318 MILLION. THE NEXT BIGGEST CHUNK IS BEGINNING WORKING CAPITAL. THIS INCLUDES ROLLING OVER OUR RESERVES, ANY UNSPENT BITC STABILIZATION RESERVE, UNUSED CONTINGENCY FROM FISCAL YEAR '13, DEPARTMENTAL UNDERSPENDING FROM FISCAL YEAR 12 AND THE \$6.6 MILLION FROM THE LIBRARY AND I'LL TALK MORE ABOUT THAT IN A FEW SLIDES. THE SMALLER SLIVERS INCLUDE SERVICE CHARGES, INTERGOVERNMENTAL REVENUES, LICENSES AND PERMITS, WHERE WE PICK UP THE U.S. MARSHAL, FQHC AND KAFA GRANT.

ON THE EXPENDITURE SIDE, OR WHERE OUR MONEY GOES TO, THE SHERIFF'S OFFICE IS THE LARGEST CONSUMER OF GENERAL FUND DOLLARS WITH A BUDGET RIGHT AROUND \$110 MILLION, ROUGHLY ONE-QUARTERS OF GENERAL FUND. THE TOTAL PUBLIC SAFETY FUNCTION, YOU CAN SEE THAT IN THE DARK BLUE BARS THERE, WHICH INCLUDES DCJ, DEPARTMENT OF COMMUNITY JUSTICE, THE DISTRICT ATTORNEY, AND THE SHERIFF, REPRESENTS ABOUT 45% OF THE TOTAL ALLOCATION OF GENERAL FUND RESOURCES. THE NEXT LARGEST IS HEALTH AND HUMAN SERVICE REPRESENTED IN THE LIGHTER BLUE BARS, WITH 37.4% OF THE GENERAL FUND RESOURCES. AND LASTLY, GENERAL GOVERNMENT, WHICH IS REPRESENTED IN GREEN, IS THE SMALLEST CONSUMER OF GENERAL FUND AT 17%. THE TOTAL BUDGET FOR ALL FUNDS IS \$1.5 BILLION. I'D LIKE TO DRAW YOUR ATTENTION TO THE PIE CHART. WHAT'S INTERESTING ABOUT THIS PIE CHART IS WHERE TAXES MADE UP A VAST MAJORITY OF THE GENERAL FUND, 73%, THEY MAKE UP A MUCH SMALLER PERCENTAGE WHEN YOU'RE LOOKING AT THE OVERALL RESOURCES. SO THEY MAKE UP ONLY 28% WHEN YOU'RE LOOKING AT ALL RESOURCES. THE INTERGOVERNMENTAL OR FEDERAL STATE FUNDS MAKE ABOUT 34% AND IT'S THE LARGEST SLICE OF THE PIE. UNTIL VERY RECENTLY, TAXES WERE THE LARGEST SOURCE OF REVENUE. THE INTERGOVERNMENTAL CATEGORY HAS ECLIPSED THE TAX CATEGORY, AND WHAT THAT MEANS IS THAT A LARGER PERCENTAGE OF OUR BUSINESS IS BEING A CONTRACTOR FOR OTHER AGENCIES. OUR MOST RECENT

EXAMPLE IS THE LIBRARY DISTRICT. WE USED TO COLLECT TAXES THAT SUPPORTED THE LIBRARY DEPARTMENT'S OPERATIONS. NOW THE LIBRARY DISTRICT WILL COLLECT THE TAXES AND THERE'S A CONTRACTUAL RELATIONSHIP WITH MULTNOMAH COUNTY TO PROVIDE THOSE SERVICES. BWC, BEGINNING WORKING CAPITAL MAKES UP 23%. I WANT TO NAME A FEW OF THE LARGER SOURCES IN THIS CATEGORY. THERE IS THE GENERAL FUND WITH 56 MILLION. THE PERS BOND FUND WITH 59 MILLION, RISK MANAGEMENT, WITH 45 MILLION, AND THE SELLWOOD BRIDGE REPLACEMENT FUND AT 56 MILLION. IF YOU LOOK AT WHERE OUR MONEY GOES TO, THE TAKE-AWAY FROM THIS CHART IS THAT THE SOCIAL SERVICE AGENCIES RECEIVED FAR MORE FUNDING FROM OTHER SOURCES THAN THE GENERAL FUND, WHILE THE PUBLIC SAFETY DEPARTMENTS RECEIVE A SMALLER PERCENTAGE. THIS IS AN IMPORTANT POINT BECAUSE AT THE FEDERAL -- ANY CHANGES AT THE FEDERAL STATE LEVEL WILL LIKELY HAVE A FAR GREATER IMPACT ON OUR SOCIAL SERVICE AGENCIES BY VIRTUE OF THE FUNDING SOURCE IF NOTHING ELSE.

I ALSO WANT TO CALL OUT WHAT'S A LITTLE BIT DIFFERENT THIS YEAR, THAT THE DEPARTMENT OF COMMUNITY SERVICES AND THE DEPARTMENT OF COUNTY ASSETS ARE ALSO LARGER THAN THEY WERE LAST YEAR. THAT'S BECAUSE OF THE TWO LARGE CAPITAL PROJECTS, BUDGETED THE SELLWOOD BRIDGE AND THE HEALTH DEPARTMENT HEADQUARTERS. AND I THINK THE SELLWOOD BRIDGE WAS ROUGHLY \$150 MILLION AND THE HEALTH DEPARTMENT HEADQUARTERS WAS 40 MILLION. THIS SLIDE SHOWS THE CHANGES IN FTE, WHICH IS FULL-TIME EQUIVALENT OR ROUGHLY ONE POSITION FOR ONE YEAR IN ALL FUNDS. IF I CAN JUST HAVE YOU LOOK AT THE OVERALL TREND FOR A MOMENT, OVER THE COURSE OF 12 YEARS, THE COUNTY HAS REDUCED A NET OF \$4 HUNDRED -- 471 FTE FROM A HIGH OF 536 IN 2001 TO A LOW OF 4,398 IN 2010. IN FISCAL YEAR 2014, WE HAVE 4,565 BUDGETED FTE, WHICH IS AN INCREASE OF 92 FTE OVER FISCAL YEAR 2013. THIS CAN MAINLY BE ATTRIBUTED TO THE LIBRARY.

Chair Cogen: MEANING THE LIBRARY ADDING BACK POSITIONS BECAUSE OF THE INCREASED FUNDING?

Ms. Kieta: CORRECT. THE BLUE LINE SHOWS THE TOTAL FTE INCLUDING THE LIBRARY, AND YOU'LL SEE A RED CIRCLE AT THE TAIL OF THE BLUE LINE. IN THAT RED CIRCLE YOU'LL SEE AN UPWARD TREND. IT WAS HARD TO SEE, SO WE WANTED TO CALL THAT OUT. THE BOTTOM GREEN LINE SHOWS THE TOTAL FTE WITHOUT THE LIBRARY. WHAT WE'RE TRYING TO SHOW YOU IN THIS SLIDE IS THAT THE CHANGE IN FTE OVER THE LAST FEW YEARS HAS ALMOST SOLELY BEEN DUE TO THE LIBRARY REDUCING THE HOURS AND THE LIBRARY INCREASING THEIR HOURS. SO IF YOU LOOK AT THE GREEN LINE WITHOUT THE LIBRARY, YOU'LL SEE THAT THAT LINE IS RELATIVELY FLAT FOR THE LAST ABOUT FOUR YEARS. THIS CHART SHOWS THE YEAR OVER YEAR CHANGE BY DEPARTMENT. THE DARK BLUE BAR, IT LOOKS GRAY HERE, IS

THE FISCAL YEAR 2013 ADOPTED, AND THE GREEN BAR IS THE FISCAL YEAR 2014 APPROVED. AS YOU CAN SEE, THE OVERALL CHANGES WITHIN THE DEPARTMENT'S REMAIN RELATIVELY FLAT WITH THE EXCEPTION OF THE LIBRARY. HERE YOU CAN VISUALLY SEE THE ADOPTION. WHAT'S MORE USEFUL IS TO SEE WHERE THE POSITIONS ARE ALLOCATED BY DEPARTMENT. THE HEALTH DEPARTMENT HAS THE LARGEST NUMBER OF EMPLOYEES AT 1,07 FTE AND THE SHERIFF'S OFFICE IS NEXT IN LINE WITH 776 FTE. THE SMALLEST DEPARTMENT, EXCLUDING. IS THE D.A.'S OFFICE WITH 193 FTE.

ON MAY 2nd, YOU RECEIVED CHAIR COGEN'S BUDGET, AND JUST AS A REMINDER, I WAS TRYING TO SUM UP WHAT THAT \$1.5 BILLION BUDGET, 1300 PAGES IN THE BUDGET DOCUMENT, DID IN ONE SLIDE. THIS BUDGET PRESERVES SERVICES TO CLIENTS. IT BALANCES THE BUDGET FOR A COUPLE OF YEARS, THERE ARE NO WAGE FREEZES FOR EMPLOYEES. IT INVESTS IN SAFETY NET AND MENTAL HEALTH SERVICES, SUN SCHOOLS, HOUSING PROGRAMS, HEALTH CLINICS, AND IT MAINTAINS OUR PUBLIC SAFETY SERVICE LEVELS. IT USES ONE-TIME ONLY FUNDS RESPONSIBLY FOR CAPITAL INVESTMENTS, AND IT ALLOCATES ADDITIONAL FUNDING FOR EMERGENCY PREPAREDNESS. IT FUNDS THE GENERAL FUND AND THE BIT RESERVES FULLY. THE SECOND QUESTION WE GET ASKED THE MOST IS, HOW DID YOU CLOSE THE GAP IN THE GENERAL FUND? THERE'S NEVER A REALLY SIMPLE ANSWER TO THIS QUESTION, BUT IF WE START AT THE BEGINNING, WE FORECASTED THE GAP TO BE \$5.2 MILLION. WE CONSTRAINED GENERAL FUND PROGRAMS 1%. THE LIBRARY DISTRICT WAS APPROVED BY THE VOTERS AND THAT DID THREE THINGS. IT ELIMINATED THE 15.3 MILLION DOLLAR GENERAL FUND CONTRIBUTION TO THE LIBRARY OPERATIONS, IT INCREASED PROPERTY TAX COMPRESSION RESULTING IN A \$7.2 MILLION LOSS. SO IF YOU DO THE MATH, THAT LEAVES US WITH \$8.1 MILLION OF ONGOING REVENUES. IN FISCAL YEAR 2013, WE SET ASIDE \$10 MILLION OF BRIDGE FUNDING TO SUPPORT LIBRARY OPERATIONS FROM FISCAL YEAR '13 TO FISCAL YEAR '15. ONLY ONE YEAR OF THAT WAS SPENT, LEAVING THE COUNTY WITH \$6.6 MILLION OF ADDITIONAL ONE-TIME ONLY. ALL OF THESE COMBINED ACTIONS ALLOWED THE CHAIR TO STRATEGICALLY INVEST SOME ONGOING REVENUE IN PROGRAMS THAT WERE FUND BY ONE-TIME ONLY IN PREVIOUS YEARS, SUBMITTED OUTSIDE OF CONSTRAINT, OR IDENTIFIED AS A CUT. OR SUBMITTED AS A REQUESTED PROGRAM FOR EXPANSION TO SOME CRITICAL SAFETY NET PROGRAMS. OF COURSE YOU'LL GET MORE DETAILED INFORMATION FROM THE DEPARTMENTS ABOUT THE CHANGES, REDUCTIONS, AND ADDITIONS IN THE UPCOMING WORK SESSIONS. ADDITIONALLY, THERE IS \$17.5 MILLION OF ONE-TIME IN THE BUDGET. THAT IS ESSENTIALLY MADE UP OF THE 6.6 MILLION FROM THE LIBRARY THAT I JUST MENTIONED, \$1.8 MILLION OF UNSPENT CONTINGENCY WE PULLED FORWARD FROM FISCAL YEAR 2013, AND 8.8 MILLION OF DEPARTMENTAL UNDERSPENDING FROM FISCAL YEAR '12.

THE GOOD NEWS IS THAT NO ONE-TIME FUNDS WERE USED FOR ONGOING PURPOSES IN THE MAKING OF THIS BUDGET. AND WE ARE IN FULL COMPLIANCE WITH OUR FINANCIAL POLICIES. I REALLY WANT TO CALL OUT THAT THIS POLICY DIRECTION HAS BEEN ONE OF THE KEY FACTORS IN REDUCING OUR GENERAL FUND GAP BETWEEN REVENUES AND EXPENDITURES IN THE OUT YEARS. THIS SLIDE HIGHLIGHTS SOME OF THE ONE-TIME ONLY INVESTMENTS IN THE PROPOSED BUDGET. WE'VE GROUPED THEM INTO CATEGORIES BUT WE'VE PUT THE DISTRICT ATTORNEY UP TOP BECAUSE IT WAS FUN TO TALK ABOUT. WE CALLED IT THE D.A. I.T. MODERNIZATION PROJECT. ESSENTIALLY WE'RE GOING TO EQUIP THE COURTHOUSE WITH WIRELESS AND ALL OF THE D.A.s WILL BE ARMED WITH WIRELESS TABLETS WHICH WILL HELP THEM BE MORE EFFICIENT AS THEY GO TO AND FROM COURT. HOPEFULLY IT WILL MAKE THEIR LIVES A LITTLE BIT EASIER. I'M NOT GOING TO TALK ABOUT ALL OF THE BULLET POINTS UNDER THE PARTICULAR CATEGORIES. THEY'RE THERE FOR YOU TO LOOK AT, BUT THEY ARE INVESTMENTS THAT RESPOND TO COMMUNITY NEEDS.

WE HAVE INVESTMENTS IN COMMUNITY CAPITAL PROJECTS AT CRITICAL SERVICE SITES, AND WE HAVE INVESTMENTS THAT SUPPORT EDUCATION. AND ALSO AS YOU CAN SEE ON PAGE 20 OF THE BUDGET DIRECTOR'S MESSAGE, YOU CAN GET A FULL DETAIL OF WHERE ONE-TIME ONLY MONEY WAS SPENT IN THIS BUDGET. OUR GENERAL FUND RESERVES ARE FULLY FUND AND IN COMPLIANCE WITH OUR FINANCIAL POLICIES. THEY'RE FUNDED AT \$32.6 MILLION, 10% OF OUR CORPORATE REVENUES. THE BIT STABILIZATION RESERVE IS ALSO FULLY FUND AT 5.8 MILLION, AND WE HAVE A GENERAL FUND CONTINGENCY OF 9.6 MILLION DOLLARS. WHAT MAKES UP THAT \$9.6 MILLION IS WE HAVE A REGULAR CONTINGENCY OF \$1.25 MILLION, WE HAVE \$2.1 MILLION SET-ASIDE TO ADDRESS THE FEDERAL, STATE, AND LOCAL IMPACTS, AND I'LL BE SPEAKING ABOUT THAT MORE IN THE NEXT FEW SLIDES. THERE'S 432,000 DOLLARS LEFT OVER. IT WAS A BALANCER. WE'LL BE ADDRESSING IT THIS PARTICULAR NUMBER NEXT WEEK IN THE FORECAST. THIS IS ALSO WHERE THE BIT STABILIZATION RESERVE LIVES, AND SO AS PART OF THAT 9.6 YOU'LL SEE THE 5.8 THERE.

WE DO HAVE A WATCH LIST THAT CONTAINS SOME POSITIVES AND NEGATIVES FOR THE COUNTY. WE ARE CONCERNED ABOUT SEQUESTRATION AND THE UPCOMING FEDERAL BUDGET. AND THESE WILL BE CONTINUED TO BE CLOSELY TRACKED BY ANY NUMBER OF FOLKS IN OUR GOVERNMENT RELATIONS OFFICE IN THE DEPARTMENT AND OF COURSE IN THE BUDGET OFFICE. AT THE STATE LEVEL ON THE LEGISLATIVE SIDE, THE GOVERNOR HAS INCLUDED SOME PERS SAVINGS IN HIS BUDGET. THE LEGISLATURE PASSED AND THE GOVERNOR SIGNED SB 822, WHICH WILL LOWER OUR PERS RATES IN THE SHORT-TERM, HOWEVER WE EXPECT THOSE RATES TO REBOUND UPWARDS AT THE END OF THIS BIENNIUM. THERE WILL ALMOST CERTAINLY BE A LEGAL CHALLENGE TO THIS LAW IF NOT SEVERAL. AND WE MAY NOT KNOW THE OUTCOME OF THAT CHALLENGE FOR SEVERAL YEARS

TO COME. OUR BUDGET DOES NOT ASSUME ANY PERS SAVINGS AT THIS POINT, AND WE HAVE TIME TO PLAN AND ADDRESS THIS ISSUE.

THERE'S SEVERAL INITIATIVES AT THE STATE LEVEL. WE'RE EITHER HEAVILY INVOLVED WITH OR WATCHING CLOSELY, AND YOU'VE HAD ANY NUMBER OF BRIEFINGS ON THESE TO DATE. WE CONTINUE TO BE CONCERNED ABOUT THE REFORM SURROUNDING HEALTH CARE, EARLY CHILDHOOD, AND PUBLIC SAFETY. AND OF COURSE THERE'S BEEN DISCUSSION OVER THE CITY OF PORTLAND'S PROPOSED BUDGET CUTS. YOU WILL HEAR MORE ABOUT THE IMPACT OF THESE ISSUES IN THE DEPARTMENT'S PRESENTATIONS. WE WILL BE ADOPTING OUR BUDGET BEFORE OUR GOVERNMENTAL PARTNERS ARE DONE WITH THEIR PROCESSES. SO WE WILL INHERENTLY BE ADOPTING ASSUMPTIONS ABOUT WHAT THEY WILL DO BEFORE THEY DO IT. THIS MAY REQUIRE US TO GO BACK AFTER WE'VE COMPLETE OUR BUDGET PROCESS AND REVISIT THESE ISSUES ON OUR WATCH LIST. LASTLY, THE CAUTIONARY NOTE I PUT IN EVERY YEAR TO REMIND YOU, WE DO NOT HAVE A REVENUE STREAM LARGE ENOUGH TO SUPPORT BACKFILLING ALL OF THE REDUCTIONS AT THE FEDERAL, STATE, AND CITY LEVELS ABSENT CUTTING OTHER GENERAL FUND PROGRAMS. HOWEVER, THIS YEAR WE WERE IN A POSITION TO PLAN FOR THE UNKNOWN AND TO MITIGATE SOME OF THE WORST POTENTIAL IMPACTS FROM OUR GOVERNMENT PARTNERS. WE WERE ABLE TO SET ASIDE THE \$2.1 MILLION OF ONGOING GENERAL FUND RESOURCES. AS YOU HEAR ABOUT THE TOTALITY OF THE IMPACTS, YOU'LL HAVE THE DIFFICULT DECISION ABOUT HOW TO PRIORITIZE AND ALLOCATE THAT \$2.1 MILLION. NOW AT THIS POINT, I'D LIKE TO TURN THIS OVER TO MIKE TO SHARE WITH YOU SOME VERY INTERESTING TRENDING INFORMATION.

Mr. Jaspin: GOOD MORNING, MIKE JASPIN FROM THE BUDGET OFFICE. EACH YEAR WE TRY TO LOOK AT LONG-TERM TRENDS TO PROVIDE A DIFFERENT CONTEXT AND DIFFERENT PERSPECTIVE AS OPPOSED TO FOCUSING ON YEAR OVER YEAR CHANGE. SO ONE THING TO ASK IS WHAT DO WE SPEND OUR RESOURCES ON? THE SIMPLE ANSWER IS OUR MOST VALUABLE SEATED, AND THAT'S OUR PEOPLE. WE'LL SPEND ABOUT HALF A BILLION DOLLARS IN THE UPCOMING FISCAL YEAR, IT TENDS TO BE OUR LARGEST COST AND ALSO THE FASTEST GROWING. CONTRACTS MAKE UP THE NEXT LARGEST CHUNK AT \$277 MILLION, AND ONE WAY TO THINK ABOUT THAT IS MOST OF THOSE ARE SOCIAL SERVICE PROVIDER CONTRACTS. OUR CALL TALL SPENDING HAS INCREASED DRAMATICALLY OVER THE LAST COUPLE YEARS, ATTRIBUTABLE TO BUILDING A BRIDGE. IF WE DIVE A LITTLE DEEPER INTO OUR PERSONNEL COSTS, WHAT'S FASCINATING AND KARYNE TOUCHED ON IT EARLIER, IS WHAT HAS HAPPENED TO OUR FTE VERSUS THE COSTS? SO THE BLUE LINE IS OUR TOTAL PERSONNEL COSTS OVER THE LAST 12 YEARS. AND YOU CAN SEE IT'S INCREASED FROM 300 MILLION TO HALF A BILLION DOLLARS. AT THE SAME TIME, OUR FTE FELL DRAMATICALLY FROM 2003 TO 2004, AND HAS REMAINED RELATIVELY FLAT. THE BIG DROP WAS DUE TO PERS AND HEALTH

INCREASES AND THE RECESSION THAT FOLLOWED THE DOT COM BUBBLE BURST.

SINCE THAT TIME WE'VE BASICALLY BEEN TREADING WATER AND ABSORBING INCREASED PERSONNEL COSTS WHICH HAS LEFT OUR FTE FLAT. ASIDE FROM WAGE INCREASES, THE EASIEST WAY TO LOOK AT THIS IS TO LOOK AT OUR BENEFITS AND INSURANCE COSTS PER FTE. THEY'VE INCREASED FROM ABOUT \$19,000 PER FTE TO CLOSE TO 42,000 DOLLARS PER FTE. AND THIS COVERS OUR PERS, HEALTH CARE, SOCIAL SECURITY, MEDICARE, AND A NUMBER OF OTHER COSTS. THIS IS NOT ADJUSTED FOR INFLATION, SO A BETTER WAY TO SEE IT IS TO COMPARE OUR BENEFITS AND INSURANCE AS A PERCENT OF PAYROLL, OR BASE PAY. SO IF YOU LOOK AT 2002 ON THE LEFT-HAND SIDE OF THE GRAPH, IT WAS ABOUT 46% OF SOMEBODY'S BASE PAY, IS WHAT WE ALSO PAID IN BENEFITS AND INSURANCE. SO IF SOMEBODY HAD A BASE SALARY OF \$50,000, WE WOULD PAY ROUGHLY \$23,000 FOR BENEFITS AND INSURANCE. FOR THE UPCOMING YEAR, THAT NUMBER HAS JUMPED TO 67%. SO ONE WAY TO THINK ABOUT THAT IS WE PAY 21% MORE PERCENTAGE POINTS THAN WE DID 12 YEARS AGO. OR THE NOT-SO-FUN FACT IS THAT IF OUR -- IF WE HAD HELD BENEFITS, INSURANCE FLAT RELATIVE TO BASE PAY, WE WOULD HAVE AN ADDITIONAL \$33 MILLION IN THE GENERAL FUND TO SPEND. AND THIS IS ONE REASON WHEN YOU READ THE ECONOMIC LITERATURE WHAT YOU'VE SEEN IS THAT PEOPLE'S BASE WAGES HAVE BEEN RELATIVELY FLAT OR STAGNATED OVER THE LAST DECADE, AND ONE OF THE THINGS THAT HAS HAPPENED IS THAT PEOPLE HAVE BASICALLY GIVEN UP PAY INCREASES TO PRESERVE THEIR BENEFITS. AND THIS IS CERTAINLY NOT UNIQUE TO US. THE PERS RATES CHARGE THE DEPARTMENTS ACCOUNT FOR A LARGE CHUNK OF THAT.

THIS GRAPH SHOWS THE PERS RATES WE CHARGE TO DEPARTMENTS BY FOUR GROUPS. THE BLUE LINES ARE OUR TIER ONE AND TIER TWO FOR UNIFORMED AND NONUNIFORMED PERS. YOU CAN SEE THEY'VE GONE UP FROM JUST UNDER 20%, TO IN THE CASE OF TIER ONE UNIFORMED, CLOSE TO 35% OF BASE PAY. THE ORANGE LINES IS THE OPS CERT PROGRAM, WHICH CAME OUT OF THE REFORMS GETTING CLOSE TO A DECADE AGO, AND THOSE RATES OVERALL ARE SIGNIFICANTLY LESS THAN THE TIER ONE AND TIER TWO RATES. YOU CAN SEE GOING FROM 2013 TO 2014 ON THE FAR RIGHT-HAND SIDE, IS THE DRAMATIC JUMP IN OUR RATES. THE GOOD NEWS THAT WE HAD BEEN TELLING ABOUT THIS GRAPH IS THAT FROM ROUGHLY 2006-2007 TO LAST YEAR, WE MANAGED TO KEEP RATES WE CHARGED THE DEPARTMENTS RELATIVELY STABLE WHEN YOU COMBINE ALL OF THOSE LINES. AS I MENTIONED, THE OP CERT PROGRAM IS THE LESS EXPENSIVE OF THE RETIREMENT PROGRAMS. WE SOMETIMES CALL THAT TIER THREE, AND THAT WENT INTO EFFECT IN 2003-2004. AND SO ONE OF THE THINGS WE'VE LOOKED AT IS HOW FAST IS OUR EMPLOYEE POPULATION TURNING OVER? SO IN 2010, WE ACTUALLY HAD MORE TIER THREE OR OPEN CERT EMPLOYEES THAN ANY OF THE OTHER TWO TIERS. YOU CAN SEE TIER ONE IS SOLELY

GOING DOWN AS IS TIER TWO AS THOSE FOLKS LEAVE COUNTY EMPLOYMENT OR RETIRE. ONE OF THE THINGS TO KEEP IN MIND IS THIS IS A LONG-TERM PROCESS, WHICH IS WHAT ALWAYS MAKES REFORMING RETIREMENT PLANS SO DIFFICULT, BECAUSE NOT ONLY IS IT HOW FAST YOUR WORK FORCE TURNS OVER, BUT PEOPLE HOPEFULLY SPEND A HEALTHY AMOUNT OF TIME IN RETIREMENT. SO THE THINGS TO KEEP IN MIND IS THE OP CERT IS CHEAPER, THE OTHER THING IS THAT OP CERT, YOU'RE NOT ELIGIBLE TO RETIRE UNTIL YOU'RE 65. ONE OF THE THINGS THAT DOES IS IT REDUCES OUR RETIREE MEDICAL LIABILITY OVER TIME, BECAUSE WE ARE PICKING UP THE GAP FROM WHEN SOMEBODY RETIRES TO ESSENTIALLY WHEN THEY BECOME ELIGIBLE FOR SOCIAL SECURITY OR MEDICARE. AGAIN, THIS WILL TAKE TIME.

Commissioner Smith: I HAVE A QUICK QUESTION. CAN YOU GO BACK TO THE SCREEN YOU JUST HAD? GOING BACK TO 2002, AND WE HAD MORE TIER ONE FOLKS, AND THEN I'M GOING TO 2013, HOW DID WE -- WE LOST A THOUSAND TIER ONE FOLKS?

Mr. Jaspin: YEAH. REMEMBER, IT'S PEOPLE RETIRING. SO BETWEEN LAYOFFS, RETIRING, VOLUNTARY SEPARATIONS, THE ONE INTERESTING THING WHEN YOU LOOK AT PERS, I WASN'T AWARE OF THIS UNTIL EARLIER THIS YEAR, IS THAT OUR TURNOVER RATE IS ACTUALLY RELATIVELY HIGH BECAUSE WE HAVE SUCH A BROAD ARRAY OF JOB CLASSES. WE HIRE I.T. FOLKS, AND THOSE SKILLS ARE VERY TRANSFERABLE BETWEEN THE PRIVATE AND PUBLIC SECTOR. SO WE HIRE PEOPLE IN THE MIDDLE OF THEIR CAREERS, PEOPLE LEAVE THE COUNTY TO GO TO OTHER JURISDICTIONS OR TO THE PRIVATE SECTOR. WHEREAS IF YOU LOOK AT SCHOOL DISTRICTS, MOST TEACHERS COME OUT OF COLLEGE AND TEACH FOR THE NEXT 30 YEARS, SO THE SCHOOL DISTRICTS HAVE HAD A MUCH, MUCH SLOWER TURNOVER IN TERMS OF PEOPLE RETIRING OR GOING ON TO DIFFERENT CAREERS, AND THAT'S ONE REASON WHEN YOU LOOK AT THE SCHOOL DISTRICTS THEIR PERS RATES TEND TO BE HIGHER THAN THE LOCAL GOVERNMENTS.

Commissioner Smith: THANK YOU.

Mr. Jaspin: SO HEALTH CARE, I WAS GOING TO SAY HAS BEEN A GOOD STORY, BUT I THINK IT'S PROBABLY BETTER TO SAY IT HAS BEEN NOT AS BAD A STORY AS IT COULD HAVE BEEN. SO A BIT OF EXPLANATION ON THIS GRAPH. THE RED LINE IS THE CHANGE IN THE WEST COAST'S CONSUMER PRICE INDEX, YOU CAN PICK A NUMBER OF THEM, BUT WHAT YOU'LL SEE IS THAT FOR MOST OF THE LAST DECADE AND A HALF, INFLATION RUNS RIGHT AROUND 3% A LITTLE LOWER, AS WE WENT INTO THIS RECESSION, IT ACTUALLY WAS NEGATIVE FOR A VERY BRIEF PERIOD OF TIME. THE PROBLEM WE'VE ALWAYS HAD WITH HEALTH CARE IS THAT IT HAS BEEN GROWING AT DOUBLE DIGITS, SO ONE WAY TO SEE THIS IS IF YOU LOOK AT THE GREEN LINE, AND THAT NUMBER IS KAISER DOES A STUDY THAT LOOKS AT WHAT'S

THE COST FOR FAMILY COVERAGE ACROSS ALL EMPLOYERS, OR A VERY LARGE SAMPLE. AND SO WHAT YOU'LL SEE IS THAT AT THE BEGINNING OF THE LAST DECADE, IT WAS GROWING IN DOUBLE DIGITS IN THE MIDDLE OF LAST DECADE, IT DECLINED TO SINGLE DIGITS WHICH ACTUALLY LOOKED WONDERFUL. AND OUR PATTERN HAS BEEN MUCH THE SAME. AND WE'RE THE BLUE LINE. AND SO IF YOU LOOK AT WHAT WE PAY FOR KAISER AND OUR SELF-INSURED PLANS, WE WERE EXPERIENCING ESSENTIALLY THE SAME DOUBLE-DIGIT INCREASES. IT'S MELLOWED OUT INTO THE MID SINGLE DIGITS, AND FOR NEXT YEAR IT'S ACTUALLY ZERO. WHICH IS ONE REASON THAT WE'VE BEEN ABLE TO OFFSET A LOT OF THE PERS INCREASES. BUT JUST FOR SOME PERSPECTIVE, OUR CHANGE OVER THE LAST 12 YEARS HAS BEEN 7.6% ON AVERAGE, WHEREAS THE KAISER FAMILY PLANS HAVE GONE UP BY 7.56%. OUR TRENDS AREN'T SIGNIFICANTLY DIFFERENT THAN WHAT WE'VE SEEN IN THE LARGER ECONOMY, WHICH MAKES SENSE. THE ONLY SORT OF UPSIDE WHERE WE'RE BETTER IS THE RATE OF CHANGE HAS BEEN BASICALLY THE SAME, OUR RATES ARE ABOUT \$1500 CHEAPER OVERALL THAN SORT OF THE INDUSTRY AVERAGE.

Vice-Chair Shiprack: WHY THE OSCILLATION, WHICH IS -- APPEARS TO BE REGULAR IN THAT BLUE LINE COST? WHAT'S THE DYNAMIC THAT'S DRIVING THAT?

Mr. Jaspin: THERE IS A COUPLE THINGS, ON OUR SELF-INSURED PLANS, WE -- SOME OF IT DEPENDS ON THE EXPERIENCE OF OUR EMPLOYEES. IN OTHER WORDS, SOMETIMES WE HAVE YEARS WHERE EMPLOYEES HAVE BEEN SICKER OR NOT AS HEALTHY. SOMETIMES THAT IS MORE OF A CATASTROPHIC EVENT. IT'S ALSO HOW DO WE SET THE RATES. THERE'S BEEN SOME YEARS WHERE WE'VE SET THE RATE TOO HIGH, AND THE SUBSEQUENT YEAR WE LOWER THE RATE. BECAUSE IT IS A SELF-INSURED PLAN, WE DON'T HAVE THE PREDICTABILITY. SO THAT IS US NOT ALWAYS GETTING THE RATE EXACTLY RIGHT. BUT YOU ALSO SEE THAT IN THE PRIVATE SECTOR AS WELL. SO THE QUESTION IS WHAT AREAS DO WE SPEND OUR GENERAL FUND. THE STORY OVER THE LAST DECADE HAS REALLY BEEN PRETTY MUCH THE SAME. WE SPEND ROUGHLY 50% IN PUBLIC SAFETY, 30% IN HEALTH AND HUMAN SERVICES, AND ABOUT 22% IN GENERAL FUND -- IN GENERAL GOVERNMENT. THE -- AND ONE THING TO KEEP IN MIND IS GENERAL GOVERNMENT HAS ALWAYS INCLUDED OUR A & T, THE ASSESSMENT AND TAXATION, WHICH IS US COLLECTING TAXES FOR EVERY JURISDICTION WITHIN MULTNOMAH COUNTY, AND IT'S ALSO HISTORICALLY INCLUDED THE LIBRARY. AND SO WHAT -- IF YOU LOOK TO THE RIGHT, THIS YEAR LOOKS LIKE WE'VE REALLY CHANGED THE DISTRIBUTION, AND THAT'S SOLELY DUE TO A, THE LIBRARY NO LONGER BEING IN THE GENERAL FUND WITH THE FORMATION OF THE DISTRICT, WHICH IS WHY THE GENERAL GOVERNMENT HAS GONE DOWN, AND YOU'LL SEE THE HEALTH AND HUMAN SERVICES HAS INCREASED, AND THAT'S DUE SOLELY TO THE FQHC AND PERSPECTIVE HEALTH PAYMENTS BEING RECORDED IN THE GENERAL FUND. IF YOU BACK THOSE OUT, 2008 WILL LOOK EXACTLY THE

SAME AS 2014. SO THE NEXT SLIDE YOU WILL NEED TO ACTUALLY LOOK AT THE SCREEN, BECAUSE WE'VE ADDED SOME ANIMATION, BECAUSE I THINK IT ALLOWS US TO EXPLAIN WHAT'S GOING ON A LITTLE BIT BETTER. SO THE BASIC QUESTION IS, HOW YOU'LL PROBABLY NEED TO LOOK AT THE SCREEN ABOVE YOUR HEAD. THE QUESTION IS HOW FAST -- [LAUGHTER] DOES THE GENERAL FUND GROW TO SUPPORT SERVICES? SO THE FIRST SOURCE IS THE BIT. IF YOU WATCH THE LINE, WHICH I LIKE TO CALL THE ROLLER COASTER, THAT'S HOW MUCH OUR BIT CHANGES ON A YEAR OVER YEAR BASIS. SO YOU SEE THAT ONE YEAR IT WENT UP 40%, THE NEXT YEAR IT WENT DOWN 36%. IF YOU DON'T LOOK AT THE UPS AND DOWNS IT GROWS TO 5.2%. THE MOTOR VEHICLE RENTAL TAX IS ALSO VERY SENSITIVE TO THE ECONOMY. IT GOES UP BY 10% AND WILL GO DOWN BY 10% ON AVERAGE. OVER THE LAST DECADE IT'S GROWN AT 2.1%. WHICH WHEN YOU THINK ABOUT IT IS HIGHLY CORRELATED TO WHAT HAPPENS AT PDX. AND AS WE BECOME MORE URBANIZED, MORE PEOPLE COME IN AND DON'T RENT CARS BECAUSE THEY CAN TAKE A CAB TO GET DOWNTOWN, OR LIGHT RAIL, AND THEY DON'T NEED TO RENT A CAR. OUR PROPERTY TAX IS THE MOST STABLE OF THE SOURCES. IT HAS GROWN ABOUT 2.9% OVER, SINCE 2002. THAT'S A LITTLE BIT DECEIVING BECAUSE OF WHAT'S HAPPENING WITH COMPRESSION THIS YEAR WITH THE LIBRARY DISTRICT. IT REALLY GROWS CLOSER TO ABOUT 3.25%, BUT YOU CAN SEE THAT IS MUCH MORE STABLE. SO YOU TAKE THESE THREE MAIN REVENUE SOURCES TOGETHER, AND THE ORANGE-RED LINE IS WHAT OUR CORE GENERAL FUND REVENUES GROW IN A YEAR OVER YEAR BASIS. IN A GOOD YEAR THEY GREW BY ALMOST 10%. DURING THE GREAT RECESSION, THEY SHRANK BY ABOUT 8%. WHEN YOU TAKE ALL THIS AND SMOOTH IT OUT, ESSENTIALLY WHAT YOU END UP WITH OUR COMPOUND AVERAGE GROWTH RATE FOR THE GENERAL FUND GROWS AT 13.17% PER YEAR. I'M SORRY, 3.1 --

Chair Cogen: WOW! I THOUGHT WE WERE LOADED! [LAUGHTER]

Mr. Jaspin: SORRY, 3.17%. AND SO IF WE ADJUST FOR THE LIBRARY, IT'S ABOUT 3.25% AS A RULE OF THUMB. SO WHAT THAT MEANS IS WHEN WE LOOK AT OUR EXPENSES, THINK OUR HEALTH CARE COSTS, COLA INCREASES, OUR PERS RATES, ANY TIME WE'RE GROWING FASTER THAN 3.25%, WE'RE ESSENTIALLY ON AN UNSUSTAINABLE PATH. AND ONE OF THE THINGS THAT WE ACTUALLY HAVE THE BENEFIT THIS YEAR AND OVER THE NEXT COUPLE YEARS IS OUR REVENUES HAVE GROWING A LITTLE FORECASTER THAN 3.25%. YOU'LL SEE NEXT WEEK WE'LL BE CLOSER TO 3.75, ALMOST 4%, AND THAT'S BECAUSE AS COMPRESSION COMES DOWN AND BIT CONTINUES TO RECOVER, WE GET THAT EXTRA HALF A PERCENT GROWTH THAT BASICALLY TAKES CARE OF THE STRUCTURAL DEFICIT FOR A COUPLE YEARS, WHEN THE NEXT RECESSION COMES WE'LL BE BACK IN THE SAME BOAT.

Vice-Chair Shiprack: SO WHAT WAS THE AVERAGE GROWTH OF OUR EXPENSES? OUR REVENUE HAS GROWN 3.1 --

Mr. Jaspin: 3.175.

Vice-Chair Shiprack: AND OUR EXPENSES OVER THE SAME PERIOD?

Mr. Jaspin: I DON'T HAVE THE NUMBER IN FRONT OF ME. THEY TEND TO GROW --

Vice-Chair Shiprack: MORE THAN THAT?

Mr. Jaspin: THEY TEND TO GROW MORE THAN THAT. THEY TEND TO GROW 3.7 TO 4% ON THE PERSONNEL SIDE. IT DEPENDS ON WHAT INFLATION DOES. SO SOMETIMES HAVE YOU TO BE CAREFUL ABOUT LOOKING BACKWARDS TOO FAR, BECAUSE WE'RE FUNDAMENTALLY IN A LOWER INFLATIONARY ENVIRONMENT. SO OUR COLAs HAVE BEEN LESS RECENTLY. BUT IT'S BASICALLY THE GAP IS ABOUT A HALF TO 1% OVER THE LONG-TERM.

Vice-Chair Shiprack: OK.

Mr. Jaspin: SO WITH THAT I'LL TURN IT BACK OVER TO KARYNE.

Ms. Kieta: WE HAVE LOTS OF GOOD NEWS IN OUR BUDGET THIS YEAR. THE GENERAL FUND IS STABILIZING, AND OUR GAP IS ADDRESSED FOR THE NEXT COUPLE YEARS. OUR BUDGET IS BALANCED, OUR RESERVES ARE FULLY FUNDED, WE'VE FOLLOWED GOOD BUDGETING PRACTICES AND ARE IN COMPLIANCE WITH OUR FINANCIAL POLICIES. WE ARE PREPARING FOR THE FUTURE BY INVESTING IN OUR INFRASTRUCTURE, AND OUR PEOPLE. AND WE'VE BEEN VERY DELIBERATE ABOUT HOW WE HAVE USED OUR ONE-TIME ONLY. WE ARE IN BETTER SHAPE THAN MANY OF OUR OTHER LOCAL GOVERNMENT JURISDICTIONS, AND THAT IS DIRECTLY A RESULT OF THE GOOD FISCAL DISCIPLINE AND MANAGEMENT BY THE CHAIR AND THE BOARD. NOW, I NEED TO TEMPER ALL OF THAT GOOD NEWS JUST A BIT. AS WE'VE SAID SEVERAL TIMES, WE'LL BE PRESENTING THE UPDATED FORECAST TO YOU NEXT WEEK, AND WHEN YOU SEE THAT, YOU WILL SEE THAT WE ARE WITHIN GRASP OF A SUSTAINABLE AND BALANCED BUDGET INTO THE FUTURE. BUT IT WILL BE A DELICATE BALANCE. THERE ARE ANY NUMBER OF UNCERTAINTIES THAT WILL HAVE AN IMPACT ON OUR SERVICES AND OUR PROGRAMS. THE BOARD WILL BE FACED WITH THE VERY DIFFICULT DECISIONS ABOUT FUNDING PRIORITIES AS YOU HEAR ABOUT THE IMPACTS OF THE FEDERAL SEQUESTRATION, THE STATE'S BUDGET ACTIONS, AND INITIATIVES, AND OF COURSE THE CITY OF PORTLAND'S PROPOSED CUTS. THE 2.1 MILLION DOLLAR SET-ASIDE AND HOW THE ONE-TIME IS USED PLAY AS CRITICAL ROLE. THIS BUDGET RESPONSIBLY PREPARES ARE US FOR THE FUTURE BY CONTINUING TO THOUGHTFULLY MANAGE THINGS WITHIN OUR CONTROL AND MITIGATE THINGS THAT ARE OUTSIDE OF CONTROL. THE

OUTSIDE OF OUR CONTROL. SO ON THAT NOTE, I'D BE HAPPY TO ANSWER ANY QUESTIONS.

Chair Cogen: QUESTIONS? COMMISSIONER SMITH.

Commissioner Smith: I HAVE A COUPLE OF QUESTIONS. THANK YOU. I DON'T KNOW IF THIS IS FOR MIKE OR KARYNE, BUT IF YOU GO BACK TO SLIDE 21, BECAUSE WE'RE TRENDING DOWN IN OUR HEALTH CARE, I WAS TRYING TO FIGURE OUT HOW MUCH MONEY HAS THAT SAVED US WITH US TRENDING DOWN?

Mr. Jaspin: WE CAN GET THAT ANSWER FOR YOU. ARE YOU INTERESTED IN -- FROM -- IF OUR AVERAGE INCREASE WAS 7.5%, SO 7.5 VERSUS ZERO PERCENT, WE CAN GET --

Commissioner Smith: YES. I'M TRYING TO FIGURE OUT THE DOLLAR AMOUNT, 7%, I DON'T KNOW WHAT THAT IS 7% OF. BUT I'M TRYING TO FIGURE OUT THE DOLLAR AMOUNT WE'VE SAVED ON THE TRENDING DOWN AND HOW YOU THINK THAT WE'RE GOING TO DO IN THE FUTURE WITH THIS NEW HEALTH CARE TRANSFORMATION. DO YOU EXPECT US TO GO DOWN EVEN FURTHER?

Mr. Jaspin: I CAN COVER THIS MORE IN OUR GENERAL FUND FORECAST, BUT THE SIMPLE ANSWER IS, WE'VE MODELED OUR HEALTH CARE COSTS TO BE GROWING ABOUT 4.5-5% OVER THE FORECAST PERIOD. THE BIG QUESTION THAT WE WILL BE WORKING ON OVER THE SUMMER IS THERE'S A CADILLAC TAX THAT COMES IN AT THE END OF OUR FORECAST PERIOD. SO IT'S EITHER 17 OR 18, AND AS THEY FLESH OUT THE RULES ABOUT HOW THAT WILL WORK, THAT WILL BE THE BIG, AT LEAST THE WAY WE LOOK AT IT, THE BIG UP OR DOWN TO OUR HEALTH CARE COSTS.

Commissioner Smith: SO YOU KNEW WHERE I WAS GOING WITH THIS. I WAS TRYING TO FIGURE OUT WHAT THAT WAS GOING TO BE. THE SECOND QUESTION IS, I WASN'T QUITE SURE, KARYNE, WHEN YOU WERE TALKING ABOUT THE FEDERAL MONIES, WHEN DO YOU EXPECT THAT WE'LL KNOW EXACTLY HOW MUCH SEQUESTRATION IS GOING TO COST US?

Ms. Kieta: I THINK EVERY DAY WE CONTINUE TO GET A LITTLE BIT MORE INFORMATION. I DON'T KNOW EXACTLY WHEN WE'LL ACTUALLY SEE THE TAIL END OF IT. I'M HOPING AT THIS POINT WE CERTAINLY HAD MUCH MORE INFORMATION THAN WE DID AT THE END IN DECEMBER OF LAST YEAR. BUT I EXPECT WE'LL CONTINUE TO SEE IMPACTS AND CHANGES THROUGHOUT THE SUMMER.

Commissioner Smith: OK. AND ONE LAST QUESTION. I WANT TO MAKE SURE THAT WHAT I HEARD YOU SAY WAS THAT THE PERS REFORM THAT'S GOING

ON IN SALEM THAT'S NOT GOING TO HAVE ANY IMPACT ON OUR BUDGET THIS YEAR.

Ms. Kieta: SO OTHER LOCAL JURISDICTIONS HAVE INCORPORATED THOSE SAVINGS INTO THEIR BUDGETS. CERTAINLY THE GOVERNOR INCLUDED THOSE SAVINGS IN HIS BUDGET, THE CITY OF PORTLAND ALSO INCLUDED SOME SAVINGS IN THEIR BUDGETS. WE DID NOT INCLUDE THOSE SAVINGS IN OUR BUDGET. WITH BELIEVE IT WILL BE CHALLENGED, THERE MAY BE AN EXTENDED PERIOD OF LITIGATION BEFORE WE KNOW THE OUTCOME OF THAT. WE HAVE THE ABILITY TO CONTINUE TO MAINTAIN OUR PERS RATE OVER THE COURSE OF THIS BIENNIUM. WE ALSO ANTICIPATE THAT THOSE RATES WILL REBOUND BY THE END OF THIS BIENNIUM. SO WE DID NOT INCORPORATE THOSE SAVINGS INTO OUR BUDGET.

Commissioner Smith: THANK YOU. AND THANK YOU FOR THE BURNSIDE BRIDGE.

Chair Cogen: COMMISSIONER KAFOURY.

Commissioner Kafoury: IF WE WOULD HAVE INCORPORATED THEM INTO OUR BUDGET, WHAT KIND OF A DOLLAR FIGURE?

Ms. Kieta: I THINK WE ESTIMATED ABOUT \$12 MILLION.

Mr. Jaspin: THAT'S 12 MILLION ACROSS ALL FUNDS. THE GENERAL FUND IS NORTH OF 6 MILLION.

Commissioner Kafoury: THAT'S ON THE LEGISLATION THAT'S BEEN PASSED AND SIGNED TO DATE?

Ms. Kieta: CORRECT.

Commissioner Kafoury: THANK YOU.

Chair Cogen: OTHER QUESTIONS? THANKS VERY MUCH. OUR NEXT BRIEFING IS THE HEALTH DEPARTMENT TELLING US ALL ABOUT THEIR BUDGET FOR THIS YEAR.

BWS #2.b FY 2014 Budget Work Sessions on the Health Department. Presenters: Lillian Shirley, Director; Wendy Lear, Business Services Manager; Mark Goldsby, CBAC & Vice-Chair of Community Health Council; Loreen Nichols, Director of Community Health Services; Jessica Guernsey, Director of Maternal Child Health; Sonia Manhas, Policy Planning Director.

Ms. Shirley: GOOD MORNING. CHAIR COGEN, COMMISSIONERS, I'M LILLIAN SHIRLEY, THE HEALTH DEPARTMENT DIRECTOR. WITH ME TODAY IS THE

BUSINESS AND SERVICE -- BUSINESS SERVICES MANAGER WENDY LEAR, AND OUR WONDERFUL COMMUNITY HEALTH COUNCIL REPRESENTATIVE WHO IS ALSO OUR REPRESENTATIVE ON THE CBAC WHO WILL BE PRESENTING FOR US TODAY. AND THEN WHEN YOU START YOU CAN -- AND WE HAVE -- MARK IS OUR COMMUNITY HEALTH COUNCIL VICE CHAIR, AND OUR AMY ANDERSON, OUR CHAIR, HAS DELEGATED THIS FOR MARK, SO WE CAN HAVE A VARIETY OF PRESENTERS AND VOICES, AND LOOKING AT OUR WORK. FIRST OF ALL WE'LL GO OVER -- I WANT TO POINT OUT WHAT YOU'LL SEE FROM THE DEPARTMENTS THIS BUDGET SESSION IS A SERIES OF STANDARDIZED FORMATS THAT WE'VE RECEIVED. SO WE'VE TRIED TO MAKE IT FOR YOU SO IT'S EASIER TO SEE WHAT IS BEING PRESENTED WHEN. AND OUR VISION AND MISSION WHICH WE ALWAYS DO FOR OUR DEPARTMENT IN PARTNERSHIP WITH THE COMMUNITIES WE SERVE, THE HEALTH DEPARTMENT ENSURES, PROMOTES, AND PROTECTS THE HEALTH OF THE PEOPLE OF MULTNOMAH COUNTY. OUR GUIDING PRINCIPLES, HOW WE PUT THIS BUDGET TOGETHER WITH INPUT FROM OUR MANY ADVISORY BOARDS, INCLUDING OUR COMMUNITY HEALTH COUNCIL AND OUR EMPLOYEES, THESE WERE THE PRINCIPLES THAT WE SET OUR PRIORITIES AROUND. AND THEY ARE SIMILAR TO THE ONES THAT WE'VE PRESENTED BEFORE AND ARE IN OUR STRATEGIC WORKING DOCUMENTS. AND NOW IT'S MY GREAT PLEASURE TO INTRODUCE MARK GOLDSBY WHO WILL PRESENT OUR COMMUNITY HEALTH COUNCIL. AND UP ON THE SLIDES WE HAVE A WIDE VARIETY OF CONSUMERS AND OTHER COMMUNITY MEMBERS THAT HELP US, WE MEET MONTHLY WITH THEM, AND ALL OF OUR CHANGES TO ANY OF OUR CLINICAL SYSTEM, WHICH YOU ARE PARTICIPATING IN, WHEN WE ASK FOR WHEN -- CAN WE APPLY FOR A GRANT, WE GO TO THEM FIRST AND ASK IF IT'S A GOOD IDEA AS WELL. SO MARK? I'LL TURN IT OVER TO YOU.

Mr. Goldsby: OK. I'M GOING TO BE READING THIS TODAY BECAUSE LAST TIME I DID THIS I KIND OF STUTTERED A LOT, SO WE'VE GOT IT ALL DOWN ON PAPER. GOOD MORNING COMMISSIONERS AND CHAIR COGEN, MY NAME IS MARK GOLDSBY AND I AM THE CBAC REPRESENTATIVE FOR THE HEALTH DEPARTMENT. I CURRENTLY SERVE AS THE VICE CHAIR FOR THE COMMUNITY HEALTH COUNCIL. THE COUNCIL SERVES AS THE CONSUMER-MAJORITY GOVERNING BOARD FOR THE HEALTH DEPARTMENT.

THE COMMUNITY HEALTH COUNCIL IS TRULY A CONSUMER-MAJORITY BOARD, WITH GREATER THAN 80% OF CURRENT MEMBERS SELF-IDENTIFYING AS CLIENTS OF HEALTH DEPARTMENT SERVICES. THE COUNCIL MEETS MONTHLY WITH THE DEPARTMENT DIRECTOR, LILLIAN SHIRLEY AND INTEGRATED CLINICAL SERVICES DIRECTOR, VANETTA ABDELLATIF. THE INCORPORATION OF COMMUNITY MEMBERS INTO THE HIGHEST LEVELS OF PROCESS AND DECISION-MAKING DEMONSTRATES THE HEALTH DEPARTMENT'S COMMITMENT TO THE DEVELOPMENT OF HIGH QUALITY CLIENT-CENTERED SERVICES, ORGANIZATIONAL TRANSPARENCY AND ACCOUNTABILITY.

THE COUNCIL MEMBERS RECOGNIZE THAT OUR ROLE IS TO ENSURE QUALITY SERVICES AND IMPROVE HEALTH EQUITY THROUGH CRITICAL ASSESSMENT OF HEALTH DEPARTMENT SERVICES AND PROGRAMS. WE UNDERSTAND THAT EACH PERSON'S EXPERIENCES, VALUES, HEALTH STATUS AND CULTURAL DIFFERENCES CAN SHAPE THEIR VIEWS AND ENCOUNTERS, AND CAN HAVE A GREAT EFFECT ON PERSONAL HEALTH. OUR GOAL IS TO USE THIS WEALTH OF KNOWLEDGE AND DIVERSITY TO PROVIDE GUIDANCE AND ADVICE TO THE HEALTH DEPARTMENT.

I WOULD LIKE TO TAKE THIS TIME TO THANK THE BOARD FOR SUPPORTING THE HEALTH DEPARTMENT'S PRIORITIES IN 2013 AND TO ASK FOR CONTINUED SUPPORT IN FISCAL YEAR 2014. WE ARE IN A TIME OF HUGE TRANSITION, CHANGES ARE TAKING PLACE AT EVERY LEVEL OF HEALTH DELIVERY AND POLICY, AND RESOURCES ARE LIMITED. NOW, MORE THAN EVER IT IS IMPERATIVE THAT THE HEALTH DEPARTMENT PRESERVE THE CAPABILITIES AND EFFECTIVENESS OF ITS CORE OR MANDATED SERVICES AND VITAL PUBLIC HEALTH FUNCTIONS.

TO BEGIN, THE COUNCIL WOULD LIKE TO NOTE SOME OF THE DEPARTMENT'S OUTSTANDING ACCOMPLISHMENTS OF THE PAST YEAR; NONE OF WHICH WOULD HAVE BEEN POSSIBLE WITHOUT BOARD SUPPORT. IN NOVEMBER OF 2012, THE HEALTH DEPARTMENT OPENED THE BILLI ODEGAARD DENTAL CLINIC IN PARTNERSHIP WITH CENTRAL CITY CONCERN. THE BILLI ODEGAARD CLINIC IS THE ONLY SAFETY NET DENTAL CLINIC IN DOWNTOWN PORTLAND, AND HAS ALREADY HELPED MORE THAN 400 NEW CLIENTS TO GET THE DENTAL CARE THEY NEED.

AS A CLIENT, I AM PLEASED THAT THE DENTAL CLINICS HAVE STARTED TO USE ELECTRONIC DENTAL RECORDS AND THAT CORRECTIONS HEALTH ALSO RECENTLY SWITCHED TO ELECTRONIC HEALTH RECORDS. THESE SYSTEMIC CHANGES WILL IMPROVE QUALITY, ACCESS TO CARE, AND ULTIMATELY LOWER COSTS. FISCAL YEAR 2013 ALSO SAW THE TRANSITION OF PRIMARY CARE SERVICES FROM THE DOWNTOWN WESTSIDE CLINIC TO THE NEWLY REMODELED SOUTHEAST HEALTH CENTER. THE SOUTHEAST HEALTH CENTER NOW OFFERS COMPREHENSIVE HEALTH SERVICES AND HAS FILLED A GAP IN ACCESS TO CARE FOR THE LARGE NUMBERS OF IMPOVERISHED PEOPLE LIVING IN SE.

LOOKING FORWARD, WE SHARE IN THE COMMUNITY'S EXCITEMENT ABOUT THE NEW SCHOOL-BASED HEALTH CENTER THAT WILL BE LOCATED AT CENTENNIAL HIGH SCHOOL. THE AREAS AROUND CENTENNIAL ARE MEDICALLY UNDERSERVED AND THE NEW SCHOOL-BASED HEALTH CENTER WILL IMPROVE HEALTH OUTCOMES FOR VULNERABLE STUDENTS WHO MIGHT OTHERWISE HAVE TROUBLE ACCESSING HEALTHCARE. COMMUNITY MEMBERS AND ORGANIZATIONS FROM THE REGION WERE GREATLY INVOLVED IN THE PLANNING PROCESS. THE CENTENNIAL SCHOOL DISTRICT

WELLNESS COMMITTEE, A COMMUNITY GROUP ORIGINALLY CREATED BY OUR COMMUNITIES PUTTING PREVENTION TO WORK GRANT, AND OTHER AREA STAKEHOLDERS ARE ENTHUSIASTIC ABOUT THE CLINIC AND ARE EAGER TO CONTINUE THEIR PARTICIPATION IN THE PROJECT. THE CENTENNIAL SCHOOL-BASED HEALTH CENTER HAS AN ANTICIPATED OPENING DATE OF SUMMER, 2014.

AS YOU CAN SEE, THE HEALTH DEPARTMENT HAS DONE SOME GREAT WORK IN THE PAST YEAR. MANY OF OUR MOST INNOVATIVE AND EFFECTIVE PROGRAMS ARE FACING CONTINUED BUDGET CUTS AT THE FEDERAL LEVEL IN THE NEAR FUTURE. I WOULD LIKE TO TAKE A MOMENT TO HIGHLIGHT A FEW OF THESE PROGRAMS AND UNDERSCORE THE IMPORTANCE OF MAINTAINING STRONG FINANCIAL SUPPORT FOR THE HEALTH DEPARTMENT. THE HEALTH CARE TRANSFORMATION HEALTH COMMONS GRANT HAS PLACED FOUR LICENSED CLINICAL SOCIAL WORKERS WITHIN THE HEALTH DEPARTMENTS EMERGENCY MEDICAL SERVICES (EMS). THE GOAL IS TO PROVIDE APPROPRIATE BEHAVIORAL HEALTH INTERVENTION TO PEOPLE IN CRISIS AND REDUCE THE NUMBER OF PEOPLE TAKEN TO THE EMERGENCY ROOM UNNECESSARILY. I HAVE ACTUALLY OBSERVED THIS PROGRAM IN ACTION IN MY NEIGHBORHOOD. A NEIGHBOR, WHOM I HAVE SEEN TRANSPORTED BY AMBULANCE MANY TIMES IN THE PAST, RECENTLY EXPERIENCED A MENTAL HEALTH CRISIS. EMERGENCY MEDICAL SERVICES ARRIVED, AND THEY ALSO BROUGHT A SOCIAL WORKER. THE SITUATION DID NOT ESCALATE TO THE EMOTIONAL LEVEL THAT I HAVE SEEN IN THE PAST, AND THE NEIGHBOR WAS NOT TAKEN AWAY BY AMBULANCE. THE COMMUNITY HEALTH COUNCIL HAS NO DOUBT THAT CREATIVE PARTNERSHIPS, LIKE THIS ONE, EXPAND THE DEFINITION OF "SAFETY NET" AND ARE THE KEY TO WIDESPREAD IMPROVEMENTS IN HEALTH WHEN FACED WITH LIMITED RESOURCES.

THE EXECUTIVE DIRECTOR OF ONE OF OUR COMMUNITY PARTNER ORGANIZATIONS, HOLDEN LEUNG OF THE ASIAN HEALTH AND SERVICES CENTER, DESCRIBED THIS NEW MODEL FOR HEALTH BEST WHEN HE SAID, "THE KEY TO REAL HEALTH EXTENDS FAR BEYOND THE WALLS OF THE CLINIC. IT IS THE CONNECTIONS AND RELATIONSHIPS IN THE COMMUNITY THAT SUPPORT AND SUSTAIN REAL HEALTH." THE HEALTH DEPARTMENT HAS PARTNERED WITH ORGANIZATIONS SUCH AS: THE ASIAN HEALTH AND SERVICE CENTER, CASCADE AIDS PROJECT, INTERNATIONAL CENTER FOR TRADITIONAL CHILDBEARING AND MANY OTHER COMMUNITY BASED GROUPS TO DO THE WORK OF PUBLIC HEALTH. WE RECOGNIZE THAT COLLABORATIVE WORK SUCH AS THE HEALTHY BIRTH INITIATIVE, A PROGRAM TO IMPROVE HEALTH FOR AFRICAN AMERICAN WOMEN AND CHILDREN, WILL BE THE ROOTS FOR LASTING HEALTH SUCCESS IN HARD-TO-REACH COMMUNITIES.

SUFFICIENT FUNDING FOR THE HEALTH DEPARTMENT WILL ALSO SAFEGUARD THE COUNTY'S MOST BASIC PUBLIC HEALTH FUNCTIONS. COMMUNICABLE

DISEASE SERVICES (CDS) AND THE HIV PREVENTION PROGRAM WILL EXPERIENCE CONTINUING FEDERAL BUDGET CUTS OVER THE NEXT THREE YEARS. ALTHOUGH THEY ARE RESTRUCTURING TO ADAPT TO THE CHANGES IN FUNDING, IT IS LIKELY THAT SOME SERVICES WILL BE IMPACTED. BACK IN 2009, WHEN I WAS DIAGNOSED WITH HIV, THESE PROGRAMS SAVED MY LIFE. THEY HELPED ME TO DEVELOP A SENSE OF COMMUNITY, GAVE ME AN OPPORTUNITY TO LEARN ABOUT MY ILLNESS IN A SAFE SPACE, AND SUPPORTED PEER-TO-PEER DISCUSSIONS. BECAUSE OF THESE PROGRAMS, I BECAME INVESTED IN MY OWN HEALTH AND WANTED TO ADVOCATE FOR OTHERS. I WOULD NOT BE HERE, AND I WOULD NOT BE ON THIS COUNCIL IF I HAD NOT BUILT THOSE MEANINGFUL RELATIONSHIPS WITH MY CARE TEAM AND THOSE SUPPORT PROGRAMS.

THE AFFORDABLE CARE ACT WILL HAVE A HUGE IMPACT ON THE HEALTH DEPARTMENT. THE COUNTY IS ONE OF THE LARGEST SAFETY NET PROVIDERS IN OREGON AND WILL CARE FOR MANY OF THE NEWLY ELIGIBLE OHP CLIENTS IN OUR REGION. THE HEALTH DEPARTMENT IS POSITIONED TO PROVIDE QUALITY PATIENT-CENTERED CARE THROUGH OUR BUILDING BETTER CARE 2.0 FRAMEWORK, BUT WE ARE REALISTIC IN OUR EXPECTATIONS. IF THE GOAL OF COORDINATED CARE AND INCREASED ACCESS TO MEDICAID IS TO IMPROVE HEALTH, THEN IT IS IMPERATIVE THAT THE HEALTH DEPARTMENT BE GIVEN THE RESOURCES TO ACHIEVE THIS GOAL. AS A CLIENT OF MULTNOMAH COUNTY HEALTH DEPARTMENT AND A CONCERNED CITIZEN, I URGE YOU TO ADVOCATE TO THE STATE TO SUPPORT THE VITAL CORE PUBLIC HEALTH PROGRAMS. PLEASE REMEMBER THAT INVESTING IN THE HEALTH DEPARTMENT IS INVESTING IN THE HEALTH OF MULTNOMAH COUNTY.

ON BEHALF OF THE COMMUNITY THE HEALTH DEPARTMENT SERVES AND AS THE CBAC REPRESENTATIVE FOR THE HEALTH DEPARTMENT, I COMMEND THE COMMISSIONERS AND ESPECIALLY CHAIR COGEN FOR RECOGNIZING THE IMPORTANT AND VITAL SERVICES THE HEALTH DEPARTMENT PROVIDES. THANK YOU CHAIR COGEN FOR MAINTAINING THE HEALTH DEPARTMENT'S CRITICAL SERVICES IN YOUR EXECUTIVE BUDGET. I WOULD LIKE TO THANK YOU COMMISSIONERS FOR YOUR TIME AND CONSIDERATION.

Ms. Shirley: THANKS, MARK. ANY QUESTIONS FOR MARK?

Chair Cogen: COMMISSIONER KAFOURY.

Commissioner Kafoury: YOU DID A GREAT JOB. YOUR PREAMBLE WITH HOW YOU WERE NERVOUS, YOU DID A FABULOUS JOB. IT WAS VERY THOROUGH. WE COULD NOT SEE THAT.

Chair Cogen: YOU WOULDN'T HAVE KNOWN IF YOU DIDN'T TELL US.

Commissioner Kafoury: THANK YOU.

Chair Cogen: COMMISSIONER MCKEEL.

Commissioner McKeel: I WANT TO THANK YOU TOO. YOU DID DO A GREAT JOB. I ALWAYS APPRECIATE OUR CBACs AND I APPRECIATE YOU COMING FORWARD WITH THE DEPARTMENT WHEN THEY DO THEIR PRESENTATIONS, BECAUSE YOU HAVE VERY IMPORTANT INFORMATION FOR US TO BE ABLE TO DO OUR JOBS UP HERE. SO THANK YOU SO MUCH.

Mr. Goldsby: YOU'RE WELCOME. THANK YOU.

Ms. Shirley: MARK IDENTIFIED -- WE HAVE MANY PARTNERS IN THE HEALTH DEPARTMENT. THE STORY ABOUT CENTENNIAL AND HOW WE MADE DECISIONS ABOUT WHAT SERVICES WILL BE THERE, WHERE IT WILL BE PLACED ETC., WAS ONE OF THOSE STORIES. WE HAD ALSO INCLUDED WITH A NUMBER OF OUR PARTNERS UNDER THESE -- LOTS OF ORGANIZATIONS UNDER EACH OF THESE KIND OF CATEGORIES, BUT I JUST WANT TO EMPHASIZE THAT WE DO A LOT OF JOINT PROGRAMMING WITH THEM. AND WE ALSO DO A LOT OF SUPPORT FOR THEIR WORK AND MISSION AS WELL. THIS IS OUR ORGANIZATIONAL STRUCTURE AND PREFERS TO SOME OF THE CHANGES THAT WE'VE MADE THROUGH SPAN OF CONTROL. THE ONLY MAJOR THING THAT YOU'LL SEE THAT LOOKS DIFFERENT THIS YEAR IS THE OFFICE OF POLICY AND PLANNING WAS FORMED BY MERGING CHRONIC DISEASE POLICY WORK, WHICH WAS SEPARATE WITH HEALTH AND SOCIAL JUSTICE. AND HEALTH AND SOCIAL JUSTICE IS THE UNIT THAT GIVES YOU YOUR RESEARCH, GIVES YOU THE REPORTS, AND THE EVALUATIONS THAT WE CAN DO, LIKE THE REPORT THAT CAME OUT LAST FRIDAY ON DOMICILES AND THE COAL TRAIN AND HEALTH IMPACT ASSESSMENTS. THE PROPOSED FRAMEWORK IS, WE ARE PART OF THE NATION'S PUBLIC HEALTH SYSTEM, AND WE SHARE THIS WITH OUR FEDERAL, STATE, AND OTHER LOCAL JURISDICTIONS THROUGHOUT THE COUNTRY AND IN OREGON IN TERMS OF WHAT ARE THE THINGS THAT LOCAL GOVERNMENTAL PUBLIC HEALTH SHOULD PROVIDE FOR ITS CITIZENS.

WE WERE ASKED TO CALL OUT THREE KEY ACCOMPLISHMENTS, WHICH FIT IN OUR MISSION AND THE MISSION OF THE BOARD FOR OUR PRESENTATION. WE PICKED SOME THAT WOULD HAVE A LOT OF CROSS -- TIMELY AND CROSS-JURISDICTIONAL IMPACT. ONE IS OUR COMMUNITY PARTNERSHIP WITH THE COMMUNITY -- OUR ACCESS TO HEALTH CARE GAINS, AND OUR PUBLIC HEALTH PREVENTION WORK THAT STARTS HERE WITH OUR BREAST-FEEDING INITIATIVES. I'M GOING TO TALK MORE ABOUT EACH OF THESE, BUT GIVEN THE TIME, I WANT TO MAKE SURE WE GET TO THE LINE ITEMS IN THE BUDGET QUICKLY. SO IF YOU WOULD LIKE TO SLOW ME DOWN, GO AHEAD, OR I CAN COME AND TALK INDIVIDUALLY. WE TALKED ABOUT THIS AT THE BRIEFING

THAT WE DID AROUND HEALTH CARE TRANSFORMATION. THIS IS SOMETHING THAT WE'VE LED IN THIS REGION, IT'S REQUIRED BY THE AFFORDABLE CARE ACT, IT IS A REQUIREMENT OF THE HOSPITAL'S REGULATIONS FOR THE IRS. THE OREGON CCOs ARE ALL REQUIRED TO DO THIS, AND WE NEED TO DO IT FOR PUBLIC HEALTH ACCREDITATION. WHERE WE ARE NOW SINCE WE LAST TALKED TO YOU AND BRIEFED YOU ON THIS GREAT PROJECT IS WE'VE HAD -- WE'VE STARTED THE COMMUNITY LISTENING SESSIONS. AND I JUST WANT TO CALL OUT THAT IN ADDITION TO THE QUALITATIVE DATA FROM THE MORBIDITY AND MORALITY REPORTS, IN THE COMMUNITY, LISTENING SESSIONS WITH THE PEOPLE THAT WE'VE BROUGHT TOGETHER AND AGENCIES THAT WE'VE GONE OUT TO, THERE'S SO MUCH CONSISTENCY BETWEEN WHAT PEOPLE WANT US TO FOCUS ON FOR PREVENTION, AND CARE, WITH THE WHOLE HEALTH CARE TRANSFORMATION. SO IT REALLY MAKES A NICE THREAD BASIS TO WEAVE ACROSS THE COMMUNITY HOW WE CAN MAKE SURE THAT WE GET TO HEALTH.

OUR GAINS IN CLINICAL ACCESS, WE'LL TALK MORE ABOUT THIS LATER WHEN WE GO THROUGH SPECIFICS IN THE BUDGET. AGAIN, IT'S HARD TO REMEMBER, IT'S BEEN A FUN YEAR, BUT WAY BACK AT THE BEGINNING OF THIS FISCAL YEAR THAT WE'RE ENDING, WE OPENED FRANKLIN HIGH SCHOOL, WE DID THE BILLI ODEGAARD CLINIC AND THE REOPENING OF THE SOUTHEAST HEALTH CENTER. IN ADDITION SOME OF THE QUIETER WORK IS THE RENOVATIONS OUT AT SOUTHEAST AND SOME OF THE RENOVATIONS IN OUR SPACES WHERE WE MIGHT HAVE HAD FIVE TEAMS BEFORE NOW WE HAVE SIX, WE MIGHT HAVE HAD THREE OR FOUR DENTAL CHAIRS, NOW WE HAVE AN EXTRA DENTAL CHAIR IN LINCOLN NORTHEAST. SO THOSE ARE NOT THE FLASHY THINGS, BUT THOSE ARE THE HARD CORE THINGS. AND IN CORRECTIONS HEALTH, I WANT TO HAVE A REALLY QUICK STORY THAT CAME FROM ONE OF OUR COMMUNITY HEALTH NURSES AT THE JUSTICE CENTER. A MAN WAS ARRESTED AND BOOKED, BROUGHT IN, WE ASSESS EVERYBODY AS THEY COME IN THROUGH BOOKING, HE WAS COMPLAINING OF SEVERE STOMACH PAINS AND HAD BEEN IN THE HOSPITAL THE NIGHT BEFORE HE WAS ARRESTED. BECAUSE WE HAD THIS CARE EVERYWHERE SYSTEM ON OUR ELECTRONIC HEALTH RECORD WHERE YOU CAN SEE, I GOT THIS PERSON HERE, ANYBODY -- HAS HE BEEN ANYWHERE ELSE, WE WERE ABLE TO DISCOVER HE HAD BEEN HOSPITALIZED AND HAD EMERGENCY ROOM VISIT AND HOSPITALIZATION IN THE RECENT PAST. SO KNOWING THAT, THEY KNEW WHAT THAT BACKGROUND WAS, AND THEY WERE ABLE TO TREAT HIM AND MAKE SURE HE GOT BACK TO HIS PRIMARY CARE PROVIDER BECAUSE HE WAS ACTUALLY GOING TO BE RELEASED THAT NIGHT. SO THAT KIND OF CONSISTENCY AND CARE FOR THE INDIVIDUAL PUTTING THE PATIENT TOGETHER I THINK IS ALREADY BEING -- ALREADY PAYING OFF IN OUR COMMUNITY. PUBLIC HEALTH PREVENTION, IT STARTS HERE. YOU'LL HEAR MORE ABOUT THIS. BUT WE FEEL THAT THIS -- SONIA IS GOING TO TALK ABOUT HOW WE'RE CONTINUING IN OUR BUDGETING PROCESS TO MAKE SURE THAT THE WORK IS CONTINUED AND SUSTAINABLE AND GOES

THROUGH IN THE COMMUNITY AROUND PREVENTION. AND NOW ALSO OUR BREAST-FEEDING PROGRAM.

AT THE END OF THE PRESENTATION THEY'VE ASKED ABOUT WHAT ARE SOME OF THE SEQUESTER IMPACTS. I JUST GOT AN EMAIL THIS MORNING AT 10:00, EASTERN-STANDARD TIME, THE AGRICULTURAL COMMITTEE WAS WORKING ON A BILL THAT IS FOR THE FARM BILL. AND CERTAIN SECTIONS. AND THERE'S A LOT OF ACTIVITY GOING ON TRYING TO MAINTAIN THE WIC PROGRAM IN THAT. AND SO KARYNE'S ANSWER TO ALL OF YOU COMMISSIONERS ABOUT WHERE WE'RE GOING TO LAND, WE DON'T KNOW. IT REALLY IS A WORK IN PROGRESS. WE ARE VERY PROUD OF THIS, THESE STATISTICS AND THESE OUTCOMES THAT YOU SEE. AND WE, AGAIN, CAN OFFLINE TALK MORE ABOUT THE SPECIFICS OF ALL OF THE THINGS THAT BREAST-FEEDING DOES FOR YOUNG FAMILIES. AND YOU'LL SEE ON THE RIGHT HAND SLIDE, WE HAVE FURTHER TO GO TO MAINTAIN, TO 12 MONTHS. AND THAT'S DEFINITELY PART OF OUR STRATEGY THIS COMING YEAR, TO IMPROVE THE TIME THAT WOMEN BREAST-FEED AND TO FOCUS ON COMMUNITIES THAT ARE HAVING STRUGGLES WITH MAINTAINING BREAST-FEEDING FROM SIX MONTHS TO 12 MONTHS. SO NOW I'M GOING TO TURN IT OVER TO WENDY. SHE'LL JUST GO THROUGH ALL THE LINE ITEMS AND THE NUMBERS THAT WAS IN THE EXECUTIVE BUDGET AND QUESTIONS THAT YOU MAY HAVE FOR US AS TO WHY WE'RE PROPOSING THAT YOU APPROVE SOME OF THESE DIRECTIONS THAT WE'RE GOING IN. THANK YOU VERY MUCH.

Chari Cogen: THANK YOU.

Ms. Lear: WENDY LEAR, HEALTH DEPARTMENT. SO THIS FIRST SLIDE IS OUR PROPOSED BUDGET OF \$164 MILLION. AND A LITTLE MORE. IT IS A 2% INCREASE OVER OUR FISCAL YEAR 13 BUDGET. AND IT REPRESENTS THE 1% COUNTY GENERAL FUND CONSTRAINT, AND A 5% INCREASE IN OTHER FUNDING AND FEDERAL STATE FUNDING. THIS NEXT SLIDE IS -- DISPLAYS THE MIX OF REVENUE FUNDING OUR SERVICES. AND IT -- THE MIX OF REVENUE HASN'T CHANGED SIGNIFICANTLY FROM THIS YEAR TO LAST. AND MEDICAID, MEDICARE, AND PATIENT FEES, WHICH ARE PARTLY REFLECTED IN THE GENERAL FUND AS MEDICAID WRAP-AROUND FEES, AND THEN ALSO IN THE FEDERAL STATE FUND AS PATIENT FEES, THOSE COMBINED SOURCES MAKE UP 71.4 MILLION DOLLARS OF OUR BUDGET, WHICH IS ABOUT 43% OF ALL THE REVENUE FOR THE HEALTH DEPARTMENT. THIS NEXT SLIDE, WE'VE BROKEN OUT THE COUNTY GENERAL FUND BY DIVISION. JUST SO YOU CAN GET A BETTER SENSE OF WHERE THE GENERAL FUND THAT YOU GIVE US IS BEING SPENT. AND EXCLUDING THE COUNTY GENERAL FUND MEDICAID THAT IS GENERATED IN THE CLINICAL SETTING FOR INTEGRATED CLINICAL SERVICES, WITH THE EXCEPTION OF THAT MONEY, COMMUNITY HEALTH SERVICES IS THE LARGEST PLACE WHERE GENERAL FUND SUPPORT IS SPENT IN THE HEALTH DEPARTMENT. AND THAT'S PRETTY EVENLY SPLIT BETWEEN -- WITH EARLY CHILDHOOD SERVICES AND ENVIRONMENTAL HEALTH RECEIVING

ABOUT \$4.5 MILLION EACH IN COUNTY GENERAL FUND. AND CORRECTIONS HEALTH IS NEARLY ALL COUNTY GENERAL FUND SUPPORTED. IT JUST HAS A VERY SMALL GRANT THAT IT'S HAD FOR A COUPLE YEARS FOR \$72,000 FUNDING OTHER SERVICES. BUT OTHERWISE THAT'S THE NEXT LARGEST PLACE WHERE WE EXPEND GENERAL FUND.

Vice-Chair Shiprack: I'M SORRY, WENDY, CAN WE GO BACK TO COMMUNITY HEALTH SERVICES? SO THE TWO ARE ENVIRONMENTAL HEALTH AND EARLY CHILDHOOD SERVICES, AND THEY RECEIVE \$4.5 MILLION APIECE?

Ms. Lear: RIGHT. AND THEN THE OTHER PARTS OF COMMUNITY HEALTH SERVICES LIKE COMMUNICABLE DISEASE AND STD, HIV, HEP C RECEIVE THE BALANCE OF THAT. THEY -- EARLY CHILDHOOD RECEIVES ABOUT 5.5 MILLION, ENVIRONMENTAL HEALTH RECEIVES 5.3 MILLION, COMMUNICABLE DISEASE HAS 2.5 MILLION, AND HIV HEPATITIS C AND ADOLESCENT HEALTH IS 3.3 MILLION. AND WIC RECEIVES ABOUT 1.5.

Vice-Chair Shiprack: THERE WAS JUST A LOT THAT WAS LEFT OVER THERE.

Ms. Lear:YEAH. THAT'S THE DETAIL ON THEM. ON WHAT ELSE IS SPENT ON COMMUNITY HEALTH SERVICES. THIS IS OUR EXPENDITURES IN OUR BUDGET BY MAJOR CLASSIFICATION. AND PERSONNEL OF COURSE IS ALWAYS OUR LARGEST PORTION OF OUR BUDGET. IN CONTRACTUAL SERVICES, SOME OF THE PIECES TO NOTE THERE IS THAT THIS IS PRIMARILY FOR THE HEALTH DEPARTMENT THE CONTRACTUAL HEALTH SERVICES ARE PRIMARILY MEDICALLY RELATED PROFESSIONAL SERVICES LIKE THE COST OF SENDING INMATES TO HOSPITALS. THOSE KINDS OF COSTS ARE INCLUDED HERE. AND LABS. SO OUR LARGEST CONTRACTORS ARE PLACES LIKE OHSU FOR PROFESSIONAL SERVICES AND CORRECTIONS HEALTH SERVICES. BUT WE ALSO HAVE CONTRACTS WITH CASCADE AIDS PROJECT, IRCO NORTHWEST IMPACT, AND WE SPEND ABOUT A HALF MILLION DOLLARS ON INTERPRETATION SERVICES. AND THAT ALL COMES OUT OF THE CONTRACTUAL AREA OF OUR BUDGET. IN ADDITION, IT INCLUDES A MILLION AND A HALF IN GENERAL FUND THAT IS USED TO MATCH AND DRAW DOWN MORE MEDICAID FOR OUR SERVICES.

Vice-Chair Shiprack: IT WOULD BE REALLY INTERESTING TO SEE THAT -- A SPECIFIC BREAKDOWN. WE'VE PROBABLY ALREADY SEEN THIS AND I'M SURE IT'S HANDY, I DON'T NEED TO SEE IT NOW, OF THE APARTMENT THAT WE SPEND IN CORRECTIONS HEALTH FOR HOSPITALIZATIONS. THAT NUMBER THAT YOU JUST REFERRED TO, WENDY. MY UNDERSTANDING IS THAT THAT MAY BE A NUMBER THAT WE CAN CHANGE DEPENDING ON THE LENS OF -- AND SORT OF FORMAT AN ORGANIZATION OF HEALTH CARE CHANGES.

Ms. Lear: RIGHT.

Ms. Shirley: THESE ARE ALL CALLED OUT TOO IN THE PROGRAM OFFERS, THE SPECIFIC DETAIL. JUST TO LET YOU ALL KNOW, AGAIN, ALL OF THE THINGS WE TALKED ABOUT THEY'RE ALL ABOVE A HALF MILLION EACH. SO THEY'RE SIGNIFICANT EXTENDERS OF THE SERVICES THAT WE PROVIDE THROUGH THE COUNTY.

Vice-Chair Shiprack: I WOULD JUST LIKE TO FOCUS IN ON THE CORRECTIONS HEALTH CONTRACT PART OF THAT SLICE.

Ms. Lear: OK.

Vice-Chair Shiprack: THANK YOU.

Ms. Lear: THIS NEXT SLIDE SHOWS -- IS JUST ANOTHER DEPICTION OF REVENUE BY MAJOR CATEGORY. FOR EACH DIVISION WITHIN THE HEALTH DEPARTMENT AS WELL AS THE TOTAL FTEs. SO IT'S JUST A HANDY ONE-PAGE SUMMARY. AND JUST TO NOTE THE ENVIRONMENTAL HEALTH INSPECTION AND AMBULANCE PROGRAM GENERATE GENERAL FUND FEES TO SUPPORT THEIR SERVICES, AND THOSE FEES ARE REFLECTED IN THE COMMUNITY HEALTH SERVICES DIVISION, AND IN THE HEALTH OFFICER BUDGET IS WHERE THE AMBULANCE SERVICES ARE BUDGETED. SO THAT'S -- THEY HAVE A GENERAL FUND GENERATED FEES THERE. THIS NEXT SLIDE LOOKS REMARKABLY SIMILAR TO THE PREVIOUS ONE, BUT IT'S DIFFERENT INFORMATION. THIS IS A ONE-PAGE SNAPSHOT COMPARING CHANGES IN TOTAL BUDGET BY DIVISION, AND CHANGES TO FTE BY DIVISION COMPARING THE 2014 SUBMITTED BUDGET OR EXECUTIVE BUDGET AND THE ADOPTED BUDGET FOR LAST YEAR.

Commissioner Kafoury: LILLIAN, CAN ONE OF YOU EXPLAIN TO ME THE CHANGE IN CORRECTIONS HEALTH? WHERE WE LOSING SIX POSITIONS?

Ms. Shirley: WE CALLED OUT LATER -- LET'S SEE. TO YOU WANT TO GO TO IT NOW?

Ms. Lear: WE'VE CUT 6.2 POSITIONS THAT ARE ALL ADMINISTRATIVE OR CLERICAL POSITIONS IN CORRECTIONS HEALTH TO FREE UP ADDITIONAL MONEY FOR -- TO -- FOR OUTSIDE MEDICAL COSTS. SO WE NEEDED TO ADJUST THE POSITIONS DOWN TO END UP FUNDING THAT COST.

Ms. Shirley: SO SOME OF IT IS ACTUALLY COMING UP ON SLIDE 29. BUT SOME OF IT IS ALSO LIKE WE HAD A 0.2 FTE BUDGETED FOR A NURSE FOR OVERLAP ON SHIFT THAT WE COULDN'T FILL. WE JUST CUT THAT AND IF WE GET INTO A CRUNCH WE CAN CALL IN ON CALL. BECAUSE IT WASN'T USED LAST YEAR, WE NOTICED. IT WAS SOMETHING PEOPLE THOUGHT THEY WOULD NEED, AND IT WASN'T USED. WE ALSO ARE ELIMINATING A FULL-TIME OPERATIONS SUPERVISOR IN TERMS OF THE LEVEL THAT YOU'RE TALKING ABOUT, AND

THE OFFICE ASSISTANT. A LOT OF THE DETAIL OF GETTING A RECORD FROM ONE PLACE TO ANOTHER HAS REQUIRED -- WE DON'T NEED AS MANY OFFICE ASSISTANTS IN THAT ROLE. IN THE OVERALL SYSTEM. AND THE OTHER ISSUE THEY'VE CALLED OUT, THEY'VE GAINED EFFICIENCIES NOT JUST IN BETWEEN CARRYING THE RECORDS AROUND, BUT ALSO THE DOCUMENTATION AND GETTING THINGS OUT OF THE RECORD ROOM AND MAKING SURE THAT WHEN THE -- WHATEVER THE PROVIDER IS THERE, ALSO FOLLOWING FROM BOOKING UPSTAIRS, SO PEOPLE CAN SEE, THAT PAY WE'RE WORK HAS ALL BEEN -- IT'S -- IT'S NOT PERFECT, BUT IT'S STILL IN TRANSITION, BUT THEY REALLY FELT THESE ARE UNDERUTILIZED POSITIONS RIGHT NOW THAT CAN BE DEPLOYED SOMEPLACE ELSE. THE OTHER QUESTION THAT THIS RAISES FOR US IS, FOR THE LAST SEVERAL YEARS, WE'VE HAD AN OVERLY REALISTIC ASSUMPTION ABOUT HOW WE CAN CONTROL THE COST FOR OUTSIDE MEDICAL. AND WE'VE HAD TO COME BACK TO YOU AND SAY, YOU KNOW, THIS IS WHAT HAPPENED.

SO WE'VE REALLY WANTED TO BE MUCH MORE UP FRONT TRANSPARENT, I DON'T KNOW IF TRANSPARENT IS THE WORD, BUT REALISTIC ABOUT WHAT THESE COSTS ARE COSTING US, AND SAY WE'VE GOT TO PUT THAT IN, AND WE HAVE TO MAKE SURE THAT GOING INTO THE BEGINNING OF THE FISCAL YEAR, WHAT OUR EXPECTATIONS ARE FOR THE WORK THAT'S GOING TO HAVE TO BE DONE THAT WE CAN'T DO IN THE JAIL HOUSE SITUATION. SO I'M JUMPING AHEAD, BECAUSE TO YOUR POINT COMMISSIONER SHIPRACK, THERE ARE TWO BILLS THAT WE HAVE GREAT HOPES FOR IN THE OREGON LEGISLATURE THAT WILL HELP NOT MITIGATE -- IT WILL MITIGATE IT. SO SOME OF THEM ARE, AND AGAIN, WE HAD DETAIL ON THIS LATER, BUT ONE IS, IF YOU ARE IN OUR SYSTEM AND YOU ARE A BLUE CROSS/BLUE SHIELD OR ODS OR KAISER MEMBER, WE CAN'T BILL YOU IF WE SEND YOU TO THE HOSPITAL. THE HOSPITAL CAN'T BILL. OR THE HOSPITAL DOES BILL, WE'VE HAD TEST CASES WE'VE TRIED, AND THEN COMES BACK DENIED. BECAUSE THEY -- THE INSURER FIGURES OUT THE PERSON WAS IN CUSTODY AT THE TIME. SO ONE OF THE BILLS WOULD MEAN THAT THAT WOULD TAKE AWAY THAT BARRIER TO COLLECTING REVENUE FROM COMMERCIAL INSURERS, AND THE SECOND ONE IS, HAS TO DO WITH US BEING ABLE TO WHEN SOMEONE IS AT ADVENTIST OR OHSU AND THEY ARE ELIGIBLE FOR MEDICAID, THEY CAN BE ENROLLED FOR THEIR SERVICES, NOT THE SERVICES WE PROVIDE IN THE JAIL, BUT THE SERVICES OUTSIDE MEDICAL THAT THEY'RE GETTING. SO THAT -- WE HAVEN'T RUN THE NUMBERS. WE WANTED TO LOOK BACK TO SEE WHAT MIGHT BE OUR SAVINGS, GIVEN OUR EXPERIENCE OVER THE LAST TWO YEARS, IF THESE BILLS BOTH PASSED. BUT THE -- AND THEN THE OTHER VARIABLE THAT'S GOING ON HERE IS MANY MORE OF THE PEOPLE WILL BE ELIGIBLE AFTER JANUARY 2014. RIGHT NOW IT HASN'T BEEN -- WE HAVEN'T THOUGHT THAT IT WOULD BE A BIG IMPACT, BECAUSE MANY OF THE PEOPLE IN CUSTODY ARE NOT ELIGIBLE FOR MEDICAID BECAUSE THEY DON'T FIT INTO THE CATEGORIES. THEY'RE SINGLE MEN, FOR INSTANCE, THEY DON'T HAVE CHILDREN, AND THEY'RE NOT DISABLED, SO THAT ELIMINATED THEM. BUT

ONCE WE HAVE BROADER COVERAGE BASED ON INCOME IN OREGON, WE DO FEEL WE'LL HAVE A BIGGER IMPACT GOING FORWARD. SO -- I'M SORRY, WENDY, I MIXED TOGETHER THREE THEMES HERE.

Commissioner Smith: I'M GLAD YOU'RE TALKING ABOUT THIS. COMMISSIONER SHIPRACK AND MYSELF WERE BOTH REALLY CONCERNED ABOUT THE CORRECTIONS HEALTH PIECE, AND THAT WAS GOING TO BE MY QUESTION TO YOU. HOW MUCH DO YOU THINK THAT WE'LL SAVE WITH HEALTH CARE TRANSFORMATION ON THE AFFORDABLE CARE ACT COME JANUARY 1st, 2014? BECAUSE WE'RE SPENDING LIKE \$14 MILLION IN CORRECTIONS HEALTH. I IMAGINE FOR THOSE FOLKS NOT ADJUDICATED, THAT WE'LL BE ABLE TO SAVE A CONSIDERABLE AMOUNT OF MONEY AND/OR FIGURE OUT WELLNESS THINGS FOR THOSE FOLKS SO WE'RE NOT TRENDING UP ON THE CORRECTIONS HEALTH.

Ms. Shirley: WELL, THERE'S -- FOR THE SERVICES THAT WE PROVIDE IN THE JAIL, WE STILL, EVEN IF THEY'RE COVERED, WE WON'T BE ABLE TO BILL ANYBODY. OUR REAL HOPE IS THAT THE SAVINGS WILL BE -- WE'LL BE ABLE TO ENROLL PEOPLE, AND RIGHT NOW WE HAVEN'T BEEN ABLE TONE ROLL PEOPLE AS THEY LEAVE, FOR INSTANCE.

Commissioner Smith: SO WE WON'T BE ABLE TO BILL MEDICAID?

Ms. Shirley: NOT FOR PEOPLE WHO WE'RE TAKING CARE OF IN THE JAIL. ONLY FOR PEOPLE WE SENT FOR -- SEND FOR OUTSIDE MEDICAL, HOSPITALIZATION.

Chair Cogen: THE IN THE JAIL IS THE VAST MAJORITY --

Ms. Shirley: THE IN THE JAIL IS BIG MONEY. THAT'S THE BIG MONEY.

Vice-Chair Shiprack: SO THE QUESTION NATURALLY THEN IS, SORRY TO CHIME IN ON YOU COMMISSIONER -- THE QUESTION, THERE IS, WHY NOT?

Ms. Lear: FEDERALLY THEY WON'T ALLOW US TO BILL WHILE ANYONE IS WITHIN THE CUSTODY OF A FEDERAL OR A GOVERNMENTAL INSTITUTION. SO, LIKE, WORK CAMPS THE STATE RUNS, STATE CORRECTIONS, OR THE COUNTY JAIL.

Vice-Chair Shiprack: AND THE REASON -- I UNDERSTAND THAT, IT'S JUST THAT A CERTAIN LEVEL OF GOVERNMENT, THE -- YOU CAN'T DO THAT GOES AWAY, BECAUSE WE'RE THE ONES WHO DO THAT. BECAUSE SOMEONE MAKES THE RULES HERE. AND SO THEN THE QUESTION IS NOT ANSWERED SO EASILY THE WHY CAN'T WE DO THAT BECAUSE SOMEBODY SAYS WE CAN'T, THEN THE QUESTION BECOMES, WHAT IS THE SENSE OF DOING IT THE WAY -- OF DOING IT THAT WAY, AND WOULDN'T IT MAKE MORE SENSE TO DO IT SOME

OTHER WAY? AND SO I THINK WHERE WE'RE GOING HERE, WHERE COMMISSIONER SMITH AND I ARE GOING IS, THIS IS AN AREA THAT OTHER COUNTIES AND OTHER STATES ARE GRAPPLING WITH RIGHT NOW AS WELL, AND IT SEEMS IN MANY WAYS THAT THIS SHIFT OF RESPONSIBILITY FOR MEDICAL CARE DOESN'T DO AWAY WITH THE RESPONSIBILITY FOR MEDICAL CARE, IT JUST SHIFTS THE RESPONSIBILITY, IT'S ALL BEING PAID FOR BY TAXPAYER, ULTIMATELY, AND THE SHIFT ITSELF IS VERY EXPENSIVE. BOTH IN TERMS OF HEALTH OUTCOMES AND IN TERMS OF COST. SO I THINK THE MORE WE SQUEEZE DOWN ON THAT WHY NOT AND THIS WHY NOT FOR A GOOD REASON, THE CLOSER WE ARE TO MAKING A POSITIVE CHANGE. HITTING THAT \$14 MILLION.

Commissioner Smith: CAN WE TALK ABOUT THIS IN GREAT DETAIL AND SET UP A MEETING SO ME AND COMMISSIONER SHIPRACK CAN TALK TO YOU IN GREATER DETAIL?

Ms. Shirley: ABSOLUTELY. AND COMMISSIONER SHIPRACK, THERE'S A LOT OF GOOD WORK GOING ON THROUGH NACO AROUND THIS. BECAUSE WE'RE AT THE COUNTY --

Commissioner Smith: THEY GAVE ME THE WRONG IMPRESSION. MY IMPRESSION WAS THE FOLKS WHO WERE ECONOMICALLY QUALIFIED FOR MEDICAID, IF THEY WERE IN OUR JAILS AND CAN'T LET -- HAD NOT BEEN ADJUDICATED, IF THEY GET SERVICES IN OUR JAILS, IT WOULD BE PAID FOR THROUGH THE AFFORDABLE CARE ACT.

Chair Cogen: I WISH.

Ms. Shirley: NO.

Commissioner Smith: OK.

Ms. Shirley: THAT IS THE SIMPLE ANSWER. THAT WAS THE POLICY INITIATIVE THAT WAS REALLY PEOPLE REALLY WORKED HARD FOR. BUT WHEN THE DAY WAS DONE THAT'S NOT THE --

Commissioner Smith: SO THAT PIECE OF THE POLICY DID NOT GET INCLUDED IN THE AFFORDABLE CARE ACT.

Ms. Shirley: CORRECT.

Commissioner Smith: THANK YOU.

Ms. Shirley: BUT WE HAVEN'T GIVEN UP.

Commissioner Smith: OK. I'M RIGHT THERE WITH YOU.

Ms. Shirley: GUILTY. YOU'RE NOT GUILTY UNTIL YOU'RE PROVING GUILTY.

Ms. Lear: WE'LL SET UP A MEETING TO TALK ABOUT IT.

Ms. Shirley YEAH. OK.

Ms. Lear: COMMISSIONER KAFOURY, DID YOU GET --

Ms. Shirley: DID YOU GET YOUR QUESTION ANSWERED?

Commissioner Kafoury: I WAS CURIOUS, SO IS THE INCREASE -- WE'RE LOSING POSITIONS, WE'RE INCREASING HALF A MILLION DOLLARS, IS THAT ALL FOR OUTSIDE MEDICAL?

Mses. Lear & Shirley: YES.

Commissioner Kafoury: SO I GUESS I'M INTERESTED IN THE ANSWER TO COMMISSIONER SHIPRACK'S QUESTION AS WELL.

Ms. Lear: OK. SO THE OTHER -- THE OTHER SIGNIFICANT CHANGE ON THIS SLIDE IS ALREADY NOTED, WHICH IS THE MOVEMENT OF FTE AND BUDGET FROM CHRONIC DISEASE WHICH MOVED INTO POLICY AND PLANNING FROM COMMUNITY HEALTH SERVICES INTO THE OFFICE OF POLICY AND PLANNING. THE OTHER THING TO NOTE ON THIS SLIDE WHICH ISN'T EVIDENT IN THE FTE CHANGES, ASIDE FROM THAT ADJUSTMENT, COMMUNITY HEALTH SERVICES HAD A \$5.5 MILLION REDUCTION, 3.5 MILLION DOLLARS OF THAT IS JUST AN ACCOUNTING CHANGE FOR HOW WE TREAT VACCINE VALUE. SO WE HAVE HISTORICALLY ALWAYS RECORDED THE VALUE OF THAT DONATED VACCINE IN THE COMMUNITY HEALTH SERVICES IMMUNIZATION BUDGET, AND THE AUDITORS LAST YEAR TOLD US WE NO LONGER HAD TO RECORD THAT EXPENSE. SO IT'S AN ARTIFICIAL REDUCTION IN COMMUNITY HEALTH SERVICES. WE'RE STILL GETTING THE VACCINES, THEY'RE STILL ON AVERAGE ABOUT 3.5 MILLION DOLLARS WORTH OF VACCINES THAT WE'RE -- SO THE PROGRAM HASN'T CHANGED.

Commissioner Smith: I WAS LOOKING AT THIS, THE \$1.7 MILLION CHANGE IN POLICY AND PLANNING, I THOUGHT, WHY ARE WE MOVING CHRONIC DISEASE PROGRAMS FROM COMMUNITY HEALTH TO POLICY AND PLANNING? THAT DOESN'T MAKE A LOT OF SENSE JUST AT THE FIRST GLANCE.

Ms. Shirley: WELL, I'M OPEN. I'M OPEN TO SUGGESTIONS, BUT YOU'RE GOING TO GET -- SONIA IS GOING TO TALK TO YOU ABOUT WHAT SHE'S TRYING TO DO WITH THAT. IT ALSO HAS TO DO WITH HOW WE'RE APPROACHING CHRONIC DISEASE. WE DON'T ACTUALLY -- IT'S NOT LIKE WE'RE DOING PROGRAMMING SEPARATELY FROM OUR -- LIKE OUR CLINICAL SERVICES, BUT

IT'S A CONCEPT OF CREATING CONDITIONS IN THE COMMUNITY THROUGH PLANNING EFFORTS, THROUGH WORKING ON COALITION BUILDING WITH THE SCHOOL DEPARTMENTS, AND WITH OTHER AGENCIES, COMMUNITY-BASED ORGANIZATIONS LIKE IRCO, LIKE THE URBAN LEAGUE, AROUND REALLY UPSTREAM IF YOU WILL PREVENTIVE ACTIVITIES THAT WILL REDUCE CHRONIC DISEASE IN INDIVIDUALS LIVING IN THOSE COMMUNITIES.

Commissioner Smith: SO THIS IS MORE POLICY ORIENTED AND NOT DIRECT SERVICES.

Ms. Shirley: CORRECT.

Commissioner Smith: THAT'S WHAT I WAS THINKING.

Ms. Shirley: YOU'RE RIGHT, THE LANGUAGE IS CONFUSING. WE SHOULD REALLY THINK ABOUT THAT. WE NEED A BETTER NAME.

Commissioner Smith: CHRONIC DISEASE PROGRAM.

Ms. Shirley: CHRONIC DISEASE -- YEAH. YOU'RE RIGHT.

Commissioner Smith: POLICY AND PLANNING.

Ms. Shirley: OK. GOT IT. THANK YOU FOR THAT FEEDBACK.

Ms. Lear: SO WHAT WE HAVE KEPT IN OUR BUDGET, SO THE HEALTH DEPARTMENT PROGRAMS REMAIN AT CURRENT SERVICE LEVEL FOR 2014. WE'VE ADDED THE PRIMARY CARE CLINIC AND DENTAL CLINICS THAT WE'VE TALKED ABOUT ALREADY, SCHOOL-BASED HEALTH SERVICES FOR FISCAL YEAR '14 ARE STILL AT THE '13 SCHOOL-BASED HEALTH CENTERS WE HAVE TODAY, AND THE CAPITAL FUNDING IS -- PLANNING IS SOMETIME GOING FORWARD FOR CENTENNIAL HIGH SCHOOL, WHICH WILL ADD -- MAKE THAT 14 SCHOOL-BASED HEALTH CLINICS. SO IN TOTAL OUR FTE HAVE HAD A NET INCREASE OF EIGHT FTE. OVER THIS CURRENT YEAR, AND THOSE HAVE ALL BEEN ADDED WITH MEDICAID OR HEALTH TRANSFORMATION MONEY. THREE CLINICAL SOCIAL WORKERS IN THE AMBULANCE PROGRAM ARE FUNDED WITH THE HEALTH COMMONS GRANT THIS MARK MENTIONED EARLIER. PHARMACY HAS ADDED 10 ADDITIONAL PHARMACISTS AND PHARMACY TECHNICIANS WITH MEDICAID FUNDING, AND WE'VE ALSO ADDED ADDITIONAL QUALITY ASSURANCE STAFFING WITH MEDICAID FUNDING.

Commissioner McKeel: EXCUSE ME, I HAVE A QUESTION ON THIS SLIDE. IT'S ABOUT THE CENTENNIAL SCHOOL-BASED HEALTH CARE CENTER, WHICH WE'RE HAPPY ABOUT. I JUST WONDER, WHAT IS THE CURRENT STATUS WITH THAT CLINIC? WHERE ARE WE AT?

Ms. Shirley: WELL, I CAN TELL YOU. JILL IS AT HER -- JILL IS AT HER DAUGHTER'S GRADUATION TODAY, SO SHE IS UNABLE TO JOIN US. BUT SHE -- THE TIMELINE FOR CENTENNIAL, LET ME SEE, IS -- I DON'T HAVE IT HERE, I'M SORRY. BUT THE -- IT'S ALSO WRAPPED UP IN SOME OF THE ISSUES AROUND THE BONDS THAT THE SCHOOLS ARE -- HAVE ON THE BALLOT. BUT THERE'S A COMMITMENT FROM THE SCHOOL BOARDS TO GO AHEAD WITH THE WORK. IS THAT -- WE HAVE THAT -- WE HAVEN'T WORKED OUT THE OPERATIONS FUNDING, SO THAT'S DETAILED, IT ISN'T IN THIS BUDGET BECAUSE IT HASN'T HAPPENED YET. BUT THE CENTENNIAL CAPITAL IS GOING FORWARD.

Commissioner McKeel: SO I HAVE ANOTHER QUESTION ABOUT THAT. IN THE PROGRAM OFFER IT SAYS THAT THE SCHOOL-BASED HEALTH CENTER WAS AWARDED A \$500,000 HRSA (HEALTH RESOURCES AND SERVICES ADMINISTRATION) GRANT FOR CAPITAL EXPENDITURES FOR THE RENOVATION OF THE CLINIC. THEN IT SAYS THAT THE DEPARTMENT WILL HAVE MORE INFORMATION IN SPRING 2013 AND PREPARE A REVENUE AMENDMENT FOR CAPITAL EXPENDITURES. THAT WAS CONFUSING TO ME. IS THE \$500,000 IN THIS BUDGET, OR IS THIS --

Ms. Lear: WE WILL NEED TO CARRY OVER THE CAPITAL -- QUESTION RECOGNIZE THE CAPITAL BUDGET IN FISCAL YEAR '13 WHEN THE AWARD WAS ISSUED, BUT WE HAVEN'T SPENT IT YET. SO IT WILL NEED TO BE CARRIED OVER INTO NEXT YEAR.

Commissioner McKeel: OK. SO IT DOESN'T SHOW IN THIS BURNSIDE BRIDGE.

Ms. Lear: RIGHT. IT DOESN'T YET, BUT WE'LL HAVE AN AMENDMENT FOR IT.

Ms. Shirley: WE HAVE TO COME BACK AND GET AN AMENDMENT FOR IT.

Commissioner McKeel: RIGHT.

Ms. Shirley: IT'S THE LAG BETWEEN THE AWARD AND THE SPENDING, AND THE JULY BEGINNING OF OUR FISCAL YEAR HERE IN THE COUNTY.

Commissioner McKeel: OK. THANK YOU.

Ms. Shirley: BUT IT'S THE SAME \$500,000.

Commissioner McKeel: RIGHT. THANK YOU.

Ms. Lear: MOVING ON TO -- WE WERE ABLE TO MEET OUR 1% COUNTY GENERAL FUND CONSTRAINT, WHICH TOTALED 544,000 DOLLARS. THIS YEAR WE MADE REDUCTIONS TO ALL PROGRAMS BASED ON THEIR PROPORTIONATE SHARE OF GENERAL FUND. AND THIS RESULTED IN SMALL

CUTS FOR MOST AREAS THAT WERE MANAGED THROUGH TRIMMING MATERIALS AND SERVICE COSTS AND SUPPLIES OR TRAINING AND TEMPORARY SERVICES AND OVERTIME, THINGS THAT DIDN'T INVOLVE CONTRACTUAL REDUCTIONS OR FTE CUTS. THE EXCEPTION TO THAT IS CORRECTIONS HEALTH CUT ONE POSITION ON OPERATION SUPERVISOR TO MEET THEIR CONSTRAINT REDUCTIONS. IN SOME OTHER AREAS THAT HAD LARGER GENERAL FUND REDUCTIONS, THEY WERE ABLE TO MITIGATE THAT WITH OTHER REVENUES. SO IF THEY HAD FEE REVENUE OR GRANT REVENUE THEY WERE ABLE TO USE THAT TO COVER THE CONSTRAINT REDUCTION.

Ms. Shirley: ANY QUESTIONS ON THAT SLIDE?

Ms. Lear: OK. SO IN COUNTY GENERAL FUND INCREASES, WE RECEIVED TWO COUNTY GENERAL FUND INCREASES THAT ARE IN THE POLICY AND PLANNING GENERAL AREA. ONE IS A PREVENTION WELLNESS DEMONSTRATION PROJECT FOR \$50,000, AND A FRESH AND HEALTHY FOOD PROJECT THAT WILL FUND THE AVAILABILITY OF HEALTHY AFFORDABLE, AND CULTURALLY RELEVANT FOOD AT NEIGHBORHOOD-BASED STORES FOR 75,000. AND THEN WE HAVE JUST OVER A MILLION DOLLARS IN MEDICAID FUNDING FOR PATIENT-CENTERED PRIMARY CARE HEALTH HOME, AND THIS IS ONE OF THE NEW WAYS THAT THE AFFORDABLE CARE ACT AND OREGON'S TRANSFORMATION HEALTH CARE TRANSFORMATION IS STARTING TO PAY FOR SERVICES. AND THIS IS REALLY, INSTEAD OF TRANSACTIONAL PAYMENTS FOR SERVICES LIKE A VISIT, OR AN INJECTION, THIS IS PAYMENT FOR FUTURE OUTCOMES. SO WE'VE -- IN CONJUNCTION WITH MARQUAM BELL, THE CFO, WE'VE -- THEY'VE CREATED A NEW SUBFUND IN THE GENERAL FUND TO PUT THIS MONEY, MUCH LIKE THE FQHC WRAP-AROUND MEDICAID. OKAY, MY STINT IS ALMOST DONE. VACANCIES. THIS IS -- THE FIRST OF THREE SLIDES ON VACANCIES. AND THE FOLLOWING DATA IS A SNAPSHOT IN TIME AS OF JANUARY 1st, 2013. AND 95% OF OUR VACANCIES ARE FILLED WITHIN A YEAR, AND ON AVERAGE 43% OF THEM ARE FILLED WITHIN SIX MONTHS. AND THIS SNAPSHOT OF JANUARY 1 IS A LITTLE BIT HIGHER THAN WHAT WOULD BE TYPICAL FOR US, BECAUSE OF THE SOUTHEAST HEALTH CENTER RECRUITMENTS HADN'T CLOSED OUT, SO THEY ARE IN THAT MIX.

Commissioner Smith: WENDY, I HAVE A QUICK QUESTION ON THAT SLIDE 22. I WANTED TO FIGURE OUT, I KNOW WE'LL HAVE A MORE EXTENSIVE CONVERSATION, BUT HOW ARE WE USING OUR EQUITY LENS TO FILL SOME OF THOSE VACANCIES IN THE HEALTH DEPARTMENT?

Ms. Shirley: WELL, WE USE IT ALL THE TIME. ONE OF THE WAYS WE USE IT IS, WE HAVE ACTUAL VOLUNTEERS THAT HAVE -- ONCE WE -- FIRST WE ASK THE PEOPLE, POWER, PLACE LENS, AROUND WHAT ARE WE TRYING TO DO, WHAT ARE THE QUESTIONS THAT NEED TO BE ANSWERED, WHO IS BEING IMPACTED, AND KATHLEEN IS OUR HEALTH DEPARTMENT HR DIRECTOR, AND SHE IS VERY CLEAR THAT WE NEED TO DO NONTRADITIONAL RECRUITMENT,

AND WE DO THAT AND WE PUT RESOURCES INTO PAYING FOR NONTRADITIONAL RECRUITMENT. I THINK ONE OF THE MOST IMPORTANT THINGS IS THAT SELECTION PROCESS. WE, THROUGH A NUMBER OF COMMITTEES THAT EXIST IN THE HEALTH DEPARTMENT LIKE DQT, WE HAVE VOLUNTEERS THAT HAVE SAID, I'M GOING TO VOLUNTEER TO BE ON SELECTION PANELS. SO THAT IF I'M IN A PROGRAM, I CAN GO AND GET SOMEONE WHO IS MAYBE MORE APPROPRIATE, AND I MIGHT NOT HAVE THAT PERSON IN MY PROGRAM TO BE ON A SELECTION PANEL. I CAN GET THAT RIGHT FROM THE BEGINNING AND HAVE THOSE QUESTIONS FRONT AND CENTER. THE SECOND THING THAT IT DOES IS, I THINK THAT IT LETS PEOPLE WHO ARE APPLYING TO COME TO THE COUNTY SEE WHAT THE EXPECTATIONS ARE OF OUR WORK HERE IN THE COUNTY IF YOU ARE SELECTED AND ACCEPTED TO A JOB, REGARDLESS OF WHAT YOUR BACKGROUND HAS BEEN OR WHERE YOU'VE WORKED BEFORE. SO I THINK WE TRY AND DO IT UP FRONT.

Commissioner Smith: I THINK THIS IS GREAT. GENERALLY WHEN I GO OUT AND I GO TO CONFERENCE AND I SPEAK AT DIFFERENT PLACES, I TRY TO GO TO A UNIVERSITY IN THE AREA, AND ALSO IDENTIFY AND I HOPE YOU DON'T MIND ME SINGLING THE HEALTH DEPARTMENT OUT, BECAUSE YOU HAVE OVER A THOUSAND EMPLOYEES, AND I ASK FOLKS, HAVE YOU EVER THOUGHT ABOUT GOING INTO PUBLIC HEALTH IN OREGON? AND MANY FOLKS, PARTICULARLY IN THE EAST AND SOUTHEAST, SAY NO.

Commissioner Kafoury: WHERE'S OREGON? [LAUGHTER]

Ms. Shirley: MY RELATIVES STILL ASK ME THAT.

Commissioner Smith: THEY SAY WHERE IS OREGON AND HOW DID YOU GET THERE? AT ANY RATE, I WANT TO BE ABLE TO GO OUT, AND I'M GOING OUT AGAIN THIS WEEK TO DETROIT, AND I WANT TO MAKE SURE THAT I AM PASSING ALONG INFORMATION AND MAKING SURE THAT PUBLIC SERVICE, PUBLIC HEALTH IN PARTICULAR IS ALIVE AND WELL HERE AT MULTNOMAH COUNTY, AND THAT WE WANT TO MAKE SURE THAT WE'RE REACHING OUT TO VARIOUS PLACES, BECAUSE I KNOW, I THINK THE CHAIR IS WORRIED, BUT HE'S MUCH COOLER THAN I AM. I'M WORRIED ABOUT THE BRAIN DRAIN AND THE BABY BOOMERS THAT WILL BE RETIRING IN THE NEXT FIVE YEARS. I'M TRYING TO FIGURE OUT HOW WE'RE GOING TO MAKE THIS THING WORK. IT'S ON THE TOP OF MY BRAIN.

Ms. Shirley: WE WANT TO THANK YOU, TOO, FOR THE INVITATIONS YOU'VE --

Ms. Lear: I WILL STUFF THEIR POCKETS WITH JOB ANNOUNCEMENTS, BECAUSE WE HAVE A COUPLE COMING UP.

Commissioner Smith: EXACTLY. RACHEL BANKS IS COMING, AND --

Ms. Shirley: AND MARK.

Commissioner Smith: AND MARK, AND EUGENE. SO THAT IS HUGE. AND THEY'LL BE ABLE TO MOVE AROUND JUST LIKE ME, BUT WE'LL BE ABLE TO COVER A LITTLE MORE GROUND. THANK YOU.

Ms. Shirley: THANK YOU FOR YOUR SUPPORT COMMISSIONER. BUT IT'S A HUGE ISSUE. I'M BETWEEN YOU AND CHAIR COGEN ABOUT WORRYING ABOUT THIS.

Commissioner Smith: HE JUST DOESN'T SHOW IT LIKE I DO.

Ms. Shirley: ANY OTHER QUESTIONS HERE? I DO THINK IT IS IMPORTANT TO REMEMBER THAT THIS WAS A SNAPSHOT IN TIME, AND A LOT OF THE RECRUITMENT HAS BEEN COMPLETED SINCE THIS WAS DONE IN JANUARY.

Chair Cogen: I KNOW YOU'VE BEEN GETTING PEPPERED WITH QUESTIONS BUT I WANT TO DO A TIME CHECK.

Ms. Lear: I'LL MOVE TO THIS SLIDE AND JUST SUMMARIZE THAT I'M SORRY THE PRINT IS SO SMALL. THERE WERE 95 POSITIONS OPEN AS OF JANUARY, AND THIS IS A SNAPSHOT OF ALL POSITIONS IN THE FISCAL YEAR '14 BUDGET, AND THEN WHETHER OR NOT THEY WERE VACANT ON JANUARY 1st AND HOW LONG THEY WERE VACANT. SO THIS LIST DOES INCLUDE NEW POSITIONS IN THE '14 BUDGET AS WELL AS EXISTING, ALL THE EXISTING POSITIONS. AND WE TOOK A LOOK BACK AND AT THE FIRST OF MAY, 34% OF THESE VACANCIES HAD BEEN FILLED.

Chair Cogen: OF THESE 95 THAT WERE LISTED?

Ms. Lear: YEAH, OF THE 95 LISTED, 34 WERE -- PERCENT WERE FILLED BY THE END OF MAY.

Commissioner Kafoury: I HAVE A QUESTION. THERE'S BEEN SOME BACK AND FORTH WITH MY OFFICE, SO I'M NOT SURE, IT WAS A YES AND THEN IT WAS A NO -- SO THE PHARMACY POSITIONS, WE HAVE A LOT OF VACANCIES ON THIS LIST --

Ms. Lear: THAT INCLUDES THE NEW PHARMACY POSITIONS ADDED FOR '14. IT INCLUDES 18 POSITIONS THAT ARE NEW FOR FISCAL YEAR '14 IN THIS TOTAL 95.

Commissioner Kafoury: OK. SO IT DOES INCLUDE --

Ms. Lear: YES. LOREEN WAS RIGHT THE FIRST TIME.

Commissioner Kafoury: ARE WE CONFIDENT THAT'S A NUMBER THAT WE'RE GOING TO BE ABLE TO GET FILLED IN THE NEXT SIX MONTHS TO A YEAR, THAT SEEMS LIKE AN AWFUL LOT OF PHARMACISTS.

Ms. Shirley: IT'S PHARMACISTS AND PHARMACY TECHS. WE HAVE A LOT OF GOOD PROGRAMS IN THE REGION THAT DOES PHARMACY TECH, AND THIS IS A HUGE GROWTH FOR US IN TERMS OF DEMAND WITH THE EXPANSION. SO THAT'S PART OF THE REASON WE'RE FOCUSING ON PHARMACY. PLUS IT'S A REVENUE CENTER FOR US AS WELL.

Commissioner Kafoury: EXCELLENT. THANK YOU.

Chair Cogen: COMMISSIONER MCKEEL?

Commissioner McKeel: THANK YOU. I JUST HAD A FEW QUESTIONS AROUND THIS SLIDE. THAT SEEMS LIKE A LOT OF VACANCIES TO ME, 95 VACANCIES. AND I KNOW YOU SAID SOME HAVE BEEN FILLED. DO YOU ANTICIPATE THAT YOU WILL FILL ALL OF THOSE VACANCIES?

Ms. Lear: YES. WE EXPECT THAT WE'LL -- IF YOU BACK OUT, THOSE THAT ARE NEW THAT WE'VE TECHNICALLY DON'T HAVE AUTHORITY TO FILL, BECAUSE THEY'RE IN THE '14 BUDGET, THOSE THAT HAVE ALREADY BEEN FILLED, IT'S A PRETTY SMALL NUMBER. AND AS I MENTIONED, OUR OVERALL AVERAGE OF -- IS THAT POSITIONS ARE FILLED, 43% OF OUR VACANCIES ARE FILLED IN LESS THAN SIX MONTHS.

Commissioner McKeel: OK. AND HOW MANY ARE IN THE '14 -- NEW?

Ms. Lear: 18 ARE NEW. AND THEN THERE'S A HANDFUL THAT ARE -- CHANGES IN CLASSIFICATION, OR CHANGES IN WENT FROM HALF-TIME TO FULL-TIME. SO WE FELT IT WAS BETTER TO CAPTURE ALL OF THEM AND MAKE SURE WE HAD A COMPLETE LIST.

Commissioner McKeel: COULD WE GET A FOLLOW-UP ON THAT? I'D LIKE TO SEE WHERE THESE POSITIONS ARE.

Ms. Lear: YEAH.

Commissioner McKeel: THANK YOU.

Commissioner Kafoury: ALONG WITH THAT, THAT'S A GREAT POINT COMMISSIONER MCKEEL. MAYBE A CHECK-IN IN A FEW MONTHS TO SEE HOW THINGS ARE GOING. I'M STILL NERVOUS ABOUT THE FACT THAT WE CUT A TEAM AT THE EAST COUNTY CLINIC BECAUSE WE COULDN'T FIND SOMEONE, WHEN WE'RE LOOKING TO HIRE, WE HAVE 50,000 PEOPLE COMING ON AND

BASICALLY TOMORROW. SO I -- I'M SURE WE HAVE A PLAN OF HOW WE'RE GOING TO GET -- ATTRACT NEW PEOPLE AND DOCTORS AND NURSES AND EVERYBODY ELSE, BUT IT STILL MAKES ME REALLY NERVOUS. SO I'M HOPING ALONG WITH FALLING UP ON THESE -- FOLLOWING UP ON THESE VACANCIES IS THE BETTER -- BIGGER CAPACITY ISSUE.

Ms. Shirley: ABSOLUTELY. YES. YES. WE ARE FOCUSED ON THAT.

Ms. Lear: OK. SO I'LL MOVE IT ALONG. THIS NEXT SLIDE IS -- ARE THOSE VACANCIES THAT ARE -- HAVE BEEN VACANT FROM BETWEEN A YEAR AND FIVE YEARS. AND IN THE FIRST SECTION TWO OF THE THREE POSITIONS THAT WERE VACANT, ONE TO THREE YEARS HAVE BEEN FILLED. ONE OF THEM WAS VACANT FOR SO LONG BECAUSE OF SOME DIFFICULTY WITH THE RECRUITMENT AND THE POSITION THEN WAS CHANGED AND RE RECRUITED, AND IT HAS NOW BEEN FILLED. THAT'S A BUSINESS PROCESS CONSULTANT. AND THE VECTOR SPECIALIST HAS BEEN FILLED AT THIS POINT. BUT FOR A LONG PERIOD THE FUNDING FOR THAT VECTOR SPECIALIST WAS UNCERTAIN. AND THEN IN THE LAST GROUPING OF THREE TO FIVE YEARS, THE ONE FULL-TIME POSITION IN THAT GROUP HAS NOW BEEN FILLED. ONE COULD ARGUE THAT IT WASN'T TECHNICALLY VACANT, THE EMPLOYEE THAT OCCUPIED THAT POSITION WAS ON LOAN TO ANOTHER DEPARTMENT. AND SO THEY'RE NOW PERMANENTLY WITH THE OTHER DEPARTMENT IN 2014, AND THIS IS THEIR POSITION WAS NOW VACANT, AND HAS BEEN FILLED WITH EMPLOYEE THAT WAS FACING LAYOFF FROM THE COMMUNITIES PUTTING PREVENTION TO WORK. WE WERE ABLE TO PROJECT SAVE THEM INTO THIS POSITION.

Ms. Shirley: BASICALLY WE CAN'T BACKFILL WHEN PEOPLE GO ON LOAN OR DO A STRETCH ASSIGNMENT. THAT LEADS TO SOME MUCH THIS. JUST QUICKLY, CITY OF PORTLAND IMPACTS OUR DEPARTMENT REALLY HAS VERY MINIMAL AND NOT A PROBLEM. I HAVE DETAIL TO READ, I CAN SEND IT ELECTRONICALLY. STATE IMPACTS, MOST STATE FUNDING IS FEDERAL -- THAT COMES TO PUBLIC HEALTH DOESN'T ORIGINATE IN THE STATE, IT COMES FROM THE FEDS, GOES TO STATE INCOMES TO US. WE DON'T RECEIVE -- WE RECEIVE A NEGLIGIBLE AMOUNT OF FUNDS. OUR TOBACCO FUNDING IS BEING REDUCED AND WE'LL SEE A REDUCTION IN THE REVENUE FOR VACCINES AND WENDY EXPLAINED THAT. IT LOOKS BIG, BUT IT'S NOT -- THERE'S NO MATERIAL CHANGE TO WHAT WE'RE ABLE TO PROVIDE THROUGH THE VACCINES. FEDERAL TO STATE FOR COMMUNICABLE DISEASE FUNDING DECLINED A BIT BY 43%. STATE LEGISLATIVE SESSION, WE'VE REALLY JUST TALKED ABOUT THIS, THIS IS A HOUSE BILL AND SENATE BILL THAT WOULD MAKE THE CHANGES THAT WOULD MAKE IT POSSIBLE FOR US TO DRAW DOWN SOME REIMBURSEMENT FOR PEOPLE WHO ARE IN OUR CUSTODY WHO ARE GETTING CARE OUTSIDE OF OUR CUSTODY. THE -- THESE ARE NOT -- THESE ARE NOT HUGE CHANGES.

I WANT TO MAKE SURE WE GET TO THE FEDERAL SEQUESTRATION CHANGES. FEDERAL IMPACTS, WE'VE HAD A MODEST GROWTH AND A LOT OF THAT IS FROM OUR REVENUE THAT COMES IN THROUGH MEDICAID AND A LITTLE BIT THROUGH MEDICARE. OUR DENTAL AND PHARMACY MEDICAID FEE VOLUME HAS GROWN THE MOST SIGNIFICANTLY. AND THIS SEQUESTER IMPACT WILL IMPACT PUBLIC HEALTH SERVICES, BUT I JUST WANT TO -- WE'RE REALLY IN FLUX HERE. WHAT I DO KNOW IS WE'RE EXPECTING BECAUSE OF SEQUESTER A 9% REDUCTION IN FEDERAL GRANTS. AND THAT -- AND A 2% REDUCTION IN MEDICARE FEES. SO THAT -- IF THAT COMES DOWN THAT WAY, IT WOULD ALSO MEAN FOR THE COUNTY THE DEPARTMENT AND CENTRAL AND DIRECT WOULD GO DOWN ABOUT ALMOST A QUARTER OF A MILLION DOLLARS. SO IT WOULD BE A TOTAL LOSS TO THE COUNTY BUDGET OF 2.6 MILLION. THE REASON I'M SAYING THAT LET -- THAT WE CAN'T REALLY MAKE PLANS AROUND THIS YET IS BECAUSE WE DON'T KNOW HOW THOSE WILL BE IMPACTED. I'LL GIVE YOU ONE EXAMPLE. THE WIC BUDGET, WHICH IN THE SEQUESTER AND IN THE FARM BILL IS VERY TENUOUS IN A LOT OF WAYS, BUT THE STATE OF OREGON HAS SAID, THEY'RE GOING TO KEEP THE SERVICE PIECE WHOLE.

SO IN OTHER WORDS, WHEN THEY GET THEIR CUT, THEY'RE GOING TO FIGURE OUT HOW TO TAKE IT AND THEY'RE GOING TO MAKE WHOLE THE LOCALS. AND WE DON'T KNOW, WE HAVE BEEN ASKING, WHAT ARE YOU GOING TO DO WITH STDs, COMMUNICABLE DISEASE, WHAT ARE YOU GOING TO DO WITH ENVIRONMENTAL HEALTH? THEY HAVEN'T GIVEN US AN ANSWER. AND IT'S ALL OVER THE MAP. AND I'LL JUST TELL YOU, OUR COLLEAGUES AROUND THE COUNTRY ARE EXPERIENCING THE SAME THING. IN TWO STATES ALL OF THE FEDERAL CUTS ARE BEING JUST CHANNLED DOWN TO THE LOCALS. WE GOT A MILLION DOLLARS LESS, YOU -- IT'S ALL COMING OUT OF YOUR BUDGETS. IN TWO OTHER STATES, THEY SAID MUCH LIKE THE STATE OF OREGON WIC SAID TO US, WE'RE GOING TO HOLD THE CUTS AT THE STATE LEVEL. AND KEEP YOU WHOLE AT THE SERVICE DELIVERY LEVEL. SO IT REALLY IS A MOVING TARGET, AND WE DON'T KNOW. WE HAVE IDENTIFIED THINGS THAT WERE SPECIFICALLY AT RISK OR WILL HAVE TO DO SOMETHING DIFFERENT. WE WILL NOT BE ABLE TO -- WE'LL HAVE TO BRING IN OUR PRIVATE DOCS IN A DIFFERENT WAY, WILLAMETTE VALLEY YOU HEARD MARK TALK ABOUT A LOT OF THE WRAP-AROUND SERVICES HE WAS ABLE TO GET THROUGH THE RYAN WHITE FUNDING. WE DON'T KNOW AT THIS POINT WHERE THAT IS. BUT WE'RE IN VERY CLOSE PLANNING AND COMMUNICATION WITH OUR PARTNERS LIKE CASCADE AIDS AROUND THOSE THINGS AS WELL.

Commissioner Kafoury: CAN YOU TALK A LITTLE BIT ABOUT THAT? THE COMMUNICABLE DISEASE CHANGES? THERE'S AN ADDITION OF STAFF, .5 FTE?

Ms. Shirley: WHO IS HERE FROM --

Ms. Nichols: THANK YOU LOREEN NICHOLS, COMMUNITY HEALTH SERVICES, THERE IS CHANGES IN THE DISEASE BUDGET, AM I CREATING WIND? OH, OK.

Chair Cogen: THAT'S OUTSIDE.

Commissioner Kafoury: I HAVE A QUESTION ABOUT TIMING. I KNOW I GET THIS MESSAGE ALL THE TIME FROM THE BUDGET OFFICE THAT I'M THE ONLY ONE WHO CARES ABOUT THE BUDGET, WHICH I DON'T THINK IS TRUE, I THINK WE ALL DO. ARE WE GOING TO HAVE ANOTHER TIME? I HAVE A LOT OF QUESTIONS.

Chair Cogen: WE CAN KEEP GOING. WE'RE GETTING CLOSE TO THE END. I DON'T KNOW IF EVERYONE CAN STAY. I THINK WE CAN PROBABLY FINISH THIS MORNING.

Commissioner Kafoury: DO WE HAVE ANOTHER DAY WITH THE HEALTH DEPARTMENT? SO THIS IS JUST --

Chair Cogen: I DON'T THINK SO.

Ms. Shirley: THERE'S NOTHING SCHEDULED, BUT THERE WERE SOME HOLDS.

Chair Cogen: THERE ARE EXTRA TIMES AT THE END IN THE CALENDAR THAT CAN BE FILLED.

Ms. Shirley: WE CAN STAY NOW.

Commissioner Kafoury: THIS HAPPENS EVERY YEAR AND IT MAKES ME ANNOYED. I DON'T WANT TO FEEL RUSHED THIS IS ALL WE HAVE IS ONE HOUR WITH THE MULTIMILLION DOLLAR BUDGET HERE.

Chair Cogen: WE HAVE IN THE SCHEDULE UNSCHEDULED TIME THAT WE CAN SCHEDULE IF THERE'S STILL ADDITIONAL QUESTIONS AND WE CAN KEEP GOING TODAY.

Commissioner Kafoury: OK. I DON'T WANT PEOPLE TO RUSH, BECAUSE I'M GOING TO HAVE TO CONTINUE TO ASK MORE QUESTIONS. SORRY, PEOPLE -- THANK YOU. THING. LET'S TAKE A BREATH.

Ms. Shirley: LET'S GO FIVE SLIDES BACK. [LAUGHTER]

Ms. Nichols: SO THERE ARE CHANGES IN THE COMMUNICABLE DISEASE BUDGET. AS AS LILLIAN WAS MENTIONING, A LOT OF THE COMMUNICABLE DISEASE MONEY PASSES DOWN FROM THE FEDERAL GOVERNMENT, WHICH IS EXPERIENCING REDUCTIONS THROUGH THE STATE AND TO US. SO THIS IS

AN AREA THAT WE'VE SEEN GO DOWN OVER THE LAST SEVERAL YEARS, AND HAVE -- BECAUSE WE HAVE SUCCESSFUL GRANT WRITERS HAVE ALL BEEN ABLE TO PULL IN SOME GRANTS AND I'VE GOTTEN EXTRA FUNDING AND SO FORTH FOR PERTUSSIS SURVEILLANCE AND GRANTS. SO THIS BUDGET DOES HAVE SOME STAFFING REDUCTIONS AND STAFFING CHANGES. YOU SEE SOME REDUCTIONS IN OUR HEALTH EDUCATION TIME, AND REALLY A SHORING UP OF OUR CORE STATUTORY REQUIREMENTS. AND SO THE IMPACT OF THAT IS THAT SOME OF THE WORK THAT WE ARE DOING, I KNOW YOU WERE CONCERNED ABOUT -- WE HAVE A SMALL GRANT, WE'RE DEVELOPING MATERIALS, BUT WE IN THIS PROGRAM NEED TO FOCUS ON OUR STATUTORY REQUIREMENTS, WHICH IS REALLY GETTING THOSE DISEASE REPORTS AND INVESTIGATING THOSE AND THERE'S A LOT OF NEW REQUIREMENTS FOR JURISDICTIONS, BECAUSE AS YOU KNOW WE'RE IN AN INFORMATION AGE, AND WHERE BEFORE WE WOULD JUST TAKE THOSE REPORT AND SEND IT TO THE STATE, WE HAVE REQUIREMENTS TO DO A LOT MORE DATA ANALYSIS TO BE READY TO IDENTIFY TRENDS TO HAVE INFORMATION THAT WE CAN PUT OUT INTO THE COMMUNITY. THAT'S WHERE -

Commissioner Kafoury: SO I NOTICED THERE WAS A CUT TO NEEDLE EXCHANGE. COULD YOU TALK ABOUT THAT? I KNOW THE CITY IS LOOKING AT CUTTING IT AS WELL.

Ms. Nichols: SO AGAIN, IN SOME OF OUR CORE PUBLIC HEALTH SERVICES, WE REALLY ARE DEALING WITH JUST THESE CONTINUAL REDUCTIONS FROM CUTS ON THE FEDERAL LEVEL. AND SO WE ARE HAVING -- HAD REDUCTIONS, WE TRIED TO KEEP OUR CONTRACTS, WE'VE REDUCED SOME COMMUNITY HEALTH WORKER TIME, WE DO KNOW THAT OUR HIV PREVENTION FUNDING IS GOING TO BE REDUCED BY 50% EVERY YEAR FOR THE NEXT SEVERAL YEARS. THAT FEDERAL FUNDING ACTUALLY DOES NOT PAY FOR OUR SYRINGE EXCHANGE SERVICES. THERE'S SOME RESTRICTIONS ON THAT. THERE'S A LITTLE STATE FUND THAT GOES IN AND OF COURSE WE HAVE GENERAL FUND, AND THAT'S GOOD. SO WE'RE CONCERNED ABOUT THE CUMULATIVE IMPACT AND CUTS THAT ARE HAPPENING IN OTHER PARTS OF THE COMMUNITY. THIS IS AN INTERVENTION WE'VE HAD FOR MANY YEARS, WE HAVE A LOW RATE OF HIV AND INJECTORS IN OUR COMMUNITY, AND OVER THE YEARS THE FOCUS IN THAT PROGRAM HAS EXPANDED TO FOCUS MUCH MORE ON HEPATITIS C, TESTING, SCREENING, GETTING PEOPLE INTO CARE, THIS IS REALLY LIKE OUR FRONT LINE PLACE WHERE WE HAVE LEARNED A LOT ABOUT HEROIN OVERDOSES. SO IT'S A GREAT PLACE IN THE COMMUNITY, WE'RE HOPING THAT IN THE FUTURE WITH CHANGES TO OUR HEALTH CARE SYSTEM, THAT WE CAN SEEK OUT OTHER FUNDERS WHO DO THINGS LIKE SUPPORT THIS WORK THAT REALLY KEEPS PEOPLE HEALTHY -- NOT REALLY HEALTHY, BECAUSE THEY'RE IN PRETTY ACTIVE DRUG USE --

Commissioner Kafoury: DO WE HAVE NUMBERS -- IT'S ONE THING TO SEE WE'RE

GOING TO CUT BY X DOLLARS, BUT DOES THAT MEAN STAFF TO GO OUT AND HAND OUT NEEDLES? DOES THAT MEAN WE'RE GOING TO HAVE A NUMBER OF SYRINGES DISTRIBUTED IN THE COMMUNITY?

Ms. Nichols: WE'LL BE REDUCING A COUPLE OF OUR SHIFTS THAT WE'RE DOING IN DIFFERENT PLACES IN THE COMMUNITY. WE HAVE A COUPLE OF REAL HIGH-VOLUME SHIFTS. SO I DON'T KNOW THAT WE'LL SEE A HUGE REDUCTION IN THE SYRINGES THAT ARE OUT THERE. WE EXCHANGE A LOT OF SYRINGES. SO WE MAY HAVE TO REDUCE THAT. WHAT WE'VE HAD TO DO IS CUT SOME OF THE -- JUST THE OTHER OUTREACH THAT WE DO IN THE COMMUNITY. TO KEEP OUR FOCUS ON REALLY GETTING PEOPLE IN FOR HIV TESTING AND GETTING THEM INTO CARE. WE'VE CUT SOME OF THE COMMUNITY HEALTH OUTREACH. WE'VE ALSO ADDED DISEASE INTERVENTION SPECIALISTS WHO CAN FOCUS ON OUR INCREASE IN SYPHILIS. SO THAT'S REALLY WHERE WE'RE PUTTING OUR EFFORTS. SO THERE ARE IMPACTS IN BOTH THESE PROGRAMS IN OUR SERVICES.

Commissioner Smith: LOREEN, I HAVE A QUESTION. HAS THE COMMUNICABLE DISEASES, HAVE THEY INCREASED OVER ACROSS THE BOARD IN THE LAST FIVE YEARS? I'M TRYING TO FIGURE OUT, DOES THE DECREASE IN FUNDING MATCH THE LEVEL OF WHAT'S GOING ON OUT IN?

Ms. Nichols: NO, IT DOES NOT. WE'VE HAD SOME PRETTY SERIOUS INCREASES IN PERTUSSIS. I THINK YOU'VE PROBABLY HEARD SOME PRESENTATIONS OVER THE LAST YEAR THAT WE WERE AT NUMBERS THAT HADN'T BEEN SEEN SINCE THE '40s.

Commissioner Smith: CAN YOU EXPLAIN WHAT THAT IS?

Ms. Nichols: PERTUSSIS?

Commissioner Smith: YES.

Ms. Nichols: WHOOPING COUGH.

Chair Cogen: MY SON GOT IT. IT'S HORRIBLE.

Ms. Nichols: YEAH. IT'S PRETTY BAD.

Commissioner Kafoury: DO WE THINK THAT'S FROM PEOPLE -- FROM NOT BEING VACCINATED?

Ms. Nichols: NOT NECESSARILY ON THAT ONE. IT IS THAT -- DO YOU NEED TO REALLY VACCINATE AROUND INFANTS WHO ARE TOO YOUNG TO RECEIVE VACCINES. YOU HAVE PROBABLY SEEN IN THE PAPER, WE'RE AT A PLACE WHERE VERY A LOT OF PEOPLE WHO AREN'T GETTING VACCINES, SO WE'RE

CROSSING OVER AT OUR PLACE OF HERD IMMUNITY IN SOME WAY, AND THE PEOPLE THAT AREN'T GETTING VACCINATED, THERE'S KIND OF A RANGE OF PEOPLE THAT ARE REALLY ANTI AND A LOT OF PEOPLE WHO JUST NEED MORE INFORMATION. AND SO FOR US WORKING WITH PROVIDERS, TRYING TO GET MORE EDUCATION OUT THERE CAN HELP MOVE PEOPLE ALONG.

Commissioner Kafoury: DO -- HAVE WE TALKED ABOUT DOING SOME KIND OF GREATER -- I'M DISTURBED WHEN YOU READ THOSE REPORTS. HAVE WE TALKED ABOUT DOING A GREATER OUTREACH TO THE PUBLIC ABOUT --

Ms. Nichols: SOME OF THE BEST PRACTICE IS TO DO OUTREACH TO PROVIDERS. SO WE ARE DOING SOME WITH THE SMALL GRANT, I THINK IT'S ANOTHER AREA THAT WE COULD DO SOME EXPANSION ARE AND ARE HOPING TO WORK WITH OUR CCO PARTNERS ON AS WELL.

Commissioner Smith: SYPHILIS, A RISE IN SYPHILIS, THAT SEEMS KIND OF -- I DIDN'T SAY THAT --

Ms. Shirley: COMMISSIONER KAFOURY, THESE EVENTS, OR THESE DISEASE TRENDS ARE REALLY NOT TIED SPECIFICALLY TO FUNDING. THEY'RE MORE TIED TO COMMUNITY MORES AND OTHER VARIABLES. AGAIN, WE'LL HAVE I'M SURE MORE TIME TO TALK ABOUT THIS NOT DURING THE BUDGET, BUT OUR BUDGET FUNDING IS -- THIS IS NOT WHERE WE ARE. SOME OF THE CHANGES THAT HAVE BEEN MADE IN THE PROGRAM THAT HAVE BEEN LED BY KIM ARE TO LOOK AT HOW CAN WE USE -- WE'VE BEEN DOING THIS AND DOING THIS, SO WE'RE GOING TO CUT MAYBE THAT METHODOLOGY AND GO TO A BEST PRACTICE WITH OUR DISs THAT CAN KIND OF COME AT IT FROM ANOTHER ANGLE. SO WE'RE DEPLOYING THAT RESOURCE DIFFERENTLY. BECAUSE FOR SOME OF THESE THINGS, AND TO COMMISSIONER SMITH, TO YOUR ISSUE AROUND SYPHILIS, AND ALSO HEPATITIS C, THESE ARE DISEASES THAT AREN'T WELL FUNDED NATIONALLY. BUT WE HAPPEN TO HAVE RISING TRENDS HERE IN THE NORTHWEST. SO WE'RE TRYING TO FIGURE OUT HOW DO WE USE ABOUT OUR OWN EPIDEMIOLOGY TO APPROACH IT.

Commissioner Kafoury: I GET CURIOUS ABOUT HOW YOU MAKE DECISIONS, FOR EXAMPLE, WE PUT -- I REALIZE THESE ARE FEDERAL FUNDS COMING, BUT WE COULD USE GENERAL FUND FOR IT, BUT WE CHOOSE TO DO FRESH HEALTHY FOODS AND GROCERY STORES, WHICH IS I'M NOT SAYING THAT'S A BAD IDEA, BUT I'M CURIOUS HOW YOU MAKE THOSE TRADE-OFFS WHEN YOU HAVE DECISIONS IN YOUR MIND WHEN WE HAVE CUTS IN AREAS OF PROGRAMS THAT HAVE BEEN IMPORTANT AND HAVE DONE GOOD JOBS OF SERVING OUR COMMUNITY, AND THOSE GET CUT, HOW WE DECIDE NOT TO DO THOSE ANYMORE.

Ms. Nichols: I THINK IT'S JUST BEEN REALLY DIFFICULT, THE ISSUE KARYNE WAS TALKING ABOUT IN TERMS OF WHEN WE'RE LOOKING AT SOME OF THESE

FEDERAL CUTS, WE HAVE TRIED TO SHORE UP THOSE PROGRAMS OVER THE YEARS WITH OUR GENERAL FUND, AND WE'RE REALLY GRATEFUL FOR THAT. BUT IT'S HARD TO KEEP UP WITH THESE FEDERAL CHARGES.

Commissioner Kafoury: I GOT THAT, BUT I'M SAYING IF WE SEE DISEASES THAT ARE SPREADING AND BECOMING MORE PREVALENT, AND SO YOU ANSWERED THE QUESTION EARLIER, LILLIAN, YOU DON'T THINK THERE'S A DIRECT TIE TO FUNDING?

Ms. Shirley: FOR A LOT OF THESE THINGS THERE AREN'T. SOME OF THESE THINGS HAVE BEEN -- WE'VE BEEN DOING THE SAME THING, AND WE HAVEN'T BEEN GETTING THE RESULTS WE WANT. SO IT'S TIME TO TRY AND DO SOMETHING DIFFERENT. I DO THINK THAT ONE OF THE THINGS THAT WE'VE TALKED A LOT AND WE'VE EXPERIENCED OVER THE LAST TWO YEARS ABOUT HOW HEALTH CARE TRANSFORMATION WORK IS GOING TO CHANGE HOW WE THINK ABOUT OUR MODELS OF CARE OF DELIVERY AND WHO WE DO IT WITH, AND WHO DOES WHAT, I REALLY BELIEVE, AND THIS IS KIND OF JUST ME TALKING, THIS IS NOT IN THE BUDGET, I'M SORRY, BUT I REALLY THINK ONE OF OUR ESSENTIAL TASKS GOING INTO THE NEXT COUPLE OF YEARS IS TO FIGURE OUT -- THIS -- A LOT OF THIS MONEY ISN'T COMING BACK, REGARDLESS OF WHAT HAPPENS IN WASHINGTON. HOW -- WHAT ARE WE DOING, AND WHAT RESULTS ARE WE GETTING, AND WHAT DO WE KNOW ABOUT HOW WE NEED TO CHANGE HOW WE'RE DOING WHAT WE'RE DOING? AND KEEP ALWAYS TO YOUR POINT, COMMISSIONER, YOU'RE ACTUALLY RIGHT, KEEP THE OUTCOME AS OUR GOAL. WHEN WE'RE GETTING SLIPPAGE IN THE OUTCOME, WE'VE GOT TO THINK ABOUT IT A DIFFERENT WAY. WE'VE GOT TO GET A DIFFERENT PARTNER. AND I THINK THAT THAT'S GOING TO BE THE WORK OF PUBLIC HEALTH AROUND TRANSFORMATION IN THESE COMING YEARS. BECAUSE I'VE BEEN ON WEB -- LISTENING TO WEBCASTS, WE HAVE A PERSONAL PASSION OF MINE IS THE HEPATITIS C IMPACT. THAT MONEY, THERE WAS HARDLY ANY AND IT'S GONE AWAY. REALLY IT'S A NORTHWEST PROBLEM, AND NOBODY CARES TO HEAR ABOUT MY SOB STORY. BUT TRYING TO GET IT CONNECTED WITH THE HEALTH CARE TRANSFORMATION WITH THE END STAGE OF HOW MUCH THESE DISEASES THAT ARE CAUSED BY ALCOHOLISM AND DRUG USE, HEPATITIS C IMPACT WHAT WE'RE TRYING TO DO DOWNSTREAM, WHICH IS DECREASE THE COST OF HOSPITALIZATION. SPECIALIST CARE, AND INCREASE THE QUALITY OF LIFE FOR THE PATIENT LIVING WITH THESE ISSUES. SO I THINK OUR JOB IS GOING TO BE IN PUBLIC HEALTH, ALL OF OUR PARTNERS TO MAKE THAT STORY VERY CONCRETE. BUT WE MAY NOT BE DOING A LOT OF THE STD WORK WE'RE DOING. WE'RE WORKING NOW WITH A LOT OF THE BIG PRIMARY CARE GROUPS, FOR INSTANCE. WHAT DO YOU NEED TO KNOW THAT WE KNOW FOR YOUR PANEL OF PRACTICE SO THAT WE CAN HELP YOU DELIVER THIS SERVICE AND UNDERSTAND THESE RISK FACTORS BETTER? SO WE'RE NOT ACTUALLY -- MAYBE IN THE FUTURE YOU WON'T SEE US HAVING POSITIONS DOING THE WORK, BUT WE'LL HAVE POSITIONS MUCH LIKE THE WORK THAT WE'RE DOING

NOW WITH COMMUNITIES PUT CAN PREVENTION TO WORK. HOW DO WE GET THE COMMUNITY DOING THIS WORK BY THEMSELVES? I KNOW THAT'S -- BUT I REALLY FEEL THIS IS KIND OF CRUCIAL TO OUR FUTURE.

Chair Cogen: COMMISSIONER SHIPRACK.

Vice-Chair Shiprack: THIS LINE OF QUESTIONING ALWAYS I FIND IT I RESIST BRING PROVOCATIVE. BECAUSE WHAT COMMISSIONER KAFOURY IS DOING IN A DIPLOMATIC AND GENTLE WAY SAYING, HMM, HOW CAN THIS AND NOT THAT? AND I FEEL THAT I HAVE ALSO LEARNED OVER THE YEARS ESPECIALLY WITH THE HEALTH DEPARTMENT, BECAUSE THE WORK THAT YOU DO IS VERY COMPLEX, AND IT'S BROAD TO BE DIPLOMATIC AND SAY, SO WHY THIS AND NOT THAT? AND GET A BETTER LOOK AT WHAT YOUR BOOK OF BUSINESS IS IN TERMS OF NOT JUST THE BUSINESS MODEL, BUT ALSO THE PRIORITIZATION OF COMMUNITY IMPACT. BECAUSE THE SORT OF ARC OF THOSE PRIORITIES MORE OR LESS IMPACTS WHAT IT IS THAT THE BOARD FEELS IS IN OUR PURVIEW. AND SO THE QUESTION ABOUT THESE ORPHANS THAT ARE LEFT OUT OF THE BIG FEDERAL FUNDING PICTURE BUT THAT IMPACT US LOCALLY IS A REAL QUESTION ABOUT HOW DO WE PRIORITIZE THAT GENERAL FUND EXPENDITURES. AND THERE IS NO QUESTION THAT EVERYBODY ON THIS BOARD HAS REALLY STRONG FEELINGS AND ENOUGH KNOWLEDGE TO BE DANGEROUS ABOUT THANK YOU -- THANKS TOY AND OTHER HEALTH DEPARTMENT PANELS ABOUT COMMUNICABLE DISEASE AND COMMUNICABLE DISEASE PREVENTION EFFORTS IN THIS COMMUNITY. AND HIV, AND HIV PREVENTION EFFORTS IN THIS COMMUNITY. AND YOU HAVE MADE US ADVOCATES FOR YOUR CAUSE. SO NOW YOU HAVE TO DEAL WITH THE DISAPPOINTMENT. BUT TRULY, THIS DOES BECOME A HANDS-ON EXERCISE, AND I KNOW THAT TAKES TIME, BUT I'M HAPPY TO PUT IN ALL THE TIME AND ALL THE LUNCHTIME AND ALL THE EXTRA MEETING TIME THAT COMMISSIONER KAFOURY, AND I REALLY DO APPRECIATE HOW DETAILED YOUR LOOK INTO THE BUDGET IS, COMMISSIONER, TO DO -- GO BACK THROUGH THIS EXERCISE WITH YOU AND JUST MAKE SURE WE'RE ON THE SAME PAGE, IN TERMS OF THE PRIORITIES FOR THE HEALTH OF OUR COMMUNITY. SO THAT'S WHY. THAT'S WHY IT IS IRRESISTIBLY PROVOCATIVE.

Chair Cogen: COMMISSIONER MCKEEL.

Commissioner McKeel: I'M CIRCLING BACK TO THE NEEDLE EXCHANGE. I HAD THAT RED FLAGGED AS WELL, BECAUSE I KNOW THE CITY IS CUTTING THEIR FUNDING FOR THAT. SO MY QUESTION AROUND IT IS, ARE THERE OTHER ENTITIES DOING NEEDLE EXCHANGES? IS THAT SOMETHING PLACE WE DON'T NEED TO BE? OR IS THIS A SIGNIFICANT --

Ms. Nichols: BASICALLY WE HAVE -- THERE'S ONE COMMUNITY PROVIDER THAT PROVIDES SYRINGE EXCHANGE AND OUR PROGRAM.

Commissioner Kafoury: WE PAY FOR THAT PROVIDER TO DO IT. THEY'RE NOT DOING IT. WE GIVE THEM MONEY TO DO IT.

Ms. Nichols: RIGHT.

Commissioner McKeel: SO OTHERWISE THERE'S NO OTHER ORGANIZATION IN OUR COMMUNITY THAT DOES THAT. AM I RIGHT ABOUT THAT?

Ms. Nichols: YES.

Ms. Shirley: NO, AND THIS WAS -- THIS GOES BACK TO THE BUSH ERA, WHERE IT WAS SPECIFICALLY FORBIDDEN TO USE FEDERAL DOLLARS, ANY OF THE FEDERAL DOLLARS THAT SUPPORT A LOT OF THESE PROGRAMS FOR NEEDLE EXCHANGE.

Commissioner McKeel: SO DO WE HAVE ANY NUMBERS OF HOW MANY NEEDLE -
- ALL THE PROGRAMS WHAT WE DID AROUND NEEDLE EXCHANGE?

Ms. Shirley: WE HAVE LOTS OF NUMBERS. AND IMPACT. WE CAN TALK ABOUT THAT.

Commissioner McKeel: RIGHT. AND WHERE IN THE COUNTY WITH DID THESE, AND WHERE WE --

Ms. Nichols: YES.

Commissioner McKeel: I WOULD LIKE TO SEE --

Commissioner Kafoury: THAT WOULD BE HELPFUL. WE READ ABOUT HEROIN OVERDOSES ALL THE TIME, I JUST -- THAT'S WHY I'M CURIOUS, IS THIS AN AREA WE SHOULD BE CUTTING OR NOT BE CUTTING? AND I UNDERSTAND YOU'RE SAYING YES, BUT WE WANT TO KNOW WHY.

Ms. Shirley: ABSOLUTELY. FAIR ENOUGH. NOT JUST FAIR ENOUGH, BUT THAT'S KIND OF -- THAT'S WHY WE'RE HERE. TO GET A SENSE OF WHAT YOUR PRIORITIES ARE AND HOW YOU WANT US TO LOOK AT THESE ISSUES. I THINK -- WE DID -- WE HAD SCHEDULED, DID WE ACTUALLY GET THE SCHEDULING OF THE -- NOT THE OVERDOSE, BUT THE NEW OPIATE POLICIES BEFORE THE BOARD? I KNOW WE WERE TRYING TO GET THAT IN.

Commissioner Kafoury: I DON'T KNOW. I KNOW IT'S HAPPENING, BUT --

Ms. Shirley: OK. ALL RIGHT. IT'S ALL PART OF THAT COST OF THAT WHOLE CLOTH.

Vice-Chair Shiprack: ACTUALLY, IN THIS -- IN THESE CATEGORIES THIS DOES BEGIN TO IMPACT OUR CORRECTIONS, BECAUSE THESE ARE VERY SICK PEOPLE WHO ARE ENGAGING IN MANY OF THEM ILLEGAL PRACTICES, AND THEY'RE ENDING UP IN JAIL WHERE THEY'RE RECEIVING HEALTH CARE AT OUR EXPENSE WAY DOWNSTREAM IN WHERE WE WERE PREFER TO BE PROVIDING IT TO THEM.

Ms. Lear: SHOULD I MOVE TO THE NEXT SLIDE?

Ms. Shirley: I'M NOT SURE WHERE WE ARE.

Chair Cogen: ME NEITHER.

Ms. Lear: THIS IS COMMUNITY HEALTH -- INTEGRATED CLINICAL SERVICES SUMMARY OF BUDGET IMPACTS. SHOULD WE MOVE ON TO THAT?

Chair Cogen: SURE.

Ms. Shirley: OK. WHERE ARE WE? OK. SO THE -- I WANT TO COME -- IT GETS TO THE, WHAT ARE YOU WORRIED ABOUT NEXT YEAR, THAT SLIDE, WHAT KEEPS YOU UP AT NIGHT. SO SOME OF THE THINGS THAT KEEP ME UP AT NIGHT ARE, WE HAVE VERY SPECIFIC TRANSFORMATION CHANGES, SO THE AFFORDABLE CARE ACT IS ASKING US TO DO CERTAIN THINGS THAT WE HAVE TO FUND INTERNALLY IN TERMS OF OUR DATA COLLECTION, ETC. THAT IS SOMETHING THAT ISN'T SEXY, IT'S THE BEHIND THE SCENES KIND OF QUALITY IMPROVEMENT, DATA MANAGEMENT WORK WE NEED TO DO. THE ALTERNATIVE PAYMENT PILOT PLANNING THAT WE'VE DONE IS GETTING US READY FOR SOME OF THESE ISSUES. AND THIS GETS TO I THINK THE ISSUE OF WHAT IS THE KIND OF THINKING THAT WE'RE TRYING TO DO AROUND 2014 AND BEYOND. AND I WOULD SAY THAT CURRENTLY WE ARE IN THIS, I CALL IT IN BETWEEN SPACE THAT EVERYTHING THAT WE DO IS A TRANSACTIONAL KIND OF THING. I TAP YOU ON THE SHOULDER AND THEN I CAN SEND A BILL SOMEWHERE FOR IT. AND THAT IS STILL OUR REIMBURSEMENT STRUCTURE. BUT IN THE MEANTIME, WE KNOW WHAT'S COMING DOWN THE ROAD IS GOING TO BE CAPITATED OR GLOBAL PAYMENTS. AND WE'RE TRYING TO IDENTIFY THE BARRIERS TO EVEN DOING THE WORK IN THE WAY WE WANT TO DO IT. SOME OF IT HAS TO DO WITH WHAT WE WERE JUST TALKING ABOUT IN TERMS OF OUR COMMUNITY PREVENTION MODELS AROUND INFECTIOUS DISEASES. OTHERS OF IT IS JUST BETTER EVIDENCE-BASED CARE FOR YOUNG FAMILIES AND HOW THEY GET THEIR CARE, AND DO THEY GET IT IN GROUPS, AND YOUNG MOTHERS, ETC. RIGHT NOW WE DO THAT AND WE CAN'T DO IT BEYOND A CERTAIN NUMBER, IF YOU WILL. WE HAVE A THRESHOLD BECAUSE WE CAN'T GET BILLED FOR IT. BUT IF WE DO THIS WORK IN ANOTHER WAY, WE CAN GET BILLED FOR IT. SO WE'RE IN THIS IN BETWEEN TIME WHERE WE'RE TRYING TO DESIGN WHERE WE'RE GOING, AND INFLUENCE HOW THAT TURNS

OUT, BUT AT THE SAME TIME WE HAVE TO KEEP MAKING THE DOUGHNUTS, BECAUSE THAT'S WHAT WE'RE GETTING PAID FOR. SO THAT HAS LED --

Commissioner Kafoury: WE LIKE PRETZELS.

Chair Cogen: THANK YOU! I THOUGHT THAT TOO.

Ms. Shirley: SONIA IS KICKING ME UNDER THE TABLE. SO THE MEDICAID EXPANSION IS GOING TO PROVIDE A TREMENDOUS AMOUNT OF OPPORTUNITY FOR OUR CLIENTS, AND WE'RE PREPARING TO MEET THE CHALLENGES IN A COUPLE WAYS. WE'RE LOOKING HERE, I THINK I SAW FRANCES, OUR NURSING DIRECTOR IS WORKING WITH OUR INTERIM MEDICAL DIRECTOR AND NEW HEALTH OFFICER TO REALLY LOOK AT, WE'VE BEEN TALKING ABOUT HOW DO YOU WORK AT THE TOP OF YOUR LICENSE FOR A LONG TIME, BUT NOW WITH THE DIFFERENCES IN THE PAYMENT MODELS, WHAT ARE THE OTHER OPPORTUNITIES THAT WE CAN DO TO REALLY CHANGE THE WAY WE ORGANIZE AND DELIVER OUR CARE? THE OTHER -- THE OTHER REAL CHALLENGE FOR US IS COMMISSIONER KAFOURY, YOU'VE ALREADY IDENTIFIED IT, IS WORK FORCE ISSUES. IT'S NOT UNIQUE TO US, IT'S NOT UNIQUE TO THE METROPOLITAN AREA OR OREGON. IT'S A HUGE ISSUE. SO ALSO WORKING SIMULTANEOUSLY WITH THE STATE AND WITH SOME OF THE LICENSING BOARDS ABOUT WHO DOES WHAT AND WHO CAN DO WHAT TO WHAT LEVEL. THIS IS NOT A PROBLEM FOR US BECAUSE WE DO -- WE ARE REALLY LUCKY, BECAUSE WE'RE SUCH A GREAT PLACE TO WORK, TO RECRUIT DENTISTS AND DENTAL TECHNICIANS, BUT IN SALEM THERE'S A LOT DRAMA AROUND WHAT CAN DENTAL TECHNICIANS DO, AND MUCH LESS WELL SOURCED AREAS IN TERMS OF THE WORK FORCE. THAT'S A HUGE ISSUE. AND I THINK WE'RE GOING TO BE FACING IT IN A NUMBER OF OTHER PLACES.

I'M GOING TO QUICKLY SUMMARIZE WHAT OUR -- SOME OF OUR PLANS. WE'VE MADE A DECISION TO STRUCTURE OUR THINKING AROUND THIS AS TO GROW IN PLACE. NUMBER ONE, AND TO EMPOWER FIRST OF ALL EMPOWER OTHERS TO EXPAND. AND EXPAND OURSELVES WITH PARTNERS IF THAT WORKS OUT. SO WE BELIEVE WE CAN INCREASE THE CAPACITY THROUGH IMPROVED EFFICIENCIES, AND WE HAVE A NEW PRIMARY CARE DIRECTOR, CHRISTIE IS HERE, WE'RE EXCITED ABOUT HER JOINING US, AND SHE BRING AS WEALTH OF EXPERIENCE FROM HER PRIOR POSITIONS. WE'RE GETTING A NEW MEDICAL DIRECTOR, WE'RE RECRUITING FOR THIS QUALITY DIRECTOR, AND REALLY TASKING THEM FOR HOW DO WE MAKE THOSE CHANGES TO INCREASE -- IT'S NOT ABOUT BUILDING ANOTHER CLINIC OR GETTING ANOTHER TEAM, BUT IF THAT TEAM IS SEEING 1700 PEOPLE CAN THEY CAN RESPONSIBLE FOR 2700 PEOPLE? BECAUSE OF THE WAY WE ORGANIZE OUR WORK. SO GETTING THAT HOUSE IN ORDER FIRST IS GOING TO BE REALLY IMPORTANT. AND THEN EXPANDING THE ROLES FOR OUR PHARMACISTS IN TERMS OF DOING THE COACHING THE PATIENTS NEED TO MAKE SURE THAT THEY'RE TAKING THEIR MEDICINES CORRECTLY, AND THEY'RE GETTING THEM

RIGHT AND FOLLOWING UP TO MAKE SURE THEY ACTUALLY HAVE DONE THAT. WE'VE ALWAYS BEEN ON THE FOREFRONT OF USING COMMUNITY HEALTH WORKERS. REAL COMMUNITY HEALTH WORKERS, PEOPLE FROM THE COMMUNITY TRAINED TO STAY IN THE COMMUNITY, AND ALSO TO ENHANCE THE COMMUNITY'S UNDERSTANDING OF ITS OWN HEALTH. WE'RE LOOKING AT EXPANDING EVENING AND WEEKEND HOURS, SHOULD WE DO IT OURSELVES, IN PARTNER WITH LEGACY, IN PARTNER WITH ZOOM CARE. WE'RE HAVING ALL THESE CONVERSATIONS TO FIGURE OUT WHAT DO WE GET IN TERMS OF THE BIGGEST AMOUNT OF SERVICES FOR THE LEAST AMOUNT OF DISRUPTION. THE LEAST AMOUNT OF US HAVING TO INVEST IN AN ADDITIONAL INFRASTRUCTURE, BECAUSE WHAT SOME OF THESE THINGS MEAN IS WENDY'S GOT TO GET TWO MORE BILLING CLERKS, KATHLEEN'S GOT TO GET THREE MORE H.R. PEOPLE, WE'VE GOT TO GET FOUR MORE PEOPLE WHO WRITE REPORTS. SO IT'S THIS UNDERSTANDING OF CASCADING EFFECT OF INFRASTRUCTURE IS KIND OF A BLAND BUREAUCRATIC WORD, BUT IT REALLY MEANS THAT WE CAN GET PATIENTS AND OUT THE DOOR, AND WE HAVE TO TAKE ATTENTION TO THAT BEHIND THE -- BEHIND THE COUNTER WORK.

WE'RE TRYING TO DO PLANNING OUTREACH AND OUR FIRST STAGE IS LOOKING AT HOW DO WE ENSURE ENROLLMENT OF OUR CURRENT UNINSURED CLIENTS. AND DEVELOP SURGE CAPACITY FOR THEM AND THEIR FAMILIES, BECAUSE SOMETIMES WE HAVE CURRENT CLIENTS WHOSE FAMILY MEMBERS HAVEN'T BEEN COMING TO US BECAUSE THEY FELT THEY COULDN'T, OR THEY WEREN'T -- DIDN'T KNOW NOW THEY WILL BE ABLE TO BE INSURED. SO OUR FIRST LOOK IS AT THAT. AND ALSO MAKING SURE THAT WE HAVE REALLY GOOD RELATIONSHIPS NOT JUST WITH OUR TRADITIONAL SURGE CAPACITY PARTNERS LIKE CENTRAL CITY CONCERN, AND THE REDMOND CLINIC, AND OTHERS, BUT REALLY THE COMMUNITY-BASED AGENCIES, LIKE WHAT CAN WE ENTER INTO AGREEMENTS WITH THEM, WHAT CAN THEY TAKE CARE OF BEFORE THEY GET TO THE CLINIC DOOR? BUT HOW DO WE FORMALIZE, ALL THOSE THINGS ARE HAPPENING IN OUR COMMUNITY, BUT THEY'RE NOT FORMALIZE AND THERE'S NO WAY OF TRACKING THAT IMPACT. SO THAT'S KIND OF HOW WE'RE SPENDING OUR TIME THIS JULY TO DECEMBER TO GET READY FOR JANUARY. LOOKING AT ALL THOSE OPTIONS, HAVING THOSE CONVERSATIONS AND TRYING TO DO BUSINESS PLANS AROUND THEM.

Commissioner Smith: LILLIAN, I HAVE A QUESTION. HAS THE GLOBAL BUDGET BEEN IDENTIFIED YET?

Ms. Shirley: NO, MA'AM. WE KNOW WHAT'S GOING IN IT BUT WE HAVEN'T GOT A DISBURSEMENT AT THIS POINT FOR HOW IT'S GOING TO BE -- HOW THE POTS ARE GOING TO BE DISTRIBUTED.

Commissioner Smith: AS WE'RE TRYING TO STAFF UP, HOW DO WE KNOW HOW TO DO THAT IF WE DON'T KNOW WHAT THE GLOBAL BUDGET IS GOING TO BE?

Ms. Shirley: WELL, WE DO KNOW -- WELL, WHAT WE DO KNOW IS WHO'S -- IT'S PATIENT-CENTERED. SO WE DO KNOW WHO'S GOING TO BE THE PATIENTS, AND WE DO KNOW WHAT WE HAVE TO PROVIDE FOR THOSE PATIENTS, AND WE DO KNOW HOW MUCH THE STATE IS GOING TO GIVE FOR THAT. SO THAT NUMBER IS KNOWN. WHAT'S NOT KNOWN IS WHEN THEY GIVE IT IN A LUMP SUM AS OPPOSED TO A TRANSACTION, HOW THAT WILL GET DIVIDED UP AMONG THE CCOs. SO IF I -- RIGHT NOW YOU HAVE TO COME IN EIGHT TIMES, I HAVE TO DO THIS, I HAVE TO HAVE A DOCTOR SIGN SOMETHING OR I CAN'T GET THE NURSE TO DO SOMETHING -- I WOULD LIKE TO SAY, WE TOOK CARE OF THESE PEOPLE LAST YEAR, WE'RE GOING TO TAKE CARE OF THEM NEXT YEAR. GIVE ME THE SAME AMOUNT OF MONEY, AND WE CAN DO THINGS LIKE GROUPS, COMMUNITY OUTREACH. BUT WE'LL SPEND THE SAME AMOUNT OF MONEY AND WE GUARANTEE WE'LL HAVE THE SAME OR BETTER HEALTH OUTCOMES FOR THOSE HUNDRED PEOPLE. THAT'S KIND OF THE WAY I THINK ABOUT IT. BECAUSE I'M NOT -- I'M NOT A MEDICAL BILLING EXPERT. DOES THAT ANSWER YOUR QUESTION? WE CAN TALK --

Commissioner Smith: YEAH, IT DOES. WE'LL GO -- WHEN I TALK TO WENDY, WE'LL HAVE A NICE CONVERSATION.

Ms. Lear: \$2.3 MILLION IS THE TOTAL AMOUNT THAT WE'RE BUDGETING FOR OUTSIDE MEDICAL COSTS. A COUPLE OF YOU HAVE ASKED THAT. AND ON AVERAGE IN THE LAST FEW YEARS WE'VE SPENT BETWEEN 2 MILLION AND \$2.5 MILLION ON OUTSIDE MEDICAL CARE.

Ms. Guernsey: GOOD AFTERNOON, JESSICA GUERNSEY, MATERNAL CHILD HEALTH DIRECTOR. THANKS FOR HAVING US A LITTLE BIT LATER, IT'S ALMOST 12:30, I JUST CANCELED MY 12:45 MEETING. BEFORE I GET STARTED I WANTED TO THANK THE BOARD FOR YOUR INCREDIBLE GENERAL FUND SUPPORT TO EARLY CHILDHOOD SERVICES AND THE OTHER MATERNAL CHILD HEALTH SERVICE AND FAMILY SERVICES THROUGHOUT OUR DEPARTMENT. I'M GOING TO JUMP AROUND THESE TALKING POINTS. I WANT TO TAKE ADVANTAGE OF THE DESCRIPTION THAT LILLIAN JUST GAVE OF THE GLOBAL BUDGET AND SORT OF MOVE DOWN TO THAT MAINTAIN STAFFING BY FOCUSING ON BEST PRACTICE AND ALIGNING WITH AVAILABLE REVENUES. SO WE'RE KIND OF BUILDING THE PLANE WHILE FLYING THIS RIGHT NOW. AND ONE OF THE THINGS IN EARLY CHILDHOOD IS YOU NOTICED IN THE BUDGET IS THAT IN THE PROGRAM OFFERS, WE'RE GOING TO BE SHIFTING SOME OF OUR COMMUNITY HEALTH NURSE STAFFING TO FOCUS ON TWO MODELS, NURSE FAMILY PARTNERSHIP WITH -- WHICH I THINK YOU'RE FAMILIAR WITH, THIS IS FOR FIRST-TIME MOMS LIVING IN POVERTY, IT'S AN INTENSIVE HOME VISITING PROGRAM, AND COCOON, WHICH IS CARE COORDINATION FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS. ONE OF THE REASONS WE'RE DOING THAT IS WE ARE -- OUR REVENUE STREAM THAT IS ASSOCIATED WITH THE TARGET THE CASE MANAGEMENT, WHICH IS THE FUNCTION THAT WE USE TO

BILL FOR THESE SERVICES, THAT'S GOING TO BE ROLLING INTO THE GLOBAL BUDGET IN THE NEXT YEAR.

SO WE HAVE TO POSITION OURSELVES VERY CAREFULLY TO THINK ABOUT WHAT ADDED VALUE DO WE HAVE IN LOCAL PUBLIC HEALTH THAT WE CAN HELP DELIVER SOME OF THOSE OUTCOMES LIKE ACCESSING EARLY PRENATAL CARE AND ENSURING CHILDREN ARE GETTING APPROPRIATE DEVELOPMENTAL SCREENINGS. SO ONE OF THE WAYS WE'RE LOOKING AT IT THROUGH BOTH THE BUDGET LENS AND HOW ARE WE GOING TO ACHIEVE THESE JOT COMES AS -- THESE OUTCOMES AS A COMMUNITY IS SHIFTING THE FOCUS ON THOSE MODELS. THIS IS GOING TO TAKE CAREFUL PLANNING AND LOOKING AT DATA OVER TIME. WE'RE GETTING READY TO SEND A COUPLE STAFF TO BE TRAINED IN NURSE FAMILY PARTNERSHIP VERY SOON TO SHIFT SOME STAFF OVER, BUT WHAT WE HAVE TO KEEP CAREFUL EYE ON IS HOW MUCH OF THE POPULATION ARE WE SEEING AND HOW ARE WE DOING ON THOSE OUTCOMES OVERALL AS WE'RE TRYING TO REACH THOSE IN HEALTH CARE TRANSFORMATION? SO I JUST WANTED TO TAKE ADVANTAGE OF THAT KIND OF -- LAYING THAT GROUND WORK TO SAY THAT'S A VERY IMPORTANT FACTOR IN HOW WE'RE LOOKING AT EARLY CHILDHOOD SERVICES, PARTICULARLY OUR PUBLIC HOME VISITING MODELS.

I WANT TO SKIP TO THE ONE-TIME ONLY MITIGATION STRATEGIES. LAST YEAR THE BOARD ALLOCATED ABOUT \$480,000 IN ONE-TIME ONLY FUNDING TO EARLY CHILDHOOD SERVICES ABOUT 270,000 WENT TO SUPPORT HEALTHY START CONTRACTS. AND THAT WILL NOT BE PART OF THE BUDGET THIS YEAR. WE ARE STILL HEAVILY INVESTED IN HEALTHY START ACTIVITIES, THE STATE GIVES US ABOUT 1.3 MILLION DOLLARS AND THE COUNTY WITHOUT THAT 270,000 STILL CONTRIBUTES 1.1 MILLION WHICH IS IN GENERAL FUND WHICH IS ABOVE AND BEYOND ANYTHING I KNOW OF IN THE STATE FOR HEALTHY START ACTIVITIES. IN ADDITION TO THAT PIECE OF THINKING ABOUT HEALTHY START AS YOU ARE AWARE OF, THE EARLY LEARNING COUNCIL AND HUB ACTIVITIES ARE VERY LINKED TO HEALTHY START, WHICH IS A PROMINENT PIECE OF THE EARLY LEARNING COUNCIL. WE'RE IN THE PROCESS RIGHT NOW OF DEFERRING OUR RFP PROCESS WITH OUR CURRENT CONTRACTORS BECAUSE OF ALL OF THE PENDING CHANGES. AS WE MOVE INTO THE DISCUSSION ABOUT THE HUB AND HOW WE'RE GOING TO ORGANIZE THOSE SERVICES, THERE'S BEEN SOME CHANGES TO THE MODEL ITSELF IN OREGON THAT WE HAVE TO TAKE INTO CONSIDERATION BEFORE WE GO OUT FOR BID ON THIS -- THESE CONTRACTS. WE'RE IN CLOSE COMMUNICATION WITH THOSE COMMUNITY-BASED ORGANIZATIONS, THEY'RE WELL AWARE OF WHAT'S GOING ON AND UNDERSTAND THAT THERE ARE GOING TO BE CHANGES OCCURRING. BUT I THINK IT'S A GREAT OPPORTUNITY FOR US TO RELOOK AT HOW WE'RE DOING THAT SERVICE IN COORDINATION WITH DIFFERENT THINGS ACROSS THE BOARD SO WE'RE SERVING OUR FAMILIES IN THE BEST WAY WE CAN IN THE COMMUNITY. I'VE JUST SAID A LOT. I WANT TO STOP FOR A SECOND AND SEE IF THERE'S ANY QUESTIONS.

Chair Cogen: COMMISSIONER KAFOURY.

Commissioner Kafoury: SO WE HAD 480,000 LAST YEAR IN ONE-TIME ONLY. 270 OF THAT WAS THESE --

Ms. Guernsey: CONTRACTS.

Commissioner Kafoury: -- CONTRACTS WITH IMPACT NORTHWEST TEAMS. SO WHEN YOU SAY YOU'RE POSTPONING THE RFP, DOES THAT IMPACT THIS -- I'M CONFUSED ABOUT HOW THEY'RE GETTING KEPT BUT THEY'RE NOT GETTING CUT.

Ms. Guernsey: THEY ARE AWARE THEY WILL NOT RECEIVE THAT ADDITIONAL \$270,000 FOR THE NEXT YEAR, BECAUSE WE'LL BE -- WE'LL BE FUNDING THEM AT THE FISCAL YEAR '14 BUDGET LEVELS WHICH DOES NOT INCLUDE THAT \$270,000.

Commissioner Kafoury: OK.

Ms. Guernsey: AND THEN THE SEPARATE PROCESS IS, WE'RE ALSO DEFERRING THE CONTRACT PROCESS, WE'RE WORKING WITH BUSINESS SERVICES RIGHT NOW BECAUSE THERE'S SO MANY UNKNOWNNS AROUND HOW THIS IS ALL GOING TO UNFOLD, THAT IT DOESN'T MAKE A LOT OF SENSE TO DO THAT RIGHT NOW. THERE MAY BE OTHER PEOPLE WHO APPLY, AND RIGHTFULLY SO.

Commissioner Kafoury: OK. THANK YOU.

Ms. Shirley: CAN I JUST -- I THINK IT'S IMPORTANT THAT THESE CONVERSATIONS ARE TAKING PLACE AROUND THE EARLY LEARNING COUNCIL WITH THOSE PLAYERS AT THE TABLE. THEY'RE PART OF THE CONVERSATION. MOVING INTO THIS EARLY LEARNING HUBS OR WHATEVER. I'VE BEEN TALKING FOR A LONG TIME. I THINK WHATEVER COMES OUT OF IT THEY WILL HAVE BEEN PARTICIPANTS.

Ms. Guernsey: YEAH.

Commissioner McKeel: THAT WAS KIND OF MY QUESTION TOO AROUND THE STATEMENT WITH THE LEARNING COUNCIL HUBS, BECAUSE WE LAST WE HEARD ABOUT HUBS WE DIDN'T EXACTLY KNOW WHAT THAT STRUCTURE WAS GOING TO BE. SO THAT'S HOW IT'S MOVING ALONG AT THIS POINT. JUST WHAT YOU SAID, KEEPING THE PARTNERS AT THE TABLE AND --

Ms. Guernsey: YEAH. KEEPING PEOPLE ENGAGE THE, NOTHING IS GOING TO CHANGE RIGHT NOW, BUT WE DON'T WANT TO GET INTO AN ADDITIONAL

CHANGE CYCLE AND KNOW THAT EVERYTHING IS GOING TO BE DIFFERENT IN SIX TO 12 MONTHS. THAT PROBABLY WOULDN'T BE BEST ON OUR PARTNERSHIPS.

Commissioner McKeel: DO YOU ANTICIPATE THIS WORK WILL BE MOVING QUICKLY AROUND THE HUB? OR WHO KNOWS, PROBABLY?

Ms. Guernsey: WELL, IT'S RUMORED THAT THE APPLICATION PROCESS IS BEGINNING IN ABOUT TWO MONTHS.

Vice-Chair Shiprack: I GUESS MY THOUGHT IN THAT DIRECTION IS THAT THE PROCESS OF ALIGNING WITH THE EARLY LEARNING COUNCIL HUB NOT END UP TO BE A NET LOSS FOR HEALTHY START. THAT'S THE MESSAGE, THAT'S SORT OF THE BABY I DON'T WANT TO THROW OUT WITH THIS BATH WATER. AND I KNOW YOU DON'T EITHER.

Ms. Guernsey: NO. ABSOLUTELY NOT. AND I'M CONFIDENT THAT WE WON'T GIVEN OUR CURRENT LEVEL OF SERVICE AND INVESTMENT. WE'RE HEAVILY INVESTED IN HEALTHY START.

Vice-Chair Shiprack: IT SEEMS TO ME KEEPING OUR POWDER DRY WHILE WE FIGURE OUT WHERE ALL THE PIECES ARE GOING TO LAND IN THIS NEW ARRANGEMENT OF THE EARLY LEARNING COUNCIL AND THE HUBS, WHICH AS COMMISSIONER MCKEEL SORT OF LEADS US ALL TO AGREE IS NOT VERY CLEAR YET, BUT JUST SO WE UNDERSTAND, THAT IS NOT GOING TO RESULT IN ANY KIND OF NET LOSS, EITHER IN OUR FINANCIAL SUPPORT OR IN OUR COMMITMENT TO THE PROCESS OF HEALTHY START.

Ms. Guernsey: YEAH. I ABSOLUTELY AGREE. I THINK THAT'S A LENS WE'LL HAVE TO BRING AS WE MOVE INTO THESE DISCUSSIONS ABOUT THE HUB AND ALL OF THE DIFFERENT PIECES. IN MY ESTIMATION THE EARLY LEARNING COUNCIL IS EVEN MORE AMBITIOUS THAN HEALTH TRANSFORMATION IN SOME WAYS, AND SO I THINK THAT'S AN IMPORTANT PERSPECTIVE TO BRING TO IT. ANY OTHER -- ALL RIGHT.

Ms. Manhas: GOOD AFTERNOON. SONIA MANHAS, PLANNING DIRECTOR WITH THE HEALTH DEPARTMENT. I KNOW YOU HAD A LONG MORNING, I'M GOING TO ASK YOU TO INDULGE ME FOR ANOTHER FIVE MINUTES OR SO. I WANTED TO REFLECT ON THE PROCESS OF LEARNING IN PREVENTION OVER THE LAST SEVERAL YEARS TO HELP EXPLAIN SOME OF THE ORGANIZATIONAL SHIFTS THAT ARE PRESENTED IN THE BUDGET. I'M HERE TO TALK ABOUT HOW THE FEDERAL COMMUNITY IS PUTTING PREVENTION TO WORK INITIATIVE HAS IMPROVED THE WORK OF MULTNOMAH COUNTY AND HOW IT'S HELPED CREATE A NEW OFFICE OF PLANNING AND -- IN THE HEALTH DEPARTMENT. I WANT TO THANK IS -- EACH OF YOU FOR YOUR SUPPORT AND INVOLVEMENT IN OUR COMMUNITY PREVENTION WORK INITIATIVE B THREE YEARS AGO THE

CENTERS FOR DISEASE CONTROL AND PREVENTION AWARDED MULTNOMAH COUNTY WITH 7.5 MILLION DOLLARS TO COMBAT HIGH RATES OF OBESITY AND CHRONIC DISEASES IN OUR COMMUNITY. ESSENTIALLY BY CREATING THE COMMUNITY CONDITIONS THAT SUPPORT HEALTHY BEHAVIORS ACROSS THE POPULATION OVER TIME. THIS WAS A RARE OPPORTUNITY FOR THE COUNTY AND FOR OUR COMMUNITY, BUT SOME OF THE MOST EXCITING THINGS TO COME OUT OF THAT WORK HAVE NOT BEEN OBVIOUS. AND SO TODAY I WANT TO DRAW YOUR ATTENTION TO THREE AREAS THAT HAVE CHANGED HOW WE DO BUSINESS AT THE HEALTH DEPARTMENT AND HAVE HELPED CREATE THE OFFICE OF POLICY AND PLANNING. OUR SUCCESS IS BUILT ON THE STRATEGIES OF THE HEALTH DEPARTMENT WAS ALREADY DOING WELL BUT THE FEDERAL GRANT ALLOWED US TO TAKE THESE STEPS FORWARD AND WORK WITH PARTNERS TO FOCUS ON ONE GOAL, PROMOTE HEALTH IMPROVE HEALTH IN COMMUNITIES THAT CARRY THE BIGGEST HEALTH BURDENS. THE THREE KEY LESSONS WE PICKED UP, ONE IS THAT MULTNOMAH COUNTY HEALTH DEPARTMENT IS AN EFFECTIVE CONVENER. WE LEARNED THE DEPARTMENT IS WELL POSITIONED TO BRING TOGETHER COMMUNITY PARTNERS TO LOOK AT COMMUNITY HEALTH DATA, TO PRIORITIZE HEALTH ISSUES AND DEVELOP A BROAD STRATEGY.

AS A CONVENER WE BROUGHT TOGETHER GOVERNMENTAL AGENCIES, SCHOOL DISTRICTS, COMMUNITY-BASED COMMUNITY HEALTH ORGANIZATION AND HELPED PLACE SPECIFIC ORGANIZATION AND TOGETHER WE DEVELOPED A HEALTHY ACTIVE MULTNOMAH COUNTY ACTION PLAN. THIS PLAN SETS 25 GOALS FROM IMPROVING NUTRITION AND ACCESS TO HEALTHY FOOD TIME PROVING CONDITIONS FOR ACTIVE LIVING. THE OFFICE WILL BUILD ON THESE SUCCESSES. WE'LL CONTINUE TO SERVE IN THE ROLE OF -- AS CONVENER ON BEHALF OF THE HEALTH DEPARTMENT, FOR EXAMPLE, IN DEVELOPING THE DEPARTMENT STRATEGIC PLAN AS WELL AS DEVELOPING A BROADER COMMUNITY HEALTH IMPROVEMENT PLAN. SO OUR SECOND LESSON, WAS EXPANDING DIVERSIFYING AND DEEPENING OUR PARTNERS' CAPACITY FOR PREVENTION. WE FUNDED A NETWORK OF OVER 30 PARTNERS FROM PORTLAND PUBLIC SCHOOLS TO VILLAGE MARKET AND COLUMBIA VILLA AND NORTH PORTLAND AND WE EXPAND THEIR ABILITY TO WORK ON PREVENTION. MANY OF THESE ENTITIES HAVE GONE ON TO WIN ADDITIONAL GRANTS TO BUILD ON THEIR WORK. WE TRAINED OUR PARTNERS TO BE ABLE TO COMMUNICATE THEIR WORK AND CONVENE A HEALTHY ACTIVE MULTNOMAH COUNTY TRAINING INSTITUTE INTENDED TO SUPPORT THEIR LEARNING AND INSPIRE INNOVATIVE THINKING. FROM PASTOR HARDY FROM HIGHLAND HAVEN CHURCH TO KAREN GRAY TO LISA SETTLER FROM NEW SEASONS MARKET, WE REACHED OUT TO BUILD PARTNERSHIPS IN WAYS THAT OUR HEALTH MESSAGE RESONATED WITH THEIR MISSION AND THEIR VISION FOR COMMUNITY. THE OFFICE OF POLICY AND PLANNING WILL KEEP BUILDING THIS COMMUNITY CAPACITY MAKING OUR PARTNERS STRONGER. THE THIRD AREA OF OUR LEARNING IS THE POWER OF POLICY TO

WRAP AROUND SERVICES AND PROGRAMS THAT YOU'VE BEEN HEARING ABOUT THIS MORNING.

THE PRIMARY GOAL OF COMMUNITIES PUTTING PREVENTION TO WORK WAS TO SET IN MOTION CHANGES THAT COULD GO ON WHEN THE GRANT FUNDING ENDED. HERE ARE SOME OF THE CHANGES. 35 FAITH HOUSES HAVE ADOPTED HEALTHY FOOD AND BEVERAGE STANDARDS FOR EVENTS HELD OR SPONSORED AT THEIR HOUSES OF WORSHIP. 5,000 LOW-INCOME SENIORS AT 15 SITES ARE TELL EATING MORE FRUITS AND VEGETABLES AS A RESULT OF A NEW POLICY ADOPTED BY MEAL PROVIDERS AND INITIATIVE INITIATIVES LIKE THE HOLLYWOOD FARMERS' MARKET AND GLEANING PROGRAM. OVER 100,000 RESIDENTS OF GRESHAM WILL HAVE BETTER ACCESS TO HEALTHY FOOD AND PARKS, AND SIDEWALKS AND BIKE PATHS BECAUSE OF OUR JOINT EFFORT TO BRING HEALTH INTO THEIR TRANSPORTATION AND LAND USE PLANNING. AND PATIENTS STAFF AND VISITORS AT HOSPITALS ACROSS OUR REGION WILL BENEFIT FROM INCREASED ACCESS TO FARMERS' MARKETS, FARM STAND OR CSA DROP-OFFS AS A RESULT OF A COALITION WE HELPED BRING TOGETHER WITH THE OREGON PHYSICIANS FOR SOCIAL RESPONSIBILITY TIME PROVE THE FOOD ENVIRONMENT. WE ARE ALL TOGETHER AT THE HEALTHY SCHOOLS SUMMIT NOT TOO LONG AGO IN EACH OF YOU ATTENDED AS DID SUPERINTENDENT THE, PARENTS, BOARD MEMBERS, SCHOOL STAFF, STUDENTS, AND COMMUNITY PARTNERS, SPANNING ACROSS SEVEN DISTRICTS. WE HELPED DISTRICTS TO ADOPT STRONG SCHOOL WELLNESS POLICIES, AND WE HELPED THEM TO BRING THESE POLICIES TO LIFE. I WANT TO ASSURE YOU THE WORK CONTINUES AND BUILDS TODAY. FOR EXAMPLE, CENTENNIAL SCHOOL DISTRICT FOCUSED ON FARM-TO-SCHOOL PARTNERSHIPS DURING THE GRANT AND TODAY THEY RECENTLY JUST GOT AN ADDITIONAL GRANT TO BUY MORE LOCAL PRODUCE AND LOCAL FOOD FOR BENEFITING OVER 6,000 STUDENTS. ODOT AWARDED REYNOLDS SCHOOL DISTRICT \$169,000 TO HELP KIDS WALK AND BIKE SAFELY TO SCHOOL. THE OFFICE OF POLICY AND PLANNING SUPPORT THIS WORK TO CREATE THE COMMUNITY CONDITIONS FOR HEALTH. WE'LL PROVIDE TRAINING, DATA, EVALUATION, BEST PRACTICE MODELS, MODEL POLICIES. THERE'S MUCH THAT WE HAVE DONE IN & THERE'S SO MUCH MORE WE CAN DO.

IT'S IMPORTANT THAT WE'RE NOT TREATING COMMUNITIES PUTTING PREVENTION TO WORK AS AN ISOLATED DEMONSTRATION PROJECT. AND IT TURNS OUT THE BIGGEST SYSTEM CHANGE WE CREATED WAS WITHIN OUR OWN SHOP IN THE HEALTH DEPARTMENT. THROUGH THE CREATION OF THE OFFICE POLICY AND PLANNING. THE OFFICE OF POLICY AND PLANNING WILL LEAD THE DEPARTMENT'S ONGOING EFFORTS TO CONVENE COMMUNITY PARTNERS, HELP DEFINE COMMUNITYWIDE PUBLIC HEALTH PRIORITIES AND A BROAD VISION FOR HEALTH, TO BUILD LEADERSHIP AND CHAMPIONS FOR HEALTH, AND TO ADVANCE INNOVATIVE STRATEGIES THAT WILL RESULT IN MEASURABLE POPULATION-WIDE IMPACT FOR THE MOST PRESSING PUBLIC

HEALTH NEEDS. THIS IS NOT NEW WORK OR NEW FUNDS. BUT RATHER THE OFFICE REFLECTS STRONGER HIGHLY COORDINATED CONFIGURATION OF EXISTING RESOURCES AND TEAMS. WE'RE SMALLER IN SIZE BUT WE HAVE A CORE TEAM AND WE'LL BE SUPPORTING PROGRAMS ACROSS THE DEPARTMENT TO INTEGRATE CHRONIC DISEASE PREVENTION INTO THEIR SERVICES AND PROGRAMS AND BUILDING CAPACITY ACROSS THE COMMUNITY. OVER THE NEXT YEAR THE OFFICE WILL LEAD AND SUPPORT A NUMBER OF KEY DEPARTMENT EFFORTS THAT WERE HIGHLIGHTED BY LILLIAN EARLIER IN THE PRESENTATION. FOR EXAMPLE, THE REGIONAL COMMUNITY NEEDS ASSESSMENT AND IMPROVEMENT PLAN, WHICH INVOLVES COVENANTING A COLLABORATIVE OF 14 HOSPITALS AND FOUR HEALTH DEPARTMENTS. WE'RE GOING TO BE UNDERTAKING MULTNOMAH COUNTY'S COMMUNITY HEALTH IMPROVEMENT PLAN, WHICH SPEAKS TO COMMISSIONER SHIPRACK'S PLAN ABOUT COORDINATION OF HEALTH ISSUES. WE'LL BE LEADING THE HEALTH DEPARTMENT'S PLAN, AND WE'LL BE WORKING ON A NUMBER OF POLICY INITIATIVES A NUMBER OF POLICY CONCEPTS WE HOPE TO BRING TO YOU TO ENGAGE YOUR THINKING AS BOARD OF HEALTH. AND WE'LL CONTINUE OUR IT STARTS HERE PUBLIC EDUCATION CAMPAIGN AS WELL. WE COULD NOT HAVE REACHED THIS POINT WITHOUT LILLIAN'S VISION AND SUPPORT, AS WELL AS THE BOARD'S ENTHUSIASM. EACH OF YOU HAVE ENGAGED IN OUR CAMPAIGN IN A DIRECT WAY AND BEEN INVOLVED IN OUR HEALTHY SCHOOLS, OUR HEALTHY WORK SITES, YOUR MULTNOMAH FOOD INITIATIVE WORK, AND YOUR SUPPORT AND COMMITMENT TO PREVENTION IS EVIDENT AND MUCH APPRECIATED. WE'LL CONTINUE TO LOOK AT -- TO YOU AS BOARD OF HEALTH AND COMMUNITY OF LEADERS FOR YOUR COLLABORATION AND GUIDANCE WHEN IT COMES TO PREVENTION. THANKS AGAIN FOR ALL OF YOUR SUPPORT AND I'D BE HAPPY TO ANSWER QUESTIONS ABOUT HOW WE GOT HERE.

Chair Cogen: THANKS, SONIA. QUESTIONS? COMMISSIONER SMITH? COMMISSIONER MCKEEL.

Commissioner McKeel: THANK YOU. THANK YOU ALL. BACK ON PAGE 11, WE HAVE A SLIDE ABOUT IT STARTS HERE, AND IT SAYS 70% OF OUR RESPONDENTS HAVE SEEN OR HEARD ONE ELEMENT OF IT STARTS HERE. I WONDER WHAT THE SURVEY SIZE WAS.

Ms. Manhas: COMMISSIONER MCKEEL, I CAN GET YOU THE NUMBER. I DO KNOW IT WAS A STATISTICALLY SOUND NUMBER. WE'VE BEEN ENGAGING IN EVALUATION THROUGH CASE STUDY AND QUANTITATIVE DATA ANALYSIS, AND IT WAS A REPRESENTATIVE SAMPLE OF MULTNOMAH COUNTY. SO WE WERE REALLY PLEASED TO HEAR 70% ARE PICKING UP ON ONE ELEMENT OF THE CAMPAIGN.

Commissioner McKeel: GOOD. AND THEN I NOTICED IN THE PROGRAM OFFER THAT -- 40047, THAT THERE WAS AN INCREASE OF APPROXIMATELY 400,000

FROM THE GENERAL FUND. IS THAT BECAUSE THE GRANT FUNDING WENT AWAY, OR WHAT IS THAT ATTRIBUTED TO? IT'S IN --

Commissioner Kafoury: COMMUNITY WELLNESS.

Commissioner McKeel: COMMUNITY WELLNESS AND PREVENTION.

Ms. Shirley: SO IT COULD BE BECAUSE OF THE COMBINATION, BECAUSE OF THE PEOPLE WHO LEFT THE OTHER DIVISION GOT MOVED IN THERE.

Ms. Manhas: THERE'S A NUMBER OF DIFFERENT FUNDING SOURCES THAT ARE SHAPING THE OFFICE OF POLICY AND PLANNING. IT'S COVENANTING A NUMBER OF TEAMS THAT INCLUDES COMMUNITY WELLNESS AND PREVENTION, PROGRAM DESIGN AND EVALUATION SERVICES, HEALTH ASSESSMENT AND EVALUATION SERVICES. THERE'S A NUMBER OF DIFFERENT CONFIGURATIONS OF GRANT FUNDS, STATE FUNDS, AND SOME GENERAL FUND AS WELL. BUT I CAN DIG INTO THAT A LITTLE BIT MORE TO SEE HOW THE LINE --

Commissioner McKeel: YOU CAN GET BACK TO ME ON THAT. MY OTHER QUESTION WAS, ARE YOU WORKING WITH OUR COUNTY WELLNESS MANAGER?

Ms. Manhas: ABSOLUTELY. ABSOLUTELY.

Commissioner McKeel: AND I THINK THERE'S OTHER DEPARTMENTS THAT ARE -- ISN'T TRANSPORTATION THE ONE THAT DOES THE SAFE SCHOOLS, THE WALKING SCHOOL BUS OUT IN TROUTDALE, DO YOU WORK WITH THEM?

Ms. Manhas: ABSOLUTELY. IN FACT WE SUPPORTED THEIR WORK OVER THE LAST COUPLE YEARS IN BRINGING HEALTH AND EQUITY LENS AND HOW THEY'VE BEEN PRIORITIZING PROJECTS AND SUPPORTING SAFE WALKING AND BIKING.

Commissioner McKeel: MAYBE WE COULD GET AN UPDATE ON THAT CROSS-WORK, BECAUSE I THINK THAT'S IMPORTANT TO KNOW AND UNDERSTAND.

Ms. Manhas: I APPRECIATE YOUR COMMENT. THAT'S A PIECE OF WHAT WE DID WITH COMMUNITIES PUTTING PREVENTION TO WORK IS FUNDING OTHER AREAS OF THE COUNTY TO BUILD THEIR CAPACITY AND PREVENTION. WE PROVIDED FUNDING TO SUN SCHOOLS, AND PARTNERED WITH FOLKS IN TRANSPORTATION AS WELL.

Commissioner McKeel: THANK YOU.

Commissioner Kafoury: I HAVE A LOT OF QUESTIONS. TO FOLLOW UP ON

COMMISSIONER MCKEEL'S QUESTIONS, IT LOOKS LIKE, IT'S HARD TO UNDERSTAND, BUT IT LOOKS LIKE FROM THESE PROGRAM OFFICES THERE -- DUE TO THE GRANT FUND INCREASING GOING AWAY, THERE'S A LOT OF NEW GENERAL FUND -- A LOT -- THERE'S A LOT OF NEW GENERAL FUND DOLLARS GOING IN. AND I'M CURIOUS, I'D LIKE MORE SPECIFICS ABOUT WHAT AREAS OF THE GRANT YOU'RE PLANNING ON CONTINUING MOVING FORWARD WITH, WITH GENERAL FUND DOLLARS IF THAT IS THE CASE. AND -- BECAUSE IT'S PRETTY HARD TO UNDERSTAND FROM THE PROGRAM OFFERS. SO MAYBE A DIFFERENT BRIEFING ON THAT OR MORE INFORMATION WOULD BE GREAT. THANK YOU.

Chair Cogen: COMMISSIONER SHIPRACK.

Vice-Chair Shiprack: THIS IS REALLY FASCINATING TO ME BECAUSE OF THE TRANSFORMATION AND ALSO BECAUSE OF THE WAY THE HEALTH DEPARTMENT HAS IDENTIFIED SUCH BROAD ROLE IN THE COMMUNITY THAT TOUCHES ON SO MANY DISCIPLINES THAT ARE -- WOULD FORMERLY HAVE BEEN THOUGHT OF PERHAPS ON THE SORT OF FRINGES OF -- THE MARGINS OF THE BOOK OF BUSINESS FOR THE HEALTH DEPARTMENT. I THINK THAT WHEN YOU LOOK AT THE WAY THAT YOU HAVE BEEN INVOLVED, OR THAT WE HAVE BEEN INVOLVED WITH YOU IN THE HEALTHY SCHOOLS SUBMIT AND IN THE MULTNOMAH FOOD INITIATIVE, CROSSING DEPARTMENTS AND -- AND THE HEALTH DEPARTMENT CREATING POLICY THAT CROSSES THE DEPARTMENTS IS -- I THINK A REALLY FASCINATING AREA, AND I WANT TO MAINTAIN A REALLY HEFTY KIND OF POLICY COORDINATION WITH THE HEALTH DEPARTMENT. INCLUDING SORT OF NOT LIMITED TO BUT INCLUDING THE SORT OF AREA OF HOW WE DISTRIBUTE GRANTS ACROSS DEPARTMENTS COUNTYWIDE OR HOW WE UTILIZE OUR COUNTYWIDE DISCRETION OR A COUNTYWIDE ASSET OF EXPERTISE AND EXPERIENCE IN SUCCESSFUL GRANT APPLICATION. EVEN ACROSS THE DEPARTMENTS THAT THE BOARD IS HAPPY TO BE ABLE TO CONVENE FROM TIME TO TIME, AND WORK WITH. SO TRANSPORTATION, DCHS, AGAIN, ALL DEPARTMENTS THAT THE HEALTH DEPARTMENT IS CURRENTLY COORDINATING AND WORKING WITH. AND I REALLY THINK IN A BIG BROAD SENSE THIS BECOMES A PART OF SORT OF THE BASIC COUNTY BUSINESS MODEL. I WOULD JUST WANT TO SAY I REALLY APPRECIATE FLESHING THIS OUT AND BRINGING IT UP FOR US.

Ms. Shirley: THANK YOU. I THINK PART OF IT IS GIVEN THE UNDERSTANDING OF PUBLIC HEALTH, THERE ISN'T GOING TO BE MORE MONEY AND STUFF, DOWN THE ROAD, LIKE HOW DO WE THINK ABOUT OUR COMMUNITY HEALTH. SO A LOT OF THE WORK THAT WE'VE EMBARKED ON, AND YOU'VE, COMMISSIONER SHIPRACK YOU'VE BEEN A BIG PART OF PARTICULAR IT WILL FOOD POLICY STUFF, WHAT -- IT'S NOT PROGRAMMING, BUT IT'S HEALTH -- WE CALL IT HEALTH IN ALL POLICIES. SO WHEN THE TRANSPORTATION -- THE METRO PEOPLE, AND THE TRI-MET PEOPLE, OUR CONTRIBUTION IS WHAT ARE SOME OF THE THINGS YOU CAN DO THAT PROMOTES EQUITY AND HEALTH. YOU NEED TO DO IT, BUT CAN YOU THINK ABOUT THIS WHEN YOU'RE DESIGNING

BUS ROUTES? OR TRAFFIC SIGNALS? AND IT'S THAT THINKING ABOUT INSTEAD OF STARTING AN INJURY PREVENTION PROGRAM, WHERE ARE PEOPLE IN OUR COMMUNITY GETTING INJURED WITH UNINTENTIONAL INJURY, FOR EXAMPLE? NONFIREARM UNASSOCIATED UNINTENTIONAL INJURY. WE'RE NOT IN CHARGE OF THAT, BUT WHO IS IN CHARGE OF THAT AND HOW CAN WE JUST GET IT ON SOMEBODY'S AGENDA, WITHOUT USING MORE RESOURCES? SO I THINK THAT'S -- THAT WAS WHAT I WAS ALLUDING TO WHEN I WAS ANSWERING YOUR QUESTION, COMMISSIONER KAFOURY. WE DON'T EVEN KNOW YET WHAT WE SHOULD BE DOING IN TWO OR THREE YEARS FROM NOW, BUT WE NEED TO STAY IN DIALOGUE, PARTICULARLY WITH OUR COMMUNITY MEMBERS, AND OUR COMMUNITY LEADERS ABOUT WHAT THEY WANT AND WHAT THEY NEED. WHICH IS ONE OF THE THINGS I MENTIONED. WE ARE VERY MUCH BETTER COMMUNICATION AND PROGRAM PLANNING ETC. WITH DCHS OVER THE LAST FIVE YEARS IN THE COUNTY. SO WHEN WE DID THAT HEALTH IMPACT ASSESSMENT LEADING TO HELP NEEDS ASSESSMENT, NOT JUST LOOKING AT THE MORBIDITY AND MORTALITY DATA AND WHAT DOT HOSPITALS NEED TO DO, BUT ALSO THE LISTENING SESSIONS, THEY WANT STUFF LIKE, THEY WANT BETTER MENTAL HEALTH SERVICES. WE DON'T DO THAT, BUT WE CAN FIND THERE'S REALLY THAT IS WHAT THE COMMUNITY IS ASKING FOR. SO WHAT'S OUR ROLE IN MAKING SURE THAT THAT INFORMATION GETS OUT TO THE PLANNERS FOR THAT KIND OF WORK?

Vice-Chair Shiprack: ABSOLUTELY. AND I ALSO SEE THAT WHEN I WAS LOOKING FOR WHAT ARE THE HEALTH OUTCOMES OF BEING CONVICTED OF A FELONY AS IT TURNED OUT THE HEALTH DEPARTMENT HAD DONE A REVIEW OF THAT A COUPLE YEARS AGO ALREADY. SO -- AND AGAIN, THAT IS SORT OF THE BROAD PICTURE OF CONVENING PUBLIC SAFETY AND PUBLIC HEALTH AT THE SAME TABLE AS WELL. BUT I THINK AS WE -- AS WE GET BETTER AT SEEING WHAT ALL OF THE INTERRELATEDNESS IS, WE ALSO HAVE TO BE MINDFUL OF THE BALANCE BETWEEN THE INTERRELATEDNESS AND THE SEPARATIONS. AND JUST KEEP THAT IN BALANCE.

Ms. Shirley: I'M AFRAID TO SAY ANYTHING. WE DO HAVE ONE MORE SLIDE. WHICH IS JUST IN ANSWERING THE OTHER THINGS THAT WE WERE ASKED TO CALL OUT, WHAT WAS OUR UNDERSTANDING OF ISSUES, RISKS, AND CHALLENGES THAT WE WANTED TO SHARE WITH THE BOARD AND GET SOME FEEDBACK FOR HOW THEY THINK WE SHOULD APPROACH THEM. AND WE HAVE SOME SHORT-TERM CONCERNS, WE'VE TALKED ABOUT THESE PRETTY MUCH AROUND ALL OF THE BUDGET ISSUES. THE LONG-TERM CONCERNS AND POLICY ISSUES ARE TO YOUR POINT EXACTLY COMMISSIONER KAFOURY, ABOUT THOSE BALANCING THOSE PRIORITIES. THE JOURNEY THINK THAT EARLY CHILDHOOD HAS BEEN ON HAS BEEN BALANCING THOSE PRIORITIES. IT'S WHAT DO WE ALWAYS DO, WHAT ARE WE LEARNING WORKS AND DOESN'T WORK, WHAT ARE PEOPLE WILLING TO PAY FOR, AND WHAT IS OUR

COMMUNITY ASKING US TO DO FOR THEM? SO IT IS THAT JOURNEY TO MOVE FORWARD INTO THE FUTURE.

Chair Cogen: GREAT.

Ms. Shirley: SO WE MAY BE BACK, I TAKE IT, BUT I WANT TO THANK YOU FOR YOUR TIME AND YOUR ATTENTION. THIS IS A REALLY IMPORTANT TIME IN OUR DEPARTMENT DURING THIS TIME OF YEAR WHEN WE GET YOUR FEEDBACK AND GET IDEAS, AND --

Chair Cogen: WE APPRECIATE YOU STICKING TO IT ALL THE WAY THROUGH THE LUNCH HOUR TO MAKE SURE WE GOT THE QUESTIONS FROM TODAY ANSWERED. ANY OTHER QUESTIONS OR COMMENTS? OK. NO FURTHER BUSINESS, WE'RE NOW ADJOURNED. [GAVEL]

ADJOURNMENT

The meeting was adjourned at 12:52 p.m.

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

Submitted by:
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Marina Baker, Assistant Board Clerk
Board of County Commissioners
Multnomah County, Oregon