



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 4/12/12
Agenda Item #: R.2
Est. Start Time: 10:15 am
Date Submitted: 3/15/12

Agenda Title: **Healthcare Transformation Briefings & Impact to Mental Health Crisis System**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested

Meeting Date: 4/12/12

Time

Needed: 45 minutes

Department: County Health Department

Division: _____

Contact(s): Rachel Philofsky per Karyne Kieta

Phone: 503-988-6803

Ext. _____

I/O Address: _____

**Presenter
Name(s) &
Title(s):**

Joanne Fuller, COO and Director of the Department of County Management;
Lillian Shirley, Director of the County Health Department and Vice-Chair of the
Health Care Policy Board; **Claudia Black**, Co-Director of Government
Relations.

General Information

1. What action are you requesting from the Board?

None.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The presentation will review the process that the State of Oregon is conducting to transform the delivery of health care services and update the Board on recent developments.

3. Explain the fiscal impact (current year and ongoing).

Transformation of the healthcare system will impact the allocation of funds by the State of Oregon and expenditures by Multnomah County in future fiscal years.

4. Explain any legal and/or policy issues involved.

This involves many policy issues regarding the delivery of healthcare services, and the County's legal responsibilities for the delivery of services.

5. Explain any citizen and/or other government participation that has or will take place.

Many citizens and government officials, including from Multnomah County, are participating in the meetings that are part of the healthcare transformation process.

Required Signature

**Elected Official
or Department/
Agency Director:**

Date: 3/13/12