

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Thursday, May 16, 2013**

FY 2014 Budget Work Session #4

Chair Jeff Cogen called the meeting to order at 9:07 a.m. with Vice-Chair Judy Shiprack and Commissioner Deborah Kafoury present. Commissioners Loretta Smith and Diane McKeel were excused.

Also in attendance were Jenny M. Madkour, County Attorney and Lynda J. Grow, Board Clerk.

BWS #4 FY 2014 Budget Work Sessions – Follow-up (if needed). Presenters: Wendy Lear, Finance Manager; Sonia Manhas, Policy Planning Director; Kim Toevs, HIV/STD/HEP C Manager; Jessica Guernsey, Maternal Child Health Director; Nancy Griffith, Corrections Health Director; Lillian Shirley, County Health Department Director.

Chair Cogen: WELCOME TO OUR BUDGET HEARING. TODAY WE ARE GOING TO HAVE SOME FOLLOW-UP QUESTIONING WITH THE HEALTH DEPARTMENT TO FOLLOW UP ON THE HEARING WE HAD YESTERDAY. SO, I WILL TURN IT OVER TO WENDY, IS THAT RIGHT?

Ms. Lear: SURE. WENDY LEAR, MULTNOMAH COUNTY HEALTH DEPARTMENT. LILLIAN HAD A PROCEDURE OVER AT KAISER, AND SHE IS ON HER WAY, BUT WE'RE GOING TO GET STARTED. I WILL TURN IT OVER TO SONIA.

Ms. Manhas: GOOD MORNING. I AM SONIA MANHAS, THE POLICY PLANNING DIRECTOR AND STEPPING IN ON LILLIAN'S BEHALF THIS MORNING. WE WANT TO THANK YOU FOR THE OPPORTUNITY TO COME BACK AND TALK A BIT MORE ABOUT THE HEALTH DEPARTMENT'S BUDGET. WE APPRECIATE THAT THE BUDGET IS INCREDIBLY COMPLEX, AND THAT MORE TIME IS NEEDED FOR THOROUGH DISCUSSIONS, AND WE HEARD YOU RAISE A NUMBER OF KEY ISSUES AND CONCERNS, AND WE WANT TO MAKE SURE THAT YOU KNOW THAT WE HEARD YOU, AND WE WANT TO SYSTEMICALLY WORK THROUGH THE QUESTIONS AND CONCERNS THAT YOU RAISED. REALLY, IN AN EFFORT TO SLOW DOWN A BIT, AND HAVE A CHANCE FOR A DISCUSSION WITH YOU. SO, FOR THIS MORNING WE ARE GOING TO FOCUS ON THE FOUR AREAS THAT ARE ON THE SLIDE HERE. NEEDLE EXCHANGE, HEALTHY START PROGRAM AND THE EARLY LEARNING COUNCIL, COST AND CORRECTIONS HEALTH, AND CLINIC CAPACITY AND MEDICAID EXPANSION.

Chair Cogen: OK.

Ms. Manhas: BUT, WE WANTED TO, AGAIN, ASSURE YOU THAT WE HEARD THE CONCERNS RAISED IN THE OTHER AREAS OF THE BUDGET, AND WE HAVE TRIED TO LIST THEM AND IDENTIFY THEM HERE ON THE SLIDE, IF THERE ARE MORE, MORE QUESTIONS THAT ARISE, WE'LL ADD THEM IN, BUT WE DID NOT WANT TO RUSH THROUGH ALL OF THEM TODAY IN THE HOUR THAT WE HAVE, BUT INSTEAD, WENDY

AND I ARE WORKING TO BUILD IN TIME WITH YOU INDIVIDUALLY THROUGH EMAIL COMMUNICATIONS AND MEETINGS TO WORK THROUGH THE ISSUES AND THE QUESTIONS, AND ALSO, SCHEDULE ADDITIONAL BOARD BRIEFINGS IF THAT'S NECESSARY, AS WELL. WE STARTED TO SCHEDULE THOSE, AND WE'LL -- IN THE COMING WEEKS THEY WILL BE UNDERWAY.

THERE IS ONE ISSUE ON THE LIST, THE LAST ONE I WANTED TO CALL TO YOUR ATTENTION BECAUSE THIS CAME UP A FAIR BIT ON TUESDAY, WHICH IS THE DECISION-MAKING, AND HOW PRIORITIZATION HAPPENS AND HOW THE PRIORITIZATION OF HEALTH ISSUES AND INTERVENTION LEADS TO HOW WE BRING FORWARD THE BUDGET RECOMMENDATIONS TO YOU FROM THE HEALTH DEPARTMENT. SO, I WANTED TO REALLY REINFORCE THAT WE HEARD THAT CONCERN AND THAT IN MY NEW ROLE AS POLICY AND PLANNING DIRECTOR, IN PARTICULAR, I WANTED TO ASSURE YOU THAT WE TAKE THAT CONCERN SERIOUSLY, AND WE WANT TO DO MORE TO COMMUNICATE WITH YOU DURING THIS BUDGET SEASON, BUT ALSO, IN AN ONGOING BASIS THROUGHOUT THE YEAR SO THAT YOU FEEL MORE INFORMED AND HAVE A GOOD UNDERSTANDING OF THE DEPARTMENT'S INTERNAL AND EXTERNAL PLANNING. REALLY BRIEFLY, I DID WANT TO, TO ASSURE YOU THAT WE DO APPLY A SYSTEMIC PROCESS TO THE PLANNING. IT INVOLVES A NUMBER OF COMPONENTS, ONE WHICH INCLUDES CAREFUL TRACKING AND ANALYSIS OF THE HEALTH DATA, TO IDENTIFY THE ISSUES OF GREATEST CONCERN, AND WE TRACK CAREFULLY WHAT CONDITIONS, FACTORS AND DISEASES ARE THE MOST PRESSING AND MOST SIGNIFICANTLY CONTRIBUTING TO PREMATURE DEATH AND DISABILITY IN THE COUNTY, WHICH POPULATIONS ARE CARRYING THE BIGGEST BURDENS OF THE HEALTH ISSUES.

WE SPEND A LOT OF EFFORT AND TIME HEARING FROM COMMUNITY MEMBERS ABOUT THEIR NEEDS, THEIR PRIORITIES, WHAT THEY SEE AS GAPS OR OPPORTUNITIES, AND WE ALSO SPEND A LOT OF TIME TRACKING THE RESEARCH SO THAT WE KNOW WHAT INTERVENTIONS WORK, WHICH SHOW THE GREATEST POTENTIAL TO WORK, AND WE DRAW ON THIS EVIDENCE BASE TO HELP US SEPARATE FROM WHAT IS WORKING AND FROM WHAT NEEDS TO BE CHANGE SAID OR REFINED OR STOPPED. WE OVERLAY ALL OF THIS, THE HEALTH INDICATORS, COMMUNITY INPUT, EVIDENCE ABOUT WHAT PRACTICES WORK WITH YOUR PRIORITIES AS A BOARD WITH THE COUNTY'S BUDGET CONSTRAINTS IN ORDER TO BRING FORWARD SOUND BUDGET RECOMMENDATIONS TO YOU. AND WE, WE WANT TO CARRY OUT THE PROCESSES AS EFFECTIVELY AS WE CAN, BUT WE ALSO REALIZE THAT OUR RESPONSIBILITY TO MAKE SURE YOU ARE UNDERSTANDING HOW THE PROCESSES ARE UNFOLDING AND HAVE TREMENDOUS RESPECT FOR THE ROLE AND THE RESPONSIBILITIES YOU HAVE TO THE PUBLIC, YOUR ACCOUNTABILITIES TO PROTECT THE HEALTH, BUT ALSO TO BE GOOD STEWARDS OF PUBLIC RESOURCES. WE WANT TO TAKE THE STEPS THAT WE CAN TO STAFF YOU IN THAT SO YOU HAVE THE INFORMATION YOU NEED TO BRING FORWARD BUDGET DECISIONS ON BEHALF OF THE COMMUNITY. SO, YOU WILL BE HEARING FROM US IN THE COMING WEEKS, AND TO RUN THROUGH THESE, AND AGAIN, WE'LL TRACK ADDITIONAL QUESTIONS. WE'LL DIVE INTO THE FOUR THAT WE IDENTIFIED FOR TODAY BEGINNING WITH KIM.

Ms. Toevs: ALL RIGHT. I AM KIM TOEVS, THE STD/HIV/HEP C MANAGER FOR THE MULTNOMAH COUNTY HEALTH DEPARTMENT, AND GOOD MORNING CHAIR AND COMMISSIONERS. THANKS FOR YOUR TIME. I PUT ON THIS SLIDE JUST TO REVIEW THE BROADER SET OF PUBLIC HEALTH GOALS THAT NEED A LITTLE EXCHANGE THAT WE DO IN THE AREA. WE TRY TO FOCUS ON, AS YOU ALL NEED, NEEDLE EXCHANGE STARTED OUT AS AN HIV PREVENTION, INTERVENTION. I THINK IF YOU LOOK AT THESE GOALS, YOU WILL UNDERSTAND WHERE SOME OF THE DIRECTIONS WE'RE TRYING TO MOVE WITH NEEDLE EXCHANGE, NOT ONLY ABOUT THE HIV AND HEPATITIS TRANSMISSION PREVENTION ENGAGEMENT, TESTING AND CARE, BUT ALSO, I THINK IT'S IMPORTANT TO NOTE THE, THE ISSUES AROUND ABSCESS AND SOFT TISSUE INFECTION. THERE IS A HIGH RATE OF EMERGENCY DEPARTMENT UTILIZATION FOR THESE PROBLEMS THAT PEOPLE HAVE OVER AND OVER AGAIN. MOST OF THEM COULD BE TREATED IN AN OUTPATIENT BASIS, BUT THERE IS A LOT OF DISTRUST OF MEDICAL CARE AND ACCESSING MEDICAL CARE. SO, WE WORK WITH THAT, AS WELL AS OVERDOSE PREVENTION EDUCATION. YOU ARE FAMILIAR WITH SOME OF THE INCREASING RATES OF OPIATE OVERDOSE IN GENERAL, BOTH PRESCRIPTION AND HEROIN OPIATE OVERDOSE THAT WE HAVE HAD LOCALLY. THEN, OBVIOUSLY, ONE OF OUR IMPORTANT GOALS THAT'S MORE LONG-TERM IS TO ENGAGE PEOPLE IN ADDICTION TREATMENT SERVICES, AND ESPECIALLY ON 82nd AVENUE WHERE THERE ARE A LOT OF WOMEN WHO ARE TRADING SEX. WE DO A LOT OF SUPPORT FOR THEM AROUND SAFE SEX SUPPLIES.

THERE IS A QUESTION, COMMISSIONER McKEEL, I THINK, ASKED AROUND THE DATA OF THE EFFECTIVENESS. I WANTED TO SHARE DATA FROM A SURVEY WE HAVE DONE IN THE LAST TWO YEARS WITH OUR NEEDLE EXCHANGE PARTICIPANTS. WE SURVEYED 500 AT OUTSIDE AND IN MULTNOMAH COUNTY SITES. 67% OF THEM HAD NOT SHARED SYRINGES IN THE LAST THREE MONTHS. 58% OF THEM HAD REPORTED AN HIV TEST IN THE LAST YEAR. AND 51% OF THEM HAD REPORTED THAT THEY HAD HAD A HEPATITIS C TEST IN THE LAST YEAR. WE ALSO HAVE VERY LOW RATES OF HIV TRANSMISSION AT THIS TIME AMONG INJECTION DRUG USERS, SO THOSE ARE THE WAYS WE FEEL OUR PROGRAM IS BEING SUCCESSFUL. THE MAP HERE JUST SHOWS YOU THE MULTNOMAH COUNTY AND THE OUTSIDE INSIGHTS FOR 2013. IT DOES NOT SHOW THE SITE THAT WE HAVE PREVIOUSLY HAD AT SOUTHEAST 6th AND ANKENY RIGHT BY THE BURNSIDE BRIDGE THERE BECAUSE WE ARE PLANNING ON PHASING THAT SITE OUT. I JUST WANT TO LET YOU KNOW THAT WE HAVE TO FOLLOW THE DRUGS AND THE -- IN THE COUNTY. A FEW YEARS AGO YOU WOULD HAVE SEEN THAT WE HAD THREE OLD TOWN SITES AND NO SITE FOR THE EAST COUNTY. AS THE DEMOGRAPHICS AND THE DRUG USING SHIFTED, WE NOT ONLY ARE RESPONDING TO SOME OF THE REDUCES IN THE REDUCTIONS IN THE BUDGET, BUT AS WELL TO WHERE THE NEED IS. I SHOULD ALSO JUST MENTION, I THINK YOU ARE AWARE OF THIS, SINCE 2008 THE DEMAND FOR OUR SERVICE HAS INCREASED BY WELL OVER 50%. WE HAVE SEEN AN INCREASE IN HEROIN USE. WE ALL KNOW THAT THERE IS AN INCREASE IN ILLICIT PRESCRIPTION OPIATE USE AND HAVE SEEN AN INCREASE IN YOUNGER PEOPLE USING HEROIN. THE NEXT SLIDE I WANT TO MENTION CHANGES IN THE ENVIRONMENT. YOU ARE ALL AWARE THAT WE HAVE A BILL THAT'S PASSED OUT OF THE SENATE AND IS IN THE HOUSE RIGHT NOW TO MAKE NALOXONE DISTRIBUTION THROUGH A COMMUNITY DISTRIBUTION MODEL LEGAL. THAT WOULD BE A REALLY IMPORTANT INTERVENTION FOR US TO BE ABLE TO IMPLEMENT WITH MEDICAID EXPANSION. A

LOT OF OUR FOLKS ARE LIVING WITH HEPATITIS C, A LOT OF THEM ARE LOW INCOME ADULT MALES WHO HAVE NOT BEEN ABLE TO GET ON MEDICAID INSURANCE, AND WE ARE A TRUSTED POINT OF CONTACT WITH THIS HARD TO REACH POPULATION. OUR COMMUNITY HEALTH WORKERS CAN LINK PEOPLE TO CARE. AND YOU ARE ALSO AWARE OF THE REDUCTION IN HIV PREVENTION FUNDING. SO, SOME OF OUR GOALS ARE TO MAINTAIN THE INFRASTRUCTURE OF NEEDLE EXCHANGE TO REACH THE FOLKS EVEN IF WE HAVE TO REDUCE SOME OF OUR SERVICE HOURS, AND TO REALLY TAKE ADVANTAGE OF THE CHANGES TO EXPAND THE HARM REDUCTION WORK WE'RE DOING INTO HEP-C CARE, ACCESS TO HEALTH CARE AND OVERDOSE PREVENTION. I THINK IN YOUR PACKET YOU WILL SEE THAT THERE IS ALSO A, A SET OF BAR GRAPHS IF YOU WOULD LIKE MORE INFORMATION ABOUT THE DATA THAT WE USE TO MAKE THE DECISIONS ABOUT WHERE WE WERE REDUCING OUR SERVICE HOURS OR, OR CHANGING THEM, AND I WOULD BE HAPPY TO ANSWER ANY FOLLOW-UP QUESTIONS.

Chair Cogen: THANKS, QUESTIONS? COMMISSIONER?

Commissioner Kafoury: THIS IS VERY HELPFUL AND INTERESTING. CAN YOU NOW TIE THIS TO WHAT'S HAPPENED IN THE BUDGET FOR THE HEALTH DEPARTMENT FOR THIS UPCOMING YEAR?

Ms. Toevs: WITHIN MY PROGRAM, I CAN SAY THAT WE HAVE HAD THIS ONGOING, AND WE EXPECT TO HAVE ANOTHER THREE YEARS OF HIV PREVENTION CUTS. THERE'S ALSO BEEN A SIGNIFICANT SHIFT --

Chair Cogen: CUTS FROM THE FEDERAL GOVERNMENT?

Ms. Toevs: FROM THE FEDERAL GOVERNMENT. THE FEDERAL GOVERNMENT REALLOCATED THEIR HIV PREVENTION DOLLARS TO STATES WITH HIGHER INCIDENTS, AND THAT IS NOT OREGON. SO, WE'RE EXPERIENCING THOSE AS WELL AS A NUMBER OF OTHER STATES ARE THAT DON'T HAVE THOSE LARGER URBAN AREAS. WE HAVE ALSO RECEIVED A SIGNIFICANT CHANGE IN THE GUIDANCE NATIONALLY ABOUT WHAT THE BEST PRACTICES ARE RIGHT NOW FOR HIV PREVENTION WORK. AND THAT IS REALLY FOCUSING ON, ON TESTING PEOPLE AND GETTING THEM LINKED TO TREATMENT BECAUSE WE KNOW HOW IMPORTANT TREATMENT ACTUALLY IS TO REDUCE TRANSMISSION. WE USED TO DO A LOT OF COMMUNITY EDUCATION, SKILLS BUILDING AROUND COMMUNICATING WITH, ABOUT CONDOM USE AND ETC., AND OUR PRIMARY GOAL IS TESTS, AND THEN TO LINK PEOPLE TO TREATMENT. WE ALSO STILL DO SIGNIFICANT AMOUNT OF CONDOM DISTRIBUTION, AND SOME COMMUNITY EDUCATION. OUR FOCUS HAS SHIFTED. SO, NEEDLE EXCHANGE, I THINK, THAT AS WE SEE THAT OUR HIV MANDATE IS SHIFTING AND OUR HIV FUNDS SUPPORT A LOT OF THE WORK THAT WE DO FOR STD'S AND HEP-C BECAUSE IT'S A MORE FUNDED DISEASE THAN OTHERS ARE, I THINK WE'RE REALLY INTERESTED IN LOOKING AT WHO ELSE COULD HELP SUPPORT NEEDLE EXCHANGE IN THE UPCOMING COUPLE OF YEARS. IF WE CAN DO A LOT OF WORK TO KEEP PEOPLE OUT OF E.D.s, I HAVE SOME INTEREST IN TALKING TO CCO'S HEALTH CARE DELIVERY SYSTEMS, THE HOSPITALS THAT RUN THE EMERGENCY DEPARTMENTS AND WORKING WITH NEW PARTNERSHIPS AROUND THAT FUNDING. HAVE ANY OF THOSE CONVERSATIONS HAPPENED YET? WE'RE JUST BEGINNING TO

HAVE THOSE CONVERSATIONS. WE'VE BEEN WORKING WITH SOME AROUND GETTING HIV TESTING IN THE EMERGENCY DEPARTMENT AND IS BUILT NEW PARTNERSHIPS THAT WAY THAT WE CAN BUILD ON SO WHAT I TRIED TO DO WAS REDUCE SOME OF OUR COMMUNITY HEALTH WORKER TIME, BUT, NOT, NOT COMPLETELY DISARTICULATE ANY PIECE OF ANY OF THE EFFORTS THAT WE'RE DOING. WE SHIFTED SOME OF THE INTERVENTIONS, BUT WE'RE TRYING TO RETAIN THAT INFRASTRUCTURE. IF WE LOSE THE CAPACITY TO ENGAGE WITH PEOPLE WHO INJECT DRUGS, IT TAKES A LONG TIME TO BUILD BACK UP THAT TRUST RELATIONSHIP, SO I'M TRYING TO HOLD IT PROTECTED, AND IN THAT, I SHOULD SAY THAT I HAVE MOST FOCUS ON HOLDING THE SUBCONTRACTS WITH THE COMMUNITY PARTNERS HARMLESS, WHICH WOULD BE CASCADE AIDS PROJECT AND OUTSIDE IN BECAUSE THEY HAVE REALLY COST EFFECTIVE COMMUNITY-BASED MODELS FOR DOING THE WORK.

Vice-Chair Shiprack: I'M JUST CURIOUS, THE COST ISN'T THE MATERIAL. I MEAN, THE COST ISN'T THE SYRINGE, ITSELF. THE COST IS THE -- I MEAN, PRIMARILY, IS THE COMMUNITY WORKER.

Ms. Toevs: THE PERSONNEL IS A LARGE COST, BUT THE -- WE GIVE OUT ALMOST 2 MILLION SYRINGES A YEAR, AND WE DISTRIBUTE A LOT OF SHARPS CONTAINERS. LIKE I SAID, SINCE 2008, IT HAS INCREASED BY 50%. SO DEALING WITH THE BIOHAZARD COST AND THE MATERIALS IS A LITTLE EXPENSIVE FOR THIS PROGRAM. A LOT OF OUR OTHER PROGRAMS THE COST IS ALMOST EXCLUSIVELY THE PERSONNEL. THIS IS STILL THE MAJORITY OF COST FOR PERSONNEL, BUT OUR MATERIALS COSTS ARE SIGNIFICANT.

Commissioner Kafoury: THIS HAS REALLY BEEN HELPFUL. WE HAVE GONE FROM HERE TO HERE, AND NOW I NEED TO GO TO HERE.

Ms. Lear: OK. SO, YESTERDAY WE TALKED ABOUT IF YOU HAD YOUR DRUTHERS, SO, I THINK IF YOU CAN TALK ABOUT THAT PIECE, BUT I ALSO WANTED TO LOOK BACK ON CHAIR COGEN, YOUR QUESTION ABOUT, WE STARTED NEGOTIATIONS WITH FAMILY CARE, AND HEALTH SHARE OF OREGON AROUND PUBLIC HEALTH CONTRACTING, AND SOME OF WHAT WE'RE ASKING THEM TO FUND ARE PUBLIC HEALTH, CORE PUBLIC HEALTH ACTIVITIES LIKE THIS. BUT, WE HAVEN'T PUT DOLLAR AMOUNTS TO THAT CONTRACT YET, SO WE'RE NOT -- WE'RE ENSURE AT THIS TIME HOW MUCH FUNDING WILL BE FORTHCOMING FOR WHAT SERVICES AND WHEN. BUT --

Chair Cogen: I'M WONDERING IN TERMS OF THE CONVERSATION, DID THEY SAY SURE? OR NO WAY?

Ms. Lear: NO. THEY ARE ABSOLUTELY LIKE YES, WE WANT TO CONTRACT WITH YOU. THEY ARE LIKELY TO DO SOMETHING VERY OPEN-ENDED LIKE A BLOCK GRANT FOR SOME, SOME, FOR A BROAD RANGE OF BASIC PUBLIC HEALTH SERVICES. BUT, THEY HAVEN'T. WE HAVE SHARED WITH THEM, FOR EXAMPLE, LANE COUNTY'S CONTRACT WITH THEIR CCO, AND IT'S CLOSE TO A MILLION DOLLARS FOR MENTAL HEALTH PREVENTION, OUTREACH, AND PUBLIC HEALTH. WE HAVE FLOATED THAT AS A MODEL. WE MIGHT LIKE TO AIM FOR IN PERMANENT DOLLAR AMOUNT PER MEMBER

PER MONTH. BUT, THEY HAVEN'T REVEALED YET WHAT, WHAT THEY ARE INTERESTED IN, HOW MUCH THEY ARE INTERESTED IN PAYING FOR IT, BUT THEY ARE BOTH -- BOTH CCOs ARE INTERESTED IN PARTICIPATING.

Commissioner Kafoury: WHAT, IN THIS BUDGET, IS BEING CUT FROM THE NEEDLE EXCHANGE PROGRAM AND HOW IS THAT GOING TO -- HOW DOES THAT RELATE WITH WHAT THE CITY HAS DONE AND WHAT DOES THAT MEAN ON THE GROUND, NUMBER OF SYRINGES? HOURS? STAFF? THAT, THAT'S, THAT'S -- THAT'S WHAT I'M LOOKING FOR.

Ms. Toevs: I SUBMITTED A BUDGET BEFORE I WAS AWARE THAT THE CITY'S BUDGET DIDN'T INCLUDE THEIR PIECE TO OUTSIDE IN, OR I WOULD HAVE PROBABLY SUBMITTED A DIFFERENT BUDGET. LIKE I SAID, IT'S IMPORTANT TO ME TO CONTINUE FUNDING OUTSIDE IN. THE BUDGET I SUBMITTED REDUCES FOUR OF OUR COMMUNITY HEALTH WORKER'S TIME TO .8 EACH. IT ELIMINATES ANOTHER COMMUNITY HEALTH WORKER POSITION THAT SPENT SOME OF THEIR TIME WORKING ON THE NEEDLE EXCHANGE. AND WE HAVE ALSO REDUCED SOME OF OUR HEALTH EDUCATION TIME. A LOT OF OUR PROGRAM STAFF ARE CROSS TRAINED, SO I REDUCED SOME OF THE CLINICIAN TIME IN THE STD CLINIC, AND WE LOOKED AT SHIFTING THE WORK AROUND FOR KEEPING THE DEPARTMENT ACCESS HIGH. I DID INCREASE OUR DISEASE INTERVENTION SPECIALISTS BY ONE STAFF PERSON BECAUSE WE'RE TRYING TO RESPOND TO AN INCREASE IN SYPHILIS AND GONORRHEA. THEY ARE COULD SAY TRAINED TO DO HEPATITIS C AND HIV TESTING WITH THIS POPULATION, ETC. IN TERMS OF THE SERVICES AND HOW THAT WILL CHANGE BECAUSE WE, YOU KNOW, WE CAN'T KEEP DOING MORE WITH LESS, AND WE HAVE BEEN DOING THAT FOR YEARS IN THE PROGRAM. WE WILL PROBABLY BE COLLAPSING TWO DIFFERENT NORTHEAST SERVICE SITES FOR NEEDLE EXCHANGE INTO ONE LONGER SITE A WEEK INSTEAD OF TWO. WE WILL BE PROBABLY CLOSING THE SITE AT 6th AND ANKENY, AND WE WILL BE EXPANDING OUR 82nd AVENUE SITE BY A BIT OF TIME. THAT'S THE SITE THAT HAS JUST A REALLY HIGH VOLUME OF PEOPLE COMING THERE, EXCHANGING FOR MULTIPLE PEOPLE, THEY ARE BRINGING SYRINGES FOR A LOT OF PEOPLE. WE'LL EXCHANGE THOUSANDS OF SYRINGES EACH NIGHT. ALSO, WE'RE REDUCING SOME OF OUR HEALTH EDUCATION WORK, WHICH IS DISAPPOINTING TO US, BUT I THINK IS IMPORTANT TO STAY IN GUIDANCE WITH THE, THE RECOMMENDATIONS WE HAVE TO KEEP TESTING PEOPLE IN THE COMMUNITY AND COMMUNITY ACCEPTABLE SITES AND LINKING THEM TO CARE. SO FOR EXAMPLE, WE DO HEALTH EDUCATION AND RESTORATION CLASSES AND CORRECTIONS AT HOOPER DETOX. WE WILL PROBABLY ELIMINATE THOSE, BUT MAINTAIN THE TESTING THAT WE DO AT THOSE SITES. WHEN WE DO TESTING, WE CAN DO INDIVIDUAL COUNSELING AND REFERRAL, BUT WE WON'T DO THE GROUP EDUCATION.

Commissioner Kafoury: THANK YOU.

Commissioner Shiprack: I REALLY -- I JUST WANTED TO SAY THAT I REALLY APPRECIATE THAT OPPORTUNITY TO ASK QUESTIONS AT THIS LEVEL BECAUSE THIS IS, AND SONIA, YOU HIT THE NAIL ON THE HEAD, BECAUSE THIS IS THE INTERSECTION OF BOARD POLICY IN PRIORITIES, AND I THINK WHAT WE ARE -- SOUNDS PRESUMPTUOUS, I THINK -- LET ME SAY FOR CERTAIN WHAT I'M

INTERESTED IN, IS THE, THE -- GIVEN THE VOLUME OF SYRINGES THAT ARE EXCHANGED, AND I HAD NO IDEA WHAT THE VOLUME IS, A REDUCTION IN THIS PROGRAM SEEMS LIKE IT COULD HAVE A REALLY DISPROPORTIONATE IMPACT ON HEALTH STATUS IN A PARTICULAR POPULATION IN OUR COMMUNITY. BECAUSE WITH A MILLION SYRINGES BEING EXCHANGED EVERY YEAR, YOU KNOW, IF YOU -- WELL, THAT'S, THAT'S, THAT SOUNDS TO ME LIKE A HIGH IMPACT PROGRAM, WHICH IS A GOOD THING, AND SO THE POLICY RESULT, OR THE OVERALL RESULT OF THE REDUCTION IS SOMETHING THAT I THINK RISES TO THE LEVEL OF AN IMPORTANT DISCUSSION HERE.

Ms. Toevs: SO, I VERY MUCH APPRECIATE THAT. I AM GETTING MY CHANCE TO REALLY BRAG ABOUT MY PROGRAM AND THE NEED FOR THIS SUBPOPULATION. I KNOW THAT MY COHORT BACK IN THE HEALTH DEPARTMENT -- THERE ARE OTHER HIGH IMPACT PROGRAMS, AS WELL, SO I APPRECIATE I'M GETTING THE CHANCE TO GIVE YOU MY PITCH FOR MY PIECE BEING IMPORTANT. BUT, I SEE THAT, THAT THE -- THE SIGNIFICANCE OF HAVING HIV OR HEPATITIS C, ETC., HAVING A CONGENITAL SYPHILIS CASE CAN BE VERY, VERY SEVERE, AND OUR STATUTORY OBLIGATIONS TO DEAL WITH THOSE DISEASES, AND I ALSO KNOW THAT THE TOTAL NUMBER OF PEOPLE THAT MY PROGRAM REACHES WITH THOSE SPECIFIC DISEASES COMPARED TO, FOR EXAMPLE, CARDIOVASCULAR DISEASE RATE, IS MUCH SMALLER, SO I UNDERSTAND THAT'S THE BROADER HEALTH DEPARTMENT LEADERSHIP IN YOUR DISCUSSIONS TOGETHER ABOUT PRIORITIZING WITHIN MY PROGRAM, I HAVE TRIED TO EXPLAIN HOW I HAVE MET MY BUDGET CONSTRAINTS AND PRIORITIZED. I DIDN'T GET TO SAY, BUT IF YOU ARE ASKING ME SPECIFICALLY, WHAT DO I THINK IS MOST IMPORTANT TO ADD BACK IF I HAD THE OPPORTUNITY OF EXTRA FUNDING? THE FIRST THING I WOULD DO WOULD BE TO SUPPORT MAINTAINING OUTSIDE FUNDING, AND THE SECOND THING I WOULD DO WOULD BE TO INCREASE BACK SOME OF MY COMMUNITY HEALTH WORKER TIME. I MAY NOT REOPEN ONE OF THOSE SITES, BUT I WOULD PROBABLY, I WOULD PROBABLY HAVE THEM READY WITH MEDICAID EXPANSION TO GET THEM THE PEOPLE WE SERVE INTO HEPATITIS C CARE. THAT'S GOING TO HELP THEIR LONG-TERM HEALTH CONSIDERABLY AND, AND WILL REDUCE TRANSMISSION. SO, I WOULD BE SUPPORTING THEIR WORK, BUT THE WORK MAY LOOK DIFFERENT. WE DON'T HAVE FUNDING RIGHT NOW. THE FUNDING WE'LL HAVE TO INVENT, BUT THAT'S A HIGH PRIORITY FOR ME, SO WE'LL JUST FIGURE OUT HOW TO DO THAT.

Chair Cogen: THANK YOU VERY MUCH. WHAT'S UP NEXT? DO YOU HAVE ANOTHER ONE? JESSICA?

Ms. Guernsey: THAT'S ME, GOOD MORNING. CHAIR AND COMMISSIONERS. NICE TO SEE YOU AGAIN. JESSICA GUERNSEY, MATERNAL CHILD HEALTH DIRECTOR. I WAS ASKED TO TALK ABOUT HEALTHY START IN THE CONTEXT OF THE EARLY LEARNING COUNSEL AND IF I START DOWN A ROAD YOU ARE NOT WANTING, PLEASE STOP ME. AS YOU ALL ARE AWARE, HEALTHY START WAS CONTRACTED BY THE STATE THROUGH THE LOCAL COMMISSION ON FAMILIES AND CHILDREN THROUGH DCHS. AND THE COMMISSION WAS ABOLISHED JUNE 30, 2012. TO BE PART OF THE EARLY LEARNING COUNCIL'S RESTRUCTURE OF THE EARLY LEARNING SYSTEM. SO, RIGHT NOW, WE'RE IN THAT INTERIM PERIOD BETWEEN HAVING THE COMMISSION AND THE APPLICATIONS FOR THE HUBS COMING OUT NEXT MONTH. YOU ALL HAVE HAD

EXTENSIVE DISCUSSIONS ABOUT THAT PROCESS AND THE COUNTY ENGAGING IN THAT PROCESS. HEALTHY START DOES FALL UNDER THE AUSPICES OF THE EARLY LEARNING COUNCIL, AND WHAT THAT MEANS LOCALLY IS YET TO BE KNOWN, SO WE'RE JUST STARTING THOSE DISCUSSIONS.

JUST THIS WEEK, WE RECEIVED A LETTER FROM THE STATE ASKING THE COUNTY TO ENTER INTO AN IGA THAT WOULD CONTINUE THE FUNDING FOR HEALTHY START AND OTHER PROGRAMS THAT FELL UNDER THE AUSPICES OF THE COMMISSION FOR THE NEXT YEAR WORKING UNDER THE ASSUMPTION THAT WE WOULD CONTINUE WITH THE 15EU78 FUNDING LEVEL THAT WE'RE AT RIGHT NOW. AND ASKING THE COUNTY TO ADMINISTER THAT PROGRAM WHILE THE HUB DEVELOPMENT IS HAPPENING. SO, THAT PIECE IS UNDERWAY. WE EXPECT THE LEVEL, THE STATE FUNDING LEVEL TO, TO REMAIN THE SAME OVER THE NEXT YEAR. THEN WHAT WE'RE DOING RIGHT NOW INTERNALLY IS SETTING UP THE DISCUSSIONS TO REALLY FIGURE OUT WHAT DOES THAT MEAN FOR US. OBVIOUSLY, THE, THE -- STICKING TO THE HEALTHY START MODEL, IT'S A MODEL THAT HAS SPECIFIC COMPONENTS AND TRAINING AND INFRASTRUCTURE THAT WE HAVE BUILT IN THE COMMUNITY. WE WANT TO, TO MAINTAIN THAT, AND COMMISSIONER SHIPRACK, YOU HAD SOME SPECIFIC CONCERNS ABOUT THAT ON TUESDAY. WE HAVE THE SAME CONCERNS. I THINK THERE ARE TREMENDOUS OPPORTUNITIES IN THE HUB DISCUSSION.

THERE ARE SOME SPECIFIC CHANGES TO HEALTHY START, ITSELF, THAT ARE BEING CONSIDERED BY THE LEGISLATURE RIGHT NOW. ONE PIECE IS THE SCREENING PIECE. AS YOU ALL ARE AWARE, WE CURRENTLY SCREEN 60% OF FIRST BIRTHS IN MULTNOMAH COUNTY. THE NEW LEGISLATION WOULD EXPAND THAT IF WE WANTED TO, TO ALL BIRTHS. OBVIOUSLY, IN MULTNOMAH COUNTY, THAT WOULD BE A HUGE TASK, AND WE WOULD REALLY NEED TO LOOK AT THAT CAREFULLY IN TERMS OF WHAT ARE WE TRYING TO ACHIEVE IN OVERALL SCREENING IN THE HUB. THE OTHER PIECE IS THAT IT WOULD ALLOW FOR A BROADER POPULATION TO BE SERVED THROUGH HEALTHY START. SO, TRADITIONALLY, WE HAVE SEEN FIRST-TIME FAMILIES. THIS OPENS IT UP TO, TO ALL CHILDREN ZERO TO THREE MONTHS. SO, AGAIN, IN MULTNOMAH COUNTY, THAT'S A BIG DEAL BECAUSE THE POPULATION IS MUCH LARGER, SO WE WOULD REALLY NEED TO FIGURE OUT WHAT ARE WE TRYING TO DO IN A WHOLE SYSTEM OF HOME VISITING AND EARLY LEARNING SUPPORT. SO, THAT OPENS UP SOME TREMENDOUS OPPORTUNITIES OVER THE NEXT YEAR THAT ARE NOT NECESSARILY REALLY RELATED TO THE BUDGET, BUT AS WE MOVE THROUGH THIS PROCESS, WE ARE POSITIONING OURSELVES TO, YOU KNOW, ADHERE TO THE HEALTHY START MODEL, BUT REALLY, LOOK AT OPPORTUNITIES TO SERVE THOSE THAT NEED IT MOST. IS THAT ANSWERING YOUR QUESTIONS ABOUT THAT PIECE, COMMISSIONER SHIPRACK?

Vice-Chair Shiprack: IT DOES. IT'S NOT SO MUCH -- IT WAS NOT SO MUCH A QUESTION, AND YOUR RESPONSE IS, IS, ACTUALLY, WHAT I'M LOOKING FOR, AND THAT IS A POLICY DISCUSSION BECAUSE AGAIN, IT'S NOT -- THIS INTERSECTION NOW HAS EXPANDED INTO THE LEGISLATURE, AND I WOULD LIKE TO FEEL THAT AS WE MOVE FORWARD, THAT THE BOARD CAN BE A PARTNER IN THE NARRATIVE AND THE

ADVOCACY TO THE LEGISLATURE REGARDING HEALTHY START AND THE, THE EARLY LEARNING TRANSITION. SO, I MEAN, IT'S ALL GOOD. IT'S ALL VERY HELPFUL.

Chair Cogen: COMMISSIONER KAFOURY, DO YOU HAVE ANYTHING ELSE?

Commissioner Kafoury: NO.

Chair Cogen: GREAT. THANK YOU.

Ms. Lear: OK. SO, I WANT TO INTRODUCE NANCY GRIFFITH, OUR NEW CORRECTIONS HEALTH DIRECTOR. AND SHE IS HERE TO ANSWER QUESTIONS THAT MAY ARISE, AND WE WANTED TO GO OVER IN A LITTLE MORE DETAIL THE CORRECTIONS, HEALTH COST PARTICULARLY TODAY. WE KNOW THAT, THAT THERE WAS AN ASK TO COME BACK AND TALK MORE ESPECIALLY AND IN-DEPTH AROUND LEGISLATIVE CHANGES TO CORRECTIONS HEALTH AS WELL AS THE AFFORDABLE CARE ACT IMPACT ON CORRECTIONS HEALTH. AND I THINK THAT, THAT'S GOING TO BE A BROADER DISCUSSION THAT WE ALREADY HAVE SOMEONE, SOMEONE SCHEDULED WITH YOU, COMMISSIONER SHIPRACK, AND WITH COMMISSIONER SMITH AND, AND I THINK THAT THE CORRECTIONS HEALTH DISCUSSION WILL ALSO BE A PART OF, OF HOW DO WE PLAN FOR EXPANSION AND CAPACITY DISCUSSION. SO, TODAY, WE WERE GOING TO TOUCH ON THE COST PIECE, AND WE CAN ANSWER SOME, SOME SHORTER QUESTIONS ON THE OTHER ISSUES.

SO, IN CORRECTIONS HEALTH, THE SLIDE THAT YOU HAVE IN FRONT OF YOU SHOWS THE PERSONNEL CONTRACTS, MATERIAL AND SERVICE, INTERNAL SERVICES COSTS FOR FISCAL YEAR 2013, COMPARED TO 2014 ADOPTED BUDGET. IT SHOWS THE CHANGE IN CONTRACTED SERVICES, WHICH INCLUDES OUTSIDE MEDICAL COSTS. THE AMOUNT THAT WE HAVE INCREASED THERE AND REDUCED PERSONNEL IN ORDER TO DO THAT. THE OTHER SIGNIFICANT CHANGE ON THIS SLIDE IS AROUND INTERNAL SERVICES, AND THOSE INCREASED IN TWO AREAS. ONE WAS FOR ADDITIONAL PCs IN THE CLINICS NOW THAT THEY HAVE ELECTRONIC HEALTH RECORDS, THE JAIL SITES HAVE MORE THAN BEFORE, SO THEY GET A BIT MORE PROPORTIONATE SHARE OF OUR I.T. COSTS AS A RESULT. AND ALSO, WITH THE, WITH THE TRANSPORT AND STORAGE OF ALL OF THE MEDICAL RECORDS THAT WERE HOUSED AT CORRECTIONS HEALTH, OUR DISTRIBUTION AND RECORDS WAREHOUSING COSTS HAVE INCREASED A LITTLE BIT.

SO, THAT'S WHY YOU SEE THE CHANGE IN INTERNAL SERVICE COSTS FOR CORRECTIONS HEALTH. ONE OF THE THINGS TO NOTE ON -- WITH THE ELECTRONIC HEALTH RECORDS IS NOW THAT WE HAVE IT UP AND RUNNING, WE FOUND THAT THERE IS ABOUT A 40% OVERLAP BETWEEN PEOPLE IN THE JAIL RECEIVING CORRECTIONAL HEALTH SERVICES AND THOSE IN THE PRIMARY CARE CLINICS. SO, THAT'S WHY I THINK IT'S AN IMPORTANT PIECE WHEN WE TALK ABOUT TARGETED EXPANSION AND WHERE WE FOCUS EXPANSION. WE MAY REALLY WANT TO LOOK AT THIS, MEETING THE NEEDS OF THIS POPULATION IN THAT DISCUSSION. SO, THIS NEXT SLIDE IS JUST A LITTLE BIT MORE DETAIL ON THE HISTORY OF OUTSIDE MEDICAL COSTS IN THE JAILS, AND IN 2011 THROUGH NEXT YEAR'S BUDGET, WE HAVE SHOWN HOW MUCH WE HAVE BOTH SPENT AND WHAT WE HAVE PROJECTED TO SPEND IN OUTSIDE MEDICAL, AS WELL AS OTHER CONTRACTS, AND THOSE

OTHER CONTRACTS ARE THINGS LIKE CONTRACTING NURSING COSTS, OR DIALYSIS SERVICES THAT, THAT ARE PERFORMED IN THE JAIL, AND THOSE KINDS OF SERVICES THAT DON'T TAKE PLACE -- ARE NOT A PART OF SENDING SOMEONE TO, TO THE HOSPITAL.

Commissioner Kafoury: ON THAT SLIDE, THIS SLIDE HERE, WHY DO WE THINK THAT IF WE SPENT THIS MUCH IN PROJECTED IN 2013, THAT IT'S GOING TO BE LESS IN 2014?

Ms. Lear: THIS YEAR, IT IS VERY DEPENDENT ON THE CONDITION OF CERTAIN INMATES, AND THIS YEAR, WE HAVE AN INMATE THAT IS EXTREMELY EXPENSIVE. WE ALWAYS HAVE A HANDFUL OF THEM, BUT THIS YEAR WE HAVE A COUPLE THAT ARE VERY, VERY EXPENSIVE. SO, WE BELIEVE THAT WE CAN KEEP THE COSTS CLOSER TO THE \$2 MILLION MARK IN 2014. BUT, IT HAS, YOU KNOW, WE HAVE TAKEN SEVERAL STEPS IN THE PAST TO REDUCE THE COST IN THIS AREA OR TO CONTAIN COSTS, INCLUDING CONTRACTING OUT FOR OUTSIDE PHARMACY SERVICES, AND MORE RECENTLY, CONTRACTING WITH CORRECTIONS HEALTH PARTNERS TO TAKE ADVANTAGE OF THEIR LOWER COST CONTRACTS WITH HOSPITALS AND TO DO A LITTLE MORE ASSISTANCE WITH UTILIZATION MANAGEMENT. THOSE -- WHILE THOSE ACTIVITIES HAVE IMPROVED THE QUALITY, AND THEY MAY HAVE KEPT COSTS FROM GROWING EVEN MORE, THEY HAVEN'T HAD AS MUCH OF AN EFFECT IN LOWERING THE OVERALL COST. SO, WE'RE IN THE PROCESS NOW, NANCY AND SOME OF MY STAFF, IN EVALUATING WHETHER, FOR EXAMPLE, THE CORRECTIONS HEALTH PARTNERS IS STILL A GOOD INVESTMENT. WE PAY THEM TO MANAGE THE CONTRACTS AND PAY CLAIMS, AND WE'RE, WE'RE EXAMINING WHETHER THAT'S STILL A GOOD DEAL. BUT, AT THE END OF THE DAY, WE BELIEVE THAT WE NEED TO INCREASE THE BUDGET INSIDE AREA AND THEN ALSO CONTINUE TO LOOK FOR WAYS WE CAN BRING COSTS DOWN.

Vice-Chair Shiprack: AND WE'RE NOT ALONE IN THIS. THIS IS A PROBLEM NATIONALLY, AND IT'S ALSO AN AREA OF, OF -- THERE IS NO DEBATE. THE REASON WE'RE BRINGING THIS TO, TO A FINE POINT AND THE REASON THAT THIS IS A CONCERN TO ME IS NOT A DEBATE ABOUT OUR RESPONSIBILITY TO TAKE CARE OF THE PEOPLE WHO ARE IN OUR CUSTODY. THAT'S VERY CLEAR THAT IT IS A U.S. CONSTITUTIONAL REQUIREMENT. THE CONCERN THAT I HAVE IS THAT THE WAY THIS GETS TOSSED AROUND IN SOME WAYS, AS A MORAL ARGUMENT YOU CAN RESULTS IN ADDITIONAL ADMINISTRATIVE COST, AND REDUCED EFFECTIVENESS OF CARE FOR THE PERSON WHO IS PRESENTING WITH THE MEDICAL PROBLEM. SO, IF WE CAN CONTINUE WORKING WITH YOU AND REFINE THAT RESULT, I THINK THAT IT'S NOT ONLY GOOD FOR OUR CORRECTION'S DEPARTMENT, BUT OTHER PLACES THAT ARE DEALING WITH GRAPPLING WITH SIMILAR ISSUES. SO, THIS IS REALLY HELPFUL.

Ms. Lear: I WANT TO LOOP BACK. AND COMMISSIONER KAFOURY, I THINK -- I WANT TO MAKE SURE THAT I ANSWERED YOUR QUESTION, BUT ALSO SAY BEFORE 2011, THERE WAS A PERIOD BEFORE THAT -- BEFORE 2011, WHERE WE DID SPEND EVEN MORE THAN THIS FOR OUTSIDE MEDICAL. SO, WHILE THIS LOOKS LIKE IT'S ON ITS TRAJECTORY, THERE HAS BEEN A LITTLE BIT OF THIS ROLLER-COASTER OF ACTUAL COST PROJECTION FOR OUTSIDE MEDICAL. SO, I --

Commissioner Kafoury: SOMEHOW, THEY ARE EXPECTING WE ARE GOING TO SAVE \$700,000 NEXT YEAR.

Ms. Lear: RIGHT. AND I THINK THAT WE CAN -- I EXPECT THAT WE WILL HAVE COSTS CONSIDERABLY LESS IN 2013. BUT, WE MAY STILL INCUR COSTS ABOVE THAT \$2 MILLION POINT. BUT, IT'S A TRADE-OFF OF ADDITIONAL STAFFING REDUCTIONS TO MOVE MORE MONEY INTO THAT LINE ITEM. DO YOU WANT TO ADD ANYTHING?

Ms. Griffith: DO YOU HAVE ANY QUESTIONS?

Vice-Chair Shiprack: NANCY, YOU ARE NEW AND, AND WE HAVE GREAT, GREAT HOPE, GREAT HOPE FOR, FROM YOU, AND I REALIZE I JUST PUT YOU ON THE HOT SEAT.

Chair Cogen: I HOPE WE DON'T SCARE YOU OFF TODAY.

Ms. Griffith: WE ACTIVELY LOOK AT THIS FOR EVERY PERSON WHO GOES TO THE HOSPITAL, AND WE ACTIVELY LOOK AT WHETHER WE CAN GET THEM MOVED BACK TO OUR INFIRMARY FROM THE HOSPITAL IF WE CAN TAKE CARE OF THEM. SO, THIS IS, I CAN TELL YOU, THAT ON A DAILY BASIS, IF I HAVE SOMEBODY AT THE HOSPITAL THAT WE ARE LOOKING TOWARDS TRYING TO GET THEM BACK TO THE JAIL AS SAFELY AS POSSIBLE TO REDUCE OUR COSTS. WE'RE ALSO LOOKING AT IF WE TAKE SOMEBODY OUT, YOU KNOW, IT'S LIKE ALL OF US. IF WE GO OUT, THERE IS OFTEN LONG RECOMMENDATIONS ABOUT, YOU KNOW, FOLLOW-UP APPOINTMENTS THAT NEED TO BE DONE, AND THEN WE, WE EVALUATE THOSE, YOU KNOW, TO HAVE A MEDICAL DIRECTOR HERE THAT SHE AND I CAN WORK ON THIS ON A DAILY BASIS, I THINK, DOES GIVE ME SOME HOPE THAT, THAT THERE IS GOING TO BE A REDUCTION IN THE OVERALL COSTS.

Ms. Lear: IT MAY BE MENTIONED, THE WORK, YOU CONTINUE TO DO AROUND GETTING EARLY RELEASE.

Ms. Griffith: YES. WE HAVE, WE HAVE HAD FOLKS WHO GO, AND THE RECOMMENDATIONS ARE FOR SIGNIFICANT COSTLY SURGERIES. AND WE DO ASK THE COURTS IF THEY ARE WILLING TO RELEASE THE PERSON, AND WE HAVE BEEN SUCCESSFUL IN BEING ABLE TO DO THAT. ABOUT THREE OR FOUR OF THESE PEOPLE A MONTH, WHICH, WHICH WOULD MAKE THAT NUMBER SEEM VERY SMALL IF WE ACTUALLY HAD TO GO AND DO THE SURGERIES ON SOME OF THESE PEOPLE. THE PEOPLE THAT COME TO JAIL ARE VERY, VERY ILL. SO, WE DO THAT ON A REGULAR BASIS. WE REQUEST THAT, AND THEN WHAT THE HOSPITAL CAN DO IS THEY CAN BILL FOR MEDICAID OR MEDICARE, EACH PIECE, SO THEY HAVE A WAY TO PAY FOR THOSE PEOPLE THAT WERE NOT -- THAT WE'RE NOT ABLE TO ACCESS.

Chair Cogen: ANY QUESTIONS? THANK YOU VERY MUCH.

Ms. Lear: OK. MY COMPUTER HAS FROZEN UP. THERE WE GO. OK. SO, I WANTED TO TALK A BIT ABOUT MEDICAID EXPANSION TO LIKE THE HEALTH DISCUSSION IS A BIT OF A -- AN EARLY TEASER ABOUT INFORMATION THAT WE HAVE AROUND EXPANSION, BUT WE CAN -- WE PLAN TO COME BACK AND DO MORE IN-DEPTH

BRIEFING ON OUR PLANS FOR MEDICAID EXPANSION AND ELIGIBILITY. WELCOME LILLIAN. DID YOU WANT TO TAKE THIS ONE OR YOU WANT ME TO?

Ms. Shirley: GO AHEAD.

Ms. Lear: OK. SO, MEDICAID ELIGIBILITY EXPANSION WILL BE EFFECTIVE JANUARY 1st OF 2014. WE HAVE BEEN WORKING IN COLLABORATION WITH THE DEPARTMENT OF COUNTY HUMAN SERVICES AND DCJ ON A COUNTY-WIDE SOLUTION FOR THIS EXPANSION, SPECIFICALLY, PRIORITIZING AT THE FIRST PIECE ELIGIBILITY, AND INSURING THAT WE HAVE AN ELIGIBILITY OUTREACH AND ENROLLMENT APPROACH THAT IS COUNTY-WIDE. TO THIS END, YOU WILL -- THE BOARD HAS A, A NOTICE OF INTENT FOR A GRANT APPLICATION COMING BEFORE YOU ON THE 30th. AND THIS WAS A GRANT -- THIS IS A GRANT THAT'S, THAT'S AVAILABLE ONLY FOR PRIMARY CARE 330 GRANT RECIPIENTS OF WHICH THE HEALTH DEPARTMENT IS ONE. WE WILL BE APPLYING FOR, FOR ENROLLMENT ELIGIBILITY FUNDING THAT, THAT THE COUNTY GRANT WRITING STAFF, THE NEW STAFF PERSON THAT IS HERE NOW, HAS HELPED, HELPED TO CRAFT AN APPROACH THAT, THAT, THAT ADDRESSES COUNTY-WIDE NEEDS FOR ELIGIBILITY AND OUTREACH. SO, THAT'S COMING UP. AND THEN WE ARE REALLY FOCUSING ON, ON PRIORITIZING PEOPLE WHO ARE ALREADY IN OUR CLINICS AND ALREADY IN THE JAIL SYSTEM FOR THE FIRST ROUND OF ELIGIBILITY INTENSIVE FOCUS AND ENROLLMENT FOCUS. AND THEN IN AREAS WHERE WE ARE EXPANDING OUR COMMUNITY -- OR EXPANDING OUR CAPACITY AT THIS TIME HAVE INCLUDED ADDING THREE CHAIRS AT THE DENTAL CLINIC AT NORTHEAST.

IN 2011, WE ADDED THE SCHOOL-BASED HEALTH CENTER AT FRANKLIN HIGH SCHOOL IN 2011. OF COURSE, THE CLINIC DOWNTOWN, REOPENING SOUTHEAST WITH TWO TEAMS WITH PLANS TO EXPAND TO THREE TEAMS AS SOON AS THE TWO TEAMS ARE CLOSE TO FULL CAPACITY. AND THEN OPENING THE SCHOOL-BASED HEALTH CENTER AT CENTENNIAL IN THE SPRING OF 2014. I WANT TO GO BACK AND ADDRESS THE ISSUE OF, OF CUTTING THE TEAM AT EAST COUNTY, AND WHILE THAT WAS, IN PART, A DECISION MADE TO ADDRESS THE, THAT IT HAD BEEN DIFFICULT TO RECRUIT FOR THAT PROVIDER, THAT, RECRUITING FOR THAT PROVIDER TEAM, WASN'T THE SOLE REASON FOR CUTTING IT, AND IT WAS, IN PART, IN RESPONSE TO WHETHER ALL THE TEAMS AT EAST COUNTY WERE AT FULL CAPACITY. THEY ARE NOT AT THIS TIME. WE ALSO HAVE OTHER PLACES WHICH ARE OVERCAPACITY, LIKE MID COUNTY SEEMS TO BE CONSISTENTLY HAS TOO MANY PEOPLE INTERESTED IN COMING THERE, WHERE NORTH PORTLAND CLINIC IS, IS UNDERUTILIZED. SO, I THINK THAT THAT'S PART OF THE BROADER DISCUSSION THAT WE WANT TO BRING BACK TO YOU IS REALLY, WHERE IS OUR CAPACITY AND WHERE ARE WE FULLY AT CAPACITY, WHERE DO WE HAVE ADDITIONAL CAPACITY, AND SORT OF SORT THROUGH ALL OF THAT. BUT, WE'RE ALSO LOOKING AT WAYS TO INCREASE OUR CAPACITY BY EXPANDING HOURS AND DAYS AT THE CLINIC, OPENING POTENTIALLY SATURDAY CLINICS OR URGENT CARE CLINICS IN THE EVENING. WE'RE LOOKING AT IMPROVING OUR ACCESS THROUGH SCHEDULING PROTOCOLS AND REDUCING THE NUMBER OF VACANT APPOINTMENTS TO ENSURE THAT WE ARE REALLY USING OUR FULL CAPACITY THAT WE HAVE CURRENTLY. AND THEN ADDING CARE TEAMS, AS WELL TO MEET NEIGHBORHOOD DEMAND, PARTICULARLY, IN HIGH DEMAND AREAS LIKE MID COUNTY. AND, AND WE'RE ALSO

REALLY LOOKING AT HOW TO USE OUR, OUR STAFFING DIFFERENTLY, AND THIS IS GOING TO BE A KEY PIECE OF, OF THE FQHC ALTERNATIVE PAYMENT, WHICH WILL, WILL BE COMING PROBABLY IN 2015. WE'LL BEGIN PLANNING FOR IT IN 2014, BUT CHANGING HOW WE GET REIMBURSED FOR, FOR OUR SERVICES WILL REALLY REQUIRE CHANGING HOW WE DELIVER CARE, SO THAT WE'RE USING PHARMACISTS, COMMUNITY HEALTH WORKERS, NURSES, IN DIFFERENT CAPACITIES, TO FREE UP THE HIGH NEED FOR PHYSICIAN TIME AND NURSE PRACTITIONER TIME. SO, WE'RE REALLY WORKING BOTH TO EXPAND CAPACITY, BUT ALSO, TO EXPAND CAPACITY AND LOWER THE COST OF CARE TRYING TO REALLY RELOOK AT HOW WE UTILIZE OUR STAFF. LET'S SEE --

Commissioner Kafoury: YEAH, I HAVE A QUESTION. SO THIS IS NEW NEWS TO ME ABOUT THE EAST COUNTY TEAM, SO WHY DID WE NOT MOVE THAT TO MID COUNTY IF THERE IS A GREATER NEED?

Ms. Lear: SPACE LIMITATIONS. WE DON'T -- WE PRETTY MUCH CAN'T -- WE CAN'T SHOEHORN IN ANOTHER TEAM AT THIS POINT. SO, EXPANDING CAPACITY AT SOME OF THOSE HIGH NEED CLINICS IS, IS GOING TO TAKE MORE THAN JUST ADDING TEAMS. I THINK THAT WE HAVE TO LOOK AT OUR FACILITY FOOTPRINT OR, YOU KNOW, WE REMODELED AND REMODELED AND ADDED TEAMS, OR ADDED EXAM ROOMS, BUT WE'RE BURSTING AT THE SEAMS.

Commissioner Kafoury: SO, DO YOU -- I FEEL LIKE I KEEP ASKING THIS QUESTION OVER AND OVER AGAIN. YOU KEEP ANSWERING IT FROM DIFFERENT WAYS. BUT DO WE HAVE A -- I REALIZE WE DON'T NECESSARILY HAVE A PLAN FOR HOW WE'RE GOING TO MEET, EXPAND OUR CAPACITY TO MEET THE INCREASED DEMAND. DO WE HAVE A PLAN FOR HOW WE'RE GOING TO GET THAT PLAN? AND DO WE HAVE A TIMELINE FOR WHEN WE EXPECT TO HAVE SOME SORT OF -- WE EXPECT -- WE DON'T EXPECT 50,000 NEW PEOPLE ON DAY ONE OF JANUARY 2nd, BUT, DO WE -- HAVE WE MAPPED OUT THAT WE EXPECT THIS NUMBER OF PEOPLE BY THIS DATE, AND WE'LL NEED THIS NUMBER OF TEAMS TO HELP? I'M WAY --

Ms. Lear: I WILL ADD WHAT, ONE PIECE, AND THEN TURN IT OVER TO LILLIAN. SO, WE ALREADY KNOW THAT WE HAVE 13,000 UNINSURED CLIENTS IN OUR CLINICS TODAY. AND WE HAVE LOOKED AT THEIR ELIGIBILITY, AND ABOUT 70% OF THEM ARE GOING TO BE ELIGIBLE FOR EXPANSION. SO, THOSE ARE ALREADY EXPANSION GROUPS THAT ARE IN THE EXPANSION THAT ARE ALREADY IN OUR CLINICS. THERE WILL -- WE WILL CONTINUE TO SERVE UNINSURED CLIENTS THAT ARE NOT GOING TO BE ELIGIBLE FOR THE EXPANSION OR FOR THE HEALTH INSURANCE EXCHANGE, SPECIFICALLY UNDOCUMENTED CLIENTS WILL NOT BE ELIGIBLE FOR EITHER ONE. AND WE'LL CONTINUE TO SERVE THEM. SO, WE'RE ALREADY GOING TO SERVE SOME OF THE EXPANSION NUMBERS WITHIN THAT GROUP THAT'S ALREADY BEING SERVED BY OUR CLINICS. I WILL LET LILLIAN ANSWER THE BROADER QUESTION.

Ms. Shirley: DO YOU WANT TO FOLLOW-UP ON THAT? I WOULD SAY THE PLAN FOR THE PLAN -- THIS IS THE PLAN FOR THE PLAN. THESE ARE THE ELEMENTS THAT WE'RE PUTTING TOGETHER FOR THAT PLAN. AND I THINK THAT, THAT THE OTHER THING THAT WE HAVE NOT TALKED ABOUT BECAUSE WE'VE BEEN FOCUSING ON OUR CLINICS HERE AND OUR BUDGET FOR NEXT YEAR IS, THAT WE'RE WORKING

VERY MUCH TO CREATE A COMMUNITY SOLUTION FOR INSTANCE, WITH MID COUNTY, THERE ARE PEOPLE ON THE BORDER, THE CLACKAMAS, MULTNOMAH BORDER. WE'RE WORKING WITH THE OHSU CLINIC, WHICH IS A LITTLE FURTHER IN SOUTHEAST, WITH OUR SOUTHEAST CLINIC TO SAY, YOU KNOW, HOW CAN WE REALLY TRACK AND SEE WHERE DO THESE PEOPLE LIVE? HOW CAN WE DO SOME OUTREACH TO FIGURE OUT WHAT IS, WHAT ARE THE ISSUES AROUND THAT, AND PART OF OUR PARTICIPATING IN THE CCOs, ADVENTIST IS THERE, LEGACY HAS THEIR CLINICS BY MOUNT HOOD, FOR INSTANCE. SO, WE'RE TRYING TO REALLY MAKE THIS A COMMUNITY SOLUTION. THE PORTLAND IPA IS VERY INTERESTED IN THIS. THEY HAVE ALREADY, ARE IN CONVERSATIONS WITH US. WHEN YOU TALK TO KIM, THEY HAVE ALSO -- THEY ARE A GROUP THAT WE HAVE REACHED OUT TO, AND THEY HAVE REACHED BACK INTO US ABOUT, ABOUT HOW DO WE DO A BETTER JOB IDENTIFYING THE PEOPLE WHO MAY BE IN OUR PATIENT LOAD. THEY SEE ABOUT 19% MEDICAID, SO THAT'S, THAT'S A LOT FOR A PRIVATE INSURER, I MEAN A PRIVATE PRACTICE. SO, WHO DO THEY HAVE THAT, THAT COULD BENEFIT FROM OUR COACHING AROUND SEXUALLY TRANSMITTED DISEASES AND HEPC AND ALL THESE THINGS.

SO, WE ARE DOING THESE THINGS TO MAKE IT A DISTRIBUTIVE NETWORK OF TAKING CARE OF THE PATIENTS AMONG THE PROVIDERS. KAISER IS IN CONVERSATION THROUGH THE CCO ABOUT WHAT THEY UP THE AMOUNT OF MEDICAID THAT THEY ACCEPT IN THEIR CLINICS. SO, IN ADDITION TO THE KIND OF INTERNAL THINGS WE'RE LOOKING AT, WHAT WOULD IT MEAN IN TERMS OF H.R. AND STAFFING IF WE CHANGED OUR HOURS, YOU KNOW, BEYOND WHAT OUR CONTRACTUAL HOURS RIGHT NOW ARE WITH SOME OF OUR WORKFORCE. WHAT WOULD THAT MEAN? HOW WOULD WE GO ABOUT IT, AND IN ADDITION TO THAT, WE'RE ALSO LOOKING AT LIKE WHO ELSE IS OUT THERE AND HOW CAN WE SUPPORT THEM AND MAXIMIZE THEIR ABILITY TO TAKE CARE OF THESE PATIENTS. BUT, YOU ARE RIGHT, COMMISSIONER, IT'S NOT LIKE THEY ARE GOING TO GET BUSTED. THEY ARE IN OUR COMMUNITY, AND WE'RE SEEING THEM. ONE OF THE CONVERSATIONS THAT'S GOING ON, YOU KNOW, WE OVERSEE THE PORTLAND EMS WITH THE AMR AND THE FIRE BUREAU, AND THE COMMISSIONER HAS BEEN IN SOME CONVERSATIONS THAT WE HAVE HAD WITH THE CITY. WHAT WOULD IT BE LIKE IF WE GOT STATUTORY CHANGES AROUND WHAT HAPPENS WHEN SOMEONE CALLS 9-1-1, AND YOU KNOW, COULD WE SAY, OH, AND HEY, BY THE WAY, YOU KNOW, DO YOU HAVE INSURANCE? HERE'S THE FORM TO FILL OUT, BUT HOW DO WE TRACK THAT TO MAKE SURE IT GETS IN CORRECTLY, HOW DO WE FIND THAT PERSON WHEN, WHEN, ONCE THEY GET ESTABLISHED. SO, IT'S REALLY ON VERY MANY FRONTS, AND IT'S REALLY, REALLY, YOU KNOW, IT'S SOMETHING THAT, THAT WE'RE TRYING TO KEEP ON THE, THE COMMUNITY'S HIGH WATER MARK, IF YOU WILL, ABOUT WHAT WE HAVE TO DO TOGETHER.

Vice-Chair Shiprack: AND, AND I MAY BE LISTENING TO THIS WITH MY, YOU KNOW, MY LITTLE LIKE HOPE THING PERCHED ON MY SHOULDER. WHAT I'M HEARING YOU SAY, BECAUSE WHAT I'M HEARING YOU SAY IS THAT CURRENTLY, 70% OF THE PEOPLE THAT WE SEE IN OUR CLINICS ARE UNINSURED.

Ms. Shirley: CORRECT.

Ms. Lear: 70% OF THE UNINSURED THAT WE SEE WILL BE ELIGIBLE.

Vice-Chair Shiprack & Ms. Shirley: WILL BE ELIGIBLE.

Chair Cogen: RIGHT NOW 20% ARE UNINSURED.

Vice-Chair Shiprack: BUT 70% OF THOSE --

Ms. Shirley: 70% OF THE 28 --

Vice-Chair Shiprack: WILL BE ELIGIBLE, AND THAT IS REALLY GOOD NEWS. I WAS HEARING GOOD NEWS. AND I WAS LOOKING OUT FORESEEING REALLY SOMBER FACE, SO I THINK THAT, THAT THERE IS GOOD NEWS -- THERE IS A LOT OF GOOD NEWS IN THIS. WHICH IS THAT 70% OF THE CURRENTLY UNINSURED POPULATION THAT WE, WE SERVE, WILL, WILL BE ENSURED.

Ms. Shirley: CORRECT.

Vice-Chair Shiprack: THAT'S GREAT.

Ms. Lear: BUT WE'LL ALSO BRING BACK A WRITTEN PLAN, AND WE SHOULD BE ABLE TO DO THAT, BRING BACK A WRITTEN PLAN, BUT, ALSO, HAVE A MORE IN-DEPTH BRIEFING AND, AND WE'LL GET THAT ON THE CALENDAR, AS SOON AS WE CAN.

Ms. Shirley: SO GO TO THE NEXT SLIDE. THIS IS THE NEXT SLIDE, SO TO BRING YOU BACK TO THE THIRD SLIDE THAT WE DID, WE HAVE A WHOLE LIST THAT WE HEARD FROM YOU OF THINGS THAT, THAT YESTERDAY WE, OR TUESDAY, WHENEVER IT WAS, WE HEARD THAT YOU REALLY WOULD LIKE, AND BE WILLING TO PROVIDE US WITH MORE TIME, YOU KNOW, TO GET INTO THAT, SO I JUST WANT TO, YOU KNOW, TO GET BACK TO THAT, AND SAY THAT, THAT THAT'S -- THESE ARE INTENTIONS, AND WE HAVE SET UP THE ONE-ON-ONE MEETINGS ALREADY AND, AND YOU RAISED A NUMBER OF KEY QUESTIONS AND CONCERNS, AND, YOU KNOW, I REALLY APPRECIATE THAT, AND, YOU KNOW, THANK YOU BECAUSE IT'S HELPED US, AS YOU HAVE SEEN, WE HAVE DONE, WE HAVE HAD A BIG HUDDLE YESTERDAY, AND HAD, HAD A LOT OF THINKING ABOUT, ABOUT WHAT IS IT THAT, THAT MAY BE IS JUST PART OF OUR BUSINESS THAT WE'RE JUST NOT BEING ABLE TO, YOU KNOW, TO, TO EXPLAIN, AND WHAT ARE WE MISSING, YOU KNOW, IN, IN, YOU KNOW, YOUR CALLING OUT SOME QUESTIONS, AND I REALLY APPRECIATE IT, PARTICULARLY THE SUPPORT THAT I HEARD FROM, FROM OUR BOARD AND, AND AROUND OUR CORE MISSION, WHICH IS NOT THE SEXY PART OF, OF WHAT, WHAT GOVERNMENT DOES FOR PUBLIC HEALTH, AROUND, AROUND COMMUNICABLE DISEASE CONTROL AND OUTREACH AND ACCESS AND THINGS LIKE THAT, THAT'S THE CORE MISSION, AND WE ALSO UNDERSTAND THAT, YOU KNOW, WE REALLY WANT TO GET BACK NOT ONLY IN THOSE KEY QUESTIONS, BUT CONTINUE THE STYLE ACT SO WE CAN THINK ABOUT OUR WORK DIFFERENTLY GOING FORWARD. AND, AND WE DID HEAR THAT THERE IS A LOT MORE DETAIL AROUND CORRECTIONS HEALTH AND THE AFFORDABLE CARE ACT, PARTICULARLY, AND WANT TO GET A REPORT BACK TO YOU ON HOW WE'RE TRACKING THE LEGISLATIVE CHANGES BECAUSE IF ONE OF THE THINGS THAT'S HAPPENING IS EVEN WHERE THERE HASN'T BEEN A CHANGE

THAT'S BEEN APPROVED, JUST, JUST THE DISCUSSION HAS MADE THE CONVERSATION BEHIND IT, YOU KNOW, MORE, MORE OPEN AND COMMISSIONER SHIPRACK, I KNOW, WE WORKED AROUND SOME OF THE ISSUES FOR GETTING, HOW LONG DO PEOPLE STAY IN CUSTODY ONCE THEY ARE AT OREGON HEALTH SCIENCES UNIVERSITY, AND REVISITING THAT DISCUSSION MAYBE BRINGING IT UP BACK TO LPSCC BECAUSE THERE IS NEW LEADERSHIP IN THE PUBLIC SAFETY COMMUNITY THAT WE CAN, WE CAN LOOK TO THAT AGAIN.

Vice-Chair Shiprack: SOUNDS LIKE A GOOD PLAN.

Chair Cogen: THANKS VERY MUCH. REALLY APPRECIATE IT.

Ms. Shirley: WE REALLY APPRECIATE YOUR TIME.

Chair Cogen: WITH THAT, WE WILL NOW BE ADJOURNING OUR MORNING'S BUDGET WORK SESSION. WE'RE ADJOURNED. [GAVEL]

ADJOURNMENT

The meeting was adjourned at 9:57 a.m.

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

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