

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, April 24, 2012**

BOARD BRIEFING

Chair Jeff Cogen called the meeting to order at 10:06 a.m. with Commissioners Deborah Kafoury, Judy Shiprack and Diane McKeel present. Vice-Chair Loretta Smith was excused.

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

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

Chair Cogen: WELCOME TO THIS BOARD BRIEFING. WE HAVE TWO MATTERS TODAY. OUR FIRST ONE IS AN INFORMATIONAL HEARING ON EARLY CHILDHOOD PROGRAMS. SO TAKE IT AWAY, HEALTH DEPARTMENT.

Ms. Nichols: THANK YOU VERY MUCH. GOOD MORNING, CHAIR. GOOD MORNING, COMMISSIONER, I AM LOREEN NICHOLS, THE DIRECTOR OF COMMUNITY HEALTH SERVICES, AND WE ARE EXCITED TO PARTICIPATE IN THIS WORK SESSION TODAY. HERE WITH MY COLLEAGUES, JESSICA, WHO IS RUNNING THE OPERATIONS, AND RACHAEL BANKS, WHO WE ARE REALLY PLEASED, IS THE NEW MANAGER OF OUR HEALTHY BIRTH INITIATIVES, BRINGING FABULOUS FOCUS FROM OUR COMMUNITIES PUTTING PREVENTION TO WORK, AND SO PLEASED TO HAVE HER, AND SHE HAS A, TO RUN OUT AT 11:00 AND CATCH A PLANE TO ATLANTA TO DO A PRESENTATION WITH THE CDC. IF WE GO OVER AND SHE RUNS, THAT'S THE REASON FOR IT.

>>> WE HAVE GOT DR. GARY OXMAN, SO HE'S OUR SCIENCE ADVISOR IN ALL THINGS, AND, OF COURSE, OUR DIRECTOR, LILLIAN SHIRLEY, ALL THINGS, PUBLIC HEALTH. WE HAVE A NUMBER OF OUR PROGRAM MANAGERS, DIANE FROM EARLY CHILDHOOD SERVICES. DAVID BROWN FROM WIC, AND OTHER PEOPLE IN OUR DEPARTMENT THAT PLAY VITAL ROLES IN OUR FOCUS ON, ON YOUNG FAMILIES. SO, WHAT WE'RE GOING TO DO TODAY, WE WANT TO TALK A BIT ABOUT OUR, OUR STRATEGIES FOR YOUNG FAMILIES IN MULTNOMAH COUNTY. YOU WILL HEAR US TALK ABOUT YOUNG FAMILIES, AND YOU WILL ALSO HEAR US TALK ABOUT MATERNAL CHILD HEALTH, THAT'S THE TRADITIONAL PUBLIC HEALTH LINGO, BUT IT'S NOT REALLY OUR PREFERRED LINGO BECAUSE SO MANY OF THE FAMILIES ARE RAISED BY FAMILIES, GRANDPARENTS, AND WITH MATERNAL CHILD HEALTH, YOU MIGHT FORGET THERE IS FATHERS, INVOLVED. SO, WE'LL SWITCHBACK AND FORTH BETWEEN THOSE -- THAT TERMINOLOGY.

>>> WHAT WE'RE GOING TO DO TODAY IS TALK ABOUT OUR ENVIRONMENT, SO WHAT'S EXPANDING, WHAT'S INVOLVED IN TRANSFORMATION, AND THEN WHAT'S LIMITING. WHAT ARE WE FACING IN TERMS OF OUR BUDGE AND PROGRAMMATIC CONSTRAINTS. WE'RE GOING TO LOOK AT THE SCIENCE, JUST BRIEFLY, KIND OF DISTILL WHAT'S THE SCIENCE, THE PUBLIC HEALTH SCIENCE AROUND EARLY CHILDHOOD, AND HOW THAT FORMS THE FOUNDATION FOR OUR DECISION-MAKING IN OUR PROGRAM. WE'RE GOING TO TALK ABOUT WHAT WE'RE ACHIEVING AND WHERE WE THINK THAT, THAT WE NEED TO CHANGE AND GROW IN ORDER TO IMPROVE OUR COMMUNITY HEALTH OUTCOMES. AND TALK ABOUT OUR SERVICES, OUR VITAL SERVICES, AND WHAT WE ARE GOING TO KEEP STRONG AND WHERE WE WANT TO GROW SOME OF THOSE SERVICES TO. SO, THANK YOU VERY MUCH IN ADVANCE, ALSO, FOR ALL YOUR SUPPORT. ALL OF YOU HAVE BEEN SO COMMITTED TO FAMILY HEALTH IN THIS COMMUNITY, AND I'VE BEEN HERE OVER THE YEARS AND HEARING YOUR COMMITMENT ON EVERYTHING FROM, FROM BREASTFEEDING AND FAMILY VIOLENCE AND BEING INVOLVED IN THE MULTIPLE EFFORTS AROUND THE HEALTH OF OUR FAMILIES. SO, THANK YOU VERY MUCH.

>> THANKS. LOREEN NICHOLS, THE HEALTHY DEPARTMENT DIRECTOR. SO, THE BIG CONTEXT FOR MANY OF THE CHANGES THAT ARE IN THE HORIZON, BESIDES THE FINANCIAL AND FINANCING ENVIRONMENT, OF COURSE, IS THE HEALTH SYSTEM TRANSFORMATION. AND WE'RE LOOKING TO MAKE SURE THAT, THAT AS THIS DEVELOPS IN OUR REGION, THAT WE'RE PREPARED FOR PARTNERSHIPS IN THE COORDINATED CARE ORGANIZATION THAT WILL CREATE CAPACITY FOR SOME OF THE TRADITIONAL CLINICAL AND INDIVIDUAL SERVICES TO BE DELIVERED IN A DIFFERENT WAY THAN THEY CURRENTLY ARE CONFIGURED, THAT ALSO WILL RESULT IN BETTER SERVICES FOR THE FAMILIES BECAUSE THEY WILL BE COORDINATED WITH THE SOCIAL SERVICES, AS WELL AS THE MEDICAL HOME, AS WELL AS WHERE NEEDED, THE APPROPRIATE CULTURALLY COMPETENT SITE, AS WELL AS HAVING NAVIGATORS FOR FAMILIES. SO, THESE ARE ALL THE GOALS IN THE HEALTH CARE TRANSFORMATION THAT, THAT WE'RE TRYING TO FIGURE OUT, WHERE DO WE FIT IN? AND HOW DO WE COMPLIMENT THIS? AND HOW DO WE BEST USE OUR RESOURCE. SO, THAT'S OUR BIG CHALLENGE IS KIND OF -- THERE IS A -- THERE IS NO LOOKING GLASS, THERE IS -- TO GO THROUGH, AND THERE IS NO, NO CRYSTAL BALL TO TELL US WHERE THE FUTURE IS, BUT WE HAVE TO KIND OF PUT WHAT WE KNOW IN OUR YEARS OF EXPERIENCE AND, AND WHAT WE ARE KNOWING FROM BEST PRACTICES, AS WELL AS FROM OTHER, OTHER REACHES THAT WE KNOW FROM EMERGING BEST PRACTICES FOR COMMUNITIES, AND UNDERSTANDING BETTER THAT, ACTUALLY, THE ENVIRONMENT THE FAMILIES LIVE IN IS PROBABLY THE MOST IMPORTANT INDICATOR OF THE FAMILY'S OVERALL HEALTH BEYOND INDIVIDUAL CARE. AND MUCH OF THE RESEARCH IN THE LAST 15 YEARS HAS REALLY DOCUMENTED THAT. SO, THE OTHER BIG ISSUES THAT ARE GOING ON IN OUR ENVIRONMENT HERE IN OREGON IS IN ADDITION TO TRANSFORMATION OF

HEALTH CARE DELIVERY, IS ALSO THE ROLE OF THE EARLY LEARNING COUNCIL, AND THEIR GOAL, WHICH IS ALL CHILDREN CAN ENTER KINDERGARTEN READY TO LEARN AND LEAVE FIRST GRADE READING. IT'S VERY CONSISTENT WITH PUBLIC HEALTH GOALS FOR YOUNG FAMILIES. SO, AS THOSE CHANGES ARE BEING DRIVEN THROUGH THE EARLY LEARNING COUNCIL AND, AND THE LEADERSHIP THAT, THAT IS IN THAT SECTOR, WE ARE IN COMMUNICATION. WE KNOW THAT, THAT THE, THE CHAIR'S OFFICE RECENTLY HAS CONVENED AN INTERNAL GROUP MUCH LIKE THE GROUP THAT WE HAVE KIND OF FIGURING OUT HOW TO REACT AND RESPOND TO, TO, TO HEALTH CARE TRANSFORMATION FOR WHERE CAN WE BEST POSITION OURSELVES ACROSS THE DEPARTMENTS TO UNDERSTAND WHERE, WHERE EARLY CHILDHOOD -- THE EARLY LEARNING COUNCIL IS GOING TO TAKE AND PRIORITIZE EARLY LEARNING, THE EARLY LEARNING -- EARLY CHILDHOOD SERVICES ACROSS DIFFERENT SECTORS. WE ARE VERY EXCITED ABOUT THIS BECAUSE WE FEEL THAT THESE ARE, YOU KNOW, THESE ARE OUR GOALS, AS WELL, AND THAT'S THE, THE -- THAT'S, AGAIN, THE CHALLENGE IS TO SEE THAT WE'RE NOT DUPLICATING, THAT WE ARE INTEGRATING, AND THAT WE ARE ALSO COMPLIMENTING THE WORK THAT'S BEING DONE AROUND, AROUND OUR, OUR, OUR REGION. WE KNOW THAT THIS BOARD HAS SHOWN ITS COMMITMENT TO HEALTH POLICIES, AND HOW THAT BENEFITS THE COMMUNITY AT THE POPULATION LEVEL, AND NOT JUST THE INDIVIDUAL LEVEL, BUT YOU HAVE ALL BEEN ON THE FOREFRONT OF THAT KIND OF POLICY-WORK BY BANNING BPA TO PROTECT CHILDREN, BY HAVING MENU LABELING, BY JUST RECENTLY YOUR TOBACCO-FREE CAMPUS POLICY. SO, UNDERSTANDING THAT THESE LARGER SYSTEM APPROACHES ON THE MACRO LEVEL REALLY CAN HAVE A HUGE IMPACT ON THE LIVES OF INDIVIDUALS. YOU HAVE ALSO BEEN KEY TO THE SUCCESS, AND THAT'S PART OF THE REASON RACHAEL IS HOPPING ON A PLANE, TO THE SUCCESS OF OUR REGIONAL COMMUNITY PUTTING PREVENTION TO WORK, THAT'S BEEN KIND OF A MODEL FOR HOW TO DO THIS, REALLY, REALLY MAXIMIZING THE COMMUNITY PARTICIPATION. SO, WE REALLY FEEL THAT, THAT WE HAVE TO DRAW OUR ATTENTION, AND WE'VE BEEN WORKING OVER THE LAST COUPLE OF YEARS TO SEE THAT THAT'S THE KIND OF WORK THAT WE NEED TO FOCUS ON, AND THE KIND OF STRATEGIES TO SUPPORT YOUNG FAMILIES, TO ENSURE THAT WE HAVE -- THIS PREVENTION AND POPULATION WORK IS PANDEMIC IN THE COMMUNITY, YOU KNOW, AND IT'S NOT JUST PROGRAMMATIC. I WILL TURN IT BACK TO LOREEN, AND SHE WILL GIVE YOU STATISTICS ON, ON KIND OF WHAT THE, WHAT'S THE PICTURE AND THE PROFILE THAT, THAT WE SEE HERE IN OUR OWN COUNTY.

>> SO, THIS IS GOING TO BE A VERY BRIEF PROFILE. WE, AMEND, HAVE OUR EPIDEMIOLOGIST, AND YOU KNOW PUBLIC HEALTH, WE LOVE EPIDEMIOLOGY, AND WE COULD SPEND HOURS GOING OVER CUTTING AND SLICING THE PIE IN ALL DIFFERENT WAYS AND TALKING ABOUT THE ISSUES. SO, WE'RE TRYING TO KEEP THAT JUST AS A BRIEF OVERVIEW BECAUSE MANY OF THESE THINGS YOU REALLY ARE FAMILIAR WITH IN ALL YOUR, YOUR WORK AS

COMMISSIONERS. SO, WHEN WE LOOK AT THE, AT THE, KIND OF THE CHILD AND THE MATERNAL CHILD POPULATION IN OUR COUNTY, WE HAVE GOT ABOUT 46,000 KIDS UNDER THE AGE OF FIVE. SO, THAT'S THE, THE NUMBER THAT YOU HEAR WITH THE GOVERNOR'S EARLY LEARNING COUNCIL. 46,000 KIDS. WE HAVE GOT ABOUT 9500 BIRTHS ANNUALLY, AND ABOUT 4,500 OF THOSE ARE BIRTH TO LOW INCOME WOMEN, AND THEN YOU CAN JUST SEE ON THE SLIDE, WE HAVE GOT ABOUT 10% BIRTHS IN THE TEEN YEARS. WHEN YOU LOOK AT THE RACIAL AND ETHNIC BACKGROUND, WE HAVE GOT HIGHER BIRTHRATES IN COMMUNITIES OF COLOR. AND THEN WE ALSO KNOW, COMING OUT OF THE EARLY LEARNING COUNCIL, AND OUR WORK, THAT WE DO ALL THE TIME IN EPIDEMIOLOGY, THAT OF THOSE 46,000 KIDS, 40% OF THEM ARE EXPOSED TO SOME SORT OF SOCIAL, ECONOMIC, SOCIETAL, RELATIONAL RISK, AND YOU KNOW WHAT THOSE ARE IN TERMS OF POVERTY AND CRIMINAL JUSTICE INVOLVEMENT IN FAMILIES AND SUBSTANCE ABUSE. SO, IT'S A LARGE POPULATION. WE ALSO KNOW THAT WE HAVE SOME REAL PRIORITY ISSUES IN OUR COMMUNITY THAT REALLY HAVE RISEN TO THE TOP. WHEN WE LOOK AT OUR INTENT FOR YOUNG FAMILIES. SUBSTANCE ABUSE BEFORE AND DURING PREGNANCY IS AN ISSUE. MATERNAL DEPRESSION. WE HAVE EXCELLENT RATES OF BREASTFEEDING INITIATION AND STILL A DROP-OFF IN DURATION. UNINTENDED PREGNANCIES IS A MAJOR ISSUE, AND YOU HAVE HEARD US TALK ABOUT THE ONE KEY QUESTION INITIATIVE. OF THE UNINTENDED PREGNANCIES, 30% OF THOSE ARE UNINSURED. SO -- AND PREGNANCY SPACING IS A PART OF THAT. WE KNOW FAMILIES ARE MORE SUCCESSFUL WHEN THEIR PREGNANCIES ARE SPACED AND THE KIDS ARE NOT TOO CLOSE TOGETHER. SO, THOSE ARE JUST SOME OF -- YEAH, AS YOU KNOW.

>> MY KIDS ARE 16 MONTHS APART.

>> SO YOU KNOW. OUR MESSAGE DID NOT REACH YOU. WE HAVE FAILED IN OUR PUBLIC HEALTH EFFORTS. YOU DON'T MEET THE RISK CRITERIA. NEXT SLIDE, PLEASE. WE WANT TO SHOW, YOU KNOW, SORT OF WHAT THE POPULATION IS AND WHERE THE SERVICES ARE AND WHY WE NEED TO MAKE CHANGES TO BRING SOME OF OUR WORK TO SCALE. SO, HERE YOU CAN SEE THAT, YOU KNOW, WE HAVE GOT WAY GREATER NEED THAN WE HAVE SERVICES. WE HAVE GOT THAT 46,000 KIDS, AND THEN IN OUR WIC PROGRAM, WE SEE ABOUT 20,000 OF THEM. SO, THAT'S, ACTUALLY, A GREAT VENUE AND PART OF WHY THERE IS A LOT OF CIRCLING AND FOCUSING ON WIC AS A PART OF THAT EARLY COUNCIL WORK. THAT IS A REAL HUB AND ONE OF THE PLACES THAT WE SEE A BROAD GROUP OF FAMILIES OF LOW INCOME FAMILIES. WE HAVE GOT THAT 9500 BIRTHS A YEAR. 4,300 ARE FIRST BIRTHS, AND THAT'S THE FOCUS OF A LOT OF OUR EARLY CHILDHOOD PROGRAMS. WE SCREEN ABOUT 2,800 OF THOSE IN OUR HEALTHY START PROGRAM AND GOING INTO THE HOSPITALS AND REFERRING PEOPLE FOR, FOR SERVICES THAT, THAT HAVE IDENTIFIED RISK. HAVE THAT 4,500 BIRTHS TO LOW INCOME WOMEN, AND WE CAN SERVE 200 OF THOSE IN OUR HOME VISITING

PROGRAMS AND 700 IN THE HEALTHY START CONTRACTS. THESE ARE VITAL PROGRAMS, OUR FAMILY, INDIVIDUALLY FOCUSED PROGRAMS, AND WE KNOW THAT WE NEED TO KIND OF KEEP THAT TRAJECTORY UP AND CONTINUE TO LOOK AT WAYS THAT WE CAN HAVE A GREATER IMPACT ON THE COMMUNITY, AS WELL. HOW CAN WE REALLY INFLUENCE THE ENVIRONMENT IN WHICH OUR CHILDREN LIVE? AND OUR FAMILIES LIVE SO WE CAN COME IN WITH THESE FOCUSED SERVICES. THAT'S REALLY ONE OF THE THINGS THAT WE'RE LOOKING AT. WHEN WE'RE JUST FOCUSING ON FAMILIES, WE CAN HAVE GREAT IMPACT ON INDIVIDUAL FAMILIES AND, AND WE CANNOT ALWAYS IMPROVE THE HEALTH OF WHOLE COMMUNITIES, SO WE NEED TO REALLY FOCUS ON DOING BOTH. WE WANT TO TALK A BIT ABOUT OUR FUNDING ENVIRONMENT, AND WE HAVE A FOCUS ON YOUNG FAMILIES AND, AND CHILDREN, AND A LOT OF OUR PUBLIC HEALTH PROGRAMS, SCHOOL AND COMMUNITY DENTAL, IMMUNIZATION, PERINATAL. IN THE HEALTH DEPARTMENT WE HAVE TWO PRIMARY PROGRAMS THAT WE USUALLY THINK OF AS OUR SUPPORT FOR YOUNG FAMILIES, OUR MATERNAL CHILD HEALTH PROGRAMS. AND ONE IS WIC, WHICH IS A THIRD OF THE FUNDING. THE OTHER IS OUR EARLY CHILDHOOD SERVICES, AND YOU HAVE SEEN THAT BREAKDOWN THERE OF THE DIFFERENT PROGRAM AREAS YOU HAVE HEARD US TALK ABOUT IN THE PAST. SO, THAT'S WHERE OUR FUNDING IS. I WANT TO TALK A BIT ABOUT THE REVENUE STREAMS, SO MOST OF OUR PROGRAMS, YOU KNOW, ARE FUNDED BY GRANTS, MEDICAID, GENERAL FUND, AND WHEN WE LOOK AT WIC, IT'S PRIMARILY A GRANT WITH, WITH AN INVESTMENT OF GENERAL FUND. IT'S A STRONG INVESTMENT OF GENERAL FUND. A LESS THAN, LESS THAN IN SOME JURISDICTIONS, BUT ALSO, WE HAVE A BIGGER GRANT THAN A LOT OF OTHER JURISDICTIONS WHO PUT CLOSER TO A 50% MATCH.

>> Commissioner Shiprack: AND THE SOURCE OF THE GRANT?

>> USDA.

>> USDA. DEPARTMENT OF AGRICULTURE. YEAH. AND IT COMES THROUGH THE STATE. IN EARLY CHILDHOOD SERVICES, WE HAVE GRANTS, MEDICAID FUNDING AND GENERAL FUND, AND WE HAVE A STRONG SUPPORT IN OUR GENERAL FUND AND REALLY THANK YOU FOR THAT. WE HAVE HAD THE BIGGEST INVESTMENT OF OUR GENERAL FUND IS REALLY IN THIS AREA. YOU KNOW, MORE THAN ANYBODY, THE CHALLENGES THAT WE HAVE HAD WITH INCREASED COSTS AND, YOU KNOW, AND STABLE OR REDUCING REVENUE. AND, AND, AND THEN IN PERMANENT OF OUR MEDICAID AND OUR GRANT FUNDING, I WILL SPEND A LITTLE MORE TIME TALKING ABOUT THAT BECAUSE IN OUR MEDICAID FUNDING, WE HAVE HAD SOME REAL DOWNWARD TRAJECTORIES. WE CAN GO TO THE NEXT SLIDE. IN OUR MATERNITY CASE MANAGEMENT, AND OUR TARGETED CASE MANAGEMENT. SO MATERNITY CASE MANAGEMENT IS FOCUSED ON MOMS, MORE RESTRICTIVE IN TERMS OF THE, IN TERMS OF WHEN YOU CAN USE THOSE FUNDS AND, AND A TARGETED

CASE MANAGEMENT IS MORE FOCUSED ON KIDS. WE HAVE HAD SOME, SOME DOWNWARD TRAJECTORY, WE TALKED ABOUT THAT, AND THERE IS CHANGES, NEW INTERPRETATIONS OF THE RULES, AND THE SYSTEM IS NOT ALWAYS COORDINATED. SO FOR INSTANCE, THESE FUNDS ARE SUPPORTED THROUGH THE OFFICE OF FAMILY HEALTH AND, AND WE'RE NO LONGER ABLE TO BILL FOR COMMUNITY HEALTH OUTREACH WORKERS, WHICH IS NOT NECESSARILY STRATEGIC IN THE REALM OF, OF, OF HEALTH CARE TRANSFORMATION THAT, ACTUALLY, CALLS THAT OUT, BUT IT'S SOMETHING THAT, THAT WE NEED TO, TO STILL HAVE ON OUR RADAR. ALSO, NURSE CONSULTATION THAT WE DO THROUGH THE HEALTHY START PARTNERS, WHICH WE THINK IS A REALLY KEY SERVICE TO THE SUCCESS OF THOSE PROGRAMS. SO, WE HAVE HAD A DOWNWARD STREAM. THIS PROGRAM DIDN'T USED TO RELY ON MEDICAID, AND WHEN THIS CAME IN, AS THIS INDIVIDUAL, THE BILLING MECHANISM, A NUMBER OF YEARS AGO, IT WAS A HELP IN A TIME OF CUTS, AND ALSO LIMITED US, IN THAT IT KEEPS US REALLY TIED TO INDIVIDUAL SERVICES AND A CERTAIN SET OF, OF DELIVERABLES THAT YOU CAN ACHIEVE, CERTAIN, CERTAIN INTERVALS, SO AS SOME OF THIS CHANGES AND GOES INTO THE GLOBAL BUDGE, WE'RE HOPING THAT WE'LL HAVE MORE FREEDOM FOR HOW TO DO OUR WORK AND TO RETURN TO SOME OF THE COMMUNITY WORK. THIS IS SLATED, THAT PIECE TO GO INTO THE GLOBAL BUDGET IN JANUARY. IT WON'T GO IN AS THE FIRST REALM. IT'S SLATED GOING -- TO GO IN, IN JANUARY, AND WE WILL TALK ABOUT OUR, OUR, OUR HOPES AND FEARS ABOUT THAT, AS IT GOES FORWARD. THEN WE WANT TO TALK ABOUT GRANTS, AND YOU KNOW, OUR GRANT FUNDING GOES UP AND DOWN. WE WERE TALKING TO YOU A COUPLE OF YEARS AGO ABOUT NURSE FAMILY PARTNERSHIP GRANT THAT REALLY FUNDED OUR STAFF, THAT WAS AN ENHANCED PARTNER COMPONENT THAT, THAT GRANT WAS JUST SET FOR A CERTAIN NUMBER OF YEARS AND WENT AWAY, AND WE HAVE GOT SOME OTHER GRANTS THAT PASSED THROUGH TO THE COMMUNITY PARTNERS, BUT THE HEALTHY START FUNDING HAS BEEN ON A REAL, A REAL STEADY DOWNWARD TRAJECTORY. THAT'S SOMETHING THAT WE'RE CONTINUING TO, TO HAVE TO BALANCE OUR BUDGET TO. WE HAVE TRIED TO SAVE THE COMMUNITY CONTRACTORS AS MUCH AS POSSIBLE. THEY WILL TAKE SOME OF THE IMPACT THIS YEAR BECAUSE WE'RE ALSO, YOU KNOW, HAVING REDUCTIONS IN OUR NURSING STAFF, COMMUNITY HEALTH WORKER STAFF, SUPERVISION, SO THE COMMUNITY PARTNERS WILL, WILL SHARE IN THAT, SO YOU CAN SEE THAT THAT'S STILL A, A BACK BONE OF, OF THE PROGRAMS ACROSS THE, THE STATE, AND YET, THE FUNDING IS REALLY GOING DOWN.

>> Commissioner Shiprack: IT COMES FROM THE COMMISSION WITH SOURCES OF THE STATE?

>> THE STATE GENERAL FUND.

>> I THINK RACHAEL WILL TALK ABOUT THE THINGS.

>> ALL RIGHT. SO NOW THAT WE HAVE HEARD ABOUT ALL OF THE BUDGET ISSUES, I WILL TALK A BIT ABOUT, ABOUT WHAT THE COMMUNITY HAS ASKED US TO DO, AND THE COMMUNITY NEEDS AND SERVICES. SO THIS INFORMATION ON THE SLIDE IS COMING FROM A COMBINATION OF, OF FOCUS GROUPS AND COMMUNITY HEALTH ASSESSMENTS, AND ONE SOURCE IS THROUGH HEALTHY BIRTH INITIATIVE, HBI, WHICH AS SOME OF YOU MAY OR MAY NOT KNOW IS A CULTURALLY SPECIFIC PROGRAM TO ADDRESS AFRICAN-AMERICANS, HISTORICAL INEQUITIES WITH BIRTH OUTCOMES. SO, THROUGH THOSE FOCUS GROUPS, THERE ARE EIGHT FOCUS GROUPS WITH ELDERLY, WITH MEN, WITH WOMEN, AND ALSO, WITH HOUSING AND EMPLOYMENT PROVIDERS, JUST BASED ON THE NEEDS THAT ARE, ARE -- OUR CLIENTS WERE EXPRESSING, AND THE OTHER SOURCE OF THE INFORMATION IS COMMUNITY HEALTH ASSESSMENT, WHICH TOOK OVER 30 ASSESSMENTS THAT HAD BEEN DONE, AND FOCUS GROUPS, AND ALSO, A DIVERSE GROUP OF, OF STEERING COMMITTEE MEMBERS TO HELP WADE THROUGH ALL OF THAT INFORMATION. SO, WE DO LISTEN. THAT'S ONE THING THAT WE CAN SAY. SOME OF THE THEMES THAT CAME OUT IS THAT HEALTH IS IMPACTED BY MANY FACTORS IN ADDITION TO HEALTH CARE. YOU WILL SEE THAT REPEATED THROUGHOUT THE SLIDES. ANOTHER IS THAT MORE GROUP LEVEL AND COMMUNITY LEVEL INTERVENTIONS ARE NEEDED, AND ONE OF THE SPECIFIC QUOTES WAS THAT WE NEED MORE INNER GENERATIONAL EDUCATION, SO, FOR EXAMPLE, INCORPORATE ELDERLY TEACHING OLD SCHOOL WAYS OF STRETCHING THE DOLLAR, AND OF RAISING CHILDREN, OF EMPHASIZING THE IMPORTANCE OF EDUCATION, SO I THINK TO LOREEN'S POINT ABOUT YOUNG FAMILIES, REALLY EXPLORING THE ROLE OF GRANDPARENTS, FATHERS, AND OTHER, OTHER FOLKS IN THE COMMUNITY. ANOTHER THEME THAT CAME THROUGH LOUD AND CLEAR IS MEN NEED HELP, TOO. AND TRADITIONALLY, WE FOCUSED ON WOMEN AND CHILDREN, WHICH IS GREAT. WE WILL CONTINUE TO STILL DO THAT. BUT, WE'RE ALSO HEARING THAT WE NEED TO FOCUS ON FAMILIES AND THEIR CONFIGURATIONS AND FORMS, AND WE KNOW THAT WOMEN AND CHILDREN ARE HEALTHIER WHEN THEY ARE SUPPORTED BY HEALTHY FAMILIES, AND HEALTHY COMMUNITIES. SO, YOU CAN SEE CLIENTS HAVE REQUESTED THAT WE OFFER MORE THAN THE CURRENT SERVICE DELIVERY MODEL, AND I THINK THAT ALONG WITH THE SCIENCE THAT YOU WILL HEAR ABOUT AND THE BUDGETARY CONSTRAINTS, THESE, THESE ASSESSMENTS ARE GIVING US PERMISSION AND ASKING US TO THINK DIFFERENTLY ABOUT HOW WE CAN, WE CAN DELIVER THE SERVICES THAT, THAT FOLKS NEED. THESE ARE JUST A FEW OF THE THEMES PRESENTED TODAY, AND WE KNOW THAT THERE ARE A HOST OF BROADER FACTORS AT PLAY IN HEALTHY FAMILIES, AND SO I WILL TURN IT TO DR. GARY OXMAN, WHO WILL TALK ABOUT THE LIFE COURSE THEORY.

>> Commissioner Shiprack: COULD I ASK ONE QUESTION? WHEN WERE THE FOCUS GROUPS DONE?

>> FOR HBI, THEY WERE IN 2009 AND THE COMMUNITY HEALTH ASSESSMENT COMPLETED THIS LAST YEAR IN 2011.

>> GOOD MORNING, AND THANKS FOR THE OPPORTUNITY TO TALK WITH YOU. I AM GOING TO SAY A FEW WORDS ABOUT THE SCIENCE BEHIND WHAT WE'RE DOING, KIND OF THE WHY OF WHAT WE'RE DOING, AND AS LILLIAN POINTED OUT, OUR ENVIRONMENT IN WHICH WE ARE PRACTICING PUBLIC HEALTH IS EXTREMELY DYNAMIC, AND THIS CREATES FOR US AN OPPORTUNITY AND AN IMPERATIVE TO STEP BACK AND SAY EVERYTHING IS CHANGING. MAYBE WE SHOULD STEP BACK AND SEE, IS WHAT WE'RE DOING THE EFFECTIVE THING TO DO? SO IN THE DEPARTMENT, OUR APPROACH HAS ALWAYS BEEN TO TAKE THE SCIENTIFIC BASIS OF THINGS, AND TRY TO COMBINE THAT WITH THE WISDOM OF THE COMMUNITY TO COME UP WITH WHAT WORKS. SO, THERE IS REALLY A COUPLE OF TAKE-AWAY MESSAGES I WOULD LIKE YOU TO GET FROM MY PRESENTATION. FIRST IS, THERE IS, AS YOU HAVE HEAR, THERE IS A LOT OF FAMILIES IN NEED, AND TO IMPROVE THE HEALTH OF THE COMMUNITY, OVERALL, WE NEED TO REACH A LARGER NUMBER OF PEOPLE THAN WE'RE REACHING. AND WHAT THIS MEANS IS THAT WE NEED TO REALLY FOCUS OUR HIGH INTENSITY, HIGH VALUE SERVICES ON INDIVIDUALS, WHERE THEY ARE NEED AND HAD WHERE THEY ARE GOING TO PRODUCE BENEFIT, AT THE SAME TIME, DEVELOP NEW WAYS OF REACHING LARGER NUMBERS OF INDIVIDUALS. AS RACHAEL POINTED OUT, ARE WE ABLE TO REACH MEN IN A GROUP SETTING THROUGH PARENTING CLASSES, THROUGH EMPLOYMENT ASSISTANCE, AND ETC., AND CAN WE DO THAT IN A MORE EFFICIENT AND EFFECTIVE WAY? SO THAT'S, THAT'S THEME NUMBER ONE. AND GO BIG OR GO HOME. AND THEME NUMBER TWO IS, WE REALLY NEED TO VIEW WHAT WE'RE DOING THROUGH THE LENS OF WHAT WE KNOW ABOUT WHAT'S REALLY EFFECTIVE, AND, YOU KNOW, THAT BRINGS TOGETHER THE SCIENCE AND THE COMMUNITY WISDOM, AND WE REALLY, AS MUCH AS POSSIBLE, I BELIEVE, NEED TO WORK ON EVIDENCE-BASED PRACTICES, THE THINGS THAT ARE REALLY KNOWN TO WORK, AND WHEN WE CAN'T DO THAT, WHEN THOSE THINGS DON'T EXIST, WE NEED TO FALL BACK ON WHAT WE WOULD CALL EMERGING BEST PRACTICES, THE THINGS THAT HAVE A STRONG SCIENTIFIC OR THEORETICAL BASIS OR SOME EVIDENCE THAT THEY WORK AND USE THOSE TO, TO A LARGE EXTENT. WE ARE FORTUNATE IN HAVING DR. PATTI, A SPECIALIST WHO IS SPENDING A YEAR WITH US TRAINING IN PUBLIC HEALTH, AND PATTY TOOK ON THE TASK OF, OF REVEALING THE LITERATURE ON WHAT MAKES, MAKES CHILDREN AND FAMILIES SUCCESSFUL. AND SHE READ LITERALLY THOUSANDS OR LITERALLY HUNDREDS OF ARTICLES COMPRISING THOUSANDS OF PAGES, AND THEN, AND THEN ON TASK TO PRESENT THE RESULTS OF ALL OF THAT WORK. SO, LET ME SAY THAT I AM GOING TO GIVE YOU A VERY, VERY HIGH LEVEL OVERVIEW, AND IF YOU WANT A QUESTION AND ANSWER, WHEN WE GET TO THAT, WE CAN DO SOME OF THAT, AND IF YOU WANT TO HAVE MORE DETAILED BRIEFINGS, WE'RE AVAILABLE FOR DOING THAT.

>>> THE SLIDE YOU SEE IN FRONT OF YOU, ON THE LIFE COURSE PERSPECTIVE IS REALLY, REALLY A, A CRITICAL, SCIENTIFIC DISCOVERY OF THE LAST TEN OR 15 YEARS. THE THINGS HAVE REALLY CHANGED IN THE LAST 10, 15, 20 YEARS IN TERMS OF HOW WE THINK ABOUT WHAT MAKES CHILDREN AND FAMILIES HEALTHY, AND THE LIFE COURSE PERSPECTIVE IS REALLY CRITICAL. THE MAIN BASIS OF LIFE COURSE IS, IS THAT, THAT, THAT WHEN YOU LOOK AT WHERE AN INDIVIDUAL IS AT A POINT IN THEIR LIFE AND YOU LOOK AT THEIR HEALTH STATUS, THAT'S REALLY THE INFLUENCE OF WHAT THEY EXPERIENCED THROUGH THEIR LIFE. AND, AND THERE IS A COUPLE OF IMPLICATIONS FOR THAT. ONE IS THAT, THAT WE REALLY NEED TO BE THINKING ABOUT WHAT ARE WE DOING FOR INDIVIDUALS OVER THE COURSE OF THEIR LIFE? WHAT SUPPORTS ARE THERE OVER THE COURSE OF THEIR LIFE AND WHAT CAN WE DO TO CREATE AN ENVIRONMENT THAT MITIGATES THE RISKS BECAUSE LIFE COURSES REALLY ARE ABOUT THIS ONGOING DYNAMIC BALANCE BETWEEN RISKS, WHICH LEAD TO POOR HEALTH, AND SUPPORTS, WHICH LEAD TO GOOD HEALTH, AND HOW DO THOSE THINGS ADD UP WITH EACH OTHER OVER THE COURSE OF A LIFETIME. AND, AND WHEN THEY HAPPEN AND HOW THEY HAPPEN IS ALSO CRITICAL. THERE ARE CERTAIN, CERTAIN THINGS THAT YOU CAN DO, AND PARTICULARLY, WHEN WE GET TO, TO TALKING A BIT ABOUT EARLY, EARLY CHILDHOOD DEVELOPMENT AND BRAIN GROWTH. THERE IS CERTAIN THINGS THAT JUST HAVE TO BE DONE EARLY IN LIFE, AND IF YOU DON'T CATCH THEM EARLY IN LIFE, IT'S VERY, VERY MUCH MORE DIFFICULT TO CATCH UP LATER IN LIFE. SO, THE LIFE COURSE, ONE IS THAT CONCEPT THAT WE NEED TO REALLY LOOK AT WHAT HAPPENED WITH AN INDIVIDUAL OVER THEIR LIFE SPANS, AND THERE ARE MULTI-GENERATIONAL EFFECTS, CERTAIN THINGS THAT HAPPEN TO YOU AND I WHEN WE ARE IN THE WOMB ARE GOING TO DETERMINE HOW WE ARE BORN AND HOW WE'RE GOING TO BE HEALTHY OVER OUR LIFETIME. ALSO, THERE IS A WHOLE NEW FASCINATING AREA OF SCIENCE ON THAT. THE SECOND THING, IS WE NEED TO BE REALLY REALISTIC ABOUT WHAT WE CAN ACCOMPLISH WITH OUR SUPPORTS AT A GIVEN POINT IN TIME. SO, FOR EXAMPLE, TRADITIONALLY WHAT WE HAVE DONE IN PUBLIC HEALTH IS WHEN A WOMAN GETS PREGNANT, WE POUR A LOT OF SERVICES AND SUPPORTS INTO, INTO, INTO SUPPORTING HER AND HER FAMILY DURING THE COURSE OF THAT PREGNANCY, WHICH IS A REALLY GOOD THING TO DO, AND WE THOUGHT IT WAS GOING TO BE A REALLY EFFECTIVE THING TO DO, BUT WHEN WE LOOKED BACK AT THAT AND LOOK AT IT THROUGH THE LIFE COURSE PERSPECTIVE, WE NEED TO SAY GEE, HOW CAN WE, IN AN INTENSIVE INTERVENTION IN THE COURSE OF SEVEN OR EIGHT MONTHS, REBALANCE AN ENTIRE LIFETIME OF EXPERIENCES AND, PERHAPS, PREVIOUS, PREVIOUS INFLUENCES THAT CAME FROM WHEN THE INDIVIDUAL IS IN THE WOMB, HOW CAN WE DO THAT IN SEVEN OR EIGHT MONTHS? SO WE REALLY NEED TO GET REALISTIC ABOUT WHAT WE CAN ACCOMPLISH AND CAN'T ACCOMPLISH AND, AND HOW WE INVEST INTELLIGENTLY IN A PACKAGE OF THINGS THAT ARE, THAT ARE ACCESSIBLE TO THE INDIVIDUAL AND, YOU

KNOW, AT CRITICAL POINTS IN THE LIFE COURSE, BUT ALSO, THAT SUPPORT THE HEALTH THROUGH THE, THE ENTIRE COMMUNITY OVER TIME. SO, MOVING ON. TALK ABOUT THE SCIENCE OF CHILD DEVELOPMENT AND PARTICULARLY, EARLY BRAIN DEVELOPMENT, AND THE THING ABOUT REVIEWING THE SCIENCE FOR THIS, THE REALLY GOOD NEWS IS THAT, IS THAT KIDS ARE BORN TO LEARN. KIDS AND THEIR FAMILIES ARE NATURALLY WIRED. THEY ARE HARD WIRED TO SUCCEED, AND THE INTERACTION BETWEEN A CHILD AND ITS PARENTS AND OTHER COMMUNITY MEMBERS IS REALLY -- IT'S HOW WE'RE BUILT, AND IF WE JUST LET THAT HAPPEN WELL, MOST KIDS WILL COME OUT HEALTHY FROM THAT. AND SO, AND SO THAT'S THE GOOD NEWS. THE BAD NEWS IS THAT DOES NOT ALWAYS HAPPEN. BRAIN DEVELOPMENT IS THE FOUNDATION OF ACADEMIC SUCCESS, AND BRAINS ARE BUILT THROUGH RELATIONSHIPS. STRESS CAN BE REALLY TOXIC TO YOUNG CHILDREN, AND SO, WE CAN, WE CAN -- IT'S IMPORTANT FOR US TO MITIGATE SOME OF THAT STRESS TO THE EXTENT THAT WE CAN, AND AGAIN, THIS IDEA THAT, THAT THE BRAIN IS VERY PLASTIC. KIDS, YOU KNOW, KIDS RECOVER. THEY ARE ADAPTABLE, BUT THE EARLIER WE INTERVENE, THE BETTER. IN PARTICULAR, THERE HAS BEEN A LOT OF TALK ABOUT THE IMPORTANT ROLE OF THE FIRST 1,000 DAYS. PEOPLE ARE REALLY FOCUSED ON THAT, SO THE FIRST THREE YEARS OF LIFE ARE CRITICAL TO SUCCESSFUL DEVELOPMENT. THE OTHER THING IS WE REALLY NEED TO UNDERSTAND THAT IT'S NOT A QUESTION OF JUST PAYING ATTENTION TO THE BRAIN AS COGNITIVE DEVELOPMENT, BUT THERE IS A TRIAD OF SOCIAL, EMOTIONAL, AND COGNITIVE DEVELOPMENT -- THEY INTERRELATE WITH EACH OTHER AND MUTUALLY SUPPORT EACH OTHER, AND THAT RESULTS IN A, IN A HEALTHY KID, SO DOING THESE THINGS ALL TO GO. SO, WHAT WE TRIED TO THINK OF IS WHAT IS THE SCIENTIFIC FOUNDATION FOR WHAT WE'RE GOING TO BE DOING? I WILL BE RUNNING THROUGH A FEW HIGH POINTS. THE FIRST IS ADULT ATTACHMENT. THAT'S REALLY CENTRAL TO DEVELOPMENT. ATTACHMENT TO ADULTS ORGANIZES A CHILD'S DEVELOPMENT, EMOTIONALLY, BEHAVIORALLY AND THEIR COGNITIVE DEVELOPMENT, THEIR THINKING. AND SECURE ATTACHMENT PROMOTES SCHOOL READINESS. THERE IS A BODY OF LITERATURE ON THIS, AND SO, YOUR SECURE ATTACHMENT BUFFERS A CHILD FROM THE RISKS AND THE STRESSES THAT ARE OUT THERE AND THE ENVIRONMENT. AND EVEN WHEN THERE ARE NOT GOOD SECURE ATTACHMENTS, INSECURE ATTACHMENTS CAN BE CONVERTED TO SECURE ATTACHMENTS. THERE IS A HOPEFUL STORY HERE, AND WE NEED TO BE FOCUSED ON, ON ASKING OURSELVES HOW DO WE, WE PROMOTE ATTACHMENT? AND, AND THAT ATTACHMENT DOESN'T ALWAYS HAVE TO BE WITH A BIOLOGICAL PARENT. THERE ARE THINGS THAT WE CAN DO IN THE COMMUNITY TO SUPPORT EXTENDED FAMILIES, TO SUPPORT DAYCARE, TO SUPPORT OTHER VENUES IN THE COMMUNITY THAT WILL REALLY BENEFIT KIDS. SO, YOU KNOW, A, A PARENTAL RELATIONSHIP THAT'S TROUBLED DOES NOT MEAN THAT THE CHILD IS DOOMED TO POOR DEVELOPMENTAL TRAJECTORY. WE COULD REALLY DO SOMETHING ABOUT THAT. A SECOND POINT THAT'S REALLY

IMPORTANT IS LITERACY. WE TEND TO THINK OF LITERACY A LOT AS READING, AND READING IS A REALLY CRITICAL PART OF IT, AND I AM A HUGE FAN OF READING ON KIDS, BUT WHAT, WHAT LITERACY IS REALLY ABOUT IS LANGUAGE DEVELOPMENT, AND THAT HAPPENS IN A LOT OF WAYS THROUGH STORYTELLING, OBSERVATION, WHEN KIDS OBSERVE AND PARTICIPATE IN CONVERSATION, WHEN THERE IS SHARED BOOK READING, KIDS ARE OLD ENOUGH, OR WHEN KIDS ARE BEING READ TO IN AN INTERACTIVE, BINDING WAY. THOSE ARE ALL PART OF LITERACY, AND THAT LEADS TO LANGUAGE DEVELOPMENT. LANGUAGE DEVELOPMENT TENDS TO BE LOWER IN KIDS WHO FACE SOCIOECONOMIC CHALLENGES THAN IT DOES IN KIDS WITH HIGHER SOCIOECONOMIC STATUS, AND SO SOME OF THE THINGS THAT WE NEED TO REALLY BE PAYING ATTENTION TO AS A PUBLIC HEALTH APPROACH IS WHAT ARE WE DOING TO MAKE SURE THAT KIDS ARE EXPOSED TO WHAT THEY NEED TO BE, TO BECOME LITERATE. THAT'S THE FOUNDATION FOR SCHOOL SUCCESS, SCHOOL SUCCESS IS THE FOUNDATION FOR LIFE SUCCESS. A THIRD MAJOR AREA THAT, THAT WE'RE GOING TO BE PAYING MORE ATTENTION TO IS WHAT'S CALLED ADVERSE CHILDHOOD EXPERIENCES OR ACES. AND THIS IS BASED ON THE STUDY OF THE KAISER FAMILY FOUNDATION WHERE BASICALLY, WHAT THEY DID IS THEY LOOKED AT A WIDE VARIETY OF PEOPLE OF DIFFERENT HEALTH STATUS. THEY WENT BACK, AND THEY INTERVIEWED THEM. THEY REALLY FOCUSED IN ON, ON ADVERSE EXPERIENCES THAT THEY HAD IN CHILDHOOD. SO, EXPOSURE TO ABUSE, A PARENT WITH SUBSTANCE ABUSE, WITH A CRIMINAL HISTORY, A DISFUNCTIONAL HOUSEHOLD ENVIRONMENT. THEY LOOKED AT ALL THOSE THINGS, AND WHAT THEY FOUND WAS THAT THOSE CHILDHOOD EXPERIENCES PREDICTED VERY POWERFULLY THE, THE HEALTH OF THE ADULT. IT PREDICTED THE, THE HEART DISEASE. SUBSTANCE ABUSE, DEPRESSION, EARLY DEATH. SO, THERE ARE THINGS THAT HAPPENED EARLY IN CHILDHOOD THAT ARE REALLY CRITICAL. SO, WE NEED TO REALLY FRAME THE WORK THAT WE DO USING THE, YOU KNOW, THE EARLY CHILDHOOD -- THE ADVERSE CHILDHOOD EXPERIENCES LENS. WE NEED TO DO TWO THINGS ABOUT THESE. ONE IS, IS WE NEED TO STOP THEM FROM HAPPENING TO THE CURRENT GENERATION OF CHILDREN TO THE EXTENT THAT WE CAN DO THAT. AND SECONDLY, WE NEED TO INTERVENE WITH THE ADULTS WHO ARE PARENTING THOSE CHILDREN. THOSE ADVERSE CHILDHOOD EXPERIENCES DO NOT DOOM THE ADULT TO BEING A POOR PARENT AND DO NOT DOOM THE CHILD TO REPEATING THE EXPERIENCE OF THE ADULT. BUT, BY BRINGING THOSE EXPERIENCES TO CONSCIOUSNESS AND HELPING PEOPLE, THEY CAN BE BETTER PARENTS AND THEY CAN MITIGATE THE IMPACT OF THEIR OWN CHILDHOOD EXPERIENCES. JUST IN CLOSING HERE, I WANT TO MENTION VERY BRIEFLY, THE ISSUE OF BASIC NEEDS, AND THIS IS JUST -- THIS IS A NO BRAINER. OF COURSE, PEOPLE NEED SHELTER AND NUTRITIOUS FOOD, A SAFE ENVIRONMENT, AND PHYSICAL ACTIVITY, AND ACCESS TO MEDICAL CARE AND OTHER SERVICES. WE NEED TO KEEP OUR EYES ON THAT, BUT, THAT WE'RE NOT THROWING OUT THE BANK THINGS AS WE MOVE INTO THESE DEVELOPMENTAL APPROACHES. ALSO, WE NEED TO REALLY LOOK AT

THIS LARGER ISSUE OF HOW TECHNOLOGY IMPACTS YOUNG CHILDREN AS THEY GROW. AND, AND, AND WHAT WE KNOW FROM, FROM THE SCIENCE LITERATURE AT THIS POINT IS THAT, THAT THERE IS NO REAL BENEFIT TO KIDS UNDER TWO YEARS OF AGE OF SCREEN TIME, WHETHER IT'S COMPUTER TIME OR TELEVISION TIME. IT JUST DOESN'T HELP THEM, AND WHAT IT DOES IS DISTRACTS THEM FROM HUMAN INTERACTIONS, AND SO THEY DON'T LEARN IN THE WAYS THAT THEY ARE WIRED TO LEARN, SO SCREEN TIME IS POTENTIALLY TOXIC, AND WE NEED TO FIGURE OUT HOW TO, TO, TO MAKE SURE THAT KIDS -- THAT ACCESS TO TECHNOLOGY IS, IS APPROPRIATELY CONTEXTUALIZED FOR OUR FAMILIES. SO THESE FACTORS ARE REALLY THE SCIENTIFIC PLATFORM ON WHICH WE ARE BUILDING OUR FUTURE WORK, AND THEN LOREEN WILL TALK WITH YOU ABOUT THE PROGRAM APPROACH.

>> THANKS, GARY. SO OUR WORK REALLY IS ORGANIZED AROUND THREE BASIC STRATEGIES, AND ONE IS WHAT WE CALL HEALTHY FAMILIES, SKILL BUILDING, AND I WILL GIVE SOME EXAMPLES. THE OTHER HAS TO DO WITH THE MEDICAL HOME AND OUR CONNECTIONS TO THE MEDICAL HOME AND THE IMPORTANCE OF, OF STRENGTHENING THAT CONNECTION TO THE MEDICAL HOME AND KEY POINTS OF TRANSITION. AND THEN COMMUNITY-BASED INITIATIVES. SO THIS IS HOW WE ORGANIZE OUR WORK, AND THIS IS -- THESE WILL CONTINUE TO BE THE WAYS THAT WE ORGANIZE OUR WORK, AS WE PUT MORE FOCUS IN CERTAIN AREAS, LESS FOCUS IN OTHER AREAS, AND SO THAT WE CAN ACHIEVE SOME OF THE OUTCOMES THAT WE ARE REALLY ACCOUNTABLE TO THE COMMUNITY IN, AND SOME OF THE, SOME OF THE OUTCOMES THAT WE REALLY HAVE NOT TURNED THE DIAL ON AND SOME OF THE PERSISTENT DISPARITIES THAT CONTINUE TO, TO ADDRESS OUR, OUR COMMUNITY. SO, WHEN HEALTHY FAMILY, SKILL BUILDING, WHAT YOU WILL SEE IS, IS THESE ARE REALLY WHAT, WHAT WE LOOK AT AS OUR LONG-TERM INTERVENTIONS, THEY TEND TO INVOLVE SOME SORT OF CASE MANAGEMENT. YOU HAVE HEARD US TALK ABOUT THE NURSE FAMILY PARTNERSHIP, AND HEALTHY START, AND HEALTHY HOMES PROGRAM, WHICH ARE ALL LONG-TERM INTERVENTIONS. THEY ARE REALLY HIGH IMPACT, AND WE KNOW THAT, THAT THEY SAVE MEDICAID DOLLARS AND ON CORRECTIONAL EVENTS, YOU KNOW, AND EDUCATIONAL EVENTS, BUT THEY ARE LOW VOLUME, THEY ARE HIGH IMPACT AND HIGH COST. THEY ARE REALLY IMPORTANT AND IMPORTANT TO GET TO THE, TO THE FAMILIES THAT NEED IT THE MOST. WE ALSO HAVE WIC AS ANOTHER BEST PRACTICE, LONG-TERM PROGRAM WHERE PEOPLE ARE SEEN WITH CASE MANAGEMENT, SO THOSE ARE THE HEALTHY FAMILY, SKILL BUILDING, BASED ON THE EVIDENCE-BASED MODELS AND PROVIDE A, A GREAT, A GREAT PLATFORM FOR US, AND ALSO, CREATES SOME PLACES TO DO OUR WORK. THE OTHER AREA HAS TO DO WITH STRENGTHENING THE CONNECTIONS TO THE MEDICAL HOME, SO WE DO THAT IN A LOT OF WAYS, THROUGH THE HOSPITAL SCREENING, AND WE DO IT WITH PROGRAMS LIKE THE ADAPT PROGRAM WHERE WE'RE WORKING WITH PREGNANT AND PARENTING WOMEN WHO, WHO HAVE -- THEY TOUCHED THE CORRECTIONS SYSTEM IN SOME WAY, AND WE ALSO THINK

THIS IS AN AREA THAT WE WILL SEE A LOT OF DEVELOPMENT. WE HAVE A LOT OF NEW PARTNERS IN THIS AREA. SO, IN THIS WORLD OF HEALTH CARE REFORM, WE THINK THAT WE HAVE SOME GREAT OPPORTUNITIES IN THE DEVELOPMENT OF PEDIATRIC AND FAMILY MEDICAL CARE HOMES. RIGHT NOW, MOST OF THE HEALTH CARE TRANSFORM WORK IS FOCUSED ON ADULTS, BUT IN LOOKING AT THOSE MODELS, WE HAVE HAD A NUMBER OF OUR PROVIDERS, YOU KNOW, AND OTHER HEALTH SYSTEMS COME TO US AND SAY, YOU KNOW, YOU HAVE THIS EXPERT EAST, AND WE'RE GOING TO HAVE THIS RESPONSIBILITY TO REALLY MANAGE PEOPLE MORE, AND WHAT, WHAT CAN YOU TELL US ABOUT THAT? HOW CAN YOU HELP US TO DESIGN THAT OR DELIVER THOSE SERVICES? SO, THIS IS AN AREA THAT WE THINK THAT WE ALSO HAVE SOME REAL OPPORTUNITIES TO GROW, BOTH TO IMPACT THE SYSTEM AND TO REALLY CREATE THOSE KINDS OF HOMES. NOW, WE, ACTUALLY, WE PICK UP A LOT OF WORK FOR, FOR PROVIDERS IN THE COMMUNITY THAT, THAT DON'T DO A LOT OF THE FOLLOW-UP, AND SO WE'RE HOPEFUL THAT, THAT THE MODEL OF, YOU KNOW, USING PATIENT NAVIGATORS AND OUTREACH WORKERS AND SOME OF THE STUFF COMING OUT OF, OF THE EARLY LEARNING COUNCIL ABOUT INCREASING SCREENING ARE SOME REAL OPPORTUNITIES FOR US, AND ALSO, TO LOOK AT REALLY SEEING THE WHOLE FAMILY. AS I MENTIONED, DEPRESSION IS A HUGE ISSUE, BUT WOMEN OFTEN LOSE THEIR MEDICAL COVERAGE, AND THEY ARE SEEN IN A PEDIATRIC HOME, AND THEY ARE TAKING THEIR KIDS IN TO BE SEEN BUT THE PEDIATRICIAN WILL NOT BE ADDRESSING THEIR DEPRESSION BECAUSE THAT'S NOT THEIR DOCTOR. SO, YOU KNOW, AS WE HAVE MORE OF THIS MEDICAL HOME MODEL, WE THINK THAT WE WILL HAVE OPPORTUNITIES, AND WE HAVE A LOT OF EXPERTISE TO, TO BRING TO BEAR IN THIS STRATEGY. AND OUR COMMUNITY-BASED INITIATIVES. I WILL TURN IT OVER TO RACHAEL TO TALK MORE ABOUT THAT.

>> YEAH. SO, THESE ARE SOME OF THE THINGS THAT WE'RE DOING CURRENTLY, IN TERMS OF THE COMMUNITY-BASED INITIATIVES. LOOKING AT BREASTFEEDING FROM, FROM EXTINGUISH AND THE WIC PEER PROGRAM, WHERE FAMILIES AND MOTHERS ARE, ARE HELPING OTHER MOTHERS TO BREASTFEED AND, AND THE HEALTHY BIRTH INITIATIVE PROGRAM THAT USES A COMBINATION OF, OF HOME VISITING, COMMUNITY CONSORTIUM, AND EDUCATION GROUPS AND, AND TO SUPPORT FAMILIES THROUGHOUT THEIR PREGNANCY AND IN BETWEEN PREGNANCIES. NURSE CONSULTATION AND CHILDCARE SETTINGS, AND WORKING WITH CHILDCARE PROVIDERS AROUND ISSUES SUCH AS NUTRITION, PHYSICAL ACTIVITY, SCREEN TIME, AND SO FORTH, AND STRATEGIES THAT REACH PEOPLE WHERE THEY LIVE AND WORK AND, AND WHERE THEY PLAY AND WORSHIP AND STUDY. THESE THINGS BUILD COMMUNITY CAPACITY AND, AND PARTNERSHIPS THAT ARE SUSTAINABLE AND, AND THEY WORK WITH NURSES AS LEADERS, INTERVENTIONISTS, AND COMMUNITY CONNECTORS, AND AS LOREEN SAID, THE GOAL IS TO TAKE INTO CONSIDERATION THE EARLY LEARNING COUNCIL FINDINGS ABOUT THE IMPORTANCE OF SCREENING AND ACCESS AND, AND

THE LIFE COURSE MODEL OF, OF LOOKING AT, AT FINDING NATURAL TOUCH POINTS AND REALLY IMPORTANT TOUCH POINTS FOR FAMILIES, AND HIGH RISK TOUCH POINTS, FOR INSTANCE, LIKE WHEN, WHEN, WHEN PARENTS ARE EXITING THE CRIMINAL JUSTICE SYSTEM. THE NEXT SLIDE IS, IS, IS REALLY, REALLY TAKING US BACK TO THE SCIENCE AND PLACING SOME OF THE THINGS THAT WE DO NOW AND THINGS THAT WE WOULD LIKE TO DO IN THE CONTEXT OF THE SCIENCE AND THOSE FOUNDATIONAL SCIENTIFIC BUILDING BLOCKS THAT GARY TALKED ABOUT. SO, FOR ADULT ATTACHMENT, YOU WILL SEE FATHER INVOLVEMENT. THE ADOPTION OF PARENTS AS TEACHER CURRICULUM AND HOME VISITING VISITS. IN TERMS OF LOOKING AT ADVERSE CHILDHOOD EXPERIENCES, WE ARE WORKING ON A CITY MATCH COLLABORATIVE WITH THE NATIVE AMERICAN COMMUNITY TO IDENTIFY AND ADDRESS SUBSTANCE ABUSE IN PREGNANCY, ALSO LOOKING AT STRENGTHENING THE CONNECTIONS OF PARENTS COMING OUT OF THE CRIMINAL JUSTICE SYSTEM, AND IN CONNECTION WITH THE PROBATION. AN EXAMPLE OF HEALTHY BIRTH INITIATIVE IS SEEKING SAFETY CURRICULUM, AN AFRO ECCENTRIC APPROACH TO MENTAL HEALTH FOR MEN AND WOMEN, AS WELL AS INDIVIDUAL CRISIS COUNSELING THAT'S AVAILABLE TO, TO CLIENTS AND CONSUMERS OF THE PROGRAM, BUT ALSO THE COMMUNITY OVERALL. AND IN TERMS OF THE EARLY LITERACY, THERE ARE THINGS GOING ON LIKE THE WIC, THE LIBRARY PARTNERSHIP, AND THAT'S REALLY LOOKING AT LITERACY AS A KEY HEALTH HAD OUTCOME, AND BOOKS GOING, GOING HOME IN HOME VISITS, LIBRARY BOOKS FROM THE HOME VISIT, WHICH I THINK IS A WONDERFUL COLLABORATION OF MULTNOMAH COUNTY LIBRARY AND, AND THE HEALTH DEPARTMENT. AND IN TERMS OF THE BASIC NEEDS, THERE IS TONS OF THINGS HAPPENING. AN EXAMPLE IS OUR HOME VISITING PROGRAMS WHERE OUR NURSES AND CASE MANAGERS ARE SCREENING FOR, FOR BASIC NEEDS, AND LINKING FAMILIES UP WITH RESOURCES TO, TO MEET THOSE NEEDS. AND IN TERMS OF THE SCREEN TIME, WE'RE WORKING WITH COMMUNITY PARTNERS TO, TO IMPLEMENT POLICIES IN CHILDCARE SETTINGS THAT DECREASE SCREEN TIME AND, AND THE IDEAL IS TO GET, GET KIDS AND, AND HEY, THE CHILDCARE PROVIDERS ACTIVE TO MOVING AROUND. AND THESE ARE THINGS, AS YOU CAN SEE AND YOU HAVE HEARD THAT WE WANT TO CONTINUE PROVIDING THE BEST PRACTICE INDIVIDUAL LEVEL SERVICES TO FAMILIES WHILE ALSO BROADENING OUR WORK TO ENSURE THAT, THAT WE'RE REACHING THE FAMILIES THAT MAY NEED A LOWER LEVEL OF, OF INTERVENTION AND SUPPORT, BUT STILL, NEED THAT SUPPORT IN THE COMMUNITY SETTINGS THAT THEY FREQUENT. AN EXAMPLE OF HOW WE'LL CONTINUE TO, TO DO BOTH OF THESE THINGS IS WITH THE BREASTFEEDING WORK WHERE IDEALLY, A MOM IS BEING -- IS DELIVERING, IF THEY ARE IN A HOSPITAL, IN A BREASTFEEDING HOSPITAL, AND ACTUALLY BEFORE THAT, IDEALLY THEY HAVE BEEN TALKED ABOUT BREASTFEEDING HAS BEEN TALKED ABOUT IN THEIR PROVIDER COMMUNITY OR BY THEIR DOULA AND WHAT NOT. ONCE THEIR CHILD IS BORN, THEY WOULD GET BREASTFEEDING SUPPORT THROUGH DOCTORS' VISITS OR OTHER HEALTH CARE PROVIDERS, AS WELL AS IN-HOME VISITING. AND WHEN THEY ARE OUT

IN THE WORLD, THEY WOULD HAVE BREASTFEEDING SUPPORTS, WHETHER IT'S BREASTFEEDING ROOMS -- THEY WILL TAKE THEIR KIDS TO CHILDCARE, IF THAT'S WHERE THEY ARE GOING. CHILDCARE PROVIDERS THAT KNOW WHAT TO DO WITH BREAST MILK AND ARE COMFORTABLE WITH ACCEPTING CHILDREN THAT ARE BREAST-FED, AND IF THEY ARE GOING BACK TO WORK, BEING IN WORK SITES THAT HAVE, HAVE BREASTFEEDING FRIENDLY POLICIES AND BREASTFEEDING ROOMS. AND ONE THING THAT I AM JUST SO, SO FORTUNATE IN MY ROLE AND THE TIME THAT I WORKED HERE IS TO BE, BE A PART OF SOME OF THE COMMUNITY-BASED INITIATIVES THAT YOU ALL HAVE SUPPORTED, LIKE COMMUNITIES PUTTING PREVENTION TO WORK AND LIKE ACHIEVE, WHERE WE'VE BEEN ABLE TO SUCCESSFULLY BOTH SUPPORT THE INDIVIDUALS IN MAKING HEALTHY CHOICES, BUT ALSO, IN WORKING IN THE, IN THE COMMUNITY TO, TO, TO MITIGATE BARRIERS OR TO DECREASE THE BARRIERS OUTSIDE OF THEIR CONTROL, THINGS THAT ARE IN THE ENVIRONMENT THAT WE ALL EXPERIENCE AND THINGS THAT WE CAN DO SOMETHING ABOUT, SO I REALLY JUST WANT TO THANK YOU FOR THAT. AND FINISH UP WITH SAYING THAT, THAT BY WRAPPING THESE COMMUNITY LEVEL SUPPORTS AROUND INDIVIDUALS, WE CAN REALLY BETTER ADDRESS THE ROOT CAUSES OF HEALTH INEQUITIES THAT ARE IMPACTING SOME FOLKS IN OUR COMMUNITY DISPROPORTIONATELY MORE THAN OTHERS. WE CAN AFFECT MORE FAMILIES, AND WE CAN MEET THE INCREASING NEEDS THAT WE'RE SEEING WITH FAMILIES IN OUR COMMUNITY. I'M GOING TO TURN IT OVER TO LOREEN, WHO WILL GIVE AN EXAMPLE.

>> SORT OF GOING ON WITH THAT, WE WANT TO MAXIMIZE OUR COMMUNITY IMPACT, AND USE OUR CURRENT STAFF. WE WANT TO KEEP UP OUR, OUR HOME VISITING SERVICES, AND WE HAVE PLANS TO DO THAT. WE CAN ONLY SERVE ABOUT 50 FAMILIES A YEAR IN THAT KIND OF AN INTENSIVE INTERVENTION PER STAFF PERSON. WE ALSO WANTED TO DEPLOY OUR STAFF IN THE OTHER WAYS, SO FOR INSTANCE, THE WIC PEER BREASTFEEDING COUNSELORS. YOU KNOW, THERE IS 800 WOMEN A MONTH COMING IN, AND THAT WAS KIND OF A SMALL INVESTMENT, I THINK, 2.5 STAFF. THE COMMUNITY HEALTH NURSES THAT PROVIDE CONSULTATION TO THE HEALTHY START TEAMS, WORKING MORE IN CORRECTIONS, YOU KNOW, 45% OF PEOPLE THAT ARE IN CORRECTIONAL FACILITIES ARE PARENTS, AND SO WE THINK THAT WE HAVE SOME REAL OPPORTUNITIES TO, TO, TO HAVE SOME INFLUENCE, AND ALSO, TO DO SOME MORE PLACE-BASED WORK, PARTICULARLY IN OUR DESIRE TO CONNECT MORE WITH, WITH FATHERS. AND LIKE, LIKE RACHAEL WAS SAYING, WORKING WITH CHILDCARE, SO IN REGISTERED CHILD CARE, THERE IS 23,000 KIDS THAT, THAT DOESN'T COUNT THE CHILD CARE PROVIDERS THAT ARE BEGINNING TO GET REGISTERED AND PROVIDE THE GREAT OPPORTUNITIES FOR US TO BRING NURSES IN FOR CONSULTATION TO WORK WITH COMMUNITY PARTNERS ON THAT SYSTEM CHANGE, AND THEN TO WORK ON DEVELOPING PROTOCOLS THAT, THAT WE'RE DOING THROUGH WIC TO SUPPORT THAT. WE HAVE TREMENDOUS EXPERTISE IN OUR STAFF, SO I WILL SAY THAT OUR HOME VISITING STAFF

SOMEWHERE EXPERTISE AND A VIEW ON THE COMMUNITY THAT NOBODY ELSE IN THE COMMUNITY HAS. REALLY, THEY ARE THE ONLY ONES DOING THAT WORK. AND I THINK THAT WE HAVE DONE SOME DISSERVICE IN KEEPING SOME OF THAT IN THE HOME AND NOT REALLY BRINGING SOME OF THAT INFORMATION UP INTO POLICY STRATEGIES AND SYSTEM CHANGE STRATEGIES, AND REALLY WANT TO DO THAT. WE HAVE LEARNED SO MUCH THROUGH THIS COMMUNITY SPLITTING PREVENTION. THE SAME WITH OUR WIC, THERE IS NOBODY ELSE DOING THAT WORK IN THE COMMUNITY. SO, WE HAVE A LOT THAT WE CAN BRING TO BEAR IN TERMS OF THE EXPERTISE, AND THERE IS GRIEF IN CHANGE, AND, YOU KNOW, THAT WE HAVE FEWER STAFF, WE STILL HAVE SIGNIFICANT PROGRAMS. BUT, WE HAVE -- WE ARE OUT, YOU KNOW, TALKING TO THE NURSES RECENTLY, AND PEOPLE ARE SAYING, WE KNOW THAT, THAT OUR FAMILIES ARE DEALING WITH, YOU KNOW, SOCIAL ISOLATION, AND THAT THEY NEED -- WE DON'T WANT TO LEAVE OUR HIGH RISK FAMILIES BEHIND. WE NEED TO KNOW THAT THEY ARE TAKEN CARE OF AND THAT WE NEED TO BUILD SOCIAL SUPPORTS AND SOME COMMUNITY CAPACITY FOR, FOR OUR WORK, AND REALLY, HAVE SOME OPPORTUNITIES TO LOOK AT GEOGRAPHIC FOCUS. WE HAVE RECENTLY DONE SOME MAPS IN LOOKING AT, WHERE IS OUR TEEN PREGNANCIES? WHAT IS OUR POVERTY MAPS? WHERE IS OUR SERVICES, OUR HOME VISITING SERVICES? WE CAN SHARE THOSE WHEN YOU ADD THE DENSITY, THERE IS OPPORTUNITIES FOR US TO FOCUS OUR WORK GEOGRAPHICALLY IN A WAY THAT WE CAN REALLY GET OUR HANDS AROUND A COMMUNITY AND HOPEFULLY CREATE MANY MORE SUPPORTS AND NETWORKS IN THOSE COMMUNITIES TO, TO FIND THEIR OWN SOLUTIONS.

>> Commissioner Shiprack: I DON'T WANT ANYONE TO MISS THEIR PLANE, BUT I WANT TO SAY, TO INTERRUPT YOU RIGHT THERE --

>> THAT'S FINE. THAT'S RIGHT.

>> I AM REALLY INTERESTED, I AM REALLY INTERESTED IN THAT MAPPING. I WOULD REALLY LIKE TO SEE THAT, AND I UNDERSTAND ABOUT DASHBOARDS. I FEEL LIKE I HAVE POPULATED A LOT OF THEM, BUT, I WOULD LIKE TO PUT THAT ON, ON THE SCHEDULE FOR LATER, A LATER BRIEFING.

>> GREAT.

>> Commissioner Shiprack: THOSE MAPS ARE REALLY PROVOCATIVE. I REALLY WANT TO, TO, TO --

>> WONDERFUL.

>> THANK YOU. OK, GARY, I THINK -- DR. GARY OXMAN, YOU ARE NEXT.

>> EXCUSE ME, OK.

>> TO BUILD ON, ON WHAT, WHAT -- ON WHAT LOREEN WAS SAYING, WHAT WE -- EARLIER I SAID THAT WE REALLY NEED TO BE THINKING, IF WE ARE INTERESTED IN IMPROVING THE HEALTH OF THE OVERALL COMMUNITY, WE NEED TO BE CONCERNED ABOUT VOLUME BECAUSE THERE IS SO MANY FAMILIES IN NEED AND IN OUR CAPACITY TO PROVIDE THE HIGH INTENSITY, INDIVIDUAL FAMILY SERVICES. I AM A HUGE FAN OF HOME SERVICES BUT, BUT I CANNOT ENVISION IT IN MY LIFETIME, BASED ON MY 28 YEARS WITH THE COUNTY, THAT I AM GOING TO SEE A DAY WHEN WE'RE GOING TO BE ABLE TO PROVIDE INDIVIDUAL FAMILY-BASED HOME VISITING TO EVERYBODY IN NEED. SO, WE NEED TO ASK OURSELVES, HOW DO WE BALANCE USING THOSE VERY PRECIOUS RESOURCES AND FOCUSING ON, ON THE SMALL NUMBER OF FAMILIES WHO WILL BENEFIT, AND THEN REALLY TAKE US BACK TO THE INTERVENTIONS, LOOKING AT PUBLIC HEALTH POLICY, SUPPORTIVE ENVIRONMENTS, COMMUNITY ACTIONS, AND TRYING TO GIVE OURSELVES A BALANCED PORTFOLIO WHEN WE INVEST IN THE COMMUNITY HERE, AND THAT'S THE WAY THAT WE'RE GOING TO GET TO THE COMMUNITY HEALTH IS BEING REALLY CONSCIOUS ABOUT THIS, AND REALLY STRATEGICALLY BALANCING OUR APPROACHES.

>> DOES THAT MEAN THAT, THAT THE, THE GOAL OR STRATEGY IS TO INVEST LESS IN HOME VISITING AND INVEST MORE IN THE OTHER PIECES? IS THAT WHAT YOU ARE SAYING?

>> POTENTIALLY. I'M NOT -- I THINK THAT WE, WE NEED TO REALLY FIGURE OUT, AND LOREEN WAS SAYING, WHAT THE NURSES ARE DOING AND COULD BE DOING. WE NEED TO TAKE A LOOK AT THAT AND ASK OURSELVES, OK, IF WE HAVE A PROGRAM WHERE WE ARE ABLE TO CREATE A NURSE CONSULTANT ROLE, WHAT WOULD WE EXPECT TO GAIN FROM THAT IN ADULT ATTACHMENT, MANAGEMENT OF ADVERSE EXPERIENCES, ETC.? IS IT WORTH THE INVESTMENT? WE NEED TO ASK THAT SAME QUESTION ABOUT, YOU KNOW, THE NEED OF THE INDIVIDUAL FAMILY. WE NEED TO EXPLICITLY SAY THAT. I DON'T THINK THAT IT'S AUTOMATIC, AN AUTOMATIC THAT WE SAY, WE'RE, WE'RE RUNNING AWAY FROM INDIVIDUAL SERVICES AND TOWARDS GROUP SERVICES. I THINK IT'S A, A THOUGHTFUL PROCESS OF CONTINUING TO EVOLVE THAT.

>> DO WE HAVE ENOUGH INFORMATION TO, TO SAY, YOU KNOW, IF WE TAKE THIS NURSE AND VISIT THESE 60 FAMILIES, WE'LL GET THESE OUTCOMES AND TAKE THIS NURSE AND, AND INSTEAD, DO BREASTFEEDING COUNSELING TO 320 WOMEN, WE'LL GET THIS LEVEL OF OUTCOMES SO WE CAN MEASURE THAT?

>> YOU KNOW, I THINK THAT THAT'S WHERE WE REALLY NEED TO LOOK INTO, INTO WHAT, WHAT, YOU KNOW, EVALUATING OUR OWN EFFECTIVENESS, AND ALSO, LOOK AT WHAT, WHAT THE OTHER COMMUNITIES HAVE DONE IN

EVALUATING THEIR EFFECTIVENESS ON THAT. BUT, I THINK IT CARRIES ALONG WITH IT A RESPONSIBILITY THAT, THAT WHEN WE SAY OK, HERE'S A GOOD IDEA, LET'S EVALUATE IT AS WE GO SO WE CAN FIGURE OUT WHETHER IT WORKS. IN PART, THIS IS, THIS IS, YOU KNOW, I AM KIND OF DIALING BACK TO, TO THE 1980s WHEN I WAS FIRST IN THE HEALTH DEPARTMENT AND, AND I THINK THAT, THAT AT THAT TIME, OUR COMMUNITY HEALTH NURSES HAD A DIFFERENT PORTFOLIO OF DUTIES. RIGHT NOW, THERE ARE, THEY ARE FOCUSED ON HOME VISITING, AND THAT'S A RELATIVELY RECENT PHENOMENON, HAVING TO DO WITH THE FEE FOR SERVICE REIMBURSEMENT AND THE, THE WAY THAT THE FINANCES WORK. BUT BACK WHEN I STARTED, COMMUNITY HEALTH NURSES DID A SUBSTANTIAL AMOUNT OF HOME VISITING, BUT THEY ALSO HAD COMMUNITY ORGANIZATIONS AND, AND WITH, WITH WHOM, WHOM THEY SERVED AS LIAISONS BETWEEN THE HEALTH DEPARTMENT AND THE COMMUNITY. THERE WERE PEOPLE WHO WERE SUPPORTING CHILD CARE INSTITUTIONS, SO IN A SENSE IT'S A RENAISSANCE OF WHERE, WHERE -- OF AN ORIGINAL CONCEPT THERE A LONG TIME AGO, AND ACTUALLY, GOES WAY BACK IN HISTORY.

>> AS A PUBLIC HEALTH NURSE, WE USED TO HAVE A SAYING, WE CANNOT DO THE WORK OF 100 BUT WE CAN GET 100 PEOPLE WORKING WITH WHAT WE NEED TO DO. AND YOU KNOW, IT'S THAT KIND OF THING, AND I THINK THAT IT'S -- IT CAN'T BE UNDERESTIMATED HOW, HOW THE FEE FOR SERVICE, MEDICAID, TARGETED CASE MANAGEMENT REALLY DROVE THE MODEL. AND NOW, YOU KNOW, THAT'S WHERE THE MONEY WAS. PEOPLE DID MORE AND MORE OF THAT. NOW, THAT MONEY IS GOING AWAY, SO, YOU KNOW.

>> GOING AWAY MEANING IT WILL BE PART OF THE GLOBAL --

>> BUT, AND THERE IS JUST LESS MONEY. THERE IS LESS, LESS DOLLARS THAT, THAT ARE BEING ALLOCATED FOR THAT, THAT TYPE OF SERVICE. SO, IT'S LIKE, YOU KNOW, WHAT DO WE KNOW, COLLECTIVELY, FROM, FROM THAT EXPERIENCE AND, AND AS I SAID, WE, WE, YOU KNOW, TO YOUR QUESTION ABOUT EVALUATION, THERE'S BEEN A LOT OF WORK DONE THAT, THAT IT'S THE CONDITIONS OF THE COMMUNITY, AND IT'S HOW PEOPLE FEEL THAT THEY CAN MAKE CHOICES ON THEIR OWN THAT REALLY, REALLY HELP, AND THAT, THAT -- AND NOT TO BE UNDERESTIMATED, IS THE ISSUE OF SOCIAL ISOLATION IN FAMILIES THAT ARE LIVING IN POVERTY. SO, A LOT OF THE, THE PULLING TOGETHER, EVEN WITH THE WIC, IT USED TO BE JUST COME IN AND GET YOUR VOUCHERS AND, YOU KNOW, IT USED TO BE A, A VOUCHER PROGRAM FOR, FOR FORMULA, IF YOU WILL. SORRY, DAVID, FOR CHARACTERIZING IT LIKE THIS. NOW, PEOPLE UNDERSTAND THAT, THAT THAT'S NOT THE POWER OF THE PROGRAM. THE POWER IS THE INTERCONNECTEDNESS BEING BUILT IN THE COMMUNITY, THE, THE LEARNING THAT, THAT IS BOTH, BOTH AMONG PEERS, AS WELL AS LEARN, YOU KNOW, THE LEARNING FROM THE PROFESSIONALS, THAT REALLY MAGNIFIES THE IMPACT. SO, YOU KNOW, ALL THAT IS BEING SAID, I MEAN, I

DON'T THINK THAT IT'S COMPLETELY RETRO BECAUSE WE DON'T HAVE THE -- WE DID NOT HAVE THE INFORMATION IN THOSE DAYS THAT WE HAVE NOW THAT WE CAN REALLY SAY WHERE, YOU KNOW, WHERE SHOULD WE BE PUTTING OUR FOCUS IF WE WANT TO HAVE -- OUR GOAL IS TO MOVE THE NEEDLE, YOU KNOW, AND WE KNOW WHEN WE LOOK AT OUR MORBIDITY AND MORTALITY, WE'RE NOT MOVING THE NEEDLE VERY MUCH. SO, LET'S KIND OF PUT ALL OF THESE BEST PRACTICES INTO THE HOPPER AND COME OUT WITH WHAT WE CAN AFFORD TO DO AS WELL AS WHERE WE HAVE A SKILL SET TO DO.

>> I AM NOT SURE, HOW DO WE GET TO THE WOMEN, AND I AM SORRY, I KNOW, DADS, WHATEVER, DADS. HOW DO WE -- A LOT OF THE, THESE WOMEN THAT WE'RE TALKING ABOUT THAT ARE REALLY STRUGGLING AND, AND PREGNANT AND DON'T KNOW WHERE -- THEY ARE NOT GOING TO, NECESSARILY, KNOW TO GO TO A, A, TO COME TO US, SO THAT'S WHAT I HAVE ALWAYS THOUGHT THE POWER OF THE HOME VISITING, WITH THE SCREENING, THAT YOU CAN FIND PEOPLE AND LET THEM KNOW WHAT'S OCCURRING AND WHAT SERVICES ARE AVAILABLE TO THEM. AND LOOP THEM INTO THE, THE, THE, YOU KNOW, THE BROADER COMMUNITY, SO, BUT, SO HOW DO WE GET -- HOW DO WE IDENTIFY THEM AND GET TO THE SERVICES THAT THEY, WE NEED TO THEM IF WE HAVE NOT MET THEM IN THE HOSPITAL OR WHEN THEY ARE PREGNANT?

>> AT THIS POINT, WE'RE STILL PLANNING ON, ON DOING THAT SCREENING. WE THINK IT'S VALUABLE, AND WE THINK THAT THERE MIGHT BE SOME OTHER WAYS WE CAN DO IT, WE HAVE A LARGE NUMBER OF FATHERS COMING INTO WIC SO WE THINK THAT WE HAVE OPPORTUNITIES THERE. IN LOOKING AT WHERE ARE SOME OF THE PLACE-BASED WORK, WE'RE THINKING IF KEEPING THIS NEIGHBORHOOD FOCUSED, THAT WILL BE HELPFUL, TOO. AND I THINK THAT THERE IS SOME OTHER WAYS, HEALTHY BIRTH INITIATIVE HAS DONE SOME WORK OF TRYING TO ENGAGE FATHERS. YOU DON'T REALLY BRING DADS IN FOR GROUPS AND SO FORTH IN THE SAME WAY. YOU NEED TO GO WHERE PEOPLE ARE. AND ALSO, DEALING WITH SOME OF THE FAMILY STRESS ISSUES. I THINK THAT BRINGS THAT UP. THERE IS A LOT OF BOTH ENDS. THERE IS GREAT WORK COMING OUT OF NURSE-FAMILY PARTNERSHIP. WE ARE DOING THAT INTERVENTION, AND THE GRADUATES OF THOSE PROGRAMS ARE SAYING, WE WANT TO DO MORE FOR OUR COMMUNITY. SO, LOOKING AT ARE THERE WAYS THAT WE CAN CREATE COMMUNITY CAPACITY AND THE COMMUNITY HEALTH WORKERS THAT CAN BUILD INTO A JOB IN SOME WAY. THAT'S ONE OF THE WAYS THAT YOU CAN TAKE YOUR, YOUR HOME-BASED INTERVENTION AND TRY TO CREATE WAYS THAT THEN THEY CAN BECOME NETWORKERS IN THEIR COMMUNITY, AND WE CAN PROVIDE SOME SUPPORTS, SOME, SOME, YOU KNOW, SOME STIPEND OR ORGANIZING FOR, FOR THEM TO PULL TOGETHER. SO, WE STILL WANT TO KEEP THESE, KEEP TOUCH POINTS AND GO AND, AND LOOK AT, YOU KNOW, WHERE ARE SOME OF THE PLACES THAT WE HAVE NOT FOUND PEOPLE AND FAMILIES,

AND AGAIN, CHILD CARE IS ANOTHER ONE. THERE IS A LOT OF PROVIDERS OUT THERE. I THINK WITH MEDICAID EXPANSION, AND IF WE CAN REALLY CREATE A FAMILY-CENTERED MEDICAL HOME, OR A PATIENT-CENTERED MEDICAL HOME, THIS IS NOT GOING TO HAPPEN RIGHT AWAY, BUT THAT WOULD BE SOME OTHER WAYS THAT WE CAN FIND THAT. TRADITIONALLY, WE DON'T HAVE AS MANY YOUNG MEN SEEKING HEALTH CARE, AND AS, YOU KNOW, IF IT REALLY DOES WORK OUT THAT WE CAN IMPROVE THE, THE POOL OF PEOPLE THAT ARE INSURED, YOU KNOW, THAT'S ANOTHER PLACE WHERE WE CAN ASK THOSE QUESTIONS AND WORK ON THINGS LIKE THIS SO THAT PEOPLE ARE NOT BRINGING, YOU KNOW, THEIR, THEIR PROBLEMS INTO THEIR PARENTING RELATIONSHIP. I THINK, TOO, YOU KNOW, WE'LL HAVE ANOTHER BRIEFING ON TEEN PREGNANCY AND SO FARTHER, REALLY STARTING UPSTREAM, IS SO IMPORTANT.

>> I WANTED TO -- I WANTED TO SAY THAT, IT SOUNDS LIKE WE'RE AT, YOU KNOW, A COUPLE OF PIVOT POINTS, ONE OF THEM IS BETWEEN -- WE HAVE HEARD ARGUMENTS FOR, YOU KNOW, DELIVERING TO WHERE THE HIGH VOLUME IS BECAUSE THEN YOU ADDRESS ISOLATION AND YOU HAVE A KIND OF A CLASSROOM SORT OF ENVIRONMENT WHERE YOU ARE DEALING WITH VOLUME. BUT THE OTHER POSITION THAT I HAVE HEARD YOU ADVOCATE THIS MORNING IS, IS INDIVIDUAL, INDIVIDUALIZED SERVICES, AND FOCUS, AND YOU KNOW, THE OTHER SORT OF, OF STRETCH SEEMS TO ME BETWEEN WHAT WORKS AND EVIDENCE-BASED PRACTICES AND, AND, OR EMERGING BEST PRACTICES, AND BEING DRIVEN BY REIMBURSEMENT FORMULAS, WHICH MAY NOT NECESSARILY BE WHAT WORKS OR EVEN EVIDENCE-BASED PRACTICES. THEY ARE REIMBURSE ELEMENT FORMULAS. AND SO, JUST, JUST LISTENING TO THIS, AND I FEEL VERY SUPPORTIVE -- SOMETIMES I THINK WHEN YOU COME AND I AM SO PROUD OF THE HEALTH DEPARTMENT. I BOAST ABOUT YOU IN THE COMMUNITY. TRUST ME, I REALLY DO. WHEN YOU COME AND TALK ABOUT THIS, I FEEL LIKE SOMETIMES THERE ARE TOUCH POINTS HERE IN OTHER AGENCIES AND SERVICES BEING OFFERED THAT, THAT, YOU KNOW, YOU CAN JUST RELAX A BIT AND, AND SOMEWHERE, HAVE, HAVE SOME FAITH THAT IT'S ONE OF THOSE EXERCISES WHERE, WHERE YOU, YOU KNOW, LEAN BACK AND SOMEBODY ELSE IS GOING TO CATCH YOU BECAUSE YOU ARE RELATED TO OTHER WORK GOING ON WITH EARLY CHILDHOOD INITIATIVES, WITH SUN SCHOOLS, WITH, I MEAN, AND I KNOW THAT YOU UNDERSTAND WHERE THESE CONNECTIONS ARE, BUT ONE AREA THAT I JUST WANT TO TALK ABOUT, JUST MENTION, SPECIFICALLY, I WILL NOT TALK ABOUT IT, BECAUSE I KNOW THAT THERE IS A PLANE TO CATCH, IS SOME OF WHAT I'M HEARING YOU TALK ABOUT REMINDS ME OF THE, THE RISK ASSESSMENT INSTRUMENT THAT THE DEPARTMENT OF COMMUNITY JUSTICE USES SO EFFECTIVELY TO SORT WHERE IT IS THAT THE GREATEST RISK EXISTS. A LOT OF PEOPLE THAT YOU SEE IN THE HOSPITAL, NEW MOMS, YOU KNOW, THEY JUST GO HOME AND THEY WILL BE FINE, AND THEN THERE IS SOME WHO REALLY NEED TO HAVE YOUR FOCUS AND ATTENTION. BEING ABLE TO HAVE THE EXPERTISE IN THE HOSPITAL, TO CAPTURE THAT PIVOTAL MOMENT

SEEMS TO ME TO BE A VALUE THAT WE NEED TO PAY ATTENTION TO AND NOT, NOT LET THAT, NOT LET THAT GO, EVEN IF THAT IS NOT PART OF THE, THE REIMBURSEMENT FORMULA, EVEN IF THE VALUE THAT PREDOMINATES IS GOING TO BE VOLUME AND NOT INDIVIDUALIZED CARE. THAT IS JUST A TOUCH POINT THAT I THINK IS REALLY IMPORTANT TO KEEP IN MIND AS WE GO THROUGH THE GRIEF OF CHANGE. I REALLY APPRECIATED YOU SAYING THAT. I TRY TO, TRY TO KEEP THAT IN MIND.

>> AND I WOULD BE REALLY INTERESTED IN KNOWING BECAUSE I WAS HAPPY TO SEE YOU TOUCH UPON THE LIBRARY FOR SOME COLLABORATIVE WORK WITH WIC, BUT AS I AM LISTENING TO YOU, I AM THINKING, AND WE SEE LITERACY AS AN IMPORTANT INDICATOR, AND I AM THINKING, LIBRARIES. WE HAVE LIBRARIES. I AM THINKING WHERE IS THE INTERCONNECT, AND YOU ARE TALKING CORRECTIONS. WHERE IS THE INTERCONNECT BETWEEN THE DEPARTMENTS, AND MAYBE HOW CAN WE WORK TO MAXIMIZE. I KNOW OUR LIBRARY HAS SUCH GREAT PROGRAMS FOR EARLY CHILDHOOD, AND HOW DO WE MAXIMIZE -- WHAT, ACTUALLY, WE HAVE HERE ALREADY, YOU KNOW.

>> AND THANK YOU FOR THAT. I KNOW THAT DAVID BROWN BACK HERE IS PROBABLY READY TO JUMP OUT OF HIS SEAT BECAUSE ONE OF THE THINGS THAT WE ARE DOING THAT THEY ARE WORKING ON, SO WE DO HAVE SOME COMPUTER SCREENS WHERE PEOPLE CAN DO THEIR CLASSES, AND WE'RE CONNECTING, WORKING WITH THE LIBRARY TO CONNECT THAT, SO THAT PEOPLE CAN LEARN TO ACCESS LIBRARY RESOURCES ONLINE AT A WIC OFFICE, AND ARE WORKING ON A PARTNERSHIP WHERE, WHERE PEOPLE COULD GO IN AND, AND GET SOME NUTRITIONAL EDUCATION AT THE LIBRARY, AND IT COULD COUNT TOWARDS THEIR CREDIT OF NUTRITIONAL EDUCATION, SO THEY ARE WORKING ON THAT DEVELOPMENT AS A WAY THAT THEY WILL STILL GET THE REQUIRED NUTRITIONAL EDUCATION, BUT THEN, WHAT WE'RE DOING IS GETTING PEOPLE INTO THE LIBRARY SYSTEM SO THAT THEY CAN LEARN TO USE THOSE RESOURCES. I THINK THAT WE HAVE A LOT MORE OPPORTUNITIES TO DO THAT.

>> WE WERE TALKING ABOUT SOCIAL ISOLATION, AND THE LIBRARIES HAVE SO MANY GREAT PROGRAMS.

>> FABULOUS.

>> AND FABULOUS PROGRAMS.

>> YEAH.

>> SO, JUST -- THOSE, THOSE -- I'M JUST INTERESTED IN THAT.

>> OK.

>> AND YOU KNOW, WE ONLY HAD AN HOUR.

>> I KNOW.

>> AND I KNOW THAT -- BUT, THANK YOU, THANK YOU VERY MUCH. THERE IS A LOT GOING ON AROUND THE UNIVERSAL SCREENING TOOLS, WHICH IS A PRIORITY OF THE EARLY LEARNING COUNCIL, WHICH WILL ALSO INCLUDE THE SOCIAL SERVICE PROVIDERS, AND THERE IS A PILOT BEING STARTED IN ROCKWOOD, COMING FROM THE COMMUNITY, THAT WE'RE WORKING, THE COUNTIES, THE COUNTY DEPARTMENTS ARE WORKING ON HOW TO INTERFACE WITH THAT, AND AS A WHOLE, NOT AS OH, THEY HAVE TO GO AND RUN AROUND AND FIND US ALL. AND YOU KNOW AND, AND COMMISSIONER KAFOURY, YOU KNOW, I JUST -- I WOULD LOVE TO TALK TO YOU MORE ABOUT YOUR --

>> WE NEED TO SCHEDULE TIME BECAUSE -- WE ARE ON THE CHILDREN'S LEVY COMMITTEE, AND WE HAVE DONE THIS WORK WITH LOOKING AT THE NUMBER OF TIMES THAT YOU HAVE TO HAVE TOUCH POINTS, SO I NEED TO WRAP MY ARMS AROUND HOW WE GO FROM INDIVIDUAL TO GLOBAL AND NOT LOSE ALL THE DIFFERENT, YOU KNOW, THE, THE SERVICE IS NOT REALLY WORTHWHILE IF YOU ARE NOT TOUCHING THEM A CERTAIN NUMBER OF TIMES, SO GOING, THE GUNSHOT APPROACH, I DON'T KNOW, I DON'T KNOW HOW TO USE WEAPONS, SO I DON'T KNOW THAT, BUT, I'M NOT -- I WOULD LOVE TO HAVE PEOPLE COME AND TALK TO ME.

>> AND THAT GETS TO, YOU KNOW, WE DO BELIEVE THAT, THAT THE NURSE PARTNERSHIP IS EVIDENCE-BASED, AND WE ARE MAINTAINING THAT, AND THE CHALLENGE IS TO MAKE SURE THAT WE GET THE RIGHT FAMILIES INTO THAT, YOU KNOW AND, AND AGAIN, IT'S, IT'S REALLY NOT AN EITHER-OR, BUT AT BOTH ENDS, AND BUT, BEING MORE DISCIPLINED ABOUT LIKE WHAT, WHAT ACTUALLY HAPPENS WHEN YOU GET IN THE HOME, AND THAT'S BEEN THE SUCCESS OF THE NURSE FAMILY PARTNERSHIP IN THAT IT'S EXTREMELY RIGOROUS, IN LIKE WHAT HAPPENS THE FIRST VISIT, SECOND VISIT, AND THE SPACING OF THOSE, EXACTLY TO YOUR POINT.

>> WELL, AND I JUST WANT TO SAY WHEN YOU COME BEFORE US, WE HAD LIMITED TIME TODAY, AND WE KNOW WHAT GREAT WORK YOU ARE DOING. THERE IS NO DOUBT ABOUT THAT.

>> WE ARE TRYING TO DO BETTER WORK. I THINK THAT IT'S JUST THAT, THAT, YOU KNOW, WHEN WE ASK THESE QUESTIONS, IT DOES NOT NECESSARILY MEAN WE DON'T THINK THAT YOU ARE DOING WHAT WE'RE ASKING, IT'S JUST THAT, THAT WE WOULD LIKE TO, TO -- WOULD LIKE MORE INFORMATION, AND ALSO, HOW WE CAN BE INVOLVED. WE ARE HERE TO HELP, TOO, YOU KNOW. SO, YEAH.

>> AT THE RISK OF TIME, I WANT TO SAY THAT THE CHAIR AND I WERE AT -- AND COMMISSIONER McKEEL WERE AT A -- THE ROB EN-GRAM GANG VIOLENCE YOUTH MEETING ON SATURDAY. I KNOW I GOOFED UP THE TITLE. BUT, THAT'S WHERE WE WERE. ONE OF THE PRIORITIES THAT CAME UP FROM, FROM A GROUP THAT THE CHAIR AND I WERE SITTING IN ON, WAS THAT, THAT THESE, THESE STUDENTS WERE REQUESTING COUNSELING SERVICES BE AVAILABLE ON, ON DEMAND. AND, YOU KNOW, ALL OF US LEADERS IN THE ROOM KIND OF ROLLED OUR EYES AND SAID, OH, THAT'S SO EXPENSIVE. BUT, YOU KNOW, AGAIN, LOOKING AT THE COST OF DOING NOTHING AND ALSO LOOKING AT THE, AT THE HEALTH HOME MODEL, WHAT A REMARKABLE OPPORTUNITY TO INTEGRATE MENTAL HEALTH SERVICES INTO THE ELIGIBILITIES FOR CHILDREN UNDER OUR CURRENT MODEL, AND FIND A WAY TO ADDRESS SOME OF WHAT YOU WERE JUST TALKING ABOUT, WHICH IS THE, THE INTERGENERATIONAL, I'M A, YOU KNOW, A 13-YEAR-OLD BOY, AND I NEED SOMEBODY THAT I CAN TRUST TO, TO TALK TO. WHERE DO I FIND THAT PERSON BECAUSE OTHERWISE, THERE IS A, A, YOU KNOW, A 16-YEAR-OLD AND A 17-YEAR-OLD, AND THEY SAY THAT I SHOULD BE DOING THIS OR THAT. THAT DOES NOT FEEL RIGHT. I FIND IT DIFFICULT TO PUT MYSELF ACCURATELY INTO THE SHOES OF A 13-YEAR-OLD BOY. BUT, I -- CHAIR COGEN REMEMBERS. BUT, SOMETHING THAT I CAN DO, AS A POLICY-MAKER, IS SEE HOW CLOSE THIS IS GETTING TO BEING A REAL POSSIBILITY, AND AGAIN, IN TERMS OF THE HEALTH DEPARTMENT'S ABILITY TO MEASURE THE OUTCOMES OF PRACTICES, IT SEEMS TO ME THAT WE HAD A GOOD SUGGESTION COME, COME FROM THIS GROUP. WE NEED TO PAY ATTENTION TO REQUESTS LIKE THAT.

>> THANK YOU VERY MUCH. WE REALLY APPRECIATE YOUR SUPPORT ON YOUR JOURNEY WITH US.

>> WE WISH YOU GOOD LUCK ON YOUR JOURNEY.

>> THANK YOU.

>> THANK YOU.

>> OK, THAT WAS GREAT.

>>> OUR NEXT BRIEFING IS FROM THE SHERIFF'S OFFICE, AN UPDATE ON THE DEPUTY HIRING INVESTMENT THAT WE MADE THROUGH THE CONTINGENCY REQUEST LAST MONTH, AND I BELIEVE THAT DREW BROSH IS -- THERE HE IS.

>> I CAN'T BRIEF ON THAT, BUT I CAN BRIEF ON THAT.

>> Commissioner Shiprack: YOU ARE ON YOUR OWN.

>>> GOOD MORNING.

>> GOOD MORNING.

>> CHAIR AND COMMISSIONERS, DREW BROSH FROM THE SHERIFF'S OFFICE. I'M RETURNING TODAY TO, TO INFORM YOU OF, OF THE PROGRESS THAT WE'RE MAKING RELATIVE TO OUR CONTINGENCY REQUEST FOR THE DEPUTY HIRING TO SPECIFICALLY ANSWER SOME QUESTIONS THAT WERE PART OF THE AMENDMENT. FOR OUR CONTINGENCY REQUEST, AND I WILL DO THAT -- I JUST HAVE A FEW SLIDES HERE THIS MORNING, AND WE WILL KIND OF WALK THROUGH THOSE. THE TWO THINGS THAT I WILL BE ADDRESSING ARE THE TWO PARTS OF THE AMENDMENT. MOST OF THIS IS ABOUT THOSE, THOSE DETAILS RELATED TO HOW THE MONEY WAS SPENT, WHAT OUR CURRENT STATUS IS WITH THE NUMBER OF DEPUTIES, AND OUR OVERTIME FIGURES, BUT ALSO, TO -- I DID BRING A COPY OF AND, AND I KNOW THE SHERIFF WANTS TO PROVIDE TO YOU ALL, ALSO, WITH A COPY OF THE LETTER THAT, THAT WE SUBMITTED TO THE NATIONAL INSTITUTE OF CORRECTIONS FOR THE TECHNICAL ASSISTANCE FOR MANAGEMENT OF OVERTIME. SO, I WILL HAVE THAT FOR YOU AFTER, AFTER THIS SESSION. I WENT THE WRONG WAY. OK. THE FIRST QUESTION IS, WAS RELATED TO HOW THE MONEY WAS, ACTUALLY, SPENT. WHAT YOU SEE IN THE SOLID RED LINE ON THIS GRAPH -- THIS IS A BIT OF A BUSY SLIDE, BUT IT HAS, I THINK, ALL THE INGREDIENTS THAT ARE NEEDED. WHAT YOU SEE IS HOW THE MONEY WAS, ACTUALLY, SPENT FOR EACH DEPUTY THROUGH THE -- AS IT IS TRACKED THROUGH THE SAP PROGRAM, AND WHAT YOU ARE SEEING, PRIMARILY, IS SALARIES FOR THE NEW, FOR THE NEW DEPUTIES AS THEY GET HIRED, PLUS THE DIFFERENTIAL FOR THE, FOR THE TRAINER. WE ARE CURRENTLY, AT THE, AS OF APRIL 30, WE WILL BE AT, AT 16 OF THE 20 THAT WE PROJECTED HERE TO BE HIRED. I WILL TALK A BIT MORE ABOUT THAT LATER. AND AS A RESULT OF THAT, OUR SPENDING OVERALL, AS WE FORECASTED IT IS WITHIN 6% OF WHAT WE FORECASTED, SO OUR FORECASTING SEEMS TO BE FAIRLY ACCURATE, OR VERY ACCURATE WITH REGARD THE MONEY AND HOW IT IS BEING SPENT. WE'RE NOT REQUESTING FURTHER FUNDS AT THIS TIME BECAUSE OUR SPENDING IS -- HAS BEEN CONSISTENT WITH THE MONEY ALLOCATED SO FAR. THE NEXT QUESTIONS WERE ABOUT, ABOUT OUR POSITIONS AND HOW MANY WE FILLED RELATIVE TO THAT. AS I SAY, AT THE END OF THE, OF THE APRIL, WE WILL BE AT 16 FOR THE YEAR, WHICH PUTS US AT 377 STAFF, WHICH LEADS TO 25 VACANCIES. WE HAVE HAD, IN THAT WE'RE ALSO ASKING ABOUT RETIREMENTS, WHICH, OF WHICH WE HAVE HAD FIVE SINCE JULY 1st, AND WE HAVE ALSO HAD TERMINATIONS FOR OTHER REASONS THROUGH MEDICAL OR A SEPARATION WITH AN AGENCY FOR DISCIPLINE. THE INTERESTING STATISTIC HERE, AND FOR THIS MONTH, WHY I THOUGHT THAT WE WOULD, ACTUALLY, BE AT OR CLOSE TO 20 WAS, WHAT YOU SEE ON THE BOTTOM IS THE CORRECTIONS AS DEPUTIES, THEY OFFER THE HIRE, AND THEY DO NOT ACCEPT IT, SO YOU START WITH 100 PEOPLE, AND YOU WHITTLE IT DOWN TO WHERE YOU HAVE, ESSENTIALLY, THREE DEPUTIES THAT SORT OF SURVIVED THAT, THAT PROCESS, AND THEN THEY,

THEY, YOU KNOW, THEY, FOR REASONS EITHER THEY ARE TAKING ANOTHER JOB OR -- AND IN A COUPLE OF CASES, THEY TOURED THE JAIL AND DECIDED THAT THEY COULD NOT DO THAT. SO, AND WE HAD FOUR OF THOSE, ACTUALLY, THIS MONTH. SO, I WAS EXPECTING THAT WE WOULD HAVE A FEW MORE HIRED, BUT MAY AND JUNE BOTH LOOK GOOD. SO, I THINK WE'RE DOING OK THERE. THE NEXT TWO SLIDES SHOW, BECAUSE IT WAS PART OF THE AMENDMENT, WE WERE ASKED, SPECIFIC TO, TO BUDGETED OVERTIME AND HOW IT IS ASPEN, SO WHAT THIS SHOWS IS, IS THE BOXES SHOW YOU WHAT THE BUDGET IS, IF YOU TAKE THE BUDGET, DIVIDE IT BY 12, AND SPREAD IT OUT, AND KIND OF THE, THE SPENDING TRENDS WITH, WITH RELATIVE TO WHERE THE BUDGET IS. FOR CORRECTIONS, THOSE NUMBERS ARE BIGGER, AND ARE, ARE MORE AFFECTED BY -- WHAT YOU WILL SEE IS, IS A, A FAIRLY HIGH-SPENDING IN THE SUMMER MONTHS, AND THAT'S, THAT'S USUALLY DUE TO THE NUMBER OF VACANCIES OR VACATIONS, ETC., THAT HAPPENS. A SPIKE, WHEN WE, WE DO TRAINING WHERE WE HAVE TO PULL THE DEPUTIES OUT OF THE FACILITIES AND INTO THE CLASSROOM, AND BACKFILLING, AND THEN WHEN WE CURTAIL THE OPERATIONS AND/OR WHEN THE VACATIONS ARE LOWER, THERE IS A DIP IN HOW THAT, THAT SPENDING HAPPENS. AND THIS IS, AGAIN, THE -- ADDRESSING THE NUMBER OF VACANCIES THAT WE HAVE IN THE ISSUES, SOME OF THOSE ARE CONTRACTUAL, BUT THAT'S WHAT WE'RE TRYING TO DO OVER TIME TO SHOW THE COST OF IT IN THE FUTURE. FINALLY, RELATIVE TO THIS YEAR, OUR STRAIGHT LINE PROJECTION HAS US COMING IN THE YEAR AT JUST OVER BUDGET, \$128,918. WE'LL HAVE TO MAKE ADJUSTMENTS TO COME IN AT THE POSITIVE AT THE END OF THE YEAR, AND IT'S IMPORTANT TO, ALSO, AS WE CONTINUE TO HIRE A CONTINGENCY REQUEST IN MAY TO MAKE SURE THAT WE STAY FUNDED TO KEEP THE HIRING EFFORTS GOING TO, AGAIN, ACHIEVE OUR GOAL.

>> DO THE NUMBERS THAT ARE IN THE CHART THAT TALKS ABOUT THE BUDGETED POSITIONS VERSUS THE STAFF POSITIONS, ARE THEY REFLECTING THE 16 THAT HAVE BEEN HIRED?

>> YES.

>> THEY DO, OK.

>> STAFF VERSUS BUDGET --

>> SO 377 IN MAY, THAT INCLUDES WHERE --

>> OR APRIL, YEAH.

>> YEAH. OK. AND DO WE, DO WE HAVE ANY ANTICIPATION ABOUT WHERE WE WILL BE BY THE END OF THE YEAR?

>> WE WILL -- I WOULD ANTICIPATE THAT WE'LL GET PAST 20 IN MAY, OR AT 20 IN MAY, AND JUNE ALSO LOOKS VERY GOOD. SO, WE SHOULD BE, YOU KNOW, PUSHING UP INTO WHAT WE WOULD NORMALLY ALSO HAVE HIRED. I CAN'T -- I HESITATE TO PREDICT BECAUSE WE HAD SOME UNEXPECTED NUMBERS SAYING NO TO US HERE IN THE LAST MONTH, BUT ON THE FLIP SIDE OF THAT, THERE ARE ALSO -- WE TALKED ABOUT THIS A BIT LAST, LAST MONTH, WHEN I WAS HERE, THERE ARE THREE COUNTIES IN SOUTHERN OREGON, OR, OR MID TO SOUTHERN OREGON, REGARDLESS OF HOW THE, THE TIMBER FUNDING AND THOSE FUNDING ISSUES HE HAPPENED UP THERE, THERE ARE GOING TO BE SOME CORRECTIONS OFFICERS WHO ARE OUT OF WORK. WE ARE GOING TO APPROACH THOSE AGENCIES, AND WE CAN, ACTUALLY, DO A SPECIFIC RECRUIT ELEMENT FOR THAT. WE HAVE NOT HAD A LOT OF SUCCESS WITH THAT IN THE PAST, BUT I AM THINKING THAT MAYBE PARTICULARLY WITH LANE COUNTY, IF, IF THEY ARE AFFECTED, AS IT LOOKS LIKE THEY ARE GOING TO BE, THAT MIGHT BE CLOSE ENOUGH ON THE CORRIDOR FOR SOMEBODY TO CONSIDER MOVING UP RATHER THAN JUST STAYING WHERE THEY ARE WAITING FOR THE, FOR THE JOBS TO COME OPEN AGAIN.

>> THANK YOU. SO, THE 20 DEPUTIES HIRED WAS YOUR GOAL FOR, FOR OVER AND ABOVE THE NORMAL HIRING PROCESS. HOW MANY DO YOU USUALLY EXPECT? IS THERE AN AVERAGE?

>> THERE IS AN AVERAGE. OUR AVERAGE WAS NINE PER YEAR. HOWEVER, IF WE GO BACK OVER THE COURSE OF FIVE YEARS, IT HAS BEEN ERRATIC. WE HAVE HAD YEARS WHERE WE HAVE NOT HIRED, AND THEN HIRED, AND LAID OFF, AND THEN HIRED A BUNCH. GETTING TO THE COST PART IS OUR BUDGET SEEMS TO BE ABLE TO ABSORB ABOUT NINE HIRES PER YEAR. TRADITIONALLY.

>> SO, ARE YOU ANTICIPATING -- I MEAN, ONCE YOU HAVE GOT YOUR 20 HIRES --

>> WE ARE GOING TO KEEP GOING, YEAH.

>> THANK YOU.

>> Commissioner Shiprack: SO ISSUES WITH ACCESS TO TRAINING?

>> ISSUES WITH --

>> YEAH, WHAT ARE THE -- I HAD ALWAYS UNDERSTOOD THAT BECAUSE WE'RE, WE'RE DEPENDENT ON ACCESSING THE STATE'S TRAINING PROGRAM, THAT ALSO CREATES AN ISSUE. ARE WE --

>> OH, YES. SO, IN THE -- YES, IF WE GET SOMEBODY WHO HAS NO, YOU KNOW, PRIOR TRAINING OR CERTIFICATION, THEN THEY ARE REQUIRED TO

GO THROUGH THE FULL OFFICER ACADEMY, WHICH IS SIX WEEKS, AND THAT'S ANOTHER SIX WEEKS WHERE THEY ARE NOT IN THE FACILITIES, YOU KNOW, HELPING TO CURTAIL THE OVERTIME EXPENDITURE. IF WE GET SOMEBODY THAT'S CERTIFIED IN OREGON, THAT PART IS DONE. IF WE GET SOMEBODY CERTIFIED OUT OF STATE, THEY CAN TAKE THE OFFICER DEVELOPMENT COURSE LOCALLY, WHICH IS MUCH LESS TIME.

>> Commissioner Shiprack: I AM JUST CURIOUS, HAD THE FOUR WHO SAID THANK YOU BUT NO THANK YOU, HAD THEY BEEN TRAINED AND HAD THEY SERVED --

>> NO. NO. AND WE HAVE HAD -- I, ACTUALLY, TALKED TO SOMEBODY -- A YOUNG LADY THIS MORNING THAT WORKS IN WASHINGTON RIGHT NOW, AND, YOU KNOW, IS VERY AWARE OF WHAT THE JOB ENTAILS AND WHAT IT'S LIKE AND ENJOYS THE WORK. SO THAT'S, YOU KNOW, I'M EXPECTING GOOD THINGS THERE.

>> Commissioner Shiprack: GOOD.

>> ANYTHING ELSE? THANKS, DREW.

>> YOU ARE WELCOME.

Chair Cogen: AND THERE BEING NO FURTHER BUSINESS, WE ARE ADJOURNED.
[GAVEL POUNDED]

ADJOURNMENT

The meeting was adjourned at 11:22 a.m.

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