

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, April 11, 2018**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:08 a.m. with Commissioners Loretta Smith, Sharon Meieran and Jessica Vega Pederson present. Vice-Chair Lori Stegmann was excused.

Also attending were Jenny M. Madkour, County Attorney, And Lynda Grow Board Clerk.

Chair Kafoury: WELCOME TO MULTNOMAH COUNTY. WE'RE HAPPY TO HAVE YOU ALL HERE THIS MORNING. FIRST OFF, WE HAVE A BOARD BRIEFING ON "OREGON PROJECT INDEPENDENCE." GOOD MORNING.

B.1 Board Briefing on Oregon Project Independence. Presenters: Lee Girard, Deputy Director Aging, Disability and Veterans Services, Erin Grahek, Community Services Manager, Aging, Disability and Veteran Services Division, and Invited Guests

Peggy Brey: GOOD MORNING. I'M EXCITED FOR US TO BE HERE TODAY TO TALK ABOUT A PROGRAM THAT'S KEY TO OUR COUNTY AND OUR STATE. IT PROVIDES CONNECTION AND RESOURCES TO OLD ADULTS. I'M TALKING ABOUT THE "OREGON PROJECT INDEPENDENCE" OR OPI PROGRAM. IT PROVIDES SUPPORTS TO ENABLE OUR OLDER ADULTS TO THRIVE AND LIVE THE LIFE THEY WANT TO LIVE. WITH OREGON, IN PARTICULAR, WE'VE HAD A LONG HISTORY, OVER 330 YEARS. IN LIVING WITH THE COMMUNITY, WHICH IS WHERE ANY OF US WOULD WANT TO LIVE AS WE GROW OLDER SO I'M SO PLEASED TO HAVE ERIN GRAHEK, LEE GIRARD AND NELLY TO SHARE WITH YOU MORE DETAIL ABOUT OPI. THANK YOU.

Chair Kafoury: THANK YOU.

Lee Girard: I'M LEE GIRARD. OPI IS A CORNERSTONE IN OUR STATE, AS PEGGY'S MENTIONED. AND IT'S NOT ONLY A SAFETY NET BUT A PREVENTION PROGRAM THAT SUPPORTS QUALITY OF LIFE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES. THESE MAPS THAT ARE IN FRONT OF YOU RIGHT NOW SHOW DEMOGRAPHIC INFORMATION FOR OLDER ADULTS IN OUR COMMUNITY. THE DARKER COLORS INDICATE HIGHER DENSITY. THE YELLOW-COLORED ONE, WE HAVE SERVED 27% FROM A DIVERSE COMMUNITY. WE HAVE AN OPI PROGRAM, THE OPI EXPANSION PROGRAM THAT SERVES ADULTS WITH DISABILITIES, THERE ARE 65,000 ADULTS BETWEEN THE AGES OF 18 AND 64 WHO REPORT HAVING A DISABILITY IN OUR COUNTY. AND ALSO, YOU KNOW, JUST LOOKING AT THE PROJECTION OF HOW THINGS ARE GOING TO BE

CHANGING BECAUSE WE DO TALK ABOUT THAT QUITE A BIT, WE'RE EXPECTED TO SEE PROJECTED INCREASES UP TO 183,000-184,000 BY 2025 AND WE ARE EXPECTING THE OVERALL INDIVIDUALS FROM DIVERSE COMMUNITIES WILL CONTINUE TO INCREASE SIGNIFICANTLY IN THE OLDER ADULT POPULATION. NOW I'M GOING TO HAND IT OFF TO ERIN GRAHEK.

Erin Grahek; GOOD MORNING. THANKS FOR HAVING US THIS MORNING. I'M ERIN GRAHEK AND I'M THE COMMUNITY SERVICES MANAGER WITH AGING, DISABILITIES AND VETERANS SERVICES. WE'RE EXCITED TO TALK WITH YOU TODAY ABOUT OPI. AS OLDER ADULTS AGE, THEY MEET THESE CHALLENGES. FOR SOME, THERE'S A GAP FOR SERVICES PROVIDED THROUGH THE "OLDER AMERICANS ACT" AND MEDICAID. A PERSON MAY NEED SHOPPING DONE OR HELP WITH HOUSEKEEPING AND WASHING THEIR CLOTHES. THEY DON'T NECESSARILY PROVIDE THOSE TYPE OF SERVICES TO MEET THOSE TYPES OF NEEDS OR THEY MAY BE AN OLDER ADULT OR THEY DO NOT NEED THE HIGHER LEVEL OF CARE OR SERVICE THAT'S TYPICAL. OPI IS THE PROGRAM THAT FILLS THAT GAP. TODAY, WE'RE GOING TO TELL YOU SOME OF THE CHALLENGES THE COMMUNITY FACES AND HOW OPI HAS MET THE NEED THROUGH A VARIETY OF SERVICES AND SUPPORTS.

THE NEEDS THAT PEOPLE HAVE CHANGE. AN OLDER ADULT OR A PERSON WITH DISABILITY MAY MANAGE DAY-TO-DAY LIFE VERY EFFECTIVELY, OCCASIONALLY ACCESSING SYSTEMS WITH TRANSPORTATION SERVICES OR PARTICIPATING IN MEALS. OVER TIME, A PERSON MAY NEED ADDITIONAL SERVICES OR SUPPORT. THE TYPES OF SERVICES INCLUDE LIGHT HOUSEKEEPING, SHOPPING, SOME PERSONAL CARE, LIKE BATHING ASSISTANCE. AND THESE ARE OFTEN THE PLAN THAT WILL PROVIDE THE NECESSARY HELP THAT EMPOWERS THE OLDER ADULT TO LIVE IN THEIR HOME. WITHOUT THESE SERVICES AND SUPPORTS, THERE IS A GAP AND THIS REALLY SPEAKS TO THIS GAP. AND IT CAN ACTUALLY CAUSE A DECLINE IN A PERSON'S FUNCTIONAL INDEPENDENCE. POTENTIALLY RESULTING IN A NEED FOR A GREATER LEVEL OF SERVICE. IN THIS SCENARIO, IF THE PERSON STILL HAVE SOME FINANCIAL RESOURCES, THEY MAY EVEN HAVE TO EXHAUST THESE RESOURCES IN ORDER TO QUALIFY FOR MEDICAID AND GET THE HELP THAT THEY NEED. OPI FILLS THIS GAP AND IF FILLS IT BEAUTIFULLY. IT IS COST-EFFECTIVE.

IT PROVIDES A SMALL AMOUNT OF SERVICE FOR SIGNIFICANT BENEFIT. IT IS AN ESSENTIAL PART OF A CONTINUUM THAT IS THE AGING AND PLACE MODEL. TYPES OF PROGRAMS YOU SEE REFLECTED IN THE "OLDER AMERICANS ACT," THOSE ARE LESS INTENSIVE CASE MANAGER, TRANSPORTATION COORDINATION, CONGREGATE OR HOME-DELIVERED MEALS. THE OTHER END IS MEDICAID, WHICH INCLUDES COMPREHENSIVE MEDICAL COVERAGE, ELIGIBILITY AND CASE MANAGEMENT AND SERVICES THAT INCLUDE IN-HOME OR FACILITY CARE. EVEN THE IN-HOME PLANS IN MEDICAID ARE MORE EXPENSIVE THAN AN OPI PLAN. WHAT WE KNOW IS THAT OPI IS A COST-

EFFECT COST-EFFECTIVE PROGRAM THAT CAN PROVIDE THE RIGHT LEVEL OF SERVICE FOR AN OLDER ADULT OR A PERSON OF DISABILITY THROUGH THE OPI EXPANSION PROGRAM. IT EMPOWERS PEOPLE TO STAY IN THEIR HOME AND CONNECTED WITH THEIR COMMUNITIES. OREGON HAS BEEN A LEADER IN SUPPORT OF KEEPING PEOPLE IN THEIR HOMES SINCE AS EARLY AS 1974. AND SO THIS SLIDE KIND OF DEMONSTRATES A CONTINUUM OF THE KIND BIRTH OR THE ORIGIN OF A VARIETY OF PROGRAMS THAT ARE KIND OF IN THE OPI FAMILY.

Erin Grahek; IN 1974, THE OREGON LEGISLATURE ESTABLISHED THE OPI PROGRAM AND IN 1975, OPI STARTED OPERATING IN OUR COMMUNITIES THROUGHOUT THE STATE. SINCE ITS INCEPTION, OPI HAS EXPERIENCED A HISTORY OF UN UNSTABLE FUNDING. IN 91, THE OPI ALLOCATION WAS REDUCED BY 50%. IN FY3 TO 5, THE ALLOCATION ORIGINALLY REDUCED TO \$3.5. IT WAS LATER INCREASED BACK TO \$9 MILLION. IT'S A CLIMATE FOR OPI WHERE IT OFTEN FAILS THE PROGRAM AND THE PEOPLE FEEL CHALLENGED AND STRUGGLE. IN 2003, "MULTNOMAH PROJECT INDEPENDENCE" WAS ESTABLISHED FOR A GENERAL ASSISTANCE PROGRAM. IN 2010, THE OREGON LEGISLATURE OPIX, THE YELLOW CIRCLE. THE OREGON LEGISLATURE AMENDED THE STATUTE TO INCLUDE ADULTS WITH PHYSICAL DISABILITIES. WITH THE PROVISION SERVICES COULD THAT SERVICES COULD NOT BE PROVIDED UNTIL FUNDS WERE ALLOCATED. THEY HAD FUNDS FOR THE OPI EXPANSION PROGRAM IN SEVEN AREAS THROUGHOUT OREGON, MULTNOMAH COUNTY IS ONE OF THESE SEVEN AREAS. AT THE BEGINNING OF FY17, AGING, DISABILITIES AND VETERANS SERVICES RECEIVED \$400,000 IN ADDITIONAL FUNDS VIA A BUDGET AMENDMENT BY COMMISSIONER SMITH. THIS FUNDING WAS SPECIFICALLY TO ADDRESS THE WAITLIST THAT WE HAD IN PLACE FOR OPI. AND THIS WAITLIST HAS BEEN INSTITUTED AND STILL EXISTS TODAY, ALTHOUGH WE'VE MADE DRAMATIC IMPACT AND IT'S INSTITUTED AND IN PLACE BECAUSE OF THE LIMITED FUNDING FOR OPI.

IN FY17-19, AT THIS POINT, THE GOVERNOR'S RECOMMENDED BUDGET PROPOSAL ELIMINATION COMPLETELY OF THE OPI EXPANSION PILOT FOR ADULTS WITH DISABILITIES AND A 75% REDUCTION FOR THE OPI PROGRAM THAT SERVES OLDER ADULTS. SO, HOW DOES THIS PROGRAM ACTUALLY WORK? THIS FLOW CHART SPEAKS TO THAT PROCESS AND IT ILLUSTRATES THE WAY THAT OPI WORKS. SO, I'M GOING TO TALK A LITTLE BIT AND THEN TURN IT OVER TO NELLY. SO, A CALL MAY BE MADE TO EITHER THE AGING AND DISABILITY RESOURCE CENTER, WHICH IS WHERE MULTNOMAH COUNTY STAFF LINE SIT. IT COULD BE A PERSON WHO NEEDS ASSISTANCE THEMSELVES OR A FAMILY MEMBER. INFORMATION AND ASSISTANCE SPECIALIST WILL REVIEW THE SITUATION WITH THE CALLER, INCLUDING DEMOGRAPHIC INFORMATION AND DETERMINE WHICH AGENCY WE WILL MAKE THE REFERRAL TO. THE CALLER IS CONNECTED WITH AN APPROPRIATE DISTRICT CENTER. ONE OUT OF OUR FIVE CONTRACTED PARTNERS. WE HAVE

WEST SIDE WHICH IS NEIGHBORHOOD HOUSE AND FRIENDLY HOUSE. WE HAVE A NORTH-NORTHEAST WHICH IS THE HOLLYWOOD SENIOR CENTER.

Erin Grahek; IN THE SOUTHEAST AREA OF THE COUNTY, PORTLAND IMPACT DELIVERS THIS. IN THE MID-COUNTY, WE ARE PARTNERED WITH IRCO. THE CALLER MAY BE WARM-TRANSFERRED BY OUR HELP LINE STAFF TO THAT DISTRICT CENTER OR PROVIDED THE CONTACT INFO DEPENDING ON THE PREFERENCE. A DISTRICT CENTER STAFF WILL SPEAK WITH THE PERSON, GATHER MORE INFO, INCLUDING THE TYPES OF SUPPORT THEY MAY NEED AND SCHEDULE A HOME VISIT.

Erin Grahek; NELLY WILL SPEAK MORE SPECIFICALLY TO THE HOME VISIT PROCESS. A PLAN WILL BE DEVELOPED UNDER THE DIRECTION OF THE PARTICIPANT. 15 HOURS IS THE CAP. IN THE OPI EXPANSION PROGRAM, WE'RE CAPPING SERVICE PLANS AT 20 HOURS. A CASE MANAGER WILL AUTHORIZE SERVICES TAILORED TO THE NEEDED INDICATED IN THE PLAN BY THE INDIVIDUAL PARTICIPANT. A PARTICIPANT CAN LOOK FORWARD TO PERIODIC REASSESSMENTS NEEDS AND ANNUAL REVIEW. THE ASSESSMENT THAT THE PERSON EXPERIENCES IS REALLY BASED ON THEIR FUNCTIONAL NEEDS AND IT'S BASED ON INFORMATION THAT THEY PROVIDE TO THE CASE MANAGER. AND NOW I'D LIKE TO INTRODUCE NELLY. SHE IS THE SENIOR SERVICES PROGRAM MANAGER AT IRCO. SHE WAS AN OPI CASE MANAGER PRIOR TO THAT.

Nelly Salvador: GOOD MORNING. MY NAME IS NELLY SALVADOR, MANAGER AT IRCO SENIOR SERVICES. BUT I STILL HAVE MY CASELOAD AND I DO CASE MANAGEMENT FOR SENIORS. SO, WE RECEIVED REFERRALS FROM ADVSD HELP LINE WITH OUR SPECIALIST, AS WELL, FROM APS OFFICE. AND MOST OF OUR REFERRALS COME IN BY SECURITY MAIL AND AT LEAST THREE PEOPLE IN OUR OFFICE RECEIVE REFERRALS AT THE SAME TIME. IN THIS CASE, WE ALWAYS HAVE SOMEBODY IN THE OFFICE WHO CAN PROCESS THE REFERRAL, IF SOMEBODY'S ON A VACATION AND OUT OF THE OFFICE, WE HAVE SOMEBODY TO TAKE CARE OF THE REFERRALS. MOST OF THE REFERRALS ARE ASSIGNED THE SAME BUSINESS DAY AS THEY ARE RECEIVED. OUR REFERRALS ARE ASSIGNED BASED ON FTE. IN OUR CENTER, WE HAVE THREE FULL-TIME CASE MANAGERS AND THREE PART-TIME CASE MANAGERS. MOST OF OUR CASE MANAGERS ARE BILINGUAL AND BICULTURAL.

WE CONTACT CLIENT IN FIVE BUSINESS DAYS AFTER THE REFERRAL IS ASSIGNED. HOME VISIT IS NOT REQUIRED WITHIN THE FIVE DAYS. IT DEPENDS ON THE CLIENT'S SITUATION. SOMETIMES THEY SCHEDULE A HOME VISIT. TO DO HOME VISIT AT THE CLIENT'S HOME IS MANDATORY TO DETERMINE OPI ELIGIBILITY. CASE MANAGER NEEDS TO SEE CLIENT'S LIVING ARRANGEMENT TO MAKE SURE CLIENT IS SAFE AND CAN REMAIN INDEPENDENT IN HIS OR HER HOME. DURING A HOME VISIT, CASE MANAGER DOES AN ASSESSMENT USING CULTURALLY RESPONSIBLE APPROACH. A CASE MANAGER TAKES TIME TO

ASK QUESTIONS AND INVESTIGATE WHAT SUPPORT PRIORITIES AND CHALLENGES CLIENT HAS. A REASSESSMENT IS THE PART OF THE INITIAL ASSESSMENT. CASE MANAGER AND CLIENT WORK TOGETHER TO CREATE COMPREHENSIVE SERVICE PLAN AND THE MOST IMPORTANT CLIENT CAN KEEP IT REMAIN INDEPENDENT. BESIDES THE ASSESSMENT OF CLIENTS NEEDS, CASE MANAGER USUALLY PROVIDES INFORMATION ABOUT SERVICES AVAILABLE BESIDES CASE MANAGEMENT, ITS LIFELINE, MEALS ON WHEELS, WE ALSO HAVE MANY SENIOR ACTIVITIES AT EAST PORTLAND COMMUNITY CENTER. THANK YOU.

Chair Kafoury: THANK YOU.

Lee Girard: AND NOW I'M GOING TO TALK A LITTLE BIT ABOUT THE VARIOUS PROGRAMS. THEIR ELIGIBILITY AND THE FUNDING SOURCES FOR THEM TO GIVE YOU A COMPREHENSIVE PICTURE. OREGON IS A LEADER OF KEEPING PEOPLE AT HOME AND FUNDING SERVICES FOR PEOPLE TO REMAIN IN THEIR COMMUNITIES. THIS TABLE PROVIDES AN OVERVIEW AND A SNAPSHOT OF CURRENT SERVICE LEVEL. IN BLUE IS THE OPI PROGRAM THAT'S BEEN IN PLACE SINCE 1975. AGE ELIGIBILITY IS FOR PEOPLE 60 AND OLDER. AND, THE FUNDING IS STATE GENERAL FUND. THE CURRENT ALLOCATION FOR THIS YEAR IS APPROXIMATELY \$1.5 MILLION AND THE CURRENT ENROLLMENT FOR THAT PROGRAM IS 619, THAT'S DEFINITELY A SNAPSHOT. IT'S CONTINUING TO GO UP FOR US, WHICH IS A GOOD THING. THE NEXT ITEM IS THE OPI EXPANSION PROGRAM.

THIS IS THE PILOT THAT IS HAPPENING IN SEVEN AREAS THROUGHOUT THE STATE. THIS IS FOR ADULTS WITH DISABILITIES WHO ARE AGED 19 TO 59 YEARS OF AGE. IT'S ALSO STATE GENERAL FUND. THE CURRENT INVESTMENT, THIS YEAR, IS \$920,000. THE REGULAR ALLOCATION THAT WE GET FROM THE STATE IS ABOUT \$790,000. AND WE'VE GOTTEN SOME ONE-TIME ONLY FUNDING THIS YEAR, SPECIFICALLY FROM THE STATE, AT ABOUT \$130,000. AND THE NEXT TWO PROGRAMS ARE COUNTY-FUNDED SPECIFICALLY SO WE HAVE -- WE CALL IT OPIC, WHICH IS THE ONE-TIME ONLY MONEY THAT WE RECEIVED FROM THE COUNTY BECAUSE WE HAD A VERY LARGE WAITLIST AT THE END OF LAST FISCAL YEAR AND WEREN'T ABLE TO TAKE PEOPLE ON TO THE OPI PROGRAM. SO, WE HAVE \$400,000, ONE-TIME ONLY FUNDED AND THAT'S FOR PEOPLE THAT ARE 60 AND OLDER, WHO HAVE BEEN WAITLISTED. TO-DATE, WE HAVE TAKEN 158 PEOPLE OFF OF OUR WAITLIST. OUR TARGET WAS 130 PEOPLE. JUST FOR YOUR INFORMATION, THE 15 150 158 IS INCLUDED IN THAT COUNT OF 619 PEOPLE LISTED ABOVE. IT'S A SUBPART OF THAT, THE OPI TOTAL.

THEN WE HAVE THE "MULTNOMAH PROJECT INDEPENDENCE," WHICH HAS BEEN IN PLACE SINCE 2003. THIS PROGRAM IS ALSO FOR ADULTS WITH DISABILITIES, AGE 19 TO 59. AND, IT'S FOR PEOPLE WHO ARE NOT ELIGIBLE FOR THE OPI EXPANSION PROGRAM, OR AT ONE POINT, WE ACTUALLY HAD A

WAITLIST FOR THE OPI EXPANSION PROGRAM. WE DON'T CURRENTLY HAVE A WAITLIST -- ALSO, FOR PEOPLE WHO ARE NOT ELIGIBLE FOR MEDICAID. WE'RE SERVING 36 PEOPLE THROUGH THIS PROGRAM. THAT'S DEFINITELY A SNAPSHOT BECAUSE THERE'S HIGHER TURNOVER IN THIS PROGRAM BECAUSE ONE OF THE WAYS WE TARGET THIS PROGRAM IS TO ACTUALLY SERVE PEOPLE WHO MAY NEED SOME SPECIFIC SHORT-TERM INTENSIVE HELP FROM US TO GET THEM INTO OTHER LONGER-TERM SERVICES. SO, OFTEN TIME FOLKS WHO ARE ON THE PROGRAM FOR THREE TO SIX MONTHS AT THE MOST. THIS NEXT SLIDE JUST GIVES YOU KIND OF A VISUAL VERSION OF THE PRIOR SLIDE. SO, IT REPRESENTS THE RECENT HISTORY OF OPI FUNDING IN MULTNOMAH COUNTY AND YOU'RE ABLE TO SEE VISUALLY WHAT THE CHANGES HAVE BEEN WITH THE PROGRAM, JUST LAST YEAR AND THIS YEAR.

Lee Girard: OKAY. AND NOW I'M JUST GOING TO GIVE YOU A LITTLE CONTEXT ABOUT KIND OF THE HISTORY AND WHAT OPI MEANS AT THE STATE LEVEL. ERIN, WHEN SHE WAS TALKING ABOUT HER TIMELINE, WAS TALKING ABOUT THE HISTORY OF INSTABILITY OF FUNDING FOR THE OPI PROGRAM. SO, THIS IS A BAR GRAPH THAT SHOWS YOU THE BIENNIAL ALLOCATIONS AT THE STATE LEVEL FOR "OREGON PROJECT INDEPENDENCE," GOING BACK TO 1990 BIANIUM. ONE OF THE QUESTIONS MIGHT BE, WHY IS THERE THIS UP AND DOWN FOR THE FUNDING FOR OPI? IN LARGE PART, THAT'S DUE TO THE PART THAT IT'S STATE GENERAL FUND AND IT'S NOT MATCHED BY FEDERAL FUNDING, WHICH MAKES IT A BIT OF AN EASIER TARGET IF THERE'S ANY KIND OF NEED FOR BUDGET REDUCTIONS. EVEN SO, OPI CONTINUES TO HAVE VERY STRONG BIPARTISAN SUPPORT FROM LEGISLATURES ACROSS OREGON. IN REVIEWING THE HISTORY OF OPI, THERE HAVE BEEN SIGNIFICANT SWINGS IN FUNDING, BUT THEY HAVE RESTORED THE PROGRAM WHEN IT WAS SLATED FOR REDUCTION.

OPI ENJOY STRONG SUPPORT FOR LOCAL ADVISORY COUNCILS AND FROM STATEWIDE ADVOCACY COALITIONS. AND IT'S ALSO IMPORTANT TO NOTE THAT OPI IS CONSIDERED A MAINTENANCE OF EFFORT PROGRAM BY THE STATE, FOR BOTH "OLDER AMERICANS ACT" AND FOR OREGON'S VERSION OF THE AFFORDABLE CARE ACT. THAT'S THE REASON THAT YOU'LL SEE THAT WITH THE GOVERNOR'S RECOMMENDED BUDGET, THEY'RE ONLY RECOMMENDING TO CUT IT BY 75%. SO, NEXT SLIDE. THE OTHER THING THAT ERIN'S TALKED A BIT ABOUT IS HOW COST-EFFECTIVE "OREGON PROJECT INDEPENDENCE" IS. THIS IS A GOOD SLIDE TO GIVE YOU A GOOD VISUAL ILLUSTRATION OF THAT. IN OREGON, WE'RE VERY FORTUNATE, LESS THAN 13% OF MEDICAID FUNDS ARE USED FOR NURSING HOME SETTINGS AND THE MAJORITY OF FUNDS GO TO SUPPORT OLDER ADULTS AND PEOPLE WITH DISABILITIES, EITHER LIVING IN THEIR HOMES WHO MAY NEED HELP IN A COMMUNITY-BASED SETTING. WE'RE IN THE TOP FIVE STATES, RANKED NUMBER THREE, FOR HELPING PEOPLE TO LIVE OUT IN THE COMMUNITY. OPI WAS ONE OF THE FOUNDATION PROGRAMS TO SET OREGON ON THAT ROAD,

TO HELP SUPPORT PEOPLE LIVING IN THE COMMUNITY AND STILL PLAYS AN IMPORTANT ROLE. AND SO THIS REALLY HIGHLIGHTS SOME OF THE COST SAVINGS. THE WHITE AREAS ARE STATE GENERAL FUND DOLLARS AND THE DARK BLUE IS FEDERAL MEDICAID FUNDS. SO THE COST FIGURES SHOWN ARE AVERAGE MONTHLY COSTS BY PROGRAM -- FOR PROGRAM PARTICIPANTS. THE OVERALL MONTHLY COST FOR MEDICAID NURSING HOMES IS OVER 25 TIMES THE COST OF OPI AND 10 TIMES THE COST OF OPI IF YOU LOOK AT THE STATE GENERAL FUND. THERE WAS A RECENT STUDY DONE FOR STATEWIDE OF PEOPLE DONE ON THE OPI WAITLIST AND THERE WERE 90 PEOPLE THAT HAD TO GO INTO MEDICAID SERVICES SO YOU CAN SEE THAT NOT HAVING ACCESS TO OPI, POTENTIALLY CONTRIBUTED TO THEM GOING ON MEDICAID SERVICES EARLIER AND HAVE MORE EXPENSIVE SERVICES. SERVICES.

Erin Gahek: AS I MENTIONED EARLIER, BECAUSE OF THE GENEROUS \$400,000 INVESTMENT BY THE COUNTY, WE'VE BEEN ABLE TO REMOVE OVER 1 50 PEOPLE FROM THAT WAITLIST. THIS IS DUE TO GREAT WORK BY OUR COUNTY STAFF AND OUR DISTRICT PARTNERS. I'M GOING TO ASK NELLY TO TELL A STORY ABOUT A PERSON SO WE CAN LEARN ABOUT THE EXPERIENCE OF A PERSON ON THE WAITLIST.

Nelly Salvador: THANK YOU. I WOULD LIKE TO SHARE A STORY ABOUT ONE OF MY OPIC CLIENTS. HER NAME IS PATRICIA. AND SHE'S 74 YEARS OLD. SHE HAS SEVERAL MEDICAL CONDITIONS, LIKE, SHE SUFFERED FROM COPD AND SHE HAS BROKEN HIP. FOUR YEARS AGO, AFTER ANOTHER SURGERY, SHE BECAME COMPLETELY CHAIR-BOUND. MOST OF THE TIME, SHE SPENT IN HER RECLINER IN THE LIVING ROOM AND SHE JUST LEAVE THIS CHAIR JUST TO GO TO BATHROOM TO TAKE A SHOWER OR GO TO THE DOCTOR. WHEN I DID MY INITIAL ASSESSMENT, I WAS SURPRISED BECAUSE THE CLIENT LIVES WITH HER 96-YEAR-OLD MOM WHO IS TAKING CARE OF CLEANING, COOKING, DRIVING CLIENT TO SEE A DOCTOR AND MOM SEEMS MUCH, MUCH HEALTHIER THAN CLIENT. THE PROBLEM IS THEIR SITUATION IS THE CLIENT KEEPS FALLING DOWN WHILE SHE'S TAKING SHOWER.

AND, MOM TRYING TO HELP HER, BUT BOTH OF THEM, THEY'RE FALLING DOWN AND THEY HAVE TO CALL 911. FORTUNATELY, THERE WAS NO INJURIES WHEN THEY FELL DOWN. BUT THEY KEEP CALLING 911, THAT'S WHY WE RECEIVE A REFERRAL BECAUSE THE FIREFIGHTERS WANT US TO DO A WELL-CHECK ON THE CLIENTS. SO, I DID MY ASSESSMENT AND THEY TOLD ME STORY THAT PATRICIA WAS PLACED ON THE REHABILITATION CENTER TWICE BUT EVERY TIME WHEN SHE WAS THERE, SHE PRAYED EVERY MORNING, ASKED TO DIE BECAUSE SHE CANNOT STAY IN THE FACILITY. DURING THE ASSESSMENT, BOTH WOMEN, THEY CRYING, THEY ASKING TO DO SOMETHING. CLIENT SAY, JUST GIVE ME COUPLE HOURS, SOMEBODY CAN COME TO MY HOME, HELP ME TAKE SHOWER, THE REST IS TAKING CARE OF SO THANK YOU FOR OPIC, WE WERE ABLE TO GIVE HER 10 HOURS PER MONTH JUST TO HOMECARE TO HELP

HER WITH THE SHOWERING. AND PATRICIA IS ABLE TO STAY IN HER HOME AND STILL BE INDEPENDENT. THANK YOU.

Erin Gahek: THANK YOU, NELLY. WE FEEL LIKE IT'S IMPORTANT TO NOTE THAT PART OF THE WORK IN MOVING FOLKS OFF OF THE WAITLIST AND INTO A SITUATION WHERE THEY'VE RECEIVING SERVICES HAS INVOLVED A CAREFULLY-MONITORED GLIDE PATH, TRACKING THE COUNTY FUNDS SO WE CAN INSURE OUR ABILITY TO CONTINUE TO SERVE THE PEOPLE WE MOVE ON TO THE OPI PROGRAM. BECAUSE THE WORST SITUATION WOULD BE THAT WE HELP PEOPLE AND THEN NOT BE ABLE TO HELP THEM GOING FORWARD. SO OUR HOPE IS THAT WE'RE ABLE TO DO THAT IN CONTEXT OF MAINTAINING CURRENT SERVICE LEVEL. SO, WHAT NOW? IT'S AN EXCITING TIME IN AGING, DISABILITIES AND VETERANS SERVICES PROGRAMS.

WE HAVE EXCITING THINGS COMING UP. WE HAVE AN RFPQ THAT WE'LL BE RELEASING VERY SOON, APRIL 28, NOT THAT WE'RE COUNTING. AND IT'S GOING TO CHANGE HOW WE DELIVER SERVICES TO OUR OLDER ADULTS. WE ARE LOOKING TO DELIVER MORE CULTURALLY-SPECIFIC SERVICES AND ENHANCING CULTURALLY-RESPONSIVE SERVICES BASED ON SHIFTING DEMOGRAPHICS IN OUR COUNTY AND INCREASED VULNERABLE POPULATIONS OF COLOR IN OUR COMMUNITIES. THE LEGISLATIVE SESSION OUTLOOK, IN MULTNOMAH COUNTY, WE HAVE 800 INDIVIDUALS BETWEEN OPI AND THE OPI EXPANSION PROGRAM. PROPOSED REDUCTIONS SUCH AS THOSE SUGGESTED IN THE CO-CHAIRS BUDGET FRAMEWORK LANGUAGE OR THE GOVERNOR'S RECOMMENDED BUDGET WOULD ELIMINATE 640 PEOPLE BETWEEN THOSE PROGRAM, 475 ON THE OPI PROGRAM AND 175 PEOPLE IN THE OPI EXPANSION. MAINTAINING OPI MAKES FISCAL SENSE AND MOST IMPORTANTLY, IT MAKES SENSE FOR HUNDREDS OF PEOPLE WHO ARE ABLE TO STAY CONNECTED WITH THEIR COMMUNITIES AND LIVE IN THEIR HOMES.

OUR DEPARTMENT IS TRACKING OPI FUNDING CLOSELY, IN PARTNERSHIP WITH THE CHAIR'S OFFICE. WE'LL BE WATCHING THE LEGISLATURE CLOSELY THROUGHOUT THE REMAINDER OF THE SESSION. THE BOTTOM LINE IS THIS IS A PROGRAM WITH A LONG TRACK RECORD OF SUCCESS. KEEPING PEOPLE IN THE SETTING OF THEIR CHOICE AND HOME REALLY MATTERS. HAVE LONG-STANDING RELATIONSHIPS WITH YOUR HOME AND YOUR COMMUNITY AND CASE MANAGER, THOSE THINGS MATTER AND WE KNOW THIS WORKS. REALLY, IT'S ONLY WHEN WE RECOGNIZE AND REALIZE THE TALENTS AND CONTRIBUTIONS OF PEOPLE OF ALL AGES AND ABILITIES THAT WE CAN MOVE OUR COUNTY FORWARD. MULTNOMAH COUNTY RESIDENTS WHO ARE OLDER ADULTS OR PEOPLE WHO HAVE DISABILITIES RAISE AND SUPPORT FAMILIES. THEY WORK ALONGSIDE US. THEY ADVOCATE FOR A BETTER COMMUNITY. AND VOLUNTEER WHERE THEY'RE NEEDED. OPI IS AN IMPORTANT SERVICE THAT HELPS THESE INDIVIDUALS TO REMAIN ENGAGED IN THEIR COMMUNITIES. THANK YOU.

Lee Girard: I THINK THIS IS OUR PRESENTATION.

Chair Kafoury: QUESTIONS OR COMMENTS?

Commissioner Vega Pederson: THANK YOU FOR THIS PRESENTATION. A QUESTION ABOUT THE OPI, YOU SAID SOME PEOPLE WERE NOT ELIGIBLE FOR THE OPI EXPANSION. WHAT ARE SOME OF THE REASONS?

Lee Girard: IT MIGHT BE THAT THEY'RE IN THE PROCESS AND GETTING THE OREGON HEALTH PLAN, WHICH THERE'S A STATE REGULATION THAT IF YOU'RE GETTING OREGON HEALTH PLAN, YOU'RE NOT ELIGIBLE FOR STATE-FUNDED OPI PROGRAM. BUT THEY MAY HAVE FUNCTIONAL NEEDS NOT YET BE ABLE TO GET MEDICAID LONG-TERM SERVICES AND SUPPORT SO WE MAY BE HELPING THEM WITH THAT PROCESS. THAT'S ONE OF THE BIG AREAS THAT WE DO. THE OTHER AREA WE'VE WORKED ON IS WORKING WITH PEOPLE WITH DISABILITIES THAT HAVE MAYBE NEVER INTERACTED WITH THE DEVELOPMENTAL DISABILITIES SYSTEM AND WE PARTNER WITH AN INTELLECTUAL AND DEVELOPMENTAL PROGRAM AND GIVE SHORT-TERM SUPPORT. THOSE ARE A COUPLE OF EXAMPLES.

Commissioner Vega Pederson: I WAS LOOKING AT THIS MAP OF THE SENIOR CENTERS, LOOKING BACK ON MY SCREEN TO WHERE YOU'RE HAVING THE MOST DENSE POPULATION AND IT SEEMS LIKE THAT'S NOT EXACTLY A MATCH SO I'D LOVE TO ENCOURAGE THE COUNTY AND THE PARTNERS TO LOOK AT INVESTING ALL AROUND AND WHERE OUR DEMOGRAPHICS ARE GOING.

Lee Girard: YES, THAT'S A REALLY GOOD POINT AND I THINK WITH OUR UPCOMING RFPQ, WE'LL PROBABLY SEE SOME CHANGES IN SOME OF THE SERVICES ACROSS THE WHOLE COUNTY. ALSO, WE HAVE A FUNDING FORMULA FOR THE REGIONAL PROVIDERS THAT IS BASED ON POPULATION. SO, IF THERE'S A LARGER POPULATION, IN A PARTICULAR AREA, SPECIFICALLY MID-COUNTY AND EAST COUNTY, THEIR FUNDING IS ACTUALLY BASED ON THAT. SO, THAT'S ONE POSITIVE. BUT WE DO ACTUALLY NEED TO SEE MORE ACTUAL CENTERS AND THINGS HAPPENING OUT IN MID AND EAST COUNTY. AGREED.

Commissioner Vega Pederson: I REALLY APPRECIATE THIS PRESENTATION. I THINK THAT OPI IS ONE OF THOSE REALLY IMPORTANT PROGRAMS AT BOTH THE STATE AND AT THE COUNTY AND I WANT TO MAKE SURE THAT WE GET THE FUNDING WE NEED AT THE STATE AND CONTINUE TO SUPPORT IT. SO, THANK YOU.

Commissioner Smith: GOOD MORNING. THANK YOU FOR YOUR PRESENTATION THIS MORNING. AS YOU KNOW, I'M A HUGE FAN AND I THINK THAT THIS WORK, IT MATTERS AND IT'S IMPORTANT. IT'S CRITICAL TO ALL OF OUR FAMILIES BECAUSE, YOU KNOW, AT ONE POINT IN OUR LIFE, IF WE'RE LUCKY, WE'RE

GOING TO BE OLDER AND THESE ARE SERVICES THAT ARE MUCH-NEEDED AND I APPRECIATE THE BREAKDOWN IN TERMS OF WHO'S VULNERABLE, THE 18% NUMBER FOR COMMUNITIES OF COLOR, WHO ARE EXPERIENCING, YOU KNOW, A LOT OF DIFFICULTIES. SO, THE QUESTION THAT I'M VERY FAMILIAR WITH THIS PROGRAM. IS IT POSSIBLE FOR PEGGY OR SOMEONE TO COME AND BRIEF ME ON THE RFPQ SO I HAVE A BETTER UNDERSTANDING OF WHAT THAT LOOKS LIKE? AND I SEE TWO URBAN LEAGUE OF PORTLAND CENTERS. WHERE IS THE OTHER ONE?

Erin Gahek: THE ONE OUT FURTHER THAT LOOKS MORE TOWARDS ST. JOHNS, THAT'S SHARED STAFFING. HOLLYWOOD SENIOR CENTER AND URBAN LEAGUE DO SOME COMBINED STAFFING SO THEY DO SOME COMMUNITY EVENTS AND SOME OF THEM ARE AT TRENTON TERRACE.

Commissioner Smith: SO THAT'S NOT AK LAEL A CENTER OUT THERE?

Erin Gahek: THEY DO TEMPORARY OFFICE HOURS THERE.

Commissioner Smith: THAT'S MISLEADING. THERE WAS A CENTER, AT ONE POINT, AND THEY COMBINED THE ONE ON MARTIN LUTHER KING AND KILLINGSWORTH WITH THE HOLLYWOOD CENTER AND WE DIDN'T HAVE ONE OUT THERE, ANY LONGER. QUESTION. HOW MANY PEOPLE ARE ON THE WAITING LIST RIGHT NOW?

Erin Gahek: I WOULD HAVE TO DOUBLE-CHECK, BUT I THINK IT'S PROBABLY AROUND 45. BECAUSE WE'VE MOVED THOSE 150, WE JUST REACHED OUT IN THE LAST WEEK TO OUR DISTRICT CENTER PARTNERS TO SAY, LET'S KEEP MOVING PEOPLE.

Commissioner Smith: I HAVE OTHER QUESTIONS OF YOU BUT I CAN'T ASK THEM OF YOU UNTIL THE 21ST. JUST KNOW THAT I HAVE LOTS OF QUESTIONS.

Erin Gahek: ALL RIGHT.

Commissioner Smith: THANK YOU SO MUCH FOR YOUR GOOD WORK. I LOVE IT.

Commissioner Meieran: THANK YOU FOR YOUR PRESENTATION. THAT WAS A REALLY GREAT PRESENTATION. I WAS JOTTING DOWN NOTES, YOU KNOW, WITH QUESTIONS AND AS I WAS JOTTING DOWN, LIKE, YOU RESPONDED TO THEM. [LAUGHTER] SO, REALLY EXCELLENT JOB. AND IT JUST POINTS TO, WE KIND OF HEAR A LOT, OUR MANTRA OF AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE. IN TERMS OF THE STORY YOU PROVIDED. I COULD SEE, AS AN ER DOCTOR, I COULD VISUALIZE THE INDIVIDUALS THAT YOU WERE TALKING ABOUT BEING IN MY EMERGENCY DEPARTMENT ROOM AND SEEING THEM AS PATIENTS AND FEELING LIKE THIS IS EXACTLY WHAT THEY WOULD NEED TO KEEP THEM OUT OF THE EMERGENCY DEPARTMENT, WHICH IS NOT

A GOOD PLACE REALLY FOR MOST PEOPLE TO BE. AND SO, ONE QUESTION THAT I HAD, LEE, I THINK IT WAS THE CHART THAT LISTED OUT THE NUMBER OF PEOPLE WHO WERE, YOU KNOW, THE PROPORTION OF WHAT THEY GOT OF GENERAL FUND, 619, AGE 60-PLUS, GOT THE STATE GENERAL FUND, \$1.4 MILLION AND 158 ON THE WAITLIST. THAT ONE, THANK YOU. I THINK YOU HAD SAID SOMETHING THAT THE 158 WERE INCLUDED IN THE 619?

Lee Girard: YES.

Commissioner Meieran: I DIDN'T UNDERSTAND HOW THEY WERE BOTH INCLUDED AND THEN --

Lee Girard: YES. SO, THE INTENT OF THE OPIC PROGRAM IS ONE-TIME ONLY TO MOVE PEOPLE FROM OFF OF THE OPI WAITLIST INTO REGULAR OPI SERVICES WITH THE UNDERSTANDING THAT AT THE END OF THIS YEAR, THEY WILL BE ONGOING PARTICIPANTS IN THE REGULAR STATE-FUNDED OPI PROGRAM SO THIS IS SHOWING THE NUMBER OF PEOPLE THAT WE'VE TAKEN OFF THE WAITLIST BUT WE CONSIDER THEM BEING PARTICIPANTS OF OUR REGULAR OPI PROGRAM. WE ARE DOING THAT AS PART OF OUR PLANNING TO MAKE SURE WE HAVE ADEQUATE FUNDING STARTING JULY 1 TO SERVE THE PEOPLE THAT ARE ALREADY GETTING SERVICES, THAT ARE INVOLVED IN THE PROGRAM.

Erin Gahek: WE WANTED TO INCLUDE THAT LINE TO REFLECT THE WORK AND REPORT OUT TO ALL OF YOU ABOUT THE IMPACT OF OPI. THAT'S THE DIFFERENTIATION.

Commissioner Meieran: THANK YOU. AND THANK YOU FOR YOUR WORK.

Chair Kafoury: THANK YOU SO MUCH FOR YOUR TESTIMONY. IT WAS GREAT TO HAVE YOU HERE.

Erin Gahek: THANK YOU.

Lee Girard: THANKS FOR HAVING US.

B.2 Board Briefing on County-wide Work Related to the Opioid Epidemic. Presenters: Joanne Fuller, Health Department Director; Dr. Paul Lewis, Health Officer, Health Department; Devarshi Bajpai, Medicaid Plan Manager, Mental Health and Addictions Services Division, Health Department; Marty Grasmeyer, Medical Officer, Health Department; and Scott Taylor, Director, Department of Community Justice

Chair Kafoury: OUR NEXT BOARD BRIEFING IS ON COUNTYWIDE WORK RELATED TO THE OPIOID EPIDEMIC.

Joanne Fuller: THANK YOU.

Chair Kafoury: TECHNICAL DIFFICULTIES THIS MORNING.

Joanne Fuller; THANK YOU, MADAM CHAIR, JOANNE FULLER, YOUR HEALTH DEPARTMENT DIRECTOR. WE'RE HERE TO TALK ABOUT THE OPIOID EPIDEMIC AND I'M GOING TO INTRODUCE THE FOLKS THAT ARE WITH ME AND GIVE YOU A LITTLE BIT OF FRAMING AND TURN IT OVER TO THEM. I'VE GOT DR. PAUL LEWIS HERE TODAY, WHO IS THE -- ACTUALLY THE TRI-COUNTY HEALTH OFFICER FOR MULTNOMAH, CLACKAMAS AND WASHINGTON COUNTY AND DEVARSHI BAJPAI, WHO IS OUR MEDICAID PLAN MANGER AND MENTAL HEALTH AND ADDICTIONS SERVICES OF THE HEALTH DEPARTMENT AND DR. MARTY GRASMEDER, WHO IS OUR MEDICAL DIRECTOR FOR OUR CLINICAL SERVICES IN THE HEALTH DEPARTMENT AND THEN SCOTT TAYLOR, WHO'S THE DIRECTOR OF THE DEPARTMENT OF COMMUNITY JUST JUSTICE JUSTICE. WE HAVE DWIGHT HOLTER.

SO, WE'RE HERE TODAY, REALLY, TO TALK WITH YOU ABOUT THE OPIOID EPIDEMIC AND I JUST HAPPENED TO PICK UP THE THIS MORNING AND THEY WERE TALKING ABOUT HOW IT IS CONTRIBUTING TO HOMELESS AND FLOODING OUR NEIGHBORHOODS WITH PROBLEMS THAT ARE OVERWHELMING THEIR ABILITY TO PROVIDE SAFE AND HEALTHY ENVIRONMENTS FOR EVERYONE WHO LIVES THERE AND TODAY, WE'RE NOT HERE TO TELL YOU THAT THINGS HAVE MAGICALLY RESOLVED THEM SELVES. SO -- BUT WHAT WE WANTED TO DO WAS TALK TO YOU ABOUT THE COUNTY'S EFFORTS THAT YOU HAVE SUPPORTED AND THAT WE'RE TRYING TO TACKLE THIS REALLY IMPORTANT PROBLEM THAT IS VERY PERVASIVE AND HAVE TENTACLES INTO OTHER ISSUES. AS WELL AS THE TOLL THAT IT TAKES ON PEOPLE WHO WIND UP ADDICTED TO OPIOIDS AND THEIR FAMILIES. WE WANT TO TALK ABOUT THIS FROM A PUBLIC HEALTH LENS AND THE CLINICAL WORK WEEVER BEEN DOING AND OUR INTERVENTIONS AND THE JUSTICE-INVOLVED POPULATION. SO, I'M GOING TO TURN IT OVER TO PAUL, TO TALK TO YOU ABOUT WHY YOU'RE HEARING ABOUT AN EPIDEMIC.

Paul Lewis: HIT THE F5 BUTTON. YAY. GREAT, CHAIR KAFOURY, MEMBERS OF THE BOARD, THANKS FOR HAVING US HERE TODAY. THEY DIDN'T GIVE ME VERY MUCH TIME AND THERE'S A LOT OF MATERIAL TO COVER. I'M GOING TO TRY NOT TO TALK FAST. A LITTLE BIT OF BACKGROUND, SOME OF YOU MAY HAVE HEARD LAST YEAR, SOME KNOW PROFESSIONALLY, JUST TO GET EVERY BODY ON THE SAME PAGE, OPIOIDS ARE AN ANCIENT DRUG THAT COME OUT OF OPIUM POPPIES AND IT IS REMARKABLE DRUG. PEOPLE REALLY, REALLY LIKE IT BECAUSE IT MAKES YOU FEEL REALLY GOOD. IF YOU HAVE A LOT OF PAIN, DRUGS RELATED TO THIS ARE THE MOST POTENT PAINKILLERS WE HAVE AND THEY HAVE A CRITICAL ROLE IN HUMANE PRACTICE OF MEDICINE. PEOPLE ARE CREATIVE AND HAVE MADE VARIANCE OF THIS, SOME OF WHICH ARE PHARMACEUTICAL DRUGS THAT HAVE A LOT OF VALUE WHEN USED

CORRECTLY. A LOT LEAD TO A LOT OF MISUSE. THE DRUGS WORK BOTH IN YOUR BRAIN AND YOUR SPINE AND IN PLACES THAT HURT, TO MAKE YOU NOT PERCEIVE PAIN. UNFORTUNATELY, THERE'S TWO DARK SIDES TO THESE DRUGS. ONE IS THAT IT'S QUITE EASY, WITHIN DAYS, FOR HUMANS AND MAMMALS TO BECOME PHYSICALLY-DEPENDENT ON THESE DRUGS AND WHEN THE DRUGS ARE NOT USED ANYMORE, YOU FEEL BAD AND YOU WOULD REALLY LIKE TO FEEL GOOD ABOUT. ABOUT THE ONLY THING THAT CAN MAKE YOU FEEL GOOD AGAIN IS TO TAKE THE DRUGS AGAIN.

Paul Lewis: IF YOU TAKE TWICE TOO MUCH, YOUR BREATHING GETS REALLY SLOW, BECAUSE YOU TOOK TOO MUCH OF THAT OR YOU HAD A DRINK, YOU STOP BREATHING COMPLETELY AND A FEW MINUTES AFTER THAT, YOU'RE DEAD. THERE'S A HUGE AMOUNT OF STIGMA AND WITH A LOT OF PUBLIC HEALTH PROBLEMS, STIGMA IS ONE OF THE MOST FOUNDATIONAL THINGS. PEOPLE DON'T WANT TO TALK ABOUT IT. PEOPLE WANT TO HIDE IT. ET CETERA. AND OVERCOMING THAT IS PROBABLY A GENERATIONAL THING THAT WE'LL NEED TO WORK ON. EVERYONE IS SUSCEPTIBLE. YOU MAY HAVE SEEN THE BUS AND POSTER CAMPAIGN ABOUT EVERYONE P PDX. EVERYONE SUSCEPTIBLE FOR THE BIOLOGICAL REASONS I TOLD YOU. WE TAKE CARE OF KIDS WITH CANCER AND IN THE INTENSIVE CARE UNIT THAT NEED TO BE ON OPIOIDS AND IT TAKES WEEK OR MONTHS TO SLOWLY, SLOWLY GET THEM OFF OF IT. IT'S PART OF BEING A HUMAN, TO BE SUSCEPTIBLE TO THIS KIND OF ADDICTION. THIS ILLUSTRATES THE EPIDEMIC PART. IT GOES BACK TO THE YEAR 200 THERE. WHAT YOU SEE IS A NEAR QUADRUPLING TO A NEAR-DEATHS.

THE OTHER COLORED LINES BREAK IT DOWN A LITTLE BIT. THE PURPLE IS THE PRESCRIPTION OPIATES AND THEN THE ORANGE AND BLUE ARE VARIOUS SORT OF ILLEGAL OPIATES, HEROIN. FENTANYL THAT ONLY HAVE NUMBERS AND LETTERS. YOU CAN SEE STARTING IN THE YEAR 2000, THERE'S A STEADY INCREASE AND A FAIRLY SHARPER INCREASE IN THE LAST COUPLE OF YEARS. IT'S IMPORTANT TO KEEP THIS IN MIND WHEN WE LOOK AT THE NEXT SLIDES, WHICH IS WHAT IS HAPPENING LOCALLY. I'M LOOKING DOWN AT MY NOTES AND I'M REMEMBERING THAT I WANTED TO ACKNOWLEDGE THE PEOPLE WHO HAVE DONE ALL THE WORK THAT WE'RE GOING TO BE TALKING ABOUT TODAY. OUR DEATH RECORDS COME FROM VITAL RECORDS. OUR ANALYSTS INCLUDE JAIME WALTERS, LINDSAY JENKINS. AND WE HAVE A REGIONAL SET OF CONVENER THAT IS CHRIS AND TYLER, WHOSE WORK IS ONLY BECAUSE OF THE GRANT-WRITING TEAM. I REALLY NOT ONLY WANT TO ACKNOWLEDGE THEM PERSONALLY AND ILLUSTRATE THIS IS A PERVASIVE PROBLEM AND A LOT OF PEOPLE ARE INVOLVED DIRECTLY AND INDIRECTLY AND I WANT TO MAKE SURE THEY DO GET CREDIT FOR THAT. THE NEXT SLIDE IS THE STATE GRAPH, SIMILAR TO A NATIONAL ONE, WITH A SHARP INCREASE IN THE 2000'S. AGAIN, A NEAR-QUADRUPLING IN THE NUMBER OF DEATHS. IT DOESN'T LOOK QUITE AS STEEP AT THE TAIL END. WHAT YOU'VE BEEN WAITING FOR IS THE LOCAL PICTURE. WE ARE WORKING ON THIS, THIS IS THE THREE COUNTIES

PUT TOGETHER. THIS IS PUTTING A DIFFERENT DATA SOURCE, IT IS THE DEATH RECORDS FROM THE MEDICAL EXAMINER'S OFFICE. THE NATIONAL DATA HAS A TWO TO THREE-YEAR DELAY.

Paul Lewis: THIS IS UP-TO-DATE AS OF DECEMBER OF LAST YEAR. YOU SEE THAT WE HAD OUR PEAK IN 2011 AND SINCE THEN, THINGS HAVE SOME DOWN AND BEEN FAIRLY FLAT. YOU KNOW, THIS FLAT NUMBER, 160 OR SO DEATHS, I THINK SOMETIMES SEEMS LIKE A SMALL NUMBER. THAT'S A 737 CRASHING EVERY YEAR OF PEOPLE DYING OF OPIOID OVERDOSE. IT IS, HOWEVER -- I THINK THIS IS AN UNACCEPTABLY HIGH RATE AND HIGH NUMBER AND WE HAVEN'T BEEN MAKING PROGRESS. IT IS DIFFERENT THAN THE NATIONAL PICTURE, WHICH SHOWS THE STEADY INCREASES FOR HEROIN AND SYNTHETICS. WE'D LIKE TO THINK THAT PART OF THE REASON FOR THAT IS THE HUGE EFFORTS MADE BY MULTNOMAH COUNTY AND HARM REDUCTION STAFF TO DISTRIBUTE NALOXONE, WHICH IS WAKE YOU UP FROM AN OVERDOSE. IN 2012-2013, IT BECAME LEGAL FOR LAY PEOPLE TO CARRY IT. WE SAW A SUBSTANTIAL DECREASE. 40% OF THE DEATHS ARE AMONG WOMEN. ABOUT 5% OF THE DEATHS OCCURRED AMONG BLACK AFRICAN-AMERICAN POPULATION, ROUGHLY SIMILAR TO THE 2010 CENSUS PROPORTION IN MULTNOMAH COUNTY.

ETHNICITY'S NOT WELL-DOCUMENTED IN THE MEDICAL EXAMINER'S RECORDS. THE FINAL THING I WANTED TO GO BACK TO ONE SLIDE THERE, JOANNE. WE ARE PUTTING THESE TWO KINDS OF DRUGS TOGETHER ON THE SAME GRAPH. THERE'S A DIRECT LINK BETWEEN THE PRESCRIPTION DRUG MISUSE AND HEROIN USE. ANOTHER NATIONAL SURVEY JUST CAME OUT, TENS OF THOUSANDS OF HEROIN USERS AND MORE THAN HALF REPORT THAT THEY FIRST BECAME DEPENDENT OR ADDICTED FROM PRESCRIPTION DRUGS BEFORE SWITCHING TO HEROIN. IT'S AS HIGH AS 80%. AGAIN, WE TALK ABOUT THE PIPELINE OF PRESCRIPTION DRUGS THAT IS NOT 100% OF THE CAUSE OF HEROIN MISUSE, BUT IS A MAJOR CONTRIBUTOR TO IT. WE THINK ABOUT PRESCRIPTION OVERDOSE DEATHS ALONE AND THE COLLATERAL COST THAT GOES ALONG WITH IT. THIS PYRAMID IS FOCUSED ON MEDICAL CONSEQUENCE WITH NON-FATAL OVERDOSES, ISSUES RELATED TO ABUSE AND NON-MEDICAL USE AND THE VASTLY HIGHER COST OF HEALTHCARE COSTS TO THOSE WHO MISUSE OPIOIDS. IT'S EASIER TO COUNT AND MEASURE THE DEATHS, BUT MANY OF THE FAMILY RELATIONSHIP AND SOCIETAL ISSUES ARE FAR GREATER IN NUMBER THAN THE DEBTS ALONE. NEARLY ONE-QUARTER OF THE POPULATION RECEIVES AN OPIOID PRESCRIPTION EVERY YEAR. THIS HAS BEEN STEADY FOR FOUR YEARS. THEY DON'T JUST GET ONE PRESCRIPTION. THERE'S ENOUGH PRESCRIPTIONS FOR NEARLY 90% OF THE STATE TO HAVE PRESCRIPTIONS. WE'RE PUSHING 3.5 MILLION PRESCRIPTIONS EVERY YEAR. ONE OF THE FOCUSES IN PUBLIC HEALTH IS TO TRY TO GET PRESCRIBING BACK UNDER CONTROL AGAIN. AND I DIDN'T SHOW IT ON THOSE GRAPHS. THE RATE OF PRESCRIBING DIRECTLY PARALLELS IN SLOPE THE RATE OF DEATHS FROM OPIOID OVERDOSE. I DO

HAVE GOOD NEW TOOZ REPORT, HOWEVER, THIS IS NOT QUITE PROVISIONAL, BUT IT COMPARES THE THIRD QUARTER OF 2016 IN YELLOW TO 2015 IN BLUE.

Paul Lewis: THIS IS THE FIRST DOCUMENTED DECREASE IN PRESCRIBING SINCE MONITORING BEGAN IN 2012. I HAVE LESS GOOD NEWS ON THE NEXT SLIDE, HOWEVER. THESE ARE VARIOUS MEASURES COLLECTED BY OUR SYRINGE EXCHANGE PROGRAM. THE BLUE LINE GOES FROM TWO TO FOUR, TIMES ONE MILLION. THE NUMBER OF SYRINGES DISTRIBUTED. THIS DOESN'T SAY THAT THERE'S TWICE AS MANY HEROIN USERS. IT SUPPORTS THAT IDEA, THE ORANGE AND GREEN LINES ARE OTHER MEASURES, THE NUMBER OF VISITS AND UNIQUE CLIENTS TO SYRINGE EXCHANGE. WE'RE VERY CONCERNED, MAYBE WE'VE MADE A LITTLE BIT OF PROGRESS ON THE OVERPRESCRIBING. WE DON'T THINK THERE'S ANY SIGN OF IMPROVEMENT IN HEROIN MISUSE, WITH THE EXCEPTION OF THE OVERDOSES. WE CAUTIOUSLY THINK WE HAVE A TINY HANDLE ON THAT BUT THE PRESSURE OF MORE PEOPLE USING HEROIN PUTS THAT AT RISK AS WELL.

THAT'S BACKGROUND. I'M CHECKING TO SEE HOW I'M DOING ON TIME. I HAVE A COUPLE MORE MINUTES, I THINK. ABOUT SOME OF THE THINGS GOING ON IN PUBLIC HEALTH. WE, AGAIN, TRY TO MEASURE THINGS AND IDENTIFY PATHWAYS AND THINK ABOUT INTERVENTIONS. THE PICTURES HERE, THE SPRAY THERE IS NOT AFFRIN FOR YOUR NOSE. IT'S NALOXONE FOR SOMEONE WHO HAS DIED FROM AN OPIOID OVERDOSE AND REVIVE THEM. THIS STYLE OF GIVING IT UP THE NOSE IS MAKING IT EASIER THAN HAVING TO DRAW SOMETHING UP IN A SYRINGE AND INJECT IT. WE PUT OUT OUR SECOND VERSION OF AN OPIOID TREND REPORT, IT EXPANDED FROM MULTNOMAH COUNTY ONLY TO THE TRI-COUNTY REGION. I'M GOING TO SPEND A FEW MINUTES ON THE NEXT PICTURE HERE, WHICH IS AN OVERSIMPLIFICATION. WE WANT TO ILLUSTRATE ABOUT THE PATHWAYS TO THE BOTTOM THERE WITH OVERDOSES AND DEATH. WE HAVE ILLEGAL PRODUCTION ON HEROIN AND FENTANYL. THEY GET DISTRIBUTED. PEOPLE BECOME DEPENDENT AND ADDICTED TO THEM WITH ALL THOSE INTENDED INTENDED CONSEQUENCES. THESE ARE NOT PHARMACEUTICAL.

PEOPLE DON'T KNOW EXACTLY WHAT THEY'RE GETTING. IT'S EASY TO OVERDOSE. THE BLUE BOX IS THE LEGAL PRESCRIBING FACTORY. MILLIONS OF PRESCRIPTIONS GOING OUT A YEAR IN OREGON. IN THE GREEN, THERE'S A NUMBER OF APPROPRIATE USES FOR THESE DRUGS, ACUTE PAIN AFTER HAVING SURGERY, BROKEN ARMS AND HUMANE CARE AT THE END OF LIFE OR CANCER. HOWEVER, THERE'S BEEN A LOT OF USE OF THESE DRUGS FOR WHAT'S CALLED CHRONIC PAIN AND PEOPLE HAVE PRETTY MUCH OVERTURNED THE DOGMA DOGMA THAT THERE ARE NO SIDE EFFECTS. A WEEK OR TWO OF TAKING OPIOIDS DRAMATICALLY INCREASES THE RISK THAT YOU'LL STILL BE ON THOSE DRUGS ONE OR THREE YEARS LATER. THAT'S A NO LONGER A GREAT CHOICE IN YELLOW. FROM THIS PILL FACTORY, DRUGS THAT END UP IN DIVERSION. THEY'RE NOT USED BY THE PERSON THEY

WERE PRESCRIBED FOR. THAT LEADS TO THE GROUP CALLED NON-MEDICAL OPIOID USE AND THE DOUBLE-HEADED ARROW TO HEROIN.

Paul Lewis: HALF OR MORE OF HEROIN USERS GET STARTED WITH NON-MEDICAL USE OF OPIOIDS. IT CAN LEAD TO THE PHYSICAL DEPENDENCE I DESCRIBED. WHEN IT LEADS TO BEHAVIOR THAT'S NOT HELPFUL TO THE PERSON, WE CALL THAT ADDICTION AND CERTAIN CERTAINLY, NUMEROUS SOCIAL AND JUSTICE-RELATED CONSEQUENCES TO THAT AND A FRACTION OF THOSE, OF COURSE, OVERDOSE IN DEATH. MY COLLEAGUES I SHOWED THIS TO POINTED OUT YOU DON'T HAVE TO BE COME ADDICTED TO HAVE OVERDOSE AND DEATH. IN THE ELDERLY, THEY HAVE THE PRESCRIPTION OPIOID, THEY DON'T HAVE THEIR GLASSES OR THEY FORGOT WHAT THEY TOOK, IT'S EASY FOR THE OVERDOSE TO HAPPEN, AS WELL. WE'VE TRIED TO TAKE THIS DISSECTION AND DO INTERVENTIONS. IN THE LOCK ZONE, THIS HAS BEEN A TRULY REMARKABLE INTERVENTION.

THEY DESERVE A LOT OF CREDIT FOR US NOT HAVING SPIKE IN HEROIN DEATHS. IT IS PRETTY FAR DOWN THE LINE. IF THE LOCK ZONE'S THE INTERVENTION, WE NEED TO DO OTHER THINGS AS WELL. AS YOU ROLL FORWARD THROUGH JOANNE, ACCESS TO AFFECTIVE AND ACCOUNTABLE ADDICTION TREATMENT IS CRITICAL AND MOST PEOPLE AGREE THAT OUR SYSTEM IS NOT ADEQUATE FOR THAT AND THAT'S A CRITICAL THING THAT WE NEED. SIMILARLY FOR CHRONIC PAIN, WE NEED OTHER ALTERNATIVES TO JUST GIVING PEOPLE OPIOIDS FOR THE REST OF THEIR LIFE, GIVEN THAT THAT'S NOT GOING TO DO THE THINGS THEY NEED TO DO, LIKE CONTINUING TO MOVE AND STAY ENGAGED, ET CETERA. OUR HARM REDUCTION EFFORTS AROUND SYRINGE EXCHANGE ARE CRITICAL AROUND THE POPULATION WHO ARE USING DRUGS ILLEGALLY. NOT ONLY DO THESE PROGRAMS PREVENT THE SPREAD OF DISEASES, IT PROVIDES AN OPPORTUNITY AND PLACE FOR THOSE PEOPLE TO GAIN ACCESS TO PEOPLE THAT CARE ABOUT THEM AND HOPEFULLY GET INTO LONG-TERM RECOVERY.

AS JOANNE POINTED OUT, THE ISSUES RELATED TO HOUSING AND HOMELESSNESS, TWO-THIRDS OF THE PEOPLE INTERVIEWED AT A SURVEY LAST SUMMER WERE EITHER HOMELESS OR UNSTABLY HOUSED. THE DIVERSION PROGRAM HAS A LOT OF ISSUES WITH THAT. CERTAINLY EASY AND CONVENIENT DISPOSABLE OF UNUSED DRUGS IS ONE INTERVENTION. WE ARE WORKING WITH LINES FOR LIFE ON MAKING MORE AVAILABLE AND SAFE PRESCRIBING. THESE ARE THE EFFORTS AROUND EDUCATION OF CLINICIANS AND FEEDBACK FOR THEM. I WOULD LIKE TO THINK WE ARE DEMONSTRATING A LITTLE BIT OF PROGRESS IN THE LAST 12 MONTHS. LONG STORY, BUT WE HAVE LAUNCHED -- JUST ABOUT A YEAR AGO -- A REGIONAL OPIOID SAFETY COALITION. IT HAS A COORDINATING COMMITTEE AND MANY OF THE THINGS WE JUST MENTIONED ARE THE PLANETS ORBITING AROUND THERE. WE TALKED ABOUT THE LOCK ZONE STORAGE AND DISPOSAL AND PAIN TREATMENT. THEREFORE, THE GOAL OF THIS IS TO NOT ONLY REDUCE

OPIOID DEATHS, AS WE SAY, IMPROVE THE QUALITY OF LIFE WITH CHRONIC PAIN OR DRUG DEPENDENCE AND THAT IS A HEAVY LIFT BUT THAT IS GOING TO BE THE FOCUS OF THIS GROUP. MENTAL HEALTH, ADDICTION, DRUG COURTS, CCOS, LAW ENFORCEMENT, ET CETERA. I WANT TO MENTION THIS THING WE JUST NAMED PROP, THIS IS A NEW PROGRAM WE GOT FUNDING FOR THAT IS MULTNOMAH COUNTY-SPECIFIC, IT IS NOT TRI-COUNTY. JUSTICE-INVOLVED AND RECENTLY RELEASED POPULATION PREVENTING OVERDOSE.

Paul Lewis: WE'RE EXCITED ABOUT THAT AND HOW IT WILL SUPPORT LEAD EFFORTS GOING ON, AS WELL. I THINK WE HAVE MOST OF THE STUFF ABOUT SYRINGE EXCHANGE. THERE ARE DROP BOXES ON THE EAST AND WEST SIDE OF THE RIVER THAT HAS MULTIPLE PURPOSES, NOT ONLY IN GETTING SYRINGES OFF THE STREET, BUT ACTUALLY ALLOWING AN IMPORTANT COLLABORATION WITH THE CITY, AS WELL, SINCE THIS INVOLVES BOTH OF US VERY, VERY MUCH. THEN THE LOCK ZONE IS NOT GIVING OUT IN THE LOCK ZONE, IT'S ALSO TRAIN THE TRAINER. WE'VE HAD NUMEROUS REQUESTS AND MULTNOMAH COUNTY IS THE LEADERS IN TRAINING OTHER AGENCIES, PARTICULAR LAW ENFORCEMENT AND FIRST RESPONDERS TO HAVE PEOPLE SET UP SIMILAR THINGS. THERE ARE A COUPLE OF THINGS -- THIS IS MY LAST SLIDE -- GOING ON IN THE LEGISLATURE RIGHT NOW. THIS IS A BIG WEEK, AS YOU KNOW, AND THERE'S A LOT OF HEARINGS BEING HELD. THERE ARE BILLS BEING CONSOLIDATED ABOUT PRESCRIPTION DRUGS. THEY WANT TO HAVE LICENSING BOARDS MAKE RECOMMENDATIONS TO THEIR LICENSE LICENSEES AND MAKING THE LOCK ZONE EASIER TO GET.

Chair Kafoury: IF CLAUDIA'S DONE THE LOBBYING, WE HAVE A GOOD CHANCE.

Marty Grasmeder: CHAIR KAFOURY AND COMMISSIONERS, THANKS FOR HAVING US. I'D LIKE TO TALK ABOUT WHAT WE'RE DOING IN THE CLINICS ABOUT OPIOIDS. I LIKE THE PICTURE ABOUT OXYCONTIN. IT'S A LONG-ACTING OPIOID THAT HAS VERY HIGH POTENTIAL, IT'S THE GRANDFATHER.

Chair Kafoury: YOU NEED TO IDENTIFY YOURSELF.

Marty Grasmeder: MARTY GRASMEDER, PEDIATRICIAN PEDIATRICIAN. OXYCONTIN IS THE GRANDFATHER OF THE CURRENT OPIOID EPIDEMIC, I WOULD SAY. I'M GOING TO USE MY NOTES, AS WELL. AT MULTNOMAH COUNTY, WE'RE THE LARGEST SAFETY NET SYSTEMS IN THE STATE. WE HAVE SEVEN PRIMARY CARE CLINICS, ONE HIV CLINIC AND ALL THE SITES, EXCEPT THE HIV CLINIC, ARE ON THE EAST SIDE. WE SERVE MEDICAID. OVER 1,000 OF OUR PATIENTS HAVE SUBSTANCE ABUSE ADDICTIONS. IT'S EXTRACTED FROM THE ELECTRONIC MEDICAL RECORDS. IN 2016, WE REFERRED 175 PATIENTS FOR OPIOIDS AND ALCOHOL TREATMENT. WE USE SCREENING, BRIEF INTERVENTION AND REFERRAL FOR TREATMENT AND CRAFT, WHICH STANDS FOR A BUNCH OF STUFF, IT STARTS OUT WITH CAR. WE USE THAT WITH ADOLESCENCE. ALL OF OUR PATIENTS OVER 12 GET SCREENED. IF THEY

COME BACK POSITIVE, WE TRY TO DO AN INTERVENTION AND TRY TO REFER THEM FOR TREATMENT. OUR APPROACH IS THREE-FOLD. ONE IS IMPLEMENTING NEW POLICIES FOR PRESCRIBING AND EDUCATION. OVER THE LAST SIX TO EIGHT YEARS, WE'VE REALLY TRIED TO REFINE AND IMPROVE HOW WE PRESCRIBE OPIOIDS, WE'VE DEVELOPED POLICIES AND PROCEDURES.

Marty Grasmeder: WE USE PAIN CONTACTS FOR PEOPLE THAT NEED TO BE ON CHRONIC OPIOIDS, WE SEE THEM ON A REGULAR BASIS, WE CAN CALL THEM FOR RANDOM DRUG SCREENS OR PILL COUNTS TO MAKE SURE THAT THEY'RE USING THEIR MEDICATIONS APPROPRIATELY. WE ALSO HAVE AN OPIOID OVERSIGHT COMMITTEE, WHICH IS A GROUP OF EXPERT PEOPLE THAT MEET ONCE EVERY TWO MONTHS NOW AND THEY'RE ABLE TO ACT LIKE A RESOURCE FOR OUR PROVIDERS. IF OUR PROVIDERS HAVE SOMEONE THEY'D LIKE TO TAPER OFF OR IF THEY'RE OWN DIASFIEND, THEY CAN MAKE RECOMMENDATIONS. WE ALSO -- AS PAUL TALKED ABOUT, WE'RE MAKING IT EASIER TO SEND IN UNUSED MEDICATION AND WE HAVE OPIOID TREATMENT. WE ALSO HAVE CORRECTIONS HEALTH AS PART OF OUR SYSTEM. CORRECTIONS HEALTH HAS A NUMBER OF DIFFERENT APPROACHES THAT THEY'RE USING TO TAKE CARE OF THE PATIENTS. CORRECTIONS CLIENTS ARE AT ESPECIALLY HIGH RISK FOR SUBSTANCE ABUSE. ALL THE INCOMING DETAINEES INTO CORRECTIONS RECEIVE MENTAL HEALTH SCREENING, INCLUDING REVIEW OF MEDICINE ABUSE.

WE'RE NOW WORKING ON COMMUNITY FOLLOW-UP AND MEDICATION UPON RELEASE FOR SELECTED PATIENTS THAT ARE AT RISK. SO, PRESCRIBED, IMPLEMENTING INFORMATION. SETTING DAILY DOSE LIMITS AND LARGER DOSE LIMITS REQUIRES REVIEW AND IMPROVING PROVIDER KNOWLEDGE. WE'VE BEEN PUTTING A LOT OF EFFORT INTO THAT. MEDICATION ASSISTED TREATMENT, THERE'S TWO MAIN MEDICATIONS, ONE IS SUBOXONE AND ONE IS VIVITROL. WE ARE ABLE TO EXPAND HOW MANY PEOPLE WERE ABLE TO TREAT WITH "MAT." WE'VE GOT 17 PROVIDERS CERTIFIED TO PRESCRIBE SUBOXONE. NURSE PRACTITIONERS WILL BE ABLE TO DO IT, AS WELL. THE CLINICS ARE EXPANDING PARTICIPATION. WE HAVE TWO CODA, CHEMICAL DEPENDENCY. IF THEY FEEL THEY NEED TO GO TO "MAT," CODA WILL START THEM ON SUBOXONE AND THEN GO BACK TO OUR PRESCRIBERS. WE HAD 24% REDUCTION AT MULTNOMAH COUNTY HEALTH DEPART DEPARTMENT DEPARTMENT'S PHARMACY. I BELIEVE IT WAS JULY TO DECEMBER OF LAST YEAR. WE'VE STARTED A DRUG TAKE-BACK PROGRAM AT THE WEST SIDE CLINIC AND WE'VE HAD HIGH UTILIZATION WITH THAT. WE'RE PLANNING ON SPREADING THAT TO THE NEXT SITE AT SOUTHEAST HEALTH CENTER. WE HAVE 17 PHYSICIANS. WE CURRENTLY HAVE 36 PATIENTS GETTING "MAT" THROUGH -- WE CURRENTLY HAVE SIGNIFICANTLY MORE AND WE HOPE TO EXPAND THAT. WE CONTINUE TO REWORK OUR LAST REFINING FOR POLICIES OF PRESCRIBING. WE'RE TRYING TO REFINE AND DEFINE HOW WE WANT TO PRESCRIBE NARCOTICS. AND WE -- OUR LARGEST CCO HEALTHSHARE TO

LOOK AT OUR PATIENTS, HOW MANY ARE GETTING OPIOIDS, HOW MANY ARE GETTING THEM CHRONICALLY AND MULTNOMAH COUNTY COMPARED WITH THE OTHERS SERVED BY HEALTHCARE, WE DID QUITE WELL. SO, I THINK WE WERE ON THE RIGHT TRACK. WE'VE GOT A LONG WAY TO GO, BUT IT'S GREAT WORK. THANK YOU.

Chair Kafoury: THANK YOU.

Devarshi Bajpai: GOOD MORNING, CHAIR KAFOURY, COMMISSIONERS. MY NAMES DEVARSHI BAJPAI. I'M THE MEDICAID PLAN MANAGER WITH MENTAL HEALTH AND ADDICTIONS SERVICES. I'M GOING TO BE TAKING ABOUT THE BEHAVIORAL HEALTH, SPECIFICALLY ADDICTION TREATMENT SYSTEM AND WHAT WE'RE DOING THERE REGARDING OPIATES. WE'LL SAVE THE DETAILED REVIEW OF WHAT THE DIVISION DOES FOR A DIFFERENT BRIEFING BUT I WILL TALK ABOUT THE FACT THAT WE MANAGE A CONTINUUM OF SERVICES FROM EARLY PREVENTION SERVICES FOR KIDS IN HOME FORWARD SITES WHO MAY BE AT A MODERATE OR HIGH RISK OF USING. WE HAVE BASIC OUTPATIENT SERVICES. WE HAVE VERY INTENSIVE OUTPATIENT, RESIDENTIAL TREATMENT, DETOX SERVICES, THERE'S A CONTINUUM OF SERVICES FROM INTERVENTION TO RECOVERY SERVICES. WE HAVE CREATED THIS CONTINUUM OF CARE USING BRAIDED FUNDED OF MEDICAID, STATE FUNDING, COUNTY FUNDING AND WE HAVE A WELL-DEVELOPED STRUCTURE FOR THE TREATMENT SYSTEM IN MULTNOMAH COUNTY.

SO, THE ER DOCTORS AMONG YOU MAY NOT BE SURPRISED BY THIS GRAPH. BUT, WE STARTED MANAGING THE ADDICTION OUTPATIENT BENEFIT FOR HEALTHSHARE IN JULY AND WE'VE BEEN ABLE TO ACCESS SOME DATA THAT WE DIDN'T HAVE ACCESS TO PRIOR TO THAT. ONE OF THE DATA POINTS THAT WE LOOKED AT IS EMERGENCY ROOM UTILIZATION AMONG PEOPLE WHO HAVE SUBSTANCE ABOUT OR MENTAL HEALTH. PEOPLE WITH SUBSTANCE ABUSE DISORDERS WERE USING EMERGENCY ROOMS FIVE TIMES MORE THAN OUR GENERAL POPULATION. MORE WITH A MENTAL HEALTH DISORDER AND PEOPLE WITH SUBSTANCE ABUSE DISORDER WERE USING IT MORE THAN THAT. WE WERE -- IN THE MEDICAID POPULATION, THE NATIONAL ESTIMATES ARE 15% OF THE POPULATION HAS A SUBSTANCE ABUSE DISORDER. WE HAD A CONVERSATION WITH OUR PHYSICAL HEALTH PLAN PARTNERS IN HEALTHSHARE AND SAID, LET'S LOOK AT A BETTER WAY OF DOING THIS AND THE BETTER WAY WE CAME UP WITH WAS TO HAVE THE FUNDING FOR THE SUBSTANCE ABUSE OUTPATIENT AND DETOX BENEFIT BE MANAGED BY THE COUNTY STAFF. WE ARE ABLE TO CREATE SOME DUAL-DIAGNOSIS, FUNDING FOR PROGRAMS THAT ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE AT THE SAME TIME AND LOOK AT THE RATES WE PAY FOR SUBSTANCE USE PROVIDERS, WHICH HAVE BEEN SHOCKINGLY LOW AND STUCK AT A FIXED RATE SINCE 1999. WE HAVE -- THE OTHER THING -- BECAUSE THOSE RATES WERE SO LOW AND OUR TREATMENT PROVIDERS WERE DELUGED WITH CLIENTS, THEY DIDN'T HAVE TO BE PROACTIVE AND GO OUT AND FIND

CLIENTS. THEY HAD MORE PEOPLE THAN THEY COULD HANDLE SO THEY WERE -- THERE WERE BARRIERS GOING INTO TREATMENT. YOU SHOW UP TO A TREATMENT PROVIDER, YOU SHOW UP A COUPLE OF TIMES BEFORE YOU CAN GET SERVICES.

Devarshi Bajpai: WHAT WE HAVE BEEN FOCUSED ON WAS TO TRY REACH OUT AND CONNECT WITH PEOPLE BEFORE THEY GET TO OUR TREATMENT PROVIDERS, GET TO THE 12% OF THE MEDICAID POPULATION THAT ARE NOT GETTING SERVICES AT ALL. LOOKING AT OUR DATA, WE HAVE SIX MONTHS OF DATA IN THE HEALTHSHARE OUTPATIENT. EARLY ON, WHAT WE'RE SEEING IS THAT ABOUT TWO-THIRDS OF OUR COST ARE BEING DRIVEN BY OPIATES AND A LOT OF THAT HAS TO DO WITH THE PRICE IN MEDICATION. WHEN WE TALK TO OUR TREATMENT PROVIDER, ALCOHOL IS THE BIG FACTOR, BUT OPIATE USERS ARE TAKING A DISPROPORTIONATE COST. USING COUNTY-STATE FUNDS, WE'VE PROVIDED WRAP-AROUND SERVICES THAT HELPED PEOPLE STAY IN TREATMENT AND BE SUCCESSFUL. IT'S ALMOST 30% OF THOSE COSTS WITH A PRIMARY OPIATE DIAGNOSIS. WE HAVE A NUMBER OF CARE PROGRAMS GOING ON TO GET PEOPLE CONNECTED. THREE OF THESE PROJECTS, I KIND OF WANT TO TALK ABOUT.

ONE IS A PRIMARY CARE ACCESS INTERVENTION AND REFERRAL PROJECT. WE WORKED WITH IT, WITH THE CLINIC. WHEN THE DOCTORS IN THE CLINIC ARE DOING THE SCREENING, WHAT THEY FOUND WAS THEY COULD DO THE SCREENING AND BRIEF INTERVENTION BUT WHY WOULD YOU SEND SOMEBODY TO CODA VERSUS DEPAUL. THEY HAD ALL THESE QUESTIONS. WE CAN TRY TO WORK WITH THE PRIMARY CARE SYSTEM, BUT WE ALSO SAID, HOW ABOUT YOU REFER THOSE PEOPLE TO US? WHEN THAT SCREENING COMES UP POSITIVE, THEY WILL SEND US THE CASE, IF THEY CAN REACH OUT TO THIS PERSON. MY INITIAL THOUGHT IS WE MIGHT GET 10% OF THEM THAT WOULD BE WILLING TO GO TO TREATMENT.

WHEN A DOCTOR IS TALKING TO THEM ABOUT THEIR ALCOHOL AND DRUG USE, SAYING I HAVE A CONCERN ABOUT THIS, PEOPLE -- WE'RE FINDING PEOPLE TEND TO BE OPEN TO SEEKING SERVICES SO WHEN WE CONNECTED WITH THEM, 56% OF THE PEOPLE HAVE AN INITIAL CONTACT WITH THE TREATMENT PROVIDER AFTER WE'VE TALKED TO THEM WHICH IS REALLY SURPRISING TO ME. SIMILARLY, IN EMERGENCY DEPARTMENTS, AFTER SOBERING UP AND DEALING WITH THE ACUTE ISSUES THEY WERE DEALING WITH, THEY HAD A PHONE NUMBER FOR A TREATMENT PROGRAM AND MAYBE AN APPOINTMENT, BUT MAYBE NOT. A STAFF PERSON IN THE EMERGENCY ROOM CONNECTS WITH PEOPLE WHILE THEY ARE THERE AND SAY, IF YOU'RE WILLING TO GO TO TREATMENT, I WILL TAKE YOU TO THE PROGRAM RIGHT NOW. SINCE WE STARTED DOING THAT, ALMOST 70% OF THE PEOPLE WE HAVE CONNECTED WITH HAVE HAD AN INITIAL TREATMENT CONTACT. THESE ARE PEOPLE THAT GENERALLY WHO WOULD NOT HAVE RECEIVED TREATMENT SERVICES HAD WE NOT HAD THIS INTERVENTION IN

PLACE. ADDICTION BENEFITS COORDINATOR, WE WORKED WITH CURE OREGON TO GET FUNDING FOR THIS PROGRAM, IT STARTED ABOUT NINEING MONTHS AGO.

Devarshi Bajpai: WE GOT FUNDING FOR FOUR PEOPLE THAT ARE REACHING OUT TO OTHER PLACES IN THE COMMUNITY, DOMESTIC VIOLENCE SHELTERS, NEEDLE EXCHANGE, TALKING TO PEOPLE THERE IF ANYBODY'S INTERESTED IN CONNECTING WITH US AND WORKING WITH HOOPER DETOX TO MAKE SURE THEY ARE GETTING INTO THE RIGHT LEVEL OF CARE AFTER AFTERWARDS. WE'RE FINDING THAT ONCE WE GET TO PEOPLE IN THEIR MOMENT OF CRISIS -- ONE OF THE THINGS I LIKE TO TALK ABOUT IS THERE'S NO SUCH THING AS A MOTIVATED PERSON. WHEN WE REACH THEM IN THE MOMENTS OF MOTIVATION, WE CAN GET THEM CONNECTED TO SERVICES. THEY HAVE A MOMENT OF MOTIVATION AND THEY AREN'T ABLE TO GET CONNECTED TO SERVICES AND GET DISCOURAGED AND QUIT.

Commissioner Smith: I HAVE A QUICK QUESTION. DEVARSHI, THANK YOU FOR YOUR INFORMATION. WILL YOU TRACK INFORMATION FOR PEOPLE GOING INTO THE UNITY CENTER? WILL WE PASS THEM OFF TO SERVICES SO WE KNOW HOW MUCH OF THAT IS BEING FOLLOWED-UP ON?

Devarshi Bajpai: WE WANT SOMEBODY STATIONED AT UNITY ALL THE TIME SO WE CAN MAKE THOSE CONNECTIONS CONTINUOUSLY.

Commissioner Smith: THANK YOU.

Devarshi Bajpai: ONE OTHER PROJECT I WANT TO TALK ABOUT THAT WE'RE NOT DIRECTLY INVOLVED IN, BUT HAVE BEEN HELPING CONSULT IS THE WHEELHOUSE PROJECT. AND THE WHEELHOUSE WILL PROVIDE SPECIALISTS FROM CODA AND CENTRAL CITY CONCERN THAT CAN CONSULT WITH PRIMARY CARE PROVIDERS ON IMPLEMENTING MEDICATION-ASSISTED TREATMENT IN THEIR SETTINGS. ONE OF THE THINGS THAT WE -- THAT A STUDY FOUND THAT WAS PUBLISHED LAST YEAR WAS THAT OF THE DOCTORS THAT WERE CERTIFIED TO PRESCRIBE SUBOXONE, MANY OF THEM WEREN'T USING IT BECAUSE THEY WERE CONCERNED ABOUT THE INDUCTION PHASE OF TREATMENT. DIDN'T KNOW HOW TO HANDLE THAT, HOW TO HANDLE RELAPSES, DIASAPHENE USE. THIS WILL PROVIDE A SAFETY NET FOR PRIMARY CARE PROVIDERS ACROSS THE COMMUNITY IN TERMS OF IF THEY NEED HELP WITH INDUCTION, THEY CAN HELP PROVIDE GUIDANCE THERE. THEY CAN HELP PROVIDE SOME STABILIZATION. CAN HELP PEOPLE WHEN THEY START HAVING A ROUGH PATCH IN THEIR RECOVERY, THEY CAN BE REFERRED BACK TO THE WHEELHOUSE PROJECT AND PROVIDE DOCTOR AND NURSE PRACTITIONERS AND PHYSICIAN'S ASSISTANCE THEY NEED.

Joanne Fuller: WE'RE GOING TO INVITE SCOTT UP TO TALK ABOUT JUSTICE-INVOLVED POPULATION.

Scott Taylor: GOOD MORNING. SCOTT TAYLOR, DEPARTMENT OF COMMUNITY JUSTICE. WE APPRECIATE THE OPPORTUNITY TO TALK ABOUT THE FOLKS WE HAVE ON SUPERVISION THAT HAVE OPIATE ADDICTION AND THE ISSUE IT BRINGS. AS A QUICK REVIEW, ABOUT 80,000 ON SUPERVISION AND WE SPEND ABOUT \$6 MILLION FROM GROUPS AND ONGOING HOUSING, RESIDENTIAL TREATMENT AND THIS DOES -- THIS FIGURE DOES NOT INCLUDE SOME OF THE AFFORDABLE CARE ACT ALSO ON TOP OF THAT SO IT'S A BIG ISSUE, PARTICULARLY FOR OUR POPULATION, THE PEOPLE UNDER SUPERVISION. AS YOU CAN SEE, WE DO A LOT OF WORK WITH THE VOLUNTEERS OF AMERICA AND CODA IN DEALING WITH THIS POPULATION AND WE THINK 45% OF THE FOLKS WE SEND TO VOA, HAVE OPIATE ISSUES. AND CODA ALSO, IN OUR WORK WITH THEM, FEELS LIKE IT'S A VERY LARGE POPULATION.

AS WAS DESCRIBED EARLIER, WE ARE NOW STARTING TO NOW MORE EFFECTIVE WAYS OF DEALING WITH THIS POPULATION UNDER OUR SUPERVISION. SO, WHEN PEOPLE COME ON TO SUPERVISION WITH, THEY GO THROUGH THE "ARC" AND THAT'S THE ASSESSMENT AND REFERRAL CENTER AND AT THAT, WE HAVE A HEALTH ASSESSMENTS TEAM THAT WORKS IN PARTNERSHIP WITH THIS CREW. AND WE HAVE SOME FOLKS PLACED THERE AND WE HAVE THEM IN THE JAIL. THEY GO THROUGH AND LOOK FOR PEOPLE THAT ARE MEDIUM TO HIGH RISK AND DO ASSESSMENTS ON A PORTION OF THEM, AS YOU CAN SEE, 15 A WEEK, TRYING TO FIGURE OUT WHAT PERCENTAGE AND WHAT LEVEL OF NEED PEOPLE HAVE AND THAT'S ABOUT 30% OF THE POPULATION, WE FIND, HAVE ISSUES WE NEED TO DEAL WITH THAT RELATE TO THEIR CRIMINALITY. ONE OF THE ISSUES WE'VE BEEN DEALING WITH, THAT YOU HEARD ABOUT, IS WE'RE HAVING MORE AND MORE RESEARCH THAT SHOWS THAT THE FOLKS THAT ARE ON SUPERVISION TO US THAT HAVE OPIATE PROBLEMS, WE REALLY NEED THE MEDICALLY-ASSISTANT TREATMENT. IT'S A MUCH HIGHER SUCCESS RATE AND WE'RE IN THE MIDDLE OF A TRANSITION OF OUR PROVIDERS GETTING TO THAT SAME CONCLUSION, THAT WE HAVE TO ADDRESS THIS DIFFERENTLY.

SO, WE HAVE -- WE HAVE ONGOING TRAINING WITH CODA. WE HAVE REACH COUNSELORS THAT TRY TO WORK WITH THAT AND TRY TO HOOK US UP WITH MEDICALLY-ASSISTANT TREATMENT. ONE OF THE THINGS THAT'S BEEN TALKED ABOUT THAT WE STARTED SEVERAL YEARS AGO WAS THE USE OF VIVITROL AND THAT ALLOWS US TO -- WHEN WE'VE CLEANED OUT THEIR SYSTEM, WE CAN GIVE THEM A SHOT BEFORE THEY LEAVE THE JAIL AND THAT BLOCKS OPIATE FOR THE NEXT 30 DAYS. WE FIND THAT VALUABLE. WE HAVE A VERY SMALL GROUP OF PEOPLE ON THAT. BOTH BECAUSE OF THE EXPENSE AND THE ONGOING MAINTENANCE AND MANAGEMENT OF THE SHOTS. WE DO THE HOUSING, THE MENTORS, THE WHOLE WORK WITH THEM, TRYING TO WRAP AROUND, TRYING TO GET TO THAT. AND THIS -- AS WE'VE TALKED ABOUT BEFORE, WE REALLY FOCUS ON OUR HIGHEST-RISK POPULATION AND TRY TO WORK THROUGH THIS ISSUE. SO, OUR WHOLE -- THIS IS WHAT WE WERE JUST TALKING ABOUT, I'M TRYING TO SPEED UP HERE AND I GOT LOST.

SO, WE GOT THE SPECIAL FUNDING FROM THE CRIMINAL JUSTICE COMMISSION. WE HAVE THE TWO PROVIDERS WORKING WITH -- THAT'S CODA AND VOA, AND WE'RE TRYING TO WORK WITH EVERYBODY TO FIGURE OUT HOW DO WE ASSESS IN THE JAIL? HOW DO WE GET THERE?

Scott Taylor: AND THEN THE ONGOING WORK WITH OUR DRUG COURT TEAM, WE HAVE A SPECIALIZED START. WE STARTED -- WE HAD START SOME PERIOD OF TIME AGO. WE'VE NOW REFINED IT FURTHER AND FURTHER AND OVER THE LAST YEAR, THE START COURT FOCUSES ON ADDICTION SO IT'S A DIFFERENT WHOLE RESPONSE PATTERN THAN THE REST OF THE FOLKS WE HAVE THAT ARE ABUSERS AND WE'RE LEARNING MORE AND MORE ABOUT WHAT THE DIFFERENCE IS IN RESPONSE, AS WE TRY TO WORK WITHIN THE CRIMINAL JUSTICE SYSTEM. AND, SO, WE GO THROUGH THAT AND WE'VE CREATED SOME DIFFERENT DISCUSSION GROUPS AND ABILITY TO TRY TO WORK SPECIFICALLY WITH THE VIVITROL AND TRYING TO GET THE INITIATION AND THE ONGOING DISCHARGE AND HOW TO WE CONTINUE TO GET THE SHOTS AND HOW TO WE -- WHAT DOES THAT MEAN TO US IF WE'RE A PROBATION OR PAROLE OFFICER MANAGING THIS AND WHAT DO WE HAVE TO PAY ATTENTION TO? AS YOU -- YOU'VE HEARD BRIEFINGS ON, WE STARTED THE TREATMENT FIRST GROUP THIS LAST WEEK, APRIL 3. THIS IS A SPECIFIC INITIATIVE THAT THE DISTRICT ATTORNEY, THE JUDGES, DCJ HAVE BEEN INVOLVED IN.

IT BEGINS TO MOVE PEOPLE WHO HAVE POSSESSION OR SUBSTANCE ABUSE CHARGES TO A MISDEMEANOR RATHER THAN A FELONY. WE'VE NOW BEGUN, WE'RE STARTING ASSESSMENTS ON ALL THOSE INDIVIDUALS AND IN THE MIDDLE OF THAT, WE'RE GOING TO BUILD A QUADRANT SYSTEM THAT WE WILL SPEND THURSDAY AND FRIDAY GETTING SPECIALLY-TRAINED ON AND THAT QUADRANT SYSTEM ALLOWS US TO PUT PEOPLE INTO THE LEVEL OF RISK OF CRIMINAL ACTIVITY AND THE NEED THEY HAVE AND THAT WILL BE IN PARTNERSHIP WITH A VARIETY OF THE FOLKS THAT YOU'RE FAMILIAR WITH. AND THAT ALLOWS US, THEN, TO TARGET AND RESPOND DIFFERENTLY TO THE BEHAVIOR THAT WE'RE EXPERIENCING FROM AN ADDICT VERSES AN ABUSER TO A PERSON WHO WAS A ONE-TIME EVENT. AND I THINK WE WERE GOING TO -- YOU HEARD SO MUCH ABOUT LEAD THAT WE AREN'T GOING -- LEAD IS JUST A FORM OF TREATMENT FIRST. AND, I'M DONE.

Joanne Fuller: THANKS. SO, WE HAVE A VIDEO THAT TELLS A RECOVERY STORY. IT'S A LITTLE LONG, SO I WANTED TO CHECK AND SEE -- I KNOW THAT YOU'RE TRYING TO MOVE THROUGH THE AGENDA QUICKER. IT'S FIVE MINUTES. NOW, LET'S SEE IF I CAN DO THIS.

Video Audio: THE FIRST TIME I USED PRESCRIPTION PAIN PILLS IS WHEN I GOT A BACK INJURY AT WORK AND I WENT TO THE EMERGENCY ROOM AND THEY PRESCRIBED ME PAIN MEDICATION AND I SOON FOUND THAT I LIKED THEM AND I KNEW THEY WERE EASY TO GET, AT THAT TIME SO ALL I HAD TO SAY IS I WAS IN PAIN AND I WOULD GET UNLIMITED PRESCRIPTIONS AND THAT WENT

ON FOR A COUPLE OF YEARS. I WAS PROBABLY USING PAIN MEDICATION, LIKE, BY THEMSELVES AND MIXING THEM WITH DIFFERENT THINGS. PROBABLY ONLY ABOUT SIX MONTHS. IT PROGRESSED REALLY QUICKLY FOR ME. I GOT SICK OF, YOU KNOW, RUNNING OUT OF PAIN PILLS SO I SWITCHED TO HEROIN BECAUSE I TOLD IT WAS CHEAPER AND IT WAS MORE EFFECTIVE. SOME OF THE FIRST THINGS TO GO WERE MY VALUES. AND, MY VALUES AND MY MORALS.

AND I STARTED DOING EVERYTHING I SAID I WOULD NOT DO. I STARTED STEALING, I STARTED LYING, I STARTED DOING CRIME. MY INTEGRITY, I LOST MY INTEGRITY FIRST AND FOREMOST. I LOST MY HOUSE, MY JOB, ALL MY FRIENDS, I LOST MY FAMILY. MY BROTHER -- I DON'T KNOW WHAT HE STARTED HIS JOURNEY WITH. I REMEMBER WHEN I WAS ON PAIN MEDICATION AND HEROIN, I REMEMBER HE WAS ON HEROIN, ALSO. AND, THEN WHEN I WAS GETTING CLEAN, HE DIDN'T. AND THEN WHEN HE ENDED UP -- WHEN HE ENDED UP DYING, I -- ALL I THOUGHT WAS, WHY WASN'T IT ME? WHY HIM? WHY NOT ME? AND, IT JUST -- AND THAT'S A BIG REASON WHY I'M IN -- WHY I DO WHAT I'M DOING IS JUST BECAUSE IT'S -- SOMETIMES I SEE PEOPLE ON THE STREET, YOU KNOW, WHETHER IT'S SOMEONE HOMELESS OR SOMEONE WALKING AND THEY LOOK LOST AND I THINK THAT, THAT WAS MY BROTHER. HE WAS SO LOST AND THERE'S SO MANY PEOPLE THAT JUST TURNED, TURNED THEIR HEAD TO HIM AND SAID HE'S JUST A DRUG ADDICT. HE WAS SOME ONE'S BROTHER, SOMEONE'S SON. HE WAS SOMEONE'S FRIEND. [CRYING] AND SO I THINK IT'S SO IMPORTANT TO REACH YOUR HAND OUT TO PEOPLE WHO ARE HURTING BECAUSE WE NEVER KNOW WHERE THEY'RE GOING TO END UP AND BY REACHING OUR HAND OUT TO PEOPLE WHO ARE HURTING, IT COULD SAVE THEIR LIVE AND HUNDREDS OF LIVES BECAUSE IT'S LIKE A RIPPLE AFFECT.

Video Audio: IF YOU HELP ONE PERSON, THAT PERSON COULD POTENTIALLY HELP THREE OTHER PEOPLE AND THOSE PEOPLE CAN HELP MORE PEOPLE. I THINK IT ALL STARTS WITH JUST EVEN A SMILE. JUST SMILE AT SOMEONE, YOU CAN MAKE THEIR DAY. I FEEL LIKE I WENT THROUGH THAT, SO I CAN GIVE BACK TO THOSE THAT ARE GOING THROUGH THAT. I'M A RECOVERY MENTOR AT A BEAUTIFUL ORGANIZATION, I WORK AT QUEST CENTER AND I'M A PIERCE COURT CENTER. I WORK WITH SUBSTANCE ABUSE ISSUES AND MENTAL HEALTH. I HAVE A BETTER LIFE TODAY THAN I EVER HAD. I'M SO IN LINE WITH MY VALUES TODAY AND THAT'S SOMETHING THAT WAS MISSING FOR SO LONG AND IT HAS VALUES AND TODAY, I CAN REALLY SAY, I KNOW WHAT MY VALUES ARE. FOR THOSE WHO KNEW ME IN MY ADDICTION, LIKE, I WAS NOT A PLEASANT PERSON. I WAS UGLY HUMAN BEING, BUT THE FLIP SIDE TO THAT IS I'M A BEAUTIFUL HUMAN BEING THAT CAN FEEL. MY CLEAN DATE IS 7/11/12, SO I HAVE FOUR YEARS CLEAN AND THIS LAST FOUR YEARS HAS BEEN JUST AN AMAZING JOURNEY, UPS AND DOWNS AND ALL AROUNDS. FOR PEOPLE THAT ARE -- THAT ARE JUST IN IT RIGHT NOW AND THAT ARE -- THAT ARE STRUGGLING WITH IT, I WOULD SAY, IT'S NOT EASY, IT'S NOT EASY AND THE HARDEST THING YOU'LL EVER DO IS ADMIT YOU HAVE A PROBLEM AND ASK

FOR HELP AND THERE IS HELP OUT THERE AND THERE ARE PEOPLE THAT HAVE GONE THROUGH WHAT THEY'RE GOING THROUGH AND IT CAN HELP THEM OUT. NOBODY CAN DO THE FOOT WORK EXCEPT FOR THEM BUT THERE ARE PEOPLE THAT WILL WALK WITH THEM. I'M A SISTER, I'M AN AUNTS, I'M A GIRLFRIEND, I'M A DAUGHTER, I'M A STEP-MOM. AT WORK, I'M A RECOVERY MENTOR, I'M A SPONSOR, I'M A FRIEND.

Joanne Fuller: THANKS TO THE COMMUNICATIONS OFFICE FOR LETTING US SHOW YOU RANDI'S STORY, IT WAS REALLY GREAT. SO, THAT'S OUR PRESENTATION TODAY. HOPE YOU WERE ABLE TO ABSORB SOME OF IT.

Commissioner Meieran: I APOLOGIZE FOR A COUPLE OF MINUTES OF COMMENTS/QUESTIONS. FIRST OF ALL, I WANT TO THANK YOU SO MUCH, BOTH JOANNE AND THE HEALTH DEPARTMENT AND SCOTT AND THE DEPARTMENT OF COMMUNITY JUSTICE AND ALL THE WORK YOU'RE DOING ON THIS FRONT. IT REALLY IS FANTASTIC AND I HAVE BEEN VERY INVOLVED IN THIS PARTICULAR ISSUE, AS A PHYSICIAN, AND AS AN ADVOCATE FOR MANY YEARS NOW AND THE WORK THAT YOU'RE DOING IS REALLY LEADING THE WAY IN THE STATE. SO, REALLY GREAT, ESPECIALLY ALSO, PAUL LEWIS IS A TRUE LEADER AND DWIGHT HOLDEN, LINES FOR LIFE, DWIGHT IS THE EXECUTIVE DIRECTOR AND HAS BEEN ALSO LEADING THE OREGON COALITION FOR THE RESPONSIBLE USE OF MEDICATIONS. AND THIS IS A GREAT COLLABORATIVE GROUP THAT GETS TOGETHER WITH A BUNCH OF STAKEHOLDERS AND PEOPLE WHO TRULY UNDERSTAND THIS ISSUE AND THEY'VE BEEN PUTTING ON SUMMITS REGIONALLY THROUGHOUT OREGON, THAT HAVE BEEN JUST INCREDIBLY SUCCESSFUL AND WELL-ATTENDED AND SO, COMMEND MEND YOU ON THAT WORK. ONE QUICK THING IS JUST -- IF YOU DON'T KNOW THE DIFFERENT BETWEEN OPIOIDS, OPIATES AND NARCOTICS, THEY ARE THROWN OUT THERE. JUST TO -- BRIEF DEFINITION, OPIATES ARE NATURALLY-DERIVED SUBSTANCES FROM THE POPPY, MORPHINE, HEROIN, CODEINE, ARE MEDICATIONS THAT ARE CONSIDERED -- SUBSTANCES CONSIDERED OPIOIDS. THERE ARE SYNTHETICS, OXYCODONE. OPIOID IS THE NATURALLY AND THE SYNTHETIC SUBSTANCES AND NARCOTICS SOMETIMES CAN INCLUDE THESE CATEGORIES BUT IT'S MORE OF A LAW ENFORCEMENT TERM. IT'S A LITTLE BIT MORE NEGATIVE CONNOTATION. IT CAN BE A LITTLE MORE EXPANSIVE, COCAINE OR WHATEVER. YOU MIGHT HEAR THESE INTERCHANGEABLY. THERE ARE SUBTLE DIFFERENCES, JUST SO YOU'RE AWARE. I THINK --

Chair Kafoury: WE TRY TO AVOID ALL OF THEM.

Commissioner Meieran: AVOID ALL OF THEM, THAT WOULD BE GREAT. I REALLY APPRECIATE THE RECOGNITION OF THE NEED TO ADDRESS THIS ISSUE ON A NUMBER OF LEVELS. SO, IN A LOT OF WORK AND SUCCESS HAS BEEN DONE IN THE PREVENTION CATEGORY. WE NEED TO TURN OFF THE FAUCET, SO PRESCRIBING PRACTICES OF PHYSICIANS AND A LOT HAS CONTRIBUTED TO

SOME LITTLE, YOU KNOW, BABY STEPS OF SUCCESS IN THIS EFFORT. A LOT MORE WORK NEEDS TO BE DONE. WE HAVE THE PRESCRIPTION DRUG MONITORING PROGRAM, WHICH HAS BEEN HELPFUL. WE NEED OUR EDDY AND PRE-MANGE WHERE WE KNOW WHO IS FREQUENTLY USING THE EMERGENCY DEPARTMENTS, WHICH IS OFTEN THIS POPULATION, IN PARTICULAR, TENDS TO USE THE EMERGENCY DEPARTMENTS MORE FREQUENTLY.

WE NEED TO BE AWARE WHEN OUR PATIENTS COME INTO THE EMERGENCY DEPARTMENTS. THE COMMUNITY, YOU KNOW, I'VE SEEN THE BUS ADS AND I THINK THAT'S VERY EFFECTIVE BUT WE NEED TO FIGURE OUT THE MOST EFFECTIVE REACH -- WAY TO REACH COMMUNITY MEMBERS SO THAT THEY NOT ARE JUST EDUCATED ABOUT SOME OF THE DANGERS ASSOCIATED WITH THESE SUBSTANCES, BUT DECREASE THE EXPECTATIONS OF WHAT PAIN IS, WHAT IS TOLERABLE. YOU KNOW, WE'RE NOT GOING TO CURE YOUR PAIN. WE'RE NOT GOING TO BRING YOUR 10 TO A ZERO. THOSE OUTREACH EFFORTS ARE GREAT. AND THEN TREATMENT, I'VE SEEN SO MANY PEOPLE, TIME AFTER TIME, COME TO THERE AND THEY'RE ADDICTED AND THEY SAY, I JUST WANT TO GET OFF THIS. PLEASE SEND ME SOMEWHERE AND I HAVE TO SAY, YOU KNOW WHAT? HERE'S A PIECE OF PAPER, THERE MAY BE AVAILABILITY IN EIGHT WEEKS FOR SOMETHING. SO, YOU KNOW, AMIDST YOUR HOMELESSNESS, AMIDST YOUR OTHER ISSUES, CALL AND GET ON THE WAITLIST AND MAKE THAT EFFORT. IT WOULD BE VIRTUALLY IMPOSSIBLE TO DO, EVEN IF YOU HAVE YOUR DRUTH RS.

IN THESE EXTREME CIRCUMSTANCES, IT'S VIRTUALLY IMPOSSIBLE SO I REALLY COMMEND THE EFFORTS BEING MADE TO CONNECT PEOPLE CORRECTLY WITH THE RESOURCES THAT ARE AVAILABLE BUT WE NEED TREATMENT. WE NEED ADDICTION. ON THE SLIDE THAT YOU SHOWED, LOOKING AT CONNECTING WITH OUR SCHOOLS AND PARTNERING WITH THE SCHOOL DISTRICTS, IN TERMS OF GETTING TO NOT JUST OUR HIGH SCHOOL STUDENTS, BUT OUR MIDDLE SCHOOL STUDENTS, BECAUSE THEY ARE GOING INTO THEIR PARENT'S MEDICINE CABINETS AND USING THESE DRUGS CURRENTLY. IF WE'RE TALKING ABOUT ADDRESSING THIS UPSTREAM, I THINK STARTING AND PRESENTING TO THOSE GROUPS IS IMPORTANT, AS WELL. SO, THANK YOU SO MUCH. SORRY FOR MY LONG COMMENT.

Commissioner Smith: I LOVE IT WHEN YOU DO YOUR DOCTOR STUFF, COMMISSIONER MEIERAN. QUESTION. DO WE ANY DATA IN REPORT FORM THAT WOULD IDENTIFY THE OPIOID ADDICTION ACROSS RACIAL AND ETHIC CATEGORIES, THAT WE COULD LOOK AT?

Joanne Fuller: SO THAT INFORMATION IS IN THE RECORDS OF THE PEOPLE THAT WE SERVE. AND, I DON'T KNOW, DEVARSHI, IF YOU AGGREGATE THAT?

Devarshi Bajpai: WE DO. IN THE MEDICAID DATABASE, THEY ENTER A PERSON'S INFORMATION, THE INFORMATION'S POPULATED 20% OF THE TIME. WE CAN

LOOK AT A SMALL GROUP OF PEOPLE THAT DO HAVE THAT INFORMATION POPULATED AND ASSUME THAT'S REPRESENTATIVE OF THE WHOLE POPULATION. BUT --

Commissioner Smith: IT'S NOT A REQUIREMENTS TO FIND OUT --

Devarshi Bajpai: IT'S SOMETHING WE'VE BEEN ASKING THE STATE TO ADDRESS FOR AWHILE. THEY HAVE MADE ADJUSTMENTS HERE AND THERE.

Commissioner Smith: I'VE HEARD STATEMENTS ABOUT PATIENTS OF COLOR, AFFECTED, THAT THEY'RE DISPROPORTIONATELY AFFECTED BY THE OPIOID EPIDEMIC BUT I HAVE NEVER BEEN ABLE TO GET A NUMBER SO I'M RELUCTANT TO REPEAT. I BELIEVE ALL YOU EXPERTS, BUT I NEED SOME DATA TO BE ABLE TO SAY TRULY WHAT IT IS AND I IMAGINE THAT'S PROBABLY THE CASE. I'M JUST TRYING TO FIGURE OUT WHAT DOES THAT LOOK LIKE?

Devarshi Bajpai: COMMISSIONERS, IF I CAN FOLLOW-UP WITH YOU, I'LL LOOK INTO THE DATA WE DO HAVE AND SEE WHAT WE CAN PULL OUT OF IT.

Commissioner Smith: THANK YOU.

Paul Lewis; COMMISSIONER?

Commissioner Smith: YES?

Paul Lewis: ACROSS THAT YOUTH, IT IS NOT -- NO ONE POPULATION IS SEEN AS BEING MORE HEAVILY-USED THAN ANOTHER POPULATION SO IN OUR WORLD, IT TENDS TO BE MORE THE ENFORCEMENT SIDE.

Commissioner Smith: SO YOU WOULDN'T BE ABLE TO MAKE THE STATEMENT THAT PEOPLE OF COLOR THAT COME IN CONTACT WITH US HAVE A HIGHER OR DISPROPORTIONATE USE OF OPIOIDS?

Paul Lewis: WHEN WE LOOK INTO IT FURTHER, RIGHT NOW, WHAT I HAVE BEEN TOLD IS THAT THERE IS NOT A --

Commissioner Smith: IT WOULD SURPRISE ME BECAUSE THERE IS A DISPROPORTION NUMBER OF FOLKS OF COLOR WHO COME INTO YOUR CARE, SO I WOULD IMAGINE THAT WHEN WE WORK TALKING ABOUT TWO-THIRDS OF THE FOLKS WHO WERE IN THE PROGRAM, THEY HAD OPIOID ADDICTION. SO I'M IMAGINING SINCE THERE IS DISPROPORTIONALITY OF FOLKS THAT YOU SEE, OF COLOR, THEY WOULD HAVE A DISPROPORTIONATE AMOUNT OF OPIOID USE? SO I'M JUST SAYING.

Paul Lewis: WE'LL GET YOU THAT INFORMATION.

Commissioner Smith: THANK YOU.

Commissioner Vega Pederson: THANK YOU, ALL, SO MUCH FOR THIS REALLY THOROUGH PRESENTATION ABOUT THIS ISSUE. IT'S SOMETHING I WANTED TO LEARN MORE ABOUT AND GOT A LOT OF GOOD INFORMATION FROM HERE. ONE OF THE THINGS ABOUT THIS, THAT THERE'S A HUGE PROBLEM, THERE'S A HUGE PROBLEM HERE IN MULTNOMAH COUNTY AND THE TRI-COUNTY AREA, IT'S GREAT WE HAVE PARTNERS AND SO MANY RESOURCES THAT WE'RE ABLE TO BRING TO THE TABLE EVEN THOUGH THERE'S OBVIOUSLY A NEED FOR MORE TREATMENT AND OUTREACH. WE ALSO HAVE THESE DISCUSSIONS WITH COLLEAGUES THROUGH AOC IN DIFFERENT COUNTIES AND THIS IS AFFECTED NOT ONLY OUR URBAN AREAS, BUT PEOPLE IN THE MOST RURAL OF COUNTIES IN THE STATE SO I WAS JUST CURIOUS ABOUT THE WORK YOU MIGHT BE DOING, AT THE STATE LEVEL -- BECAUSE IT'S HARD WITH SOME OF THESE PROGRAMS TO FIND A WAY TO GET -- ALL THE SERVICES THAT PEOPLE NEED, ESPECIALLY IF THEY'RE IN A REMOTE AREA, SO I WAS JUST CURIOUS ABOUT THAT.

Joanne Fuller: DWIGHT, DO YOU WANT TO TALK ABOUT THAT? YOU DO MORE OF THAT WORK THAN WE DO. DO.

Dwight Holden: I'M TAKE ADVANTAGE TO SAY, YOU HAVE NO IDEA HOW LUCKY WE ARE TO HAVE THIS GROUP OF FOLKS. I HAVE SPOKEN FROM MY LAW ENFORCEMENT HAT AND MY CURRENT HAT AND YOU GUYS ARE SAVING LIVES AND PREVENTING FAMILIES IN A WAY THAT'S NOT HAPPENING ELSEWHERE. OREGON WAS ONE OF THREE STATES TO NOT HAVE AN INCREASE IN OPIOID OVERDOSE DEATH. YOUR QUESTION WAS ABOUT RURAL COUNTIES. WE WORK CLOSELY WITH ALL 36 COUNTIES AROUND THE OPIOID CHALLENGE. PART OF WHAT'S SURPRISING TO ME IS HOW CONSISTENT THE PROGRAM IS ACROSS THE STATE. NO MATTER WHERE YOU ARE, SOMEWHERE BETWEEN 23% AND 33% OF THE PEOPLE IN THE COUNTY GET AN OPIOID SCRIPT. THE SOLUTIONS HAVE BEEN VERY DIFFERENT. WE'VE HELD SUMMITS IN LA GRANDE, REDMOND, DOUGLAS COUNTY, NORTH COAST, SOUTH COAST, WE'RE COMING HERE. EACH OF THESE PLACES, THE IDEA OF THE SUMMITS IS TO LOCK ALL OF THE RELEVANT PLAYERS AND KEY STAKEHOLDERS IN A ROOM AND GET ON THE SAME PAGE FOR DATA AND GET AN ACTION PLAN TO REDUCE OPIOID ABUSE. SO, I THINK PART OF OUR EFFECTIVENESS HERE IN OREGON IS WE ARE TAILORING SOLUTIONS IN LOCAL AREAS. IN EASTERN OREGON, THE PRESCRIBING COMMUNITY WAS NOT YET ONBOARD WITH THE UNDERSTANDING THAT LOWERING, CHANGING OUR APPROACH TO PRESCRIBING OPIOIDS WAS IMPORTANT.

Commissioner Meieran: I KNOW WE'RE RUNNING OUT OF TIME. I APPRECIATE IT. I'LL FOLLOW-UP OFFLINE WITH YOU. I THINK THERE'S A TENDENCY FOR PEOPLE TO THINK THERE'S AN URBAN PROBLEM OR HOMELESSNESS.

Dwight Holden: IT'S REMARKABLE CONSISTENT. ACROSS RACE, ACROSS GENDER, ECONOMIC DIFFERENCES. COMMISSIONER SMITH, I'VE SEEN DATA THAT SUGGESTS THAT IT'S ACTUALLY -- THIS PROBLEM PRESENTS MORE IN THE WHITE COMMUNITY BECAUSE THERE'S A PRESCRIBING BIAS WHERE WHITE PEOPLE ARE PRESCRIBED OPIOIDS AT A HIGHER RATE THAN NON-WHITE PEOPLE. THANK YOU.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS? THANKS VERY MUCH FOR COMING. SORRY -- DID PAUL LEAVE? NO, HE'S HIDING. YOU'RE HIDING IN THE BACK. THANK YOU. I APPRECIATE YOU CALLING OUT ALL OF YOUR STAFF AND FOLKS WHO HAVE PARTICIPATED, AS WELL, BECAUSE THEY DON'T ALWAYS GET THE ATTENTION THAT THEY DESERVE. THANK YOU.

Joanne Fuller: THANK YOU.

B.3 WorkSystems Inc. Summer Works Program Briefing. Presenters: Andrew McGough, Executive Director, WorkSystems, Inc.; and, Barbara Timper, Youth Services Manager, WorkSystems, Inc.

Chair Kafoury: OUR LAST BRIEFING OF THIS MORNING IS WORK SYSTEMS. THANK YOU FOR COMING TODAY TO TALK ABOUT THE SUMMER WORKS PROGRAM. PROGRAM.

Commissioner Smith: GOOD MORNING. I CAN SET YOU UP A LITTLE BIT AND KIND OF GIVE A BACKGROUND OF SUMMER WORKS AND OUR PARTNERSHIP, IF YOU DON'T MIND, ANDREW?

Andrew McGough: THAT WOULD BE GREAT, THANK YOU.

Commissioner Smith: YOU KNOW, THE SUMMER WORKS PROGRAM HAS HAD AN ENORMOUS AND POSITIVE IMPACT ON YOUTH THROUGHOUT MULTNOMAH COUNTY. AND I'M PROUD TO HAVE BEEN A CHAMPION FOR THIS PROGRAM, EXTRAORDINARY PROGRAM. SUMMER WORKS FIRST RECEIVED FUNDING IN 2009 FROM THE AMERICAN REINVESTMENT ACT. BUT, THAT WAS ONLY ONE-TIME ONLY MONEY AND I REMEMBER, WHEN I WAS ON MY FEDERAL SIDE, IT WAS 1,000 KIDS OR 1,200 KIDS AND YOU ALL HAD TO RAMP UP AND GET THE KIDS SERVED THROUGHOUT THE COMMUNITY. WHEN I CAME TO THE COUNTY IN 2011, I HAD A CONVERSATION AT A BLACK AND BROWN MEN'S TOWN HALL MEETING AND ONE OF THE ISSUES THAT WAS REALLY, YOU KNOW, TALKED ABOUT A LOT, PARTICULAR BY FOLKS WHO WERE OLDER, THEY SAID, YOU KNOW, LOOK, WE USED TO HAVE JOBS IN THIS COMMUNITY FOR OUR YOUNG PEOPLE. WE USED TO HAVE 1,000 OF SUMMER JOB AND YOU REMEMBER THAT FROM THE PICK PROGRAM AND A LOT OF THE FEDERAL FUNDING HAS DRIED UP FOR IT AND BEING ABLE TO PARTNER WITH SUMMER WORKS IN MULTNOMAH COUNTY WITH ONE-THIRD OF THE "OLDER AMERICANS ACT" JTPA MONEY, WHICH IS THE WIO MONEY, IS THAT RIGHT? IT'S REALLY

AMAZING. THE NUMBERS THAT WE SEE, TIME AND TIME AGAIN, IS THAT YOUNG PEOPLE BETWEEN THE AGES OF 16 AND 24 IN THIS COMMUNITY, THEY'RE ABOUT 30,000 AND THEY DON'T HAVE A JOB. POTENTIALLY, THEY MAY END UP BEING IN OUR JAILS, IN OUR HOMELESS SHELTERS. SOME MAY END UP IN PLACES LIKE THE UNITY CENTERS, IF THERE'S A MENTAL HEALTH CRISIS.

Commissioner Smith; THERE IS A LARGE NUMBER OF OUR YOUNG PEOPLE THAT ARE NOT CONNECTED IN ANY KIND OF WAY THAT WILL PROBABLY END UP, YOU KNOW, IF WE DON'T DO THE PREVENTION RIGHT, THEY'LL END UP IN THE SYSTEM. SO, I'M JUST, YOU KNOW, SAYING THAT SUMMER WORKS FOR ME, IT PROVIDES YOUNG PEOPLE WITH PAID SUMMER INTERNSHIP OPPORTUNITIES, THAT WE PLACE IN MULTNOMAH COUNTY AND OUT IN THE COMMUNITY AND THEY RECEIVE MENTORSHIP, PROFESSIONAL SKILL, CASE MANAGERMENTS SERVICES. THE PROGRAM NOT ONLY PROVIDES THOSE YOUNG PEOPLE WITH A JOB AND A PAYCHECK, IT ALSO PROVIDES THEM WITH A SENSE OF ACCOMPLISHMENT, A SENSE OF SELF-CONFIDENCE THAT THEY CAN REACH THEIR POTENTIAL GOALS AND I AM HAPPY TO REPORT THAT I AM ONE OF THOSE KIDS AND IF YOU KNOW ABOUT THE CEDAR PROGRAM, YOU KNOW ABOUT IT, THIS IS THE OLD JTPA PROGRAM. I HAD ONE OF THOSE FIRST JOBS IN HIGH SCHOOL BEFORE I CAME OUT HERE TO GO TO COLLEGE AND IT'S IMPORTANT, IT MATTERS AND IT MAKES A BIG, BIG DIFFERENCE. SO, ANDREW, YOU CAN TAKE IT AWAY.

Andrew McGough: DO I HAVE TO ANYMORE? THANK YOU VERY MUCH. [LAUGHTER] THAT WAS GREAT, COMMISSIONER SMITH. I'M RR DIRECTOR OF WORKSYSTEMS AND ONE OF THE PROUD SPONSORS OF SUMMER WORKS. YOU SORT OF WENT THROUGH A LOT OF THE STUFF THAT I WAS IN TENDING TO DO, I'M THE INTRODUCTORY SPEAKER HERE. I HAVE BARB AND ROLAND, WHO ACTUALLY DO ALL THE NUTS AND BOLTS, ALONG WITH GEORGE IN COMMISSIONER SMITH'S OFFICE AND MANY OTHERS AROUND THE COMMUNITY AND IN LISTENING TO THE LAST PRESENTATION, YOU KNOW, THE WOMAN IN THE FILM TALKED ABOUT A RIPPLE AFFECT AND WHEN YOU THINK ABOUT YOUNG PEOPLE WHO ARE STRUGGLING OR AT-RISK OF FALLING THROUGH THE CRACKS, THERE IS A RIPPLE AFFECT. WE KNOW ABOUT KIDS WHO PARTICIPATE IN WORK DURING THE HIGH SCHOOL YEARS, THEY'RE MORE LIKELY TO RETURN TO SCHOOL. THEY'LL MORE LIKELY TO SUCCEED IN SCHOOL AND THEY ARE CERTAINLY MORE LIKELY TO EARN MORE DOLLARS OVER THE COURSE OF THEIR LIFE AND IN A PLACE LIKE OREGON, WHO IS SO DEPENDENT ON INCOME TO DRIVE PUBLIC SERVICES, THAT SEEMS LIKE A SMART INVESTMENT TO ME. AND I DO WANT TO SAY THAT IT'S THAT SMART THINKING THAT WAS REFLECTED IN THE PRIOR PRESENTATION AND I THINK IT'S REFLECTED IN YOUR COMMITMENT TO SUMMER WORKS. IT'S REALLY -- IT'S THE RIGHT THING TO DO AND IT'S A SMART THING TO DO AND I GUESS WITH THAT, I WOULD JUST TURN IT OVER TO BARBARA, WHO CAN RUN THROUGH, QUICKLY, SOME OF THE RESULTS FROM LAST YEAR.

Barbara Timper: SURE, AND I'D LIKE TO ALSO INTRODUCE ROLAND, HE'S THE NEW FACE OF SUMMER WORKS. SO, I'M BARBARA TIMPER, THE EAST SERVICE MANAGER AT WORKSYSTEMS. THIS PROGRAM IS NEAR AND DEAR TO MY HEART, HAVING BEEN THERE AT THE BEGINNING IN 2009, AS COMMISSIONER SMITH TALKED ABOUT, WHERE SUMMER WORKS CAME FROM. NOT THAT I'M A CEDAR ORJPTA, I RAN THAT SUMMER YOUTH EMPLOYMENT PROGRAM WAY BACK WHEN.

Andrew McGough: WHICH, BY THE WAY, I CHECKED YESTERDAY WITH SOME FOLKS IN OUR OFFICE AND COMMISSIONER SMITH IS ABSOLUTELY RIGHT. PRIOR TO 1998, THE FEDERAL GOVERNMENT HAD A DEDICATED FUNDING STREAM OF ALMOST \$3 MILLION A YEAR FOR SUMMER JOBS PROGRAM. 3,000 KIDS ON AN AVERAGE YEAR, PARTICIPATING IN SUMMER JOBS AND IF YOU RECALL, THERE WAS THE YOUTH EMPLOYMENT INSTITUTE, WHICH WAS A NATIONALLY-RECOGNIZED ORGANIZATION, WHICH WAS IN NORTHEAST PORTLAND. AND THEN THERE WERE STEPS TO SUCCESS, WHICH WAS A PARTNERSHIPS BETWEEN SCHOOLS, AGAIN, HARKENING BACK TO GETTING SCHOOLS INVOLVED. THEY HELPED COMPLIMENT THESE SUMMER JOBS AND CONNECTED THE EARNING AND LEARNING TOGETHER AND LOW AND BEHOLD, KIDS STAYED IN SCHOOL AND THEY WERE ABLE TO GO ON. IT'S BEEN AN EVOLUTION HERE.

Chair Kafoury: NOW THERE'S LOTS OF RICH PEOPLE WHO HAVE THEIR OWN PRIVATE PLANES SO IT ALL WORKED OUT. [LAUGHTER]

Barbara Timper: I WANT TO THANK YOU AGAIN FOR THIS OPPORTUNITY TO SHARE WITH YOU ABOUT THE SUMMER WORKS PROGRAM. I ALSO -- FOR THOSE OF YOU THAT ARE A LITTLE BIT DATA-WONKY, YOU HAVE DATA THAT SHOWS UP IN THIS AND THE ANNUAL REPORT. THERE IS AN INSERT ABOUT THE SPECIFIC YOUTH THAT WERE SPONSORED YOUTH. THIS REPORT -- THIS SLIDE PRESENTATION HAS KIND OF A MIX AND MATCH OF INFORMATION BETWEEN THOSE REPORTS, AS WELL AS YOUTH IN MULTNOMAH COUNTY. I WANT TO ACKNOWLEDGE THAT OUR DATA IS A LITTLE BIT WONKY. SO, I WANTED TO -- AS WE GO THROUGH THIS, IN LIEU OF US BRINGING AN INTERN TODAY WITH US, I THOUGHT WE WOULD JUST LET YOU READ, AS I GO THROUGH AND TALK ABOUT SOME OF THE GREAT EXPERIENCES THAT YOU'VE HAD IN THE SUMMER AND WHY THIS PROGRAM IS REALLY SO IMPORTANT. I WANT TO START OUT BY SAYING, YOU KNOW, OUR METRO AREA'S ENJOYING A LOW EMPLOYMENT RATE, 4%. BUT THE YOUTH UNEMPLOYMENT RATE, THE AGE GROUP, 16 TO 24-YEAR-OLDS, IS REALLY ACTUALLY STILL QUITE HIGH AT 19%. SO THAT MEANS THAT WE STILL HAVE QUITE A LARGE NUMBER OF YOUNG PEOPLE WHO ARE OUT THERE, LOOKING FOR WORK. SO, SUMMER WORKS IS CRITICALLY IMPORTANT TO OUR COMMUNITY. NOT DOING GOOD ABOUT ADVANCING THE SLIDES WHILE I'M TALKING, I APOLOGIZE ABOUT THAT. JUST KIND OF GOING THROUGH SOME OF THE GREAT THINGS THAT YOUTH SAY WHEN WE SURVEY THEM AT THE END OF THE SUMMER. HERE ARE SOME

OF THE DATA FACTS. WE HAD A LITTLE OVER 2,000 YOUTH APPLY FOR THE ROUGHLY 1,039 JOBS WE ENDED UP PLACING YOUTH IN.

Barbara Timper: PRIOR TO THE OPENING OF THE APPLICATION, WE INVITE COMMUNITY-BASED ORGANIZATIONS AND SCHOOLS TO LEARN ABOUT THE PROGRAM AND LEARN HOW TO REFER YOUTH, HOW YOUTH ARE PRIORITIZED, WHAT THEY HAVE TO DO TO GET A JOB. JUST KIND OF GO THROUGH THE WHOLE PROBLEM. WE HAD OVER 70 COMMUNITY PARTNERS AND SCHOOLS PARTICIPATE, OF THE 1,039 YOUTH THAT GOT JOBS, THEY WORKED ROUGHLY JUST UNDER 160,000 HOURS AND EARNED A LITTLE MORE THAN \$1.5 MILLION IN GROSS WAGES, IT DOESN'T TAKE INTO ACCOUNT PAYROLL TAXES AND THAT KIND OF STUFF. SO, 70% OF THE YOUTH THAT PARTICIPATE ARE LOW-INCOME AND WE USE THE FREE AND REDUCED LUNCH GUIDELINES. FOR A FAMILY OF FOUR, THAT'S ABOUT \$45,000. I LIKE THIS QUOTE ABOUT OUR -- THIS WAS A NEW WORK SITE FOR US LAST SUMMER AND YOU WOULDN'T THINK WORKING AT A RADIO STATION WOULD GET YOU A CONNECTION WITH PEOPLE OF COLOR THAT WORK IN TECHNOLOGY, BUT THAT SORT OF SHOWS YOU THE BREATH AND THE EXPERIENCE THAT YOUTH HAVE. THE YOUTH THAT PARTICIPATED, WE HAVE -- WE CATEGORIZED YOUTH IN TERMS OF WHAT -- WE ASK YOUTH, WHAT ARE YOU DOING AFTER SUMMER?

AND SO WE HAD 42% MULTNOMAH COUNTY RESIDENTS SAYING THEY WERE RETURNING TO HIGH SCHOOL. I WANT TO POINT OUT A DATA POINT FROM THE BIGGER REPORT IS WE COMMISSIONED ECO NORTHWEST TO DO AN ANALYSIS OF SOME DATA AROUND THE YOUTH THAT PARTICIPATE IN OUR SUMMER WORKS PROGRAM AND HOW THEY FAIR AROUND EDUCATIONAL ATTAINMENT AND ENGAGEMENT TO POST-SECONDARY EDUCATION, THINGS LIKE THAT AND WHAT THEY FOUND, LOOKING AT DATA FOR PARTICIPANTS FROM 2010 TO 2014, THAT FOR YOUTH WHO HAVE PARTICIPATE IN SUMMER WORKS, THAT THEY'RE 5 PERCENTAGE POINTS MORE LIKELY TO GRADUATE FROM HIGH SCHOOL BASED ON A CORHORT OF YOUTH THAT DID NOT PARTICIPATE IN SUMMER WORKS THAT HAVE THE SAME DEMOGRAPHICS AND CHARACTERISTICS SO THAT IS -- WHILE IT MAY NOT SEEM LIKE A HUGE AMOUNT, 5% IS ACTUALLY QUITE SIGNIFICANT AND I THINK DOES SHOW HOW IMPORTANT IT IS, MAKING THAT CONNECTION BETWEEN SCHOOL AND WORK. WE HAVE AN OVERALL SUCCESS RATE AND BY SUCCESS, THERE ARE TWO FACTORS THAT GO INTO SUCCESS. ONE IS THAT YOUTH COMPLETE AT LEAST 80% OF THEIR PLANNED WORK HOURS. SO SUMMER WORKS IS 180 HOURS IS THE STANDARD NUMBER OF HOURS FOR SUMMER WORKS. THAT WOULD MEAN A YOUTH WORKS 140 HOURS OF THAT 180 AND THEY MUST GET A POSITIVE SUPERVISOR EVALUATION. BOTH THINGS HAVE TO BE THERE TO BE CONSIDERED A SUCCESSFUL SUMMER. I LIKE THE LAST COMMENT HERE ON THIS YOUTH SLIDE -- THIS IS ACTUALLY AN INTERN AT ONE OF THE SUN PROGRAMS THAT'S SUPPORTED BY THE COUNTY IS, WHAT MADE IT EVEN BETTER WAS MAKING THE KIDS SMILE BECAUSE IT WAS SOMETHING MONEY CAN'T BUY.

Barbara Timper: SO, YES, THE PROGRAM KIND OF CHOKES ME UP EVERY SO OFFER TEN. WE HAVE A LARGE AMOUNT OF YOUTH WHO PARTICIPATE IN SUMMER WORKS IN THEIR SENIOR YEAR OR THEIR FIRST YEAR OF COLLEGE AND HAVE A PRETTY GOOD PERCENTAGE OF THOSE YOUTH CONTINUING ON TO POST-SECONDARY. OVERALL, IN OUR PROGRAM, WE SERVE 76% YOUTH OF COLOR. I BELIEVE ON OUR REPORT, IT BREAKS THAT DOWN BY DIFFERENT SPECIFIC RACIAL GROUPS, IF YOU'D LIKE TO TAKE A LOOK AT THAT. THIS COMMENT -- I'M ALMOST AT THE END. I FELT LIKE -- I MEAN, ALL OF THE COMMENTS WE PUT UP HERE FOR YOU TO READ TODAY, ARE RELEVANT AND TALK ABOUT WHY IT'S SO MEANINGFUL FOR YOUNG PEOPLE TO HAVE THIS OPPORTUNITY FOR A SUMMER JOB. I THOUGHT THIS ONE -- IT'S SORT OF -- THAT ANECDOTAL COMMENT THAT WE HEAR OVER AND OVER AGAIN, WHICH IS, THE YOUTH SAYING THAT THEY LEARN THAT SOCIAL MEDIA OUTREACH WAS THEIR THING AND THAT THEY ORIGINALLY THOUGHT THEY WERE GOING TO WORK IN A RETAIL OR CLOTHING STORE BUT THAT THIS WAS A COMPLETELY, UNEXPECTED EXPERIENCE AND WORKING AS A SOCIAL MEDIA INTERN IS WAY BETTER THAN I EXPECTED.

IT'S REALLY THAT OPPORTUNITY FOR YOUTH TO BROADEN THEIR HORIZONS AND BE ABLE TO SEE THAT THERE'S MORE OPTIONS FOR THEM, IS ONE OF JUST -- THE THINGS THAT IS SO INVALUABLE ABOUT THIS PROGRAM. COMMENTS LIKE THIS COME OUT YEAR AFTER YEAR AFTER YEAR. SO -- THIS DIDN'T FORMAT VERY WELL, BUT THE -- THIS WAS A BIGGER VIEW OF, ON THE VERY LAST PAGE OF THE REPORT, ALL OF THE SPONSORS, INCLUDE MULTNOMAH COUNTY, WHO PROVIDE FUNDING. THERE'S NO WAY WE WOULD GET TO 1,039 INTERNS WITH THE MONEY WE GET FROM DEPARTMENT OF LABOR THROUGH THE WORKFORCE AND INNOVATION AND OPPORTUNITY ACT AND IT IS A PARTNERSHIP AND EVERYBODY'S PARTICIPATION IS NECESSARY. AND, AGAIN, I WANT TO THANK YOU TO SPECIFICALLY TO COMMISSIONER SMITH, AS WELL AS ALL OF THE BOARD BECAUSE WITHOUT YOUR LEADERSHIP AND BUDGET APPROVAL, SUCH A HUGE PART OF SUMMER WORKS WOULDN'T BE POSSIBLE. THE \$1 0 0 00 \$100,000 IS WHAT COMES TO WORKSYSTEMS. WITH THAT, THANK YOU. AND I'D BE HAPPY TO ANSWER ANY QUESTIONS.

Chair Kafoury: THANK YOU.

Commissioner Meieran: THANK YOU FOR THE PRESENTATION AND I LOVE THOSE QUOTES, IT'S GREAT. YOU MENTIONED -- 42% OF YOUTH RETURN TO HIGH SCHOOL AFTER THE SUMMER. IS THAT -- I'M TRYING TO FIGURE OUT IF THAT YOUTH, DOES THAT INCLUDE THE SENIORS WHO WOULDN'T EXPECTED TO COME BACK TO HIGH SCHOOL AFTER SUMMER? THE COLLEGE STUDENT. WHAT IS THAT GROUP BECAUSE 42% ACTUALLY SEEMS LIKE A LOW NUMBER.

Barbara Timper: IT IS RETURN TO HIGH SCHOOL, ABOUT FOUR SLIDES LATER, RETURNING OR GOING ON TO POST-SECONDARY. THOSE TWO COMBINED IS

CLOSE TO 75% OF THE YOUTH. SOME YOUTH GO ON TO GET JOBS. THERE ARE SOME YOUTH THAT, THEY EITHER REPORT -- THEY DON'T HAVE ANY PLANS OR WE DO HAVE YOUTH WHO DROP OUT, QUIT THEIR JOBS AND WE DON'T -- WE'RE NOT ABLE TO COLLECT THEIR DATA AND SO THEY FALL INTO THAT NO PLAN CATEGORY.

Commissioner Meieran: OKAY. PERFECT. THANK YOU.

Chair Kafoury: QUESTIONS OR COMMENTS?

Commissioner Smith: JUST A FOLLOW-UP ON THAT. BUT THIS IS SELF-REPORTED. IT'S NOT NECESSARILY -- IT WOULD BE A DIFFERENT NUMBER. FOR THE PEOPLE WHO PARTICIPATE IN SURVEYS. YOU KNOW HOW KIDS ARE, WHEN THEY'RE FINISHED, THEY'RE FINISHED. I WANT TO SAY THAT WORKING WITH YOU ALL HAS BEEN GREAT AND I THINK WE'RE GOING TO CONTINUE TO DO SOME GREAT THINGS WITH SUMMER WORKS AND MAKE SURE THAT ALL OF THE MULTNOMAH COUNTY IS REALLY -- THE YOUNG PEOPLE, THAT THEY'RE GETTING OUT -- I'VE BEEN OUT OF CHURCHES FOR THE LAST FEW WEEKS, BASICALLY SAYING, HAVE YOUR FOLKS SIGN UP. SO THE BIG KEY IS, APRIL 17 IS THE DEADLINE AND SO WE WON'T BE TAKING ANYMORE APPLICATIONS AFTER APRIL 17.

ADJOURNMENT – 12:13 p.m.

[CAPTIONS PROVIDED BY LNS CAPTIONING AND MAY INCLUDE INACCURATE WORDS OR PHRASES DUE TO SOUND QUALITY, OTHER TECHNICAL DIFFICULTIES AND/OR SOFTWARE ERRORS.]

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Submitted by:
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Board of County Commissioners
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