Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Wednesday, May 22, 2018

BUDGET WORK SESSION #13

Chair Deborah Kafoury called the meeting to order at 1:39 p.m. with Vice-Chair Lori Stegmann and Commissioner Jessica Vega Pederson and Commissioners Sharon Meieran Commissioner Loretta Smith present.

Also attending were Jenny M. Madkour, County Attorney, and Marina Baker, Board Clerk and Taja Nelson, Assistant Board Clerk

Chair Kafoury: WELCOME, EVERYONE.

BWS-13 Health Department Follow-Up

Mark Lewis: GOOD AFTERNOON. HEALTH DEPARTMENT BACK AGAIN FOR MORE DETAILED DESCRIPTION OF OUR BUDGET HERE. I WILL KICK IT OFF AGAIN WITH SOME OF THE SAME SLIDES WE STARTED OFF WITH IN THE PRESENTATION LAST WEEK. GOING OVER THE ORGANIZATIONAL CHART FOR THE HEALTH DEPARTMENT. ONCE AGAIN, OUR FY 19 BUDGET IS $330 MILLION AND OUR FTE GOING INTO FY 19 IS 1,426.1. OUR BUDGET BY DIVISION IN THE DIRECTOR'S OFFICE, WE'RE LOOKING AT $1.4 MILLION. OUR HEALTH OFFICER, 8.4 MILLION COMBINED. BUSINESS OPERATION 19.2. BUSINESS HEALTH 19.6. INTEGRATED CLINICAL SERVICES, MENTAL HEALTH AND ADDICTIONS AND PUBLIC HEALTH RESPECTIVELY. WE'LL DIVE RIGHT INTO THE DIVISION BUDGET AND WE'LL BEGIN WITH CORRECTIONS HEALTH.

Mike Seal: GOOD AFTERNOON. DR. MIKE SEAL, DIRECTOR OF CORRECTIONS HEALTH. THANK YOU FOR THE OPPORTUNITY TO TALK TO YOU TODAY. WE'LL BEGIN WITH JUST AN OVERVIEW OF SOME OF THE SCOPE OF SERVICES OF CORRECTIONS, HEALTH, AGAIN, THE TOTAL BUDGET AND ABOUT 109 FTES OVERALL. SCOPE OF SERVICES INCLUDES ADULT DETENTION FACILITIES AND AS WELL AS JDH, THE JUVENILE DETENTION HOME. FOR THIS YEAR, OUR GENERAL FUND REQUEST INCREASED BY $1.7 MILLION PREDOMINANTLY TO COVER OUTSIDE SERVICES SOME OF COLA AND OTHER PERSONNEL EXPENDITURES. SOME OF THE REAL EXPENDITURES WE HAD IN MATERIAL AND SUPPLIES. FTES WERE DECREASED SOMEWHAT BY 1.35 FTES. AND THAT REPRESENTED MENTAL HEALTH CONSULTANTS WHO WOULD WORK IN THE GRAVEYARD OR THE OVERNIGHT SHIFT IN NCDC. WE'VE TRADITIONALLY HAD A DIFFICULT TIME FILLING THOSE POSITIONS. THEY PROBABLY WERE UNFILLED A GOOD HALF THE TIME. VERY DIFFICULT TO RECRUIT AND RETAIN PERSONNEL. WE FELT THAT WAS AN APPROPRIATE PLACE TO REDUCE. AS REGARDS TO ACCESS TO CARE.

Mike Seal: AS A PART OF THE HEALTH DEPARTMENT, WE WORK TO ENSURE WE IMPROVE THE HEALTH OF THE INDIVIDUALS THAT ENTER OUR FACILITIES. BECAUSE THEY COME FROM THE COMMUNITY AND THEY ARE GOING TO RETURN TO THE COMMUNITY. MUCH OF OUR EFFORT IS FOCUSED ON SCREENING DURING THE BOOKING PROCESS SO WE CAN SAFELY DETERMINE WHO CAN BE IN OUR FACILITY SAFELY AS WELL AS DETERMINE THE NEEDS DURING INCARCERATION. WE'VE WORKED DILIGENTLY IN THE LAST YEAR TO IMPROVE ACCESS TO AND TO REFINE OUR COMPREHENSIVE HEALTH ASSESSMENT. IT'S A MEDICAL, MENTAL HEALTH AND DENTAL SCREENING THAT'S PERFORMED ON OR BEFORE THE 14TH DAY OF INCARCERATION. MUCH OF THE FOCUS OF THAT EVALUATION IS TO LOOK FOR COMMUNICABLE DISEASE. TB AND SEXUALLY TRANSMITTED DISEASES WHICH HELPS TO IMPROVE THE HEALTH OF THE COMMUNITIES AND THE FAMILIES THAT THE DETAINEES WILL RETURN TO. IN ADDITION, WE'VE ADDED WHAT I WOULD SAY REFINED POLICIES AND PROCEDURES TO ALLOW FOR THE USE OF BUPRENORPHINE. AND ALSO FOR INDIVIDUALS WHO COME INTO THE JAIL TAKING IT FROM A COMMUNITY PROVIDER. WE ALSO NOW INCLUDE PROVIDING MAINTENANCE TO ALL OF PREGNANT WOMEN WHO ENTER THE JAIL AND DO THAT IN CONJUNCTION WITH OHSE CHLT.

SOME OF THE VOLUME OF WORK WE DO IS INDEPENDENT OF THE OVERALL POPULATION OF THE JAIL. ONE EXAMPLE SPECIFICALLY WOULD BE RECEPTION SCREENING. SO THE SCREENINGS THAT OUR NURSES DO WHEN PEOPLE ENTER THE JAIL. IN 2017, THE NUMBER INCREASED ABOUT 5%. SO IT'S A SOMEWHAT INDEPENDENT FACTOR BUT PROBABLY KEEPING THEM IN JAIL A SHORTER PERIOD OF TIME. SOME OF OUR STATISTICS THAT WE'RE SEEING ARE INCREASING OVER TIME EVEN THOUGH YOU MIGHT SEE THE POPULATION LEVELLING OUT. SOME OF THAT IS ATTRIBUTED TO MORE AGGRESSIVE SCREENING, BETTER ACCESS TO CARE. WE'VE REFINED OUR PROCESS, FOR EXAMPLE. WE'RE SEEING SOME OF OUR UTILIZATION NUMBERS HAVE INCREASED. OTHER EXAMPLES WOULD BE THE 14-DAY HEALTH ASSESSMENTS THAT I DISCUSSED. WE'RE NOW DOING ABOUT 400 OF THOSE A MONTH. AND WITH THAT, COMES THE OTHER DRIVERS FOR CHEST XRAYS, TB SKIN TESTS, SYPHILIS TESTS AND THE LIKE.

WE'VE ALSO SEEN AN INCREASE IN NURSING ASSESSMENTS. THE NURSES IN BOTH ADULT FACILITIES AND ADH ARE DOING SOMETHING LIKE 3100 ASSESSMENTS PER MONTH COLLECTIVELY. SO ALL OF THOSE, AGAIN, MAY WELL DRIVE A NEED FOR BLOOD PRESSURE FOLLOW UP OR BLOOD SUGAR FOLLOW UP OR WOUND CARE ASSESSMENT. SO THAT'S ALSO A DRIVER OF OUR UTILIZATION. 108,000 MEDICATION INSIDE A GIVEN MONTH. THAT'S 3500 MEDICATIONS IN A DAY. THAT'S A LOT OF OPPORTUNITIES TO HAVE ACCESS TO OUR STAFF. SO THEY HAVE AN ADDITIONAL ACCESS THEY MAY NOT HAVE HAD BEFORE. WE WERE REALLY TRYING TO STABILIZE OUR OUTSIDE UTILIZATION. WHICH COULD BE FOR A SPECIALIST EVALUATION, A CAT SCAN,

AND MRI. THAT'S HELD RELATIVELY STABLE. IT'S ABOUT 36 PER MONTH TO THOSE OUTSIDE APPOINTMENTS. AND A LITTLE UNDER 40 PER MONTH TO AN EMERGENCY ROOM FOR EVALUATION FOR ACUTE NEEDS WHICH COULD OCCUR AFTER HOURS, HOLIDAYS OR WEEKENDS AS WELL. SO OVERALL, WE'RE REALLY WORKING TO LOOK AT THE PROCESSES WE HAVE TO ELIMINATE ANY BARRIERS TO ACCESS TO CARE.

Mike Seal: THAT WOULD INCLUDE ELIMINATING CHARGES TO ANY MENTAL HEALTH ASSESSMENTS. ELIMINATING CHARGES FOR ANY MEDICATION. SO THAT DOESN'T IMPEDE ANYONE FROM TAKING THE MEDICATIONS WE THINK ARE INDICATED FOR THEM. AND WE'VE ALSO REVISED OUR APPROACH TO THE REFUSED CARE AND ASKING THAT OCCUR IN A CLINICAL SETTING WITH A PROVIDER SO WE CAN PROVIDE THE IMPLICATIONS OF THE REFUSAL AS OPPOSED TO ALLOWING IT OCCUR IN THE HOUSING UNIT. AND WE'RE SEEING THEN OUR NUMBERS ACCORDINGLY INCREASE. AND ONE OF OUR OTHER SIGNIFICANT ADVANCEMENTS HAS BEEN WORKING WITH THE SHERIFF'S OFFICE AS THEY'VE GIVEN US INCREASED ACCESS TO THE CLINICS IN THE AFTERNOON WHICH ALLOWS US TO UTILIZE THE SPACE WE HAVE MORE EFFECTIVELY AND PROVIDE MORE CARE IN A CLINIC SETTING THAT IS HIPAA COMPLIANT AND ENCOURAGES THEM TO DISCLOSE THEIR NEEDS. MOVE ON TO CHALLENGES AND OPPORTUNITIES. ONE OF OUR BIG CHALLENGES HAS BEEN HIRING.

THAT'S AN ON-GOING ISSUE FOR US ACROSS THE BOARD. PARTICULARLY IN MENTAL HEALTH. HOWEVER, IN RECENT MONTHS WE HAVE BEEN ABLE TO HIRE THREE MENTAL HEALTH CONSULTANTS AND TWO MENTAL HEALTH CONSULTANTS WORKING FOR US ON CALL. WE'RE THANKFUL FOR THAT. IT'S A CONTINUOUS KNEAD FOR US. RECRUITMENT HIRING AND RETENTION OF OUR EMPLOYEES REMAINS A PRIORITY FOR US. WE'VE BEEN WORKING WITH HUMAN RESOURCES, HEALTH DEPARTMENT, LEADERSHIP AND UNION TO TRY AND IMPROVE THE OPPORTUNITIES FOR A SATISFIED AND STABLE WORKFORCE. THAT WILL CONTINUE TO BE A PRIORITY IN THE UP-COMING YEAR. WE'VE BEEN HEAVILY INVOLVED IN TRAINING AND STAFF BOTH INTERNALLY AND WITH OUR SHERIFF'S OFFICE PARTNERS. MENTAL HEALTH CONSULTANTS HAVE PROVIDED TRAINING DURING OUR ANNUAL TRAINING SESSIONS. THE AWARENESS AND MENTAL HEALTH CONDITIONS AND THE LIKE. AND THE MENTAL HEALTH SERVICES THIS YEAR HELPED COORDINATE ACCESS TO MENTAL HEALTH FIRST AID FOR ALL OF THE DEPUTIES WHO WORK WITH DETAINEES IN THE CORRECTION SETTING. WHICH IS A HUGE STEP FORWARD.

REGARDING OTHER ENHANCEMENTS, WE CONTINUE TO REFINE HOW WE WORK TOGETHER AS INTER DISCIPLINARY TEAM. WE REALLY SEE THE CORRECTIONS DEPUTIES, THE SERGEANT AND DEPUTY ASSIGNED TO US SPECIFICALLY TO WORK WITH MENTAL HEALTH CLIENTS. OUR NURSES AND MENTAL HEALTH CONSULTANTS AND PROVIDERS AS ONE UNIDENTIFIED

TEAM. TO REALLY DISCUSS THE NEED IN THE BUILDINGS, IN PARTICULARLY, IN OUR OBSERVATION UNITS. WE'RE WORKING TO MAKE SURE WE UTILIZED THE AFTERNOON CLINIC HOURS THAT THE SHERIFF'S OFFICE HAS ALLOWED US TO HAVE THROUGH ASSIGNMENT. WE'VE RESTRUCTURED OUR OBSERVATION UNIT TO SOME EXTENT. YOU MAY HAVE SEEN HOW THERE HAVE BEEN A LOT OF CHANGES MADE BY THE SHERIFF'S OFFICE TO IMPROVE THE QUALITY OF THE UNIT AS FAR AS AESTHETICS AND APPROACH TO THE DETAINEES. WE'VE ALSO LOOKED HOW WE ASSIGN OUR PROVIDERS TO THE UNIT. ONE OF THE RESPONSIBILITIES OF OUR PSYCHIATRIST AND WE HAVE A FORENSIC FELLOW FROM OHSU WHO ALSO WORKS IN THAT UNIT.

Mike Seal: WE'VE ASSIGNED MENTAL HEALTH CONSULTANT TO HAVE CONTINUITY RESPONSIBILITY IN THE UNIT SO THEY ARE AWARE OF CHANGES CAN BRING ISSUES UP WITH THE TEAM AND ALSO THE PSYCHIATRIST. AND FINALLY, I WOULD JUST LIKE TO BRING UP LAST YEAR'S GRAND JURY HAD FAIRLY GENERALLY FAVORABLE REPORT WHICH THEY NOTED SOME OF THE ENHANCEMENTS AND ENCOURAGING US TO CONTINUE WITH THOSE. OUR REDUCTION IN CHARGES AND THEY NOTED THE INCREASING DEMANDS FOR MENTAL HEALTH CARE. I'LL HEAVE IT AND ASK IF YOU HAVE ANY QUESTIONS. I'D BE HAPPY TO ANSWER.

Chair Kafoury: ANY QUESTIONS OR COMMENTS?

Commissioner Stegmann: THANK YOU, CHAIR. THERE ARE FOUR OPENINGS FOR MENTAL HEALTH.

Mike Seal: MENTAL HEALTH CONSULTANTS AND ONE NURSE PRACTITIONER OPENING.

Commissioner Stegmann: SO THOSE AREN'T EMPLOYEES.

Mike Seal: THEY ARE, YES. THEY ARE MASTER'S LEVEL MENTAL HEALTH PROFESSIONALS WHO MAKE THE FIRST ASSESSMENT IN DETAINEES INSIDE THE JAILS AS WELL AS SUICIDE WATCH EVALUATIONS. EVALUATIONS.

Commissioner Stegmann: OBVIOUSLY, THERE'S A NEED FOR MORE EMPLOYEES IN THAT. I'M WONDERING WHAT IS THE CAUSE? WHY ARE WE NOT ABLE TO FIND THOSE FOLKS?

Mike Seal: I THINK IT'S MULTI-FACTORIAL. THE JAIL IS NOT THE MOST ATTRACTIVE PLACE TO WORK FOR MOST PEOPLE OF THE I DISAGREE WITH THAT. FOR MOST, IT'S A HARD SELL.

Chair Kafoury: ARE YOU IN PROMOTIONAL VIDEOS? [LAUGHING]

Mike Seal: THEY ARE A 24/7 FACILITY. YOU ARE ASKING PEOPLE TO WORK NIGHTS, WEEKENDS, HOLIDAYS, WHEN IT'S SNOWING OUTSIDE, WE STILL HAVE TO KEEP THE LIGHTS ON. SO WE ASK OUR STAFF TO COME IN AND TAKE CARE OF CLIENTS IN INCLEMENT WEATHER. IT'S JUST A VERY CHALLENGING ENVIRONMENT. MAYBE TO RETURN IN THE STATE THEY CAME TO US IN THE FIRST PLACE AND THAT CAN BE FRUSTRATING.

Commissioner Stegmann: VERY CHALLENGING. SOUNDS LIKE YOU ARE HAVING INCREASED CLINIC HOURS.

Mike Seal: THAT'S CORRECT.

Commissioner Stegmann: SO THAT'S GOOD. THAT'S PROMISING.

Mike Seal: IT'S PROMISING IN A COUPLE WAYS. YES, IT ALLOWS US TO UTILIZE OUR PROVIDERS MORE EFFECTIVELY AND IT ALSO ALLOWS A DETAINEE TO DIVULGE SENSITIVE INFORMATION IN A CLINICAL SETTING WITH MUCH GREATER PRIVACY THAN THEY'D HAVE IN THE HOUSING UNITS.

Commissioner Stegmann: THAT'S GREAT. IS THAT MORE A FUNCTION OF STAFFING ON THE SHERIFF'S SIDE?

Mike Seal: A LITTLE OF EACH, I WOULD SAY. IT DOES REQUIRE US TO CHANGE HOW WE DEPLOY OUR INDIVIDUALS. REQUIRES THE DEPUTY TO BE INVOLVED IN THAT CLINIC.

Commissioner Stegmann: GLAD TO SEE THOSE IMPROVEMENTS. THANK YOU.

Wendy Leer: I JUST WANTED TO ADD ON. THIS IS WENDY LEER. I WANTED TO ADD ON TO THE ANSWER IN REGARDS TO STAFF ATTENTION AND ATTRACTION. OFTEN, WHAT WE FIND TOO IS WE MAY HIRE SOMEONE INTO A POSITION IN CORRECTION'S HEALTH. BECAUSE THEY CAN MAKE THE SAME AMOUNT OF MONEY AS THEY COULD IN ANOTHER SETTING IN THE COUNTY, WE LOSE THEM AS SOON AS WE HIRE THEM. AND WHAT WE HAVE FOUND IN LOOKING AT THE DATA IS THAT FOR EVERY ONE PERSON WE HIRE, WE END UP WITH TWO VACANCIES THAT FOLLOW RIGHT BEHIND THEM. THEY ARE ALWAYS DOWN.

Commissioner Stegmann: I APPRECIATE THAT. I HEARD THAT STATISTIC TOO. I KNOW WE'RE ALWAYS CHALLENGED BY THE BUDGET, IF YOU CAN'T ATTRACT QUALIFIED STAFF, DO WE OFSH A HIGHER -- OFFER A HIGHER PAY GRADE FOR THOSE FOLKS?

Wendy Lear: WE DON'T CURRENTLY OTHER THAN SHIFT. WE ARE LOOKING AT STRATEGIES TO EITHER GET THEM -- IN SOME INSTANCES, PHYSICIANS, IN PARTICULAR, ARE ACTUALLY PAID LESS. THEY ARE NOT ELIGIBLE FOR

FEDERAL LOAN REPAYMENT OF IF THEY WORK IN OTHER PARTS OF OUR SYSTEM. AND SO WE'RE LOOKING AT WAYS TO BRING THE CORRECTIONS HEALTH STAFF ON PAR OR HAVE A SLIGHT PREMIUM FOR STAYING IN CORRECTIONS HEALTH OR STAYING IN [INAUDIBLE].

Commissioner Stegmann: I APPRECIATE THE ADDITIONAL INFORMATION.

Commissioner Meieran: THE RECRUITMENT AND RETENTION IS SORT OF CRUCIAL TO FUNCTIONING OF OUR CORRECTION'S FACILITIES. AND IN LOOKING AT THAT, I APPRECIATE COMMISSIONER STEGMANN LOOKING AT THAT AND THE FACTORS WHY IT'S DIFFICULT TO RETAIN PEOPLE. I'M WONDERING IF YOU HAVE COMPARISON TO OTHER COUNTY'S CORRECTIONS WHETHER THEY ARE BEING PAID -- NOT JUST WITHIN OUR COUNTY AND DIFFERENT FUNCTIONS. SIMILARLY PLACED INDIVIDUALS IN OTHER COUNTIES IF THERE IS A DIFFERENTIAL IN PAY FOR THOSE INDIVIDUALS AS WELL?

Mike Seal: HUMAN RESOURCES REACHED OUT TO OTHER COUNTIES. I DON'T KNOW THE RESULT OF THAT.

Commissioner Meieran: AND THIS WILL BE A QUESTION IN OUR CLINICS. WHAT IS THE OPPORTUNITY COST OF THIS TURN OVER WHEN YOU ARE TRAINING PEOPLE AND YOU LOSE THEM? I MAJ IMAGINE THAT IS NOT WITHOUT COST AND IT CAN BE SIGNIFICANT AND OFTEN HIDDEN IN THE BUDGET NUMBERS. TRAINING AND ENTAILS THE PRODUCTIVITY UNTIL YOU CAN RAMP UP. IT ENTAILS A LOT OF DIFFERENT THINGS. HAS THAT BEEN QUANTIFIED AT ALL?

Mike Seal: NO. BUT I CAN SAY THE STAFF THAT DO THE TRAINING ENJOY TRAINING BUT IT DOES REDUCE THEIR EFFICIENCY AS WELL. YES, IT TAKES THE CURRENT STAFF MEMBER EXTRA TIME TO DO THEIR JOB AND YOU ARE RIGHT, TAKES TIME FOR THE NEW PERSON TO BECOME FULLY EFFECTIVE.

Commissioner Meieran: I WOULD BE INTERESTED IN FINDING OUT IF THERE'S A WAY TO ESTIMATE THAT LOST DOLLARS IN TERMS OF WHAT PRODUCTIVITY -- I THINK THAT'S IT. THANKS.

Commissioner Vega Pederson: THANK YOU FOR THAT PRESENTATION. UNLIKE WHAT WE SEE WITH CLINICAL SERVICES OR SOME OF OUR OTHER HEALTH DEPARTMENTS, BECAUSE OF HOW THE REIMBURSEMENT WORKS IN OUR GOVERNMENT, CORRECTIONS HEALTH IS ALL GENERAL FUND DOLLARS WE USE FOR THAT. AND I'M CURIOUS HOW YOU ARE APPROACHING THE BALANCE BETWEEN THE GENERAL FUND DOLLARS THAT WE'RE USING AND PROVIDING THE QUALITY OF HEALTHCARE THAT WE WANT TO HAVE FOR PEOPLE IN OUR CARE. AND ARE YOU LOOKING AT ANY STRATEGIES OR PLANS FOR TRYING TO LEVERAGE DOLLARS THAT MAY NOT BE AVAILABLE FOR US IN CORRECTIONS HEALTH?

Mike Seal: I REALLY CAN'T ANSWER THE LAST PIECE. NOT SURE WHAT IS AVAILABLE TO US TO LEVERAGE. A LOT OF OUR POLICIES AND PROCEDURES ARE ON A SHORT LENGTH OF STAY IN THE JAIL. OUR GOAL IS TO PROVIDE CONSTITUTIONAL LEVEL OF CARE CLOSE TO A COMMUNITY STANDARD OF CARE AND SOPHISTICATED MEDICAL COMMUNITY HERE. THE BAR IS FAIRLY HIGH FOR THAT. MOST PEOPLE LEAVE JAIL IN A MATTER OF DAYS TO WEEKS. WE HAVE TO LOAD SOME OF OUR WORK, FOR EXAMPLE, RECEPTION SCREENING TO ASSESS RISK, DECIDE FOLLOW UP BUT MANY THINGS CAN BE RESCHEDULED APPROPRIATELY FURTHER OUT. AND MANY PEOPLE LEAVE JAIL BY THAT POINT. WE TRIED TO USE OUR RESOURCES WISELY. IF IT'S APPROPRIATELY DEFERRED FOR ROUTINE ISSUES, THAT'S DONE IN THAT FASHION. BUT IT'S ALWAYS A CHALLENGE. REALLY LOOKING AT OUR UTILIZATION OF OUTSIDE EXPERTS AND SEEING IF WE CAN FURTHER REFINE THAT. THE MORE RESOURCES WE PROVIDE, THE LESS WE HAVE TO SEND OUT TO OTHER FACILITIES.

Wendy Lear: I JUST WANTED TO ADD TO THE DISCUSSION THAT BECAUSE THERE ISN'T OFTEN OTHER RESOURCES TO PAY FOR SERVICES WITHIN THE JAIL, WE HAVE RECEIVED A COUPLE OF SMALL GRANTS OFF AND ON THROUGHOUT THE YEARS THAT ARE APPLICABLE TO CORRECTIONS HEALTH AND WE PURSUE THOSE WHEN THEY ARE AVAILABLE. THEY ARE AROUND COST EFFICIENCIES. REDUCING MEDICAL COST AND MAKING SURE EVERYONE WHO IS ELIGIBLE IS ENROLLED IN MEDICAID. WE WORK CLOSELY WITH THE HOSPITALS TO GET THE RULES CHANGED SO THAT HOSPITAL S HAVE TO ENROLL PEOPLE IN MEDICAID. OR ARRIVED AND APPEAR TO BE MEDICAID ELIGIBLE. THEY HAVE TO GO THROUGH THE PROCESS OF GETTING THEM ENROLLED. AND SO THAT REDUCED OUR COST CONSIDERABLY. WE ALSO EMPLOYED ELIGIBILITY WORKERS WHO RESIDE IN JAIL AND ACTIVELY ENROLLED PEOPLE IN MEDICAID. SO THAT HELPED REDUCE THE COST AND HAVE THE ADDED BENEFIT OF MORE PEOPLE BEING INSURED. WE DO LOOK AT COST EFFICIENCIES WITHIN THE JAIL. BUT ALSO OTHER CREATIVE STRATEGIES TO GET SERVICES FUNDED.

Commissioner Vega Pederson: THANK YOU. AND WHEN WE WERE IN DC, WE DEFINITELY LOBBIED FOR FEDERAL ACTION AND HELPING GET REIMBURSEMENT FOR MEDICAID DOLLARS.

Commissioner Meieran: YES. HAVE YOU WORKED WITH ANY OF THE HOSPITAL SYSTEMS IN TERMS OF POTENTIAL PARTNERSHIP? SOMETIMES THEY COULD HAVE SOME OF THEIR PROVIDERS CONTRACT WITH YOU TO PROVIDE SERVICE, LIKE DO A DAY A WEEK OR SOMETHING LIKE THAT THAT THEY'LL GET PAID BY THE HOSPITAL. PAYS ME THE COST OF DOING MY SHIFT. BUT I'M WORKING FOR THE COUNTY. HAVE YOU TALKED TO ANY OF THE HOSPITALS ABOUT THOSE POTENTIAL KINDS OF ARRANGEMENTS?

Mike Seal: YES AND NO. WE HAVE CURRENTLY AN AGREEMENT WITH OHSU. AND THEY PROVIDE A FORENSICS FELLOW. AND SO WE HAVE THAT KIND OF ARRANGEMENT WHERE WE PAY FOR HOURS AND THEY PROVIDE US THE FELLOW. ONE OTHER FACULTY MEMBERS EXPRESSED INTEREST IN A SIMILAR ARRANGEMENT WHERE WE MIGHT BE ABLE TO BUY A DAY OF TIME.

Commissioner Meieran; SEEMS LIKE IT WOULD BE GREAT. EVEN IN THE RESIDENCY PROGRAM. IMAGINE THAT BE A GROUND FOR TRAINING OPPORTUNITIES AND IT COULD BE A WIN-WIN.

Mike Seal: YES, I HOPE THAT COMES TO FRUITION.

Commissioner Smith: I HAVE A QUESTION. THANK YOU. HOW HAS THE IMPACT OF LACK OF BEING ABLE TO KEEP STAFFING IMPACTED THE HEALTH OF THE INMATES?

Mike Seal: I THINK IN A SENSE OF WHAT WE TALKED ABOUT IS AFFECTING OUR OVERALL EFFICIENCY. MORE DIFFICULT TO GET TO PEOPLE IN THE TIME WE'D LIKE TO. THE PEOPLE WHO HAVE NOT HAD THE EXPERIENCE IN THE JAIL ARE NOT AS EFFECTIVE. YOU BECOME BETTER AT YOUR JOB THE LONGER IN YOUR POSITION. AND I THINK JUST AS FAR AS TRAINING, WE HAVE MORE TIME TO TRAIN PEOPLE WHEN THEY ARE WITH US FOR LONGER OF PERIOD OF TIME. IMPACTS THE ABILITY TO FULLY UNDERSTAND OUR POLICIES AND PROCEDURES AND BE EFFECTIVE TO LET OUR LONG-TERM STAFF BE EFFECTIVE. AND ISSUES WITH REMEDIATION AND DISCIPLINE AND WE DON'T HAVE AN OPPORTUNITY TO WORK WITH PEOPLE TO BECOME EVEN BETTER EMPLOYEES.

Commissioner Smith: THAT'S INTERESTING ON THE EMPLOYEE SIDE. I'M MORE INTERESTED ON THE INMATE SIDE. WHAT IS THE HEALTH WITH THE INMATE? WHAT WOULD YOU GIVE THE HEALTH OF OUR INMATES RIGHT NOW?

Mike Seal: I MISUNDERSTOOD. I WOULD SAY THAT I DON'T SEE THE GENERAL HEALTH IS DETERIORATED. ALTHOUGH WE COULD DO A BETTER JOB IF WE HAVE MORE EMPLOYEES AVAILABLE TO GET TO INDIVIDUAL NEEDS QUICKER. PROBABLY DELAYS CARE MORE THAN IT IMPACTS THE OVERALL CARE. WE REPRIORITIZE THE PEOPLE WE HAVE. WE ENSURE WE'RE DEALING WITH URGENT ISSUES. SOME ISSUES TAKE LONGER TO GET TO.

Commissioner Smith: SO YOU THINK THEY ARE BEING SEEN TOO QUICKLY. BUT AVERAGE STUFF IS OKAY?

Mike Seal: EVERYDAY, I THINK WE REPRIORITIZED BASED ON THE NUMBER OF STAFF WE HAVE FOR THAT GIVEN TIME. THE SUICIDE WATCH WOULD BE A HIGH PRIORITY FOR US. THE INDIVIDUALS ON OUR MENTAL HEALTH OBSERVATION UNIT ARE VERY HIGH PRIORITY FOR US. SO WE ASSURE

THOSE ISSUES ARE ADDRESSED EVERYDAY. MORE ROUTINE ISSUES MAY HAVE TO BE REFERRED TO A LATER TIME. SO WE'D LIKE TO BE ABLE TO GET TO THINGS AS QUICKLY AS POSSIBLE THAT'S IMPACTED BY OUR STAFFING, NO DOUBT.

Commissioner Smith: I GUESS I'M TRYING TO FIGURE OUT THE SENSE OF URGENCY. ARE THERE THINGS URGENT IN TERMS OF HEALTHCARE ISSUE FOR PARTICULAR INMATES 245R NOT BEING ADDRESSED BECAUSE WE DON'T HAVE -- LET ME -- DIALYSIS IS A HUGE DEAL IN THE COMMUNITY. AND THERE ARE FOLKS WHO HAVE ISSUES AND NEED TO GO TO DIALYSIS TWO OR THREE OR FOUR TIMES A WEEK. DO WE HAVE VERY MANY PATIENTS WHO NEED DIALYSIS OR HAVE TO SEND OUT FOR THAT? THAT'S A SPENDY KIND OF PROCEDURE. TRYING TO GET A SENSE OF WHAT'S THE HEALTH OF OUR INMATES?

Mike Seal: SPECIFICALLY THE DIALYSIS, THOUGH IT'S FORTUNATELY UNCOMMON FOR US, AND THROUGH OUR ARRANGEMENT, WE HAVE ACCESS TO DIALYSIS IN THE COMMUNITY. THAT STILL WOULD MEAN WE HAVE TO ASSESS THEM WHEN THEY ARE READY FOR DIALYSIS, GET THEM FOR TREATMENT. LOOK AT THE RESULTS RETURNED TO US AND IMPLEMENT THAT AS WELL. SO WE HAVE A SYSTEM WHERE WE FOCUS SO WE CAN MANAGE PEOPLE IN OBSERVATION UNITS. I THINK IT IS THE ROUTINE ISSUES WHEN WE HAVE FEWER STAFF THAT TAKES LONGER TO GET TO.

Commissioner Smith: LIKE MANAGING PAIN MANAGEMENT IS AN ISSUE. THIS BOARD, WE'VE BEEN CLEAR ABOUT OPIOID USE AND ABUSE. AND DO WE HAVE A PROBLEM IN OUR JAILS WITH OPIOID USE WITH INMATES? I'M TRYING TO GET A SENSE. FROM WHAT I'VE HEARD IN THE PAST IS THAT THE HEALTH IS NOT SO GOOD. THE OTHER 20%? NO. OR THE OTHER ONE HAS CHRONIC DISEASES THAT WE CAN KIND OF KEEP UP ON SO THEY CAN CONTINUE THEIR CARE ONCE THEY ARE OUTSIDE OF DOORS. JUST TRYING TO GET A COMPREHENSIVE LOOK. EVERYONE SEEM ROUTINE, SEEN DOCTORS FOR ROUTINE ISSUES.

Mike Seal: THE BIGGEST CHALLENGE WE HAVE IS SUBSTANCE USE. A LOT OF WHAT WE DO IS MANAGE INTOXICATION. AND THAT CONSUMES A HIGH AMOUNT OF OUR RESOURCES. A LOT OF NURSING TIME AND NURSING ASSESSMENTS AND EDUCATION. AFTER WE'RE PASSED THAT POINT, THEY STABILIZE QUITE A BIT. WE TEND NOT TO USE A LOT OF OPEN YES, I DID IN THE JAIL -- OPIOIDS FOR PAIN MEDICATION. WE HAVE A LOT OF PEOPLE HAVE GUNSHOT WOUNDS AND OTHER SERIOUS INJURIES WHEN THEY COME TO US. NOT ABSOLUTE BUT WE TRY TO AVOID THAT. WE'RE USING THINGS LIKE BUPRENORPHINE TO MAKE THAT PROCESS MUCH MORE HUMANE AND USING MAINTENANCE NOW FOR PEOPLE WHO COME IN ON BUPRENORPHINE.

Commissioner Smith: WHAT PERCENTAGE OF OUR POPULATION IS ADDICTED TO ALCOHOL AND DRUGS?

Mike Seal: PROBABLY CLOSE TO HALF.

Commissioner Smith: SO ABOUT HALF. ARE THEY ON METHADONE?

Mike Seal: PROBABLY VERY FEW ARE ON METHADONE. WE ARE NOT A METHADONE FACILITY.

Commissioner Smith: THAT'S GOOD TO KNOW. ABOUT 50% OF THE PEOPLE WE'VE BEEN TOLD HAVE MINIMAL CHANCES OR MANY OF THEM ARE HOMELESS. TRYING TO GET A SENSE OF WHAT THE POPULATION IS WHEN THEY COME INTO THE JAIL. SO I CAN GET A DEMOGRAPHIC OF WHO IS THERE. HOW OUR LOW STAFFING OR TURN OVER IN OUR STAFFING IS GOING TO IMPACT THEM GETTING THE GREATEST HELP THEY CAN GET.

Mike Seal: I THINK SUBSTANCE ABUSE FOLLOW-UP TREATMENT WOULD BE ONE AREA.

Commissioner Smith: THAT'S WHAT I NEEDED TO KNOW. WHERE ARE WE LACKING, WHAT SHOULD WE BE LOOKING AT IN TERMS OF MAKING SURE WE'RE SERVING THEM WITH THE PROPER HEALTHCARE NEEDS?

Mike Seal: I THINK ONE OF OUR TASKS IS TO LEVERAGE THE RESOURCES YOU GIVE US FOR COMMUNITY GOOD. WHEN WE SEE SOMEONE AND GET THEM THROUGH WITHDRAWAL, THEY ARE STABILIZE STABILIZED. THEY ARE EATING REAL FOOD. IT'S AN OPPORTUNITY FOR TEACHING AND OPPORTUNITY TO FOLLOW UP WITH SOME SORT OF MEANINGFUL SUBSTANCE USE TREATMENT SO THEY CAN AVOID RELAPSE WHEN THEY LEAVE THE JAIL. SO I THINK THAT'S ONE AREA THAT WOULD BE BENEFICIAL FOR US.

Commissioner Smith: I WAS SENT A BIG BASKET OF CANDY AND GOODIES IN THE COMMISSARY THAT'S AVAILABLE TO FOLKS. I SAID WOW IF I HAD ACCESS TO ALL THIS STUFF, I WOULD BE BOUNCING OFF THE WALLS TOO. ANYWAY WE CAN GIVE ANY HEALTHIER ALTERNATIVES? ALTERNATIVES?

Mike Seal: I'M CERTAIN THAT CAN BE DONE. THAT'S A SHERIFF'S OFFICE QUESTION.

Commissioner Smith: OKAY. I'LL LET YOU OFF THE HOOK ON THIS ONE. IT GOES WITH THE ROUTINE HEALTHCARE. THANK YOU.

Chair Kafoury: ANYTHING ELSE?

Commissioner Stegmann: THANK YOU, CHAIR. I HAVE ONE OTHER QUESTION. YOU MENTIONED SOMETHING ABOUT THE FEDERAL. WAS THE EVIDENCE INDICATION LOANS THAT PEOPLE DON'T RECEIVE REIMBURSEMENT FOR IF THEY WORK IN OUR JAIL?

Wendy Lear: STUDENT LOAN REPAYMENT FOR PHYSICIANS, NURSE PRACTITIONERS AND A FEW OTHER CLASSIFICATION OF EMPLOYEES. THE FEDERAL LOAN REPAYMENT DOES NOT APPLY IF YOU WORK IN A CORRECTIONAL SETTING.

Wendy Lear: MAYBE UNLESS IT'S A FEDERAL JAIL. IF IT'S FEDERAL PRISON, IT'S APPLICABLE.

Commissioner Stegmann: IF IT'S FEDERAL PRISON, IT WOULD? SERIOUSLY. IS THIS SOMETHING THAT --

Chair Kafoury: IF YOU WANT TO GO TALK TO -- I'M SURE I'M POSITIVE THAT OUR LEADER IN THE WHITE HOUSE IS INTERESTED IN HELPING US ON ALL OF THESE ISSUES. DON'T TAKE IT FROM ME.

Wendy Lear: PLEASE DON'T SEND ME TO GO.

Commissioner Stegmann: ALL RIGHT. MAYBE IN A YEAR OR TWO. THE OTHER QUESTION I HAVE, YOU MENTIONED THEY ARE LOWERING THE EDUCATIONAL REQUIREMENTS FOR SOME OF THEIR CONSTITUENTS IN ORDER TO ATTRACT A LARGER POOL OF APPLICANTS. I'M WONDERING AS A SMALL BUSINESS OWNER, ENOUGH TO THINK ABOUT INCENTIVES AND WAYS TO ATTRACT PEOPLE TO VERY CHALLENGING WORK ENVIRONMENT. AND SO CLEARLY, WE NEED TO DO SOMETHING ABOVE AND BEYOND THE STANDARD. WHETHER THAT'S GETTING SOME TYPE OF INCENTIVE WHEN PEOPLE REACH A ONE OR TWO YEAR ANNIVERSARY. AND THE COMMISSIONER IS RIGHT. JUST IN THE INSURANCE BUSINESS, IT TAKES A SOLID YEAR JUST TO TRAIN SOMEBODY ABOUT INSURANCE. WE'RE NOT TALKING ABOUT MEDICAL. I GET WHERE SHE'S COMING FROM. IF YOU HAVE TO HAVE A TRAINER CONSTANTLY TRAINING SOMEBODY, THAT'S A WHOLE PERSON'S SALARY YEAR AFTER YEAR AFTER YEAR BECAUSE YOU ARE CONSTANTLY TURNING THROUGH. I WOULD LIKE TO LOOK AT CREATIVE WAYS ABOUT COULD WE TAKE A STEP DOWN? I'M NOT SURE WHAT YOUR REQUIREMENTS ARE. MAYBE THERE'S ONE LESS THAT WOULD ALLOW US TO ATTRACT MORE FOLKS TO WANT TO DO THAT JOB.

Mike Seal: THANK YOU.

Chair Kafoury: ANY OTHER QUESTIONS? THANK YOU VERY MUCH FOR COMING TODAY.

Mike Seal: THANK YOU.

Commissioner Meieran: DR. LEWIS IS COMING UP. DR. SEAL WORKS SHIFTS -- NOT SURE IF ALL OF YOU KNOW THIS. HE IS ACTUALLY IN THERE WORKING SHIFTS IN THE JAILS TO MAKE UP FOR SOME OF THE DEFICITS IN THE STAFFING. HE'S DOING LIKE 8 DIFFERENT JOBS RIGHT NOW.

Chair Kafoury: KEEPS HIM YOUNG AND HEALTHY. THANK YOU. ALL RIGHT. GOOD AFTERNOON.

Paul Lewis: PAUL LEWIS. HEALTH OFFICE, MULTNOMAH COUNTY HEALTH OFFICER FOR THE RECORD. DEVIATING FROM PREPARED REMARKS TO REINFORCE SUPPORT FOR CORRECTIONS HEALTH. WITHOUT A DEATH, MOST VULNERABLE POPULATION. AND WITH NEARLY 50% OF THOSE ENTERING BOOKING WITH SUBSTANCE USE DISORDER, REALLY SPECIAL OPPORTUNITY TO TRY TO ADDRESS THE TOPIC THAT YOU JOINED US WITH LAST MONTH AT THE REGIONAL OPIOID SUMMIT. OF ALL THE THINGS WE DON'T HAVE CONTROL OF, LOCAL CORRECTIONS IS SOMETHING WE DO. THAT'S REALLY AN OPPORTUNITY TO LEVERAGE THEM. AND THANK YOU FOR WORKING SO HARD ON THAT TOPIC. I'M GOING TO BE BRIEF AND LEAVE YOU TIME FOR QUESTIONS. YOU'VE GOT A LOT IN FRONT OF YOU THIS AFTERNOON. THE DIVISION IS A BIT OF A GRAB BAG. I'M GOING TO START WITH OFFICE OF THE NURSING DIRECTOR AND MEDICAL DIRECTOR. THE MEDICAL DIRECTORS IN THE AUDIENCE. HAS TWO DEPUTY MEDICAL DIRECTORS AND ANOTHER PHYSICIAN AS WELL AS ADMINISTRATIVE SUPPORT.

WE DON'T HAVE NURSING DIRECTOR BUT WE HAVE TWO CRITICAL GROUPS OF NURSES THAT WORK ACROSS ALL DEPARTMENTS IN PERFECTION PREVENTION. AND WORKING IN NURSE STAFF TRAINING POLICIES. MOVING BACK TO THE MIDDLE, EMERGENCY MEDICAL SERVICES FOR BUDGETARY PURPOSES, YOU CAN THINK ABOUT IT IN THREE EQUAL SLICES OF PIE. THERE'S A SLICE THAT HAS TO DO WITH ADMINISTRATION OF OUR AMBULANCE SERVICE AREA AND OUR CONTRACT WITH THE AMBULANCE SERVICE PROVIDER. THAT'S ABOUT ONE-THIRD OF THAT. ANOTHER THIRD IS THE TRI-COUNTY 911 PROGRAM WE PRESENTED ON BEFORE. THAT'S A GROUP OF LICENSED CLINICAL SOCIAL WORKERS WHO WORK WITH VULNERABLE POPULATION. THEY HAVE NUMEROUS ENCOUNTERS WITH THE 911 SYSTEM. MORE THAN TEN ENCOUNTERS IN A 6 MONTH PERIOD. AND THE THIRD CHUNK IS THINGS HAVING TO DO WITH EMS THAT ARE VARIOUS CONTRACTS WITH FIRE DEPARTMENTS, OHSU FOR REGIONAL HOSPITAL, MEDICAL DIRECTION AND SUPPLY REIMBURSEMENT, ET CETERA. SO THAT'S THE EMS PROGRAM.

VIRTUALLY ALL OF THAT IS FUNDING EITHER FROM THE FRANCHISE FEE FROM THE AMBULANCE COMPANY OR LARGE CONTRACT WITH HEALTH

SHARE OREGON FOR THE TC 911 PROGRAM. UNDER THE HEALTH OFFICER BUCKET PART OF MY SALARY AND PART OF DR. VINE'S SALARY ARE COVERED IN THERE AS WELL AS THE DEPUTY OFFICERS AND THAT'S PAID FOR BY THE COUNTY. LUMPED INTO THIS IS REGIONAL EFFORT. FEDERALLY FUNDED AND CALLED THE HEALTHCARE PREPAREDNESS ORGANIZATION. THE HEALTH EMERGENCY PREPAREDNESS PROGRAM, THAT'S ANOTHER FEDERAL PROGRAM THAT WORKS VERY CLOSELY WITH MULTNOMAH COUNTY EMERGENCY MANAGEMENT. THE MEDICAL EXAMINER PROGRAM THAT IS A PURELY COUNTY FUNDED PROGRAM. IT'S A 24/7 PROGRAM THAT INVESTIGATES ALL SUICIDES, ACCIDENTS OR SUSPICIOUS DEATHS IN THE COUNTY. ANY QUESTIONS ON THE STRUCTURE AND GENERAL BREAKDOWN? OKAY. GOING ON.

Paul Lewis: I THINK I GOT A TOTAL OF THREE BULLET POINTS. WE HAVE 14 SUBPROJECTS. I PICKED THREE. THE BIG ONE IS THE AMBULANCE SERVICE PLAN. THAT GOES INTO EFFECT ON SEPTEMBER 1ST. THERE'S IMPORTANT CHANGES GOING ON THERE AT THE COUNTY LEVEL AND CITY LEVEL. THAT'S DEPENDING TO BE A BIG PRIORITY FOR US TO CONTINUE TO IMPROVE THE QUALITY OF THAT PROGRAM. IN ADDITION TO THE MEDICAL EXAMINER BEING A CRITICAL COUNTY FUNCTION, WE LEVERAGED THAT WORK HEAVILY WITH A KNOWN REPORT ABOUT HOMELESS DEATHS WITH OUR MONTHLY REPORTING OF ACCIDENTAL AND DRUG OVERDOSE DEATHS AND MONITORING GUN VIOLENCE. THEY ARE GOING TO GET A NEW DATABASE AND THAT ACTIVITY THAT IS SO IMPORTANT TO US IS GOING TO TAKE A FAIR AMOUNT OF WORK WITH A NEW DATA SYSTEM. AND FINALLY, IN THE BROADER EMERGENCY PREPAREDNESS WORK, WE HAVE VERY ASSERTIVE PLAN TO WORK AND BECOME EVEN MORE WELL WRITTEN INTO ALL THE COUNTY EMERGENCY MANAGEMENT. WE'VE HAD A LOT OF OPPORTUNITIES LATELY. THINGS HAVE GONE OKAY WHETHER IT'S THE TIRE FIRE, THE WILD LAND FIRES, THE BAD WEATHER, ET CETERA. WE KNOW WE CAN ALWAYS DO BETTER WITH THAT AND WE'LL BE MORE SUCCESSFUL. THE MORE WE ARE INTEGRATED ACROSS COUNTY DEPARTMENTS AND WITH COUNTY EMERGENCY MANAGEMENT.

Chair Kafoury: QUESTIONS OR COMMENTS?

Commissioner Stegmann: THANK YOU, DR. LEWIS. CAN YOU JUST GIVE ME THE HIGH LEVEL 30,000 ON THE AMBULANCE SERVICE CONTRACT?

Paul Lewis: THERE WAS ONE THING FROM AMERICAN MEDICAL RESPONSE. HE GOT A VERY HIGH SCORE. AND WHICH IS GREAT. THEY'VE BEEN PROVIDING SERVICE FOR 25 YEARS. BUT THERE WAS A 63% RATE INCREASE WHICH OUR REVIEW PANEL THOUGHT WAS EXCESSIVE GIVEN THE SERVICE PROVIDED TODAY. WE'RE IN NEGOTIATIONS WITH THEM WORKING ON ASSURING THAT WE LEAVE IN THE CRITICAL THINGS ADDED TO THE CONTRACT AROUND EQUITY BOTH FOR RESPONSE TO THE CITIZENS AND IN THE WORKFORCE

AND TRYING TO GET THE PRICE DOWN TO WHAT WE CONSIDER WOULD BE MORE REASONABLE INCREASE.

Commissioner Stegmann: OKAY. SO YOU'LL HAVE AN OPPORTUNITY TO REVIEW FROM A MENU OF ITEMS PERHAPS?

Paul Lewis: RIGHT. AGAIN, IT'S A NEGOTIATION. WE'VE GOT LISTS AND THEY'VE GOT LISTS. WE'RE CLOSING. I CAN ACTUALLY SAY THAT WITH SOME DEGREE.

Commissioner Stegmann: ALL RIGHT. THANK YOU.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS?

Commissioner Meieran: I'M NOT SURE IF IT'S HERE BUT JUST CAUSE WE'RE TALKING ABOUT THE EMERGENCY WITH THE AMBULANCE, ONE OF THE THINGS THAT STRUCK ME WHEN I MET WITH PEOPLE FROM HEALTH SHARE OREGON THAT ONE OF THEIR LARGEST COSTS WAS IN NOT EMERGENCY MEDICAL TRANSPORT FOR PEOPLE WITH SUBSTANCE USE DISORDER. IT WAS STRIKING. OF ALL THE THINGS, HEART ATTACKS IS NOT DIABETES, WHATEVER. IT'S FOR ADDICTION ISSUES. AND IS THIS SOMETHING YOU WOULD SPEAK TO? YOUR THOUGHTS ON THAT.

Paul Lewis: THE COUNTY HAS AUTHORITY OVER MEDICAL TRANSPORT. WE HAVE COMPETITIVE PROCESS FOR THE 911 EMERGENCY MEDICAL TRANSPORT. AND FOR REASONS YOU ARE TIRED OF HEARING ABOUT, WE HAVE ONE AMBULANCE. SINGLE PROVIDER. NO QUESTION ABOUT WHO IS RESPONSIBLE, ACCOUNTABLE, ET CETERA FOR THAT. THE NON-EMERGENCY TRANSPORT SYSTEM CALLED OPEN MARKET. ANYONE CAN CONTRACT WITH ANYONE. WE LIGHTLY REGULATE IT. BUT AS FAR AS WHO DOES THE WORK, THAT'S AN OPEN MARKET. DID THAT ANSWER YOUR QUESTION?

Commissioner Meieran: ENOUGH. YEAH. THANKS.

Commissioner Smith: I HAVE A QUESTION TO PIGGY BACK ON THAT. DO WE HAVE THAT PILOT PROGRAM WE WERE DOING WHERE YOU GET TRIAGED BEFORE YOU USE THE 911 SYSTEM AND GO IN A DIFFERENT TRANSPORT?

Paul Lewis: YOU HAVE A VERY GOOD MEMORY. IF I'M REMEMBERING CORRECTLY, 2012, 2014 IN A PERIOD RIGHT AFTER THE ACA. AND EVERYONE WAS LEANING INTO IT. WE DID DEVELOP PROTOCOL S IF THE MEDICS AND FIRE DEPARTMENT CAME ON THE SCENE AND THE PERSON HAD A MINOR PROBLEM AND WAS WILLING, THEY COULD CALL AND GET THEM AN APPOINTMENT. IT WORKED IN THE SENSE THAT IT WAS SAFE AND PEOPLE LIKED IT. THE VOLUME WAS VERY, VERY LOW. IT JUST WAS ONE OF THOSE THINGS GOOD IDEA, NOTHING WRONG WITH IT.

Commissioner Smith: TAKING PLACE IN THE HIGHER COST OF TRANSPORTATION.

Paul Lewis: YEAH, AGAIN. AT LEAST IN THAT ITERATION, GREAT IDEA.

Commissioner Smith: THANKS.

Commissioner Vega Pederson: IT'S NOT A QUESTION. JUST A COMMENT. I JUST HEARD AN ARTICLE ABOUT A CITY THAT'S TRYING THAT. AND PEOPLE WERE SAYING THEY DIDN'T WANT TO DO THAT. THEY WOULD RATHER TAKE THE AMBULANCE. I THINK THERE'S A CERTAIN AMOUNT OF PUBLIC EDUCATION. IF THAT'S AN OPTION THAT PEOPLE ARE GOING TO TRY TO PUT FORWARD, YOU HAVE TO DO IT IN PARTNERSHIP WITH THE COMMUNITY.

Paul Lewis: THAT'S EXACTLY RIGHT. THE CONTRACT NEGOTIATIONS AND WHAT PEOPLE SHOULD EXPECT. AND I THINK THERE ARE EXPECTATIONS AROUND THAT. IT'S GOING TO HAVE A NICE TIERED SYSTEM FOR REALLY SERIOUS THINGS. AND MORE RELAXED.

Chair Kafoury: THANK YOU. THANKS FOR EVERYTHING. APPRECIATE IT.

Paul Lewis: THANK YOU.

Mark Lewis: NEXT WE HAVE VANETTA ABDELLATIF WITH INTEGRATED CLINICAL SERVICES.

Chair Kafoury: COME ON DOWN.

Vanetta Abdellatif: ALL RIGHT. GOOD AFTERNOON. FOR THE RECORD, VANETTA ABDELLATIF. SO THIS GIVES YOU AN OVERVIEW OF OUR TOTAL BUDGET. AND MAJORITY OF SERVICES THAT ARE WITHIN FQHC. YOU SAW THIS ONE. I HOPE THIS DOES LOOK EASIER TO READ. THANK YOU FOR THAT FEEDBACK. THIS GIVES YOU AN OVERVIEW OF WHAT OUR ADOPTED BUDGET WAS FOR 2018 AND PROPOSED FOR 2019. I NEED MY NOTES HERE. I LOVE THAT WE HAVE A TELETYPE BUT CUTS ME OUT A LITTLE BIT. AS YOU CAN SEE IN THE GREEN AND THE BLUE ARE WHAT ARE IDENTIFIED AS CLINIC GENERAL REVENUE AND OTHER FUNDS. FEES FROM CLIENTS AND GRANTS. THIS IS JUST A BREAKDOWN OF OUR FTES AND WHERE WE ASSIGN THE PAYMENT OF THOSE FTES BY THE THREE BUCKET OF FUNDING WE TALKED ABOUT. SO I'M GOING TO GIVE YOU AN OVERVIEW. MANY OF YOU HAVE SEEN THIS AS PART OF THE ONBOARDING. THIS GIVES AN OVERVIEW OF THE CLINICAL SERVICES. WE ARE IN THE HEALTH DEPARTMENT AND OVER THE HEALTH DEPARTMENT DIVISION OF HEALTHY PEOPLE IN HEALTHY COMMUNITIES.

Vanetta Abdellatif: ONE OF THE THINGS THAT IS IMPORTANT FOR THE DELIVERY SIDE IS TO REALLY SURROUND OURSELVES WITH PEOPLE THAT CAN ACT UPON. THE LEADERSHIP STAFF STARTED LOOKING AT OUR HEALTH CENTERS DELIVERING SERVICES TO INDIVIDUALS. WHOLE PERSON HEALTH. AND THAT'S WHAT WE'RE REALLY DRIVING TOWARD. AND THE VISION IS ASPIRATION AL. WE'RE NOT ALWAYS THERE YET. AND WE REALLY EXIST BECAUSE WE'RE PROVIDING SERVICES TO IMPROVE THE HEALTH AND WELLNESS OF INDIVIDUALS, FAMILIES AND COMMUNITIES. THAT'S WHAT WE'RE CENTERING OURSELVES AROUND. AND THE LAST BOX IS WHAT YOU'LL FIND OUR VALUES. CALL THESE OUR STRATEGIC VALUE. THAT IS WHERE WE CLUSTER THE ACTIVITIES IN THE WORK WE DO. NEXT SLIDE. AND THEN THIS SLIDE GIVES A SAMPLE OF SOME OF THE WORK WE DO. SO SOME OF THE THINGS THAT WE'VE BEEN PUTTING IN PLACES, HOW DO WE BETTER USE THE TECHNOLOGY TO IMPROVE MEDICATION MANAGEMENT OR THINGS POPPING UP WHERE WE NEED TO OR THINGS CLEAN IN THE MEDICAL RECORD SO WE HAVE A SAFE WAY TO DELIVER CARE.

SO ALSO ARE THEY DOING THE RIGHT THINGS AND THE RIGHT TIME AS OPPOSED TO PARALLEL PLAY WHERE PEOPLE ARE DOG THEIR OWN THINGS IN THEIR OWN LANES. UNDER FISCALLY SOUND, SOME OF THE EXAMPLES WE'VE BEEN DOING IS WORKING IN PARTNERSHIP WITH HEALTH SHARE AND WITH CARE OREGON. HOW DO WE REDUCE PATIENT EMERGENCY ROOM UTILIZATION? AND WHAT DOESN'T FIT ON THE SLIDE IS INAPPROPRIATE -- IT'S THE WRONG SETTING. WE WANT OUR CLIENTS TO GO TO THE EMERGENCY DEPARTMENT BUT DOESN'T MAKE SENSE THEY ARE GOING TO GET PRIMARY CARE SERVICES IN THE EMERGENCY CARE DEPARTMENT. WE ARE TRYING TO WORK WITH THE SYSTEM TO DO A BETTER JOB AT THAT. WE'VE LOOKED AT EXTENDING HOURS AND WE HAVE EVENING HOURS AND MOSTLY ALL OF OUR SITES, SO WE CAN REALLY BE WHERE PEOPLE NEED TO BE. WE'RE CONSIDERING OTHER KINDS OF WAYS WE CAN IMPROVE OUR ACCESS TO PATIENTS. AND THEN THE INTRODUCTION OF TELE MEDICINE. WE'RE MOVING INTO LOOKING AT VIRTUAL VISITS.

HRSA IS STARTING TO RECOGNIZE THOSE AS TYPES OF VISITS. WE'RE EXPLORING HOW WE DO MORE. WE HAD A PILOT ABOUT A YEAR AGO AT ONE OF THE STUDENT HEALTH SERVICES THAT WE TESTED FOR A WHILE. AND IT WORKED OKAY. STILL NEED TO DO MORE DESIGN WORK IN THAT AND EXPLORATION WORK. AND UNDER ENGAGED WORKFORCE IF WE ARE NOT BRINGING IN THE RIGHT PEOPLE, THE COMMUNITIES THAT WE'RE SERVING AND WE'RE NOT INVESTING IN OUR PEOPLE, WE'RE GOING TO BE HARD PRESSED TO BE SUSTAINABLE AND DELIVER THE SERVICES IN A WAY THAT'S HELPFUL FOR EVERYONE. THIS IS REALLY HIGH-LEVEL OVERVIEW WHICH YOU HAVE SEEN. THIS SLIDE IS A LITTLE BIT OLD. SOME THINGS ARE ALREADY MOVING. HEALTHCARE IS A DYNAMIC WORLD. I WAS GOING TO SAY 8 BUT I SEE HIV SERVICES DOWN BELOW. AND WE ARE INVOLVED IN

PLANNING GRANT WITH TWO SCHOOL DISTRICTS IN EAST COUNTY TO EXPLORE THE FEASIBILITY OF HEALTH SERVICE SITE.

Vanetta Abdellatif: WE HAVE 7 PHARMACIES. YEAR BEFORE LAST, THEY DID ABOUT 374,000 PRESCRIPTIONS. SO THAT'S A LOT OF MEDICATION. CENTRAL LAB AND THEN THE 70,000 IS 2016 NUMBER. SO WE'RE AT 67,000. AND YOU MAY NOTE THAT'S A DIFFERENCE IN REDUCTION AND NUMBER OF CLIENTS. AND REALLY A CHANGE THAT WAS MADE. AND THAT'S MORE OF A PUBLIC HEALTH FUNCTION AND THEY SAY YOU CAN'T COUNT THOSE AS THE PATIENTS THAT YOU SERVE. WE HAVEN'T DECREASED THE NUMBER WE SERVE. SO I WANTED TO POINT THAT OUT TO YOU. AND THEN UNDER OUTREACH PROGRAMS, ORAL HEALTH ORGANIZATIONS AND THE SEALANT PROGRAM WHICH IS SUCCESSFUL AND DOING A LOT OF FANTASTIC WORK THERE SINCE THERE ISN'T FLUORIDE IN THE WATER FOR THE KIDS. WE CONTINUE TO PARTNER WITH LOTS OF AGENCIES AND PROGRAMS. CENTRAL CITY CONCERN AND A COUPLE EXAMPLES. AND WE WORK CLOSELY WITH THE PRIMARY CARE ASSOCIATION WHICH IS A SPECIFIC ORGANIZATION FOR QUALIFIED HEALTH CENTERS AROUND THE ADVOCACY AND PARTNERSHIP AND THEN THE COALITION OF COMMUNITY HEALTH CLINICS WHICH HAS GOT A HISTORY OF BEING BORN OUT OF THE HEALTH DEPARTMENT AND TRYING TO INCREASE ACCESS IN AREAS WHERE PEOPLE WERE UNINSURED AND CONTINUE TO HAVE A CLOSE RELATIONSHIP WITH THAT ORGANIZATION.

THERE ARE 33 FQHCS IN OREGON NOW. THINGS ARE MOVING FAST. THEY CONTINUE TO MOVE. AND WE'RE ALSO ONE OF THE LARGEST COMMUNITY HEALTH CENTERS NATIONALLY. THERE ARE SOME MEGA FQHCS. FOR US TO HAVE 70,000 TO BE PUBLIC ENTITY, WE'RE ONE OF THE LARGEST. I WANTED TO SHARE THIS WITH THE GROUP. I THINK THERE IS ART WORKING IN TWO BOARDS AND COMPLEX MODEL. I MENTIONED QUICKLY WE ARE ENTITY FQHC. AND SO WE SHARE GOVERNANCE AND SO THIS DIAGRAM IS NOT ALL INCLUSIVE OF ALL OF THOSE CONNECTIONS AND SOME OF THE WORK THAT THE FEDERAL GOVERNMENT ASKED US TO DO IS TO REALLY SPECIFY AN AGREEMENT IS WHAT, WHEN AND HOW DO YOU ACTUALLY COME TOGETHER ON AREAS THAT THERE MAY BE CONFUSION OR DISAGREEMENT. BUT THIS GIVES AN IDEA OF SOME OF THE THINGS THAT ARE SHARED AND STRICTLY WITHIN THE PER VIEW AND AUTHORITY OF THE COUNTY COMMISSIONERS AND SOME IN THE PER VIEW OF THE CONSUMER MAJORITY AWARD. SO EXAMPLES OF THINGS THAT ARE WITHIN THE COUNTY COMMISSIONER'S CIRCLE. COMPENSATION POLICIES, EMPLOYMENT PRACTICES. OWNING THOSE BUILDINGS, LEASING PURCHASING POLICES.

THOSE ARE THINGS THAT MUST BE RETAINED. SHARED THINGS ARE THE ANNUAL BUDGET. FINANCIAL OVERSIGHT. AND THE CONSUMER MAJORITY BOARD HAS A REALLY CLOSER LOOK AT THAT. MONTHLY REPORTING OUT THAT I'M REQUIRED TO DO. APPLYING FOR GRANTS. SHOULD WE OR

SHOULDN'T WE? BOTH BODIES APPROVE THAT AND HEAR ABOUT THAT. THE ICS DIRECTORY EVALUATION. THAT'S A SHARED FUNCTION. SERVICE LOCATIONS IS A SHARED FUNCTION. THE COUNTY COMMISSIONERS WILL MAKE A DECISION ON PURCHASE AND LOCATION. THE COMMUNITY HEALTH COUNCIL MAKES THE DECISION ON THE NEEDS ASSESSMENT. IF WE WERE TRYING TO MAKE A DECISION ON THE SOUTHWEST AREA SOMEWHERE AND PRESUMING IT WAS IN MULTNOMAH COUNTY, IF THERE WAS A HIGH NEED THERE, THE CONSUMER BOARD WOULD SAY HEY, WHY ARE YOU DOING THAT? THERE'S AN EXAMPLE OF THE SHARED. WE'RE ALL INVOLVED IN THAT. AND SPECIFIC THINGS THE COUNCIL HAS RESPONSIBILITY AND OVERSIGHT PER THE REGULATIONS. AND QUALITY PLAN ELECTING OWN COUNCIL MEMBERS AND DISCHARGING OWN COUNCIL MEMBERS.

Vanetta Abdellatif: THE HOURS OF OPERATION. WHEN DO WE OPEN AND WHEN DO WE CLOSE? LICENSING AND OUR LICENSE PERSONNEL THAT COME INTO THE HEALTH FACILITIES THAT SERVE THOSE. AND THE PHC POLICIES. HOW MUCH DO WE ACCEPT AS FAR AS REDUCTION FOR SLIDING FEE SCALE? REVIEWING PATIENT SATISFACTION AND ASKING REALLY TOUGH QUESTIONS ABOUT HOW TO IMPROVE THAT AND SCOPE OF SERVICES. AND ONE OF THE THINGS I WANT TO SHARE JUST ON THE RECORD IS THIS IS ONE OF THOSE PROGRAMS STILL IN EXISTENCE AND CAME OUT OF THE WAR ON POVERTY AND STILL ENJOYED BIPARTISAN SUPPORT. WE'VE TALKED ABOUT CHANGES FEDERALLY. THAT IS ONE OF THE AREAS WE'VE GOT TO BE VERY ATTENTIVE TO FOLLOWING THE RULES. WE'RE IN AN ENVIRONMENT WHERE SERVICES TO PEOPLE WHO ARE POOR AND VULNERABLE ARE GETTING NEGATIVE PRESS. SO WE WANT TO BE REALLY CAREFUL ABOUT IT SO WE CAN CONTINUE TO RECEIVE THAT GRANT.

SO WHAT I HAVE HERE ARE A FEW HIGHLIGHTS. I WAS GOING TO ASK HIM TO SPEAK TO A COUPLE THINGS I WANT TO HIGHLIGHT. HERE ARE SOME OF THE THINGS THAT I THOUGHT OF AFTER OUR LAST VISIT AROUND SOME OF THE QUESTIONS HERE. PRIMARY CARE TEAMS. SPECIFICALLY DESIGNED TO ADDRESS SOCIAL, CULTURAL AND HEALTH NEEDS. IT'S NOT PROVIDERS ALONE. ANY STAFF IN SERVICE TO CLIENTS WE SERVE. SO WE HAVE NURSE PRACTITIONERS, PAS, AND PHYSICIANS ON THE TEAM. COMMUNITY HEALTH WORKERS. BEHAVIORAL HEALTH PEOPLE. PHARMACISTS ARE INVOLVED. AND THE FRONT OFFICE AND MAS ARE PART OF THE CARE TEAM AND ALL PLAY A ROLE IN HELPING PATIENTS TO BE HEALTHY AND TO ENGAGE IN THEIR CARE. WE ARE EXPLORING OR DEVELOPING A NURSE PRACTITIONER PROGRAM. MAY BE AN AREA TO GET COMMISSIONER SUPPORT IN THE FUTURE BECAUSE THAT WOULD BE BRINGING IN HIGHER EDUCATION. HAVE NOT INCLUDED THIS IN THE CHAIR'S BUDGET. SOME OF THE START UP COSTS ARE IN THE 300 TO $500,000 RANGE TO BRING IN A CONSULTANT TO GET THE LICENSING AND STRUCTURE A PROGRAM.

Vanetta Abdellatif: SO THAT ONCE NURSE PRACTITIONERS GRADUATE FROM SCHOOL AND THEY COME IN AND DO A FELLOWSHIP AND SO THEY ARE GETTING MORE ON THE GROUND TRAINING AND WE TALKED ABOUT THAT AROUND THE RETENTION COST. WE COULD GET SOME TYPE OF SERVICE COMMITMENT FROM THEM. ONCE THEY'VE SERVED TIME HERE, PEOPLE LOVE IT AND WANT TO STAY. IT'S GOT GOOD TRACTION. WE ARE LOOKING AT INVESTING MORE -- I SAY PERIODICALLY AND IN A WAY AROUND ALL CLINIC STAFF SKILLS AROUND PATIENT CARE AND SERVICE. SO WE ARE SHARING MORE ABOUT OUTCOMES FOR METRICS AND TRYING TO DO TRAININGS BY ROLL GROUPS. THAT'S A LOT OF THE GROUP THAT'S HAPPENING ON THE PRIMARY CARE SIDE. WE'RE ALSO EXPLORING DEVELOPING A CONVENIENCE CARE CLINIC. WE'D LIKE TO DO SOMETHING WHERE PATIENTS CAN COME IN AND PATIENTS -- HAVING SOME WAY PATIENTS CAN COME IN AND GET THE SERVICES THEY NEED ON HOURS THAT AREN'T TRADITIONAL LIKE, PERHAPS, SATURDAYS.

WE WANT TO BE CAREFUL THAT IT'S NOT AN URGENT CARE CLINIC. WE CAN'T DO BROKEN BONES. NOT GOING TO GET RADIOLOGY AND THOSE KINDS OF THINGS. WE ARE INITIATING THIS FALL WITH PRIMARY CARE AND DENTAL INTEGRATION AND IMMUNIZATIONS WITH BABIES COMING THROUGH BABY DAY. SO WE WILL HAVE A MEDICAL ASSISTANT WORKING WITH DENTAL STAFF AND FORECASTING OF WHAT VACCINES WERE SO WE CAN TAKE CARE OF IT RIGHT THEN AND THERE. WE'RE EXCITED ABOUT THE PROJECT. MORE REASONS FOR THEM TO COME. AND I WANT TO HIGHLIGHT A BRIGHT SPOT. FOR HEALTH SHARE AND THROUGHOUT THE CCO SYSTEM, THERE ARE QUALITY METRIC S. AND ON THE DENTAL SIDE, WE ACHIEVED 12 OUT OF 12 OF THE METRICS. FOR PRIMARY CARE, 10 OUT OF 12 OF THE CCO METRICS. SO YAY ON THE STAFF FOR THAT, YAY ON THE QUALITY AND WE ALSO ARE ABLE TO CAPTURE MORE QUALITY INCENTIVE DOLLARS. SO WE'RE HAPPY ABOUT THAT. AND THEN FOR THE FIFTH YEAR RUNNING, IN 2017 WE RECEIVED THE HRSA QUALITY AWARD. THAT PUTS US IN THE TOP FOR QUALITY. QUALITY. WOULD YOU COME UP AND TALK ABOUT THE PATIENT ASSISTANT.

Marty Grassmeter: GOOD AFTERNOON MADAM CHAIR AND BOARD OF COMMISSIONERS. I'M A PEDIATRICIAN AND MEDICAL DIRECTOR FOR INTEGRATED CLINICAL SERVICES. I WANT TO TALK ABOUT TWO THINGS. WE TREAT OPIOID ADDICTION IN PRIMARY CARE. THEY HAVE ALREADY ALLUDED TO OPIOID USE AND ABUSE IS A HUGE ISSUE FOR NATIONWIDE BUT INCLUDING FOR OUR PATIENTS. AND OVER THE LAST 8 TO 10 YEARS, WE WERE AMONG THE BIGGEST SUBSCRIBER. AND MADE THE DECISION WE REALLY NEED TO TIGHTEN UP ON HOW WE DESCRIBE OPIOIDS AND APPROACH ADDICTION. SO A PRETTY RIGOROUS SYSTEM WITH PRETTY COMPREHENSIVE POLICY S IES AND PRESCRIBED WITH A STRESS ON CONTRACTS FOR PATIENTS ON OPIOIDS. AND WITH TIGHT GUIDELINES. PROVIDERS PHARMACY THAT WOULD REVIEW CHARTS OF OUR HIGHER

PRESCRIBED PEOPLE AND MAKE RECOMMENDATIONS FOR HOW THE SUBSCRIBERS SHOULD BE APPROACHING.

Marty Grassmeter: ABOUT A YEAR AGO DID A COMPARISON OURSELVES IN THE METRO AREA WITH ALL OF OUR PATIENTS. HOW MANY OPIOID PRESCRIPTIONS WE WERE GETTING WERE ABOUT HALF. AND AS PART OF THAT TOO, YOU'VE HEARD OF MAT. OVER THE LAST SEVERAL YEARS, BECOME A FOCUS OF HOW WE APPROACH PROVEN TO BE EFFECTIVE. SEVERAL YEARS AGO GOT A GRANT, SEVERAL GRANTS TO HELP OUR PRESCRIBERS TO BE TRAINED HOW TO DO MEDICATION ASSISTED TREATMENT. WE NOW HAVE CADCS WHICH ARE CERTIFIED ALCOHOL AND DRUG COUNSELORS. WE HAVE TWO OF THEM. THEY ARE TERRIFIC. WE'VE DONE A LOT OF TRAINING WITH OUR PROVIDERS AS TO HOW TO PRESCRIBE SUBOXONE WHICH IS THE MAIN MAT WE'RE USING. IF YOU ARE GOING TO PRESCRIBE, YOU NEED A SPECIAL WAIVER. WE STARTED DOING INDUCTIONS WHICH IS A DANGEROUS AND RISKY TIME. WE'RE DOING THOSE IN SEVERAL OF OUR CLINICS. SO WE'VE COME FROM NOT PRESCRIBING AT ALL TO HAVE A WAY WE'RE APPROACHING TREATMENT. I THINK its EXCITING WORK.

Chair Kafoury: DO WE HAVE ANY QUESTIONS? QUESTIONS?

Vanetta Abdellatif: TWO LAST THINGS I'LL ADD. WE ARE CONTINUING TO EXPLORE THE FEASIBILITY OF STUDENT HEALTH SERVICE SITE. THE DECISIONS ON THAT AT ALL YET. AND WE'LL BE READY TO START THAT EXPANSION ON THE MEDICAL SIDE. WE ARE GOING TO BE EXPLORING THE DENTAL SERVICES TO FIND DOLLARS TO PURCHASE. AND I THINK THAT CLOSES ALL THE UPDATES THAT I HAVE.

Chair Kafoury: THANK YOU. THAT WAS MUCH MORE SPECIFIC ABOUT WHAT'S GOING ON. QUESTIONS OR COMMENTS? THANK YOU.

Commissioner Meieran: JUST A COUPLE QUESTIONS. DOES GIVE SUCH A GREAT DESCRIPTION OF ALL THE DIVERSE SERVICES AND SAME AMOUNT OF SERVICES. AND I WANTED TO FOLLOW UP ON A COUPLE OF THE QUESTIONS LAST TIME A LITTLE MORE SPECIFIC. AND IT'S A LITTLE BIT ON A THEME THAT MENTIONED DURING THE CORRECTIONS DISCUSSION. THE OPPORTUNITY COST FOR TURN OVER WITHIN A SYSTEM. IF THERE ARE PROVIDERS, IT GOES BACK TO THE RECRUITMENT AND RETENTION ISSUES. PROVIDERS THAT ARE TURNING OVER WHAT DOES THAT REALLY COST THE SYSTEM? IF THEY HAVE A GROSSEST MATE TO THAT, I WOULD BE INTERESTED. AND THEN LOOKING AT THE RATES WOULD BE HELPFUL. AND I THINK THOSE ARE MY MAIN QUESTION.

Vanetta Abdellatif: I'M LOOKING FORWARD TO BEING ABLE TO HELP US WITH BEING ABLE TO GET THAT DATA AROUND TURN OVER RATES AND HOW YOU DEFINE THEM AND THE TURN OVER COSTS. I APPRECIATE THAT.

Commissioner Smith: THANK YOU FOR GIVING THIS OVERVIEW OF WHAT YOU ARE DOING. I KNOW THAT'S NOT EVERYTHING. WE APPRECIATE IT AND THANK YOU FOR COMING BACK. THANK YOU.

Lewis: NEXT WE'LL HAVE PUBLIC HEALTH.

Jessica Guersey: ACTUALLY, I THINK WE'RE GOING TO CALL RACHEL. SHE'S HOME ILL TODAY BUT SHE'S GOING TO CALL IN. IS THAT OKAY?

Chair Kafoury: IT'S OKAY UNTIL IT'S NOT OKAY.

Jessica Guersey: UNTIL TECHNOLOGY FAILS?

Chair Kafoury: YEAH. SOMETIMES IT'S REALLY HARD.

Jessica Guersey: IF NOT, WE CAN ROLL WITH IT. I JUST STARTED COUGHING TODAY. I TOOK A WALK THIS AFTERNOON. LOOKS LIKE I AM GOING TO GET A COLD. GOOD AFTERNOON, CHAIR AND COMMISSIONERS. I AM JESSICA GUERSEY THE PUBLIC HEALTH DEPUTY DIRECTOR. AND I BELIEVE WE HAVE OUR DIRECTOR ON THE PHONE.

Rachel Banks: HI, EVERYBODY. SORRY I COULDN'T BE THERE IN PERSON.

Chair Kafoury: THANK YOU FOR NOT GETTING ALL OF US SICK.

Jessica Guersey: WE'RE GOING TO TRY AND DO THIS, TAG TEAM. OUR FIRST SLIDE IS OUR WORK CHART. WHERE'D IT GO? RACHEL.

Rachel Banks: YES. SO BASICALLY, AS YOU CAN SEE FROM OUR OLD CHART AND FOR THE RECORD, RACHEL BANKS, PUBLIC HEALTH DIRECTOR. WE HAVE A TOTAL BUDGET OF $60 MILLION WITH 300 FTES. WE DO OUR WORK THROUGH VARIOUS PROGRAM AREAS. AND HEALTH FEASIBILITIES WHICH WE'LL TALK MORE ABOUT THINGS LIKE EPIDEMIOLOGY, EQUITY ASSESSMENT AND THOSE SORT OF THINGS. SO THE NEXT SLIDE. WE HAVE INCREASES IN GENERAL FUND BUT THE REASONS FOR THAT -- THE INCREASE IN FUNDS RECEIVED ARE LARGELY THROUGH HIV FUNDING AND HIGHLY CATEGORICAL FROM THE STATE REQUIREMENTS WE CAN HAVE AND A LOT OF THAT THROUGH RYAN WHITE, MUCH OF THAT GOES OUT THE DOOR AND CONTRACTS. IN ADDITION THE LOSS OF THE TEEN PREGNANCY GRANT HAVE TAKEN MANAGEMENT REDUCTIONS AS PART OF OUR EFFORT TO INCREASE EFFICIENCIES. AND ALSO REPRESENT THE ENDING OF ONE TIME FUND THROUGH OUR DESIGN AND THINGS LIKE THAT THAT JESSICA WILL TALK MORE ABOUT. WANTED TO GIVE YOU A SENSE OF WHAT IT LOOKS LIKE. THE FUNDS ARE INCREASING WHY THEY HAVE DECREASE FTE.

Jessica Guersey: I THINK YOU CAN GO FORWARD ONE MORE.

Rachel Banks: THE NEXT SLIDE IS A DUPLICATE. SO REALLY, WE WANTED TO SPECIFY THAT WE ARE PREVENTING ILLNESS, STOPPING THE SPREAD OF DISEASE AND THAT MEANS WE'RE IMPLEMENTING A HEALTH STRATEGY, NOT A HEALTHCARE STRATEGY. WE'RE RESPONSIBLE FOR THE ENTIRE POPULATION. SO 700,000 PEOPLE AND THE ENTIRE COUNTY. OUR PARTNERS ARE CUSTOMERS INCLUDE CLIENTS BUT ALSOP COMMUNITY MEMBERS, BUSINESS OWNERS AND UNDER LOCAL JURISDICTIONS AS WELL. REALLY, IN ORDER FOR US TO STOP THE SPREAD OF DISEASE AND BE ON TOP OF THE ENTIRE POPULATION, WE HAVE TO HAVE STRONG CAPABILITY AREAS. THINGS LIKE DATA AND EPIDOME LOGICAL CAPACITY TO TRACK THE HEALTH AS WELL AS COMPARE THAT TO SUBPOPULATIONS. THAT'S FOR EQUITY AND HEALTH DISPARITY COMES IN AND TO ALSO TRACKING PATTERNS IN THE DATA. WE HAVE TO BE ABLE TO HAVE STRONG ANALYSIS CAPACITY AND LOOKING AT WHAT INTERVENTIONS WORK. AND STAYING CURRENT WITH TRENDS AND EMERGING THREAT S. REQUIRES PARTNERSHIPS AND REALLY BEING ABLE TO THINK AT HEALTH POLICY LEVELS IN TERMS OF HAVING HEALTH AND WELLNESS. THOSE ARE THINGS THAT CROSS MANY SECTORS. THE NEXT SLIDE SHOULD BE A PUBLIC HEALTH MODERNIZATION SLIDE.

SOME OF THE MODERNIZATION DOES A COUPLE THINGS. IT'S A FUNDING STRATEGY TO FUND PUBLIC HEALTH AND A FRAMEWORK FOR HOW TO MODERNIZE OUR DIVISION. AND IF YOU THINK ABOUT IT, 100 YEARS AGO, PUBLIC HEALTH THREAT LOOKED VERY DIFFERENT. THAT SORT OF THING. DRAMATIC INCREASES AND LIFE EXPECTANCY GENERALLY. WE HAVE CLEAN WATER AND THE SHORT OF PUBLIC HEALTH ISSUES THAT WE HAVE NOW ARE THINGS LIKE DEATHS FROM CHRONIC DISEASES. INEQUITY IS A MAJOR FACTOR FOR BIRTH OUTCOMES. OUR PUBLIC HEALTH SYSTEMS AS THE STATE'S RECOGNIZES HERE TO BE ABLE TO DEAL WITH THE COMPLEXITIES. AND THAT REQUIRES STRONG DATA AND COMMUNICATIONS. POLICY AND PLANNING COMMUNITY PARTNERSHIPS. AND THOSE ARE THE CORE AREAS THAT ANY STRONG PUBLIC HEALTH DEPARTMENT NEEDS TO HAVE IN ORDER TO FUNCTION. THE STATE IS LOOKING TO INVEST IN SO THAT NO MATTER WHERE IN OREGON WE HAVE THOSE THINGS.

THE OUTER RING IN THE PROGRAMS, THOSE ARE THE THINGS LIKE ENVIRONMENTAL HEALTH, ACCESS TO CLINICAL SERVICES, DISEASE, PREVENTION AND HEALTH PROMOTION. SO THE WAY WE'RE BUILDING OUR BUDGET AND THINKING ABOUT THE FUNDING CHALLENGES ON THE HORIZON. REALLY ARE MEANT TO SET THE STAGE TO THE MAJOR HEALTH ISSUES. THAT WILL HELP YOU ALL TO MADE SOME OF THE BUDGET DECISIONS. AS YOU CAN SEE -- WITH SIMILAR JURISDICTIONS. BASICALLY, ALL THESE INDICATOR S WHICH INCLUDE SOCIAL DETERMINE OF HEALTH. SOME OF THOSE THINGS. EXCEPT FOR THE ONE WHERE THEY DON'T WANT TO BE HIRE. KNEAD FOR THE COUNTERPARTS FOR US TO CONTINUE TO DO

THIS WORK. THE NEXT SLIDE IS BASED ON OUR DISPARITIES REPORT, OUR RACIAL AND ETHIC DISPARITIES REPORT. AND IT SHOWS THE NUMBER OF DISPARITIES THERE.

Rachel Banks: IF YOU CAN SEE THE DARK BLUE REQUIRES INTERVENTION. THERE'S A PURPLE BAR NEXT TO IT THAT THOSE ARE NEEDS IMPROVEMENT. IT'S SHOWING FOR THE POPULATIONS. AND IT'S SHOWING FOR EACH OF THESE POPULATIONS HOW MANY OF THOSE INDICATORS ARE NEEDING IMPROVEMENT THE NUMBERS ARE TO SMALL TO PROVIDE RELIABLE RESULTS. AND THEN THE ORANGE IS NO DISPARITY. AND THIS IS MEANT TO SHOW THAT AFRICAN AMERICANS ARE FACING INEQUITIES IN COMPARISON TO OUR WHITE NON HISPANIC POPULATION AND WE DO NEED TO BE FOCUSING ON THE DISPARITIES. SPECIFIC STRATEGIES AND TRIES TO LEVERAGE PAST COMMITMENTS THROUGH THE EXPERIENCE. THE NEXT SLIDE IS OUR LEADING CAUSES OF DEATH. AND WE SIMPLY CANNOT END OR SIGNIFICANTLY REDUCE DISPARITIES WITHOUT THE LEADING CAUSES OF DEATH. THIS IS WHERE WE SEE HUGE INEQUITIES. THIS IS FROM THE CENTERS FOR DISEASE CONTROL AND HAS OUR TOP 10 LEADING CAUSES OF DEATH. HEART DISEASE, ALSO INCLUDES INJURY. FOCUSING ON THE LEADING CAUSES OF DEATH IN A HEALTH PROMOTION FRAMEWORK IS ONE OF THE MAJOR PRIORITIES FOR THE PUBLIC HEALTH DIVISION THIS YEAR. AND LOOK FORWARD TO WORKING WITH YOU ALL THAT WE CAN IMPLEMENT TO TAKE DOWN TELLING PEOPLE UNNECESSARILY THINGS WE CAN PREVENT. PREVENT.

Jessica Guersey: I'M GOING TO TALK ABOUT OUR BUDGET PROCESS AND PRIORITIES. UP ON THE SCREEN AS RACHEL MENTIONED, BASED ON OUR DATA, THE PUBLIC HEALTH PRIORITIES THAT DROVE OUR BUDGET PROCESS INCLUDE HEALTH EQUITY AND EPIDEMIOLOGY CORE CAPABILITIES TO PUBLIC HEALTH. COORDINATING AND BUILDING PREVENTION AND HEALTH PROMOTION OFF OF SUCCESSES LIKE OUR REACH PROGRAM. AND LEVERAGING NEW AND EXISTING PARTNERSHIPS TO SUPPORT SHARED ACCOUNTABILITY. IN PRACTICE WHAT THIS LOOKS LIKE, AS MUCH AN ART AS IT IS A SCIENCE. I WANT TO RECOGNIZE ALL THE PEOPLE THAT WORK THROUGH BUDGET. OUR BUDGET OFFICE, STAFF AND OPERATIONS AND DEVELOPMENT. THIS IS QUITE A LIFT TO GO THROUGH THIS ESPECIALLY WHEN YOU ARE TRYING TO FOCUS ON KEY PRIORITIES. SO THIS IS A SET OF QUESTIONS WE TRIED TO USE IN THE DIVISION TO LOOK AT ALL THE THINGS WE ARE DOING WITH FIXED RESOURCES TO MAKE SURE WE ARE DOING THE RIGHT THINGS. SO I'M NOT GOING TO GO THROUGH EVERY QUESTION.

ONE OF THE ONES YOU'VE HEARD ABOUT TODAY HOW DO WE STEP FURTHER INTO THE PUBLIC HEALTH ASSURANCE ROLE? I'VE WORKED IN SOME ITERATION OF OPIOID WORK FOR 20 YEARS I'M SAD TO SAY, ACTUALLY. IT HASN'T SUBSIDED IN A WAY I HOPED MANY YEARS AGO. A LOT OF THE WORK YOU ARE HEARING ABOUT TODAY IS FUSION OF THE PUBLIC

HEALTH DEPARTMENT, OUR CLINICAL SERVICES, THE HEALTH OFFICER COMING TOGETHER TO CONVENE PARTNERS IN THE COMMUNITY AND DEAL WITH A COMPLEX ISSUE. WE'RE STARTING WITH OPIOID ISSUE. THAT'S NOT EVEN TOUCHING THE SURFACE OF SUBSTANCE ISSUES LIKE ALCOHOL, METH. THERE'S OTHER THINGS THAT NEED TO COME INTO THE CONVERSATION. HAVING A CRITICAL LENS OF HOW DO WE STEP FURTHER INTO THE ROLE TO DEAL WITH THE COMPLEX ISSUES. ANOTHER KEY QUESTION THAT WE'VE REALLY TRIED TO LOOK AT SINCE THE ON SIDE OF THE ACA IS ARE WE DOING WORK THAT OTHER PARTNERS OR SYSTEMS COULD BE DOING? AS THE HEALTH DIRECTOR, WE SAW A DROP IN SERVICES RELATED TO HOME VISITING AFTER THE ACA WENT INTO AFFECT. THAT'S LARGELY BECAUSE SYSTEMS ARE BUILDING SERVICES FOR PEOPLE THAT WERE NOT COVERED BEFORE AND HIGHLY COMPETITIVE TO US.

Jessica Guersey: THAT'S NOT A BAD THING. THEY ARE STEPPING INTO THEIR ROLE TO PAY FOR SERVICES THAT SHOULD BE MADE AVAILABLE. AND I CAN'T READ THAT LAST ONE. DOES OUR WORK ADDRESS RACIAL AND HEALTH EQUITIES. SOME OF THE CHALLENGES AND THREATS ARE NOT UNIQUE. SO THAT'S NOT LOOKING GREAT. BUT A COUPLE TIMES, WE HAVE THREATS TO I THINK WHAT SOME OF US HAD ASSUMED BE LONGSTANDING FUNDING. THERE'S QUITE A FEW POLITICAL BATTLES UNFOLDING. WHETHER IT'S COMING FROM ACTUAL REVOKING OF FUNDING OR OTHER WAYS OF GETTING IT LIKE THE PUBLIC CHARGE ISSUE THAT'S BEING LOOKED AT CURRENTLY WITH WIC AND OTHER SERVICES. IF IT'S NOT CUTTING THE FUNDING, ANOTHER WAY AT DECREASING ACCESS TO THE SERVICES. BUILDING A SUSTAINABLE BUILDER PARTNERSHIPS.

THIS IS ONE OF OUR CORE ROLES AND IT IS VERY COMPLICATED. AND THEN OUR REGIONAL WORK WITH CCOS IN OTHER LOCAL HEALTH DEPARTMENTS. AND THEN JUST TO HIGHLIGHT SOME OF OUR EFFICIENT CY IES EFFICIENCIES. WE DID MAKE SOME DIFFICULT DECISIONS AND BELIEVE THAT WE NEED TO BE LOOKING AT MANAGEMENT STRUCTURES. SO WE DID ACHIEVE MANAGEMENT CONSOLIDATION THIS YEAR. WE ALSO LOOKED AT WORKING STAFF ACROSS DIFFERENT PROGRAM AREAS TO CREATE SOME EFFICIENCIES. WE HAVE BEEN WORKING ON SOME CLINICAL REDESIGN. YOU ALL FUNDED ONE-TIME ONLY PROGRAM OFFER LAST YEAR FOR WIC WHICH HELPED US ENORMOUSLY TO HELP RETHINK OUR OPERATIONS IN A COMPLEX ENVIRONMENT. AND RACHEL, DO YOU WANT TO TALK ABOUT PUBLIC EQUITY?

Rachel Banks: SURE. AS YOU ALL HAVE HEARD. WE INVESTED EQUITY IN A NUMBER OF DIFFERENT WAYS THAT INCLUDES CONTRACTS AND COMMUNITY HEALTH IMPROVEMENT PLAN. PUBLIC HEALTH WORK THAT'S REQUIRED BY AN ACCREDITED PUBLIC HEALTH ACCREDITATION. WE ALSO CHOSE TO DO IT IN A DIFFERENT WAY. THE FOLKS IN THE COUNTRY WHO HAVE FOCUSED SPECIFICALLY THEIR CHIPS ON REDUCING INEQUITIES AND

WORKED WITH CULTURALLY SPECIFIC OR COMMUNITY-BASED ORGANIZATION IN SUCH A WAY. CULTURALLY SPECIFIC STRATEGY TIME LINE IN THIS BUDGET. WE DID LOOK AT MANAGEMENT CONSOLIDATION OF CULTURALLY SPECIFIC SERVICES. BUT THAT DOES NOT IMPACT ANY SORT OF CLIENT LEVEL SERVICE. WITH ALL OF OUR GRANTS, LOOKING TO FIND OPPORTUNITIES TO ADDRESS EQUITY. THAT'S THE THEME HOW WE LOOK TO APPLY OUR FUNDING. AND WE'RE WORKING ON REQUESTS FOR RFPQ FOR PROBLEMATIC QUALIFICATIONS SO WE CAN HAVE A BETTER UNDERSTANDING OF THE SORTS OF WORK PARTNERS DO AND HOW THEY WANT TO WORK WITH US. SO AS THE OTHER WORK COMES FORWARD OR OTHER FUNDING OPPORTUNITIES THAT WE HAVE A LIST OF THOSE PARTNERS. OUR TREND FOR COMMUNITY PARTNERS IS INCREASING YEAR OVER YEAR. AND EVEN THIS YEAR WE INCREASED A MILLION DOLLARS. SO $11 MILLION UP FROM $10 MILLION LAST YEAR. TO COMMUNITY PARTNERS THROUGH FUNDING. SO THE ACHIEVEMENTS WE'D LIKE TO BRING TO YOUR ATTENTION. COMMUNITY POWER CHAIN AND PRESENTATIONS. THE HEALTH ADVISORY BOARD. A RELATIVELY NEW BOARD AND KEY ROLES MEANINGFUL.

Rachel Banks: ONE OF THOSE IS OUR ETHIC'S COMMITTEES. PLUS IT'S JUST A GOOD IDEA SO THEY ARE ACTING AS OUR ETHIC'S COMMITTEE. AND THEN ALSO DOING A DEEP DIVE AND LOOKING AT DATA AND POLICIES FOR THE LEADING CAUSES OF DEATH THAT WE LOOKED AT IN ONE OF THE PREVIOUS SLIDES. WE TALKED ABOUT THE REDESIGN. THANK YOU, AGAIN, FOR YOUR INVESTMENT LAST YEAR TO HELP US TO LOOK AT WAYS TO MEET CLIENT NEEDS BETTER AND BE MORE EFFICIENT IN OUR PROGRAMMING. RACIAL AND ETHIC APPROACHES TO COMMUNITY HEALTH. WE REALLY USED THAT LEARNING TO TRANSFORM THE WAY THAT WE'RE THINKING ABOUT DISEASE AND HEALTH PROMOTION EFFORTS. WE HAVE GREAT PARTNERSHIPS AND COMMUNITY PARTNERS SPECIFICALLY FOCUSING ON THINGS LIKE ACTIVE TRANSPORTATION PLAN AND SEEING INVESTMENTS AND EQUITY IN A WAY THAT WE HAVEN'T SEEN BEFORE.

THERE'S BEEN A VARIETY OF HEALTH POLICY-RELATED EFFORTS THAT YOU ALL HAVE BEEN INVOLVED IN FROM AIR QUALITY EFFORTS. SOUNDS LIKE THERE'S A LOT OF TALK ABOUT OPIOIDS. AND AS WE WERE REFLECTING BACK, ALTHOUGH IT MAY SEEM RATHER MUNDANE, AS THE PUBLIC HEALTH DECISION, IT'S BEEN A GREAT YEAR AND A CHALLENGING YEAR. AND SO GETTING THROUGH THE BUDGET PROCESS AND THEN ALSO MAINTAINING OUR CORE WORK AND PROGRAMS AND FOCUSING ON STABILITY WE SEE AS AN ACCOMPLISHMENT THIS YEAR AS WELL. AND WE'LL STOP THERE AND IF FOLKS HAVE QUESTIONS. JESSICA, WOULD YOU ADD ANYTHING ELSE?

Chair Kafoury: ANY QUESTIONS OR COMMENTS FOR OUR PUBLIC HEALTH PEOPLE?

Commissioner Meieran: THANK YOU. AND RACHEL, HOPE YOU FEEL BETTER. THANKS FOR CALLING IN. JUST A COUPLE QUESTIONS. AS A GREAT PRESENTATION, REALLY HELPFUL TO DIVE INTO THAT IN MORE DEPTH ABOUT WHAT WE PROVIDE IN TERMS OF OUR PUBLIC HEALTH DEPARTMENT. AND ONE QUESTION I HAD WAS YOU HAD THE SLIDE THAT TALKED ABOUT DISPARITIES AND PRETTY SIGNIFICANT DISPARITIES WITH BLACK AND AFRICAN AMERICAN POPULATION AND NATIVE AMERICAN, ALASKAN NATIVE. AND NOT SO MUCH DISPARITY WITH THE ASIAN PACIFIC ISLANDER COMMUNITY AND IT WAS INTERESTING TO ME. I KNOW ONE PROGRAM OFFER WE HAVE IS TO DO AN INDEPENDENT STUDY SPECIFICALLY OF THE PACIFIC ISLANDER POPULATION BECAUSE THERE IS A DIFFERENCE. VERY CLEAR, IN GENERAL, BUT BROUGHT TO THE FOREFRONT HOW THOSE ARE VERY DIFFERENT COMMUNITIES. AND ONCE WE GET THAT KIND OF INFORMATION FROM THAT STUDY, WILL THAT FIT INTO THAT GRAPH? WILL THAT CHANGE THAT GRAPH OR WAS THAT FROM A WHOLE DIFFERENT TYPE OF STUDY? ARE WE GOING TO GET THAT INFORMATION AND BE ABLE TO FIT IT IN AND SHOW THOSE DISPARITIES?

Rachel Banks: THAT'S A GREAT QUESTION. WHAT WE KNOW ABOUT THE ASIAN AND PACIFIC ISLANDER POPULATION IS IT DOES MATCH DISPARITIES SPECIFICALLY FOR PACIFIC ISLANDER. THAT'S SOMETHING THAT WE'VE SEEN. AND WE'RE HEARING FROM THE COMMUNITY IS THEY ARE LOOKING AROUND AND SAYING YOU ARE NOT QUITE GETTING THIS RIGHT. IT WILL GIVE US INFORMATION ABOUT HEALTH NEEDS AND HEALTH BEHAVIORS. IT WILL NOT COVER ALL OF THE 33 INDICATORS THAT THE STUDY DID BUT IT WILL COVER SOME OF THE INDICATORS. THE HOPE IS WE ARE GETTING A BETTER PICTURE OF THE PACIFIC ISLANDER POPULATION AS A WHOLE. AND SEPARATE FROM THE ASIAN POPULATION. SO THANK YOU FOR CONTEMPLATING THE CONTRIBUTION TO THE PACIFIC ISLANDER RESEARCH. IT'S EXACTLY WHAT COMMUNITY MEMBERS HAVE BEEN SAYING NEEDS TO HAPPEN AND WHAT EVIDENCE IN EQUITY AND HEALTH OUTCOMES NEED TO HAPPEN AS WELL.

Commissioner Meieran: THAT'S GREAT. THANK YOU FOR THAT. ONE OF THE OTHER BAR GRAPHS YOU HAD WAS IN THE MAIN CAUSES OF DEATH. AND LOOKED LIKE THE USUAL SUSPECTS KIND OF FOR MAIN CAUSES OF DEATH. DOES THAT INCLUDE OVERDOSE DEATHS?

Rachel Banks: YES. IT DOES.

Commissioner Meieran: IF YOU COMBINED OVERDOSE, IT WOULD RANK THIRD PRETTY FAR. WONDERING IF THERE'S ANY BREAKDOWN OF THOSE DIFFERENT CAUSES OF DEATH AND DISPARITIES WITHIN THAT FRAMEWORK AS WELL. SO WITHIN HEART DISEASE, I IMAGINE THERE ARE QUITE SIGNIFICANT DISPARITIES WITHIN EACH OF THE DIFFERENT RACIAL AND ETHNIC GROUPS. DO YOU HAVE THAT BREAKDOWN?

Rachel Banks: YEAH, WE DO. THAT'S A GUESS.

Commissioner Meieran: I FIGURED YOU WOULD. I WOULD LOVE TO SEE THAT AT SOME POINT.

Rachel Banks: WE WOULD LOVE TO COME BACK AND SHARE THAT WITH YOU ALL. GREAT PLAY ABOUT THE INJURY. THAT'S WHY THE FOCUS ON THE MODERNIZED PUBLIC HEALTH MODERNIZATION IS HEALTH PROMOTION AND PREVENTION. THE SPECIFICS OF WHAT THAT INCLUDES IS THESE PREVENTION AND INJURY PREVENTION. AND THAT DOES INCLUDE INTENTIONAL AND UNINTENTIONAL SUICIDE OVERDOSE AS WELL AS OTHER TRAFFIC FATALITIES AND THAT SORT OF THING. SO 245Z REALLY WHERE WE'RE FOCUSING THESE NEXT FEW YEARS.

Commissioner Meieran: THAT'S AWESOME. I MENTIONED THIS EARLIER BECAUSE WE HAD PRESENTATION FROM THE JOINT OFFICE EARLIER TODAY. AND I BROUGHT THIS UP TO THEM. I THINK ALL OF OUR DEPARTMENTS IN THE COUNTY SO INTER CONNECTED WITH OPPORTUNITY OF COLLABORATION. IT FEELS JUST FROM BEING OUT THERE IN THE COMMUNITY AND TALKING TO FOLKS THAT HYGIENE ACCESS IS A FUNDAMENTAL NEED. REALLY SO BASIC TO HEALTH AND DIGNITY AND WELL BEING. AS WELL AS FITTING IN TO OUR HOMELESS SYSTEM. AND I HOPE THERE'S AN OPPORTUNITY FOR COLLABORATION MAYBE BETWEEN YOU GUYS AND THE JOINT OFFICE TO HAVE SOME OF THOSE CONVERSATIONS START ABOUT HYGIENE ACCESS IN OUR COMMUNITY.

Rachel Banks: I THINK THAT'S REALLY POSSIBLE. AND RIGHT NOW, WE'RE WORKING WITH THE OFFICE ON HEALTH RECOMMENDATIONS FOR SHELTERS INCLUDING THE VARIETY OF DIFFERENT SHELTERS WHETHER IT'S POP UP OR LONG-TERM. WE'VE BEEN WORKING TO PROVIDE THE HEALTH RECOMMENDATIONS AND POLICY RECOMMENDATIONS TO THEM. SOME OF THOSE INCLUDE HYGIENE IN THE SHELTER. THIS IS A LITTLE BROADER THAN THAT. BUT, YEAH. I REALLY LOOK FORWARD TO THAT PARTNERSHIP AND COLLABORATION. I THINK YOU ARE RIGHT. THE ISSUES THAT OUR COMMUNITY IS DEALING WITH ARE MULTI PROGRAM, MULTI SYSTEM ISSUES. THE MORE WE CAN COLLABORATE, THE BETTER IT IS FOR COMMUNITY NEEDS.

Commissioner Meieran: THANK YOU SO MUCH.

Chair Kafoury: ANY OTHER QUESTIONS?

Commissioner Vega Pederson: THANK YOU, CHAIR. SO THAT WAS ONE OF THE QUESTIONS I HAD. HOW DID THE LEAD CAUSES OF DEATH LOOK ACROSS

DIFFERENT RACE AND ETHNIC GROUPS? HOW MUCH ARE WE GOING TO BE ABLE TO ACTUALLY DO WITHOUT STATE ACTION AROUND THAT WORK?

Rachel Banks: WE'RE TRYING TO MODERNIZE FRAMEWORK. WE CREDIT JESSICA WHO IS A STRONG VOICE SAYING WHY WOULD ANYONE GIVE US MORE IF WE CAN'T DEMONSTRATE WITH THE MONEY WE HAVE THAT WE THINK IS A GOOD IDEA? OUR PUBLIC HEALTH SYSTEM IS FUNDED BY YOU ALL GENERAL FUND CONTRIBUTIONS AND OUTSIDE FUNDING. WE WANT TO SEE MORE INVESTMENT FROM THEM. WE HAVE A FAIRLY ROBUST AND WELL SUPPORTED PUBLIC HEALTH SYSTEM WE WILL CONTINUE TO MOVE IN THE LEADING CAUSES OF DEATH AND ALL OF THOSE THINGS WHILE ALSO PUSHING TO GET MORE STATE FUND AS WELL.

Commissioner Vega Pederson: OKAY. FOR SOME OF THAT WORK THAT YOU ARE DOING, I'M JUST CURIOUS. THE CAUSES OF DEATH. I KNOW YOU ARE DOING A LOT OF WORK WITH REACH AND WITH THE CHIP. WHAT YOU DO FROM A PROGRAMMATIC LEVEL IS DRIVEN BY SOME OF THESE THE MORE INFORMATION WHERE YOU ARE ENGAGING COMMUNITY.

Rachel Banks: YEAH. IDEALLY, THERE'S A THREE-LEGGED STOOL, A BALANCE APPROACH WHICH IS MONITORING THE DATA AND THE TRENDS. LISTENING TO COMMUNITY AND SEEING THINGS BEFORE OUR DATA PICKS IT UP. IT'S ALWAYS ADVANTAGEOUS TO HAVE THAT COMMUNITY VOICE. AND AT THE END OF THE DAY, COMMUNITIES KNOW THE BEST SOLUTIONS. WE ALWAYS WANT TO MATCH OUR DATA IN THE INTERVENTIONS WE'RE GATHERING FROM STUDY S IES WORKING WITH OTHER COLLEAGUES. THE OPPORTUNITY IS A LOT MORE FOCUSED ON THE LEADING CAUSES OF DEATH. WE'VE HAD A LOT OF GREAT EXPERTS IN INJURY PREVENTION AND THE REAL OPPORTUNITY IN FRONT OF US IS TO BE SUPER STRATEGIC, VERY PROACTIVE AND PULLING IT ALL TOGETHER IN THE HEALTH PROMOTION FOCUS WHICH DOES ADDRESS THE LEADING CAUSES OF DEATH.

SO, FOR EXAMPLE, ONE OF THE WAYS THAT WE'RE DOING SPECIFICALLY WITH OUR PUBLIC HEALTH ADVISORY BOARD, THE COMMUNITY POWER CHANGE HAS RAISED A LOT OF POTENTIAL SOLUTIONS WHICH THEY ARE ABLE TO FOCUS ON RIGHT NOW. A VARIETY OF DIFFERENT COMMUNITIES AND A GREAT DIVERSE GROUP OF FOLKS TO HELP US DIG INTO THIS LEADING CAUSES OF PROFILE. LOOK AT THE DATE, LOOK AT WHAT THE EVIDENCE SAYS AND ALSO GET MORE COMMUNITY INPUT TO COME UP WITH SOLUTIONS THAT IDEAL LEO OWE THERE'S THE DATA, THE COMMUNITY WISDOM AND THE WHAT WE KNOW ABOUT INTERVENTIONS THAT MAKE BIG IMPACTS.

Chair Kafoury: ANYTHING ELSE? THANK YOU. THANKS, RACHEL.

Rachel Banks: THANK YOU, ALL.

Mark Lewis: AND NEXT WE HAVE MENTAL HEALTH AND ADDICTION SERVICES.

David Hidalgo: GOOD AFTERNOON, CHAIR AND COMMISSIONERS. FOR THE RECORD, DAVID HIDALGO. DIRECTOR FOR OUR COUNTY'S MENTAL HEALTH AND ADDICTION SERVICES DIVISION. I WILL TRY AND GO FAIRLY QUICKLY THROUGH THE SLIDE PORTION TO MAKE SURE WE LEAVE TIME FOR GOOD QUESTIONS THAT YOU ALL MAY HAVE AROUND THE BEHAVIORAL HEALTH SYSTEM TODAY TOO. SO IF YOU LOOK AT THE ORGANIZATIONAL STRUCTURE AND TALK ABOUT OUR LINES OF BUSINESS LATER IN THE BRIEF PRESENTATION, WHAT IS REPRESENTED HERE IS THAT OF OUR INTERNAL INFRASTRUCTURES. WE CONTRACT OUT APPROXIMATELY 80% OF THE WORK THAT WE DO. WE ARE PRIMARILY ADMINISTRATIVE AND REGULATORY OVERSEEING BEHAVIORAL HEALTH SYSTEM. NEXT SLIDE, IF YOU WOULD. IN TERMS OF YEAR TO YEAR, YOU'LL PROBABLY SEE WE HAD THE SMALLEST SWING. WE TEND TO HAVE LARGER SWINGS. THIS YEAR WAS REALLY BUFFERED BY THE INCREASE IN FAMILY CARE COMING IN THROUGH THE HEALTH PLANS. THAT ALLOWS US TO CONTINUE TO -- THAT THE MEDICAID DOLLARS FOLLOW THOSE INDIVIDUALS INTO COMMUNITY CARE. SO THE INCREASE IN DOLLARS, AGAIN, FROM THE MEDICAID PLAN.

THE SMALL AMOUNT OF DECREASE THAT WE HAVE ONCE AGAIN BUFFERED BY THOSE ADDITIONAL DOLLARS. MOVE TO THE NEXT. IT IS SIMILAR IN THE NEXT SLIDE WITH OUR FTE. ONCE AGAIN, SMALL NUMBER OF FTE. WE HAD ONE CONTRACT THAT WE HAD STARTED THIS PAST YEAR WITH PORTLAND PUBLIC SCHOOLS. IT WAS CO-LOCATING SOME OF OUR STAFF IN AN ALTERNATIVE SCHOOL. TVS A PILOT TO SEE HOW THAT WORKED WITH BOTH US AND CAME TO MUTUAL AGREEMENT OUR MODEL WAS NOT THE BEST MODEL FOR THAT SPECIFIC SETTING GIVEN THE NEEDS THEY HAVE. AGREED TO TURN IT BACK THAT REPRESENTS TWO OF THOSE FTE 6789 WE HAVE VACANT POSITIONS.

SO JUST A BRIEF OVERVIEW. YOU'LL HEAR SIMILAR THEME. IN TERMS OF BEHAVIORAL HEALTH SYSTEM, OUR TWO PRIORITIES OF THIS NEXT YEAR IS TO PROMOTE EQUITY AND CULTURALLY-SPECIFIC SERVICES WITHIN THE PROVISION AND CONTRACTED PROVIDERS TO ENSURE ALL MEMBERS OF OUR COMMUNITY AND INDIVIDUALS WE SERVE THROUGH MULTNOMAH MENTAL HEALTH HAVE ACCESS TO CULTURALLY SPECIFIC SERVICES THAT HELP THEM RECOVER AND MOVE PRODUCTIVELY INTO LIFE. THE SECOND IS FOCUSING ON THE COMPLEX NEEDS OF MULTI SYSTEM ADULTS AND CHILDREN. WE SEE STORIES. IN THE MEDIA OF CHILDREN ENGAGED IN MULTI SYSTEMS. PART OF WHAT WE REALLY DO BELIEVE IS BECAUSE OF THE PREVALENCE OF MENTAL HEALTH AS WE'RE TALKING ABOUT MENTAL HEALTH MONTH, 1 IN 5 INDIVIDUALS WILL EXPERIENCE MENTAL HEALTH. ANYWHERE WHERE HUMANS TRAVERSE, THERE WILL BE A CONNECTION TO MENTAL HEALTH AND SUBSTANCE USE.

David Hidalgo: SO ALL SYSTEMS ARE PARTNERS. SO IN TERMS OF HOW WE'RE SET UP IN THE DIVISION, SO THE COUNTY IS THE LOCAL MENTAL HEALTH AUTHORITY ASTHMA JUVENILE COURT OF COUNTIES ARE. THAT IS A STATE DELEGATION. THE BOARD OF COUNTY COMMISSIONERS OPERATES AS THE LOCAL MENTAL HEALTH AUTHORITY. THERE ARE ROLES IN REQUIREMENTS IN TERMS OF BEING THAT AUTHORITY IN THE COMMUNITY. AND THAT IS TO ESTABLISH A NETWORK OF SERVICES AVAILABLE 24/7 TO MEET THE NEEDS OF OUR 700 PLUS RESIDENTS IN MULTNOMAH COUNTY. THE BOARD SUBSEQUENTLY DELEGATES THE WORK, THE CONTINUED WORK TO BUILD THE SYSTEM OF CARE FUND TO THE COMMUNITY MENTAL HEALTH PROGRAM. SO THE DIVISION IS THE COMMUNITY MENTAL HEALTH PROGRAM. THE SECOND LINE OF SERVICE THAT WE HAVE IS WE PROVIDE A SMALL BID OF DIRECT SERVICES. THOSE ARE PRIMARILY IN THE CHILDREN AND YOUTH AREA IN EARLY CHILDHOOD SERVICES WHERE WE HAVE STAFF CO-LOCATED. MENTAL HEALTH SERVICES WE'VE TALKED ABOUT AND THEN ALSO OUR EARLY ASSESSMENT AND SUPPORT ALLIANCE PROGRAM AND EARLY INTERVENTION SERVICES.

A SMALL PART YOU COULD TAKE THAT PART OF OUR DIVISION AND MOVE TO CASCADIA. THE THIRD LINE OF BUSINESS WE HAVE IS THAT OF BEING MEDICAL INSURANCE COMPANY. THE STRUCTURES TO GO AHEAD TO ENSURE THE CONTRACT AND THE OVERSIGHT, THE ACCESS ENSURING THAT MEMBERS HAVE ACCESS TO MEMBER SERVICES AS WELL AND AS I MENTIONED, OVERSEEING THE QUALITY IN THE SERVICES. THOSE ARE THE THREE MAJOR LINES OF BUSINESS. THE NEXT SLIDE THAT MARK HAS REALLY SHOWS THE SERVICES UNDERNEATH THAT BEHAVIORAL HEALTH SYSTEM. WE'RE TALKING ABOUT THE PUBLIC SYSTEM OF CARE. NOT THE PRIVATE SECTOR HERE. AS WE LOOK, WE DO OFFER PREVENTION SERVICES. ONCE AGAIN, EARLY INTERVENTION SERVICES FOR YOUNG CHILDREN AND VULNERABLE FAMILIES. BOTH FOR ALL RESIDENTS OF OUR PUBLIC AND WITH SCHOOLS. GAMBLING PREVENTION.

AS WE MOVE INTO THE TREATMENT COMPONENT, A WIDE VARIETY OF MENTAL HEALTH OUTPATIENT SERVICES. AND THOSE RANGE FOR LOW LEVEL MENTAL HEALTH NEEDS SUCH AS ANXIETY, DEPRESSION WHERE PEOPLE MAY COME FOR A FEW SESSIONS, ENGAGE IN EVIDENCE-BASED PRACTICES TO HELP THEM MOVE FORWARD AND RESOLVE THE CONDITION ALL THE WAY UP TO MORE INTENSIVE SERVINGS THAT CASE MANAGEMENT BASED FOREIGN INSURING INDIVIDUALS HAVE ACCESS TO CASE MANAGEMENT AND WHOLE PERSON CARE AND INTENSIVE SERVICES SUCH AS COMMUNITY TREATMENT. THAT IS A 24-HOUR TEAM THAT ROAMS THE COMMUNITY, GOES TO WORK ANYWHERE WHERE INDIVIDUALS WHO ARE ENROLLED SHOW UP IN THE COMMUNITY TO GO AHEAD AND HELP ENSURE NEEDS CAN BE MET AND LIVING IN THE COMMUNITY VERSUS INSTITUTIONAL

CARE. THE NEXT AREA OF THE SYSTEM REALLY IS THE MORE FACILITY BASED PROGRAMS. AND, AGAIN, THOSE ARE TEMPORARY.

David Hidalgo: PEOPLE ARE GENERALLY NOT REMAINING IN FACILITIES FOR LONG PERIODS OF TIME. YOUTH RESIDENTIAL SYSTEM AND ADULT MENTAL HEALTH SYSTEM. AS WELL AS OUR ADULT RESIDENTIAL TREATMENT THAT THE COUNTY HAS A PASS THROUGH FOR AND OVERSEES THE HEALTH AND SAFETY. AND IN OUR SAFETY AND CRISIS SERVICES, SOME OF THOSE ARE REGULATORY SERVICES THAT WE PROVIDE. TO ENSURE THERE IS NOT ANY EXPLOITATION OR NEGLECT. SERVICES THAT ARE AT THE INTERSECTION OF COMMUNITY JUSTICE SUCH AS FORENSIC DIVERSION, MENTAL HEALTH COURTS AND SOME OF OUR CRISIS SERVICES THAT WE OFFER. WE TALKED AROUND SOME OF THOSE DURING MENTAL HEALTH MONTH AND REGULATORY FUNCTIONS THAT WE PROVIDE. THOSE ARE COUNTY STAFF. AND IN TERMS OF ONE OF THE QUESTIONS YOU HAD DURING OUR FIRST PRESENTATION IF I RECALL, YOU HAD INQUIRED ABOUT LATINO MENTAL HEALTH SERVICES AT LARGE. PROVIDE BULLET POINTS FOR YOU AS WELL AS FOR THE BOARD THERE. ONE OF THE THINGS I'VE BEEN PROUD OF IS THE BOARD REMAINED AND RETAINED OUR COMMITMENT TO MENTAL HEALTH PROGRAMMING OVER LAST 15-ISH YEARS I'VE BEEN HERE AT THE COUNTY.

WE KNOW THAT THERE ARE DIFFERENT WAYS TO FUND PROGRAMS. INFRASTRUCTURE BUILDING AS THOSE AGENCIES MATURED. THEY WERE ABLE TO TAKE ON THE INFRASTRUCTURE AND THE SERVICE DELIVERY ON THEIR OWN AND HOW THE DOLLARS ARE USED SPECIFICALLY FOR TREATMENT. WE DO KNOW THAT BASED ON HISTORICAL DISPARITIES, THAT ALL COMMUNITIES NEED GREATER ACCESS MENTAL HEALTH SERVICES. THERE IS A CONTINUED AREA FOCUS FOR CHILD AND YOUTH MENTAL HEALTH. MANY OF OUR CULTURALLY SPECIFIC PROGRAMS ARE DIRECTED TOWARDS ADULTS. WE HAVE SOME CHILD AND YOUTH PROGRAMS. ANOTHER AREA WE HAVE HEARD FROM THE COMMUNITY IS MENTAL HEALTH SERVICES. EMERGING POPULATIONS IN OUR COMMUNITY WHERE WE ARE CONTINUING TO SECURE BILINGUAL STAFF TO HELP MEET THE NEEDS OF INDIVIDUALS WHO ARE SETTING UP IN OUR COMMUNITY AND ACROSS THE STATE. AND GETTING STABILIZED IN OUR COMMUNITY. THE OVER ARCHING GOAL FOR US IS TO ACTUALLY SEE THAT ALL COMMUNITIES CAN ALIGN AND RECEIVE THESE SAME ACCESS TO SERVICE THAT MAIN STREAM POPULATIONS RECEIVE. UNDER OUR MULTNOMAH MENTAL HEALTH PROGRAM, WE HAVE SUCH GREAT DATA BEHIND ALL OF THAT AS REQUIRED BY CMS. THIS YEAR SPECIFICALLY EVERY COMMUNITY HAS SEEN AN INCREASE IN ACCESS TO SERVICES. THAT IS DEFINITELY THE DIRECTION YOU WANT TO GO. ADDITIONAL INFORMATION AROUND THAT, I'D BE HAPPY TO PROVIDE THAT.

THE FINAL COMMENTS I WANTED TO LEAVE WITH YOU WAS SOME COMMENTS AROUND KEY OPERATIONAL ISSUES IN THE BEHAVIORAL

HEALTH SYSTEM AS WELL AS POLICY FUNDING ISSUES. ONE KEY OPERATIONAL AREA MANY OF YOU ARE AWARE OF IS WORKFORCE. WORKFORCE RETENTION. SOME OF OUR PROVIDERS STILL HAVE SIGNIFICANT TURN OVER RATES. WE'VE TALKED ABOUT TURN OVER RATES TODAY. PROVIDERS THAT HAVE TURN OVER RATES IN THE AREA 40%. THAT'S A SIGNIFICANT COST TO THE SYSTEM. AND FROM THE CONSUMER PERSPECTIVE AND FAMILY PERSPECTIVE, THIS IS AN INTERRUPTION IN CARE. TO INCREASE RETENTION. STILL AN ISSUE ACROSS THE SYSTEM. INDIVIDUALS WITH LIVED EXPERIENCES ALSO PART OF THAT WORKFORCE STRATEGY IT WILL CONTINUE TO FOCUS ON OVER THIS NEXT YEAR. USDOJ PERFORMANCE PLAN THAT IS A STATE DRIVEN ISSUE. THERE IS A LARGE AMOUNT OF INCREASED ADMINISTRATIVE AS WELL AS DATA COLLECTION AND THE REQUIREMENTS COMING FROM THE STATE DIRECTLY SO THEY CAN MEET THOSE REQUIREMENTS. OF COURSE, WE ARE ASSISTING THE STATE IN SOME OF THE AREAS IN MEETING SOME OF THOSE AREAS. IT DOES NOT COME WITH INCREASED FUNDING AT THIS POINT.

David Hidalgo: THAT'S A HUGE CHALLENGE FOR ALL OF US. AND ACCESS, ACCESS, ACCESS. WE LIVE AND BREATH AT THIS POINT REALLY TRYING TO WORK WITH OUR NETWORK SINCE THE AFFORDABLE CARE ACT TO CONTINUE TO INCREASE ACCESS. GOOD THING IS WE HAVE A VERY HEALTHY SERVICE LEVEL IN THIS COMMUNITY. WE TEND TO RESPOND FOR URGENT AND EMERGENT APPOINTMENTS. THAT TENDS TO BE AN AREA WHERE SYSTEM CAN RESPOND WELL. GETTING AN APPOINTMENT AT 14 DAYS. AND MAKING SURE THAT PEOPLE CAN GET IN QUICKLY FOR GENERAL ROUTINE APPOINTMENTS AS WELL. IN TERMS OF POLICY FUNDING ISSUES. COUPLE -- SENATE BILL 1540. THAT WAS A BILL CONNECTED TO EXPANDING THE ADULT USE INVESTIGATIONS. THAT CHANGE IS GIVEN TO THE REGULATORY INVESTIGATOR IN THE MENTAL HEALTH SIDE. THAT HAS NEVER COME WITH FUNDING. ADVSD, THEY RECEIVED DEDICATED FUNDING FOR THOSE ABUSE INVESTIGATIONS. WE WORKED WITH THE LEGISLATIVE SPONSOR TO MAKE SURE SHE COMMENTED ON THE FACT THOSE DOLLARS ARE NOT AVAILABLE FOR MENTAL HEALTH AND YES, WE ALL KNEW THAT EXPANDING THIS DEFINITION MEANT WE WOULD HAVE MORE PEOPLE. WE DON'T HAVE ADDITIONAL DOLLARS. THAT WOULD BE ONE AREA WE DEFINITELY APPRECIATE SUPPORT FROM THE BOARD. THE MENTAL HEALTH JUSTICE REINVESTMENT.

REALLY EXCITING CONCEPT WE'VE WORKED ON FOR A COUPLE YEARS TOGETHER. LOVE TO HAVE YOU ALL ENGAGED IN THAT CONVERSATION. THIS IS A PARALLEL TO THE JUSTICE REINVESTMENT THAT HAS BEEN VERY SUCCESSFUL. SAVING OFF ADDITIONAL PRISON GROWTH AND BRINGING RESOURCES INTO THE COMMUNITY. WE BELIEVE THAT'S THE BEST NEXT STEP FOR OUR CONTINUED DEVELOPMENT TO IMPROVE SERVICES FOR INDIVIDUALS FUNDING THEMSELVES WITH BEHAVIORAL HEALTH ISSUES. AND HOUSING. HOUSING, HOUSING, HOUSING. WE'VE TALKED ABOUT IT A LOT. WE

WILL CONTINUE TO TALK ABOUT IT. PARTNERING CLOSELY WITH OUR JOINT OFFICE AND WITH THE STATE. THERE'S STILL WORK TO BE DONE WITH THE STATE AROUND EVENING ENSURING HOUSING GET TO THE COMMUNITIES WHERE THE HOUSING DOLLARS ARE NEEDED WITHOUT ADMINISTRATIVE BURDEN. AND FINALLY, PARODY. PARODY AND PAYMENT FOR OUR SUBSTANCE USE DISORDER SYSTEM. WE DO KNOW THAT WHILE BOTH THE PUBLIC BEHAVIORAL HEALTH SYSTEMS LOCALLY AND/OR NATIONALLY ARE TYPICALLY HAVE BEEN UNDER FUNDED SYSTEMS, WE WORK WITHIN LIMITED DOLLARS AND DESIRE FOR INCREASED NEED, WE DO EVERYTHING POSSIBLE TO MAKE SURE WE CAN PROVIDE THE BEST SERVICE FOR THE LARGEST NUMBER OF PEOPLE OF THE OUR SYSTEM IS ACTUALLY EVEN PAID LOWER AT LOWER RATES THAN THE MENTAL HEALTH SYSTEM FOR THE SAME TYPE OF SERVICE SUBSTANCE USE PROVIDERS RECEIVE LESS MONEY.

David Hidalgo: THAT'S AN AREA VERY FOCUSED ON EVERY PART OF THE DEVELOPMENT. IT'S AN AREA THAT I THINK WE KNOW THAT EVERYONE IS PASSIONATE ABOUT AND WOULD LIKE TO SEE IMPROVE IN OUR COMMUNITY AS WELL. IN TERMS OF FUNDING RISKS. THIS IS A NATIONAL TREND. BEEN A TREND FOR US FOR THE LAST NUMBER OF YEARS. RELIES ON MEDICAID FUNDING. AND THERE IS A PRO AND A CON TO THAT. THE MOMENT THE SYSTEM RETRACTS, IT'S VERY CHALLENGING. IT MEANS THERE'S A CONSTRICTION IN THE SYSTEM. SO BALANCE OF ENSURING WE DO KEEP OUR INVESTMENTS TO THE EXPENSE WE'RE ABLE TO DO SO. AND I'M APPRECIATIVE. AGAIN, LAST YEAR AS WELL AS OF THE LAST NUMBER OF YEARS. OUR BOARD HAS ALWAYS CONTINUED TO MAINTAIN A CONSISTENT INVESTMENT AND INCREASE THE INVESTMENT AT ANY POINT WE HAVE THE ABILITY TO. THANK YOU VERY MUCH. I APPRECIATE THAT. AND I THINK REALLY HOW WE WILL CONTINUE TO WORK AROUND OUR PROJECTION HERE AT THE COUNTY. IT'S WORKING WITH SYSTEM PARTNERS WHO HAVE A SHARED INVESTMENT OF THOSE WE SERVE AS WELL AS BRAIDED FUNDING. PROJECTS ARE AT LESS RISK IF ONE FUNDING STREAM GETS REDUCED. WANTED TO MAKE SURE AND HAPPY TO ANSWER ANY QUESTIONS FOR YOU.

Chair Kafoury: GREAT. QUESTIONS?

Commissioner Meieran: THANK YOU SO MUCH FOR THAT. I ALWAYS LEARN SOMETHING NEW WHENEVER YOU ARE TALKING. THAT WAS GREAT TO HEAR THIS PRESENTATION. I HAD QUESTIONS ABOUT A COUPLE SPECIFIC PROGRAM OFFERS. PROGRAM OFFER 40070. AND IN GOING THROUGH THAT, I NOTICE THEY ARE KIND OF TRACKING IS THE UNIQUE MENTAL HEALTH ADMISSIONS AND THAT HAS GONE STEADILY DOWN FOR 408 IN 2017 TO 376 THIS YEAR. AND THERE'S A SUBSTANTIAL INCREASE FROM $3 MILLION TO $4.75 MILLION. AND THAT SEEMS TO BE A DISCONNECT FOR ME WHERE THERE'S SUCH A DRAMATIC INCREASE IN THE OFFER AMOUNT FOR THOSE

SERVICES AND SIGNIFICANT DECREASE AND HOW MANY ADMISSIONS ARE BEING SERVED.

David Hidalgo: I APPRECIATE YOUR FOCUS ON THAT. WE REDUCED OUR FOOTPRINT A COUPLE YEARS AGO HENCE THE NUMBERS HAVE GONE DOWN. WE ARE AGAIN PURCHASING THE FULL CAPACITY. SO THE CHANGE IN THOSE NUMBERS IS REALLY IN THE FUNDING. THE STATIC NUMBERS WERE ABOUT THE REDUCTION PRIOR TO SUBMITTING OUR OFFERS. WE WERE IN A POSITION TO MAKE A DECISION TO REPURCHASE THE FULL CAPACITY OF THOSE 16 BETS.

Chair Kafoury: DOES THAT MEAN THE NUMBERS HAVE CHANGED IN THAT PROGRAM OFFER? IF SO, COULD YOU GET THAT?

David Hidalgo: YEAH, WE WOULD BE HAPPY TO DO THAT. WE DO BELIEVE WE ARE PURCHASING ALL 16 BEDS THAT WOULD ADDRESS THE CONCERN.

Commissioner Meieran: THERE WAS ONE OTHER THAT HAD BEEN INTERESTING TO ME THAT WAS -- THAT I COULDN'T TELL THE DIFFERENCE. THERE WERE A COUPLE -- MENTAL HEALTH RESIDENTIAL SERVICES. AND ADULT MENTAL HEALTH INITIATIVE 40075. AND IN RESIDENTIAL SERVICES PROGRAMS, IT LOOKED LIKE THERE ARE HEALTH GRANT REVENUE THAT SPECIFICALLY INCLUDES THE CHOICE MODEL IN BOTH OF THOSE. IT SOUNDS LIKE. AND IT LOOKS LIKE OUR MEASURES ARE STAYING THE SAME. THE TOTAL NUMBER OF BEDS ARE STAYING THE SAME. BUT THE RESIDENTIAL HOUSING HAS GONE DOWN. I DON'T KNOW HOW THAT FITS INTO THESE WHETHER -- OBVIOUSLY, THEY ARE DIFFERENT. NOT SURE HOW THEY DIFFER WHAT THOSE DISTINCTIONS ARE. IF YOU COULD MAYBE SPEAK TO MY LACK OF CLARITY.

David Hidalgo: WELL, NO, IT WAS VERY CLEAR. I APPRECIATE IT. I'D BE HAPPY TO GIVE GENERAL COMMENTS AND HAPPY TO PROVIDE MORE DETAIL. THIS IS A COMPLEX SYSTEM. SO AS I MENTIONED, PART ONE OF OUR ROLES WHEN WE THINK OF RESIDENTIAL FACILITIES, ADULT MENTAL HEALTH RESIDENTIAL FACILITIES AS WELL AS YOUTH RESIDENTIAL FACILITIES IN MENTAL HEALTH, THEY ARE STATE-WIDE SERVICES. THE ADULT MENTAL HEALTH FACILITIES THAT ARE BUILT, WE MAY THINK OF GROUP HOMES. THEY TEND TO BE HOME LIFE FACILITIES. RANGE IN THE AREA FROM FIVE BEDS, 8 BEDS, 10 BEDS, 12 BEDS. NO MORE THAN 16 BEDS RELATED TO REGULATION. THAT IS AN ENTIRELY STATE-FUNDED SYSTEM. WE RECEIVED MONIES IN THE ADULT RESIDENTIAL MENTAL HEALTH PROGRAM OFFER AS A PASS THROUGH. SO OUR ROLE IS IN THE OVERSIGHT HEALTH AND SAFETY COORDINATION. THE BEDS ARE STATIC, TO BE HONEST.

THIS IS PART OF THE STATE STRATEGY WITH THEIR OWN AGREEMENT. AND IT WAS TO NOT BUILD MORE RESIDENTIAL TREATMENT FACILITIES BUT TO

MOVE PEOPLE INTO THE COMMUNITY IN THE MOST INDEPENDENT SETTING AS POSSIBLE. WE ABSOLUTELY SUPPORT PEOPLE BEING IN THE MOST INDEPENDENT SETTING. FOR MANY INDIVIDUALS COMING OUT OF INTENSIVE TREATMENT SERVICES SUCH AS A STATE HOSPITAL THAT OFTEN MANY PEOPLE DO NEED A STEP DOWN AND A SUPPORT THROUGH THAT CONTINUUM. THE UNFORTUNATE PIECE IS THE RESIDENTIAL SYSTEM IS STATIC. IT HAS OCCUPANCY RATE OF APPROXIMATELY 99.8% AT ALL TIMES. THAT TRANSLATES INTO ALL PROVIDERS HAVE A WAITING LIST SO HENCE THE NUMBERS ARE GOING TO LOOK STATIC IN THAT SYSTEM. WE DO, OUR STAFF, DO A LOT OF WORK WHERE WE WRAP SERVICES AND SUPPORTS AROUND INDIVIDUALS. THE MAJORITY OF THE INDIVIDUALS ARE GETTING INTO THOSE PROGRAMS. IT MEANS A BIT OF A LONGER WAIT IN THE STATE HOSPITAL. I THINK CONTINUING TO INVEST THE HOUSING ISSUE. CONTINUING TO INVEST OTHER HOUSING OPTIONS WOULD ALLOW A BETTER FLOW AND MOVE INTO INDEPENDENT HOUSING AT A FASTER RATE. THAT IS SOMETHING THAT THE STATE SHOULD ALSO BE ASSISTING WITH AND FUNDING AND SUPPORT LOCAL COMMUNITY COMMUNITIES SINCE IT IS A STATE WIDE SYSTEM.

Commissioner Meieran: AND DOES THAT SPEAK TO -- I CAN'T REMEMBER HIS NAME. THE CARE SOMETHING. IT'S A PROGRAM THAT HAD THE POST STATE HOSPITAL RESIDENTIAL BEDS.

David Hidalgo: I'D BE HAPPY TO TALK TO YOU.

Commissioner Meieran: OKAY. THAT'S IT. AND ANYTHING ELSE ON THE CHOICE MODEL.

David Hidalgo: DEFINITELY. I WOULD LIKE TO TALK MORE ABOUT THAT. THANK YOU.

Commissioner Smith: YES. THE FULL CAPACITY IS 16?

David Hidalgo: CORRECT. THE BUDGET IS $4.7 MILLION. THE PROGRAM SPECIFICALLY WAS CREATED AS AN ALTERNATIVE TO HOSPITALIZATION AND INCARCERATION. WHAT WE KNOW IS THE BUDGET FOR THAT PROGRAM CAME OUT OF OUR EMERGENCY SERVICES PROGRAM, EVERY INDIVIDUAL THAT IS BROUGHT AND NOT INCARCERATED, WE ARE SAVING OFF THOSE COSTS FOR THE REMAINDER OF THE SYSTEM. THE COST WE PAY IS LESS THAN HOSPITAL. ALSO SHORTER THAN OFTEN OUR HOSPITAL STAYS. AND --

Commissioner Smith: REALLY? HOSPITAL STAYS?

David Hidalgo: YEAH. HOSPITAL STAYS OFTEN IN THE ADULT IS APPROXIMATELY 8 DAYS. OUR TARGET IS 6 DAYS. PARTLY BECAUSE THEY ARE SERVING LESS ACUTE POPULATION. STILL ACUTE BUT NOT AS

MEDICALLY COMPLEX. THEY HAVE HISTORICALLY HIT THAT TARGET QUITE WELL. SO THEY HAVE A GOOD FLOW WHICH IS IMPORTANT IN A FACILITY LIKE THAT. IF YOU LOCKUP ALL 16 BEDS, DOES NOT -- THE BLESSING ALSO IS THAT PROGRAM THAT HAS REQUIRED PEER STAFFING ALL THROUGH THE DAY. INDIVIDUALS WITH A LIVED EXPERIENCE HELPING PEOPLE STABILIZING FROM A CRISIS AND HELPING WITH DISCHARGE PLANNING COMING OUT OF THAT PROGRAM ATTACHED TO CARE. ATTACHED TO RESOURCES TO BE STABILIZED AND DISCHARGING BACK TO THE COMMUNITY.

Commissioner Smith: AND SO THE ISSUE IS WHEN THEY LEAVE, THEY HAVE TO HAVE A PERMANENT PLACE TO STAY. SO WHEN I'VE BEEN OVER THERE, THEY'VE SAID THEY CAN STAY UP TO 30 DAYS. THE AVERAGE MIGHT BE -- IT WOULD BE HELPFUL TO KNOW HOW MANY PEOPLE CAME THROUGH LAST YEAR. BECAUSE IT IS A HUGE NUMBER -- WHEN YOU THINK ABOUT IT, YOU WANT TO BE ABLE TO SAY WE'VE HELPED SO MANY HUNDREDS OF PEOPLE WITH THIS $4.7 MILLION. AND THAT 16 PEOPLE FOR FOUR YEARS. IT LOOKS REALLY BIG.

David Hidalgo: YOU ARE ABSOLUTELY CORRECT. IT'S HUNDREDS OF INDIVIDUALS. WE'D BE HAPPY TO GET THAT INFORMATION FOR YOU.

Commissioner Smith: THANK YOU.

Commissioner Meieran: JUST REALLY QUICK, THERE'S ALSO A PROGRAM OFFER ABOUT RESPITE SERVICES. IS THAT A DIFFERENT FACILITY?

David Hidalgo: YES. IT'S A NON SECURE PROGRAM. ALSO SOMEWHAT LIKE A GROUP HOME. CRISIS PROGRAM. INDIVIDUALS ALSO CAN STAY UP TO 30 DAYS MAXIMUM. ONCE AGAIN, THIS IS A LOWER LEVEL OF CRISIS THAN CATC AND HOSPITALIZATION. SO, YES, THERE ARE TWO PROGRAMS. ONE THROUGH CASCADIA AND ONE THROUGH COLUMBIA CARE...

Commissioner Meieran: THANK YOU SO MUCH.

Chair Kafoury: ANY QUESTIONS OR COMMENTS?

David Hidalgo: APPRECIATE IT. GREAT TO BE BACK. THANKS.

Chair Kafoury: IS THAT IT? SWEET, THERE'S GOT TO BE MORE.

David Hidalgo: COULD THERE BE MORE?

Chair Kafoury: I NEED MORE. OKAY. JUST A LITTLE JOKE. [LAUGHING]

Chair Kafoury: THANK YOU. THANK YOU FOR COMING. WE APPRECIATED THIS. AND ALL OVER OUR COMMUNITY. IT REALLY AFFECTS EVERYONE IN THE

COMMUNITY. HARD TO FIT IT INTO TIME SLOTS. APPRECIATE YOU COMING TODAY AND TO KNOW ANY OF THESE LOVELY PEOPLE ARE AVAILABLE TO COME AND TALK MORE WITH YOU BEFORE WE VOTE NEXT WEEK.

David Hidalgo ANY TIME.

Chair Kafoury: THANK YOU. [APPLAUSE]

Commissioner Smith: NOT FOR YOU. DAVID.

Chair Kafoury: YOU ARE DONE. RUN.

Commissioner Smith: I HAVE A BUDGET AMENDMENT TO DROP BEFORE WE LEAVE.

Chair Kafoury: ADAM'S READY.

Commissioner Smith: THIS IS FOR 3 TO PHD. THIS IS AMENDMENT IN AN EFFORT TO BREAK THE CYCLE OF GENERATIONAL POVERTY AND INEQUALITY. AND KNOWING THAT MULTNOMAH COUNTY IS INTERESTED IN CREATING SAFER, HEALTHIER AND MORE EDUCATED COMMUNITIES BY REDUCING HEALTH DISPARITIES AND INCREASING EDUCATIONAL ATTAINMENT FOR UNDER SERVED AND VULNERABLE POPULATIONS. CURRENTLY, OPPORTUNITIES EXIST TO DEVELOP PROGRAM APPROACHES THAT FOCUS ON PROGRAMS INCLUDING EARLY LEARNING, PHYSICAL, ORAL AND MENTAL HEALTH FOOD ACCESS NUTRITION AND WRAP AROUND SERVICES. AND UTILIZING ACADEMIC PLACEMENTS TO ENGAGE STUDENTS IN GRADES K-8. THE DEVELOPMENT OF THE COLLABORATIVE APPROACHES OF THE STATE OF OREGON, THE CITY OF PORTLAND WILL DRIVE HEALTH AND EDUCATION AND EQUITY OUTCOMES THAT ALIGN WITH MULTNOMAH COUNTY PRIORITIES. THIS IS FOR 500,000.

Chair Kafoury: ANY OTHER AMENDMENTS?

Commissioner Vega Pederson: YES. I HAVE A BUDGET AMENDMENT AS WELL. THIS IS SOMETHING THAT I'M INTERESTED IN AND COMMISSIONER TALKED ABOUT BEING INTERESTED IN IT. I PROPOSE 60521 BACK INTO THE BUDGET. AS YOU KNOW, I'VE BEEN WORKING ON THE CSAC COMMITTEE DURING THE BOARD. AND THIS IS CRITICAL TO THE WORK WE AND OUR PARTNERS ARE DOING AROUND COMBATTING SEX TRAFFICKING. WE HEARD FROM MANY COMMUNITY MEMBERS ABOUT HOW IMPORTANT THIS POSITION IS. THIS IS GATHERING INTEL THAT LEADS TO THE INDICTMENT AND PROSECUTION OF TRAFFICKER S IN CONNECTION TO SERVICES WHILE INCARCERATED AND UPON THEIR RELEASE. ALSO HELPS LEVERAGE ADDITIONAL RESEARCH WITH STUDENTS WORKING ALONGSIDE TO IDENTIFY TRAFFICKING VICTIMS AND THOSE WHO EXPLOIT THEM. THIS YEAR THE POSITION IS EXPECTED TO HELP

IDENTIFY 220 VICTIMS INCLUDING AN ESTIMATE OF 74 JUVENILES. THE WORK IS EXPECTED TO LEAD TO 15 CONVICTIONS WITH ANOTHER 30 CASES PENDING PROSECUTION. I THINK THIS IS IMPORTANT TO THE WORK THAT WE'RE DOING HERE.

Chair Kafoury: ANYTHING ELSE BEFORE WE ADJOURN FOR THE DAY? ALL RIGHT.

Commissioner Vega Pederson: I HAD A QUESTION. DO WE HAVE MORE BUDGET MEETINGS SCHEDULED?

Chair Kafoury: DON'T YOU WORRY. WE'LL TALK TO YOUR STAFF ABOUT THAT. IN FACT, WE WILL BE BACK HERE TOMORROW MORNING AT 9:30. SO WE WILL SEE YOU ALL AT 9:30. THANK YOU.

ADJOURNMENT – 3:52 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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