Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, April 23, 2013

BOARD BRIEFING

Chair Jeff Cogen called the meeting to order at 10:05 a.m. with Commissioners Deborah Kafoury, Loretta Smith and Diane McKeel present. Vice-Chair Judy Shiprack arrived at 10:06 a.m.

Also attending were Jacqueline Weber, Deputy County Attorney, and Marina Baker, Assistant Board Clerk.

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

Chair Cogen: GOOD MORNING EVERYONE. WELCOME TO THIS BOARD BRIEFING. WE HAVE A PRETTY FULL SCHEDULE TODAY SO WHY DON'T WE GET RIGHT INTO OUR FIRST MATTER, A BRIEFING ON HEALTH SYSTEM TRANSFORMATION. SIMPLE EASY SUBJECT. AND I'LL TURN IT OVER TO JOANNE TO START US OFF.

Ms. Fuller: THANK YOU, MR. CHAIR, MEMBERS OF THE COMMISSION. JOANNE FULLER, CHIEF OPERATING OFFICER FOR MULTNOMAH COUNTY. I HAVE LILLIAN SHIRLEY WITH ME TODAY, AND SUSAN MYERS, DIRECTOR OF THE DEPARTMENT OF COUNTY HUMAN SERVICES. WE'VE GOT A VARIETY OF OTHER FOLKS, INCLUDING SHERRY, WHO IS THE DIRECTOR OF THE DEPARTMENT OF COUNTY ASSETS TO TALK TO YOU ABOUT HEALTH CARE TRANSFORMATION TODAY. WE'RE GOING TO GO REALLY QUICK BECAUSE WE KNOW YOU HAVE A PACKED AGENDA, AND YOU MAY HAVE QUESTIONS FOR US. BUT WE WANTED TO TAKE THIS OPPORTUNITY TO TELL YOU ABOUT THE VAST SET OF WORK THAT WE HAVE BEEN UNDERTAKING TO BE A GOOD PARTNER IN MEDICAID HEALTH CARE TRANSFORMATION. SO, THAT'S ONE OF THE MOST IMPORTANT THINGS IS THAT IT'S EASY TO GET LOST IN ALL OF THE DIFFERENT KINDS OF HEALTH CARE TRANSFORMATION THAT ARE HAPPENING RIGHT NOW. WE WILL TALK TO YOU A LITTLE BIT ABOUT THE AFFORDABLE CARE ACT, BUT WHAT WE'RE MOSTLY TALKING ABOUT TODAY IS THE MEDICAID HEALTH CARE TRANSFORMATION AND THE COUNTY'S ROLE IN THAT. SO, WE ARE WORKING WITH A HUGE SET OF PARTNERS IN THIS. WE'RE WORKING WITH HOSPITALS, THE COORDINATED CARE ORGANIZATIONS, NEIGHBORING COUNTIES. AS YOU KNOW, WE'RE WORKING WITH BOTH CLACKAMAS AND WASHINGTON COUNTY, AS CLOSE PARTNERS IN THE FORMATION OF HEALTH SHARE, WHICH IS OREGON'S LARGEST COORDINATED CARE ORGANIZATION. AND THEN WE'RE WORKING WITH OUR ARRAY OF COMMUNITY PROVIDERS AND COMMUNITY STAKEHOLDERS TO MAKE SURE

THAT THE MEDICAID HEALTH CARE TRANSFORMATION WORKS FOR EVERYBODY IN OUR COMMUNITY. SO, THE FEDERAL DRIVER THE HEALTH CARE REFORM IS THE 2010 AFFORDABLE CARE ACT. AND THE MOST IMPORTANT PART OF THAT LAW, AS YOU KNOW, CALLS FOR HEALTH INSURANCE FOR EVERYONE REGARDLESS OF THEIR HEALTH, INCOME, OR AGE. AND THAT GOES INTO EFFECT IN JANUARY OF 2014. IN ORDER TO ACCOMPLISH THAT, EVERY STATE IS REQUIRED TO CREATE A NEW HEALTH CARE MARKETPLACE. AND IN OREGON, THAT MARKETPLACE IS CALLED COVER OREGON. AND THEY ARE GOING TO START ENROLLING INDIVIDUALS IN COVER OREGON STARTING THIS OCTOBER FOR HEALTH INSURANCE THAT WOULD START IN JANUARY OF 2014. AND THAT HEALTH INSURANCE IS GOING TO ALLOW -- IT'S GOING TO BE STRUCTURED IN A COUPLE OF DIFFERENT WAYS. FIRST OFF, PEOPLE WHO ARE INDIVIDUALS OR SMALL COMPANIES CAN PURCHASE HEALTH INSURANCE AT COVER OREGON JUST OUTRIGHT, BUT ALSO THERE WILL BE FEDERAL SUBSIDIES THAT WILL BE AVAILABLE FOR PEOPLE WHO DO NOT -- WHO HAVE TOO MUCH INCOME TO MEET THE MEDICAID ELIGIBILITY, BUT DON'T HAVE ENOUGH INCOME TO ACTUALLY AFFORD CARE. AS I SAID, MOSTLY WHAT WE'RE TALKING ABOUT IS OUR INVOLVEMENT IN MEDICAID REFORM. SO, IN JANUARY OF 2014, OREGONIANS THAT LEARN LESS THAN 133% OF THE FEDERAL POVERTY LEVEL WILL BE ABLE TO ENROLL IN THE ORGANIZE HEALTH PLAN. AS YOU KNOW, OREGON HEALTH PLAN HAS HAD RESTRICTED ENROLLMENT FOR THE LAST, WHAT, 10 YEARS OR SOMETHING, BECAUSE OF THE STATE'S FINANCIAL ABILITY TO PAY THE MATCH FOR PEOPLE WHO BE ENROLLED IN THE OREGON HEALTH PLAN. AS OF JANUARY 2014, BASICALLY ANYONE WHO MEETS THE INCOME CRITERIA WILL BECOME ELIGIBLE. THAT HAS HUGE IMPLICATIONS FOR US BECAUSE MANY OF THE PEOPLE THAT WE HAVE SERVED IN MULTNOMAH COUNTY WHO ARE UNINSURED ARE NOW GOING TO BE ABLE TO BE ELIGIBLE FOR MEDICAID. SO, PART OF WHAT WE'VE BEEN REALLY INVOLVED IN A TWO-PART PROCESS. TODAY WE'RE GOING TO BE TALKING TO YOU MOSTLY ABOUT THE WORK THAT WE'VE DONE TO DATE. AND THAT IS ABOUT STRUCTURING THE NEW HEALTH CARE SYSTEM FOR THE PEOPLE WHO ARE CURRENTLY ELIGIBLE FOR MEDICAID, AND MAKING SURE THAT THE COVERAGE THAT WE'RE PROVIDING FOR THEM MEETS THE NEW VISION OF HEALTH CARE IN OREGON. AND THEN STARTING IN JANUARY, AS WE START ENROLLING THIS EXPANDED -- THE MEDICAID EXPANSION POPULATION, AS THEY CALL IT, WE THEN ARE GOING TO NEED TO BE FIGURING OUT HOW THINGS THAT THE COUNTY PAYS FOR TODAY OR OTHER PEOPLE PAY FOR SERVICES FOR THE UNINSURED, WHETHER OR NOT SOME OF THOSE CAN NOW BE PAID FOR THROUGH MEDICAID THROUGH THE GLOBAL BUDGET OF THE COORDINATED CARE ORGANIZATION, AND THEN WE COULD LOOK AT SHIFTING OUR FUNDING TO OTHER THINGS. THAT'S GOING TO BE A GRADUAL PROCESS. IT ISN'T LIKE EFFECTIVE JANUARY 1st. ALL OF THE SUDDEN ALL OF THESE PEOPLE ARE ON MEDICAID. THEY NEED TO BE ENROLLED. AND THAT'S GOING TO TAKE SOME TIME AND IT'S ALSO GOING TO TAKE TIME FOR US TO SORT OUT WITH THE CCO WHAT THINGS CAN BE COVERED AND WHAT CAN'T. YES.

>> I HAVE A QUESTION. ARE YOU SPEAKING ABOUT THE CORRECTIONS HEALTH PIECE THAT BECOMES EFFECTIVE IN 2014 IN TERMS OF THINGS THAT WE CAN PAY FOR WITH THE MEDICAID DOLLARS?

>> THE CORRECTIONS HEALTH PIECE IS A DIFFERENT ISSUE.

>> OKAY.

>> WE'RE TALKING ABOUT PEOPLE WHO ARE IN THE COMMUNITY WHOSE INCOME LEVEL MEANS THEY'RE ELIGIBLE FOR MEDICAID. WE ARE WORKING THROUGH THE LEGISLATURE TO GET MEDICAID COVERAGE AND OTHER INSURERS -- WHAT WE DO IN CORRECTIONS HEALTH. THAT WILL BE ANOTHER PARALLEL PROCESS WITH THIS PROCESS THAT WE'RE GOING TO DO TO EXPAND CARE IN THE COMMUNITY.

>> THANK YOU.

>> UH-HMM.

>> SUSAN WILL TALK WITH YOU MORE ABOUT THE BUILDING BLOCKS WE ARE DOING. THEY WILL TALK ABOUT WHAT WE'VE BEEN DOING SO FAR, AND WE'RE GOING TO BE CONTINUING TO BRIEF YOU AS THIS SITUATION CHANGES AND AS WE KNOW MORE ABOUT WHAT THE CHANGES THAT ARE GOING TO HAPPEN INTO THE FUTURE. THANK YOU, LILLIAN.

>> LILLIAN SHIRLEY, MULTNOMAH COUNTY --

>> CAN I ASK A QUESTION REAL QUICK?

>> SURE.

>> JOANNE, IF I JUST UNDERSTOOD WHAT YOU SAID CORRECTLY, YOU SAID THERE ARE PEOPLE NOW THAT WE SERVE THAT HAVE NO HEALTH CARE COVERAGE.

>> YES.

>> AT ALL.

>> YES.

>> AND SO WE'RE LOOKING AT WHETHER THEY WOULD BE ELIGIBLE TO BE ON MEDICAID.

>> YES.

>> AND HAVE WE DONE ANY ANALYSIS OF THAT AT ALL?

>> YES.

>> OKAY. OKAY. AM I AHEAD OF MYSELF IN THE QUESTION?

>> THAT'S OKAY, COMMISSIONER. THAT'S A GOOD THING.

>> CHAIR COGEN. THAT IS WHY I WAS GETTING CONFUSED. YOU DIDN'T IDENTIFY WHO THOSE PEOPLE WERE.

>> THESE PEOPLE ARE PEOPLE SHOWING UP AT OUR HEALTH CLINICS TODAY AND OTHER HEALTH CLINICS IN THE COMMUNITY, CENTRAL CITY CONCERN, OUTSIDE IN, OR WHO MAY NOT BE SHOWING UP ANYWHERE AT ALL WHO ARE AT 133% OF THE FEDERAL POVERTY LEVEL. RIGHT NOW, BECAUSE THEY'RE NOT ONE OF THE SPECIAL POPULATIONS THAT'S COVERED UNDER OHP, THEY DON'T HAVE ANY INSURANCE. BUT ONCE THE FEDERAL -- IN JANUARY OF 2014, THEY WILL THEN BE ELIGIBLE FOR MEDICAID COVERAGE AND THAT WILL MEAN THAT THEY WILL COME UNDER THE UMBRELLA OF THE COORDINATED CARE ORGANIZATION, AND THEN WITH ALL OF OUR PARTNERS IN THIS HEALTH CARE TRANSFORMATION, WE ARE GOING TO NEED TO FIGURE OUT HOW TO PROVIDE CARE FOR THEM.

>> THANKS.

>> DO YOU WANT TO ADD ANYTHING TO THAT?

>> I'M STILL LILLIAN SHIRLEY.

>> GLAD TO HEAR THAT.

>> SORRY TO JUMP IN. WE'RE TRYING TO RESPECT YOUR TIME, SO TELL US TO SLOW DOWN, YOU KNOW, WHENEVER WE SHOULD. SO, TODAY I'M GOING TO TALK ABOUT THREE CONCRETE EXAMPLES OF THE WAY THAT SOME THINGS HAVE CHANGED. CHANGING ASPECTS OF HOW WE THINK ABOUT HOW WE DELIVER CARE AND HOW WE GET ENGAGED WITH PARTNERSHIPS, AND THAT IS TO COORDINATE CARE ORGANIZATIONS, HEALTHY COLUMBIA WILLAMETTE, AND HEALTH SHARE OF OREGON'S HEALTH COMMONS GRANT. SO, FIRST I'M GOING TO TALK ABOUT THE COORDINATED CARE ORGANIZATIONS. WE HAVE BEEN HERE BEFORE YOU TALKING ABOUT THIS, AND WE'VE HAD PEOPLE ACTUALLY COME FROM THE STATE EVEN BEFORE THEY WERE, YOU KNOW, A REALITY. BUT JUST TO REBRIEF YOU. THERE ARE TWO IN OUR REGION. ONE IS FAMILY CARE. AND THIS WAS THE FIRST CCO ESTABLISHED IN THE STATE. AND WE DO WORK WITH FAMILY CARE, AND COUNTY STAFF MEMBERS AND RESIDENTS ARE SERVING ON ITS ADVISORY

BOARD, AND WE'RE WORKING TO MAKE THINGS SMOOTHER FOR THE PATIENTS WHO GET ASSIGNED TO THEM WHO MAY OR MAY NOT HAVE BEEN IN OUR SYSTEM BEFORE, OR ARE NEW TO OUR SYSTEM. AND ALSO MAKING IT -- WE HAVE ALL OF THE WORK TO DO, BECAUSE YOU'VE HEARD US TALK A LOT ABOUT THE INFRASTRUCTURE CHALLENGES OF TRANSFORMATION, WE HAVE A LOT OF WORK TO DO TO MAKE SURE THAT THE BILLS GET SENT TO THE RIGHT PLACE AND EVERYTHING GETS PAID FOR AS WE BRING ON NEW INSURERS IN OUR SYSTEM. THE SECOND CCO IS HEALTH SHARE OREGON, AND IT IS THE LARGEST CCO IN OREGON. AND I THINK WHAT MAKES THIS UNIQUE, OF ALL OF THE CCOs IN OREGON, IS THAT IT REALLY IS BRINGING TOGETHER THIS PARTNERSHIP, NOT ONLY WITH A NUMBER OF COUNTIES, WHICH IS HAPPENING IN OTHER PLACES IN THE STATE, BUT IT ALSO HAS VERY DIVERGENT HEALTH CARE SYSTEMS AND HOSPITAL SYSTEMS INVOLVED AS MEMBERS OF THE CCO. AND I THINK ONE OF THE OTHER THINGS THAT -- ABOUT IT IS IT HAS ONE EVER THE MOST INCLUSIVE GOVERNING BOARDS OF ANY CCO IN THE STATE. THAT'S NOTEWORTHY IN THAT WE HAVE A HOUSING PERSON ON IT, A MENTAL HEALTH PERSON ON IT. AN ALCOHOL AND DRUG PROVIDER ON IT. AND WE ALSO ACTUALLY RECRUITED A DENTIST ON IT, EVEN THOUGH DENTAL ISN'T DUE TO GET ROLLED IN FOR AWHILE. SO, YOU KNOW, IT REALLY IS -- IT IS A PRETTY AMAZING COLLABORATIVE. AND THE CHANGES TO THE NETWORKS IN TERMS OF THE PATIENTS IS HOW THE DOCTOR WILL BE ABLE TO TAKE CARE OF THE PATIENT, WHETHER IT IS A DOCTOR OR A NURSE, A NURSE PRACTITIONER, COMMUNITY SERVICES LINKAGES WORKING TOGETHER. OUR POINT IS TO KEEP THEM OUT OF THE HOSPITAL, BUT IF THEY DO NEED THE HOSPITAL, HOW DO WE MAKE THAT SEAMLESS. THE SECOND THING I'M GOING TO TALK ABOUT THIS MORNING, HEALTHY COLUMBIA WILLAMETTE ASSESSMENT. AND THIS -- THIS IS WORTHY OF LOOKING AT I THINK, TOO, BECAUSE WHAT HAS CHANGED AND HOW WE DO OUR WAY. THE ORIGIN OF THIS MULTNOMAH COUNTY HEALTH DEPARTMENT AND THE OREGON HEALTH AND HOSPITALS ASSOCIATION MET TOGETHER TO SEE HOW WE CAN FRAME WHAT WE KNEW WHAT WAS COMING DOWN THE ROAD. THE COMMUNITY HEALTH ASSESSMENT IS A REQUIREMENT BOTH OF THE AFFORDABLE CARE ACT AND IT IS CONNECTED TO THE HOSPITAL'S IRS TAX STATUS FOR NON-PROFIT HOSPITALS. IT IS ALSO REQUIRED BY THE OREGON HEALTH AUTHORITIES LEGISLATION AROUND CCO'S AND HOW CCO'S NEED TO DETERMINE HOW THEY PRIORITIZE THEIR RESOURCES, AND THE OTHER THING THAT IS IMPORTANT FOR GOVERNMENTAL PUBLIC HEALTH IS IT IS ALSO A REQUIREMENT TO ACCREDITED PUBLIC HEALTH DEPARTMENT GOING FORWARD, WHICH IS SOMETHING THAT IS NEW. IT STARTED OUT THE LAST COUPLE OF YEARS. WE'RE IN THE PROCESS OF GETTING READY TO APPLY FOR ACCREDITATION. SO, IT WAS A WAY TO BRING THESE -- MAKE THESE THREE PROJECTS, YOU KNOW, SERVE THE SAME END TOGETHER. AND AS YOU CAN SEE, WE WILL BE ABLE TO SHOW YOU SOME RESULTS OF THAT RIGHT NOW, WHICH IS EVERY COUNTY, EVERY HOSPITAL, EVERY PARTNER HAS THEIR OWN LIKE LANDING PAGE, IF YOU WILL. THIS IS AN EXAMPLE OF

OUR LANDING PAGE ON AN INTERNET SYSTEM. WE ARE ALSO DOING -- WE'RE IN THE SECOND STAGE RIGHT NOW OF LOOKING AT THE QUALITATIVE DATA. WE ARE GOING OUT AND INTERVIEWING COMMUNITY MEMBERS, COMMUNITY ORGANIZATIONS TO GET THEIR TAKE ON WHAT THE PRIORITIES SHOULD BE. WE HAVE ALSO DONE A REVIEW OF OVER 50 COMMUNITY HEALTH ASSESSMENTS THAT HAVE BEEN DONE BY INDIVIDUAL ORGANIZATIONS IN OUR COMMUNITY OVER THE LAST SEVERAL YEARS, AND WE'RE COMING UP WITH A LIST THAT WILL BE DETERMINED ON WHAT ARE THE KIND OF PRIORITIES THAT WE CAN LOOK AT HERE. SO THE MORBIDITY AND MORTALITY IS DONE AND WE'RE INTO THAT QUALITATIVE TO PUT ON TOP. IT'S A JOURNEY COMING TOGETHER. CEO OF KAISER SAID WOULDN'T IT BE GREAT IF IN THE END OF THIS WE ALL SAID WE WANTED TO DO SOMETHING ABOUT CHILDHOOD OBESITY? WHAT A KAISER WOULD DO IS DIFFERENT THAN WHAT A -- WHAT -- IF WE COULD LOOK AT THIS TOGETHER. WE DON'T HAVE TIME NOW, BUT WE WILL GIVE YOU THE LINK SO YOU CAN PLAY WITH IT IF YOU WANT TO, AND GO THROUGH IT. IN ADDITION, WE'RE LOOKING TO IN OUR OWN REGIONS TO MAKE SURE THAT YOU CAN DRILL DOWN FOR SPECIFIC NEIGHBORHOODS AND SPECIFIC RACIAL AND ETHNIC GROUPS, SPECIFIC CATEGORIES OF INDIVIDUALS THAT MAY BE CONCERNED. SO WE CAN REALLY MEASURE ARE WE ACHIEVING EQUITY? THE OTHER THING I WANT TO TALK ABOUT, THE THIRD CONCRETE THING, IS THE HEALTH SHARE OF OREGON APPLIED FOR MONEY THAT WAS MADE AVAILABLE FOR PEOPLE WHO WERE TAKING THE PLUNGE AND TRYING TO FIGURE OUT CHANGES IN THE MODEL OF CARE, IDENTIFIED IN THE AFFORDABLE CARE ACT. AND RECEIVED A VERY SIGNIFICANT GRANT THAT IS CALLED THE HEALTH COMMONS GRANT. THIS ALSO IS A COMPLETE COLLABORATION APPLIED FOR BY HEALTH SHARE OF OREGON AND CARE OREGON WITH ALL OF US AS PARTNERS. PROVIDENCE HEALTH SYSTEMS, RESEARCH GROUP ADMINISTERS THE GRANT AND WE HAVE ALL AGREED ON THE GOALS FOR THE GRANT. IT IS A $17.3 MILLION INTO OUR COMMUNITY TO ACHIEVE THE GOALS OF TRANSFORMATION. I'M JUST GOING TO END WITH FIVE OF THE INTERVENTIONS THAT WE HAVE ALREADY LAUNCHED ARE, HIRING AND TRAINING OF NEW OUTREACH WORKERS, IMPROVING THE TRANSITION PROCESS AS PATIENTS LEAVE HOSPITALS AND GET BACK TO THEIR MEDICAL HOME. PROVIDING NAVIGATORS SO THAT PEOPLE CAN FIND THE RIGHT CARE FOR THE HIGHEST COST PATIENTS. CONNECTING PATIENTS TO COMMUNITY SERVICES FOR MENTAL HEALTH NEEDS AND STANDARDIZING HOSPITAL DISCHARGES. SO, WITH THAT, I WILL TURN IT OVER TO SUSAN MYERS, AND SUSAN WILL TALK TO YOU ABOUT SOME OF THE MAJOR THINGS IMPACTED --

>> SUSAN MYERS, AND I WILL BE TALKING TO YOU TODAY ABOUT INTEGRATION AND REGIONALIZATION, TWO OF THE PRIMARY COMPONENTS OF HEALTH CARE TRANSFORMATION. AS YOU KNOW, THE COUNTY HAS MANAGED THE MEDICAID, MENTAL HEALTH BENEFIT ON BEHALF OF THE STATE SINCE THE LATE '90s. ROUGHLY ABOUT 16 YEARS. AND CURRENTLY WE WILL STILL BE ACTING AS THE INSURANCE POOL FOR HEALTH SHARE OF

OREGON. AS LILLIAN STATED, WE HAVE TWO CCOs IN THE COMMUNITY. ONE IS HEALTH SHARE, AND WE WILL STILL BE SERVING AS THE MENTAL HEALTH MANAGED ORGANIZATION FOR THEM. AND ALSO FAMILY CARE. FAMILY CARE WILL BE MANAGING THEIR OWN MENTAL HEALTH BENEFIT. THE COUNTY WILL NOT BE DOING THAT ON BEHALF OF FAMILY CARE. HOWEVER, WE WILL CONTINUE TO PROVIDE AFTER-HOUR CRISIS RESPONSE TO FAMILY CARE MEMBERS TO DIVERT FROM EMERGENCY ROOMS AND TO GET TO THE RIGHT LEVEL OF CARE. OTHER SERVICES THAT WILL STILL BE PROVIDED TO FAMILY CARE MEMBERS ARE SERVICES THAT AREN'T MEDICAID BENEFITS, SUCH AS OUR SCHOOL-BASED MENTAL HEALTH SERVICES, AND AS WELL WE ARE STILL A LOCAL MENTAL HEALTH AUTHORITY, SO FAMILY CARE MEMBERS WHO GO TO THE STATE HOSPITAL, WE WILL BE MANAGING THEIR CARE AS WELL. ALSO CURRENTLY IN OUR AGING AND DISABILITY SERVICES PROGRAM, WE MANAGE MEDICAID FUNDS FOR LONG-TERM CARE AND LEE GIRARD FROM AGING AND DISABILITIES WILL BE HERE TO TALK WITH YOU ABOUT THAT. THOSE FUNDS ARE CURRENTLY CARVED OUT OF THE GLOBAL BUDGET. LET'S TALK ABOUT WHAT INTEGRATION MEANS. AS LILLIAN SAYS, IT MEANS INTEGRATING BEHAVIORAL HEALTH CARE WITH MEDICAL CARE WITH DENTAL CARE. DENTAL CARE IS ON THE BACK BURNER FOR NOW, SO RIGHT NOW WHAT IT MEANS FOR US IS WE ARE GOING TO BE INTEGRATING OUR HIGH RISK, HIGH NEED MENTAL HEALTH CLIENTS TO REQUIRE SPECIALTY CARE AND WE WANT TO ASSURE THAT THEY HAVE ACCESS TO PRIMARY HEALTH CARE WHERE THEY ARE RECEIVING THEIR SPECIALTY CARE AND AT THE SAME TIME WE WANT TO ENSURE THAT CLIENTS WHOSE HEALTH HOME IS AN HQHC OR PRIMARY HEALTH CLINIC CAN BE TREATED FOR THEIR LOW AND MEDIUM MENTAL HEALTH NEEDS IN THOSE SETTINGS AS WELL. WE WANT PEOPLE WHO NEED SPECIALTY CARE MENTAL HEALTH TREATMENT TO BE ABLE TO GET ACCESS TO MEDICAL CARE. AS WE KNOW, A LOT OF CHRONIC MENTAL HEALTH CLIENTS FRANKLY DON'T DO A VERY GOOD JOB GETTING THEIR MEDICAL CARE AND WE WANT TO MAKE IT EASIER TO THEM SO THEY HAVE ACCESS TO THAT WHERE THEY ARE GETTING THEIR MENTAL HEALTH CARE AND ON THE OTHER SIDE OF THAT, LOWER LEVEL NEED CLIENTS CAN GET ACCESS TO THOSE SERVICES --

>> DO HE HAVE ADEQUATE AMOUNTS OF MENTAL HEALTH SERVICES, TO MAKE THAT HAPPEN?

>> I THINK THAT IS PART OF THE INTEGRATION TO WORK ON THAT, HAVING ACCESS TO THOSE SERVICES. I WOULD SAY AT THIS POINT NO, BUT WE'RE WORKING ON THAT.

>> IT IS PART OF THE PILOTS WE TALKED ABOUT DOING, AND PHYSICIAN MENTAL HEALTH DIRECTOR AND PSYCHIATRIST, AND SUSAN'S AREA OVERSEEING -- WE HIRED PSYCHIATRIC NURSE PRACTITIONERS AND OTHERS TO LOOK AT HOW WE CAN DO THIS.

>> IS THAT AN ISSUE ACROSS THE BOARD?

>> IT IS AN ISSUE --

>> HIRING DOCTORS FOR THE MEDICAL CARE ON THE PHYSICAL END AS WELL?

>> THE GENERIC TERM IS CAPACITY. CAPACITY IS AN ENORMOUS ISSUE. THAT IS WHY TRACKING WHERE PEOPLE GO, WHO IS SEEING THEM WHERE FOR WHAT IS REALLY GOING TO BE CRUCIAL, AND ALL OF THE ELECTRONIC HEALTH RECORDS IN THE SYSTEM, TALKING TO EACH OTHER ARE REALLY GOING TO BE REALLY SIGNIFICANT.

>> CAPACITY MEANS MORE THAN JUST PRACTITIONERS, BUT ALSO PHYSICAL SPACE.

>> EXACTLY. THANK YOU ALL FOR COMING THIS WEEK. EXACTLY. YEAH.

>> DO WE HAVE A SPECIFIC PLAN LAID OUT FOR HOW WE'RE GOING TO GO ABOUT BUILDING OUR CAPACITY.

>> OUR PSYCHIATRIST, CHIEF MEDICAL OFFICER, IS WORKING WITH THE HEALTH DEPARTMENT AND WE ARE WORKING ON THAT PLAN AS TO HOW WE CAN BUILD OUR CAPACITY ON BOTH SIDES. AND IT IS A CHALLENGE. BUT IT'S A -- TO ME IT IS A VERY PROGRESSIVE, IT IS A FANTASTIC GOAL BECAUSE IT'S THE WAY IT SHOULD BE. WE'RE HUMAN BEINGS AND WE HAVE SEPARATED FAR TOO LONG OUR MINDS FROM OUR BODIES FROM OUR MOUTHS, WHICH IS KIND OF BIZARRE. SO IT MAKES SENSE FOR US TO COMBINE HOW WE WILL GET OUR -- I DON'T KNOW IF WE WILL EVER HAVE MENTAL HEALTH CARE IN A DENTAL OFFICE, BUT MAYBE. IT IS A HUGE CHALLENGE. THESE ENTITIES HAVE BEEN SILOED FOR FAR TOO LONG. IT WILL TAKE MORE THAN THE YEAR WE HAVE BEEN WORKING ON IT WE ARE FINDING. WE ARE PUTTING RESOURCES INTO IT. AND THE DOCTOR IS DOING AN EXCELLENT JOB INTERNALLY WITH US AND THE HEALTH DEPARTMENT.

>> WE AGREE OVER HERE ON THIS END THAT THERE IS SOME DEGREE OF MENTAL HEALTH CARE THAT GOES ON IN A DENTAL OFFICE. [LAUGHTER]

>> IT'S THE MEDICATION PART.

>> JUST RELAX.

>> INTEGRATION IS THE BIGGEST CHALLENGE. THE OTHER THING THAT WE'RE WORKING ON IS REGIONALIZATION. AND THAT THAT MEANS IS WE ARE WORKING WITH OUR PARTNER COUNTIES, CLACKAMAS AND WASHINGTON, TO SIMPLIFY AND STANDARDIZE MANY OF THE ADMINISTRATIVE PROCESSES WE

HAVE FOR OUR PROVIDERS. AS YOU CAN IMAGINE, WE HAVE BEEN WIDELY VARIED IN HOW WE PAY FOR SERVICES, WHAT WE EXPECT FROM TREATMENT, WHAT WE EXPECT AS OUTCOMES AND WE HAVE BEEN WORKING DILIGENTLY FOR THE LAST YEAR, MEETING SOMETIMES ONCE A WEEK IF NOT MORE OFTEN ON HOW WE CAN STANDARDIZE THESE PROCESSES. AND DAVID WILL TALK ON THAT IN A FEW MINUTES. THE GOAL IS HAVING ONE REGIONAL HEALTH SYSTEM, BEHAVIORAL HEALTH SYSTEM WHERE CLIENTS WILL RECEIVE THE SAME TYPE, THE SAME QUALITY, AND ACCESS TO BEHAVIORAL HEALTH SERVICES NO MATTER WHERE THEY LIVE IN THE REGION. REGIONALIZATION IS ALSO OCCURRING IN OUR AREA AGENCY ON AGING PARTNERS, AND LEE GIRARD WILL PRESENT ON HOW WE ARE DOING THAT.

>> OKAY. WE'RE GOING TO CHANGE --

>> CHAPTER TWO.

>> GOOD MORNING.

Ms. Girard: GOOD MORNING. AND I'M LEE GIRARD WITH AGING AND DISABILITY SERVICES DIVISION. I AM THE COMMUNITY SERVICES MANAGER. AND I'M HERE TO TALK ABOUT WHAT ROLE AND THE ACTIVITIES HAPPENING WITH MEDICAID LONG-TERM CARE AND HEALTH SYSTEMS TRANSFORMATION. WE ARE IN A SLIGHTLY DIFFERENT PLACE THAN OTHER PARTS OF THE COUNTY. AT THIS POINT, MEDICAID LONG-TERM CARE IS CARVED OUT OF AND NOT INCLUDED IN THE CCO GLOBAL BUDGETS. SO, WHAT DOES THAT MEAN? IT BASICALLY MEANS THAT THE MEDICAID LONG-TERM CARE THAT WE'RE OVERSEEING, WHICH INCLUDES TWO COMPONENTS. WE HAVE THE ACTUAL LONG-TERM CARE SERVICES THEMSELVES. THOSE ARE ACTUALLY MANAGED AND HELD AT THE STATE. BUT IT'S OUR STAFF WHO ACTUALLY AUTHORIZE AND DECIDE HOW MUCH OF THAT SERVICE IS PROVIDED TO CLIENTS WHO NEED MEDICAID LONG-TERM CARE SERVICES, AND THAT INCLUDES NURSING FACILITY CARE, COMMUNITY-BASED CARE IN PLACES LIKE ADULT CARE HOME, ASSISTED LIVING, RESIDENTIAL CARE FACILITIES, AND LONG-TERM CARE SERVICES PROVIDED IN IN-HOME SETTINGS. THOSE ARE THE LONG-TERM CARE SERVICES. WHEN YOU ARE TALKING ABOUT THE IMPACT TO CLIENTS, THAT'S WHAT THEY ARE INTERESTED IN, AND WHEN THEY'RE TALKING ABOUT WHERE THEIR BUDGET IS. AND THE OTHER PART OF THAT GLOBAL BUDGET IS THE MEDICAID ADMINISTRATIVE CASE MANAGEMENT THAT WE ADMINISTER. SO THAT'S ALL OF THOSE CASE MANAGERS THAT ARE OUT IN THE BRANCH OFFICES THAT MEET ONE-ON-ONE WITH CLIENTS, ASSESS THEIR NEEDS, DEVELOP CARE PLANS, AND THEY HELP THEM WITH PROBLEM SOLVING AND CARE MANAGEMENT ON AN ON GOING BASIS, AS PEOPLE TRY TO BE AS INDEPENDENT AS POSSIBLE. SO, THAT'S REALLY WHAT WE'RE TALKING ABOUT WHEN WE SAY THAT THE BUDGET FOR MEDICAID LONG-TERM CARE HAS BEEN CARVED OUT. ALTHOUGH WE DON'T HAVE BUDGETARY REQUIREMENTS AT THIS POINT IN OREGON, THERE ARE REALLY

SPECIFIC REQUIREMENTS SPELLED OUT FOR HOW THE MEDICAID LONG TERM CARE SYSTEM IS GOING TO COORDINATE AND INTEGRATE WITH COORDINATED CARE ORGANIZATIONS. ON BOTH SIDES WE HAVE REQUIREMENTS TO HAVE FORMAL AGREEMENTS. AND WE HAVE BEEN VERY FORTUNATE IN THIS -- IN THE REGIONAL AREA, VERY EARLY ON. ALL THREE COUNTIES WORKING ON LONG-TERM -- HAVING LONG-TERM CARE PROGRAMS GOT TOGETHER AND AGREED THAT WE WANTED TO HAVE A STANDARD AGREEMENT. WE HAVE TO HAVE SEPARATE ONES BECAUSE THE OTHER TWO COUNTIES ARE ACTUALLY RUN BY STATE OFFICES. WE ACTUALLY DID SOME LEGAL CHECKING TO SEE IF WE COULD HAVE ONE AGREEMENT. WE COULDN'T. BUT WE DID AGREE THAT WE WOULD HAVE ONE STANDARD AGREEMENT. THAT'S WHAT WE HAVE. WE HAVE A STANDARD AGREEMENT THAT ALL THREE OF US HAVE. IT PRETTY MUCH LOOKS THE SAME. BUT WE HAVE SEPARATE AGREEMENTS. WE ALL MEET TOGETHER. AND WE COORDINATE VERY CLOSELY. WE MEET ON A REGULAR BASIS WITH BOTH OF THE COORDINATED CARE ORGANIZATIONS, AND WE HAVE A VARIETY OF ACTIVITIES GOING ON WITH BOTH OF THOSE AGENCIES. I'M GOING TO TALK A LITTLE BIT ABOUT WHAT ARE SOME OF THE REQUIRED AREAS THAT WE'RE COORDINATING AROUND, AND I WILL CLOSE OFF WITH SOME ACCOUNTABILITY THINGS WE'RE WORKING ON. THE AGREEMENTS THAT WE HAVE WITH HEALTH SHARE OREGON AND FAMILY CARE, WE TRY TO HAVE THEM LOOK AS MUCH ALIKE AS POSSIBLE. FOR LONG-TERM CARE CLIENTS WE THINK THAT IS REALLY IMPORTANT. WE HAVE FIVE KEY AREAS THAT THE STATE REQUIRES US TO COVER. THAT INCLUDES PRIORITIZATION OF HIGH-NEEDS MEMBERS. I THINK WHEN YOU LOOK AT THE HEALTH COMMONS GRANT, HEALTH SHARE OF OREGON HAS, THAT'S PROBABLY -- THEY HAVE A LOT OF FOCUS ON HOW THEY ARE ADDRESSING THE NEEDS OF MEMBERS THAT HAVE HIGH UTILIZATION OF HEALTH SYSTEMS. ONE OF THE EXAMPLES FOR US IS WE ARE PILOTING A HIGH -- A RISK CASE MANAGER WHO IS WORKING VERY CLOSELY WITH THE COORDINATED CARE ORGANIZATIONS AROUND FOLKS THAT TEND TO FALL INTO OUR ARENA AND HAVE LONG-TERM CARE NEEDS. AND WE ARE COORDINATING CLOSELY AROUND HOW SERVICES ARE REALLY INTEGRATED ACROSS LONG-TERM CARE AND ACUTE AND PRIMARY CARE FOR THOSE INDIVIDUALS, AND EXTENDING THE REACH OF HEALTH CARE INTO THE LONG-TERM CARE SYSTEM. THE DEVELOPMENT OF INDIVIDUALIZED CARE PLANS IS ANOTHER AREA THAT WE'RE COORDINATING AND HAVE A REQUIREMENT. AND THEY'RE AN EXAMPLE, ACTUALLY AN INNOVATIVE PILOT THAT WE WILL BE DOING WITH FAMILY CARE, WHICH IS CALLED THE BRIDGE TO CARE PILOT. AND WHERE THE FAMILY CARE ON THEIR SIDE IN OUR LONG-TERM CARE CASE MANAGERS ON OUR SIDE WILL BE IDENTIFYING CLIENTS WHO ARE GETTING -- LIVING IN THEIR HOMES AND HAVE A HOME CARE WORKER, AND THEN THOSE HOME CARE WORKERS WILL GET ADDITIONAL TRAINING TO REALLY BE ABLE TO COACH AND SUPPORT OUR LONG-TERM CARE CLIENTS AROUND THEIR HEALTH ISSUES. THAT'S SOMETHING THAT SOUNDS VERY INTERESTING TO US. A THIRD AREA IS TRANSITIONAL CARE PRACTICES. THAT IS HOW WE CAN SUPPORT THE

HEALTH SYSTEM -- THE PATIENTS AS THEY'RE TRANSITIONING OUT OF HOSPITALS. THE GOAL HERE IS TO REALLY HELP FOLKS NOT UNNECESSARILY RETURN TO THE HOSPITAL. THAT'S THE BOTTOM LINE. AND WE RECENTLY RECEIVED FUNDING FROM CMS TO REALLY WORK WITH MEDICARE BENEFICIARIES, AND I WILL BE COMING BACK TO TALK TO YOU ABOUT THAT IN A COUPLE OF WEEKS. AND WE'RE DOING THAT IN COORDINATION WITH SOME WORK THAT IS HAPPENING WITH THE HEALTH COMMONS GRANT WITH A CARE TRANSITIONS PROGRAM THAT THEY'VE GOT GOING SO THAT WE TRY TO HAVE SIMILAR PROCESSES AND PROCEDURES AND OUR STAFF ARE WORKING VERY CLOSELY TOGETHER. WE HAVE DIFFERENT POPULATIONS THAT WE'RE WORKING WITH, BUT WE'RE TRYING TO HAVE SIMILAR TIMES OF SYSTEMS AND COLLABORATION. AND THEN WE HAVE MEMBER ENGAGEMENT AND PREFERENCES THAT WE -- WE REALLY TRY TO WORK ACROSS SYSTEMS TO MAKE SURE THAT THE CONSUMER VOICE IS HEARD. AND THEN FINALLY, ESTABLISHING MEMBER CARE TEAMS. AND HERE WHAT WE'RE REALLY DOING IS TRYING TO WORK -- WE'RE ACTUALLY MEETING JOINTLY WITH BOTH FAMILY CARE AND HEALTH SHARE IN THE SAME ROOM. ALL THREE OF US ARE MEETING TOGETHER. AND WE'RE REALLY TALKING ABOUT HOW WE USE KIND OF OUR DATA SYSTEMS TO IDENTIFY HIGH-NEED FOLKS, AND THEN REALLY LOOK AT HOW WE WORK TOGETHER AS A TEAM AROUND SERVING SOME KEY FOLKS AND THAT WE ACTUALLY TRY TO DO THAT IN A SIMILAR WAY ACROSS BOTH OF THE CCOs. AND THEN I REALLY JUST WANTED TO MENTION A COUPLE OF THINGS ABOUT ACCOUNTABILITY. THAT'S A KEY ISSUE, I THINK, AS WE'RE MOVING FORWARD WITH HEALTH SYSTEMS TRANSFORMATION. AND FOR LONG-TERM CARE, THERE IS A COUPLE OF SPECIFIC THINGS. WHEN OUR AGREEMENTS THAT WE HAVE WITH THE CCOs, WE HAVE TO HAVE SPECIFIC ACCOUNTABILITY MEASURES. FOR THE FIRST YEAR, WHAT THE STATE HAS ASKED IS FOR US TO HAVE PROCESS MEASURES. IT'S THINGS LIKE DID WE GET THE AGREEMENT SIGNED? THAT WAS THE FIRST ONE. ARE WE MEETING REGULARLY? OUR NEXT PROCESS MEASURE WILL BE TO IDENTIFY THE KEY OUTCOME MEASURES FOR CLIENTS. WE'RE IN THE PROCESS OF DOING THAT. AND PROBABLY THE HOTTEST TOPIC FOR US RIGHT NOW IS THAT WHEN THE STATE NEGOTIATED THEIR ACCOUNTABILITY PLAN WITH CMS, ONE OF THE THINGS THAT WAS SPECIFICALLY CALLED OUT WAS FOR THERE TO BE A STUDY AROUND THE INTEGRATION OF LONG-TERM CARE INTO THE CCOs. AND SO THAT STUDY GROUP HAS BEEN IDENTIFIED, AND THIS IS ACTUALLY STARTING TO MEET, I THINK, NEXT MONTH AND IT WILL MEET FOR SIX MONTHS AND THERE WILL BE A REPORT OUT ON WHAT ARE THE CHALLENGES, THE BARRIERS, AND POTENTIALS FOR INTEGRATING.

>> ARE YOU PART OF THAT STUDY GROUP?

>> I'M NOT. AND PEGGY IS GOING TO BE KIND OF SITTING ON THE SIDELINES. ONE OF US WILL PROBABLY BE GOING TO THE MEETINGS BUT SITTING KIND OF BACK. THERE IS A REPRESENTATIVE FROM THE AREA AGENCIES ON

AGING FROM NORTHWEST SENIOR DISABILITY SERVICES WHO WILL BE SITTING ON THAT GROUP.

Chair Cogen: OKAY.

>> THANK YOU FOR YOUR REPORT. YOU TALKED ABOUT PROCESS MEASURES, WHAT OTHER MEASURES OR OUTCOMES ARE OUTLINED IN THAT AGREEMENT WITH THE LONG-TERM CARE AGREEMENTS?

>> SOME OF THE PROCESS MEASURES THAT WE'VE OUTLINED ARE ACTUALLY DEVELOPING DATA SHARING AGREEMENTS, AND SETTING UP THE PROCESSES TO DO THAT. WE'RE -- I WOULD SAY PROBABLY ABOUT HALFWAY THERE WHERE WE HAVE ACTUALLY BEEN ABLE TO GET THE STATE TO GIVE US BETTER REPORTING ON CLIENTS. SO WE FEEL THAT WE'RE ACTUALLY MAKING PROGRESS ON THAT. AND THEN ALSO WE'RE STARTING TO LOOK AT THE KIND OF CARE PLANNING THAT WE DO IN LONG-TERM CARE AND HOW THAT EITHER -- WHETHER OR NOT THAT COINCIDES WITH THE KIND OF CARE PLANNING THAT HAPPENS IN THE HEALTH SYSTEMS, AND WHAT WILL BE MOST USEFUL TO SHARE. THOSE ARE THE PROCESS MEASURES WE'RE WORKING ON RIGHT NOW.

>> YOU SAID A LITTLE BIT ABOUT THE OUTCOMES THAT YOU HAVEN'T IDENTIFIED THOSE YET. WHEN DO YOU EXPECT THAT YOU WILL IDENTIFY SOME OF THE OUTCOMES FROM SOME OF THE MEASURES?

>> WE KNOW THAT WE HAVE SOME THAT WE ARE PLANNING TO DO. ONE OF THEM IS AROUND CARE TRANSITIONS. AND IT'S PROBABLY IDENTIFYING SOME KEY MEASURES WHERE WE LOOK AT THE FOLKS THAT WE'RE SERVING, AND HOW WE CAN REDUCE UNNECESSARY HOSPITAL READMISSION, SO THAT WOULD BE PROBABLY A KEY ONE THAT WOULD BE THERE. SO, THAT'S THE ONE THAT COMES TO MY MIND MOST SPECIFICALLY.

>> THANK YOU. I'M GOING TO HAND IT OFF.

>> I'M SHERRY, THE DIRECTOR OF DEPARTMENT OF COUNTY ASSETS AND CHIEF INFORMATION OFFICER FOR MULTNOMAH COUNTY. I'M HERE TO TALK TO YOU ABOUT TECHNOLOGY -- I DID WIN THE PRIZE FOR THE CLEANEST SLIDE. I JUST WANT YOU TO KNOW THAT. BUT IT IS KNOW INDICATION OF THE COMPLEXITY THAT WE'RE DEALING WITH. AS YOU'VE ALREADY HEARD, PART OF THE COMPLEXITY ALL OF THIS IS THE NUMBER OF PARTNERS THAT ARE INVOLVED. THAT'S THE GOOD NEWS, AND IT ALSO IN SOME CASES IS THE BAD NEWS. SO, THIS IS A LIST OF ALL OF THE PARTNERS FROM A SYSTEMS PERSPECTIVE THAT WE'RE WORKING WITH. INTEL IS ON THAT LIST BECAUSE THEY'RE PROVIDING SOME PROJECT MANAGEMENT EXPERTISE. BUT YOU MIGHT -- IF YOU LOOK AT THE SLIDE, YOU CAN SEE WE HAVE PARTNERS OF ALL SIZES. VERY, VERY SMALL TO VERY COMPLEX. AND THEN IN MANY CASES,

THOSE COMPLEX PARTNERS AREN'T INTEGRATED REALLY FROM A SYSTEMS PERSPECTIVE EVEN INTERNALLY. IT MAKES SORTING OUT WHAT WE NEED TO DO VERY COMPLEX. SOME OF THE THINGS THAT WE HAVE -- THAT WE'VE LOOKED AT AND THAT ARE REALLY ARE FIRST INITIATIVES THAT REALLY --

>> NOT YET.

>> NO.

>> OKAY, SORRY.

>> YOU'RE GOING WAY TOO FAST FOR ME. ANYWAY -- REALLY THE FIRST THING WAS TO ENSURE THAT THE ELIGIBILITY PROCESSING OCCURRED THE WAY IT NEEDED TO MOVING FROM THE STATE TO HEALTH SHARE OREGON. SO, WE HAVE PEOPLE INVOLVED IN THAT WORK GROUP. I THINK OVERALL, WE ALSO DID AN INVENTORY OF ALL OF THE SYSTEMS OF ALL OF THESE PARTNERS, AND HOW THEY MIGHT INTERACT, AND THAT WAS A VERY COMPLEX -- THE THREE AREAS THAT WE'RE LOOKING AT RIGHT NOW, CARE MANAGEMENT. THE GRANT THAT HAS BEEN MENTIONED, HOW IN WE'RE GOING TO BE A COMMUNITY MANAGING THE CARE OF OUR MEDICAID POPULATION, HOW WE WILL DO THAT AND WHAT TECHNOLOGY DO WE NEED? CARE MANAGEMENT IS ONE AREA. HEALTH INFORMATION EXCHANGE, AND IN A MINUTE I WILL SHOW YOU SOME SLIDES REGARDING THAT, IS ANOTHER AREA THAT WE'RE LOOKING AT. HOW WILL THE DOCTORS AND THE NURSES AND THE PRACTITIONERS THAT ARE OUT TREATING PEOPLE, HOW WILL THEY SHARE INFORMATION? ON THE BACK END OF THAT, HOW WILL HEALTH SHARE OREGON GET THE INFORMATION THEY NEED TO SEND TO THE STATE, AND HOW WILL THE STATE -- HOW WILL THE STATE GET THE PERFORMANCE METRIX THAT THEY NEED TO KNOW THAT WE'RE ALL DOING WHAT WE'RE SUPPOSED TO DO AND WE'RE HITTING THE TARGETS THAT WE SET. SO, REPORTING IS ANOTHER BIG AREA. THE IMPLICATIONS TECHNICALLY FROM A TECHNOLOGY PERSPECTIVE FOR THE COUNTY TO DATE ARE SOMEWHAT UNKNOWN HONESTLY. WE HAVE A NUMBER OF ROLES. WE'RE A PROVIDER, AND WE'RE A RISK ASSUMING ENTITY. SO, WE'RE STILL REALLY LOOKING AT WHAT DOES THAT MEAN? A LOT OF WHAT MY STAFF AND I ARE DOING IS PARTICIPATING IN WORK GROUPS. THERE ARE A LOT OF WORK GROUPS. YOU CAN IMAGINE. MORE THAN 20 PROBABLY. NANCY HAS A LONG LIST. WE'RE PARTICIPATING IN THOSE SO THAT EVEN IF IT IS A WORK GROUP REGARDING BUSINESS PROCESS, WE NEED TO REALLY UNDERSTAND WHAT THE SYSTEMS IMPLICATION MIGHT BE OF THOSE BUSINESS PROCESSES.

>> JUST A QUESTION. IS CORRECTIONS HEALTH INCLUDED IN ANY OF THESE WORK GROUPS?

>> THROUGH THE HEALTH DEPARTMENT.

>> YEAH, THE HEALTH DEPARTMENT -- NOT A SEPARATE ENTITY, BECAUSE WE'RE STRIVING TO HAVE THE COUNTY BE, YOU KNOW, ONE VOICE THERE --

>> THE IMPORTANCE OF SHARING INFORMATION ACROSS THAT PUBLIC SAFETY INTERFACE IS JUST -- I JUST WANT TO MAKE SURE IT WAS SOMEWHERE ON THE CHART.

>> OKAY.

>> I THOUGHT I WOULD SHOW YOU A FEW SLIDES THAT REPRESENT SOME OF THE THINGS WE HAVE BEEN WORKING ON. THIS SLIDE LOOKS AT OUR PARTNERS GROUPED TOGETHER BY HOSPITALS, BY HEALTH PLANS, BY SERVICE PROVIDERS, PH-TECH -- TWO SERVICES PROVIDERS THAT MULTNOMAH COUNTY USES AND OTHERS IN THE PARTNERSHIP USE. YOU CAN SEE SOME COMMONALITY. YOU CAN SEE EPIC UP THERE. EPIC IS AN ELECTRONIC HEALTH RECORDS SYSTEM THAT MULTNOMAH COUNTY USES, BUT THAT MANY OF THE PARTNERS USE AND ACTUALLY WE'RE USING IT FOR CORRECTIONS HEALTH. SO THAT'S A GOOD THING. SO, YOU CAN SEE THERE IS A LOT OF COMPLEXITY TO THIS. THERE ARE A LOT OF DIFFERENT SYSTEMS. SOME ARE BIG. SOME ARE SMALL. AND WE'VE GOT TO UNDERSTAND REALLY WHAT DOES THAT MEAN? AND THEN IS REALLY THE CURRENT STATE OF OUR ELECTRONIC HEALTH RECORDS AND OUR HEALTH INFORMATION EXCHANGE. THAT BIG CLOUD UP THERE IS EPIC. THAT IS PEOPLE WHO USE EPIC. EPIC HAS TOOLS -- EVEN THOUGH ALL OF US ARE USING EPIC AND WE ALL HAVE OUR OWN INSTALLATIONS OF EPIC, WE CAN STILL SHARE THE INFORMATION IF WE HAVE THE RIGHT CONTRACTS IN PLACE, IF YOU WILL. THE RED LINES, THOSE ARE PEOPLE WHO DO NOT HAVE EPIC. THAT'S SOME OF THE PLACES THAT WE NEED TO WORK ON. AND WE HAVE A TO BE, WHAT WE WOULD LIKE IS A GATEWAY OR A HEALTH INFORMATION EXCHANGE PROCESSING TOOL THAT WILL ALLOW US TO REALLY EXCHANGE THE INFORMATION WE NEED FOR BOTH TREATMENT AND FOR REPORTING WITH ALL OF OUR PARTNERS. AND THAT LOOKS PRETTY SIMPLE TO JUST CHANGE THAT LITTLE MIDDLE AND DRAW THE ARROWS. BUT IT IS A DAUNTING TASK ON SOME DAYS. BUT THAT IS, YOU KNOW, REALLY WHAT WE'RE WORKING ON AT THIS POINT.

>> WHY IS MULTNOMAH COUNTY ON BOTH LISTS?

>> I HAVE A STAR ON THAT. I KNEW YOU WOULD ASK. SO, THE HEALTH DEPARTMENT FOR PRIMARY CARE, CORRECTIONS HEALTH, FOR SPECIALTY CARE USES EPIC. THAT'S WHY WE'RE IN THE EPIC CLOUD. BUT FOR MENTAL HEALTH, WE USE A PRODUCT CALLED THE FRAN AND THAT'S WHY WE'RE DOWN IN THAT BEHAVIORAL HEALTH, MENTAL HEALTH, WE USE A DIFFERENT SYSTEM. AND THAT'S WHY WE'RE IN THE LOWER CIRCLE, TOO.

>> I HAVE A QUESTION.

>> YES.

>> IT'S CLEAR THAT THERE IS SOME PROVIDERS THAT DON'T HAVE EPIC. IS THERE A HARD DATE THAT WE EXPECT EVERYBODY TO BE ON EPIC. IT'S INTERESTING THAT YOU HAVE PROVIDENCE HERE. LAST TIME I CHECKED I DIDN'T KNOW THAT THEY HAD FINALLY COME OVER TO THE OTHER SIDE AND GOT EPIC UP AND RUNNING.

>> THERE ISN'T EVEN A GOAL FOR EVERYONE TO BE ON EPIC. EPIC ISN'T NECESSARILY THE ANSWER TO EVERYONE'S PROBLEMS OR ISSUES.

>> IF NOT EPIC, SOME KIND OF SOFTWARE SYSTEM THAT EVERYONE CAN LOOK AT THE SAME DATA?

>> THAT'S KIND OF WHAT THAT HIE GATEWAY IS. WE DON'T HAVE A TARGET DATE. THERE ARE A LOT OF -- THERE ARE A LOT OF IMPLICATIONS AND A LOT OF ISSUES THAT WE'RE WORKING THROUGH. WE HAVE STARTED EVALUATING SYSTEMS. WE HAVE STARTED TO LOOK AT WHAT IS IN THE MARKETPLACE. WHAT HAVE OTHER CCOs DONE. THERE HAS BEEN A VERY HIGH RATE OF FAILURE TRYING TO GET THAT MIDDLE PIECE DONE IN OTHER STATES WITH OTHER ORGANIZATIONS. WE ARE, YOU KNOW, IN THE PROCESS OF EVALUATING WHAT'S IN THE MARKETPLACE AND WHAT'S THE RIGHT THING FOR OUR CCO TO DO. WE WOULD LIKE THE STATE, ACTUALLY, TO TAKE A STRONGER ROLE NO THIS, BECAUSE THERE ARE IMPLICATIONS IF EVERY CCO IN THE STATE BUYS A DIFFERENT HEALTH INFORMATION EXCHANGE PRODUCT, THAT DOWNSTREAM PROBLEMS TO PROVIDERS DEALING WITH MORE THAN ONE CCO IS PROBLEMATIC. WE ARE EVALUATING IT. BUT WE DON'T HAVE A HARD DEADLINE YET.

>> SHOULDN'T WE HAVE A HARD DEADLINE? THIS IS THE DEAL. ABOUT A YEAR AGO -- I WON'T GO INTO THE NAMES -- WE HAD TO GO INTO EXECUTIVE SESSION BECAUSE ONE PROVIDER WAS NOT ABLE TO LOOK AT MULTNOMAH COUNTY'S DATA AND GAVE THEM THE WRONG DRUGS. AND SO THEY COULDN'T SEE WHAT WE HAD ALREADY IDENTIFIED, AND, THEREFORE, THEY GAVE THEM A HIGHER DOSE AND THERE YOU GO. WE HAVE A LAWSUIT AGAINST MULTNOMAH COUNTY. SO, I MEAN, I THINK WE SHOULD HAVE SOME KIND OF DEADLINE THAT WE SHOULD BE WORKING WITH. WE JUST CAN'T SAY OKAY, WE WILL JUST LEAVE IT HANGING OUT THERE.

>> I AGREE WITH YOU. AND I -- I DON'T HAVE --

>> I MEAN, I REALLY DO THING THAT WE DO NEED TO FIND A HARD DEADLINE. IF WE ARE DOING HEALTH CARE TRANSFORMATION, THERE ARE CERTAIN BENCHMARKS THAT WE NEED TO HIT. SO -- THANKS.

>> I AGREE.

>> AND NOW I WILL INTRODUCE THE PAYMENT SIDE, WENDY AND DAVID WILL TALK TO YOU ABOUT THAT.

>> WENDY, MULTNOMAH COUNTY HEALTH DEPARTMENT. ALONG WITH ALL OF THE OTHER CHANGES AND ACTIVITIES THAT YOU'VE HEARD ABOUT ALREADY FROM THE AFFORDABLE CARE ACT AND FROM OREGON'S TRANSFORMATION EFFORT, DAVID AND I ARE GOING TO TALK TO YOU BRIEFLY ABOUT HOW THERE ARE CHANGES ALSO NEW HEALTH CARE PAYMENT AND REIMBURSEMENT WITH THE HOPE OF IMPROVING THE QUALITY OF CARE AND LOWERING THE COST. WE'RE GOING TO ADDRESS SOME OF THOSE CHANGES AND HOW IT'S AFFECTING PRIMARY CARE AND BEHAVIORAL HEALTH SPECIFICALLY AND ALSO TALK ABOUT NEW EMERGING PAYMENT RELATIONSHIPS. IF YOU COULD GO TO THE NEXT ONE. SO, ONE OF THE KEY PIECES THAT IS CHANGING HOW WE ARE PAID IS ILLUSTRATED IN THE ACCOUNTABILITY PLAN THAT YOU'VE HEARD MENTIONED BEFORE THAT IS THE PLAN NEGOTIATED BETWEEN THE STATE OF OREGON AND THE FEDERAL GOVERNMENT TO RECEIVE THE WAIVER, AND THIS ACCOUNTABILITY PLAN INCLUDES 17 PERFORMANCE METRICS, 15 OF WHICH TOUCH ON PRIMARY CARE. SO, A LOT IS RIDING ON PRIMARILY CARE BEING ABLE TO ACHIEVE A LOT OF THESE METRICS. THE METRICS THAT ARE SHOWN ITALICS, ALCOHOL AND DRUG SCREENING, SCREENING FOR DEPRESSION, DIABETES CARE, ENROLLMENT AS A PATIENT CENTERED PRIMARY CARE HEALTH HOME, ARE KEY AREAS THAT THE STATE FEELS HAS THE MOST OPPORTUNITY TO TRANSFORM CARE AND SO THEY ARE PAYING A SPECIAL ATTENTION TO THOSE AREAS. AND THESE -- THE LINKAGE BETWEEN PAYMENT AND PERFORMANCE AGAINST MEASURES LIKE THESE IS PART OF WHAT WE'RE GOING TO TALK ABOUT TODAY.

>> GREAT. THANK YOU. DAVID WITH MULTNOMAH COUNTY'S MENTAL HEALTH AND ADDICTION SERVICES DIVISION. GOOD MORNING. AND THE -- OUT OF THE 17 METRICS THAT WENDY MENTIONED, TWO OF THOSE ACTUALLY ARE DEDICATED TO MENTAL HEALTH. WHAT IS A PURE MENTAL HEALTH MEASURE. ONE IS A COMBINED MEASURE. THE OTHER THING THAT IS IMPORTANT TO KNOW IS THAT THESE MEASURES, IF WE ACHIEVE THEM, CAN BRING APPROXIMATELY A LITTLE LESS THAN $1 MILLION PER MEASURE BACK INTO THE SYSTEM. SO, THERE ARE SOME BIG DOLLARS ATTACHED TO HAVING THESE -- HAVING US ACHIEVE THESE MEASURES IN THE SYSTEM AND IMPROVE PEOPLE'S HEALTH. FOR MENTAL HEALTH, THE PURE METRIC IS SEVEN DAY FOLLOW-UP POST HOSPITALIZATION. THIS IS FOR ANY CONSUMER WHO HAS HAD OR ANY MEMBER OF HEALTH SHARE WHO HAS HAD A HOSPITALIZATION ON A PSYCHIATRIC UNIT THAT THEY ARE ABLE TO ACCESS CARE WITH THEIR PROVIDER WITHIN SEVEN DAYS OF COMING OUT OF THAT HOSPITAL. WE KNOW THAT INDIVIDUALS HEALTH AND THEIR CHANCE OF READMISSION, THEIR HEALTH INCREASES, THEIR CHANCE OF

READMISSION DECREASES IF PEOPLE HAVE GOOD FOLLOW-UP CARE POST HOSPITALIZATION. THE SECOND METRIC IS A METRIC THAT IS SHARED WITH PHYSICAL HEALTH. AND THAT IS MENTAL HEALTH AND PHYSICAL HEALTH CARE ASSESSMENT FOR CHILDREN WITHIN 60 DAYS OF ENTRY INTO FOSTER CARE. GIVEN WHAT WE KNOW ABOUT THE TRAUMA THAT MANY CHILDREN EXPERIENCE COMING INTO FOSTER CARE, IT'S AN EXCELLENT MEASURE FOR US TO INSURE. THE ONE THING ON THIS MEASURE IS THIS IS ALSO RELYING ON STATE DATA, AND THE STATE IS STRUGGLING WITH TRYING TO COME UP WITH ACCURATE DATA FOR THIS MEASURE. THIS ONE MAY NOT BE INCLUDED IN THE FIRST YEAR. MAY BE INCLUDED IN THE SECOND YEAR. THAT'S ON THE MEASURE PART. AND NOW WE WOULD LIKE TO TRANSITION TO THE MONEY. AND TALK ABOUT WHERE THE MONEY IS GOING.

>> ALL RIGHT. SO, I WILL TALK A BIT ABOUT THE MONEY IN THE MENTAL HEALTH SIDE, AND THEN WENDY WILL TALK ABOUT THE FUNDING AND MONEY ON THE PHYSICAL HEALTH CARE SIDE. SO, IN MENTAL HEALTH, THE THREE MENTAL HEALTH PLANS -- REMEMBER AGAIN, WE'RE TALKING REGIONALLY ABOUT THE THREE COUNTIES WHO MANAGE THE MENTAL HEALTH PLANS -- WE AS SUBCONTRACTORS OF HEALTH SHARE ALSO UNDER THE SAME OBLIGATION TO IMPLEMENT ALTERNATIVE PAYMENT METHODOLOGIES, THE REQUIREMENT TO MOVE AWAY FROM PAYING FOR VOLUME, AND PAY FOR VALUE, PAY FOR OUTCOMES. WHEN YOU RECEIVE THAT BILL WHEN YOU ARE -- IF INSURANCE HAS PAID, YOU CAN SEE THAT YOUR DOCTOR BILLS FOR ABOUT 50 ITEMS, OFTEN FOR ONE VISIT. THAT'S PAYING FOR VOLUME. THE IDEA REALLY IS THAT INDIVIDUALS AND PROVIDERS IN THIS SYSTEM DON'T HAVE TO BILL FOR EVERY SINGLE SERVICE AND THE FOCUS IS NOT ON THE VOLUME OF SERVICE THAT THEY PROVIDE TO INDIVIDUALS, BUT ON PAYING FOR IMPROVING THE HEALTH OF INDIVIDUALS IN THE SYSTEM. THE FIRST STEP WE TOOK TO WORK ON PAYMENT TRANSFORMATION ACROSS THE REGION WAS AN ADMINISTRATIVE STEP. IT'S IMPORTANT, BUT IT IS AN ADMINISTRATIVE STEP, AND THAT WAS TO PAY THE SAME AMOUNT FOR THE SAME SERVICE ACROSS THIS REGION. IT IS IMPORTANT FOR PROVIDERS TO ENSURE THAT THEY KNOW THAT WE PAID ACROSS THE REGION AND DON'T HAVE THREE SEPARATE RATES FOR THREE COUNTIES. THE SECOND STEP WE HAVE BEEN WORKING ON AND ARE CONTINUING TO WORK OUT NOW IS THE REAL METHODOLOGY OF PAYMENT. AND THAT'S HOW WE PAY. SO, ONCE AGAIN, MOVING FROM PAYING FOR EACH INDIVIDUAL SERVICE TO PAYING FOR AN EPISODE OF CARE, PAYING FOR IMPROVED HEALTH OUTCOME. WE IN MULTNOMAH COUNTY HAVE ALREADY MOVED FORWARD WITH THIS PAYMENT METHODOLOGY, PAYING FOR IMPROVED HEALTH AND PAYING FOR IMPROVED OUTCOME THROUGH OUR HIGHER-END SERVICES. FOR EXAMPLE, INDIVIDUALS WHO ARE ON OUR ASSERTIVE COMMUNITY TREATMENT TEAM, ACT TEAM, WE HAVE TALKED A LITTLE ABOUT THAT BEFORE. THOSE ARE INDIVIDUALS WHO HAVE OFTEN THE HIGHEST USE OF HOSPITAL SYSTEMS, HIGHEST USE OF INPATIENT, HOMELESSNESS, OF PSYCHOSIS, SCHIZOPHRENIA, AND THOSE INDIVIDUALS PARTICIPATE IN THIS ASSERTIVE

COMMUNITY TREATMENT TEAM. INSTEAD OF PAYING FOR EACH INDIVIDUAL SERVICE, WE ARE PAYING FOR A MONTHLY AMOUNT. SO WE PAY THE PROVIDER A FIXED AMOUNT EACH MONTH TO ENSURE THAT THEY CAN PROVIDE THE FIDELITY PROGRAM THAT HAS BEEN SHOWN TO REDUCE HOSPITALIZATIONS AND TO IMPROVE SHORT TERM AND LONG TERM OUTCOMES FOR THE INDIVIDUALS ON THOSE TEAMS. THE THIRD STEP THAT WE WILL BE IMPLEMENTING IS, AS I MENTIONED, WE HAVE IMPLEMENTED THIS IN THE HIGHER-END SERVICES IN MULTNOMAH COUNTY. THE OTHER TWO COUNTIES HAVEN'T YET GONE TO THIS PAYMENT METHODOLOGY. THE THIRD STEP WILL BE ROLLING IT OUT TO THE ENTIRE SYSTEM. WHILE WE BELIEVE IT IS RIGHT THING TO DO, WE HAVE AN OBLIGATION TO IMPLEMENT A DIFFERENT PAYMENT METHODOLOGY. WHILE WE ARE TALKING ABOUT MONEY, AND, YOU KNOW, AS WE TALK ABOUT INCENTIVE MEASURES, I WANT TO MAKE SURE THAT WE'RE ALL AWARE THERE IS NOT NEW MONEY IN THE SYSTEM YET. WE ARE STILL OPERATING WITH 11% LESS THAN WE DID TWO YEARS AGO IN THIS SYSTEM. AS WE GO TO TRANSITION TO A DIFFERENT PAYMENT METHODOLOGY, THE IDEA IS THAT PEOPLE'S HEALTH WILL IMPROVE AND WILL BE ABLE TO USE THOSE REINVESTMENTS TO AUGMENT CARE AND PAY FOR OTHER SERVICES FOR INDIVIDUALS TO IMPROVE THEIR HEALTH. IT WILL BE ESSENTIAL AS WE WALK THROUGH THE TRANSITION, THAT WE PAY ATTENTION TO THE PROVIDER SYSTEM TO ENSURE THAT THEY'RE READY AND CAPABLE OF THE TRANSITION, AND AS YOU HAVE ALREADY MENTIONED, CAPACITY, THAT THEY CAN MEET THE CAPACITY NEED IN THE COMMUNITY. THAT'S WHAT WE'RE --

>> EASY.

>> YEAH, ABSOLUTELY. ABSOLUTELY. RIGHT NOW, FOR ABOUT 160,000 PEOPLE. SO, YEAH, WE CAN DO THAT FAIRLY QUICKLY. THAT'S IN THE MENTAL HEALTH ARENA. WENDY IS GOING TO TALK ABOUT THE PHYSICAL HEALTH ARENA.

>> BEFORE YOU LEAVE --

>> THANK YOU. SO, YOU'RE ON THE MENTAL HEALTH SIDE. COULD YOU TELL ME WHAT THE GLOBAL BUDGET IS FOR THE MENTAL HEALTH SIDE AND WHEN DO WE EXPECT TO SEE ANY SAVINGS FROM HEALTH SHARE OR FAMILY CARE?

>> YEAH, SO, IN TERMS OF THE GLOBAL BUDGET FOR THE MENTAL HEALTH PROGRAMS, I WOULD HAVE TO GO BACK AND LOOK DIRECTLY AT HEALTH SHARE'S FULL BUDGET AND WE CAN CERTAINLY GET THAT INFORMATION FOR YOU. WHAT WE GET PAID, WE GET PAID ON A MONTHLY BASIS FOR THE NUMBER OF INDIVIDUALS ENROLLED, AND AS WE KNOW, SOME OF THAT CHANGES BASED ON THE MIX OF INDIVIDUALS THAT WE IN OUR SYSTEM. BUT WHAT I CAN TELL YOU IS THAT WE'RE WORKING ON ACHIEVING SAVINGS

RIGHT NOW. AND MANY OF THE THINGS THAT LILLIAN SPOKE OF, JOANNE, AND SUSAN SPOKE OF, SUCH AS THE HEALTH COMMON GRANTS, ARE DIRECTED AT ACHIEVING SAVINGS TODAY. SO, THERE ARE DIFFERENT EFFORTS GOING ON IN THE SYSTEM TO ADDRESS THE HIGH COST AREAS IN THE SYSTEM, INDIVIDUALS WITH HIGHEST NEED, AND THEN ON THE MENTAL HEALTH SIDE, I WOULD SAY SPECIFICALLY THAT THE BIG TARGET REALLY IS THE HIGHEST COST LEVELS OF CARE. ENSURING THAT WE BRING DOWN HOSPITALIZATIONS, CAN ENSURE THAT PEOPLE WHO REALLY NEED MORE ROBUST SERVICE IN THE COMMUNITY CAN GET ACCESS TO THAT SERVICE.

>> TERMS OF THE WAIVER THAT THE GOVERNOR GOT. WHEN DOES THAT WAIVER SAY THAT WE HAVE TO MAKE SAVINGS?

>> I THINK WE HAVE TO ACHIEVE SAVINGS IN THIS YEAR.

>> OKAY. IT DOESN'T IDENTIFY EXACTLY HOW MUCH SAVINGS --

>> APPROXIMATELY 2%, I BELIEVE.

>> DO YOU THINK WE CAN MEET THAT?

>> I DO. I BELIEVE THAT IN THE MENTAL HEALTH SIDE, THAT WE CAN ACHIEVE THAT. I BELIEVE THAT THERE ARE EFFICIENCIES, AS WE'RE TALKING AROUND SOME OF THE OTHER MEASURES OF DOING GOOD FOLLOW-UP CARE AND LOOKING AT HOW WE CAN PAY DIFFERENTLY THAT IMPROVES HEALTH AND HOW WE CAN ACHIEVE THAT.

>> DAVID, IF I UNDERSTOOD YOU CORRECTLY, YOU SAID WE HAVE ALREADY MOVED TO A DIFFERENT PAYMENT METHODOLOGY HERE AT THE COUNTY?

>> THAT'S CORRECT. FOR HIGHEST IN SERVICES. WE HAVE NOT ROLLED THAT OUT ACROSS THE ENTIRE SYSTEM. FROM TALKING TO PROVIDERS, IT IS FAR EASIER FOR THEM TO MANAGE CAPACITY PROGRAMS TO PAY FOR TEAMS OF STAFF TO PROVIDE SERVICES IN THE COMMUNITY KNOWING WHAT THEY WILL BE PAID, AS OPPOSED TO HAVING TO ARTIFICIALLY GUESS WHAT THEY WILL BE PAID BY BILLING EVERY SERVICE. IT PROVIDES STABILITY. IT ALLOWS THEM TO PROVIDE FOR SERVICES, AS COMMISSIONER SMITH IS ASKING, THAT MAY NOT BE BILLABLE TO MEDICAID BUT NEED TO BE PROVIDED. FOR EXAMPLE, WHEN YOU ARE PROVIDING PRIMARY OUTREACH IN THE COMMUNITY, YOU ARE GOING TO WHERE PEOPLE LIVE IN THE COMMUNITY. IF YOU TRAVEL TO GO SEE SOMEONE, AND YOU DON'T HAVE CONTACT WITH THEM, YOU CAN'T BILL FOR THAT TIME. SO, THAT OFTEN CAN HAPPEN TRYING TO FOLLOW AND REACH INDIVIDUALS IN THE COMMUNITY. SO PAYING A GLOBAL RATE ALLOWS YOU TO ACTUALLY DO WHAT YOU NEED TO GET IN TOUCH WITH SOMEBODY AND PROVIDE THE SERVICE NECESSARY. IT DOES WORK FAR BETTER FOR PROVIDERS, TOO.

>> WHEN DID WE MAKE THAT CHANGE?

>> WE STARTED THAT IN JANUARY. THAT IS FOR ADULT SERVICES AND CHILDREN'S HIGH END SERVICES.

>> I ASSUME WE ARE TRACKING ALL OF THAT.

>> WE ABSOLUTELY ARE. THANK YOU. WENDY.

>> AS DAVID MENTIONED, IT IS NOT NEW MONEY, IT'S JUST DIFFERENT WAYS THAT THE MONEY IS COMING IN. PRIMARILY CARE SIDE, WE ARE IN THE TWO WORLDS RIGHT NOW. MOST OF OUR PAYMENTS FOR PRIMARY CARE ARE TRANSACTIONAL BASED. NURSE PRACTITIONER PROVIDES A SERVICE, WE ARE REIMBURSED FOR THOSE ACTIVITIES AND THAT'S HOW WE GET MOST OF OUR FUNDING FOR PRIMARY CARE. BUT THE -- THE SHIFT NOW IS MOVING ALL OF THE FUNDING SOURCES TO BE LINKED TO OUTCOMES AND PERFORMANCE AND LESS LINKED TO TRANSACTIONAL ACTIVITY. AND, SO, AT THIS POINT, WE'RE KIND OF IN -- WE HAVE STILL MOST OF OUR PAYMENT BASED ON ACTIVITIES, BUT IT'S A GOAL OF THE AFFORDABLE CARE ACT AND OREGON'S TRANSFORMATION TO REALLY SHIFT THAT SO THAT 70, 80% OF YOUR FUNDING COMES BASED ON YOUR PERFORMANCE AND OUTCOMES AND THEN A SMALLER 20 TO 30% IS BASED ON THESE TRANSACTIONAL ACTIVITIES. SO, IT IS REALLY THE DIRECTION IT'S HEADING, AND IT'S NOT LIKE IT'S NEW MONEY THAT -- AND COME TO YOU IN A DIFFERENT WAY. SO, SOME OF THE WAYS THAT THAT HAS ALREADY STARTED TO HAPPEN IN PRIMARY CARE IS AROUND THE FEDERAL PRIMARY CARE RENEWAL EFFORT, AND THE PATIENT-CENTERED PRIMARY CARE HEALTH HOME PROGRAM, WHICH IF YOU GO BACK UP TO THE METRICS SLIDE, THAT'S ONE OF THE METRICS FOR THE 17 ACCOUNTABILITY -- BEING ENROLLED AS A PATIENT-CENTERED PRIMARY CARE HEALTH HOME WHICH THE HEALTH DEPARTMENT'S PRIMARILY CARE CLINICS ARE A CERTIFIED PATIENT-CENTERED -- AND ARE SCHOOL-BASED CLINICS. YOU CAN GO BACK TO THE -- THANK YOU. SO, THOSE TWO PROGRAMS ARE ALREADY ENGAGED IN THIS SORT OF PAY YOU NOW AND THEN EXPECT PERFORMANCE IN THE FUTURE TO KEEP THE MONEY OR KEEP PARTICIPATING OR TO INCREASE THE AMOUNT OF MONEY THAT YOU RECEIVE. THOSE ARE ALREADY HAPPENING NOW. SOME OTHER EXAMPLES AT A FEDERAL LEVEL ARE THINGS LIKE MEANINGFUL USE, WHICH ALSO PAYS YOU BUT THEN EXPECTS YOU TO USE YOUR ELECTRONIC HEALTH RECORDS IN PARTICULAR WAYS AND TO ACHIEVE PARTICULAR OUTCOMES IF YOU WANT TO CONTINUE TO PARTICIPATE IN IT. AND, SO, IN ANTICIPATION OF THAT FUNDING SHIFT, THE COUNTY HAS ESTABLISHED A NEW ACCOUNTING STRUCTURE TO DISTINGUISH AND SEPARATE THIS FUNDING FROM TRADITIONAL FEE FOR SERVICE FUNDING OR GRANT-RELATED FUNDING, BECAUSE IT DOESN'T REALLY FOLLOW THE KIND OF ACCOUNTING RULES AND ACTIVITIES THAT THOSE TWO FUNDING SOURCES THAT WE'RE MOST

FAMILIAR WITH DO. SO THE MONEYS -- THE COUNTY HAS SET UP A SUB-FUND WITHIN THE GENERAL FUND THAT WILL BE ABLE TO MONITOR AND TRACK THIS MONEY MORE EASILY AND KEEP IT DISTINCT FROM THE OTHER TYPES OF FUNDING WE RECEIVE. AND SOME OF WHAT MAKES THIS DIFFERENT FROM GRANT AND FEE FUNDING, ASIDE FROM BEING NOT TRANSACTIONAL BASED IS THAT IT IS TYPICALLY PAID IN ANTICIPATION FOR YOUR PARTICIPATION IN A PROGRAM OR IN AN ACTIVITY, AND THEN IS DEPENDENT ON FUTURE PERFORMANCE, AND IF YOU DON'T MEET FUTURE BENCHMARKS, IT CAN BE MEAN REFUNDING MONEY OR IT CAN MEAN THAT YOU'RE NO LONGER ELIGIBLE TO PARTICIPATE IN A PROGRAM, OR YOUR FUNDING STARTS TO BE DIALED BACK. SO, THE ACCOUNTABILITY PLAN METRICS WHICH WE SHOWED YOU EARLIER, THEY'RE STILL IN THE PROCESS OF FIGURING OUT HOW PAYMENT WILL FOLLOW THOSE PERFORMANCE METRICS, BUT TWO PERCENT FOR THOSE METRICS ARE BEING HELD BACK STATEWIDE AND WILL BE PAID OUT BASED ON CCOs ABILITY TO PERFORM ON THOSE METRICS, AND THEN THERE ARE ALSO FOR FUTURE YEARS, A COMBINATION OF BOTH WITHHOLDS WHERE YOU WILL RECEIVE THE MONEY IF YOU PERFORM AND WHAT THEY'RE CALLING CLAW BACKS, WHICH MEANS THEY WILL PAY YOU -- THAT IS THAT LITTLE SKELETON HAND, AND IT COMES BACK, AND IF YOU DON'T MEET THE METRICS, THEN THEY WILL TAKE THE MONEY BACK AND YOU WILL BE EXPECTED TO REFUND A PORTION OF THE MONEY. AND THIS IS ALL AT THIS -- AT THE HIGHER CCO LEVEL FOR THAT ACCOUNTABILITY PLAN. SO, IT WILL REALLY BE IMPORTANT THAT WE'RE INVESTING THESE RESOURCES WISELY SO THAT WE CAN ACHIEVE THE PERFORMANCE METRICS AND OBJECTIVES ESTABLISHED BY THE VARIOUS PROGRAMS. OTHERWISE IT REALLY WILL PUT OUR FUTURE PARTICIPATION AT RISK. YOU KNOW, IT WOULD BE NICE IF ALL OF THE PROGRAMS HAD SIMILAR PERFORMANCE METRICS AND REQUIREMENTS, BUT THEY ALL HAVE THEIR OWN UNIQUE ONES. THEY'RE NOT NECESSARILY IN CONFLICT WITH EACH OTHER, BUT IT'S BECOMING A LARGE VOLUME OF THESE MEASURES AND THEN THESE MEASURES AND THIS PLAN HAS THESE MEASURES AND SO --

>> DON'T WANT IT TO BE TOO SIMPLE OR EASY.

>> NO, YOU KNOW, SO IT IS A LITTLE HAIR RAISING TO FIGURE OUT HOW WE WILL DO ALL OF THEM FOR THE VARIOUS PROGRAMS. SO, SHIFTING GEARS A LITTLE BIT. WE'RE ALSO -- OUR PAYMENT RELATIONSHIPS ARE CHANGING. BUT WE'RE ALSO ENGAGING WITH THE CCOs IN SOME NEW PAYMENT RELATIONSHIPS THAT HAVEN'T EXISTED BEFORE, BOTH ON THE PUBLIC HEALTH SIDE AND ON THE MENTAL HEALTH SIDE. WE ARE WORKING WITH HEALTH SHARE OF OREGON, AND WITH FAMILY CARE TO CONTRACT FOR PUBLIC HEALTH SERVICES AND SO THE STATE HAS ENCOURAGED CCOs TO CONTRACT WITH PUBLIC HEALTH. SOME OF THE SERVICES HAVE ALWAYS BEEN MANDATORY AND WILL CONTINUE LIKE STD CHECKING OR IMMUNIZATION OR SERVICES THAT HEALTH PLANS MUST COVER, AND THOSE WILL CONTINUE, BUT THEY'RE ALSO ENCOURAGING CCOs TO ENGAGE IN

PAYMENT RELATIONSHIPS FOR KEEPING THE GENERAL POPULATION HEALTHY. SO WE'RE IN DISCUSSIONS WITH BOTH CCOs IN OUR REGION TO SEE WHAT KINDS OF SHARED INTEREST WE HAVE IN PAYING FOR THOSE ACTIVITIES.

>> AND SIMILARLY, ON THE MENTAL HEALTH SIDE, THROUGH THE HEALTH CARE TRANSFORMATION LEGISLATION, CCOs ARE REQUIRED TO HAVE A RELATIONSHIP, TO HAVE AN AGREEMENT FOR COLLABORATION, FOR JOINTLY OPERATED SYSTEMS THAT COUNTIES OPERATE. SAFETY NET SYSTEMS, AS WELL AS THE MEDICAID SYSTEM. AS WENDY SAYS, WE ARE CONTINUING TO DEVELOP THE DIFFERENT PAYMENT RELATIONSHIPS WITH THE TWO CCOs. HEALTH SHARE OREGON DOES CONTRIBUTE TO SAFETY NET SERVICES, CRISIS SYSTEM, A BIG SYSTEM THAT ALL OF THE PUBLIC USES BUT ALL MEDICAID MEMBERS HAVE ACCESS TO THAT. FAMILY CARE, FOR THE FIRST TIME IS ALSO WILLING TO GO AHEAD AND CONTRIBUTE TO THE CRISIS SYSTEM, AND WE'RE REALLY TALKING WITH THEM THAT THIS IS MUCH LIKE A UTILITY THAT NEEDS TO BE AVAILABLE IN THE COMMUNITY FOR ALL INDIVIDUALS, AND YOUR MEMBERS USE THIS SERVICE JUST LIKE EVERY OTHER RESIDENT. SO, THAT'S THE SUCCESS THERE. AND I'M GOING TO HAND IT OVER TO JOANNE WHO WILL TALK ABOUT WHAT'S COMING IN YEAR TWO.

>> SO, WE'VE COVERED A LOT OF TERRITORY, AND I JUST WANT TO KIND OF RE-ENFORCE A COUPLE OF THINGS THAT WE HOPE YOU TAKE AWAY FROM THIS DISCUSSION TODAY. ONE IS THAT THIS HEALTH CARE TRANSFORMATION HAS BROUGHT TOGETHER DEEPLY FOUR DEPARTMENTS ACROSS THE COUNTY AND WE'RE WORKING WITH A COUPLE OF OTHER DEPARTMENTS AROUND INTERCONNECTION WITH THEM, LINKAGES TO THEM. AND WE HAVE BEEN I THINK MODELING NEW WAYS FOR OUR ORGANIZATION, OUR DIFFERENT PARTS OF OUR ORGANIZATION TO WORK TOGETHER IN THIS EFFORT, AND I THINK YOU'VE SEEN THAT HERE TODAY. AND THEN, OF COURSE, WE'VE GOT ALL OF THESE OTHER PARTNERS THAT WE HAVE BEEN TELLING YOU ABOUT OUT IN THE COMMUNITY, AND PART OF WHAT WE'RE TRYING TO DO IN OUR WORK TOGETHER IS TO AS LILLIAN SAID REPRESENT MULTNOMAH COUNTY AS ONE ENTITY IN OUR RELATIONSHIP WITH THOSE PARTNERS. NOT SUSAN REPRESENTING HER DEPARTMENT. LILLIAN REPRESENTING HER DEPARTMENT. DAVID REPRESENTING MENTAL HEALTH. WE'RE TRYING TO HAVE ONE NEGOTIATING STANCE WITH THOSE PARTNERS AND ONE WORKING TOGETHER PARTNERSHIP WITH THEM. AND THERE IS A LOT OF THEM. WE DON'T CONTROL EVERYTHING ABOUT THIS. IN FACT, WE CONTROL OUR OWN EFFORTS, BUT WE DON'T CONTROL JUST ABOUT EVERYBODY ELSE. WE CAN INFLUENCE IT, BUT AS YOU WERE SPEAKING, COMMISSIONER SMITH, ABOUT HOW HELPFUL IT WOULD BE TO HAVE CONCRETE DEADLINES FOR THE IMPLEMENTATION OF INTEROPERABILITY IN THE TRANSFER OF HEALTH DATA, SHERRY DOESN'T COAL -- CONTROL THAT. WE DON'T SET THOSE DEADLINES. THEY COME FROM THE CCO OR FROM THE STATE. WE'RE IN A DIFFERENT KIND OF POSTURE AROUND SOME OF THESE

THINGS THAN WE USED TO BE IN THE SYSTEM. IT'S A RAPIDLY CHANGING LANDSCAPE. EACH SIX MONTHS OR SO, NEW THINGS GET DUMPED INTO THE GLOBAL BUDGET OF THE CCO FROM THE STATE, AND NEW EXPECTATIONS ARE LAYERED ON FROM THE FEDS OR THE STATE ABOUT WHAT THE CCO NEEDS TO DELIVER AND CONSEQUENTLY WHAT WE NEED TO DELIVER. SO, WE ARE TRYING TO BE MOBILE IN THAT LANDSCAPE. WE'RE TRYING TO THINK AHEAD. WE'RE TRYING TO PLAN THE BEST WE CAN FOR BOTH THE FINANCIAL FUTURE OF MULTNOMAH COUNTY AND THE PATIENTS THAT WE KNOW YOU CARE ABOUT THE MOST AND WE CARE ABOUT THE MOST. AND SO THAT MEANS THAT WE ALL HAVE TO REALLY BE BOTH RESPONDING TO WHATEVER IS HAPPENING IN THE MOMENT AND THINKING AHEAD ABOUT WHAT ARE THE NEXT THINGS THAT ARE COMING. SO, THIS IS, WE HOPE, THAT IN SHARING THIS INFORMATION WITH YOU TODAY THAT YOU DON'T WANT TO RUN FROM THE ROOM TEARING YOUR HAIR OUT. WE HOPE THAT YOU UNDERSTAND THAT WE ARE WORKING TOGETHER ACROSS MANY PARTS OF THE COUNTY WITH MANY OTHER PEOPLE TO MAKE HEALTH CARE BETTER. AND IT'S A MESSY BUSINESS. BUT IT IS -- WE ARE ON TOP OF IT AND WE ARE DOING THE BEST, FASTEST THAT I THINK WE CAN, AND I THINK YOU CAN BE PROUD OF WHAT'S GOING ON HERE AS WE WORK TO ADDRESS THIS SYSTEM. REAL QUICK ON THE SLIDE, WHAT'S IN STORE OVER YEAR TWO. WE'RE TELLING YOU ABOUT YEAR ONE. JULY 1st, SEVERAL DIFFERENT FUNDING STREAMS GET DROPPED INTO THE GLOBAL BUDGET OF THE COORDINATED CARE ORGANIZATION FROM THE STATE IN BOTH MENTAL HEALTH AND MEDICAL CARE. AND IN PHYSICAL HEALTH -- I HAVE TO GET THAT RIGHT -- PHYSICAL HEALTH CARE, AND IN JANUARY OF 2014, AS WE STARTED THE -- YOU WITH THE MEDICAID EXPANSION AND THE REGIONALIZATION OF THE MENTAL HEALTH SYSTEM. SO, THAT'S WHERE WE'RE AT. WE ARE SORRY THAT WE RAN A LITTLE BIT OVER. BUT WE WILL TAKE ANY QUESTIONS THAT YOU HAVE AND WE'RE ALSO WILLING TO COME DO INDIVIDUAL BRIEFS ON PARTICULAR TOPICS IF YOU WANT US TO.

>> I THINK WE SHOULD GO THAT ROUTE UNLESS THERE ARE PRESSING QUESTIONS.

>> I WOULD LIKE TO HAVE MORE CONVERSATION ABOUT HOW WE'RE PLANNING FOR THE CAPACITY.

>> AND ALSO, I HAVE HEARD DISCUSSIONS ABOUT HOW WE CAN -- ABOUT A HOUSING PILOT TO HELP DECREASE ER UTILIZATION AND TO HELP WITH HEALTH OUTCOMES FOR THE HOMELESS COMMUNITY. I'M WONDERING IF THAT IS STILL COMING OUT OR IF I MISSED SOMETHING.

>> HEALTH SHARE -- HEALTH SHARE AS A HOUSING COMMITTEE THAT HAS BEEN WORKING ON VARIOUS DIFFERENT STRATEGIES AROUND WHAT HOUSING WOULD LOOK LIKE. AND -- BUT IT -- THE CHALLENGE IS LINING UP THE -- WHAT'S HAPPENING WITH THE CCO AND WHAT THE CCO CAN PAY FOR

OUT OF THEIR GLOBAL BUDGET VERSUS THE SOCIAL SUPPORTS NEEDS, INCLUDING HOUSING OF PEOPLE. SO, IT'S IN PROGRESS. GREAT.

>> THANK YOU.

>> THANKS VERY MUCH.

>> THANKS. THAT WAS INSPIRING AND VERY CONFUSING AND VERY COMPLICATED.

>>> NEXT BRIEFING ON THE HOMELESSNESS CONTINUUM. ANOTHER IMPORTANT SUBJECT MATTER. I'M GOING TO ASK IF IT IS POSSIBLE TO TRY TO HAVE THIS ONE GO AS EFFICIENTLY AS POSSIBLE. WE HAVE ANOTHER BRIEFING AFTER THAT AND SOME COMMISSIONERS AREN'T ABLE TO STAY THE ENTIRE TIME. SO, IT WOULD BE GREAT WHAT YOU CAN DO.

>>

>>> GOOD MORNING AGAIN.

>> GOOD MORNING. I FEEL LIKE I WAS JUST HERE.

>> INDEED.

Ms. Myers: I'M SUSAN MYERS, DIRECTOR OF COUNTY HUMAN SERVICES, AND WITH ME TODAY IS MARY LI, DIRECTOR OF COMMUNITY SERVICES, AND TRACI MANNING, DIRECTOR OF THE PORTLAND HOUSING BUREAU, AND STEVE RUDMAN, DIRECTOR OF HOME FORWARD. WE ARE HERE TODAY TO PRESENT A BRIEFING ON THE HOMELESS CONTINUUM, AND THIS IS PART OF A SERIES OF OUR BUDGET BRIEFINGS, AND I'M VERY HAPPY TO BE HERE TODAY WITH OUR PARTNERS TO ENGAGE IN THIS CONVERSATION. DURING OTHER BUDGET BRIEFINGS, WE'VE BEEN ASKED FROM THE BOARD TO PROVIDE A RESPONSE TO THESE FIVE QUESTIONS, AND THEY ARE, WHAT'S THE SIZE OF THE PROBLEM? HOW DO WE COMPARE TO OTHER CITIES? DO WE ATTRACT PEOPLE HERE WITH OUR SERVICES? HOW MUCH DO WE SPEND AND WHAT DO WE GET? AND WHAT'S THE ANSWER TO SOLVE THIS PROBLEM? SO, WE ARE GOING TO BE ADDRESSING THESE QUESTIONS HERE TODAY. I WILL TURN IT OVER TO MARY LI TO START THE RESPONSES.

>> MARY LI, COUNTY HUMAN SERVICES. I DON'T USUALLY OPERATE THE POWERPOINT, SO I WILL BE FILTERING AROUND WITH TECHNOLOGY. AND I WILL TRY TO GO FAST. I WILL TRY TO PUSH THE BUTTONS FAST. BUT I HOPE YOU -- IF THERE ARE QUESTIONS, WE HAVE STEVE AND TRACI HERE BECAUSE THE WORK IS NOT GOING FORWARD SOLELY AS THE COUNTY. OUR WORK IS GOING FORWARD AS PART OF COLLABORATION AND CROSS-JURISDICTIONAL WORK AND THEY ARE HERE AND AS KNOWLEDGEABLE IF NOT MORE IN MANY

AREAS ABOUT THESE ISSUES. YOU REALLY HAVE A PANEL OF EXPERTS HERE TO BE ABLE TO ALSO ENGAGE IN A DIALOGUE AROUND THIS. YOU KNOW, I THINK WE KNOW THIS, DESPITE UNPRECEDENTED INVESTMENT ON BEHALF OF ALL OF OUR JURISDICTIONS, AND A BUNCH OF INNOVATION THAT WE WILL TALK MORE ABOUT LATER, WE CONTINUE TO EXPERIENCE HIGH NUMBERS OF HOMELESSNESS IN THE COMMUNITY. THIS COMES FROM THE NATIONAL ALLIANCE TO END HOMELESSNESS. IT IS NEW DATA. WHAT IT SAYS BASICALLY, WHILE STATEWIDE HOMELESS NUMBERS ARE DECREASING, THE NUMBERS OF HOUSEHOLDS THAT DOUBLE UP, AND RENT, RENT BURDENED AND PEOPLE LIVING IN POVERTY INCREASING. WHAT THAT SAYS A LOT OF WHAT WE'RE DOING TO GET PEOPLE BACK INTO HOUSING ONCE THEY HAVE BECOME HOMELESS IS WORKING, BUT WE ARE ON THE TIP OF A CLIFF, IF WE DON'T CONTINUE TO LOOK VERY CREATIVELY ABOUT HOW DO WE PREVENT AND PROVIDE PERMANENCY, WE ARE UNIQUELY POISED TO SEE THOSE NUMBERS GO UP. THE OTHER THING TO THINK ABOUT, THIS IS FOR THE STATE. MULTNOMAH COUNTY IS ABOUT 20% OF THE POPULATION OF THE STATE. SO YOU CAN LOOK AT THESE NUMBERS AND HAVE SOME SENSE OF WHAT THIS TRUE FOR THE STATE. WE WANT TO LOOK REGIONALLY. YOU LOOK AT THESE NUMBERS HERE. THIS COMES FROM THE GREATER PORTLAND PULSE, WHICH IS ALSO AN EFFORT THAT THE COUNTY IS INVESTED WITH. WHEN YOU LOOK AT THE REGION, FOLKS, YOU KNOW, PEOPLE IN THE REGION DOESN'T SEE THEMSELVES AS RESIDENTS OF ONE COUNTY OR ANOTHER. WE HAVE HOUSING THAT IS REGIONAL -- AND EVERYWHERE -- YOU SEE A MAGNITUDE OF PROBLEMS. WE HAVE THE MOST NUMBERS OF FOLKS LIVING IN HOMELESSNESS, BUT EVERYONE IS GOING UP EXCEPT FOR CLARK COUNTY. THE DIFFERENCE IN CLARK COUNTY, THEY PASSED A LARGE DOCUMENT RECORDING FEE IN THEIR STATE, AND THEY WERE ABLE TO INCREASE AT A HUGE AMOUNT THEIR PERMANENT SUPPORT OF HOUSING OPTIONS, THEIR RAPID REHOUSING OPTIONS. THEY OPENED NEW SHELTERS, AND THAT'S WHAT ACCOUNTS FOR THAT DECREASE WAS THE SIGNIFICANT NEW INVESTMENT

>> DO YOU KNOW HOW MUCH MONEY THEY INVESTED IN THAT?

>> WE DON'T. WE HAD A CONVERSATION THERE, BUT WE CAN CERTAINLY FOLLOW-UP AND ASK THEM FOR THAT NUMBER.

>> IT RELATES TO THE LAST CONVERSATION THAT WE JUST HELD ABOUT THE HEALTH OUTCOME IMPACT INTERSECTION WITH HOUSING AND I -- AND I THINK FOR US ASPIRATIONALLY TO BE ABLE TO PUT A NUMBER ON THAT DEGREE OF SUCCESS WOULD BE -- WOULD BE HELPFUL. AT LEAST INSTRUCTIVE. I MEAN, WHAT ARE WE LOOKING AT HERE?

>> I WOULD BE INTERESTED IN HOW THEY GEOGRAPHICALLY DISTRIBUTED THIS MONEY THROUGHOUT THEIR COUNTY, LOOKING AT THE DEMOGRAPHICS

AND HOW THEY PLACED THOSE AND THE CAPACITY ISSUES AND HOW THEY PLACED THEM.

>> YEAH, WE MAY BE ABLE TO EVEN PROVIDE YOU WITH A WRITTEN BRIEFING ON IT. AGAIN, AS WE UNDERSTAND, THIS IS A REGIONAL PROBLEM, NOT JUST A COUNTY PROBLEM. WE HAVE DEVELOPED GOOD WORKING RELATIONS WITH OUR PARTNERS IN CLARK COUNTY AND BE ABLE TO HAVE THAT DISCUSSION AS WELL, WE WOULD LOVE TO COME BACK AND DO THAT. OKAY. SO, THIS IS OUR MOST RECENT HOMELESS COUNT DATA. AS YOU KNOW, WE JUST COMPLETED ONE. WE'RE WORKING DILIGENTLY TO GET THAT DATA OUT. IT WILL BE OUT MOMENTARILY. BUT AS WE CONTINUE TO WORK ON IT, IT'S HELPFUL TO UNDERSTAND -- AND THIS WAS A QUESTION I THINK COMMISSIONER SHIPRACK YOU ASKED US WHEN WE CAME TO TALK ABOUT THE 10 YEAR PLAN RESET, WHAT ARE THE DIFFERENT TYPES OF HOMELESSNESS AND HOW DO WE LOOK AT THOSE? FOLKS WHO ARE UNSHELTERED, ON THE STREET, CAMPING, YOU SEE WE HAVE 1,700 FOLKS IN THAT COMMUNITY. LITERALLY HOMELESS ARE THOSE WHO ARE UNSHELTERED OR IN AN EMERGENCY SHELTER. OUR LOWEST LEVEL OF SERVICE. HUD'S DEFINITION, WHICH IS ONE OF OUR FOUR FUNDING SOURCES, IS LITERALLY HOMELESS, PLUS UNSHELTERED, PLUS TRANSITIONAL HOUSING. YOU CAN SEE HOW THE PYRAMID GOES. IT IS ADDING EACH POPULATION AS IT GOES. THE BROADEST DEFINITION, AND I THINK THIS IS IMPORTANT FOR US BECAUSE OF OUR FOCUS ON HOMELESS FAMILIES WITH CHILDREN, DOUBLED UP AND COUCH SEARCHING. HOMELESS FAMILIES WITH CHILDREN WHO STILL HAVE THE CHILDREN IN SCHOOL AND ARE PART OF THE ANNUAL COUNT FOR HOMELESSNESS. AND THE BROADEST DEFINITION OF THOSE IN PERMANENT SUPPORTIVE HOUSING, FOLKS WHERE WE HAVE HOUSED THEM, AND AS A COMMUNITY OR CROSS-JURISDICTIONALLY, WE ARE PROVIDING SUPPORT SERVICES TO HELP THEM STAY HOUSED. THIS TOUCHES SOME OF THE POPULATIONS THAT YOU HEARD ABOUT EARLIER IN THE HEALTH CARE TRANSFORMATION BRIEFING, AS WELL AS TRAC AND I AND REPRESENTATIVES FROM STEVE'S ORGANIZATION SIT ON THE HEALTH CARE TRANSFORMATION SUPPORTIVE WORK GROUP AND THUS WE'RE REALLY ACTIVELY PURSUING THAT ALIGNMENT WITH THOSE TWO ISSUES. ALL RIGHT. SO YOU KNOW TWO WEEKS AGO, WE CAME BACK TO YOU WITH OUR 10-YEAR PLAN, RESET, A HOME FOR EVERYONE. AND WE IDENTIFIED THESE GROUPS AS THE MOST VULNERABLE. NOW THAT MORPHS. SOMEONE WHO HAS DOUBLED UP IS IN A LESS VULNERABLE PLACE POTENTIALLY THAN SOMEONE LIVING ON THE STREET. THAT MORPHS BY WHERE YOU ARE IN THE COUNTY, WHERE YOUR ACCESS IS TO SERVICES. BUT IN GENERAL, OUR FINDING THAT THESE ARE THE POPULATIONS THAT WE NEEDED TO BE WORKING WITH. THIS IS MORE INFORMATION ABOUT THE SCOPE OF THE PROBLEM. SOME OF THIS IS TREND DATA THAT YOU ASKED FOR. WE DON'T HAVE AS MUCH AS THE TREND DATA AS WE WOULD LIKE. IN GENERAL, WE WOULD SAY A COUPLE OF THINGS. WE THINK THE NUMBERS ARE UNREPORTED. DON'T REFLECT THE DEPTH OF THE ISSUE. IN GENERAL,

IN THE LAST TWO YEARS, AT LEAST AN 8% INCREASE IN THE UNSHELTERED HOMELESS, AND AN INCREASE IN THE NUMBER OF CHILDREN UNDER -- WHO ARE UNDER 18. AGAIN, THE NUMBERS DON'T LOOK POTENTIALLY ALL THAT LARGE, BUT WE KNOW WE'RE UNDERREPORTED ON THAT.

>> HOW DO YOU --

>> FOR INSTANCE, HOMELESS FAMILIES WITH CHILDREN OFTEN ARE HIDING BECAUSE THEY DON'T WANT THEIR CHILDREN TO BE TAKEN AWAY FROM THEM. THEY HAVE A FEAR THAT IF THEY ARE FOUND TO BE HOMELESS, THAT THEIR CHILDREN WILL BE TAKEN AWAY FROM THEM. YOU KNOW, HOMELESS YOUTH ARE OFTEN VERY HARD TO FIND AND COUNT BECAUSE THEY'RE HIDING. THEY DON'T WANT TO BE FOUND OR BROUGHT BACK TO THEIR FAMILIES. IT'S GENERALLY DIFFICULT TO GET DESPITE A LOT OF REALLY GOOD WORK WITH OUR NON-PROFIT PARTNERS AND JURISDICTIONAL PARTNERS TO DO VERY GOOD STREET COUNTS, IT IS GENERALLY ASSUMED THAT WE HAVE LOW COUNTS THERE. HERE IS SOME MORE INFORMATION. AND WHAT I WANT TO SAY ABOUT THIS IS THAT THE SIZE OF OUR PROBLEM OF HOMELESSNESS IN THIS COUNTY IS ALSO AN ISSUE OF EQUITY. WE CAN'T JUST THINK ABOUT THIS AS THIS IS A HOMELESSNESS PROBLEM. WE HAVE TO CONTEXTUALIZE IT WITH ALL OF THE WORK WE DO AROUND EQUITY, INCLUSION, DIVERSITY. THERE IS STARK OVERREPRESENTATION OF PEOPLE OF COLOR IN THE -- PARTICULARLY FAMILIES WITH CHILDREN. INTERSECTION OF EQUITY, INTERSECTION OF WORK TO ENSURE ACADEMIC SUCCESS AS A LONG-TERM PROSPERITY ISSUE. IT INTERSECTS IN MANY, MANY WAYS WITH OUR OTHER COURSE WORK AND SERVICES. YOU SEE THAT NEARLY HALF OF THE FOLKS THAT REPORT BEING HOMELESS REPORTED DISABILITY. YOU SEE THE NUMBERS OF VETERANS. YOU SEE THE NUMBERS REPORTING DOMESTIC VIOLENCE. WE KNOW THAT IS EXCEPTIONALLY UNDER REPORTED BECAUSE OF WORK OUR -- IN A SPECIFIC STUDY THAT SHOWED UPWARDS OF 60% OF HOMELESS FAMILIES IN THE SYSTEM, EXPERIENCING OR CURRENTLY EXPERIENCING DOMESTIC VIOLENCE. ALMOST 4,000 CHILDREN ATTENDING SCHOOLS ARE LIVING IN FAMILIES THAT ARE HOMELESS. THAT IS A HORRIFIC STATISTIC, BUT I THINK IT SPEAKS TO THE INCREDIBLE STRENGTH AND RESILIENCY OF THESE FAMILIES THAT THEY ARE STILL GETTING THEIR CHILDREN TO SCHOOL WITHOUT A HOME. ONE OF THE THINGS WE WANT TO TALK ABOUT -- WHAT IS HAPPENING HERE? WE HAVE TALKED ABOUT WHO IS HOMELESS, REGIONAL ASPECTS OF HOMELESSNESS. IT IS LARGELY AN ECONOMIC ISSUE. THIS SLIDE SHOWS YOU AND THIS IS FROM GREATER PORTLAND PULSE, DESPITE OREGON AND WASHINGTON HAVING ONE OF THE HIGHEST MINIMUM WAGES IN THE COUNTRY, THIS IS WHAT IT COSTS TO AFFORD FAIR MARKET RENT, THAT IS THE FMR. THAT IS A HUD DETERMINANT AMOUNT THAT TALKS ABOUT THE AVERAGE AMOUNT RENTAL IN THE METROPOLITAN AREA. SO, IN ORDER TO AFFORD AN APARTMENT IN THE METROPOLITAN AREA, HOUSEHOLD HAS TO BRING IN $1754 IN ORDER NOT TO BE RENT BURDENED. WE CAN GET PEOPLE STABLE, BUT THEY ARE RENT

BURDENED AS ALL HECK. RENT BURDEN TALKS ABOUT PAYING 30% OR LESS MONTHLY INCOME FOR THE HOUSING. WE CAN GET PEOPLE STABLE, BUT THEY ARE PAYING 50, 60, 70, 80% OF THE INCOME TO MAINTAIN THAT HOUSING. THERE ARE NO WHERE CLOSE TO THE STANDARD 30% IN RENT BURDEN. YOU HAVE TO HAVE TWO WAGE EARNERS AT MINIMUM WAGE IN ORDER TO ACHIEVE THE HOUSING WAGE, AND THIS DOESN'T EVEN TALK ABOUT FOOD, CLOTHING, MEDICAL CARE, ALL OF THOSE KINDS OF THINGS. THIS SPEAKS TO THAT. AND WE HAVE, AGAIN, TALKED ABOUT THIS BEFORE. SO IN ORDER TO AFFORD RENT, YOU HAVE TO BE AT $1,754. FAMILY OF ONE ADULT, TWO CHILDREN, TO ACHIEVE SELF-SUFFICIENCY INCOME, UTILITIES, FOOD, THOSE THINGS, THAT FAMILY HAS TO EARN $23.75 AN HOUR. OF THE TOP TEN JOBS AVAILABLE IN THIS COUNTY, ONLY ONE WAGE -- ONLY ONE PAYS A WAGE THAT MEETS THAT STANDARD, AND THAT IS A REGISTERED NURSE. IF YOU LOOK BELOW, YOU SEE OTHER JOBS IN ORDER OF SALARIES THAT THEY PAY. MOST OF OUR FOLKS ARE GOING INTO THE SERVICE INDUSTRY. FOOD SERVICE AT $9.30 AN HOUR. CASHIERS AT $9.49. WAITING STAFF, $9.98. RETAIL, $10.45. YOU START TO SEE THE GAP WHICH IS PART OF UNDERSTANDING EVEN THOUGH WE'RE DOING TREMENDOUS WORK GETTING FOLKS OFF OF THE STREET, INTO HOUSING, HELPING TO PREVENT THEM FROM BECOMING HOMELESS AGAIN, THERE IS A STRUCTURAL PROBLEM WHICH HAS TO DO WITH THE ECONOMY. WE HAVE TO UNDERSTAND THAT STRUCTURAL PROBLEM IN WHICH WE ARE TRYING TO DO OUR WORK AND MAKE SMART, PRUDENT INVESTMENTS.

>> WHAT'S THE SOURCE OF THIS WAGE INFORMATION?

>> IT'S THE U.S. DEPARTMENT OF -- IT'S -- NO, NO. IT'S THE STATE LABOR, BUREAU OF --

>> THANK YOU.

>> IT IS THE STATE NUMBERS.

>> MARY, $17.54 PER HOUR, IS THAT IN THE PORTLAND AREA? IS THAT COUNTY-WIDE?

Ms. Li: THAT'S COUNTY-WIDE, METROPOLITAN.

>> AGAIN, YOU ARE GOING TO SEE DIFFERENCES. RENTS ARE MORE EXPENSIVE ON THE WEST SIDE OF PORTLAND THAN IN GRESHAM. THAT IS WHY YOU SEE SOME OF THE OUT-MIGRATION IS HAPPENING. HOME FORWARD HAS TRIED TO RECOGNIZE THAT AND LOOK AT WHAT THEY MAKE AVAILABLE FOR PEOPLE TO -- WHEN YOU ARE IN AN ENVIRONMENT WITH ABOUT A 3% VACANCY RATE, LANDLORDS CAN CHARGE WHATEVER THEY CAN CHARGE AND PEOPLE WILL PAY IT BECAUSE THEY'RE SO DESPERATE TO FIND HOUSING. THE LAST PIECE I WANT TO TALK TO AND I TURN IT BACK

OVER TO SUSAN, OUT OF THAT POINT IN TIME COUNT, WE ASKED FOLKS WHY THEY BECAME HOMELESS? AND THE POINT WE WANT TO MAKE SHEER -- HERE IS THE LARGE PORTION WHY PEOPLE BECAME HOMELESS WERE ECONOMIC REASONS. YES, THERE ARE FOLKS WHO HAVE ADDICTIONS, WHO ARE DISABLED, BUT THE LARGE NUMBER OF FOLKS HOMELESS FIND THEMSELVES HOMELESS BECAUSE OF ECONOMIC ISSUES AND DOMESTIC VIOLENCE, WHICH IN THE END BECOMES AN ECONOMIC ISSUE BECAUSE A WOMAN HAS TO LEAVE IN ORDER TO BE SAFE. WHEN YOU LOOK AT THE SIZE OF THE PROBLEM, YOU UNDERSTAND WHO IS HOMELESS IN OUR COMMUNITY, THESE ARE THE REASONS WHY, ECONOMIC ISSUES ARE DRIVING THOSE.

>> CHAIR COGEN, I HAVE A QUESTION. MARY LI, OF THOSE FOLKS WE HOPE TO HOUSE -- SAY THEY BECOME HOMELESS IN THE NEXT SIX MONTHS OF THE YEAR, WHAT PERSON OF THOSE PEOPLE GO BACK TO HOMELESSNESS THAT WE HELP? I DON'T HAVE THAT NUMBER. DO YOU HAVE ANY SENSE OF THAT?

>> NO, BUT IT -- RECIDIVISM IN HOMELESSNESS IS NOT SOMETHING THAT WE'RE DOING A GREAT JOB OF TRACKING NOW. IT'S THE NEXT -- I DON'T KNOW, WE HAVE TALKED ABOUT THE HEARTH ACT. WE DO A VERY GOOD JOB OF TRACKING OUTCOMES BY PROVIDER. THIS -- THE HEARTH ACT MANDATES THAT WE TRACK BY SYSTEM. WE KNOW IF YOU WERE ORIGINALLY SHELTERED OVER HERE, GOT YOU INTO HOUSING, AND THEN YOU COME BACK AND SHELTERED AT SALVATION ARMY, WHEN WE GET THE SYSTEM TRACKING AS A TOTAL SYSTEM, WE WILL BE ABLE TO TRACK THAT.

>> I'M THINKING THE HOMELESSNESS NUMBERS ARE -- THEY MAY NOT BE EXACTLY WHAT WE THINK THEY ARE BECAUSE THEY'RE THE SAME PEOPLE WHO ARE NEEDING ASSISTANCE, AND WE'RE COUNTING THEM MAYBE TWICE OR MAYBE EVEN THREE TIMES. I DON'T KNOW. BASED UPON THE NUMBERS THAT YOU TALKED ABOUT AND THE FACT THAT THESE NUMBERS ARE REALLY LOW COMPARED TO, YOU KNOW, WHAT YOU'VE SEEN BEFORE. THE THING YOU TALKED ABOUT IN TERMS OF HIDING YOUTH AND -- WE MAY BE HELPING THE SAME PEOPLE AND SPENDING -- HOW CAN WE TURN OVER THAT DOLLAR AND GET THE MOST FOR THAT MONEY?

>> YOU KNOW, ANECDOTALLY WE TRACK THAT WITH THE WARMING CENTER, WHICH WILL CLOSE ON APRIL 30th. SO WE'RE DONE THERE. LAST NIGHT, WE HAD OVER 80 INDIVIDUALS AT THE WARMING CENTER. OVER 20 OF THEM WERE FAMILIES THAT HAD BEEN THERE. AND SEVERAL OF THEM WERE NEW THAT CAME IN THAT NIGHT. SO, WE ARE TRACKING WHO COMES IN, WHO -- YOU KNOW, WHO IS NEW. WHO HAS NEVER BEEN. WHO HAS BEEN THERE FOR AWHILE. WHO IS CONTINUING TO BE THERE --

>> THAT'S THE WARMING CENTER. I'M TALKING ABOUT FOLKS WHO RECEIVE RENTAL ASSISTANCE. WE DON'T KNOW IF THESE PEOPLE PROGRAM HOP OF

SORTS, GET MONEY AND THEN GO TO ANOTHER PROGRAM AND GET ADDITIONAL MONEY SIX MONTHS LATER BECAUSE THEY'RE HOMELESS AGAIN.

>> I THINK WE DO HAVE SOME OF THAT DATA AND WE WILL GO BACK AND TAKE A LOOK AT IT. PART OF THE JOIN MODEL AND WHAT WE FUNDED WITH THE MOBILE PILOT IS A RELATIONSHIP MODEL SO THAT IF SOMEONE -- IT IS THE JOB OF THE WORKER TO MAINTAIN THAT RELATIONSHIP SO THAT THEY DON'T PROGRAM HOP, SO THEY DON'T GO FROM PERSON TO PERSON, AGENCY TO AGENCY. AND AT THE SAME TIME GET SUPPORTED IN CONNECTING UP WITH SOMEONE WHO IS GOING TO HELP THEM ACQUIRE BENEFITS, WHICH HELPS THEIR STABILITY, REQUIRE EMPLOYMENT, WHICH HELPS THEIR STABILITY. ETC.

>> INFRASTRUCTURE STANDPOINTS, THAT IS OUR RESPONSIBILITY TO PUT SOME OF THOSE BENCH POSTS UP TO SAY WE NEED TO COLLECT CERTAIN DATA

>> YES.

>> IF WORKERS ARE NOT COLLECTING THAT DATA, IF THEY'RE NOT MADE TO COLLECT IT AND THERE IS NOT A MANDATE TO COLLECT IT, IT'S US -- WE'RE SETTING THE INFRASTRUCTURE FOR THIS.

>> ABSOLUTELY. I THINK WE CAN COME BACK WITH SOME OF THAT DATA.

>> WE DO HAVE DATA ON THE PROGRAMS THAT WE FUND, AND RECIDIVISM RATE. WE HAVE HAD BRIEFING BEFORE, SIX MONTHS, YEAR LATER, DATA THAT SHOWS ONCE WE GET PEOPLE INTO HOUSING, WE HAVE UPWARDS OF 80% RATES OF PEOPLE STILL BEING -- WE DON'T HAVE -- WE DON'T TRACK THEM FOR FIVE YEARS, BUT WE TRACK THEM AT VARIOUS POINTS.

>> LIKE 75% --

>> SO, WE DO --

>> AND I THINK THAT -- THE DUPLICATION RATE -- I DON'T THINK IT IS ALL THAT GREAT. I DON'T THINK WE'RE COUNTING THE SAME PERSON OVER AND OVER AGAIN. WE DO A REALLY -- I MEAN, OBVIOUSLY IT'S HUMAN CONTACT. SO THERE IS GOING TO BE ERRORS, BUT I THINK THAT THE DAY THAT THAT WE SEE AND THE NUMBERS AT THE SMALLER ENDS ARE AS ACCURATE AS WE CAN GET. WE ARE NOT COUNTING THE SAME PERSON FOUR TIMES IN ONE DAY.

>> RIGHT.

>> OUR DATA SYSTEM, HOMELESS MANAGEMENT INFORMATION SYSTEM, A CLOSED SYSTEM, AND IT'S TRYING TO GET AT PROTECTING PEOPLE'S CONFIDENTIAL INFORMATION, PARTICULARLY PROTECTED HEALTH INFORMATION. WHEN WE PUT THE SYSTEM IN PLACED WE ERRED ON BEING CONSERVATIVE. JOIN CAN'T SEE TPI'S DATA. TPI CAN'T SEE JOIN'S DATA. A WAY TO NOT PUT ANYONE'S INFORMATION AT RISK. SOME OF THE IMPROVEMENTS WE WILL MAKE IN THE SYSTEM WILL OPEN IT UP A LITTLE BIT SO THAT WE CAN SEE WHERE SOME OF THOSE SYSTEM-WIDE OPPORTUNITIES ARE.

>> OKAY. THANK YOU.

>> CAN I JUST SAY ONE THING?

>> YES, PLEASE.

>> I THINK IT'S GOOD TO HAVE THIS DATA. I'M GOING TO START LOOKING AT MUCH MORE GOING FORWARD MODE BECAUSE I'M HEARING FROM MY EAST COUNTY CITIES RECENTLY VERY MUCH THEIR CONCERN ABOUT WHAT IS HAPPENING OUT THERE THAT HASN'T BEEN HAPPENING BEFORE. YOU KNOW, I THINK IT'S IMPORTANT THAT WE HAVE ALL OF THE INFORMATION THAT WE CAN HAVE SO THAT WE KNOW HOW TO GO FORWARD. BUILD THE CAPACITY IS WHAT I'M SAYING.

>> YES.

>> ALL RIGHT. I WILL POP YOU OVER INTO THAT SLIDE.

>> THE NEXT QUESTION THAT WE HAVE BEEN ASKED IS HOW DO WE COMPARE TO OTHER AREAS? IT FEELS AS THOUGH THERE ARE A LARGE NUMBER OF PEOPLE HERE. THE ANSWER IS YES, WE DO HAVE A RELATIVELY HIGH NUMBER OF PERSONS EXPERIENCING HOMELESSNESS, FAMILIES, VICTIMS OF DOMESTIC VIOLENCE, AND VETERANS. HOWEVER, WE DID WANT TO LOOK AT OTHER AREAS. KING COUNTY WASHINGTON, HENNEPIN COUNTY, MINNESOTA, AND SAN FRANCISCO. KING COUNTY, OBVIOUSLY, IS LARGER THAN US AND THEY DO HAVE A LARGER NUMBER OF HOMELESS, BUT THEY HAVE A SMALLER PERCENTAGE OF THE POPULATION THAT'S HOMELESS. AS MARY MENTIONED, THEY HAVE MORE INVESTMENT WITH THE NEW DOCUMENT RECORDING FEES AS WELL AS GATE FOUNDATION -- HENNEPIN HELD UP AS A NATIONAL MODEL. 28% -- NOT -- SAN FRANCISCO IS A SIMILAR SIZE. BOTH IN POPULATION AND IN NUMBER OF HOMELESS, HOWEVER THE NUMBER OF FAMILIES TO HOMELESS IS CONSIDERABLY LESS. THEY HAVE MORE OF A LARGER NUMBER OF SINGLE HOMELESS. IN MULTNOMAH, WE HAVE LOTS OF FAMILY, LOTS OF VETERANS, LOTS OF DOMESTIC VIOLENCE. THAT WAS INDICATED IN THE LAST 10-YEAR PLAN. MOST VULNERABLE IS WHERE WE NEED TO FOCUS OUR RESOURCES. THE NEXT QUESTION ARE WE

ATTRACTING PEOPLE HERE? I WILL TELL YOU I WORKED IN TWO OTHER COUNTIES, ONE WAS -- I LIKE TO COMPARE -- DESCRIBE AS THE LANE COUNTY OF THE STATE I LIVED IN. WHERE THE MAJOR UNIVERSITY WAS, AND ANOTHER COUNTY WAS TWICE THE SIZE OF THIS IN POPULATION. AND WE ASKED THE SAME QUESTION OF OURSELVES. ARE WE ATTRACTING PEOPLE HERE? AND IT SEEMS TO BE THAT IF WE PROVIDE SERVICES, WE BELIEVE THAT PEOPLE WILL COME. THERE IS -- THAT QUESTION ASKED IN MANY COMMUNITIES, AND WE LOOKED THROUGH -- WE GOOGLED HOMELESS MAGNET AND FOUND NUMEROUS NEWSPAPER ARTICLES FROM COUNTIES, CITIES AROUND THE COUNTRY ASKING THE SAME QUESTION. SOMEONE FROM WYOMING, HOMELESSNESS INCREASES IN WYOMING. THERE IS WHERE EVERYBODY WANTS TO GO. A PRODUCT OF ECONOMIC BOOM. OUR CITIES -- CITIES LIKE PORTLAND, MAINE, TOO ATTRACTIVE FOR HOMELESS PEOPLE? IS SAN FRANCISCO MILD AND MERCIFUL, A MAGNET FOR THE HOMELESS? THE ISSUE IS HOMELESSNESS IS A PROBLEM ACROSS THIS COUNTRY. NO MATTER WHERE YOU GO, THERE ARE HOMELESS PEOPLE EVERYWHERE. IT IS PART OF OUR ECONOMIC DECLINE THAT WE HAVE EXPERIENCED. THE OTHER QUESTION IS, OKAY, SO, WHO ARE -- WHO IS THE HOMELESS IN COMMUNITIES? AND STUDIES ARE SHOWING NATIONALLY THAT 75 TO 84% OF PEOPLE REMAIN IN THE SAME AREA WHERE THEY LIVED BEFORE THEY BECAME HOMELESS. THEY DIDN'T GO THERE FOR BECAUSE THERE WAS REALLY GOOD SERVICES. WHY DO PEOPLE BECOME, YOU KNOW, WHY DO PEOPLE MOVE? SAME REASON ANYBODY ELSE MOVES. RELATIVES OR FRIENDS IN THE AREA, ESCAPING DOMESTIC VIOLENCE, BETTER JOB OPPORTUNITIES, PEOPLE MOVE TO GO TO SCHOOL, HAVING REALLY GOOD SERVICES IS REALLY NOT AN ANSWER THAT PEOPLE PROVIDE WHEN THEY ASK WHY THEY MOVE TO AN AREA. IN OUR AREA, AS MARY MENTIONED, THERE IS NO REALLY LINES FOR MANY PEOPLE BETWEEN OUR COUNTIES. TRANSPORTATION IS EASILY ACCESSIBLE AND PEOPLE VIEW IT AS ONE AREA. SO, OUR LAST STREET COUNT IN 2011, AND WE'RE GOING TO BE PROVIDING THE DATA ON THE MOST RECENT ONE, 1,718 HOMELESS INDIVIDUALS WERE ON THE STREET. AND 11% OF THOSE WERE HOMELESS PRIOR TO ARRIVING IN THE COUNTY, BUT THE REST, 78% LIVED IN THIS COUNTY, MORE THAN TWO YEARS. 52% HAD BEEN LIVING HERE MORE THAN 10 YEARS. NEXT WE TALK ABOUT THE OTHER QUESTION, HOW MUCH DO WE SPEND AND WHAT DO WE GET? I WILL SAY THAT THIS IS A FANTASTIC PARTNERSHIP THAT WE HAVE WITH OUR TWO JURISDICTIONAL PARTNERS, THE CITY OF PORTLAND AND HOME FORWARD. A VERY POSITIVE COLLABORATIVE RELATIONSHIP AND I HAVE BEEN VERY IMPRESSED WITH OUR INTERACTIONS. YOU WILL SEE ON THE CHART THE DOLLARS WE SPEND COLLECTIVELY $42 MILLION IN HOMELESSNESS. EACH JURISDICTION HAS ROUGHLY THE SAME PERCENTAGE. YOU WILL SEE THE COUNTY GENERAL FUND IS CLOSE TO $10 MILLION. McKINNY FUND FOR THOSE WHO DON'T KNOW IS THE FEDERAL HUD DOLLARS THAT WE RECEIVE IN THE COMMUNITY FOR HOMELESSNESS. IN TERMS OF SERVICE TYPE, 75% OF THOSE DOLLARS IS FOR ACTUAL HOUSING. CLOSE TO $32 MILLION IS FOR THE HOUSING. SHELTER TRANSITIONAL --

RELATED SERVICES, BENEFITS, ACQUISITION, ADDICTION AND MENTAL HEALTH SERVICES MAKE UP THE OTHER 5%. AND THIS NEXT SLIDE YOU WILL SEE THAT THE POINT IN TIME COUNT ON THE -- IN THE BOX ON THE SIDE, AND THE PERCENTAGE OF DOLLARS RELATED TO THOSE POPULATIONS. SO, FOR INSTANCE, FAMILY IS MAKE UP 40% OF THE POINT IN TIME COUNT, BUT RECEIVE 26% OF THE TOTAL DOLLARS. ADULTS 59%. 64% OF THE TOTAL DOLLARS. AND ALTHOUGH YOUTH MAKE UP ONE PERCENT OF THE POINT IN TIME COUNT, AS MARY LI SAID, THAT NUMBER IS UNDERREPORTED BECAUSE YOUTH HIDE. WE'RE NOT AT ALL RECOMMENDING THAT YOUTH ONLY GET ONE PERCENT OF THE DOLLAR. WHAT WE ARE DOING IN OUR 10-YEAR PLAN RESET IS LOOKING AT THE DISTRIBUTION OF THE DOLLARS AND HOW WE PRIORITIZE THE POPULATIONS AND SO THAT WILL BE CHANGING. HOW TO SLICE THAT PIE IS GOING TO BE CHANGING. I WILL TURN IT OVER TO MARY.

>> THIS NEXT SLIDE, I THINK, IS THE MONEY SLIDE. NO PUN INTENDED. MANY OF YOU ASK REPEATEDLY WHAT ARE WE SPENDING BY SERVICE ELEMENT AND SERVICE TYPE? WHAT ARE WE GETTING FOR THAT? THIS IS BUSY. I APOLOGIZE FOR THAT. BY THE HOUSING OR INTERVENTION TYPE, WHAT THE COST IS FOR EITHER PER NIGHT HOUSEHOLD OR INDIVIDUAL. THE AVERAGE LENGTH OF STAY, WHICH IS THE AVERAGE NIGHT SOMEONE IS IN SERVICE IN THAT OPTION, THE NUMBER OF HOUSEHOLDS THAT WERE SERVED IN A 12 MONTH PERIOD OF TIME, AND THEN THE OUTCOME. WE MEASURE OUTCOME AT THE END OF SERVICE. SO AT THE EXITS. WHEN SOMEONE EXITS SERVICE, WE MEASURE AT THREE, SIX, NINE MONTHS -- IT IS GOING TOWARDS THAT PERIOD OF TIME. STANDARD OUTCOME MEASURE IS AT SIX. NOW, CAVEAT IS YOU CAN'T ALWAYS FIND FOLKS, RIGHT? THEY HAVE COME OUT OF SERVICE. OUR SERVICE PROVIDERS HAVE TO GO AND TRY TO FIND THEIR LAST KNOWN LOCATIONS. FOR THOSE WE CAN FIND AND FOLLOW-UP WITH, YOU SEE TREMENDOUSLY HIGH OUTCOMES AT SIX MONTHS. WOULD WE LIKE TO KNOW AT 12, 18, 24? YES. THERE IS ANECDOTAL INFORMATION ABOUT WHAT IS EFFECTIVE. WHEN YOU LOOK AT FAMILY SHELTER, THAT SHELTER IS PROVIDED IN PARTNERSHIPS WITH OUR FAITH-BASED COMMUNITIES, AND THAT'S THE REASON WHY WE'RE PAYING $6 A NIGHT FOR THAT SHELTER BECAUSE OF THE LEVERAGED AND VOLUNTEER CAPACITY THAT'S BROUGHT. AS WE CONTINUE TO LOOK AT WHAT'S THE ANSWER, IT IS MOVING EVEN MORE DEEPLY INTO OUR PARTNERSHIPS WITH THE BUSINESS COMMUNITY, FAITH COMMUNITY, AND OTHERS IN ORDER TO LEVERAGE AND ALIGN ALL OF OUR RESOURCES. WHEN YOU LOOK AT THE HOUSING PLACEMENT, THAT'S SIX MONTHS OF HOUSING AND STABILITY AND PLACEMENT. AND SIX MONTHS AFTER THAT, ALMOST 100% OF THE HOUSEHOLDS ARE STILL HOUSED. YOU LOOKED AT STRAW. STEVE TALKED TO YOU ABOUT THIS WHEN WE CAME FOR THE 10 YEAR PLAN. 1,700 NUMBER REPRESENTS ONE TO THREE MONTHS OF SERVICE, AND 90% OF THOSE FOLKS ARE STILL HOUSED SIX MONTHS AFTER WE GIVE THEM A MONTH OF RENT ASSISTANCE. I WANT TO UNDERSCORE LOTS OF WHAT WE ARE FACING AS WE TRY TO INTERVENE AND PREVENT HOMELESSNESS IS A FINANCIAL ONE. SO, WE'RE CLOSING DOWN IN ON

WHAT'S THE ANSWER. WE WILL GO QUICKLY THROUGH HERE. HOMELESSNESS IS A MAJOR CHALLENGE BECAUSE OF THE RECESSION AND THE ECONOMY. FRANKLY THE ONGOING WARS IN WHICH WE HAVE FOUND OURSELVES IN WHERE OUR COMMUNITY MEMBERS GO TO SERVE AND COME BACK AND CAN'T FIND A JOB AND CANNOT BE HOUSED AND THE -- USE THIS AS AN OPPORTUNITY, APPLY BEST PRACTICE, LOOK AT PILOTS AND LOOK AT DATA-DRIVEN DECISION MAKING. WE THINK THERE ARE THREE PIECES. AN ONGOING THEME WE HAVE RAISED WITH YOU, ECONOMIC DEVELOPMENT AS HUMAN CAPITAL. IMPLEMENTATION, FULL IMPLEMENTATION OF THE 10-YEAR PLAN RESET, AND INCREASED FUNDING FOR STRATEGIC ACTION. I THINK I WOULD BE DOING A DISSERVICE IF I SAID I THINK WE CAN MAKE SIGNIFICANT NEW INROADS IN THE PROBLEMS OF HOMELESSNESS BY BETTER ALIGNING, COORDINATING AND BETTER EFFICIENCIES. ALL OF THOSE ARE TRUE AND WE ARE WORKING ON THOSE. BUT IT WILL TAKE INCREASED FUNDING IF WE REALLY WANT TO MAKE A DENT ON WHAT'S GOING ON HERE. REGIONAL APPROACH, WE TALKED EARLIER ABOUT FOLKS WHO ARE HOMELESS DON'T SEE THEMSELVES AS LIVING IN COUNTY, BUT IN THIS REGION. ACTION ON EDUCATION, EQUITY, AND ENGAGEMENT OF THE COMMUNITY. I HOPE YOU HAVE SEEN THE WAYS IN WHICH WE HAVE TALKED ABOUT OUR WORK BEING IN THOSE THREE PLACES. STRATEGIES TO ACHIEVE THIS INCLUDE HOMELESS BENEFITS RECOVERY PROJECT, WHICH WE SENT YOU THE MOST RECENT OUTCOME REPORT THERE. THAT'S CASH THAT IS GOING INTO THE POCKETS OF FOLKS LIVING IN OUR COMMUNITY THAT THEY SPEND HERE IN THE LOCAL ECONOMY. ACTION FOR PROSPERITY, WHICH IS OUR ALIGNED MODEL WITH WORK SYSTEMS, HOME FORWARD, MULTNOMAH COUNTY. THOSE FOLKS ARE GETTING INTO JOBS THAT IF ARE NOT SELF-SUFFICIENT WAGES, ARE THE FIRST STEP IN GETTING TO A SELF-SUFFICIENCY WAGE. YOU HEARD SUSAN EMMONDS AND A NUMBER OF FOLKS TALK ABOUT IF THERE IS NOT A HOUSE FOR SOMEONE TO GO IN THAT THEY CAN'T AFFORD. WE CAN'T HOUSE THEM. WHEN THERE IS HOUSING, WE CAN HOUSE THEM. WHAT THAT COST WOULD BE. TRYING TO GET TO THAT NUMBER. IF WE BEGIN TO REALLY PUSH IN DEVELOPMENT OF AFFORDABLE HOUSING, THERE ARE JOBS THERE. IN THE END, THE ECONOMY AS A WHOLE BENEFITS AND WE HAVE AFFORDABLE HOUSING FOR FOLKS WHO NEED IT. LASTLY THIS ISSUE OF INDIVIDUAL DEVELOPMENT ACCOUNTS WHICH HELP FOLKS BUILD ASSETS AND EQUITY FOR THEMSELVES. 10-YEAR PLAN RESET. WE HAVE BEEN THROUGH THIS. WE ARE ALIGNING FUNDING. WE'RE IMPROVING DATA COLLECTION AND EVALUATION CAPACITY, INTER-JURISDICTIONAL COLLABORATIONS AND GOVERNANCE AND WE WILL BE BACK IN THE NEXT FOUR TO SIX MONTHS WITH FURTHER -- HOMELESS SYSTEM OF CARE, AGAIN, THIS IS SOMETHING THAT YOU HAVE SEEN BEFORE. WE THINK WE SHOULD BE INVESTING IN THREE AREAS, PERMANENCY AND PREVENTION, RAPID REHOUSING, AND EMERGENCY SERVICES. WHEN SOMEONE IS HOMELESS, CAN WE GET THEM TO SAFETY AND OFF THE STREETS. ONCE HOMELESS, CAN WE GET THEM BACK INTO HOUSING AS QUICKLY AS POSSIBLE, AND ONCE HOUSED, CAN WE KEEP THEM THERE? THOSE ARE SOME EXAMPLES OF THE STRATEGIES. IN

THE LAST FIVE YEARS, WE HAVE MADE SIGNIFICANT IMPROVEMENTS IN THE HOMELESS SYSTEM, INCLUDING NO TURN-AWAY, WHICH IS AN AMAZING THING TO SAY IN THE FAMILY AND YOUTHS SHELTER. IN THE WINTER WE DON'T TURN AWAY ANYONE. 30 FAMILIES, 30 DAYS, EMERGENCY MANAGEMENT -- OUR LINE BUDGET DISCUSSIONS. STREET COUNTS. NUMBER OF THINGS. IN THE COMING PERIOD OF TIME, WE ARE FOCUSING IN FOUR AREAS. REALLY ROLLING OUT SYSTEM-WIDE ENGAGEMENT AS THE COMMON PRACTICE. MOBILE OUTREACH, COORDINATED ENTRY. IMPLEMENTING THE OXFORD HOUSE MODEL FOR HOMELESS YOUTH, INTEGRATING HOMELESS FAMILY AND DOMESTIC -- WE HAVE TO ADDRESS IT. RAPID REHOUSING MODEL. HOUSING FIRST. AND THEN LOOKING AT THE ISSUES -- ALL RIGHT. QUICK, QUICK, QUICK, QUICK. WE ARE HAPPY TO ANSWER ANY QUESTIONS ABOUT THIS. THIS IS A SIGNIFICANT REPRESENTATION OF HOW OUR THINKING HAS CHANGED IN THE LAST 10 YEARS AND WHAT THE EXPERIENCE FOR FAMILIES TOUCHING OUR SYSTEM HAS CHANGED. AND THEN FINALLY COORDINATED ENTRY. THIS IS THE PILOT THAT YOU FUNDED IN NOVEMBER. IT DECOUPLES HOUSING PLACEMENT FROM SHELTERS. WE USE -- INFO AS THE PLACE FOR THE COORDINATED ENTRY. WE HAVE MOBILE OUTREACH, WHICH -- WE HAVE HOUSED OVER 54 FAMILIES IN SIX MONTHS. FOR THOSE FAMILIES WHO ARE HOUSED IN THAT MANNER, THE LENGTH OF STAY WAS LESS THAN HALF OF THOSE WHO WEREN'T IN THE PILOT. SO, THIS TELLS US THAT IT WORKS. THIS IS ALSO WHERE NEXT YEAR WE'RE GOING TO IMPLEMENT THE SHARED DATA. WE WILL HAVE AN OPEN SOURCE DATA FOR THE HOMELESS FAMILY PROVIDERS THROUGH THIS MODEL SO THAT WE CAN DO A BETTER JOB OF TRACKING AND LOOKING AT THAT.

>> GREAT. THANK YOU FOR PUTTING ALL OF THAT INFORMATION IN A TIME THAT WAS WORKABLE SO THAT WE STILL HAVE TIME FOR OUR LAST BRIEFING AS WELL. REALLY APPRECIATE IT. QUESTIONS OR COMMENTS.

>> HOW DO WE DEAL WITH THIS ISSUE, COMMUNITIES OF COLOR STANDPOINT, 46% OF THE HOMELESSNESS -- DO WE HAVE ANY PLANS, STRATEGIC PLAN TO DO OUTREACH TO REDUCE THAT NUMBER?

>> SO, THIS IS A DISTURBING SITUATION. AND I DON'T KNOW THAT ANY OF US HAVE A REALLY GOOD ANSWER FOR THAT. WE ARE IN SIGNIFICANT CONVERSATION WITH THE COALITION FOR COMMUNITIES OF COLOR AS WELL AS OUR CULTURALLY SPECIFIC FUNDING THAT WE DO FOR ANTIPOVERTY AND FOR HOMELESS FAMILY SERVICES. AS A PART OF THE IMPLEMENTATION OF THE 10-YEAR PLAN RESET, WE WILL LOOK AT WHAT ARE OUR NEXT STEPS AND STRATEGIES AND THAT WILL ABSOLUTELY BE DONE USING EQUITY AND EMPOWERMENT LENS.

>> CAN WE SCHEDULE TIME TO TALK ABOUT THIS FURTHER? WE DON'T HAVE A LOT OF TIME, BUT THANK YOU.

>> YES, ABSOLUTELY.

>> I WANT TO THANK ALL OF OUR PARTNERS. THIS IS TREMENDOUS PROGRESS THAT WE'VE MADE AND WE CAN ONLY DO IT BECAUSE WE ARE ALL IN IT TOGETHER. I WANT TO THANK COMMISSIONER KAFOURY. THANK YOU ALL VERY MUCH.

>>> OUR LAST BRIEFING, IAN CANNON AND THE STUDENTS FROM ACE ACADEMY SHOWING US THEIR SELLWOOD BRIDGE PROJECT.

>> I'M IAN CANNON. I WILL DO A QUICK INTRODUCTION AND GET OUT OF THE WAY.

>> OKAY.

>> I JUST WOULD LIKE TO RECOGNIZE LOIS -- LEADING OUR SCHOOL OUTREACH PROGRAM FOR THE COUNTY. AND I THINK AS YOU WILL SEE TODAY DOING GREAT WORK. ACE ACADEMY, ACE STANDS FOR ARCHITECTURE, CONSTRUCTION, ENGINEERING, PUBLIC TUITION FREE CHARTER HIGH SCHOOL, OREGON BUILDING CONGRESS, CENTENNIAL GRESHAM, BARLOW, PARK ROSE, AND REYNOLDS SCHOOL DISTRICTS. ACE OPENED ITS DOORS FOR THE 2008-2009 SCHOOL YEAR. A SHARED TIME PROGRAM FOR JUNIORS AND SENIOR STUDENTS -- NEIGHBORING HIGH SCHOOLS AND HOME SCHOOLS. ACE OFFERS A MATH, SCIENCE, ENGLISH, TECHNICAL SKILLS CURRICULUM IN THE DESIGN BUILD INDUSTRY -- INDUSTRY PARTNERSHIPS ARE INTEGRAL TO STUDENTS EXPERIENCE AT ACE. MULTNOMAH COUNTY THROUGH ITS SELLWOOD BRIDGE PROJECT IS PLEASED TO BE ABLE TO PARTICIPATE WITH THE ACE ACADEMY. LAST YEAR, ACE STUDENTS BROUGHT TO THE BOARD A WONDERFUL MODEL OF THE DETOUR BRIDGE AND THE BRIDGE MOVE. TODAY THEY WILL ADDRESS ANOTHER SIGNIFICANT ISSUE ON THE SELLWOOD PROJECT, THE LANDSLIDE ON THE WEST SIDE. AND I'D LIKE TO INTRODUCE FIVE SENIORS FROM SAYS ACADEMY WHO HAVE BEEN WORKING WITH US ALL YEAR. THEY REPRESENT THE DISCIPLINES OF ARCHITECT, CONSTRUCTION, ENGINEERING, AND WILL SHARE WITH US THE MODELS THAT THEY HAVE BUILT OF THE LANDSLIDE AND LANDSLIDE MITIGATION EFFORTS.

>> OKAY. THANKS AGAIN. COME ON DOWN. LOOK AT ALL OF THIS.

>> IS IT GOING TO FALL OFF THERE? DON'T LET IT FALL OFF.

>> MICROPHONES. YOU'LL STAND RIGHT THERE.

>> MY NAME IS SPENCER. SENIOR CONSTRUCTION STUDENT AT ACE ACADEMY. I ATTEND GRESHAM HIGH SCHOOL.

>> THOMAS, SENIOR ENGINEER, AND I ALSO ATTEND CENTENNIAL HIGH SCHOOL.

>> SENIOR -- I ATTEND PARK ROSE HIGH SCHOOL. I'M ZACH ZEUZ. ARCHITECTURE.

>> I ATTEND ACE ACADEMY AS AN ENGINEER AND GO TO PARK ROSE HIGH SCHOOL.

>> WELCOME ALL OF YOU.

>> WE ARE ALL PART OF THE SELLWOOD BRIDGE LANDSLIDE STABILIZATION TEAM.

>> ALL RIGHT.

>> SO, AUSTIN AND I ARE PART OF THE AM GROUP, WHICH IS THE LANDSLIDE MITIGATION TEAM -- WE GOT TO ACTUALLY HAVE PICTURES PRINTED OUT -- TO PRINT OUT THAT ACCURATE MODEL -- ACCURATE PICTURE OF THE WEST SIDE.

>> SO, OUR RESEARCH AND DEVELOPMENT, WE STARTED OUT BRAINSTORMING AND COMING UP WITH A DESIGN THAT WE MIGHT WANT TO USE FOR OUR PROJECT. THIS MOSTLY CONSISTED OF HOW ARE WE GOING TO MAKE OUR MODEL MOVE? THAT WAS THE THING THAT WE WERE MOST WORRIED ABOUT. CREATING THE LAND AND STUFF LIKE THAT, WE FIGURED THAT WE WOULD GET AROUND TO THAT. SO WE RESEARCHED AND DID A FEW PROTOTYPES AND CAME UP WITH THE DESIGN THAT WE MIGHT WANT TO USE WHICH WE WILL SHOW YOU OUR PROTOTYPES LATER ON IN THE SLIDES. AFTER THAT, WE CREATED SPREADSHEETS. OUR FIRST SPREADSHEETS MATERIALS AND PRICING SPREADSHEET THAT WE SUBMITTED TO LOIS, AND SHE SENT US IN OUR BUDGET AND STUFF LIKE THAT THAT WE COULD USE TO HELP FUND OUR PROJECT AND GET THE MATERIALS WE NEEDED. THEN WE CREATED A GANTT CHART. WHICH EXTENDED ALL OF THE WAY UP TO OUR DEADLINE, WHICH IS TODAY. ACTUALLY WE DID A VERY GOOD JOB STAYING ON TASK UP UNTIL CRUNCH TIME WHERE WE HAD TO START BUILDING AND DESIGNING OUR STUFF. THE ONLY PART WE GOT BEHIND ON WAS GATHERING OUR MATERIALS. BUT OTHER THAN THAT WE DID A PRETTY GOOD JOB FOLLOWING OUR GANTT CHART.

>> FIRST PROTOTYPE IS MADE OF FIVE PENCILS -- THE PENCILS ARE USED TO MAKE A MAKESHIFT SLOPE. BASICALLY WE PUT THE PENCILS UNDERNEATH THE STYROFOAM. AND ACTUALLY PENCILS IN BETWEEN THE STYROFOAM BLOCKS, BUT THEN WE PULLED THE PENCILS OUT BECAUSE WHEN WE WERE TESTING IT, IT SLID TOO MUCH. SO WE ACTUALLY HAD TO PUT A STRING IN THE BACK TO USE AS A STOP MECHANISM.

>> OUR SECOND PROTOTYPE CONSISTED OF TWO PENCILS, CARDBOARD, TAPE. THE CARDBOARD ON TOP REPRESENTED KIND OF OUR LAND AND WHAT'S MOVING. A PENCIL WAS TAPED TO THE BOTTOM WITH CARD BOARD FOLDED INTO LITTLE SECTIONS AND THE PENCIL WOULD LIFT UP AND GO INTO DIFFERENT NOTCHES SHOWING MOVEMENT OVER TIME. WE DIDN'T USE THIS -- WE DIDN'T IMPLEMENT ANY OF THIS INTO THE FINAL PROJECT. WE IMPLEMENTED THE STRINGS INTO THE FINAL PROJECT. IT WAS TRIAL AN ERROR AND TESTING AND STUFF LIKE THAT IN DECIDING WHAT WE WANTED TO USE.

>> THE FINAL PROTOTYPE IS MADE UP OF CARDBOARD, A LOT OF STAPLES AND GLUE. WE ACTUALLY GOT THE FIRST TIME WE DID THE -- WE ACTUALLY USED A GOOGLE MAPS VERSION OF IT, AND IT WASN'T AS ACCURATE, SO WE ACTUALLY HAD TO SEND US THE CONTOUR LINES. WE HAD A PRINT OUT OF THE CONTOUR LINES, ON A SMALL PIECE OF CARDBOARD AND TRACED THE LINES AND CUT THEM OUT. WE USED THE GLUE TO KEEP IT TOGETHER AND THE STAPLES ARE USED AS SPACERS UNDERNEATH SO THAT WE CAN PUSH IT. AND THIS ONE WE PUSH EACH ONE INDIVIDUALLY FROM THE TOP AND THERE WAS A LEVER IN THE BACK. BUT IT'S A LITTLE DIFFERENT IN THIS ONE AND WE WILL EXPLAIN LATER.

>> FEEDBACK THAT WE GOT. WE HAD OUR SECOND SITE VISIT A FEW WEEKS AGO, AND WE WENT THERE AND PRESENTED A PROTOTYPE PRESENTATION CONSISTING OF THE PROTOTYPES THAT WE SHOWED YOU EARLIER. AND WE GOT SOME VERY GOOD FEEDBACK ON WHAT WE COULD CHANGE AND WHAT WAS ACTUALLY HAPPENING ON SITE. THE -- PROBABLY THE MOST KEY THING THEY TOLD US WAS THAT THE LANDSLIDE WASN'T ACTUALLY COMING FROM THE TOP TO THE BOTTOM, BECAUSE THAT WAS SOMETHING THAT WE JUST ASSUMED. BUT IT WAS GOOD -- THEY TOLD US THAT IT IS SLIDING OUT FROM THE BOTTOM AND MAKING AN ACCORDION-TYPE MOVEMENT, WHICH MEANS IT IS SLIDING FROM THE BOTTOM AND STRETCHING AND THEN EVENTUALLY IT WILL ALL START COMING DOWN TOGETHER. BUT WE DIDN'T INCORPORATE THAT INTO THE FINAL PROTOTYPE. WE HAD IT COMING FROM THE TOP SLIDING ALL OF THE WAY TO THE BOTTOM. SOMETHING ELSE THEY TOLD US, WE WERE NOT SURE HOW WE WANTED TO GET OUR FINAL MOLDING DONE FOR THE TOP. SO, THEY TOLD US ONE OF THE -- I THINK HE WAS AN ENGINEER THERE, HE GAVE US AN IDEA ON HOW TO DO THIS. WE USED SCREEN TO COVER OUR TOPOGRAPHY, AND THEN WE WENT OVER IT WITH PLASTER CLOTH AND THEN DID A FINAL PLASTER FINISH ON TOP WITH OUR HANDS.

>> THE FINAL DESIGN SHOWS -- THIS PICTURE, THIS SLIDE SHOWS THE TOPOGRAPHY LINES FROM THE FILES THAT -- WE ACTUALLY HAD TO PRINT IT OUT IN A HUGE PRINTER, AND THEN WE HAD TO CUT -- WE CUT OUT THE

LINES AND WE PUT IT ON A WIDE CARDBOARD AND THEN WE DID THE SAME THING FOR THE PROTOTYPE AS FOR THIS.

>> THE TEAM FIRST STARTED WITH THE NON-MOVING SECTION. WE DID THE -- WE MADE THAT OUT OF CARDBOARD AND FOAM BECAUSE WE DIDN'T FEEL LIKE WE HAD TO MAKE IT COMPLETELY STURDY FROM THE GET-GO, BECAUSE OBVIOUSLY PLASTER IS VERY STURDY AND IT HELD TOGETHER VERY WELL. WE NEEDED KIND OF -- YOU COULD SAY THE OUTLINE OF WHAT WE HAD TO HAVE, AND THEN WE COVERED THAT UP WITH THE HARDER MATERIAL TO MAKE SURE THAT IT DOESN'T FALL APART.

>> SO, IN THIS PICTURE, IT SHOWS US WORKING ON THE PLASTER PART. AFTER WE PUT THE PLASTER OVER IT, THE PLASTER CLOTH HAD LITTLE HOLES THAT SHOWED, SO WE WANTED TO COVER THAT UP. WE PUT A FIRST LAYER OVER IT THINKING THAT THAT WAS GOING TO WORK, BUT THEN A SETBACK OCCURRED AND THEN THE WHOLE -- WE HAD TO BRING IT HOME AND PUT A SECOND COAT OVER IT AND THAT'S WHAT IS SHOWN RIGHT THERE.

>> NEXT IS OUR MOVEMENT MECHANISM. I WILL TURN THIS AROUND TO SHOW YOU. WHAT WE HAVE HERE IS -- THIS IS JUST KIND OF A PIECE OF WOOD WE HAVE STANDING STRAIGHT UP ALL OF THE WAY TO THE BACK. THIS IS OUR GUIDELINE FOR OUR SETBACK. ALL OF THESE PIECES HERE WILL GO ALL OF THE WAY BACK TO THAT PIECE OF WOOD, MAKING SURE THAT EVERYTHING IS FLUSH TO THE END. AND EVEN. THEN WE HAVE STRINGS ATTACHED TO THE TOP FOUR LAYERS. THE BOTTOM LAYER STAYS AND DOESN'T MOVE. THESE STRINGS ARE CUT AT VARIOUS LENGTHS TO CONTROL HOW FAR EACH SECTION MOVES. THIS IS HOW WE GOT OUR ACCORDION-TYPE MOVEMENT. TOP STRING IS THE SHORTEST STRING AND THE BOTTOM STRING IS THE LONGEST STRING. WE SLIDE THE BOTTOM OUT AND WHAT HAPPENS IS THESE STRINGS DON'T ALLOW THESE SECTIONS TO MOVE WITH THE BOTTOM. THEY KEEP THEM TO A CERTAIN DISTANCE. AND WE ALSO HAVE STOPS IN THE BACK THAT YOU CAN SEE HERE MAKING SURE THAT IT'S THE -- THE STRING IS NOT GOING TO PUT IT OFF OF THE BACK OF THE THING. AT THIS POINT, I THINK WE WILL DEMONSTRATE OUR MOVEMENT PART. WE ALSO HAVE HOLES IN HERE THAT YOU MAY OR NAY NOT BE ABLE TO SEE. THIS IS WHERE OUR LANDSLIDE WILL DROP. ALL RIGHT. SO, I WILL SLIDE IT OUT FROM THE BOTTOM HERE. AND YOU WILL SEE IT DROP. ALL RIGHT. SO, THAT'S HOW IT WAS -- THE LANDSLIDE IS MOVING AT THE MOMENT. HERE, WHAT WE DID WAS SPRAY-PAINTED STRAIGHT ON TOP, BECAUSE WE WANTED JUST THIS PART TO SHOW. WE LEFT THE WOOD, BROWN SHOWING BECAUSE WE WANTED TO SHOW THAT THIS WOULD BE THE DIRT EXPOSED WHEN THE LANDSLIDE IS COMING APART AND WE WANTED TO SHOW HOW MUCH IT MOVED IN OUR MODEL.

>> VERY NICE.

>> OUR SCALE FOR THIS MODEL THAT WE ACTUALLY HAVE IS ONE INCH EQUALS 20 FEET. SO, I THINK WHAT WE WERE TOLD WAS THAT IT MOVED FOUR FEET EVERY 30 YEARS OR SOMETHING LIKE THAT. AND WE ADDED THIS PLEXIGLASS FINISH AND THIS MODEL IS ONLY WHAT WOULD HAPPEN IF THERE WAS NO REMEDIATION DONE TO IT. AND THE NEXT TEAM WILL EXPLAIN WHAT WAS DONE ALREADY.

>> PERFECT. THANK YOU. THAT'S GREAT. [APPLAUSE]

>> NOW FOR REMEDIATION.

>> ALL RIGHT. AS YOU CAN SEE, OUR MODEL IS BASED ON THE REMEDIATION ON THE SITE. WHAT WE DID IS WE TOOK ONE HALF, BEING JUST TOPOGRAPHY, AND IT'S ALL -- ON HERE THE REMEDIATION SIDE WHICH IS WHAT IS UNDER THE GROUND WITH THE PILINGS AND THE SHEER PILES COMING OUT. THESE ONES ARE COMING OUT AT 45 DEGREE ANGLES AND TIED BACK WITH -- IN REAL LIFE EIGHT STEEL CABLES GOING BACK TO MAYBE 40, 50 FEET. AND THEN WE CHOSE THIS PROJECT MOSTLY BECAUSE WE WANTED TO OPEN UP OUR IDEAS TO THE WORLD AND CHALLENGE OURSELVES TO A DIFFERENT LEVEL AND WE WANTED TO EXPERIENCE REAL-LIFE SITUATIONS.

>> KEY CONCEPTS TO THINK ABOUT OUR MODEL. SELLWOOD BRIDGE WAS BUILT ON AN UNSTABLE GROUND. SO THAT CAUSES THE BRIDGE TO BUCKLE A BIT. SO, THAT'S WHY THIS REMEDIATION NEEDS TO TAKE PLACE. ANOTHER KEY CONCEPT WAS THAT -- MORE ABOUT WHAT HAPPENED AFTER THIS ALL STARTED TO HAPPEN AND WAS NOTICEABLE, WHEREAS AM WAS WHAT WAS HAPPENING. CHANGES FROM OUR PROPOSAL TO OUR DESIGN. ORIGINAL SCALE WAS GOING TO BE ONE INCH EQUALS 12 FEET, HOWEVER THIS MADE THE MODEL A LITTLE TOO BIG AND WE WANTED IT TO BE ABLE TO FIT THROUGH A DOOR SO WE COULD ACTUALLY MOVE IT AROUND AND STUFF.

>> SMART.

>> WE CHANGED THAT. AND OUR PROTOTYPE SCALE WAS GOING TO BE ONE INCH EQUALS 16.25. THAT CAUSED A NUMBER OF PROBLEMS. 16.25, DOING CALCULATIONS, IT IS A HARD NUMBER TO MANAGE. INITIAL MATERIALS GOING TO BE FOAM, TWO BY FOUR CHICKEN WIRE, PAINT, PLASTER, PLASTER CLOTH. INITIAL METHODS WIRE FOR SHAPING THE TOPOGRAPHY. USE TWO BY FOURS TO BRACING THE LINES OF TOPOGRAPHY AND FOAM FOR THE FINAL FINISH ON TOP. BUT OUR FINAL SCALE WAS ONE INCH EQUALS 15 FEET. A MORE MANAGEABLE SCALE. 15 IS A GOOD NUMBER TO DO A LOT OF CALCULATIONS WITH SINCE IT IS EASY TO REMEMBER. WE USED WOOD, CARDBOARD, FOAM BLOCKS, WINDOW SCREEN, AND PLASTER CLOTH. AND WE FINALLY PAINTED THE END. THE FINAL METHOD FOR THE WINDOW

SCREEN WAS TO SUPPORT THE PLASTER CLOTH. WHAT WE DID IS WE CUT OUT THE LINES OF TOPOGRAPHY WITH CARD BOARD, ELEVATED THEM UP WITH PIECES OF FOAM, AND WE LAID OUT THE WINDOW SCREEN ON TOP TO SUPPORT THE PLASTER CLOTH WHICH WE LAID ON TOP OF THAT. WHAT THE WINDOW SCREEN DID WAS IT MADE IT SO THAT THE PLASTER CLOTH WOULDN'T SAG SO MUCH. INITIALLY WHEN WE DID A COUPLE OF TEST MODELS ON PLASTER CLOTH AND IT WOULD SAG TOO MUCH AND EXPOSE TOO MUCH OF THE LINE SO THAT IT LOOKED LIKE A REALLY SHARP LINE. BUT THE WINDOW SCREEN MADE IT SO THAT IT IS MORE EARTH-LIKE AND MORE ROUNDED.

>> DURING OUR PROCESS, WE BUILT ONE PROTOTYPE OF THIS MODEL. WE -- THE PROTOTYPE WAS MAINLY FOCUSED ON HOW THE LAND WAS LIKE BEFORE, BEFORE ALL OF THE REMEDIATION WAS DONE. TOPOGRAPHY LINES UP THERE ARE WAY DIFFERENT FROM THIS ONE. SO, WHAT WE DID WAS WE FOUND THE SITE ON GOOGLE MAPS AND WE ZOOMED IN INTO THE EXACT SCALE THAT WE WANTED TO BE, AND WE PROJECTED IT ON TO A PROJECTOR AND WHEN WE TRACED THE LINES AND PUT IT IN -- WE TRACED IT ON TO CARDBOARD, AND CUT OUT THE CARDBOARD AND WE MADE A TOPO MODEL SIMILAR TO THIS. BUT IT WAS CARDBOARD. WE DIDN'T PLASTER OVER IT OR ANYTHING. MATERIALS WE USED FOR THAT WAS CARDBOARD, GLUE, TAPE, AND TOILET PAPER ROLLS. CHARMIN TO BE EXACT. LESS IS MORE, YOU KNOW. FOR THE FINAL MODEL, WE GOT AN AUTO CAD FILE FROM OUR MENTOR, TOM WESTOVER. AND WHAT WE DO WAS WE WENT IN AND TYPED THE EXACT SCALE THAT WE WANTED TO. AND WE PRINTED IT OUT ON OUR HUGE PRINTER AND THEN WE TRACED IT -- TRACED THE LINES ON TO CARDBOARD, LIKE WE DID IN OUR PROTOTYPE, ONCE AGAIN, AND ONCE THAT WAS DONE, WE DID ALL OF THIS PROCESS OF COVERING IT WITH PLASTER CLOTH AND PLASTER AND PAINTED OVER IT. THE MATERIALS WE USED FOR THAT, WOOD, CARDBOARD, CARDBOARD FOR THE TOPOGRAPHY LINES, AND FOAM TO BRACE -- TO BRACE THE CARDBOARDS TOPOGRAPHY. BECAUSE WE RAN OUT OF TOILET PAPER. AND, YEAH, THAT WAS BASICALLY IT.

>> ALL RIGHT. SO, OVER THE COURSE OF DOING THIS, WE FACED A COUPLE OF CHALLENGES. ONE OF THEM BEING VOCABULARY. WHEN WE FIRST STARTED THIS PROJECT, WE HAD NO IDEA WHAT A GROUND ANCHOR WAS, WHAT A TIE BACK WAS, DIFFERENT WORDS THAT MEANT THE SAME THING. THAT WAS ONE OF THE CHALLENGES WE FACED. ANOTHER CHALLENGE WAS COMMUNICATION. AS YOU GUYS KNOW, AM WORKS IN THE FIRST HOURS OF THE DAY, AND PM WORKS IN THE SECOND HOURS OF THE DAY. WE GO TO OUR HOME SCHOOLS AND FOR US WE GO TO OUR HOME SCHOOLS AND THEN COME TO ACE. THEY GO TO ACE AND THEN GO TO THEIR HOME SCHOOLS. THERE IS A LITTLE TIME WHERE WE CAN TALK TO EACH OTHER, BUT WE'RE NOT WORKING AT THE SAME EXACT TIME WHERE WE CAN COMMUNICATE IDEAS. ANOTHER CHALLENGE THAT WE FACED WAS CONVERSIONS. LIKE I MENTIONED EARLIER WITH THE 16.25 FEET, IT WAS A LITTLE BIT DIFFICULT

WHEN YOU'RE DEALING WITH REALLY BIG NUMBERS, SCALING THEM WITH THAT SORT OF A SCALE. THE LAST CHALLENGE THAT WE FACED WAS UNDERSTANDING WHAT NUMBERS MEANT WHAT. WE DIDN'T EVEN KNOW WHAT A KIP WAS -- IT EQUALS 1,000 POUNDS. YEAH.

>> I HAVE KNOW IDEA.

>> A KIP EQUALS A THOUSAND POUNDS. WE LEARNED THAT. YOU KNOW, WE LEARNED A LOT OF THINGS. OVERCAME A LOT OF CHALLENGES.

>> FOR THIS PROJECT, WE HAD A MATH AND SCIENCE -- THAT WE HAD TO INCORPORATE. I'M NOT GOING TO READ THEM OFF TO YOU. THEY'RE ALL UP THERE IF YOU WANT TO LOOK AT THEM. IF SHOWS HOW WE INCORPORATED MATH AND SCIENCE INTO OUR PROJECT. SO IT WASN'T JUST, YOU KNOW, OH, I DID THIS. YAY.

>> ALL RIGHT. SOME OF THE PERSONAL LEARNING WE HAD, WE GOT TO LEARN HOW TO WORK AS A REALLY BIG GROUP. A LOT OF TIMES WE DO A LOT OF PROJECT-BASED LEARNING AND WE WILL DO PARTNERS AND ALL OF THAT STUFF BUT WE NEVER DO ANYTHING LIKE SO BIG OVER A LONG PERIOD OF TIME. TEAM WORK WAS ONE OF THE KEY THINGS. ALSO DIVIDING THE TASKS EQUALLY WITH GETTING GRADED ON OUR OWN WORK. AND THEN WE HAD A LOT OF PROBLEM SOLVING, TRIAL AND ERROR. WE WENT THROUGH TOUGH IDEAS AND A LOT OF TROUBLE WITH BUYING MATERIALS, TRYING TO FIND THE RIGHT PLACE FOR THE RIGHT PRICE. IT WAS VERY CRAZY AND WILD. RESEARCHING, IT WAS A LITTLE DIFFICULT AT FIRST BEFORE WE FOUND THE RIGHT WEB SITES AND STORES TO BUY MATERIALS AND WHAT MATERIALS WE ALREADY HAD. AND THEN WE HAD TO ASK A LOT OF QUESTIONS BECAUSE WE DIDN'T KNOW ANYTHING AT ALL. OUR FIRST SITE VISIT, WE WERE LIKE WHAT ARE WE GOING TO ASK? WE DON'T KNOW ANY OF THIS STUFF. AND WE STARTED TO LEARN ABOUT IT. WE WERE TOLD STUFF. ASKED OUR OWN QUESTIONS. WE WERE ABLE TO MOVE ON FROM THERE. AND WE LEARNED TO WORK AS A TEAM AND NOT INDIVIDUALLY PRETTY MUCH. ANY QUESTIONS?

>> I HAVE A COMMENT. YOU GUYS ARE AWESOME. THAT'S REALLY IMPRESSIVE.

>> YOU DID A WONDERFUL JOB. I SAW MANY OF YOU WORKING MAYBE ABOUT SIX WEEKS AGO WHEN I WAS OUT AT ACE, AND SO NOW I SEE ACTUALLY WHAT YOU CAN PRODUCE, AND IT'S GREAT.

>> I'M GLAD TO HEAR THAT YOU HAVE LEARNED A VERY IMPORTANT LESSON. TOO MANY ENGINEERS DON'T LEARN THIS LATER IN LIFE, HOW TO COMMUNICATE. THAT'S A KEY. I SEE YOU ALL DID AN AMAZING JOB TODAY. I'M REALLY IMPRESSED THAT YOU -- NOT ONLY THAT YOU HAVE THE

INTELLIGENCE AND WHEREWITHAL TO PUT THIS TOGETHER, BUT YOU DID SUCH A GREAT JOB TODAY PRESENTING IT TO US. THANK YOU VERY MUCH. I ALSO WANT TO TAKE A SECOND AND ACKNOWLEDGE MIKE BRYANT. HE'S BACK THERE. DIRECTOR OF ACE.

>> THANK.

>> THANK YOU AGAIN FOR BRINGING IN YOUR STUDENTS.

>> I WANT TO JUST KEEP IT FOCUSED ON THE STUDENTS, BUT I THANK YOU FOR LETTING THEM COME AND WHAT WE TRY TO DO AT ACE IS WE TRY TO REALLY MAKE THEIR LEARNING CONNECTED NOT ONLY TO REAL LIFE PROJECTS, BUT TO THE COMMUNITY AND THINGS THAT THEY CAN SEE HAPPENING. SO THIS REALLY JUST SOLIDIFIES THAT, AND A LOT OF THESE YOUNG GUYS HERE ARE GOING TO BE GOING ON TO INTERNSHIPS WITH A LOT OF THE COMPANIES THAT THEY WERE INTRODUCED TO THROUGH THIS PROJECT. VERY EXCITING.

>> I WANT TO SAY THANK YOU TO -- THIS IS SO IMPRESSIVE TO ME. I WOULDN'T EVEN KNOW WHERE TO BEGIN. IT'S WONDERFUL. BUT ALSO AS YOU TALKED ABOUT WHAT YOU LEARNED THROUGH COMMUNICATION, TEAMWORK, ALL OF THAT, AS I'VE BEEN GOING OUT DOING BUSINESS VISITATIONS, EXACTLY WHAT THEY'RE LOOKING FOR WHEN THEY HIRE. YOU'RE ALL IN GREAT SHAPE. THANK YOU SO MUCH.

>> WONDERFUL. GREAT WORK. AND THERE BEING NO FURTHER BUSINESS, WE'RE NOW ADJOURNED.

ADJOURNMENT

The meeting was adjourned at 12:12 p.m.

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

Submitted by:
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Board of County Commissioners
Multnomah County