

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Thursday, May 11, 2017**

BUDGET WORK SESSION #10

Chair Deborah Kafoury called the meeting to order at 10:18 a.m. with Vice-Chair Jessica Vega Pederson and Commissioners Sharon Meieran, Loretta Smith and Lori Stegmann present.

Also attending was Jenny Madkour, County Attorney and Marina Baker, Assistant Board Clerk.

Chair Kafoury: GOOD MORNING. WELCOME TO MULTNOMAH COUNTY AND BUDGET WORK SESSION NUMBER 10.

BWS-10a Health Dept. Presenters: Joanne Fuller, Director, Health Dept. and Invited Others

Ms. Fuller: GOOD MORNING MADAM CHAIR AND MEMBERS OF THE COMMISSION. WE'RE GOING TO GET ORGANIZED HERE IN A MINUTE. I AM JOANNE FULLER, YOUR HEALTH DEPARTMENT DIRECTOR. WE'RE GOING TO BE PRESENTING THE BUDGET WITH A FEW OTHER GUESTS. SO LET ME JUST TELL YOU WHILE WE ARE SETTING UP THE POWER POINT HERE. AS ALWAYS I AM SUPER PROUD TO REPRESENT THE HEALTH DEPARTMENT AND THE GREAT WORK THAT IS DONE THERE. WE HAVE A GROUP OF INCREDIBLY DEDICATED, CARING, AND TALENTED PEOPLE WHO HAVE AN EXTREME PASSION FOR THEIR WORK. THIS HAS BEEN A VERY DIFFICULT BUDGET THAT WE ARE GOING TO PRESENT TO YOU TODAY. I WANT TO KIND OF WALK YOU THROUGH FIRST TALKING ABOUT THE GREAT WORK OF THE ORGANIZATION AND THEN TALKING ABOUT THE CUTS THAT WE HAVE HAD TO TAKE AND THE CHOICES THAT WE HAVE THAT THIS BUDGET REPRESENTS AND THEN SHARING WITH YOU A BIT OF THE DIVISION LEVEL DETAIL, THE LEGISLATIVE PROCESS, AND THEN HOPEFULLY TAKING YOUR QUESTIONS.

SO I WANT TO THANK YOU ALL FOR YOUR INTEREST IN THE HEALTH DEPARTMENT, THE SERVICES THAT WE PROVIDE AND YOUR SUPPORT, AND THANK YOU MADAM CHAIR FOR CREATING A BUDGET THAT REALLY HELPS TO RESTORE SOME OF THE IMPORTANT FUNCTIONS THAT ARE FUNDED BY THE COUNTY GENERAL FUND AND THE HEALTH DEPARTMENT. THIS IS THE AGENDA. SO WE ARE GUIDED IN THE HEALTH DEPARTMENT BY OUR FUTURE VISION, WHICH IS HEALTHY PEOPLE AND HEALTHY COMMUNITIES.

Ms. Fuller: THIS BUDGET REALLY REPRESENTS A DEEP COMMITMENT TO THE MISSION WHICH IS ASSURING, PROMOTING AND PROTECTING THE HEALTH

OF ALL THE PEOPLE OF MULTNOMAH COUNTY. WE KEPT A FOCUS ON THIS MISSION, THROUGH THE TURBULENT TIMES THAT WE ARE IN RIGHT NOW. HOPEFULLY YOU WILL SEE THAT AS WE CONTINUE TO DESCRIBE WHAT WE HAVE DONE. I WANT TO START BY GIVING AN OPPORTUNITY FOR THE TWO GROUPS THAT PROVIDE COMMUNITY FEEDBACK TO US AND THE HEALTH DEPARTMENT. FIRST WE'RE GOING TO HEAR FROM HAROLD [INAUDIBLE] WHO IS THE CHAIR OF OUR COMMUNITY HEALTH COUNCIL, WHICH IS THE JOINT DECISION-MAKING BODY WITH YOURSELVES FOR THE FEDERALLY QUALIFIED HEALTH CENTER THAT ENCOMPASSES OUR HEALTH CLINIC SYSTEM.

Mr. Odhiambo: THANK YOU VERY MUCH, GOOD MORNING. THANK YOU CHAIR KAFOURY AND COMMISSIONERS. AGAIN THANK YOU FOR GIVING US THIS CHANCE TO GET TO ADDRESS YOU THIS MORNING. MY NAME IS HAROLD ODHIAMBO. I AM ALSO A STATE QUALIFIED AND LICENSED HEALTH CARE INTERPRETER. AT THIS MOMENT I AM GOING TO LIKE LET YOU KNOW SOME OF THE HIGHLIGHTS THAT I WANT TO TALK ABOUT. FIRST I WOULD LIKE TO THANK YOU AGAIN CHAIR KAFOURY FOR COMING TO OUR APRIL CIC PUBLIC MEETING TO DISCUSS THE BUDGET WITH US. DURING THIS DIFFICULT BUDGET SEASON. I WOULD ALSO LIKE TO THANK EACH COMMISSIONER FOR YOUR LEADERSHIP IN ADVOCATING TO PRESERVE THE AFFORDABLE CARE ACT. IT IS VERY IMPORTANT TO THE COUNCIL AND THE CLIENTS THAT WE SERVE AS WELL. AS YOU ARE AWARE THE COUNCIL IS A BOARD, WE SHARE GOVERNMENT RESPONSIBILITY WITH THE BOARD OF COMMISSIONERS. WE APPRECIATE OUR PARTNERSHIP WITH YOU TO PROVIDE VITAL HEALTH CARE SERVICES TO THE PEOPLE AND RESIDENTS OF MULTNOMAH. THE COUNTY-HELD COUNCIL'S MISSION IS THE SAME AS THE INTEGRATED CLINICAL SERVICES MISSION, WHICH IS TO PROVIDE QUALITY HEALTH SERVICES FOR PEOPLE WHO EXPERIENCE IN EXISTING HEALTH CARE.

OUR RESPONSIBILITIES ARE TO PRESERVE THE MISSION, ESTABLISH AND MONITOR THE HEALTH CARE CENTER POLICIES, AND TO ENSURE THAT THE HEALTH FINANCES ARE PROPERLY MANAGED, SELECT, EVALUATE, AND SUPPORT THE DIRECTOR OF CLINICAL SERVICES, MONITOR AND VAIL HEALTH CENTER AND COUNCIL PERFORMANCE AND PLAN FOR LONG RANGE FUTURE OF THE HEALTH CENTERS. I AM REPRESENTING THE COUNCIL TODAY TO PROVIDE TESTIMONY ABOUT THE BUDGET. I WILL SHARE OUR PERSPECTIVE ON HOW IT AFFECTS THE APPROXIMATELY 71,000 CLIENTS THAT WE DO SERVE, WHO ARE AMONG THE MOST VULNERABLE MEMBERS OF MULTNOMAH COUNTY THAT ARE SERVED EACH YEAR. THE COMMUNITY-HELD COUNCIL IS MADE UP OF A MAJORITY OF CONSUMERS OF THE HEALTH CENTERS, MEANING THAT MOST OF THEM ACCESS THE CLINICALS.

WE MEET MONTHLY TO REVIEW THE CLINICS, THE CLINICAL PERFORMANCES, THE HEALTH CENTER POLICIES, AND TO ENSURE ACCESS FOR OUR COMMUNITY AND PATIENTS IN NEED. OUR FOCUS IS ON THE

PATIENTS. WE WORK CLOSELY WITH WHO LEADS THE HEALTH CENTERS, AND HAVE A GOOD RELATIONSHIP WITH THE COUNTY AND PROUD TO SERVE. THE FEDERAL GOVERNMENT REQUIRES THE COUNCIL SHARE THE RESPONSIBILITY TO APPROVE THE HEALTH CENTERS BUDGET AND REGULARLY REVIEW THE FINANCIAL PERFORMANCES. WE APPROVED THE HEALTH CENTER'S BUDGET ANNUALLY AND REVIEW FINANCIAL PERFORMANCES ON A QUARTERLY BASIS. I WOULD LIKE TO SHARE OUR RECOMMENDATIONS FOR THE FY 2018 BUDGET YOU ARE CONSIDERING. THERE ARE FOUR AREAS THAT I WANT TO HIGHLIGHT ON.

I WILL SPEAK FIRST ABOUT OUR FEDERALLY QUALIFIED HEALTH CENTERS AND THAT'S THE STATUS. WE DO NOT WANT TO SEE THE COUNTY RISK THAT AND IT'S ABILITY TO USE FEDERAL DOLLARS, THIS IS SOMETHING VERY IMPORTANT FOR OUR COMMUNITY. FEDERALLY FUNDING REQUIRES THE COUNTY HEALTH CENTERS HAVE A CERTAIN LEVEL OF CARE WITHIN THE CLINICAL SYSTEM. WE ARE PLEASED THAT IN THE PAST WE HAVE NOT BEEN IN DANGER OF LOSING FEDERAL GRANTS, HOWEVER WITH A NEW FEDERAL ADMINISTRATION IN PLACE WE ARE CONCERNED ABOUT WHAT THAT MEANS FOR THE FUTURE OF OUR HEALTH CENTERS. WE CONTINUE TO HAVE STRONG PERFORMANCES AND PROVIDE GOOD CARE FOR PATIENTS AND WORK DILIGENTLY TO COMPLY WITH THE FQAC REQUIREMENTS.

THE PRODUCTION IN LOCAL RESOURCES DEEPEN WE ARE CONCERNED ABOUT THE IMPACT THAT THIS IS GOING TO HAVE ON OUR FQAC STATUS. WE URGE YOU TO TRY TO MAINTAIN AS MUCH AS POSSIBLE, CURRENT SERVICE LEVELS AND SUPPORT THE HEALTH CENTER SYSTEM. OUR PATIENTS NEED US NOW MORE THAN EVER IN THESE UNCERTAIN HEALTH CARE CLIMATE. OUR ABILITY TO PROVIDE CARE FOR THE MOST VULNERABLE RESIDENTS OF MULTNOMAH IS DEPENDENT UPON OUR ABILITY TO CONTINUE RECEIVING FEDERAL DOLLARS THAT REQUIRE US TO MAINTAIN OUR STATUS, AND NOW MORE THAN EVER WE CANNOT AFFORD TO LOSE THIS MONEY. NUMBER TWO, AN ENSURED VISION, OUR HEALTH CENTERS CONTINUE TO SERVE HUNDREDS OF UNINSURED PATIENTS EVERY DAY, CLIENTS THAT ARE SOME OF THE MOST VULNERABLE, AND EVEN WITH THE AFFORDABLE CARE ACT KNOWN AS OBAMA CARE, AND INSURED PEOPLE REMAIN IN OUR COMMUNITY.

WE ARE REQUIRED AND HAPPY TO SERVE THOSE PATIENTS. THE COUNCIL MEMBERS WANT TO MAKE SURE THAT WE CONTINUE TO HAVE THE ABILITY TO DO SO ESPECIALLY WITH THE AFFORDABLE CARE ACT, IF IT IS REPEALED AND-OR REPLACED, MANY OF OUR PATIENTS ARE GOING TO END UP LOSING THE COVERAGE. FOR THIS REASON WE WANT TO PARTNER WITH YOU TO MAINTAIN AS MUCH AS POSSIBLE AT THE CURRENT SERVICE LEVELS FOR THE HEALTH CENTERS. NUMBER THREE THE SCHOOL-BASED, SO THE SCHOOL-BASED CENTERS WE HAVE SEEN AN INCREASING NEED IN THE COUNTY FOR SCHOOL-BASED HEALTH SERVICES. WOULD LIKE AGAIN TO

CONTINUE TO PARTNER WITH YOU IN EXPLORING HOW WE CAN BETTER SERVE YOU IN THE EAST COUNTY. NUMBER FOUR QUALITY. THE PROPOSED HEALTH, DEPARTMENT BUDGET CONTAINS SIGNIFICANT CUTS TO OUR QUALITY PROGRAM.

Mr. Odhiambo: WE ARE CONCERNED THAT IT MAY HAVE DUE TO THE MENTAL EFFECT ON HOW WE CAN IMPROVE OUR SERVICES AND POSITIVE HEALTH OUTCOMES FOR OUR PATIENTS. QUALITY WORK IS EXTREMELY IMPORTANT TO OUR BOTTOM LINE AND HELPS US TO MEET GOALS THAT ENABLE US TO EARN MORE IN REVENUE, WHICH HELPS US WITH OUR OPERATING COSTS. WE URGE YOU TO CONSIDER NO FURTHER REDUCTIONS TO THE QUALITY PROGRAM. IN ENCLOSING I WOULD LIKE TO INVITE EACH AND EVERY ONE OF YOU TO OUR MONTHLY COMMUNITY HEALTH COUNCIL BOARD MEETING IF POSSIBLE. SO MY COLLEAGUES AND I LOOK FORWARD IN PARTNERING IN THE FUTURE AGAIN TO IMPROVE AND ACCESS QUALITY HEALTH CARE SERVICES TO THE RESIDENTS OF MULTNOMAH. ON BEHALF OF THE COMMUNITY HEALTH COUNCIL AND THE PEOPLE WHO SERVED IN OUR COUNTY'S HEALTH CENTERS I WOULD LIKE TO THANK YOU FOR YOUR EXTREME, GOOD, AND WISE LEADERSHIP. THANK YOU.

Chair Kafoury: THANK YOU.

Ms. Fuller: NOW WE ARE GOING TO HEAR FROM THE COMMUNITY BUDGET ADVISORY COMMITTEE FOR THE DEPARTMENT.

Mr. Pena-Juarez: GOOD MORNING. CHAIR KAFOURY AND COUNTY COMMISSIONERS, THANK YOU FOR THE OPPORTUNITY TO JOIN THE HEALTH DEPARTMENT I AM PRESENTING TO YOU TODAY, I AM JOSUE PENA-JUAREZ, AND I AM ACCOMPANIED BY APRIL JOHNSON. WE ARE CO-CHAIRS OF THE HEALTH DEPARTMENT BUDGET ADVISORY COMMITTEE. OUR CBAC WAS FORMED TWO YEARS AGO IN 2015 TO HELP ENSURE THAT THE HEALTH DEPARTMENT'S BUDGET AND FINANCIAL INVESTMENTS ALIGN WITH THE MISSION, STRATEGIC GOALS, AND COMMITMENT TO EQUITY. OUR VALLEY STATEMENT AFFIRMS TO LEAD WITH DIGNITY AND RESPECT TO PROVIDE TRANSFORMATIONAL LEADERSHIP AND UPHOLD RACIAL JUSTICE. OUR BUDGET DELIBERATIONS AND RECOMMENDATIONS WERE DEEPLY INFORMED BY THESE VALUES. WE HAD THE GREAT FORTUNE OF BEING ABLE TO SHARE THESE VALUES WITH CHAIR KAFOURY AND MARCH 3, 2016, AND WE BROUGHT A COPY OF THESE FOR THE PUBLIC RECORD TODAY.

Ms. Johnson: I APPRECIATE IT. I WILL BEGIN READING. SO THESE ARE THE 2016 VALUE STATEMENTS. SO WE ARE TRANSFORMATIVE LEADERS, OUR WORK ADDRESSES THE INTERSECTIONAL ROOTS OF OPPRESSION AND REDEFINES THE SYSTEMS OF POWER. CHANGE COMES THROUGH BOTH INDIVIDUAL AND COLLECTIVE TRANSFORMATION, AS WE DO THE WORK, WE WILL PRACTICE THE VALUES AND REFINE OUR SKILLS AS LEADERS. WE

OFFER EXPERT KNOWLEDGE. WE ARE THE EXPERTS ON WHAT IS NEEDED IN OUR COMMUNITIES BY VIRTUE OF BEING THE COMMUNITY MEMBERS. WE ARE UNIQUELY QUALIFIED TO MAKE RECOMMENDATIONS THAT WILL BE IMPACTFUL AND SERVE A GREATER VISION.

WE OFFER A LEVEL OF AUTHORITY THAT IS INHERENTLY A SHIFT OF POWER BY AMPLIFYING THE ACTIVE AND MEANINGFUL VOICES THAT MULTNOMAH SERVES. UPHOLD RACIAL JUSTICE THE WELLBEING OF COMMUNITIES OF COLOR ARE A MATTER OF JUSTICE. AS A GOVERNMENT BODY WE RECOGNIZE THE TRAUMA OF BOTH HISTORIC AND PRESENT THAT OUR COMMUNITIES SUFFER AT THE HANDS OF GOVERNMENT AGENCIES. STILL WE SEEK TO REPAIR AND RESTORE A SENSE OF SAFETY AND JUSTICE. BY BALANCING SCIENTIFIC KNOWLEDGE, PRACTICE, PRACTICAL EXPERIENCE, AND THE WISDOM AND BELIEF OF THOSE THAT WE SERVE, WE ADVANCE OUR CRITICAL PROCESS OF HEALING.

Ms. Johnson: WE OPERATE WITH DIGNITY AND RESPECT, WE HONOR THE HUMANITY OF THOSE WHO PARTICIPATE IN THIS WORK AS WELL AS THE COMMUNITY MEMBERS IMPACTED BY THE WORK. WE CONSIDER COMMUNITY PARTNERSHIPS, ESSENTIAL IN DESIGNING LONG-TERM SOLUTIONS TO PUBLIC HEALTH REFORM. WE VIEW NUMBERS NOT ONLY AS NECESSARY TOOLS FOR DESIGNING EQUITABLE BUDGETS AND POLICIES BUT ALSO AS REPRESENTATIONS OF REAL TANGIBLE IMPACTS ON THE DAY-TO-DAY LIVES OF OUR FRIENDS AND NEIGHBORS. WE BELIEVE IN INTER-CULTURAL INTELLIGENCE. WE BRING A DIVERSE MULTI-LINGUAL INTER-GENERATIONAL APPROACH TO KNOWLEDGE SEEKING AND EVALUATING EQUITY, WE SEEK THE VOICES OF THOSE MISSING FROM THE DISCUSSION. WE HOLD SELF EVIDENT THE WISDOM OF THE COMMUNITIES AND VALUE, THEIR JUDGMENT EQUAL TO OURS, IN ORDER TO FACILITATE THE COMMUNITY PARTICIPATION TO THE GREATEST EXTENT, WE CONSIDER BARRIERS TO INCLUSION SUCH AS LANGUAGE, TRANSPORTATION, CHILDCARE, AND FOOD AND SECURITY AND STRIVE TO SEE THE NEED OF THOSE CRUCIAL ACCESS TOOLS REFLECTED AT THE BUDGETED LEVEL.

WE ARE A MALLEABLE ENTITY AND REALIZE THE BEST WAY TO SERVE THOSE POSITIVELY IS TO CHANGE AS NEEDS ARISE. WE BUILD ETHICS AT THE CORE AND TRUST BY INVESTING, AND TIME INTO OUR RELATIONSHIP, AND SHOWING RESPECT BY BEING CLEAR WITH OUR PURPOSE PROCESS AND INTENT. WE BRING SELF AWARENESS TO SOURCES AS INDIVIDUALS AND OUR BODY AS A WHOLE AND INSURING CONGRUENCE AND A SEAMLESS INTEGRATION OF WORD AND ACTION SERVING ETHICALLY AND CONSISTENTLY IS A PRINCIPAL GOAL AS WE SEEK TO ACHIEVE CONNECTEDNESS BETWEEN OURSELVES AND THOSE WE SERVE.

Mr. Pena-Juarez: SO CHAIR AND COUNTY COMMISSION, WE WOULD LIKE TO BEGIN OUR COMMENTS BY EXPRESSING OUR GRATITUDE FOR THE CHAIR'S

INVESTMENTS IN HELPING HUMAN SERVICES. THANK YOU CHAIR KAFOURY FOR DEDICATING GENERAL FUNDS AND FINANCE THE DEPARTMENT OUT OF TARGET REQUESTS.

Ms. Johnson: WE ARE PLEASED TO SEE THE ACCEPTANCE OF OUR RECOMMENDATIONS TO CARRY OVER FUNDS FOR THE NORTH PORTLAND CLINIC EXPANSION. THE CAPITAL PROJECT WILL ALLOW FUNDS, WILL ALLOW CLINICS TO MORE EFFICIENTLY MEET THE GROWING DEMAND FOR DENTAL SERVICES IN BOTH NORTH AND NORTHEAST PORTLAND. WE ARE ALSO GRATEFUL TO LEARN THAT CERTAIN REQUESTS LIKE THE OVERDOSED PREVENTION STRATEGY ARE BEING SUPPORTED WITH ONGOING FUNDS RATHER THAN ONE-TIME ONLY FUNDS. THIS ONGOING SUPPORT ALLOWS THE HEALTH DEPARTMENT TO PROVIDE, PREVENTATIVE OVERDOSE AND THEIR TRAGIC IMPACT ON THE FAMILIES AND COMMUNITIES. WE APPRECIATE THE LEARNING OF THE ADDITIONAL RESOURCES YOU DEDICATED TO ENSURE MORE ROBUST MENTAL HEALTH TREATMENT SERVICES IN THE SCHOOLS AND INCREASE THE STAFFING IN CORRECTIONS HEALTH. NOT ONLY DO YOUR INVESTMENTS PROVIDE THE HIGHEST RATES OF RETURN ON OUR HARD EARNED TAX DOLLARS BUT THEY ALSO HAVE MEASURABLE POSITIVE IMPACTS ON THE DAILY LIVES OF THE COMMUNITY MEMBERS EXPERIENCING HEALTH INEQUITIES. WE EXTEND OUR GRATITUDE TO THE DIRECTOR FOR THE OPERATIONS, AND THE DIRECTOR FULLER FOR THEIR CONSISTENT LEADERSHIP IS, THEIR SUPPORT FOR OUR PROCESS UNDERSCORES THE IMPORTANCE OF THE SUCCESS OF THE DEPARTMENT.

OVERALL THE DEPARTMENT RESPECTED OUR EXPERT HE'S, PROVIDED TIMELY INFORMATION, AND ENSURED THAT WE HAVE THE SPACE AND THE RESOURCES TO EXPRESS OUR TRUE VOICE. WE AFFIRM THEIR REQUEST IN THE BUDGET PROCESS AS THOUGHTFUL AND RESOURCEFUL AND WE APPRECIATE THE DEPARTMENT'S STEWARDSHIP OF PUBLIC FUNDS AND APPLAUD THE DIRECTION AND INVESTMENT TO FURTHER HEALTH EQUITY, THANK YOU FOR YOUR TIME AND THANK YOU FOR THE OPPORTUNITY TO OFFER OUR LEADERSHIP FOR THE HEALTH OF CBAC.

Chair Kafoury: DOES ANYONE HAVE ANY COMMENTS?

Commissioner Stegmann: I JUST WANTED TO EXPRESS MY GRATITUDE. THIS IS THE CBAC THAT I SERVED ON IN 2015 AND IT'S GREAT TO SEE YOU JOSE AND APRIL AND HAVE A CERTAIN FONDNESS FOR THE CBAC AND LOVE THE VALUE STATEMENT AND YOU GUYS ROCK SO THANK YOU VERY MUCH FOR ALL YOUR HARD WORK. I MISS YOU. GREAT TO SEE YOU.

Chair Kafoury: REALLY APPRECIATE YOUR WORK. THANKS.

Ms. Fuller: SO YOU CAN SEE WE HAVE GREAT ADVISORS. SO THE DEPARTMENT JUST FINISHED COMPLETING A STRATEGIC FRAMEWORK THAT

GUIDES THE VERY BROAD AND DIVERSE WORK OF THE HEALTH DEPARTMENT. AND IT INCLUDES THE GOALS LISTED HERE. I WANT TO TALK A BIT ABOUT SOME EXAMPLES OF HOW THE DEPARTMENT IS LIVING, THE GOALS ALREADY AND HOW WE PLAN TO CONTINUE TO LIVE THEM THROUGH 2019. TO BECOME A TRUSTED PARTNER FOR ASSESSMENT POLICY DEVELOPMENT AND LONG RANGE PLANNING THE DEPARTMENT HAS BEEN A LEADER IN WORKING ON TOBACCO ACCESS LIMITATIONS, ESPECIALLY FOR YOUTH, AND BOTH LOCALLY, ADVISING YOU, IN THE GREAT DECISIONS I'VE BEEN MAKING ABOUT TOBACCO POLICY, AND HELPING THE COUNTY ADVOCATE AT THE STATE FOR BETTER STATEWIDE TOBACCO POLICY.

Ms. Fuller: THE AIR QUALITY ISSUES LAST YEAR AT THIS TIME, AND WHEN I WAS PRESENTING MY BUDGET I HAD A PIECE OF MOSS IN FRONT OF ME BECAUSE WE WERE DEALING WITH THE AIR QUALITY ISSUES THAT WERE VERY PRESENT AND WE'RE STILL FIGHTING THAT FIGHT AT THE STATE TODAY. THE HEALTH CARE REFORM, THE DEPARTMENT HAS BEEN A DEEP PARTNER WITH THE STATE, WITH THE LOCAL COORDINATED CARE ORGANIZATIONS, AND WITH ALL OF THE RISK ACCEPTING ENTITIES UNDER HEALTH SHARE TO BE ABLE TO, WITH ALL THE OTHER FYHCS IN THE STATE TO TRY TO IMPLEMENT THE BEST POSSIBLE CARE TREATMENT OPTIONS THAT WE CAN IN THE SYSTEM THAT WE WORK IN. INVESTING IN HEALTH OUTCOMES AND EQUITY. THE DEPARTMENT HAS REALLY EXPANDED THE WORK THAT WE ARE DOING IN THIS AREA. AS YOU ALL KNOW I HELPED TO PRESENT THE COMMUNITY HEALTH IMPROVEMENT PLAN A FEW MONTHS AGO. THAT COMMUNITY HEALTH IMPROVEMENT PLAN IS AS FAR AS WE KNOW THE ONLY COMMUNITY HEALTH IMPROVEMENT PLAN THAT HAS BEEN EXCLUSIVELY FOCUSED ON HEALTH INEQUITIES OF ANY PLAN DEVELOPED BY A PUBLIC HEALTH DEPARTMENT ACROSS THE COUNTRY.

THAT PLAN INVOLVED EXTENSIVE INVOLVEMENT WITH A BROAD AND DIVERSE COMMUNITY TO REALLY TRY TO MIND THE VOICE OF THE COMMUNITY TO MAKE SURE THAT WE WERE REFLECTING THAT IN OUR HEALTH IMPROVEMENT PLAN WHICH IS A PART OF OUR REQUIREMENTS AS A PUBLIC HEALTH DEPARTMENT. WE HAVE ALSO BEEN WORKING OUR HEALTH EQUITY INITIATIVE HAS BEEN WORKING WITH SELECTED COMMUNITIES TO TRY TO MAKE THAT PLAN A REALITY ON THE GROUND. WE ARE TRAINING COMMUNITY HEALTH WORKERS ACROSS A BROAD GROUP OF COMMUNITIES TO TRY TO HELP COMMUNITIES HEAL THEMSELVES AS OPPOSED TO NEEDING TO SEEK CARE FROM INSTITUTIONS. IN MENTAL HEALTH WE HAVE CONTINUED TO DOUBLE DOWN ON OUR INVESTMENTS IN CULTURALLY SPECIFIC MENTAL HEALTH SERVICES, AND WE CONTINUE TO BE A BEACON FOR REFUGEES AND HELPING TO IMPROVE THE REFUGEE HEALTH IN OUR COMMUNITY. WE CONTINUE TO CHALLENGE EMBEDDED INTERNAL AND EXTERNAL STRUCTURES.

Ms. Fuller: YOU JUST HEARD FROM THE MOST DIVERSE CBAC IN THE COUNTY, AND THEY ARE LIVING THEIR VALUES AND WE ARE STRIVING TO LIVE OUR VALUES AS WE WORK TOGETHER TO TRY TO CREATE A BUDGET THAT REFLECTS AN EFFORT TO ADDRESS INEQUITIES. WE ARE ALSO LEADING THE COUNTY'S WORK IN TRAUMA INFORMED CARE AND ELEVATING THAT CONVERSATION TO TALK ABOUT A TRAUMA INFORMED ORGANIZATION NOT JUST TRAUMA INFORMED CARE. WE ALSO ARE DEEPENING OUR WORK TO CONNECT WITH COMMUNITY ORGANIZATIONS IN PUBLIC HEALTH SO THAT THE HEALTH DEPARTMENT AGAIN ISN'T DOING TO THE COMMUNITY BUT WE ARE BEING A FACILITATOR AND A CONVENER AND A SOURCE OF INFORMATION TO ACTIVATE THE COMMUNITY TO MEET THEIR OWN NEEDS.

WE ARE ENGAGING COMMUNITIES AND STAFF TO DRIVE POSITIVE CHANGE. WE ARE TRYING TO LISTEN TO THE COMMUNITIES IN A DIFFERENT WAY, AND PAY ATTENTION TO WHAT OUR STAFF FEELS THAT THEY NEED TO PROVIDE SUPPORT TO THEM TO DELIVER THE CRITICAL CARE THAT THEY DO. WE ARE RECRUITING, RETAINING AND PROMOTING THE MOST DIVERSE WORKFORCE, AND WE CONTINUE TO HAVE THAT COMMITMENT AND WE HAVE APPLIED THAT LENS TO TRY TO FIGURE OUT WHAT THE IMPACTS WILL BE OF THE CUTS THAT ARE REFLECTED IN THIS BUDGET. AND WE ARE CONTINUING TO TRY TO WORK TO INCREASE OUR EFFECTIVENESS AND EFFICIENCY EVERY DAY. THIS IS THE CHART, IT'S A BROAD ORGANIZATION THAT ENCOMPASSES A LOT OF AREAS OF WORK AND I WILL WALK YOU THROUGH THOSE TO TALK ABOUT THE CRITICAL FEATURES IN EACH OF THEM. SO TODAY'S HEALTH DEPARTMENT, WHO ARE WE? SO I LOVE THIS SLIDE BECAUSE IN ONE LITTLE SNAPSHOT YOU GET A SENSE OF THE SPIRIT AND THE ENERGY AND THE BREADTH OF WHAT WE DO.

SOME THINGS YOU MIGHT NOT KNOW THAT WE DO IN EACH OF THE AREAS. DR. PAUL WHO SERVES AS THE TRICOUNTY OFFICER WHO HE HELPS TO DIRECT THE PUBLIC HEALTH, HEALTH OFFICER WORK ACROSS CLACKAMAS, WASHINGTON AND MULTNOMAH COUNTY. IT'S ONE OF THE GREAT INNOVATIONS AS WE TRY TO LOOK REGIONALLY INSTEAD OF JUST BEING FOCUSED ON MULTNOMAH. THE HEALTH OFFICER ENCOMPASSES THE MEDICAL EXAMINER'S OFFICE WHICH IS SOMETHING THAT WE DON'T TALK A LOT ABOUT OFTENTIMES ALONG WITH EMS AND THE REALLY WONDERFUL WORK OF OUR TRICOUNTY 9-1-1 TEAM. MOVING DOWN ON THE RIGHT THE CORRECTIONS HEALTH, THERE WE HAVE A SUPER DEDICATED STAFF THAT IS SERVING INMATES IN TWO JAILS AND OUR JUVENILE DETENTION CENTER.

WE SERVE THREE FUNCTIONS IN MENTAL HEALTH AND ADDICTIONS. ONE IS WE SERVE AS THE LOCAL MENTAL HEALTH AUTHORITY WHICH MEANS THAT WE ARE RESPONSIBLE FOR PROVIDING THE SAFETY NET PLATFORM FOR MENTAL HEALTH SERVICES IN MUGGY AS WELL AS HOSPITALIZATION OF UNINSURED PEOPLE AND THE INVESTIGATION AND SUPPORTED OF PEOPLE

POTENTIALLY BEING INVOLUNTARILY COMMITTED TO THE STATE HOSPITAL AND HELPING TO FACILITATE THEIR RETURN.

Ms. Fuller: WE ALSO RUN WHAT IS ESSENTIALLY A MEDICAID INSURANCE ENTITY. THIS IS A SUB ENTITY OF THE COORDINATED CARE ORGANIZATION HEALTH SHARE OF OREGON, AND THAT ENTITY PROVIDES INSURERS THE MENTAL HEALTH AND ADDICTION SERVICES COMPONENT OF THE MEDICAID BENEFIT FOR PEOPLE WHO LIVE IN MULTNOMAH WHO ARE SERVED BY CARE-OREGON. AND THEN WE ARE A DIRECT PROVIDER OF SERVICES, PRIMARILY IN THE KIDS' AREA WHERE WE PROVIDE THE EARLIEST ASSESSMENT AND SUPPORT PROGRAM. ESA HELPS TO ADDRESS THE NEEDS OF PEOPLE WHO ARE EXPERIENCING MENTAL HEALTH ISSUES FOR THE FIRST TIME. OFTENTIMES AS TEENAGERS OR YOUNG ADULTS. SCHOOL-BASED SERVICES WHICH WE'LL TALK MORE ABOUT LATER, AND OUR WRAP-AROUND SERVICES FOR KIDS WHO ARE IDENTIFIED AS BEING INVOLVED IN MULTIPLE SYSTEMS, OFTENTIMES FOSTER CARE. AND THEN STAFF AT CARES NORTHWEST WHICH RESPONDS TO THE MENTAL HEALTH NEEDS OF KIDS WHO HAVE BEEN ABUSED. INTEGRATED CLINICAL SERVICES, WE'LL BE TALKING A LOT MORE ABOUT THE CLINICS BUT WE ARE THE LARGEST SAFETY NET CLINIC IN THE STATE.

WE ARE ONE OF THE LARGEST FQHCS IN THE NATION, AND WE PROVIDE A BREADTH OF HEALTH CARE SERVICES INCLUDING DENTAL, PHARMACY AND LAB, AND THEN IN PUBLIC HEALTH, IN THE PUBLIC HEALTH DIVISION WE LOOK AT THE COMMUNITY AS THE PATIENT. SO IN PUBLIC HEALTH WE ARE LOOKING AT THINGS LIKE CLEAN AIR, CLEAN WATER, SAFE FOOD, ACCESS TO TRANSPORTATION, ACCESS TO HEALTHY HOUSING. CREATING THE PLATFORM FOR PEOPLE'S ABILITY TO LIVE HEALTHY LIVES, IN ADDITION TO THAT, WE ADDRESS ISSUES SUCH AS COMMUNICABLE DISEASES, HIV, SEXUALLY TRANSMITTED DISEASES, AND WE PROVIDE THE WIC PROGRAM, WHICH IS SUPER IMPORTANT TO WOMEN AND THEIR KIDS WHO CAN'T GET ACCESS TO HEALTHY FOOD. AS I SAID I AM GOING TO TALK ABOUT THE GOOD STUFF FIRST, AND THEN I WILL TALK ABOUT THE HARD STUFF.

SO I WANT TO JUST SPEND A COUPLE OF MINUTES TALKING ABOUT THE OUTPUTS IN THE DEPARTMENT. I WILL NOT TALK ABOUT THIS BUT I WANT TO HIGHLIGHT A FEW THINGS, WE WERE ABLE TO ENROLL ALL OF OUR PARTICIPANTS IN EWICC. WHAT THAT MEANS IS THAT THEY TAKE WHAT LOOKS LIKE A CREDIT CARD TO THE STORE TO BUY THE THINGS THAT THEY CAN BUY WITH THEIR VOUCHERS INSTEAD OF TAKING PAPERS THAT IDENTIFY THEM AS IS A WICC PERSON, WHICH MAY CREATE AN EMBARRASSING SITUATION AT THE STAND. THIS INCREASED OUR ENROLLMENT AND WE THINK IT WILL BE AN IMPORTANT STRATEGY TO INCREASE OUR ENROLLMENT FURTHER. IN THE BOTTOM, MY LEFT, ADDICTION TREATMENT REACHES 8,000 ADULTS AND YOUTH.

Ms. Fuller: THIS IS SUPER IMPORTANT PART OF OUR WORK BECAUSE OFTENTIMES THERE IS A LOT OF TALK ABOUT MENTAL HEALTH NEEDS IN OUR COMMUNITY, BUT UNDERLYING A LOT OF WHAT PEOPLE TALK ABOUT AS MENTAL HEALTH ARE CO-OCCUR, DISORDERS WITH PEOPLE ACTUALLY ADDICTED TO DRUGS AND ALCOHOL AS WELL AS EXPERIENCING OTHER ISSUES. AND THERE IS A LOT OF UNDER-IDENTIFICATION OF ADDICTION ISSUES, AND THERE HAS BEEN AN UNDERFUNDING OF TREATMENT FOR ADDICTIONS. SO THIS COUNTY HAS LED THE WAY IN PROVIDING COUNTY GENERAL FUND SERVICES FOR ADDICTIONS TREATMENT, AND I THINK IT'S A SUPER IMPORTANT THING FOR US TO MAKE SURE THAT WE FOCUS ON AND TALK ABOUT. AT THE OTHER END OF THAT BOTTOM ROW, WE ARE PROVIDING ABOUT TWICE AS MUCH CRISIS SYSTEM RESPONSE AS THE REST OF THE STATE COMBINED. THEN OUR OUTCOMES. NEXT SLIDE.

SO WE WERE JUST HERE TALKING WITH YOU ABOUT OPIOIDS, SO IN THE TOP MIDDLE YOU SEE THAT WE HAVE REDUCED THE PRESCRIPTIONS FOR OUR DENTAL PATIENTS TO OPIOIDS IN A DRAMATIC WAY. THIS IS SUPER IMPORTANT BECAUSE THERE ARE WAYS THAT PEOPLE CAN MANAGE THEIR PAIN FROM DENTAL CARE WITHOUT PUTTING A BIG BOTTLE OF OPIOIDS INTO THEIR MEDICINE CABINET THAT THEN OFTENTIMES THEY ONLY TAKE A FEW OF, AND THEN THEY HANG AROUND THERE AND BECOME AVAILABLE TO BE MOVED INTO THE STREAM OF OPIOIDS ONTO THE STREET. WE HAVE DECREASED OUR HIV INFECTION RATES 30% YEAR OVER YEAR FROM 2014 TO 2015. WE ARE AT ABOUT 10.4%, WHICH IS HIGHER THAN THE STATE BUT WHICH IS LOWER THAN CALIFORNIA'S 14.5%.

Commissioner Smith: MADAM CHAIR I HAVE A QUESTION. WHAT DO YOU THINK THAT THAT'S FROM?

Ms. Fuller: WELL WE WOULD SAY NEEDLE EXCHANGE AND PUBLIC EDUCATION AND GREAT PREVENTATIVE CARE.

Commissioner Smith: HAVE WE INCREASED THE NEEDLE EXCHANGE OR PUBLIC EDUCATION?

Ms. Fuller: IT IS DRAMATICALLY INCREASING, THE NUMBER WE ARE EXCHANGING IS DRAMATICALLY INCREASING.

Commissioner Smith: THANK YOU.

Ms. Fuller: YES, AND THEN UP AT THE TOP BEFORE WE SAY THAT WE EXCEEDED OUR MENTAL HEALTH PAY FOR PERFORMANCE METRIC, SO THAT HAS TO DO WITH OUR INSURANCE, OUR MENTAL HEALTH INSURANCE COMPANY. OUR METRIC IS TO DO A FOLLOW-UP WITHIN SEVEN DAYS OF PEOPLE WHO SHOW UP AT THE E.R. WITH THE MENTAL HEALTH ISSUE, OR HOSPITALIZED WITH THE MENTAL HEALTH ISSUE, AND LAST YEAR WE GOT

2.3 MILLION WORTH OF MEDICAID FUNDS BECAUSE WE MET THAT METRIC THAT WE WERE ABLE TO REINVEST IN OUR SYSTEM. ACCOMPLISHMENTS, I TALKED ABOUT THE CHIP, WE STARTED A CULTURALLY HOME FOR LATINO MOMS. THIS IS A VERY JOINT PROJECT WITH CARE-OREGON. THEY ARE HELPING TO FUND THIS EFFORT DEEPLY. THIS IS AN IDENTIFICATION THAT OFTENTIMES MOMS WOULD BE SEEN IN OUR CLINIC SYSTEM. THEY MIGHT BE SEEN SOME BY HOME VISITING, AND THEY WOULD THEN GO TO DELIVER AT THE HOSPITAL AND THEY WOULD NEVER COME BACK TO US.

Ms. Fuller: WE KNEW THAT WE HAD THE KINDS OF SERVICES, CARES AND SUPPORTS THAT THEY REALLY NEEDED TO HAVE TO HELP THEIR YOUNG CHILDREN TO DEVELOP. ALONG WITH CARE-OREGON, WHO WAS PAYING FOR THE OUTCOMES OF THOSE MOMS NOT COMING BACK TO US, WE WOUND UP CREATING THIS OPPORTUNITY TO LINK IN-HOME SERVICES AND WHAT HAPPENS IN THE CLINIC TO, AND WHAT HAPPENS IN DELIVERY TO CREATE A CONTINUUM OF SUPPORT THAT WRAPS AROUND MOMS TO HELP THEM TO BE SUCCESSFUL. WE BROKE GROUND ON THE GLADYS MCCOY HEADQUARTERS IN DECEMBER. IT WAS FANTASTIC. WE ESTABLISHED THIS LAST YEAR THANKS TO YOUR FUNDING. THE OFFICE OF MENTAL HEALTH AND CONSUMER ENGAGEMENT WHICH IS HELPING US TO LOOK AT HOW WE CAN HELP INSERT PEERS INTO EVERYTHING THAT WE DO IN MENTAL HEALTH. WE EXPANDED SCHOOL-BASED MENTAL HEALTH CULTURALLY SPECIFIC SERVICES LAST YEAR.

I WANT TO JUST TELL YOU A BRIEF STORY ABOUT A YOUNG GIRL WHO GOT TREATMENT BECAUSE WE EXPANDED THOSE SERVICES. SHE'S A 16-YEAR-OLD AT FRANKLIN HIGH SCHOOL. SHE CAME HERE FROM HONDURAS WITH HER DAD AND MOM AND HER DAD HAS BEEN DEPORTED. SHE AND HER MOM WERE HERE BY THEMSELVES. HER MOM SPEAKS ONLY SPANISH AND IS VERY AFRAID THAT SHE IS GOING TO BE DEPORTED, TOO. THE GIRL ATTEMPTED SUICIDE IN 2016 AND STARTED GETTING SERVICES FROM OUR STAFF THIS JANUARY. THE STAFF REALIZED THAT THE TEEN WASN'T GOING TO GET OUT OF HER DEPRESSION AS LONG AS HER MOM WAS SO FRIGHTENED, SO SHE GOT THE FAMILY HOOKED UP WITH CATHOLIC CHARITIES. THE MOM IS NOW DOING BETTER. SHE NOW UNDERSTANDS A LOT MORE ABOUT WHAT'S GOING ON AND IS ABLE TO PLAN, AND THE GIRL HAS BEEN IN TREATMENT AND IS DOING A LOT BETTER, TOO. THAT'S THE KIND OF THING THAT HAPPENS EVERY DAY AT OUR SCHOOL-BASED MENTAL HEALTH SERVICES AND HEALTH SERVICES FOR THAT MATTER. IT'S AN INCREDIBLY IMPORTANT PART OF THE INVESTMENT THAT YOU ALL ARE MAKING IN OUR CARE. WE ENHANCED NURSING STAFFING AT INVERNESS JAIL. THAT'S CONTINUING INTO THIS BUDGET.

WE PILOTED AUTOMATED APPOINTMENT REMINDER CALLS, AND I THINK THAT THIS IS GREAT. I GET REMINDER CALLS FROM MY DENTIST. I ACTUALLY GET CALLS FROM MY HAIRDRESSER, AND IT'S AMAZING FOR ME TO THINK

THAT WE CAN RUN A SYSTEM WHERE WE CAN'T. MY HAIRDRESSER CAN DO THAT BUT WE CAN'T DO THAT SOME HOW SO IT'S A REALLY GREAT OPPORTUNITY FOR US TO HELP OUR PATIENTS REMEMBER, AND ESPECIALLY FOR DENTAL APPOINTMENTS BECAUSE WE ALL KNOW THAT IF WE CAN AVOID THE DENTIST WE ARE GOING TO. EVEN THOUGH I LOVE MY DENTIST. I THINK THAT THIS IS A GREAT WAY TO MAKE SURE THAT PEOPLE ARE GOING TO GET CONNECTED. AND THEN IN THE CLINICS, WE PROVIDED SEXUAL ORIENTATION AND GENDER IDENTITY TRAINING FOR PROVIDERS. WE HAVE IMPLEMENTED THE I.T. SUPPORT FOR US TO BE ABLE TO BETTER REFLECT PEOPLE'S PREFERRED NAMES, PRONOUNS, SEXUAL OH, AND GENDER IDENTITY, AND SEX ASSIGNED AT BIRTH SO THAT WE CAN BE MUCH MORE RESPECTFUL AND ABLE TO SERVE PEOPLE IN THE WAY THAT THEY CHOOSE TO BE SERVED.

Ms. Fuller: SO THIS BUDGET THAT WE ARE TALKING ABOUT IS A VERY DIFFICULT ONE. WE HAD TO REDUCE THE ALL FUNDING SOURCES IN THE BUDGET. 2% CONSTRAINED REDUCTION IN OUR DEPARTMENT BECAUSE OUR COSTS HAVE INCREASED AT A FASTER RATE THAN SOME OTHER DEPARTMENTS THAT RESULTED IN A DEEPER CUT THAN 2% MIGHT REFLECT. MOST OF THE BUDGET REDUCTIONS WERE THE RESULT OF FEDERAL AND STATE FUNDS AND OUR FEE DECLINING. THE BUDGET IS BASED ON THE GOVERNOR'S BUDGE, AND I SAY THAT BECAUSE WE KNOW THAT THE CO-CHAIR'S BUDGET LOOKS WORSE THAN THE GOVERNOR'S BUDGET SO WE DON'T REALLY KNOW IF THIS IS STILL THE WORST PICTURE THAT WE ARE GOING TO GET AT THE END. OF COURSE THERE IS UNCERTAIN FEDERAL FUNDING GOING INTO THE FUTURE. SO I WANTED TO TALK WITH YOU ABOUT WHAT WE DID TO CREATE THIS BUDGET.

SO ALL OF THE DIVISIONS TOOK THE COUNTY GENERAL FUND CONSTRAINT CUT EXCEPT CORRECTIONS HEALTH. WE KNEW THAT WE HAVE HAD CONCERNS ABOUT OUR ABILITY TO COVER THE NEEDS OF OFFENDERS AND KIDS IN OUR JUVENILE DETENTION FACILITY, AND WE WANTED TO MAKE SURE THAT WE WERE NOT FORCING CORRECTIONS HEALTH TO TAKE REDUCTIONS THAT WOULD MAKE THAT SITUATION WORSE. THAT MEANT THAT OTHER DIVISIONS TOOK A DEEPER CUT SO THE CORRECTIONS HEALTH DIDN'T TAKE A CUT. WE MADE STRATEGIC REDUCTIONS SO THE DIRECTION TO DIVISIONS WAS NOT TO TAKE THAT GENERAL FUND CUT THAT THEY RECEIVED AND JUST SPREAD IT LIKE PEANUT BUTTER ACROSS THE DIVISION, BUT TO MAKE THE DECISIONS ABOUT STRATEGICALLY WHAT THEY FELT LIKE WERE THE LEAST, WORST CUTS THAT THEY COULD TAKE. I SAY LEAST-WORST BECAUSE I THINK THAT THERE IS NOTHING THAT THE DEPARTMENT IS DOING RIGHT NOW THAT IS NOT CRITICALLY IMPORTANT AND ESPECIALLY AS WE LOOK AT THE FEDERAL LEVEL WE KNOW THAT WE ARE GOING TO BE NEEDED MORE THAN EVER. HOWEVER I THINK THAT PEOPLE MADE REALLY GOOD, SOUND CHOICES ABOUT WHERE TO TAKE THE REDUCTIONS GIVEN THE SITUATION THAT THEY HAD.

Ms. Fuller: WE PRESERVED FUNCTIONS THAT LOCAL GOVERNMENT IS UNIQUELY POSITIONED TO PROVIDE. THIS IS SOMETHING THAT THE CHAIR TALKED ABOUT WHEN SHE TALKED ABOUT HER BUDGET MESSAGE A FEW WEEKS AGO. THERE IS SOME THINGS THAT WE HAD DONE THAT WE DID REALLY WELL AND THAT WERE REALLY WONDERFUL SERVICES, BUT IF THERE WERE OTHER PEOPLE WHO COULD DO THOSE THINGS IN THE COMMUNITY EVEN IF THEY MIGHT NOT DO THEM AS WELL AS WE WERE WE FELT WE NEEDED TO RESERVE LOCAL TAX DOLLARS TO PROVIDE THE SERVICES THAT ONLY THE COUNTY CAN PROVIDE TO PEOPLE SO THAT LED TO SOME HARD CHOICES BUT IT WAS A REALLY IMPORTANT LENS TO HOLD ONTO OUR BUDGET DURING THIS YEAR. WE THEN TOOK DEEPER CUTS IN ADMINISTRATION AND SUPPORT FUNCTIONS IN ORDER TO PRESERVE SERVICES. SO THE VAST MAJORITY EVEN THOUGH WE'RE TALKING ABOUT BUDGET CUTS THE MAJORITIES OF SERVICES AND PROGRAMS ARE CONTINUING.

THE CHAIR'S BUDGET FUNDS MISSION CRITICAL SERVICES. IT PRIORITIZE SAYS A FEW THINGS THAT I WANTED TO HIGHLIGHT. THE ADDICTION TREATMENT IS A PRIORITY AND WE TRIED TO DO EVERYTHING THAT WE COULD TO PRESERVE ACCESS TO MENTAL HEALTH TREATMENT AND CRISIS SERVICES. 6 OVERDOSED PREVENTION, CORRECTIONS HEALTH, AND THE CRISIS SYSTEM WERE RESTORED, WHEN WE TOOK THE CONSTRAINT CUT WE HAD TO PROPOSE SOME CUTS IN THOSE AREAS AND THE BUDGET RESTORED THOSE. INCLUDED IN THE CHAIR'S BUDGET SO ONE OF THE CHALLENGES WITH WIC IS THAT WE'VE BEEN EXPERIENCING INCREASED RISING LOCAL COSTS AND THE FEDERAL MONEY THAT COMES TO US THROUGH THE STATE HAS NOT BEEN KEEPING UP WITH THOSE COSTS. BECAUSE THEY USED FORMULAS THAT DON'T WEIGH HOW MUCH IT COSTS US TO DELIVER THE SERVICES THAT THEY JUST WEIGH IT ON CASELOAD, WE HAVE NOT BEEN ABLE TO MOVE THAT DYNAMIC VERY FAR. SO WE HAD TO TAKE BOTH A STATE, FEDERAL CUT, AND A GENERAL FUND CUT IN WIC.

THE CHAIR'S BUDGET RESTORED THAT GENERAL FUND CUT SO THAT WE COULD SPEND THE NEXT YEAR TO TRY TO FIGURE OUT ARE THERE MORE STRATEGIES THAT WE CAN APPLY TO TRY TO GET THE RIGHT BALANCE WITH WIC. IT IS IMPORTANT BECAUSE IT'S A GATEWAY PROGRAM TO A LOT OF OTHER SERVICES. WE CAN USE IT AS AN OPPORTUNITY TO TALK TO PEOPLE ABOUT SIGNING UP FOR THE OREGON HEALTH PLAN OR GETTING FOOD STAMPS OR GETTING HOUSING ASSISTANCE OR GETTING CASE MANAGEMENT OF VARIOUS KINDS OR MENTAL HEALTH SERVICES OR GETTING TO THE CLINIC.

SO WIC, EVEN THOUGH STAND-ALONE IT'S A CHALLENGING PROGRAM TO RUN BECAUSE OF THE FEDERAL FUNDING STRUCTURE, IT'S A SUPER IMPORTANT WAY THAT WE REACH A POPULATION OF MOMS IN POVERTY

WHO REALLY NEED US TO BE ABLE TO REACH THEM. ONE-TIME ONLY CAPITAL INFRASTRUCTURE INVESTMENTS ARE INCLUDED IN THE BUDGET FOR THE GLADYS MCCOY HEALTH DEPARTMENT HEADQUARTERS AND THE NORTH PORTLAND CLINIC. I WANT TO HIGHLIGHT THE FACT THAT THERE IS \$7 MILLION, ONE-TIME ONLY INVESTMENT IN THIS BUDGET FOR THE GLADYS MCCOY HEALTH HEADQUARTERS WHICH IS A REALLY FANTASTIC OPPORTUNITY THAT WE HAVE TO INVEST BIG IN OUR FUTURE, AND I AM SUPER EXCITED ABOUT IT.

Commissioner Smith: I HAVE A QUICK QUESTION. IS THAT ABOVE AND BEYOND WHAT WE PUT ASIDE FOR THE ACTUAL BUILDING OF IT?

Ms. Fuller: NO, THIS IS A PART OF HOW THE BUILDING IS PAYING FOR IT.

Commissioner Smith: \$7 MILLION EVERY YEAR?

Ms. Fuller: THIS IS A \$7 MILLION, ONE-TIME ONLY GENERAL FUND INVESTMENT THAT IS PART OF WHAT WAS ASSUMED IN THE BUDGET FOR THE HEALTH DEPARTMENT HEADQUARTERS.

Commissioner Smith: OK.

Ms. Fuller: AND THEN THERE IS A NEW JOINT EFFORT BETWEEN DCHS AND THE HEALTH DEPARTMENT TO USE FAMILIES WHO ARE IN THE HEALTHY BIRTH INITIATIVE TO GIVE THEM THE OPPORTUNITY TO BE INVOLVED IN SOME OF THE EFFORTS THAT THEY WERE TALKING TO YOU ABOUT YESTERDAY TO HELP FAMILIES GET MOVED OUT OF POVERTY. IN GENERAL FUND REDUCTIONS, I WANT TO SAY AGAIN THAT BUSINESS OPERATIONS AND HUMAN RESOURCES AND OTHER SUPPORT FUNCTIONS TOOK DEEPER REDUCTIONS SO THAT WE COULD PRESERVE SERVICES. WE ALSO HAD TO PROPOSE THE CLOSING OF THE GRANT SCHOOL-BASED HEALTH CLINIC. THAT IT LOOKED LIKE THIS FUNDING OF THE SCHOOL-BASED PROGRAM WOULD NO LONGER BE A PRIORITY FOR US. SO, EVEN THOUGH IT'S A HARD DECISION, WE KNOW THAT THE KIDS AT GRANT HAVE OTHER OPTIONS FOR CARE THAT ARE CLOSE BY AND OUR DATA SHOWS US THAT THERE ARE FEWER AND FEWER KIDS THAT WERE SEEKING CARE FROM US AND WE HOPE THAT WE'LL BE MAKING INVESTMENTS IN SCHOOL-BASED HEALTH CLINICS IN THE FUTURE WHERE WE'RE MOST NEEDED.

Commissioner Smith: THANK YOU FOR COMING TO OUR OFFICE AND EXPLAINING THIS EARLY ON. GRANT HIGH SCHOOL IS IN MY DISTRICT AND A CONCERN I DO HAVE IS THAT WE NEED TO MAKE SURE THAT THE ADMINISTRATION KNOWS WHERE TO REFER THE KIDS WHO ARE STILL THERE ON FREE AND REDUCED LUNCH, WHERE THEY CAN GO GET HELP, LIKE, FROM ONE OF OUR OTHER CENTERS, THAT THEY'RE DOING THAT. JUST BECAUSE THE KIDS DON'T DO IT, KIDS HAVE HEALTH INSURANCE, THEY

DON'T GO TO THE DOCTOR. I WANT TO MAKE SURE THAT THEY KNOW THAT THEY HAVE SOME OPTIONS. YOU HAVE SOMETHING THERE, YOU KNOW IT'S THERE. YOU DON'T USE IT UNTIL YOU NEED IT. BUT IF THEY FEEL LIKE, IT'S GONE, THAT THEY DON'T HAVE ANY OTHER ACCESS OR OPPORTUNITY FOR ACCESSIBLE HEALTH SERVICES THROUGH THE COUNTY, THAT THEY KNOW THAT THEY CAN GO SOMEPLACE, WHETHER IT BE THROUGH THE PTA OR SENDING SOMETHING HOME. I DON'T WANT TO LEAVE THOSE KIDS. IT'S A SMALL NUMBER OF KIDS WITHOUT ANY INFORMATION, OR FOR THEIR PARENTS, TO KNOW WHERE THEY CAN GO.

Ms. Fuller: WE'LL WORK WITH THE SCHOOL ADMINISTRATION TO FIGURE OUT WHAT'S THE BEST WAY TO DO THAT. THANK YOU. AND THEN, THE "COCOON" PROGRAM IS ENDING. SO I TALKED EARLIER ABOUT HOW ONE OF THE THINGS WE LOOKED AT IN THIS BUDGET WERE WHAT WERE THINGS THAT ONLY LOCAL GOVERNMENT COULD DO THAT WE WERE GOING TO USE LOCAL TAX DOLLARS TO SUPPORT AND THE "COCOON" PROGRAM HAS BEEN A WONDERFUL NURSE CASE MANAGEMENT MODEL, TO HELP FAMILIES WITH REALLY MEDICALLY-FRAGILE KIDS NAVIGATE THEIR HEALTHCARE. IT'S A VERY EXPENSIVE MODEL AND WAS ORIGINALLY INTENDED TO BE FUNDED MOSTLY WITH MATCH FOR A MEDICAID FUNDING STREAM FROM THE STATE. THAT FUNDING STREAM GOT MORE AND MORE DIFFICULT, ADMINISTRATIVELY, TO DRAW DOWN. AND THE COUNTY GENERAL FUND CONTRIBUTION IN THIS PROGRAM ROSE. ALL OF THE FAMILIES HAVE MEDICAL CARE AND MANY OF THE SYSTEMS THAT SERVE THEM ARE BEGINNING TO BUILD OUT THIS KIND OF NAVIGATIONAL SERVICE FOR THEM. AND SO WE FELT THAT IN A YEAR, WHERE WE WERE MAKING A LOT OF HARD DECISIONS ABOUT WHAT WE NEEDED TO CLOSE, THAT THIS WAS A PROGRAM THAT WE NEEDED TO LET GO OF AND LET THE HEALTH CARE SYSTEMS TAKE RESPONSIBILITY FOR THE CARE FOR THESE FAMILIES. SOME OF THESE FAMILIES ARE SERVED IN OUR OWN CLINICS AND WE'RE BUILDING OUT STRATEGIES IN OUR OWN CLINICS TO BE ABLE TO ADDRESS THE NEEDS OF THESE FAMILIES.

Commissioner Smith: I HAVE A QUESTION. HOW DO WE GET REFERRALS OF THESE FAMILIES? HOW DO THEY FIND OUT ABOUT US?

Ms. Fuller: THAT'S A GOOD QUESTION AND I CAN'T ANSWER IT, SO I'LL GET BACK TO YOU ON THAT.

Commissioner Smith: OKAY.

Ms. Fuller: I'M GOING TO TALK ABOUT EACH DIVISION INDIVIDUALLY AND THE DRIVERS OF THE BUDGET REDUCTIONS IN THOSE DIVISIONS. STARTING WITH CORRECTIONS HEALTH. THAT IS AN \$18 MILLION DIVISION WITH 110 FTE. IN CORRECTIONS HEALTH, WE'RE SEEING SICKER PEOPLE. A LOT OF PEOPLE WHO ARE COMING TO THE JAIL HAVE VERY COMPLEX MEDICAL AND

MENTAL HEALTH NEEDS AND THE WORK IS VERY DEMANDING AND IT'S 24/7 AND SUPER CHALLENGING TO MAINTAIN STAFFING. WE HAVE NEEDED, FOR AWHILE, TO BETTER-UNDERSTAND THE REQUIRED STAFFING TO MEET THE NEEDS AS THEY'RE EVOLVING IN THE SYSTEM. AT THE DIRECTION OF THE BOARD OF A BUDGET NOTE FROM LAST YEAR, WE HAVE CONTRACTED WITH A NATIONAL CONSULTING FIRM TO REVIEW THE STAFFING LEVELS AND SERVICES.

Ms. Fuller: WE ALSO HAVE RECEIVED THE DISABILITY RIGHTS OREGON REPORT, WHICH MADE RECOMMENDATIONS ON HOW TO BETTER-MEET THE NEEDS FOR PEOPLE WITH MENTAL ILLNESS. THE APPEAL WITH MEDICAID EXPANSION WOULD INCREASE OUR OUT OF JAIL MEDICAL EXPENSES AND WENDY'S GOING TO SHOW YOU A FLOW CHART. CORRECTIONS HEALTH IS FUNDED BY COUNTY GENERAL FUND. WHEN PEOPLE ARE IN OUR JAIL CUSTODY AND THEY GO OUT OF JAIL, IF THEY'RE HELD IN THE HOSPITAL FOR 24 HOURS OR MORE AND THEY'RE MEDICAID ELIGIBLE, THE HOSPITALS BILL MEDICAID AND NOT US. HOWEVER, IF THEY'RE NOT HELD FOR 24 HOURS, IF THEY'RE HELD FOR LESS THAN THAT, THE COUNTY PAYS THAT BILL. AND WHEN MEDICAID EXPANSION FIRST WENT INTO EFFECT, WE SAW A DRAMATIC DECREASE IN THE BILLS WE WERE PAYING BECAUSE OF THAT CHANGE FOR THE 24-HOUR CARE THAT WAS IN COMPASSED IN THE AFFORDABLE HEALTHCARE ACT.

IF WE HAD TO CONTINUE TO PAY FOR ALL OF THESE BILLS, WE'RE SEEING AN INCREASE IN OUTSIDE OF JAIL MEDICAL EXPENSES, WE WOULD SEE AN EVEN BIGGER INCREASE BECAUSE WE WOULD BE RESPONSIBLE FOR BOTH THE 24-HOUR CARE AND THE LESS THAN 24-HOUR CARE. SO, IN INTEGRATED CLINICAL SERVICES, INTEGRATED CLINICAL SERVICES IS \$110 MILLION BUDGET WITH 588 FTE. SO, THIS IS ONE OF THE PLACES IN THE DEPARTMENT WHERE WE'RE TAKING SOME SIGNIFICANT REDUCTIONS. SO I WANT TO TALK TO YOU ABOUT THE DRIVERS OF THOSE REDUCTIONS. IN PRIMARY CARE AND DENTAL, WE'VE BEEN ADDING CAPACITY IN RESPONSE TO THE MEDICAID EXPANSION. WE DIDN'T BUILD ADDITIONAL HEALTH CLINIC SITES OR RENT ADDITIONAL HEALTH CLINIC SITES, BUT TO EXPAND TEAMS AT ALL OF OUR CLINICS.

THAT EXPANSION THAT WAS CREATED WITH THE ACA EXPANSION HAS BEEN CONTINUING TO THIS YEAR. AS WE DID THAT, WE ASSUMED THAT ADDITIONAL FEE AND INCENTIVE REVENUE FROM MEDICAID WOULD FUND THE ADDITIONAL STAFFING. SO, WHAT HAS HAPPENED SINCE THEN IS THAT CLINIC REVENUE HAS BEEN INSUFFICIENT TO SUPPORT THE TOTAL EXPANSION THAT WE HAVE IMPLEMENTED. AND, MANY PROVIDER TEAMS ARE NOT AT FULL CAPACITY. SO, THAT IS REALLY DRIVING THE REDUCTION THAT WE'RE SEEING IN THE CLINIC REVENUE. AND WE'RE SEEING FEWER INSURED PATIENTS THAN WAS EXPECTED WHEN WE IMPLEMENTED THIS EXPANSION AND WE'RE SEEING AN INCREASING NUMBER OF IN INSURED

PATIENTS. SO THE REIMBURSEMENT IS NOT KEEPING UP WITH THE CURRENT EXPENSE AT THE APPROXIMATE \$7 MILLION LEVEL.

Commissioner Meieran: I HAD A QUESTION ABOUT THAT. WHEN MANY, MANY PROVIDER TEAMS ARE NOT AT FULL CAPACITY AND JUST KIND OF LOOKING AT HOW, SORT OF, THE DEMAND IS EVALUATED, HOW WE DETERMINE WHAT PROVIDER CAPACITY IS, I JUST WOULD WANT MORE --

Ms. Fuller: AS YOU KNOW, THOSE ARE COMPLICATED FORMULAS. I'D BE HAPPY TO PROVIDE A WRITTEN ANSWER AND ALSO, COME TALK WITH YOU MORE ABOUT IT. BUT, BASICALLY WE LOOK AT WHAT FTE SOMEONE IS BECAUSE MANY OF OUR PROVIDERS ARE NOT A FULL 1.0 FTE, LOTS OF TIMES THEY'RE 0.8 FTE. WE WEIGH THE FTE, A KIND OF MINIMUM NUMBER OF PATIENTS THAT'S EXPECTED TO BE SEEN AND THEN THE SET OF PATIENTS GETS A WAITING SCORE, WHICH REPRESENTS KINDS OF PATIENTS THAT NEED MORE TIME THAN OTHERS. AND BY THAT, WE SORT OF CALCULATE WHAT AN EXPECTED PANEL SIZE WOULD BE FOR EACH INDIVIDUAL PROVIDER. AND THEN THAT GETS CREDITED TO THEIR TEAM. AND THERE'S TWO PROVIDERS PER EACH TEAM. SO THAT GIVES YOU A LITTLE BIT THEN WE CAN GIVE YOU MORE DETAIL.

SO, WE'RE NOT THE ONLY PEOPLE WHO ARE SEEING THIS ISSUE WITH THE MEDICAID EXPANSION. THE MEDICAID EXPANSION NUMBERS ARE LOSING COVERAGE. WE'RE NOT CLEAR THAT EVERYONE WHO IS LOSING COVERAGE ISN'T ELIGIBLE. A LOT OF THE THINGS THE OREGON HEALTH AUTHORITY REACHED OUT TO HAVE FALLEN BY THE WAYSIDE AND SO THIS IS OHA THAT DOES THIS, NOT US. SO THINGS ARE HAPPENING, LIKE, THEY'RE SENDING OUT ALL OF THEIR RECERTIFICATION NOTICES IN ENGLISH, EVEN THOUGH WE KNOW MANY PEOPLE DON'T READ ENGLISH, THAT ARE ON OHP. INITIALLY, THEY HAD FUNDED A LOT OF COMMUNITY OUTREACH, THAT FUNDING HAS FALLEN AWAY. IT'S PROBABLY A COMBINATION OF THE IMPROVING ECONOMY AND SOME PEOPLE ACTUALLY NOT BEING ELIGIBLE AND SOME PEOPLE NOT REALIZING THEY'RE STILL ELIGIBLE AND BEING CONFUSED AND NOT GETTING SIGNED UP.

COMMISSIONER MEIERAN'S QUESTION IS ALSO ABOUT ACCESS TO CARE AND HOW PEOPLE GET IN. AND SO, ONE OF THE THINGS THAT WE HAVE BEEN DOING, SINCE WE'VE IDENTIFIED THESE TRENDS, IS WORKING TO IMPLEMENT IMPROVEMENTS TO FACILITATE ACCESS TO CARE. SO, WE HAVE A CENTRALIZED CALL CENTER. THE DEPARTMENT, LIKE MANY ORGANIZATIONS, HAS GONE FROM CENTRALIZED TO DECENTRALIZED TO CENTRALIZED FOR APPOINTMENTS AND SO WE NOW HAVE MADE THE CALL CENTER RESPONSIBLE FOR ALL OF THE SCHEDULING OF VISITS AND MANAGING THE SCHEDULE AND APPOINTMENTS. WE'VE ADJUSTED THE HOURS OF THE CALL CENTER BECAUSE OF CALL VOLUME, TO TRY TO CUT DOWN ON DROPPED CALLS AND MAKE SURE THAT PEOPLE ARE GETTING IN,

TO GET CALLS. WE'VE IMPLEMENTED A MODEL CALLED, SAY YES TO CARE. INSTEAD OF TELLING PEOPLE TO CALL BACK OR TELLING PEOPLE, GEE, WE'RE NOT SURE WE CAN FIT YOU IN, WE'RE TRYING TO BE RESPONSIVE TO PEOPLE'S NEEDS IN REALTIME. AND THEN ALL OF THE TEAMS HAVE SOME LEVEL OF COMMUNITY HEALTH WORKER ASSIGNED TO THEM AND WE'RE NOW UTILIZING THOSE COMMUNITY HEALTH WORKERS TO ENGAGE PATIENTS AND DO PATIENT OUTREACH TO PEOPLE WHO HAVEN'T GONE ON A RETURN VISIT OR PEOPLE WHO HAVE BEEN ASSIGNED TO US BY THE CCOS AND HAVE SHOWN IN THE ER, BUT HAVEN'T SHOWN UP TO SEE US.

Commissioner Meieran: SORRY, I HAVE A QUESTION ABOUT THIS. THIS IS THE PLACE I'M GOING TO ASK ALL OF MY QUESTIONS, FOR THE OBVIOUS REASONS, I AM VERY INTERESTED IN THIS SUBJECT. SO, IN TERMS OF THE CENTRALIZED CALL CENTER AND SCHEDULING APPOINTMENTS, WHAT IS THE TIMELINE WHEN THAT HAS HAPPENED? BECAUSE I HAVE HEARD REPORTS THAT PEOPLE ARE VERY FRUSTRATED BY EXTREMELY LONG WAIT TIMES AND THERE MAY BE DEMAND AND THEY WANT AN APPOINTMENT BUT THEY GIVE UP. IT'S THOSE DROPPED CALLS. HOW DO WE EVALUATE OUR CONSUMER SATISFACTION OR EXPERIENCE WITH THAT SYSTEM, SO WE KNOW WHAT'S WORKING AND WHAT'S NOT WORKING AND WHAT MIGHT BE NEEDED AND I HEARD THERE WAS A TIME WHEN, LIKE, THE REMINDER SYSTEM FOR APPOINTMENT APPOINTMENTS WASN'T WORKING FOR A COUPLE OF MONTHS AND SO THAT COULD FIGURE INTO WHY PEOPLE DON'T SHOW UP TO THEIR APPOINTMENTS.

Ms. Fuller: SO, WE'VE BEEN WORKING OVER THE LAST YEAR, ACTUALLY, TO MOVE CLINICS TO THE CALL CENTER AND STAFF THE CALL CENTER TO BE ABLE TO TAKE OVER THESE FUNCTIONS. BUT IT'S REALLY BEEN IN THE LAST FEW MONTHS THAT THEY'VE COMPLETE COMPLETELY TAKEN OVER ALL OF THE CLINICS AND HAVE TAKEN OVER ALL OF THE SCHEDULING, TAKEN THE SCHEDULING FROM THE CLINICS TO THE CENTRAL CALL CENTER. WE ALSO KNEW THAT WE HAD SOME HIGH-VOLUME TIMES AND SOME DROPPED CALLS IN THOSE TIMES AND SOME PEOPLE WHO GOT FRUSTRATED SO THAT'S PART OF WHY WE'VE BEEN ADJUSTING THE HOURS, TO TRY TO ADJUST THAT ISSUE. SO WE HAVE THE ABILITY TO TRACK WAIT TIME AND CALL VOLUME AND DROPPED CALLS AND SO WE'RE GOING TO CONTINUE TO LOOK AT THAT, TO TRY TO EVALUATE WHETHER OR NOT WE ARE ABLE TO ADDRESS

THE DEMAND, AT THE CALL CENTER, WITH THE STAFFING THAT WE'VE GOT. YOU HEARD FROM HAROLD, WHO REPRESENTS A COUNCIL THAT IS MORE THAN 51% CONSUMERS. IN ADDITION TO THE COUNCIL, WE HAVE PATIENT COUNCILS AT THE VARIOUS DIFFERENT CLINICS, WHO GIVE US A LOT OF FEEDBACK ABOUT THEIR EXPERIENCE IN THE SYSTEM AND SO WE REALLY TAKE THAT IN, AS WELL. AND THEN, WE GET JUST A LOT OF FEEDBACK FROM OUR PATIENTS. AND WE TAKE THAT SERIOUSLY. AND REALLY TRY TO MAKE

SURE THAT WE'RE RESPONDING TO THAT FEEDBACK IN MULTIPLE LEVELS IN THE ORGANIZATION.

Commissioner Meieran: THAT'S GREAT. AND IT'S REALLY ENCOURAGING THAT YOU'RE DOING THAT WORK. IS THERE A POSSIBILITY, IN LOOKING AT DEMAND FOR THE CLINICS AND DECREASING THOSE TEAMS, THAT WHILE THIS TRANSITION HAS BEEN HAPPENING OVER THE PAST YEAR, THAT THERE MAY HAVE BEEN SOME DEMAND THAT WAS NOT ACCOUNTED FOR AND THAT WE ARE DECREASING THE TEAMS ON THE BASIS OF THIS PROCESS IN TRANSITION THAT MIGHT NOT HAVE ACCURATELY REFLECTED THE DEMAND?

Ms. Fuller: ABSOLUTELY. I MEAN, I THINK THAT WE'RE IN A DIFFICULT POSITION. BECAUSE I THINK THAT WE'VE HAD NEW TEAMS RAMPING UP. WE'VE HAD DECREASES IN MEDICAID ELIGIBILITY. WE'VE BEEN WORKING ON ACCESS, ALL ALONG. AND, WE HAD TO PROJECT OUR BUDGET AS A TIME PERIOD THAT MAY HAVE BEEN ARTIFICIALLY LOW. THE CHALLENGE IS, HAVE TO CREATE A BALANCED BUDGET. ONE OF THE THINGS THAT WE HAVE BEEN DOING IS, A TEAM IN THE HEALTH DEPARTMENT HAS BEEN WORKING VERY, WELL, FIRST OF ALL, EVERYONE'S BEEN WORKING REALLY HARD ON THIS. BUT THOSE PEOPLE WHO ARE PROVIDING CARE, THE PEOPLE AT THE CALL CENTER, THE PEOPLE IN OUR QUALITY UNIT, THE PEOPLE WHO RUN OUR EPIC SHOP. WENDY'S FOLKS. THE FOLKS IN OUR ORGANIZATION, THEY ARE WORKING TO TRACK METRICS THAT ARE UPSTREAM OF OUR FINANCIAL METRICS SO THE FINANCIAL METRICS LAG BEHIND, PROBABLY TWO TO THREE MONTHS. BUT OUR PATIENT ENCOUNTERS AND NEW PATIENTS SCENE IS AN EARLIER UPSTREAM INDICATOR OF FINANCIAL, THE PAYMENT THAT WE'RE GOING TO GET FOR SEEING THOSE PEOPLE.

WE'VE BEEN TRYING TO WORK ON THESE SYSTEM IMPROVEMENTS AND TRACK THE NEW PATIENTS SCENE AND THE UPTAKE IN APPOINTMENTS SO THAT WE CAN FIGURE OUT, HAVE WE CREATED A BUDGET THAT WE COULD CONFIDENTLY PREDICT THAT NEXT YEAR WE MIGHT GET MORE REVENUE THAN WHAT WE HAVE PROJECTED IN THIS BUDGET? WORKING WITH THE CHAIR, WE'RE GOING TO TRY TO MAKE A DETERMINATION BEFORE WE LAY PEOPLE OFF, IF WE HAVE TO LAY EVERYBODY OFF THAT THIS BUDGET CURRENTLY ENCOMPASSES AND WE DON'T, WE'RE NOT GOING TO. AND WE'RE GOING TO COME BACK TO YOU WITH CHANGES TO THE BUDGET. UNFORTUNATELY, I THINK THAT'S GOING TO BE AFTER THIS BUDGET'S BEEN PASSED SO WE'RE GOING TO NEED TO PASS THIS BUDGET THE WAY IT SITS TODAY AND THEN MAKE THAT JUDGMENT CALL AND THEN ACT ON IT.

Commissioner Meieran: NO, THAT WAS GREAT. I UNDERSTAND THE COMPLEXITIES OF WHAT YOU'RE WORKING WITH AND IT IS AMAZING, THE WORK THAT YOU'RE DOING.

Ms. Fuller: THANKS. I WORK WITH AMAZING PEOPLE.

Commissioner Smith: IF WE HAVE TO RAMP UP REALLY QUICKLY, WE'LL GET THOSE REIMBURSEMENTS, WITH MEDICAID, WE'LL GET THE REIMBURSEMENTS AND WE'LL HAVE TO DO MODIFICATION TO ADD THAT TO OUR BUDGET, CORRECT?

Ms. Fuller: YES.

Commissioner Smith: IT WOULD BE GREAT IF WE HAVE NEW PATIENTS AND MORE DEMAND BECAUSE I KNOW WE'LL GET MORE OF A REIMBURSEMENTS BACK FROM THE FEDERAL GOVERNMENT, WHETHER OR NOT THEY LIKE IT OR NOT.

Ms. Fuller: THANK YOU. I THINK I'VE TALKED ENOUGH ABOUT THIS. [LAUGHTER] I WANTED TO SHOW YOU THE MAP OF THE SYSTEM WE'RE TALKING ABOUT, AND THIS INCLUDES THE CLINIC SITES AT SCHOOLS AND IT INCLUDES OUR REGULAR CLINIC SITES. AND THEN THE NEXT SLIDE, WHAT I WANTED TO SHOW YOU WAS, WE'RE TAKING REDUCTIONS ACROSS ALL OF INTEGRATED CLINICAL SERVICES, INCLUDED AS HAROLD WAS TALKING ABOUT, OUR QUALITY TEAMS AND OUR ADMINISTRATIVE INFRASTRUCTURE. BUT WE ARE ALSO REDUCING TEAMS, AS YOU KNOW. AND SO, I JUST WANTED TO SHOW YOU WHERE THOSE REDUCTIONS ARE. AND, JUST FOR YOUR REFERENCE, EACH TEAM HAS APPROXIMATELY EIGHT POSITIONS ON IT, SO THAT'S TWO PRESCRIBING PROVIDERS INCLUDED IN THAT EIGHT, PLUS THE PEOPLE WHO WRAP AROUND TO THEM AND EACH CLINIC HAS ADDITIONAL SUPPORT STAFF THAT AREN'T ASSIGNED TO A TEAM SO THAT SHOWS WHERE WE'RE LOOKING FOR THE REDUCTIONS.

Vice-Chair Vega Pederson: SO, THIS IS A GOOD SLIDE BECAUSE IT LAYS OUT WHERE THE REDUCTIONS ARE. I'M CURIOUS ABOUT IN TERMS OF THE POPULATION OF EACH OF THE CLINICS THAT THEY SERVE. I WOULD BE INTERESTED IN THE IMPACT OF THE PEOPLE THAT ARE SERVED IN EACH CLINIC.

Ms. Fuller: HAPPY TO PROVIDE THAT. AND THAT'S A PART OF WHAT WE TOOK INTO CONSIDERATION WHEN WE DID THE REDUCTIONS. WE LOOKED AT CLINIC VOLUME AND THE NUMBER OF TEAMS AND WHETHER OR NOT THE TEAMS WERE FULLY FILLED, IN TERMS OF THEIR PATIENT LOAD AND THEN CHOSE TO MAKE THESE REDUCTIONS ACCORD ACCORDINGLY.

Vice-Chair Vega Pederson: THANK YOU.

Ms. Fuller: I'M GOING TO TALK ABOUT MENTAL HEALTH AND ADDICTIONS FOR A MINUTE. MORE THAN A MINUTE. THE MENTAL HEALTH AND ADDICTIONS

DIVISION IS A \$97 MILLION, 236.00 FTE DIVISION. I WROTE THAT NOTE MYSELF, BUT I'M NOT SURE IT'S RIGHT.

Ms. Lear: LOOKS ABOUT RIGHT, YEAH.

Ms. Fuller: OKAY. [LAUGHTER] THE GOVERNOR'S BUDGET INCLUDED A SMALL REDUCTION FOR THIS DIVISION. BUT IT REALLY AMOUNTS TO ABOUT A 5% TO 6% REDUCTION IN OUR STATE GENERAL FUND REVENUE BECAUSE OF RISING COSTS. MEDICARE, NOT MEDICAID, BUT MEDICARE DOES NOT PAY FOR MANY SERVICES THAT SERIOUSLY-MENTALLY ILL PEOPLE WHO ARE MEDICARE REQUIRE, INCLUDING CASE MANAGEMENT AND SO WE USE COUNTY GENERAL FUND DOLLARS IN THIS DIVISION TO HELP TO PROVIDE CASE MANAGEMENT FOR MEDICAID CLIENTS WHO HAVE SERIOUS MENTAL ILLNESS. THIS IS A DIRECT COST SHIFT BY THE FEDERAL GOVERNMENT, BY THE WAY. WITH ALL OF OUR REVENUE SOURCES THAT ARE DECLINING IN THE SYSTEM, WHILE WE CONTINUE TO MEET STRUGGLING DEMAND AND AS YOU KNOW, THERE'S AN UNENDING, IT FEELS LIKE, DEMAND FOR MORE AND DEEPER, I THINK, MENTAL HEALTH SERVICES IN OUR COMMUNITY. AND THEN, THE FINAL STATE BUDGET DECISION DECISIONS COULD BE WORSE. THE CO-CHAIRS BUDGET CALLS FOR DEEPER HEALTH, ESPECIALLY TO MENTAL HEALTH CRISIS SERVICES, IN ADDITION TO COUNTY GENERAL FUND AND MEDICAID MONEY, AS WELL.

THEN IN PUBLIC HEALTH, THIS IS A \$55 MILLION WITH 314 FTE. RATCHET BACK A COUPLE OF YEARS, THE STATE SPONSORED A PROCESS CALLED THE MODERNIZATION OF PUBLIC HEALTH AND THEY CREATED A PLAN. IT WAS FANCY LANGUAGE, BUT IT WAS ABOUT CREATING A PLAN TO FUND PUBLIC HEALTH SERVICES ACROSS EVERY COMMUNITY IN THE STATE. AND THE DIFFICULTY WITH THIS IS WE'RE ACTUALLY A LOT BETTER OFF THAN A LOT OF OTHER COMMUNITIES BECAUSE YOUR GENEROUS ALLOCATION OF COUNTY GENERAL FUND TO PUBLIC HEALTH MEANS THAT WE'RE ABLE TO DO A LOT OF GREAT PUBLIC HEALTH WORK IN THIS COMMUNITY THAT OTHER PEOPLE AREN'T ABLE TO DO. HOWEVER, IT WOULD REALLY BE HELPFUL TO US, IN THIS COMMUNITY AND HELPFUL TO EVERY OTHER COMMUNITY, IF THE MODERNIZATION PLAN WAS FUNDED AND IT WASN'T FUNDED IN THE GOVERNOR'S BUDGET.

SO, THAT MEANS THAT PUBLIC HEALTH DIVISIONS ACROSS THE STATE ARE REALLY TAKING REDUCTIONS. AS I SAID, THE FEDERAL FUNDING ISN'T KEEPING PACE WITH OUR COSTS. WE'RE CONTINUING TO TRY TO MOVE UPSTREAM. WE'RE REALLY TRYING TO TAKE A LOOK AT, AGAIN, THE ISSUE OF WHAT IS WORK THAT ONLY WE, AS A GOVERNMENTAL ENTITY AND AS THE LOCAL PUBLIC HEALTH AUTHORITY CAN DO? VERSUS, WHAT ARE SERVICES THAT WE HAVE WAITED INTO THAT MAYBE OTHER PEOPLE SHOULD BE HELPING TO FUND OR SHOULD BE FUNDING AND THAT WORK HAS REALLY LED US TO THINK DEEPLY ABOUT HOW WE MOVE UPSTREAM TO

ADDRESS DISPARITIES BY DOING WORK THAT'S MUCH MORE ABOUT COMMUNITY CAPACITY BUILDING AND POLICY-MAKING AND SUPPORTING HEALTHY COMMUNITIES, AS A PLATFORM, RATHER THAN INDIVIDUAL PATIENT CARE IN OUR PUBLIC HEALTHCARE SYSTEM.

Ms. Fuller: WE HAVE PLACES WHERE WE ARE STILL NEEDED TO DO INDIVIDUAL PATIENT CARE BECAUSE THEY ARE DIRECT ASSAULTS ON PUBLIC HEALTH. THAT'S LIKE TUBERCULOSIS, HIV, HEP C. WE WILL CONTINUE PATIENT CARE IN THESE AREAS, BUT REALLY TRYING TO FIGURE OUT HOW DO WE ADDRESS HEALTH DISPARITIES BY CREATING HEALTH IN COMMUNITIES, IN OUR PUBLIC HEALTH FUNCTIONS AND IN PRIORITIZING AND TARGETING COMMUNITIES THAT WE KNOW HAVE DISPARITIES FOR THAT PLATFORM CREATING PUBLIC HEALTH. THAT INCLUDES THE HEALTHY BIRTH INITIATIVE, STRIVE, R.E.A.C.H. AND C.H.I.P. SO, IN STD, HIV, HEP C AND TUBERCULOSIS ARE COVERED UNDER THE OREGON HEALTH PLAN AND BEYOND TO FAMILY CARE OR HEALTH SHARE OF OREGON AND WE'RE CONTINUING TO WORK WITH THEM TO FIGURE OUT HOW WE CAN BEST-ACCESS. WE BELIEVE THAT THESE SPECIALIZED CLINICS AND THIS SPECIALIZED SERVICE IS ABSOLUTELY THE BEST WAY TO PROVIDE THAT PATIENT CARE. AND, THERE'S SOME BELIEF THAT THAT CARE SHOULD BE PROVIDED ALL IN PRIMARY CARE SETTINGS SO THERE'S SORT OF A CHALLENGE OF TALKING WITH THE CCOS ABOUT HOW TO GET FUNDING FOR THESE SPECIALIZED SERVICES, BUT WE'RE WORKING ON IT. NOW I'M GOING TO TURN IT OVER TO WENDY TO TALK MORE ABOUT THE NUMBERS.

Ms. Lear: THANK YOU, I WANT TO TAKE A MOMENT TO INTRODUCE AND THANK YOU FOR WORKING THE SLIDES. THANK YOU. SO, THIS IS THE FIRST OF THE SLIDES. THIS IS OUR EXPENDITURES COMPARED TO THE CURRENT YEAR, OUR EXPENDITURES FOR NEXT YEAR, BASED ON FUNDING TYPE. AND THEY'RE WANTING TO CALL OUT THAT THERE'S A DIFFERENCE IN THIS COMPARED TO THE SLIDES YOU'LL SEE FROM OTHER DEPARTMENTS. IN OUR GENERAL FUND AREA, THE LIGHT BLUE AND THE LIGHT GREEN PART OF THE GENERAL FUND BAR IS CLINIC REVENUE, PRIMARY CARE AND DENTAL REVENUE. THAT IS REFLECTED IN THE GENERAL FUND. SO, THAT IS REVENUE THAT WE RECEIVE FOR THOSE CLINICAL SERVICES, THAT'S PAID TO US EITHER AS A QUALITY OR AN INCENTIVE PAYMENT OR SOME OTHER PAYMENT METHOD THAT'S NOT JUST MEDICAL CLAIM, KIND OF PAYMENT. AND THAT IS THE AREA WHERE WE'RE SEEING A BIG REDUCTION GOING INTO NEXT YEAR.

THERE'S A \$7 MILLION DECLINE IN THE CLINIC REVENUE IN THE GENERAL FUND AND THEN WE ALSO HAVE A CLINIC REVENUE MAKES UP A LARGE PORTION OF THE FEDERAL AND STATE FUND, ALONG WITH FEDERAL AND STATE GRANTS. THE ACTUAL BIGGEST AREA OF AREA REDUCTION, BUT NOT A SERVICE IMPACT, IS IN THE MENTAL ILLNESS, MULTNOMAH MENTAL ILLNESS FUND, THAT IS THE INSURANCE FUND. THAT IS REDUCED BY \$29

MILLION GOINGS INTO NEXT YEAR, BUT THAT'S JUST A CHANGE IN HEALTH SHARE OF OREGON HAS POOLED THE REVENUE FOR THE THREE COUNTIES, WASHINGTON, MULTNOMAH AND CLACKAMAS COUNTY AND IS HOLDING IT AT HEALTH SHARE AND PAYING FOR THOSE CLAIMS DIRECTLY, THOSE MENTAL HEALTH SERVICE CLAIMS. IT ISN'T COMING INTO OUR BUDGET TO PAY OUT THOSE CLAIMS. WE PAY ABOUT ANOTHER \$30 MILLION IN MENTAL HEALTH CLAIMS, BUT HEALTH SHARE'S HOLDING ON TO ABOUT HALF OF IT AND SO OUR OVERALL BUDGET FOR NEXT YEAR HAS DECLINED \$31 MILLION.

Ms. Lear: THIS IS A SLIDE OF OUR FTE COMPARISON BETWEEN YEARS. WE HAVE A LARGE REDUCTION OF FTE IN THE GENERAL FUND AND THIS IS, AGAIN, RELATED TO THE MEDICAL CLINIC REVENUE THAT'S IN THE GENERAL FUND. ABOUT ONE-QUARTER OF OUR REDUCTIONS ARE FTE REDUCTIONS AND ARE IN THE GENERAL FUND, BUT THREE-QUARTERS OF THE REDUCTIONS IN FTE ARE RELATED TO CLINIC REVENUE IN THE GENERAL FUND OR THE FEDERAL OR STATE FUND. BECAUSE THE FTE REDUCTIONS ARE FAIRLY SIGNIFICANT, WE WANTED TO GIVE YOU SOME ADDITIONAL INFORMATION ON STAFFING REDUCTIONS. AND I JUST CLARIFY THAT THIS, COMPARED TO THE SLIDE WE JUST LOOKED AT, WHICH WAS FTE, THIS IS ACTUAL PEOPLE POTENTIALLY IMPACTED BY LAYOFFS. ABOUT 135 PEOPLE THAT WILL BE IMPACTED, WHICH IS DIFFERENT THAN THE NET CHANGE IN OUR FTE OF 109 POSITIONS. BUT THIS GIVES YOU SOME IDEA OF THE PROPORTIONALITY OF STAFF IN OUR DEPARTMENT.

THE FIRST FOUR BAR CHARTS ARE OUR SMALLER STAFF GROUPINGS AND BARGAINING UNITS. WITH OREGON NURSING ASSOCIATION BEING THE FIRST BAR IN THE SLIDE, WITH 222 EMPLOYEES IN THIS BARGAINING UNIT. THE LIGHT BLUE AT THE VERY BOTTOM OF THAT CHART, OF 15, IS THE NUMBER OF ONA MEMBERS THAT ARE SLATED FOR LAYOFFS. AND, THE GREEN BAR, NEXT TO IT, IS THE NUMBER OF ONA VACANCIES THAT WE HAVE IN OUR BUDGET. AND SO, WHILE IT'S NOT A ONE-TO-ONE RELATIONSHIP EXACTLY IN EVERY BARGAINING UNIT, WE DO KNOW THAT WE HAVE ENOUGH NURSING VACANCIES FOR EVERY NURSE THAT'S SLATED FOR LAYOFF. HOWEVER, MOST OF THEM ARE IN CORRECTIONS HEALTH. BUT, THE ONE-TO-ONE NURSE LAYOFF VERSES NURSE VACANCY DOESN'T NECESSARILY TRANSLATE INTO ALL OF THE BARGAINING UNITS. BUT THIS SLIDE ALSO WILL GIVE YOU AN IDEA OF THE PROPORTION OF STAFF CUTS TO THE TOTAL NUMBER OF STAFF IN OUR DEPARTMENT AND THEN AT THE FAR END OF THE GRAPH, LOCAL 88 IS JUST DISPLAYED IN A DIFFERENT SCALE BECAUSE THE NUMBERS ARE SO MUCH GREATER THAN THE OTHER BARGAINING UNITS. AND THERE, YOU WILL SEE THAT WE HAVE 95 CUTS IN LOCAL 88 STAFFING AND WE HAVE 84 VACANCIES IN THAT BARGAINING UNIT.

THIS IS REALLY A REPEAT OF SLIDE 23, THAT JUST BREAKS DOWN OUR FUNDING SOURCE BY TYPE. AND, ASIDE FROM THE MULTNOMAH MENTAL HEALTH REDUCTION THAT I SPOKE OF EARLIER, THE PROPORTIONS OF

REVENUE ARE PRETTY CONSISTENT, YEAR OVER YEAR WITH JUST UNDER 60% OF ALL OF OUR REVENUE RELATED TO CLINICAL FEES, BOTH PHARMACY FEES, DENTAL FEES AND PRIMARY CARE FEES. THE NEXT SLIDE IS OUR BUDGET BY CATEGORY, EXPENSE CATEGORY. AND THIS, TOO, IS PRETTY CONSISTENT WITH THE EXCEPTION OF CONTRACTUAL SERVICES. AGAIN, BECAUSE HEALTH SHARE'S HOLDING ON TO \$29 MILLION OF CONTRACTUAL REVENUE THAT GOES OUT FOR SERVICES. THAT PART OF OUR PIE CHART HAS GOTTEN SMALLER THIS YEAR, BUT OTHERWISE, IT'S REMAINED RELATIVELY CONSISTENT.

Ms. Lear: A COUPLE OF THINGS TO NOTE. THE INTERNAL SERVICE INCREASED BY \$2 MILLION THIS NEXT YEAR AND THAT'S JUST RELATED TO OUR PORTION OF THE NEW ERP REPLACEMENT SYSTEM. WHICH IS DISTRIBUTED BASED ON FTE AND SINCE WE HAVE A LOT OF FTE, WE ARE BEARING A BIG PORTION OF THE COST. AND THEN, ALSO TO NOTE THAT IN MATERIALS AND SUPPLIES, THIS CATEGORY ALSO INCLUDES MEDICAL SUPPLIES AND EQUIPMENT AND PRESCRIPTIONS, ARE REFLECTED IN MATERIALS AND SUPPLIES, NOT JUST PENS AND PAPER AND THAT KIND OF THING. OKAY. NOW WE'RE GOING TO GO INTO DECISION ABOUT THE BUDGET BY DIVISION. THESE FIRST SLIDES ARE OUR SMALLER DIVISIONS AND BY AND LARGE, THE GENERAL FUND ONLY FUNDED DIVISIONS.

THE ONE THING TO NOTE ON THE HEALTH OFFICER IS THEY DO RECEIVE SOME FEDERAL/STATE FUNDS AND \$1 MILLION OF THE FUNDING IN THE HEALTH OFFICER IS FOR THE TRI-COUNTY 9-1-1 PROJECT AND THAT'S FUNDING FROM FAMILY CARE AND HEALTH SHARE OF OREGON, WHICH PAYS FOR THE SERVICES TO THEIR MEMBERS. AND THEN, THE TRI-COUNTY HEALTH OFFICER INTERGOVERNMENTAL AGREEMENT BETWEEN CLACKAMAS AND WASHINGTON COUNTY THAT PAYS FOR THE TRI-COUNTY HEALTH OFFICER SERVICES IS REFLECTED THERE. AND THE NEXT SLIDE ARE OUR LARGER DIVISIONS WITH INTEGRATED CLINICAL SERVICES BEING, BY FAR, OUR LARGEST. EXCUSE ME. AGAIN, THEY THE GENERAL FUND THAT WE CALL PURE GENERAL FUND, IN THE DEPARTMENT, THAT'S NOT A TECHNICAL TERM, THE TINY, LITTLE PART OF THE BOTTOM OF THE CHART, \$5 MILLION.

Chair Kafoury: ON THESE SCREENS, WE CAN'T SEE ANY OF THE LIGHT COLORS, THE NUMBERS ARE FLOATING IN SPACE. WE CAN ONLY SEE GENERAL [LAUGHTER]

Ms. Lear: ALL RIGHT. WELL, THAT FIRST CHART IS \$5 MILLION, A VERY SMALL PORTION IS GENERAL FUND, PURE GENERAL FUND. AND THE REST IS FEES, GENERATED BY THE SERVICES PROVIDED IN THE CLINICS, AS WELL AS A VAST ARRAY OF GRANTS AND FEDERAL FUNDING THAT SUPPORT THE CLINICAL SYSTEM. IN MENTAL HEALTH AND ADDICTIONS, THERE'S \$20 MILLION AND THREE-QUARTERS OF THE FUNDING IN THAT DIVISION IS MEDICAID AND FEDERAL AND STATE FUNDING FOR SERVICES AND CLINICAL

SERVICES, THOSE TWO DIVISIONS ARE SOMEWHAT SIMILAR IN SIZE, IN TERMS OF REVENUE. BUT INTEGRATED CLINICAL SERVICES IS BY AND LARGE A STAFFING MODEL WHERE WE PROVIDE THE SERVICES IN OUR CLINICS AND OUR SITES AND MENTAL HEALTH AND ADDICTIONS SERVICES IS THE EXACT OPPOSITE.

Ms. Lear: MOST OF THE SERVICES THEY PROVIDE ARE PROVIDED BY CONTACTS SO THOSE ARE DOLLARS GOING OUT TO COMMUNITY-BASED ORGANIZATIONS FOR MENTAL HEALTH TREATMENT. AND THEN PUBLIC HEALTH IS AT THE END OF THE GRAPH AND IT'S PRETTY EVENLY SPLIT, \$28 MILLION IN GENERAL FUND AND \$27 IN GENERAL AND STATE FUNDING FOR PUBLIC HEALTH.

Commissioner Smith: WENDY, CAN YOU GO BACK TO THE CORRECTIONS HEALTH BUDGET? ONE OF THE THINGS WE HEARD IS THERE'S SOME CHALLENGE WITH GETTING FOLKS WORKING IN THE CORRECTIONS HEALTH ARENA. DO WE HAVE ENOUGH OF A BUDGET TO GIVE INCENTIVES TO ATTRACT PEOPLE TO COME AND WORK FOR US, IN OUR JAILS?

Ms. Fuller: SO, YOU ARE THINKING EXACTLY HOW WE'RE THINKING, COMMISSIONER. WE'VE BEEN HAVING A WHOLE SET OF CONVERSATIONS WITH THIS. ONE OF THE CHALLENGES IS THAT OUR CLINICS ARE ELIGIBLE FOR LOAN REPAYMENT, FOR PEOPLE WHO COME TO WORK FOR US, WHO ARE PHYSICIANS OR NURSE PRACTITIONERS WHO HAVE LOANS. AND CORRECTIONS HEALTH IS NOT AN ENTITY THAT IS ELIGIBLE. THAT'S FEDERAL REGULATIONS, THAT CORRECTIONAL FACILITIES AREN'T.

Commissioner Smith: IT'S NOT IN THE LANGUAGE, DOESN'T MEAN WE COULDN'T --

Ms. Fuller: THAT'S WHAT WE'VE BEEN TALKING ABOUT. HOW COULD WE CREATE INCENTIVES THAT WOULD MAKE IT MORE FINANCIALLY DESIRABLE. WE WANT TO ATTRACT PEOPLE AND BUILD AN INCENTIVE STRUCTURE.

Commissioner Smith: BACK TO YOUR SLIDE THAT SAID THAT PEOPLE ARE SICKER IN OUR JAILS. IF THEY'RE SICKER AND WE'RE NOT ABLE TO MAINTAIN A STAFF THAT'S GOING TO BE THERE, WE'RE HAVING PROBLEMS KEEPING FOLKS, IF THERE ARE SOME OTHER WAYS WE MIGHT BE ABLE TO ENHANCE THEIR DESIRE TO WORK FOR US.

Ms. Fuller: YEP.

Ms. Lear: OKAY. I'LL KIND OF BREEZE THROUGH THESE FAIRLY QUICKLY. THIS IS THE DIRECTOR'S OFFICE AND THIS IS THE BUDGET FOR NEXT YEAR'S PRETTY MUCH A CURRENT SERVICE LEVEL BUDGET. SMALL CHANGES IN THIS AREA FOR NEXT YEAR. IN THE HEALTH OFFICER PROGRAM, THIS IS

REDUCED FROM ONE YEAR OVER TO NEXT YEAR, BY A LITTLE OVER \$700,000 AND THIS IS PRIMARILY FROM SOME GRANTS THAT HAVE ENDED, THAT WE RECEIVED IN THE CURRENT YEAR, A NURSING DIRECTOR, A FEDERAL NURSING DIRECTOR GRANT FOR JUST UNDER \$500,000 AND A SMALL EBOLA GRANT WE'RE ENDING THIS YEAR AND SO THAT'S RESULTING IN THE REDUCTION YOU SEE THERE. IN BUSINESS OPERATIONS, THE NET BUDGET DECREASED BY \$100,000 FROM ONE YEAR TO THE NEXT. WE'VE CUT A NUMBER OF POSITIONS IN THIS AREA, KIND OF ACROSS THE BOARD, MOSTLY FINANCIAL PEOPLE AND A FEW HR PEOPLE AND DATA ANALYSTS. IN CORRECTIONS HEALTH, AS WE NOTED, THEY DIDN'T TAKE A CONSTRAINT CUT AND THERE'S A SMALL INCREASE IN GENERAL FUND IN CORRECTIONS HEALTH AND THIS IS THE RESULT OF THE CHAIR ADDING INTAKE AND RECEPTION SERVICES IN THE EXECUTIVE BUDGET AND THEN THE REMAINDER'S JUST SORT OF A COST OF LIVING INCREASE IN THAT AREA.

Ms. Lear: THIS NEXT SLIDE, AS JOANNE FULLER ELUDED TO A GRAPH OF THE OUTSIDE MEDICAL COSTS WE'RE INCURRING IN CORRECTIONS HEALTH AND WHAT WE'RE EXPERIENCING THIS YEAR COMPARED TO THE LAST COUPLE OF YEARS. SO, IN FISCAL YEAR 2015, WAS THE FIRST YEAR THAT WE HAD MEDICAID EXPANSION AND WE SAW OUTSIDE JAIL COSTS FOR HEALTH SERVICES, DROP FROM A HIGH OF ABOUT \$3 MILLION A YEAR DOWN TO A LITTLE OVER \$500,000 A YEAR AND THIS WAS A TREMENDOUS SAVINGS AND WE ANTICIPATED THIS BY PUTTING SPECIALISTS IN THE JAIL AND ENROLLING PEOPLE IN THE MEDICAID SO WHEN THEY LEFT JAIL, THEY HAD MEDICAID COVERAGE AND IF THEY WERE IN JAIL, IF THEY HAD TO GO TO THE HOSPITAL, THEY HAD MEDICAID COVERAGE. BUT WE'RE FINDING NOW THAT, ONE, THERE'S AN UPTICK IN PEOPLE WHO ARE NOT ELIGIBLE. AND SO, WE'VE HAD A COUPLE OF HOSPITALIZATIONS FOR PEOPLE THAT WERE NOT ELIGIBLE AND WE HAD TO PAY THE COST OF THOSE HOSPITALIZATIONS.

LAST SUMMER, BECAUSE OUR VOLUME OF OUTSIDE MEDICAL CLAIMS HAD DECLINED SO MUCH, WE DISCONTINUED USING A THIRD-PARTY CLAIMS ADMINISTRATOR. BUT NOW THAT WE'RE STARTING TO SEE AN UPTURN IN COSTS AND WITH THE POTENTIAL THAT MEDICAID WOULD BE REPEALED AND OUR COSTS COULD GO UP EVEN MORE DRAMATICALLY, WE'RE EXPLORING USING A CLAIMS ADMINISTRATOR BECAUSE THEY GET PREFERENTIAL PRICING FROM THE HOSPITALS. YOU'LL SEE NEXT YEAR, A ONE-YEAR EXTENSION SO WE COULD RETURN TO USING CORRECTION HEALTH OFFICERS. INTEGRATED CLINICAL SERVICES AND THEIR BUDGET HAS DECREASED BY JUST UNDER \$6 MILLION BETWEEN THE TWO FISCAL YEARS. AND THIS IS RELATED TO THE REDUCTION IN FEE REVENUE IN THE CLINICS. THEY ARE TAKING A NUMBER OF FTE REDUCTIONS.

THEY'VE REDUCED THEIR INFRASTRUCTURE AND OPERATIONS SUPPORTING THEIR SYSTEM BUT A NET OF 19 POSITIONS. SCHOOL-BASED HEALTH CLINICS ARE TAKING FIVE FTE REDUCTION. AND THEN IN THE CLINICS

SPECIFICALLY, THERE'S 65 FTE REDUCED ACROSS ALL THE CLINICAL SYSTEMS IN PRIMARY CARE, I SHOULD SAY, NOT IN DENTAL. IN THIS NEXT SLIDE, THIS GIVES YOU A LITTLE BIT OF AN IDEA OF WHAT WE'RE EXPERIENCING IN TERMS OF INSURED PATIENTS AND THE RISE IN UNINSURED PATIENTS AND HOW IT RELATES TO THE REVENUE, BOTH IN DENTAL AND IN PRIMARY CARE. AND, THE DASH LINES ARE WHERE WE PROJECTED OUR REVENUE, BASED ON A LEVEL OF INSURED PATIENTS AND THEN THE SOLID LINES ARE THE ACTUAL NUMBER OF INSURED PATIENTS THAT WE'RE EXPERIENCING. AND, ONE IMPORTANT THING TO TAKE FROM THIS SLIDE IS THE PERCENTAGE OF UNINSURED PATIENTS IS DECLINING AND IT'S DECLINING SO MUCH THAT IT'S ALMOST BACK TO THE PRE-EXPANSION LEVEL OF UNINSURED, WHICH IS ALARMING BECAUSE WE HAVE BUILT OUR BUDGET BASED ON THAT LEVEL OF UNINSURED PATIENT CARE.

Ms. Lear: THE OTHER IMPORTANT THING TO NOTE IN THIS IS WHEN YOU SEE A LARGE GAP BETWEEN THE TARGET FOR HOW MANY INSURED PATIENTS WE EXPECTED AND WHEN THE ACTUAL NUMBER OF INSURED PATIENTS WAS MUCH HIGHER THAN THAT TARGET, WE DIDN'T HAVE TO PAY AS CLOSE ATTENTION TO THEM AND HAVE SO MUCH PRESSURE ON OUR PROVIDERS TO PROVIDE A HIGH-VOLUME OF VISITS. IF THE VISITS THEY WERE PROVIDING WERE LIKELY INSURED AND BRINGING IN REVENUE. BUT ONCE THOSE PERCENTAGES ARE COMING CLOSER, WE HAVE TO BE SPOT-ON WITH HOW MANY VISITS WE EXPECT TO PROVIDE IN ORDER FOR IT TO BALANCE.

Vice-Chair Vega Pederson: EARLIER, YOU HAD MENTIONED THAT SOME OF THE GAP IS POSSIBLE BECAUSE OF A GROWING ECONOMY AND SO MAYBE NOT AS MANY PEOPLE ARE ELIGIBLE. BUT ALSO, POTENTIALLY WITH HOW OHA'S DOING THEIR OUTREACH FOR FUNDING PEOPLE UP. HAS THERE BEEN ANY DISCUSSION ON THE COUNTY DOING SOME OF THAT WORK CULTURALLY AND LANGUAGE-SPECIFIC? AND SOME POINT, IF IT'S IMPACTING OUR BOTTOM LINE, THERE MIGHT BE A BENEFIT.

Ms. Lear: WE DO HAVE A LARGE STAFF THAT THE CLINICS AND WORK AT THE SCHOOLS TO ENROLL PEOPLE SO WE DO HAVE SOME. NOW, WHETHER THAT'S ENOUGH, AS JOANNE MENTIONED, THE STATE WAS ALSO DOING A LOT OF FUNDING AROUND ELIGIBILITY WORK BEYOND THE CURRENT LEVEL AND THAT'S KIND OF PAIRED BACK. WE EMPLOY QUITE A FEW ELIGIBILITY WORKERS.

Ms. Fuller: THE COORDINATED CARE ORGANIZATIONS, HEALTH SHARE IN PARTICULAR AND CARE OREGON, OUR PRIMARY PARTNER, IS TALKING TO THE STATE ABOUT WHETHER OR NOT THEY CAN SPEND SOME OF THEIR FUNDS DOING THEIR OUTREACH. THIS IS IMPACTING THEM, TOO. RIGHT? THEY DO BETTER IF THEY HAVE MORE INSURED PEOPLE UNDER THEIR UMBRELLA.

Vice-Chair Vega Pederson: YEAH. ESPECIALLY IF WE KNOW THAT THEY WERE PEOPLE THAT HAVE BEEN PATIENTS OF OURS, BEFORE, THAT DID HAVE COVERAGE AT THE TIME. THAT SEEMS LIKE A PERFECT TARGET FOR US TO TRY TO REACH OUT TO THOSE FOLKS. OKAY. THANK YOU.

Ms. Lear: THIS NEXT SLIDE IS A BIT OF HISTORY ABOUT THE NUMBER OF CLINIC CLIENTS THAT WE HAVE SEEN IN PRIMARY CARE AND DENTAL. KIND OF OVER THE YEARS. IN 2010-2011, WE RECEIVED QUITE A BIT OF FEDERAL ARA MONEY DURING THE RECESSION AND WE EXPANDED CLINICS IN BOTH INFRASTRUCTURE, ADDING MORE EXAM ROOMS AND WE ALSO ADDED PROVIDER TEAMS DURING THIS PERIOD AND SAW AN UPTURN IN THE NUMBER OF CLIENTS SERVED. WHEN WE DID THE PRIMARY CARE MEDICAL HOME MODEL TRANSITION AND GOING TO A TEAM-BASED CARE MODEL, WE SAW SOME DIP IN TERMS OF THE NUMBER OF CLIENTS SERVED. BUT THEN IN MEDICAID EXPANSION, WE, AGAIN, ADDED TEAMS AND WE'RE SEEING AN UPTURN IN THE NUMBER OF CLIENTS THAT WE WERE ABLE TO SERVE. WHAT WE'VE SEEN AND THIS IS ALL BASED ON CALENDAR-YEAR DATA THAT'S SUBMITTED TO OUR FEDERAL GRANTORS. WHAT WE'RE SEEING IN THE LAST PART OF 2016 AND IN 2017 IS THE NUMBER OF CLIENTS HAS KIND OF FLATTENED OUT, EVEN THOUGH WE'VE ADDED TEAMS. THE CLIENT VOLUME HAS KIND OF LEVELED OFF AND AGAIN, IT'S BACK TO THE EARLIER QUESTIONS OF IS THAT BECAUSE OF SOME INADVERTENT BARRIERS TO ACCESS OR WHETHER WE HAVE OVERBUILT IN TERMS OF THE NUMBER OF CLIENTS THAT NEED OUR SERVICES. OKAY.

THE NEXT SLIDE IS MENTAL HEALTH AND ADDICTION SERVICES AND AGAIN, THIS DECLINED BECAUSE OF THE CHANGE IN THE MULTNOMAH MENTAL HEALTH FUND. THE NET DECLINE IS \$24 MILLION BETWEEN THE TWO YEARS, BUT THAT'S BY AND LARGE THE SHIFT OF FUNDING TO HEALTH SHARE OF OREGON. AND, WE INCREASED THE GENERAL FUND IN THIS AREA, THANKS TO INVESTMENTS IN THE EXECUTIVE BUDGET, FOR CRISIS SERVICES AND ALSO FOR SCHOOL MENTAL HEALTH SERVICES. IN THE NEXT SLIDE, WE HAVE MENTAL HEALTH SERVICE TRENDS THIS IS, AGAIN, ANOTHER DEPICTION OF THE MEDICAID ENROLLMENT CHANGES AND THIS IS THE MEDICAID ENROLLMENT IN THE MENTAL HEALTH FUND AND PRE-MEDICAID EXPANSION, AVERAGED ABOUT 90,000 MEMBERS WERE INSURED THROUGH OUR MENTAL HEALTH PLAN. WE HIT A HIGH OF 132,000 IN 2015 AND NOW WE'RE SEEING A DOWNTURN, TO A POINT OF ABOUT 118, 000 MEMBERS ENROLLED AT THIS POINT.

IT APPEARS TO BE LEVELING OFF FROM CARE OREGON DATA THAT I'VE SEEN HEALTH SHARE OF OREGON DATA, STATE DATA, IT LOOKS LIKE THE DOWNTURN IS LEVELING A BIT. IT WAS A MONTH OVER MONTH DECLINE OVER ALL OF THE FALL OF 2016. THIS NEXT SLIDE IS SERVICE TRENDS FOR CHILDREN'S MENTAL HEALTH AND THANKS TO INVESTMENTS IN SCHOOL

MENTAL HEALTH, THIS YEAR AND THE YEAR BEFORE, WE'VE SEEN AN UPTURN IN THE NUMBER OF KIDS RECEIVING MENTAL HEALTH SERVICES. THE ESTIMATE FOR THIS YEAR IS A LITTLE BIT DECLINED BECAUSE WE HAD A COUPLE OF CULTURALLY-SPECIFIC VACANCIES THAT REMAINED UNFILLED FOR A GOOD PORTION OF THE YEAR. THEY ARE FILLED NOW. SO WE EXPECT THIS NUMBER TO COME UP, BUT THAT'S THE REASON THAT THERE'S A SLIGHT DIP IN OUR ESTIMATE FOR 2017. AND THEN THE NEXT SLIDE IS AN ADDICTION SERVICE SLIDE. THIS IS A WEIRD AND CONFUSING SLIDE. BUT WHAT IT TELLS YOU IS THAT THE DARK BLUE, WITH THE LINE AND LITTLE DIAMONDS IN IT IS THE NUMBER OF UNINSURED ADULT ADULTS RECEIVING ADDICTION TREATMENT SERVICES.

Ms. Lear: WHAT WE'VE SEEN IS THAT AS MORE PEOPLE ARE COVERED BY MEDICAID, THOSE UNINSURED ADULTS AND PEOPLE ON MEDICARE ONLY WE'RE ABLE TO SERVE THOSE VULNERABLE PEOPLE WITH MORE SERVICES AND ENHANCED SERVICES AND FOR THE FIRST TIME, WE'RE ABLE TO ENGAGE A LOT OF THEM IN CARE. BEFORE, BECAUSE THE TREATMENTS WEREN'T REALLY AS ROBUST AND MAYBE REALLY WEREN'T THE TYPE OF SERVICES THAT THEY NEEDED, THEY WERE UNABLE TO STAY IN ENGAGED CARE SO THIS IS A REAL SUCCESS OF BEING ABLE TO REPURPOSE THIS STATE AND GENERAL FUND DOLLARS FOR THE MOST VULNERABLE.

Chair Kafoury: SO WE ARE JUST ABOUT OUT OF TIME THIS MORNING SO WHAT I WOULD LIKE TO DO IS PAUSE, SEE IF THERE'S ANY OTHER QUESTIONS ON WHAT WE'VE HEARD, SO FAR. AND RECONVENE ON TUESDAY AT 1:30. IS THAT THE TIME, MIKE? YES. TUESDAY AT 1:30 TO FINISH THE REST OF THIS. IF PEOPLE HAVE QUESTIONS ON WHAT WE'VE HEARD SO FAR, NOW OR WE CAN HOLD THEM OFF UNTIL TUESDAY AS WELL.

Commissioner Smith: I WANT TO THANK YOU FOR INCREASING THE BUDGET FOR MENTAL HEALTH FOR CHILDREN WHO ARE HAVING CHALLENGES. THAT IS A REALLY GOOD ONE, IT'S 400828, ARE YOU FAMILIAR WITH THAT ONE?

Ms. Fuller: YES.

Commissioner Smith: THANK YOU SO MUCH FOR DOING THAT ONE. I KNOW I PUT IN AN AMENDMENT A FEW YEARS AGO ABOUT PUTTING IN ADDITIONAL CULTURALLY-SPECIFIC MENTAL HEALTH INTO THE SCHOOLS. THANK YOU FOR DOING THAT.

Chair Kafoury: QUESTIONS OR COMMENTS?

Commissioner Meieran: I HAVE A NUMBER OF QUESTIONS THAT I CAN WAIT UNTIL TUESDAY, TO THE NEXT MEETING.

Chair Kafoury: YOU CAN HAVE SOME TODAY. I KNOW YOU HAVE ABOUT 50.
[LAUGHTER]

Commissioner Meieran: 48. [LAUGHTER] THANK YOU, AGAIN, FOR ALL THE WORK. I JUST HAD A COUPLE OF QUESTIONS. OBVIOUSLY, THERE'S SO MUCH GOING ON. A LARGE NUMBER OF MOVING PARTS HERE. IT IS REALLY DEPRESSING, I HAVE TO SAY, TO JUST SEE IN THE NEWS EVERY DAY AND HEAR FROM YOU WHAT'S HAPPENING AT THE FEDERAL LEVEL AND KNOWING THE CUTS THAT WE'LL HAVE TO TAKE INTO ACCOUNT AND WILL IMPACT REAL PEOPLE A LOT. SO, THANK YOU FOR DOING THE WORK TO SERVE AS MANY AS WE CAN. YOU'D MENTIONED IN CORRECTIONS HEALTH, THAT YOU HAVE ENGAGED A CONSULTANT, REVIEWING MANAGEMENT STRUCTURE AND STAFFING LEVELS AND SERVICES, WHICH IS A GREAT THING AND I HOPE TO HEAR BACK ABOUT THAT. AND, I UNDERSTAND THAT YOU HAVE HAD A SIMILAR TYPE OF SERVICE OR CONSULTING IN THE INTEGRATED CLINICAL SERVICES REALM, LOOKING AT THE TEAMS AND SPAN OF CONTROL AND SO I WAS WONDERING IF IT'S POSSIBLE, AT A FUTURE DATE, TO GET INFORMATION ON THAT OR THE REPORT OR ANY INFORMATION YOU HAVE PERTAINING TO THAT?

Ms. Fuller: SURE. WE'VE GOT A LOT OF INFORMATION ABOUT THAT. WE ALSO ARE CURRENTLY WORKING WITH A NATIONAL CONSULTING ORGANIZATION THAT WORKS WITH A LOT OF PUBLICLY-RUN HQCS TO MAKE SURE WE'RE STRUCTURED IN THE BEST WAY AND USING OUR RESOURCES IN THE BEST WAY AND MAKING SURE WE'RE TAKING ADVANTAGE OF EVERYTHING THAT'S AN OPPORTUNITY FOR US. SO, WE'LL SHARE THAT, TOO.

Commissioner Meieran: EXCELLENT. ON THE LINES OF THE CLINICS, AND I REALLY APPRECIATED YOUR SPAN OF CONTROL BREAKOUT HOURS AGO. [LAUGHTER] I WAS WONDERING, IS THAT WHAT THE BREAKOUT IS NOW OR IS THAT TAKING INTO ACCOUNT THESE CUTS?

Ms. Fuller: THAT'S WHAT'S REFLECTED IN THIS BUDGET. THAT SLIDE REFLECTS THE SPAN OF CONTROL ACROSS THE DEPARTMENT AND BY DIVISION, IN THIS BUDGET.

Commissioner Meieran: OKAY. PERFECT. THANK YOU. [LAUGHTER]

Ms. Fuller: I'LL ASK SOME QUESTIONS ON TUESDAY.

Commissioner Stegmann: THANK YOU FOR THE PRESENTATION. I'LL SAVE MY QUESTIONS FOR NEXT TIME. BUT I DID WANT TO ADD A BUDGET NOTE. AND I APPRECIATE YOUR WORK OF LOOKING AT THE SCHOOL-BASED HEALTH CLINICS AND ESPECIALLY, WE KNOW THAT THERE'S A HIGH NEED IN EAST COUNTY AND THERE ARE TWO DISTRICTS IN EAST COUNTY WHO HAVE SUCCESSFUL BONDS, WHO ARE IN THE STAGES OF BUILDING OR

REMODELING THEIR HIGH SCHOOLS SO I'D LIKE TO WORK A LITTLE BIT MORE WITH YOUR DEPARTMENT AND DISCUSS A PLAN TO MOVE FORWARD FOR HELPING THOSE SCHOOLS HAVE THOSE PLANS INSIDE, AS THEY FIGURE OUT WHAT THEIR BUILD-OUTS ARE GOING TO LOOK LIKE. I WOULD LIKE TO PUT IN A NOTE OR AMENDMENT TO MAKE SURE WE LOOK AT OUR EAST COUNTY HIGH SCHOOLS AND THE NEED FOR SCHOOL-BASED CLINICS.

Commissioner Smith: MADAM CHAIR, BEFORE WE ADJOURN, I WANTED TO MAKE SURE THAT I PUT TWO ADDITIONAL AMENDMENTS UP. AND ONE WOULD BE FOR LIFE WORKS, THE STRENGTHENING FAMILIES PROGRAM FOR \$130,000 AND FOR THE ELECTIONS AND VOTER EDUCATION OUTREACH FOR \$110,000 AND THAT ONE IS PROGRAM OFFER 91010B. THAT'S FOR \$110,000.

Chair Kafoury: WE'RE GOING TO LET ALLEGRA CATCH UP.

Ms. Fuller: WHAT I PROPOSE ON TUESDAY, WE SKIP THESE LAST FEW SLIDES AND TALK ABOUT THE LEGISLATURE AND ABOUT THE ADDS AND BUDGETS AND THEN TAKE YOUR QUESTIONS. I'M SORRY THAT WE DIDN'T GET THROUGH IT ALL TODAY.

Chair Kafoury: YOU HAVE A BIG BUDGET, DON'T WORRY. ALL RIGHT. YOU GOT THEM BOTH?

Commissioner Smith: I THINK THEY WERE IN ONGOING, THE ELECTIONS/VOTER EDUCATION. AND THE LIFEWORKS WAS IN ONE-TIME-ONLY FOR \$130,000. THANKS.

Chair Kafoury: GREAT. ANY FURTHER QUESTIONS OR COMMENTS? THANK YOU. WE'LL SEE YOU NEXT WEEK.

ADJOURNMENT – 12:03 p.m.

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

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Submitted by:
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Board of County Commissioners
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