



MARION COUNTY BOARD OF COMMISSIONERS

# Work Session Summary Minutes

OREGON

## Quarterly Meeting with the Marion County Health & Human (MCHHS) Services Executive Team

December 11, 2025. 9:30 AM

Courthouse Square, 555 Court St. NE, Salem  
5th Floor, Suite 5232, Commissioners Board Room

### ATTENDANCE:

**Commissioners:** Danielle Bethell, and Kevin Cameron.

**Board's Office:** Heather Inyama, Trevor Lane, Toni Whitler and Matt Lawyer.

**Legal Counsel:** John Pettifer.

**Health and Human Services:** Carol Heard, Phil Blea, Rhett Martin, Debbie Wells, Karin Perkins, Wendy Zieker, Caroline Castillo, Katrina Griffith, and Ryan Matthews.

Commissioner Danielle Bethell called the meeting to order at 9:31 a.m.

### **Discussion**

- Public Health Officer Updates:
  - Expanded duties:
    - Clinical oversight.
    - Policy review.
    - Direct patient care.
    - Acting as director for both the clinic's pharmacy and laboratory.
  - Year-in-review of active and latent Tuberculosis (TB) case management:
    - 11 new TB cases managed.
    - Averaging nine active cases per month.
    - Half monitored through video Directly Observed Therapy (DOT):
      - Other half by in-person visits.
  - TB contact investigation:
    - 30 high-risk contacts in 2025.
    - 10 completed and cured active TB.
    - No deaths or rehospitalizations.
  - 100% treatment completion or ongoing for those who began TB medication.
  - Latent TB:
    - 19 cases to date.
    - Most referrals via immigration.
    - 13 completed treatments.
    - Rest undergoing treatment.
  - TB testing practices:
    - 37 referred via immigration.
    - 30 through close contact.
    - 4 community health provider referrals.

- Treatments:
  - Rifampin regimens.
  - Directly observed therapy.
  - Follow-up for those with positive blood or skin tests.
- System transitions:
  - Switch to “Shred” electronic DOT platform.
  - Change from Salem Health lab to Quest Labs:
    - For efficiency, patient convenience, and cost savings.
- Ongoing challenges with TB:
  - Hesitancy related to stigma or cultural factors.
  - Reluctance to share contacts.
  - Gaps in demographic data.
- Broad communicable disease work:
  - Regular collaborative case review.
  - Priority on outbreak/emergency response:
    - Measles, meningococcal.
  - Real-time tracking via internal epidemiology dashboards.
- 100% of congenital syphilis averted in 2025:
  - Improved case tracking.
  - Active healthcare provider engagement.
- Quarterly healthcare provider calls addressing emerging issues:
  - Tickborne, avian flu, pertussis, measles in wastewater.
- Value in bi-directional communication:
  - Barriers with some hospital systems.
- Provider outreach and need standardized forms and workflow to ensure critical data is collected and tracked for reportable diseases.
- Clinic services overview:
  - 20% of officer’s time on direct Sexually Transmitted Infection (STI)/Human Immunodeficiency Virus (HIV) care and case review:
    - Support of newly diagnosed HIV patients.
    - Fast linkage to care.
- Clinic provided 321 STI appointments:
  - 13% no-show rate.
- 875 immunization visits:
  - 6.4% no-shows.
  - Administered 2,184 vaccinations.
  - Constraints due to Bicillin shortages.
  - Efforts to improve reminders (text/phone).
- Expansion of services:
  - Implementation of Oregon Health Plan (OHP) navigation for clients.
  - The use of incentives (gift cards) to improve attendance.
- Important/needed:
  - Collect and analyze housing status in intake forms.
  - Identify gaps in data completion.
  - Tie housing vulnerability to clinical outcomes and inform future policy.
- Ambulance Service Area (ASA) Appointments and Bylaws:
  - Review to ensure alignment with current county regulations and ASA plan:
    - Mission and purpose statements updated.
  - Adjustments made to advisory committee appointment practices:
    - All vacancy applicants are brought to the Board for final review.

- Not pre-filtered by committee or administrator.
- Consensus to increase term lengths for chair and vice-chair positions from one year to two:
  - Based on infrequency of quarterly meetings.
  - Desire for leadership continuity.
- Streamlined membership and vacancy procedures:
  - Specific code citations and alignment with county templates:
    - Procedure now matches protocol.
- Removed outdated references:
  - Members may be appointed by committee.
- Advocated for actual operational practices to be mirrored in the bylaws:
  - Language on committee recommendations made advisory only.
- Roles of subcommittees:
  - Can only make recommendations to the full committee.
  - Not able to take independent action.
- Challenges with inactive members:
  - Recommendation for removal after repeated unsuccessful contact.
  - Not fill certain seats if the respective organizations are unengaged:
    - Woodburn Fire District.
- Approved reappointments for dedicated current members.
- “Voluntelling” for key roles when vacancies otherwise prove difficult to fill:
  - Encourage or appoint suitable individuals when volunteers are scarce.
  - Brian Butler and Chief Gerboth to be asked to fill committee positions.
- Proposed bylaw changes to be reviewed by the legal team:
  - Then formal adoption.
- 2026-2030 Strategic Plan Update:
  - Draft five-year strategic plan:
    - Vision, mission, values, and strategic goals for MCHHS department.
  - Strategic priorities include:
    - Workforce support:
      - Onboarding, career growth, and retention.
    - Delivering consistent and culturally appropriate customer service.
    - Addressing Community Health Improvement Plan priorities.
    - Promoting service access and care coordination.
  - Strategies under each goal detailed:
    - Internal systems for staff support.
    - Pathways for professional development.
    - Customer feedback mechanisms.
    - Expanding translated and easy-read materials.
    - Proactive public communication:
      - Year in Review.
  - Adopted new “plan at a glance” visual summary for accessibility.
  - Robust, measurable objectives:
    - Increase clients scheduled via centralized scheduling.
    - Boost same-day appointment options.
    - Expand insurance enrollment.
    - Link uninsured clients to coverage.
  - Concerns about tying metrics strictly to OHP enrollment:
    - Anticipated Medicaid redetermination-driven declines.
    - Broadened to track all forms of health care coverage.

- Bridge data collection gaps for equity and effective resource allocation:
  - Race, language, housing status, and demographics.
- Staff and client engagement exercises for strategy and continuous improvement:
  - Data walks, and customer satisfaction surveys.
- Board feedback before December 16:
  - Ensure plan meets governance and operational needs.
- MCHHS Annual Report / Year in Review:
  - Summaries of Service Reach:
    - Total clients served across department's programs over the past year.
    - Breaks down service metrics by program areas:
      - Behavioral health.
      - Public health.
      - Addiction treatment.
      - Immunizations.
      - Housing support.
    - Number of local providers, clinics, or partner organizations engaged.
    - Shows programs and service innovations implemented in the year.
  - Stories of Impact
    - Real examples of lives improved due to department services.
    - Shares case studies of successful interventions.
    - Testimonials collected from staff, clients, or community partners.
  - Data Infographics:
    - Visualizes key statistics for easy public understanding:
      - Demographic breakdowns.
      - Service delivery locations.
      - Health outcomes.
      - Trend changes over time.
    - Highlights major accomplishments or needs.
  - Fiscal Breakdown:
    - Mirrors the County Budget Brief.
    - Summarizes major sources of funding and expenditure categories.
    - Graphics show proportions spent on different program areas.
    - Explains shifts in funding or resource allocation year-over-year.
    - Increases public accountability and stewardship of taxpayer dollars.
  - Highlights of Community Partnerships:
    - Strengthen service capacity.
    - Joint initiatives, shared projects, outreach events, coalition efforts of health and social challenges.
    - Shows partnerships led to improved community outcomes or leveraged additional resources.
  - Plans for both printed and digital dissemination for:
    - Stakeholders, partners, public, and waiting rooms and presentations.
  - Recommend "Board Ownership" section:
    - Message to reinforce unity and shared priorities.
  - For department transparency, community trust, and secure resources.
  - Board requests coordinating messaging with general county reporting:
    - Include communications staff for consistency.
- PacificSource Provider Agreement:

- Major changes to provider reimbursement contract with PacificSource Community Solutions:
  - Reverting to state-mandated minimum reimbursement rate for fee-for-service behavioral health codes:
    - 110% of the Medicaid fee schedule.
- Projected annual reduction in fee-for-service revenue:
  - Approximately \$1.5 million which is about a third cut.
  - Could impact service delivery and hiring/filling of certain positions.
- Ongoing budget planning:
  - Likely to postpone recruiting or filling some clinical roles.
  - Prefer to wait and reassess as local provider market dynamics shift:
    - Other providers/big clinics dropping out of Medicaid.
- Need flexibility:
  - Positions “held open” where funding uncertainty exists.
  - Pending developments in community provider participation and available funds.
- Implication of “redetermination” policies and pending federal/state Medicaid eligibility reviews:
  - Anticipate further declines of enrollment and funding in 2026/2027.
- Some local providers already opting out of Medicaid plans:
  - Salem Clinic
- Large hospital systems in contract negotiation standoffs:
  - Raising fears of access gaps for vulnerable communities.
- Recognized structural cycle:
  - Coordinated Care Organizations (CCOs) offer high rates at contract initiation.
  - Then lower them after gaining regional exclusivity.
  - Board expecting this pattern to be repeated at next contract period:
    - 2027.
- Continuing advocacy with Oregon Health Authority (OHA) and CCOs:
  - For sufficient local behavioral health funding to preserve safety-net services and meet crisis/stabilization mandates.
- Customer Satisfaction Survey:
  - Comprehensive survey via text outreach:
    - Covering all clients with contact details in Dr. Cloud system.
    - Across multiple program areas:
      - Adult/youth behavioral health.
      - Public health.
      - Intellectual and Developmental Disabilities (IDD).
      - Addiction treatment.
      - Crisis.
      - Housing.
  - Achieved 388 survey responses:
    - Overall trend was highly positive.
    - Especially respectful treatment and welcoming environment.
  - Higher dissatisfaction/no-shows within crisis services:
    - Consistent with population needs and entry circumstances.
  - Methods for increasing actionable feedback:
    - More immediate post-appointment digital reminders/surveys.
    - Shifting away from traditional mail-based surveys.

- Segment feedback by service type.
- Need additional training/communication for staff:
  - Maximize collection of useful client data.
- Implement real-time, in-clinic and post-visit feedback tools:
  - For timely insights and rapid improvement.

## **Other**

- Community feedback regarding the “behavioral health” naming convention:
  - Some in psychiatric crisis felt brand minimized needs.
  - Build more public education and clear branding/designation of service levels.
- Form work group to address adult mental health/crisis stabilization barriers:
  - Composed of community members, families, clients, and professionals.
  - Legal and privacy (Health Insurance Portability and Accountability Act (HIPAA)/guardianship) complications.
- Consider nomination of new committee members:
  - Particularly those with lived/living experience in behavioral health system.
- Issues with aggressive lobbying around telehealth for mental health:
  - Proactively define county’s advocacy position prior to future legislation.

## **Next Steps**

- Line-by-line feedback on draft strategic plan to leadership team by December 16:
  - Edits to be collaboratively reviewed and incorporated by December 17.
- Organize initial planning for a local workgroup in January 2026 to address:
  - Adult mental health legal barriers.
  - Data needs.
  - Policy opportunities prior to 2027 legislative session.
- Analyze proposed legislation regarding full-time/all-access telehealth for mental health:
  - Draft data-backed testimony.
  - Pursue Association of Oregon Counties (AOC) endorsement for in-person care priorities.
- Prepare appointment procedures for candidates for Mental Health Advisory Committee and other board groups:
  - Suggestion to review candidacy of Kim Faber based on recent engagement and feedback.
- Data collection for policy, grant application, and interdepartmental report use:
  - Housing status.
  - Demographics.
  - Outcome tracking.
- Implement new feedback mechanisms for clients.
- Follow-up on outstanding legal review and Board approval:
  - Revised by law and ASA appointment procedures.
- Meet with county communications to discuss annual report/year-in review:
  - Finalization of format, brand, and dissemination strategy.

**Adjourned** – time: 11:34 a.m.

**Minutes by:** Mary Vityukova

**Reviewed by:** Gary L. White