

Clackamas County-Developmental Disabilities Council Meeting Agenda

10/23/2023

Meeting Time: 04:30 pm – 06:00 pm

Meeting Location: Zoom, <https://clackamas-us-countyhealth.zoom.us/j/86551729576> and
Development Services Building, 150 Beaver Creek Rd. Room 120, Oregon City

Attendees:

FACILITATOR	John Merrick		
NOTE TAKER	Malika Renard		
	vacant	P	Colleen Johnston (indiv/family), term ends 5/1/24
P	John Merrick (advocate), term ends 6/30/26	P	Kalkidan (Mimi) Ezra (provider), term ends 1/1/25
	Jacob Tolbert (provider), term ends 6/30/26	P	Kim Cota (CDDP employee)
	Shasta Kearns Moore (indiv/family), term ends 12/1/24	P	Brooke Gelfand (CDDP employee)
	Lisa Ledson (indiv/family member), term ends 12/1/24	P	Stacie Mullins (CDDP employee)
P	Sara Lambert (provider), term ends 1/1/24	P	Amy Butler (CDDP employee)
P	Sara Szwarc (indiv/family), term ends 5/1/24	A	Roxanne Cloutier (CDDP employee)
G	Georgeta Vandermeer (CDDP employee)	A	Malika Renard (CDDP employee)
G	Ashley Kane (ODDS employee)	G	Adam (Guest)
G	Niki Linscott (CDDP employee)		

	Key
P	Present
A	Absent
G	Guest

Time	Agenda	Minutes
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<p>4:30 – 4:40 pm</p>	<p>***Reminder-council meeting will start recording***</p> <p>Call to order, establish quorum (4 members present), approval of meeting minutes from 9/25/23</p>	<p>John: Call to quorum. Amy B. Quorum has been met. John: Shall we do meeting approvals? Amy: Yes, let's start there. John: Alright are there any questions for the last meeting 9/25/2023? What is happening on my end is there was a miscommunication of intent on my side, but I'm going to make an approval of the minutes and then try to make a reclarification and if you have any questions, we can move forward from that. Hopefully people have gotten the minutes. If there are no objections as to how it was presented, if I hear any objections in the next couple of minutes. I hear no objections, so they are approved as presented to the council. So officially approved minutes from meeting 9/25/2023.</p>
<p>4:40 – 5:20 pm</p>	<p>Guest speaker-Ash Kane-ODDS</p>	<p>John: So introductions, would we like to go with Ash first for her contribution? We have a guest today on Emergency Preparedness, and I'm excited to introduce Ash Kane. I would like to thank my co-chair and the leadership here at Clackamas County for inviting her into our Emergency Preparedness conversation today. Ash Kane: Hey everybody, Ash Kane, I use she/her pronouns. I'm the emergency coordinator as ODDS in the office of Developmental Disabilities at ODHS and I've been in this role for almost a year. It is a ARPA-funded role and I'm kind of the only one so I interface a lot with</p>

OREM (Office of Resiliency and Emergency Management). And otherwise I do a lot of stuff like this, but I'll tell you more about that later on.

John: Nice to meet you. As you guys know, I'll go first, then to people online afterwards. My name is John Merrick-Russell, I am an advocate for those with disabilities. I've been doing many things around here in the way of council work, board of directors work, community college work, and much later in my life took up service to ODDS, and I felt I should be a voice, in a way that would help many people in many places, in that type of gathering, in that type of understanding. Brooke?

Brooke: Hi everyone, I'm Brooke Gelfand, I work in the Developmental Disabilities program, I'm one of the supervisors and in the Equity and Policy unit.

John: Appreciate all of what you've done.

Sara L: Hello, I'm Sara Lambert, a DD Foster Home provider, and that about sums it up, I've been a provider for about 23 years and work with the DD Council.

Erin C: I'm Erin Carpenter, and I've been a Foster provider for 24 years. I also sat on the council for about 6 years many years ago and came back to see what was going on.

Adam: Hi I'm Adam, I'm in an Adult Foster care home and I came to sit and see what was going on.

Kim: And I'm Kim Cota, I am one of the program managers for Clackamas County's Developmental Disabilities program. I've been here about 8.5 years.

Amy: Hi there, Amy Butler, I also work with Clackamas County DD Services. I'm a management analyst in the Equity, Policy and Innovation unit, and I've been here for almost 4 years.

John: I'm going to go left to right on my side, Stacie?

Stacie: Hi everyone, I'm Stacie Mullins, I use she/her pronouns. I am one of the other program managers with the Developmental Disabilities program. Welcome to all our guests, Erin, and Adam, it's nice to see you, it's been a while, and Ash, thanks for joining us.

John: Colleen?

Colleen: My name is Colleen Johnston, I am the parent of a 17 year old on the Autism spectrum, so I just joined last year.

John: Georgeta? Did I get it right?

Georgeta: Yes. I'm Georgeta Vandermeer, and I'm on Brooke and Amy's team and I'm a grants coordinator. Thanks for having me.

John: We need those grant coordinators! Roxanne?

Roxanne: Hi my name Roxanne Cloutier, she/her pronouns. I've been a service coordinator at Clackamas County since 2019, but I recently started a new role as the designated referral coordinator, so I'm going to be helping people find placements in group and foster homes, along with my counterpart.

John: Right on time, with all the changes from ODDS. Mimi?

Mimi: Hi, I'm Mimi, or Kalkidan Ezra. I'm from Clackamas County. I've been a provider for the last 16 years and nice to meet you.

John: Sara Swarc?

Sara S: I'm muted! I have a daughter who is 20 and has a disability, she had Down Syndrome so that is why I became involved with any of the community services, the county services years and years ago and I'm happy to be on this council, you guys are doing great things. Thank you so much.

John: Absolutely. Alright nice to have you guys, thank you for coming. One big priority of mine and I think the council hopefully was going to be emergency preparedness and how we move forward when there is an emergency that happens, like a fire hazard. And from an advocate side, like owning two vehicles, we had easier access during the fire season. So maybe it's about having go bags or handing out lifesaving supplies, so it was important for me and the council to have that grant and to move forward and understand how we respond when go through an emergency. So that's important to me and it sounded like at the SC/PA conference, there was some conversations of that so I appreciate that work. So when I saw that, I was hoping that we could work on Clackamas County's response. Because it is sometimes hard to have that conversation when you're alone in an emergency situation and how we can have that conversation as we move forward. So Ash, I would love for you to explain what you've done for

emergency preparedness involving other priorities. So, if we can move that conversation, that would be the best possibility in a way that the locals can get that information as we continue that relationship with the work that we do with ODDS so thank you for coming.

Ash: Yeah, so we can do this however you'd like, if you just want to do this all Q & A at me and I can answer or I have a few slides and I know I was requested to show off our GIS project so I'm happy to do that as well. So just tell me where you want me to start.

John: Well let's do at least a couple of those slides.

Ash: Sure.

John: And see if we have any questions and get to the GIS thing later on. I don't have any questions on my list right now. But I'm sure we have a list though, thank you.

Ash: [shares slideshow] Alright, can you see my screen?

All: Yes.

Ash: Wonderful. So this is kind of just my quick bullet point list of what I do and these are all of course, you know, what we call blue sky days and grey sky days. Blue sky days are business as normal and grey sky days are when bad things happen. So blue sky days, this is the kind of stuff that I do, I manage our Continuity of Operations Plan (COOP) for ODDS specifically, but I also liaise with OREM, which I'm not sure if you're familiar with them but ODHS last year I believe, or the year before, created their own standalone

emergency DHS office and services. So I work in cross-agency collaboration a lot with APD, Child Welfare, Tribes, local government like this, so kind of just showing up is a big part of this job. Relationship building and networking, for me to you all, but also from you, outwards for emergency management, with CMEs, with FEMA, whatever you need. Supporting resiliency and preparedness activities. This would be for CMEs, this would be for licensed homes, this would be for families and also family networks, so I can help any of those folks and you know, the goal is, I kind of come to a realization over the last year, there is a lot of things that people know how to do already, like go-bags or under the table and things like that so, when I want to support resiliency and preparedness activities, I want to get specific, so I help with projects regarding power, generators, air quality, which has been a big problem and luckily, OHA has provided help with some of that, air scrubbers and things like that. Yeah so in any way I can, I am always looking at I/DD specific or sometimes that's not possible and it's just disability-specific ways so we can be more prepared. So if we can do that then training and education and advocacy, it goes both ways, it's not just me teaching the I/DD community about how to be more resilient, more prepared, but it's, emergency management folks don't speak the same language, and so you'll see the next bullet point is I am a translator and I speak "FEMA-ese", which is different than the general population, which is a little like being in

the military and they certainly don't know Oregon language and how ODHS and ODDS kind of make things and what they're talking about so I translate between those two worlds all the time and make sure that both worlds understand each other. It's just a silly little thing but it's really important, so, that's the day-to-day stuff that I do, and then I'm sure you're all familiar with some of this but I just want to stress this because in this conversation we can kind of get off the rails as to what ODHS/ODDS can do, because basic emergency management start from the bottom up, from the lowest jurisdictional level possible. In most cases the state government response is activated after one or more local entities have exhausted their own resources and are requesting assistance. Unfortunately, we're at the top of the ladder, so that's why I really like to focus on the preparedness side because it's going to be a while before ODDS gets involved with an emergency. We're going to be dealing with our own internal things first, probably sending me to our emergency operations centers, and then I'd be reporting back to ODDS. At the very beginning that is what we're going to be doing. We're going to be shoring up our own things so that we can help push that outwards. The time that I get pulled in is very rare, the last response I was a part of was the RSV response at the beginning of this year and that is wrapped up. So I don't get pulled into the high level, EOC level unless it is a significant emergency. So I just found this graph today, and I just want to share it

because I'm a very visual person, and so I can tell you til the cows come home, like, what was jurisdiction first, what did we like do for help. And I just really like this graph because it really did pinpoint this blue line that says Social Services really does represent like where I'm at. It's a pretty even state, you know, we are not like spiking up, we try to be even keeled and be there for the duration, so we're slow and steady. And then disaster response is the big spike there and they're the ones who are going to jump in and be there right away, but we also stay there for the long term. We're there for you now, and we're there for the long term, so just wanted to throw this is as a visual for folks who are like me.

So, grey sky days, this is kind of what we would do. For those of you who are familiar, ODHS is responsible for mass care ESF 6 (Essential Support Function). That is Sheltering, Feeding Operations, Emergency First Aid (which is a big one, especially when we lose Red Cross, then FEMA, then that kind of falls to us), Emergency distribution of emergency items, Family reunification. And then this is our essential functions as ODDS, this is what we're going to do first if an emergency happens. Obviously the first thing we're going to do is make sure people with I/DD maintain access to services. And then we have folks that are very fragile in the SACU (stabilization and crisis unit) and so we have to make sure those facilities are safe, those are our facilities, so that's a big one too. Protect against abuse and neglect, you know maybe day to day

things are not as important suddenly, and so that is something we may need to focus on. And then there's going to be some case management and placement needed, and we have to keep doing that function, it's very important. So those are the first things we will focus on getting back online within 72 hours of a major disaster. So we'll pause there, I'm just going to leave this visual for our GIS up and see if we have any questions real quick?

John: I don't see any online questions. I do have one question, for now, let me see if I can get it pinpointed. Oh yes, the trainings of FEMA down to local levels, how have they improved since the days of Hurricane Katrina and when it was not so known about this type of community here and how has it been implemented since you've been in this position over the last year or so? I've had access to over 20 trainings, and you know many advocates still feel overwhelmed by the trainings, but it's very important to go through that. So again how has it changed over the last 20 years of FEMA relationship and over the last year since your job?

Ash: Yeah, I can touch a little bit on the history, because I did just go through a grueling FEMA training and they drilled into you. Post-Katrina is actually when they first developed a separate office to deal with access sensitive folks and so there is now a specific disability office in FEMA in every single region. And that was a big change and they just keep getting more and more money. Overall, my opinion, I can't speak for a fact, but

emergency management, at least in the last few years, actually since COVID, has really opened up and a lot of money is going into it because people are finally realizing that being prepared is cheaper than response and recovery, you know it's always about money, and so, things like OREM office at ODHS was originally part of the military but now have their own department at the Governor's office and have staffed up accordingly. And so, you're seeing this field grow exponentially.

John: Sorry to interrupt, whatever you just said in that last part I would like notes of, of the FEMA relationship and all the other aspects of that connection so that if we need to communicate locally, that would be great. Sorry to interrupt, I just wanted to make that note because I missed it a little bit and I can rewatch it later.

Ash: Ok, yeah, and the other things, at least in Oregon, is I can't say enough about OREM, the Oregon Emergency Management agency. They have regional teams that know the folks and that are getting in there every day and that has been a game changer. Maybe not felt as much in areas that don't have as much going on, but in the counties that have many emergencies, they have very strong relationships and the communities have been pulled in so much more. They are doing amazing work on the ground, and they are really focusing on pre-emergency. Their response over the summer for heat and air quality-related things was absolutely incredible because they have people that live there, and they know you,

and it's not just someone from Salem or somebody in Portland. So that's been a huge improvement and I think that just the fact that there's more people in emergency management is changing the game I think. It's not, like this elitist thing, or it's not like you have to have a million years of military experience. I have an art history degree. I never thought I would have found myself here, but it's a field where there's a lot of different opportunities for all kinds of different people and then the more people that know, that's a great mitigation effort on its own as well so that's kind of cool.

John: Absolutely. Thank you very much for the updates on the trainings since Katrina. It's important for the information that we provide. And I also want to mention since we don't have a meeting in November, thank you for your service and to all who serve this country. I'm just raising my hand as an advocate. Thank you.

Sara L: Hi Ash, I have a couple questions for you. I was trying to make notes, so, you mentioned cross-agency, so as a foster provider and when we were going through, you know the fires, here in Oregon City, I think one of the burdens would have been medication for all of my folks. Medicaid doesn't fund for a week's worth let's just say, of extra medications and I don't think that Licensing even knows how to check if we would be able to house that, but that is really important. You know, when the fires came in, it went on for a long time, and the way that insurance pays for things, sometimes you only have two days worth of

medications before a cycle gets approved, and if my people hadn't been in that two days cycle, we would have been out of medication for over a week. That is a really big concern for me, so how can we partner and with who can we get together to change that and make medications accessible prior to an emergency, so nobody gets stuck in that?

Ash: Yeah, this is a big issue, that affects everybody and has been a huge topic. Lots of people are trying to fix it, and it is really complicated as you can imagine. OHA would be the first place to start. Their HSPER (Health and Security Preparedness), this is something that they are very invested in, and HSPER is kind of the first response office for OHA, kind of like OREM is for ODHS. They are in charge of setting up medical shelters, that is what their number one thing is during emergencies. I have not been in any workgroups with them recently but in the ones I was a part of this year, they were asking specifically what DD folks would need. In those conversations, they did let us know that they are trying to do a kind of workaround where they could have a licensed pharmacist at the medical shelter who could possibly dispense. It's incredibly complicated and I don't know all the nuance to it, but it's something that they're thinking about. There is the potential that folks in shelters would possibly have medication but also that folks who weren't in need of shelter could potentially go to the shelter to get medication dispersed if they needed it. This is very, very

early days but please know that this is very important to lots of people at OHA and ODHS who are trying to think outside the box. The best solution now that I've heard is that people have arrangement with their doctors and get their prescriptions filled early, and if you kind of time it right, you can kind of get an extra week of wiggle room but you would have to work with your doctor on that based on refills, but this is kind of like having to be, above board, but you sometimes need to do what you gotta do. Finding ways around it that are in the gray is really the best that folks can do right now. And then also don't forget that we still have the ongoing issue which isn't tied necessarily tied to crisis, which is supply chain. That is something, that I don't know if we can address, but it's a hand in hand problem.

Sara L: So another question I had is how do we get, you know you had mentioned that there were agencies that can supply things like air filters, and when you said that it made me jog my memory. During COVID, we couldn't get air filters and the air quality in our house was really bad, which I'm sure it was for a lot of us. And I had to have my parents in Texas send me a huge box of air filters because we couldn't get them anywhere. But I didn't even know that you offered those, so how can we get word out to people easier.

Ash: Yeah, so there's an air purifier program that OHA has for individuals, and it comes with one free filter which is obviously not enough but they are working on make it a, when the new, gosh I can never the name of it, but basically next year,

we'll be able to bill climate-related expenses as health expenses and so they're looking at using that to pay for air filters possibly starting next year.

So yeah, you get a free purifier from OHA with an extra filter, and if you're a larger organization, we can provide, OREM can provide industrial size air filters. They can come drop them off, pick them back up, you don't have to pay for anything except the electricity to run them. But it's another thing that is like, lesson learned, because last year they started offering air purifying machines and then people were like I'm out of filters so that's another thing OHA is working on.

Sara L: So for the recording, who would we reach out to for more information about that?

Ash: I can pop it in the chat, there's a website that OHA has up, it's also the former air conditioning program is on the same page but I do want to highlight that we do not have any more devices for 2023, so it's kind of just an air purifier program, but I can, once I pull my slides down I can find it and put it in the chat for you.

[\[https://www.oregon.gov/oha/pages/air-conditioner-program.aspx\]](https://www.oregon.gov/oha/pages/air-conditioner-program.aspx)

[\[Ashley.kane@odhs.oregon.gov\]](mailto:Ashley.kane@odhs.oregon.gov)

Sara L: Thank you.

Ash: Oh look at this, is that Georgeta, she put the link in there, she had it, that's the right link, thank you.

John: Any other questions out there that we have? No? Ok. So, on the air purifier program, that's a new program, it's not going to be my

question, but I do want to say it's very eye-opening that group homes do not have anyone to call on that type of thing. I did get information as an advocate in other areas about the air conditioning bill, or you know. So how can we have that communication between concept and actual implementation be better between the client like myself and the county or programs at hand. Am I missing something that I'm lucky to understand that air purifiers can be covered under K-Plan? Am I just one of the lucky ones or, where am I going wrong in my understand of other people and their natural support and others not having that information? That's not my question, but that was an eye-opening thing that entities serving our clients may or may not have even had that opportunity.

Ash: Yeah, so it is kind of on the backs of case managers to know what's going on in the state. We did do a transmittal to notify folks about the program last year, and then this year, updated the transmittal. If it continues next year, ODDS will update the transmittal again with the most current information. Your CPO should also know this information. If you're working with a CPO, they should know this information. That's not necessarily something I can help. Counties are starting to know a little bit better and then, there was something else I was going to say, lost it, sorry.

John: I have my real question, I apologize. It was eye-opening, thank you for pointing that out.

Sara L: I just think in an emergency, simplicity is best. You know sometimes when you access a state website, you don't end up where you're supposed to go so people can get kind of lost in there.

John: Maybe it'll be possible with AI to have a better developed relationship or something like that. My real question, Ash, my last question, give or take, knowing we still have ten minutes, is when there is an emergency, and there's a client that you know, needs to leave right away, and the Red Cross is taking care if it or the firefighters are taking care of it, you mentioned that the communication is getting better at the national level and knowing the every day kind of thing, what is the process of someone who goes through the Red Cross, what is the knowledge of when someone goes to the Red Cross and needs to contact their PA or SC every day. What is the process for someone with disabilities who sets foot on the ground at the Red Cross who is not involved in or rather than being in a group home or other aspects of that, you know what is the expectation of someone with disabilities, to claim both sides, like being a citizen versus someone that needs you know, way too much help and maybe needs to go to that person for communications?

Ash: Yeah, so you know, Red Cross folks are volunteers, right? And so they do the best they can. And the county is supposed to help in getting that set up and getting everything going. So higher up folks, or the main leadership of Red

Cross, they do have access to cultural needs training, but not everyone there is going to right? My advice is always to go early. So if you have any thoughts that you might even need to go to the shelter, it might be good to go early as soon as you know that one is open and talk to somebody for preference of thoughts, to know what the electrical capabilities are, so that they know those things right away and can get them for you and others, as soon as possible. So if you show up as they're setting up, and you're like hey, I definitely know that if I need to evacuate, I need a refrigerator for medication, they'll be like oh, thank you, and they'll start working on getting a refrigerator. But obviously if we're in level 3 evacuation by that time, they may not be able to get that to you. So you can call as well, you can also call the county and see if they've called in the Red Cross yet or not, because a lot of that stuff happens behind the scenes. And often I don't know necessarily when Red Cross is deployed but your local emergency management are going to be the ones to call so they should know.

John: I just want to make sure once they get in the report on today's record about the relationship with ODDS, you know, I'm not calling someone who is higher up at ODDS right away, where I might need something small that can be taken care of at the local level and then going up the chain after that. Knowing that chain of communication is very important that we go through.

Ash: Yes, yes. And also, there are...

John: As a client and as someone who you know runs a group home, what the choices are.

Ash: Yeah, and just to you know, give you an example of ways that that has improved, this year they have staged big trailers full of supplies in multiple places across the state, with cots and all sorts of things so shelters can get put up quicker, so they're not needing to scramble as much to get the basics, because they're nearby, so that makes it a little bit, gives them a little bit of leeway to help out with more individualized needs and things like that. But call right away. There's you know, a lot of personal responsibility involved, right? Like let's be honest, to each person's comfort level of where they want to be. But it is personal responsibility to know your local fire department's number and all those basic emergency. When the shit hits the fan, sorry for the crass language, but you're the first line of defense, so having those numbers available and the Red Cross has numbers that you can call as well and reach local contacts.

John: I ask that question because I know my natural supports are going to be dead or deceased within the next couple years and it's very important to know that process as we transition through ages cycle, whether it be college or beyond so thank you very much. As much as we appreciate 211 as a resource, it's better for us to know the process and know who to call, rather than panicking. Any other questions on emergency preparedness?

Amy: I'd like to see the...

John: And we have more of the presentation to do right? Yeah let's do more of the presentation, sorry about that guys.

Ash: Yeah, no this is my last thing and I love talking about it so, you did mention one of your questions was to potentially discuss GIS project that we've been working on since before I came on. Last November when I joined ODDS, we thought we would have it up and running before the end of the year, we were so close, we're going to be ready. And it all comes down to P numbers, and those of you who are familiar with P numbers or have them yourselves know it can be a bureaucratic nightmare. We have piloted this out to literally a handful of people, basically if you were lucky enough to have an active P number, then you got to the pilot, and if we had your name and your active P number. Contracts are being signed by CDDPs and brokerages for this new biennium, we're able to move forward with that process because those contracts do allow for additional P numbers. That said, once you do get a P number, it's pretty straightforward using GIS and I don't think that even I have imagined all the potential ways that you all will be creative in, in using it. Because it's a tool not just for emergency response, it's also a tool for planning. So what I have pulled up on the screen here is a Clackamas County-specific GIS map. So every dot you see here is a client in DD services who in MMIS or One has Clackamas County listed as their CDDP. As you can see there's some in

Multnomah, some in Washington, that are spattered around and that can sometimes be a mistake, sometimes not, the information is only as good as what's in the system, so again, if people don't have up to date addresses, that's, there's nothing we can do about it. So this is just a screen grab, I didn't pull up a full map because I didn't want to potentially show you any data that was restricted, but basically, you can click on any one of these dots, and if that's your CME, if that's one of your clients, you'll be able to grab their address and see how close they are to a fire or to any kind of event that is up in real time. So as the evacuations grow or change, the areas change, the fire shifts, that kind of thing, you'll be able to check back. So let's say you're signed up for emergency alerts, like I'm signed up for emergency alerts for every county in the state. I get an alert that there is a fire pop up on my map which is the whole state, and I pull up the location information as best I can, sometimes you don't have much information when it first starts and just kind of see if anyone is nearby that is a concern, and then I will let OREM and OEM know if there is. If there are eight addresses impacted that might have DD services. I will also reach out to their CME. Sometimes the CME will already know, they're already on it, sometimes they're not. So in this case, going forward, I would not have to do that for everybody, because CMEs will have the power to do that themselves. So they will hear from their daughter at school that there is a fire threat. So they go shoot, let's get on GIS

and start looking. You will know before me, that's way before I get an alert. So that's the best part about GIS is that CMEs can access it quickly because they have more knowledge about what's going on in their own area than I do. For now, I'm the stop-gap and so I'm sending the list of names to the CMEs saying hey, these folks are potentially in a level 2 evacuation, let us know if you need help. And if they do, they'll reach back out to us and say we're all good, everybody's safe, we were able to go to everyone's house and I'll go, Awesome. If they need more support, we can link them up with regional folks in their area to get them support. You can always reach out to me, but, I'm 9-5, M-F, so I may not be able to help you. And that's why we want to continue to push you to go to the local services first and to keep everything local. At the end of the day, if you need something, if you feel like you're being ignored, if you need someone with a state email address to advocate for you, that's what I'm here for.

John: It's hard to go up and down the chain in ways that sometimes with community partners, I see that disconnect. Sara, you have a question?

Sara S: Sorry I'm not sure I know what a P number is and do you need to have that in order to be on the GIS grid?

Ash: Yeah, so that is something that CMEs would designate certain people to have a P number and you need that access any systems that are behind DHS' wall. So you would use Citrix to get in, and the, no, it's not a Prime Number.

Kim: It's a state partner number.

Ash: I've been digging for like a year to find the meaning behind that so thank you!

Kim: Yeah it's a provider partner number and so those numbers are issued to state partners so we can access systems, so it isn't given to public community members, and Sara to answer your question, it doesn't have anything to do with actually getting "on" GIS, it just means you can't access it because you wouldn't be eligible to have a provider number.

Sara S: Oh ok, totally understand, thank you.

Kim: You bet.

Ash: There is probably a dozen folks at each CME that have one for different reasons, and just because they have a P number doesn't mean they have access to something. It is a complicated thing to get set up.

Kim: I have a P number, but I can't get on it.

Ash: So then I would tell you you don't have a P Number.

Kim: I do have a P number, just not one with the right access. Stacie is the only one who has that right now.

Sara S: So I guess my follow up question would be, is my daughter on the grid? I mean if she is in services, has access to services, then she's automatically going to be identified as a person who needs to be checked on.

Ash: As long as we have an updated address, yes.

Sara S: Thank you.

Ash: Yeah so a lot of the times, emergency services will start going door to door before I even know if anything is even happening, so there's a good chance that people already know what's going on, and every once in a while someone will respond and say we don't serve this person anymore, they shouldn't be on our list. And that's your problem, so you have to make sure your clients tell you their new information and don't have out of state addresses. That happens where an out of state address is listed but that's not where they actually live and that's a problem. But I would say 90% of folks are in there. When we pull the big major list, it's a small fraction of issues with addresses. And I believe that recently ODDS requested CMEs to do a little bit of auditing of their addresses. Just as a reminder, so hopefully that's happening, I'm not really sure. And as ODDS is creating its own case management system, it will start to be linked, so basically the good thing about that is that everything stays with the state. So it's our case management system, our database, we can change addresses, we can do whatever we need to do, right now, it's going through so many other systems that it's a little bit more difficult.

Sara S: So I have one last question. She does not have a county case manager anymore, she has a brokerage so how does that play into everything?

Ash: So all CMEs will be able to access the map, whether that's a brokerage or a CDDP. They will only be able to see clients that are listed in Oregon One system with that CME.

Sara S: Ok.

John: Any other questions on the presentation material?

Ash: I don't have any other presentation material, but I'm happy to answer any questions that may come, and I can put my contact details in chat and would love to have folks reach out to me. I'm happy to be a standing item on your agenda if you ever need to have me on and answer any questions I'm happy to show up. If you all have any gaps in training or education that you want to start exploring, I'm happy to help with that, so yeah I'm here for whatever you need. When there's no emergency happening, I have time to do those things. Now is a good time, before it gets too cold.

John: So I do have a follow up on your database question. The state is thinking they're doing a lot of ODDS database and other meetings, like technological advancements and stuff like that, are you part of that conversation, so we can continue these conversations?

Ash: Yes, I have made myself part of that conversation. It's really important to me, it's on my wish list of first things to do. So basically, there's a massive wish list at ODDS of what everybody wants the case management system to be and so I'm on that list, with you know, I would like to add some potential, what's a good word for this, just some potential things, I don't know how to say it. Let me just put it this way. If you need some battery power to live, in any way shape or form to have a box that we can check. If

you are extremely sensitive to air quality, there's a box you can check. So that we can triage even better. So that is something I'm really looking to have in the case management system because right now when you click on the dots next to someone's address, it only give their name, Prime number and address, that's it. So you don't know why they're in DD services, and obviously some people can handle everything just fine, they only have case management services, and then you have, you know, a big spectrum of what people need. So we obviously want to get services to the people that need them most, fastest, and be able to triage that way. So that is what I have been requesting of the management system. I don't know if it will be in there but we will continue to have many iterations and improvements as we do it. We know that along the way it's going to be bumpy, but that is my request. At the bare minimum, we will have more insight into actual addresses in real time, not have to worry about data pulls, it will all be integrated. Which the data pulls are kind of a pain. That is something I do behind the scenes.

John: Alright. Thank you very much for that.

Sara L: Actually I do have one more question. You kind of segued into something I was thinking about. Do you have any workgroups or surveys that you would send out to different entities like foster homes, group homes, and kind of ask, hey in an emergency, what do you need, just to kind of compile you know, a list of you know, kind of like what you were saying, a wish list. If it was a

perfect scenario, what would you need to have excellent resources in an emergency. Is there any opportunity for people to weigh in on that?

Ash: There's a few different avenues. So we have our DMAC, Disability Emergency Advisory Council, and they are recruiting, and so that is a potential avenue of them creating the survey. If you're not familiar with DMAC, that is 2/3 individuals with disabilities, and the rest of it is made up of like emergency management and public health folks. It is definitely by folks with disabilities for folks with disabilities but it has definitely lost steam since COVID and so they are looking for projects. So that is potentially something that we could do. I met with every CME in the state this year. Had one on one meet and greet conversations with them, kind of checking in to see what they need, see what issues they're having, how I could be of help, and kind of get an idea of what the last few years of emergencies have been like for them and also to find out what kind of innovations they came up with because people came up with lots of interesting ideas during COVID to like workarounds. I have to say, the DD community are scrappy, they are one of the scrappiest groups of people I've ever seen. So I was kind of data mining them to steal their ideas. I would like to make that an annual thing, however, I'm a limited duration employee, so I don't know that that would happen so it may have to be an actual survey, but I want to make sure that CMEs are

being connected with us specifically about emergency preparedness at least once a year.
John: Again, I appreciate your time and effort. And before your position becomes, or we close out this step, I really want to thank the county and you and co-chairs and others who have been having this conversation over the last couple months. I did forget my question, oh no I've remembered it now, when you do phase out for example, do we contact OHS or do we contact ODDS for that transition progress that we know of today.

Ash: I'm sorry what was that?

John: When you do phase out, where do we go to keep this conversation going, if this is still a topic for Clackamas County so we can still have a one on one connection at least from an ODDS perspective but at least knowing there might be another angle of government.

Ash: Yeah, that would be OREM (Office of Resiliency and Emergency Management) and they have regional person that would cover Clackamas County.

John: I think we probably know someone in that department. Thank you, are there any last questions or can we move on to our agenda? You're always welcome to stay as a public member!

Ash: That's ok, I need to go make dinner!

John: Alright enjoy!

Ash: Thank you so much for having me, reach out anytime.

All: Thank you, Ash!

		<p>Ash: Bye, everyone! [End of topic discussion]</p>
<p>5:20-5:30pm</p>	<p>Program update (hiring panel update)-Kim or Stacie</p>	<p>John: Ok, let me look through my notes and see where we are on the schedule. I think Kim has a program update, is that right? Amy: Yes, Kim or Stacie and then a hiring panel update. Kim: So for the program update, I'm not exactly sure what people wanted to hear. Amy: We didn't have a whole lot that we knew of, I know we talked about having a hiring panel update for sure that Stacie was going to give, but otherwise, I'm not sure. Kim: I think the only thing, and Stacie can correct me if I'm wrong, is that we're actively engaging in conversations around structure and doing more with what we have during times of budget tightness and things like that, so, just looking at how we are operating and how we are starting to think strategically and maybe making or bringing ideas forward as to how the program can be efficient, be effective, and we may be at our core limit, we may not be expanding much so really trying to be thoughtful about those kinds of things. So probably more to come as we start having those conversations, but they're brand-new, they're fresh, we're really just getting started with the brainstorming. So we're really trying to get some solid ideas and take them one at a time and actually get them to being able to follow through, instead of having a bunch ideas that have no</p>

follow through. So more to come on that I think as we start to make progress. We've just had one brainstorming session, so we're really fresh in that, so more to come.

John: Any questions on program updates? We're not going to see each other for three months.

Stacie: Well we should have some good ones for you in a couple months.

John: I'm excited. So I will ask a question.

Sara L: I also have some questions but don't know if it pertains so I would like an update on, if we can get it, a follow up on the new DD director hiring and if there's any progress on that? And then I'd like to follow up on the Provider Engagement Project on what you've found, or anything? I don't know if you're prepared for that.

Brooke: I can tell you that we're all in the middle of it.

Amy: I was going to say we're still doing the listening sessions, that we talked about last time, so we're still very much in the gathering data phase. We have three or four sessions left, to meet with Providers, so we've met with Service Coordinators, and now we're wrapping up. Actually we still have a few individual service coordinators, so we're very much in the thick of data gathering. So we're seeing a few things, we're super excited about the project.

Sara L: Are you seeing encouraging things that you wanted to see? Are you seeing things that you were like wow we had no idea that have come to your attention. Not to rush you but I'm curious so far.

Amy: 100%. All of us, and you know Georgeta's helping steer that project, but I think, and Georgeta you can speak to this too, but I feel like we've uncovered quite a bit so far. Some one it we had an idea that it was going to need to be addressed, and some of it, is new, so I think we're going to have to pare down quite a bit, so we know what we want to focus on. But it is very exciting.

John: Georgeta?

Georgeta: Yes, I think you guys touched on it. We've got three more Provider meetings. I think maybe our turnout was a little smaller than we'd hoped, so we're offering one on ones as well for Providers to have a session if they felt overwhelmed or intimidated in a big group. So we're hoping to collect a little more data. There's definitely themes, and I think Brooke you mentioned we'll definitely do a report out once we find out more or when we're done.

John: Should you be done with that before January?

Georgeta: Yes. We have sessions until November, and then I'm not sure from there.

Sara L: When you generate the report, will it say how many provider participated etc?

Amy: Yes.

John: So for my knowledge, is this a Provider only inquiry?

Brooke: Providers, Service Coordinators, our Licensers and our Abuse Investigations team and supervisors over these service coordination

teams as well as individuals in residential services.

John: Understandable, I appreciate that. I was going to ask Kim too, or Stacie, when you guys are going down on the budget, did you guys find out what a transition budget is versus what the reality is?

Kim: I'm not even sure what it is you are talking about.

John: That's alright, I just want to make sure we know how it's communicated and what percentages we're looking at for next year's budget, etc.

Kim: We'll we have next year's budget, we're budgeting all the time, so we just did a true-up, so we have our expected revenue for next year and the only way that will change is if, when we go back and request a rebalance, that if there's you know, money that we didn't get, so we do a rebalance to have that missed money brought in mid year, or mid biennium, excuse me, so if that happens and the legislature approves that and says yeah, here you go, here's the money that didn't make it into the new biennium, then we might have a little bit more breathing room, but otherwise our budget is our budget for right now. As far as CMEs go, I can't speak to Providers as to whether there's going to be additional, what's the word I'm trying to say, additional funding, and things that would be coming in for Providers. I do know that PSWs are getting pay raises and that kind of thing, so I know those things are changing, but as far as our budget as a CME, and

a CDDP, we know what our budget is and so the only way that will change is if at rebalance, the legislature is generous and says you're right, here is the money you didn't get at the beginning.

John: Totally understandable.

Sara L: I was wondering if the union that represents foster care would be willing to come on here and be a guest, I think there's a lot of questions I would have as a Provider, support wise and budget wise. I know there's a lot that foster providers aren't eligible for being in the union and there's difference with the group homes and there are some things that are not fully understood.

Kim: Well and you can request that at any time as members of the union so if the council agrees to that and if there's interest from other members of the council, we can put that on the agenda.

John: I know for myself if I have budget questions I talk to Dawn Alisa or you know other participants from Clackamas County would be great to have an understanding of how we're doing and where we're going.

Kim: Yeah, I don't know how many people know Dawn Alisa, but she is, she worked for the Oregon Association and is part of AOC MHP, and there's a subsection for DD and Dawn Alisa is the person that works for AOC MHP over DD, and they're similar to trade associations, they're lobbyists, so she has insight into that, she is not the expert, she wouldn't know everything but maybe could come answer some questions on a few high level topics, but.

John: And Mimi I see your hand up, I do want to spend some time on other ideas from the council but I want to make a note to my council that I might confuse sometimes what the representative of the brokerage system versus the county, have totally different purposes and we've gone over that over the last year as a council and I may have other conversations that may or may not be different. So when I say Dawn Alisa, you know, sometimes I may confuse it and might need to refer to language to understand the perspective better so I thank you for that. Mimi? And then I'd like to transition into the next topic of what we have for the council.

Mimi: Thank you for giving me the chance. As you guys mentioned about this subject, like, the increase of pay, it's been, like even though living expenses are increasing every year, also when we hire employees, it's not like it used to be, everything is double, but our rates that we are paid didn't increase at all. So we have friends, Providers, who run group homes and it's totally different, so as Sara mentioned, I don't know what the people in charge of negotiating these things are doing but, maybe because we are not as united as we are supposed to be, so that we can address our issues, it's a good start if someone can come and present how that process works and also when we accept new clients, I don't know how the rates work, some people can have very high behavioral needs but the rate is very low, so sometimes it is hard to accept because we don't know how to support someone

and when we want to support them, the rate may not make sense. That's why it's been challenging, so that's what I wanted to mention. Thank you.

John: I appreciate that reminder and we need to keep these things in mind sometimes as we work and do what we can for them, thank you Mimi.

Kim: Stacie did you have an update, I think there was a specific question on the hiring panel update?

Stacie: An update that's a non-update, that kind of ties into the budget, since, we know what our budget is and we know we're not going to be doing much hiring, I don't know that there's really an update, but John had asked me to address this. I had mentioned very early on with this council that we wanted to try to include people in our interview panels and since that time, since I brought that up originally, some things have changed, so, Health, Housing and Human Services within Clackamas County is working on some training for some hiring panels. So it's probably timely that we put a pause, because there's going to be some training required in the near future to participate in these panels, things like implicit bias training, and right now we're really not hiring, so we have a bit more time to figure that process out, so we can bring it back once we know what we want for people to be able to participate in interview panels and go through training, then we can figure out what kind of representation the council wants to have, so

		<p>that's really the only update I have, it's kind of a non-update.</p> <p>John: Thank you, I appreciate that Stacie. I'll do my best to remember to bring it back, but we approved it many moons ago and I understand there's a training reorganization on that but we've all been through trainings before. I know that Mimi might have a question on the panels.</p> <p>Mimi: No question.</p> <p>John: No question, alright. I do think it's important to include with everything else like equity and all that into the panels, people with disabilities and give them a chance to ask questions of someone before they sit in front of them as employees.</p> <p>Thank you for the work you've done.</p> <p>[End of topic discussion]</p>
<p>5:30-5:45 pm</p>	<p>ODDS recruitment/leadership change-John</p> <p>Next meeting topics (January/February/March)-John</p>	<p>John" Alright we've got about 15 minutes, before we get to Public comment time for about two minutes, I wanted to get to this. We'd been asked to bring this up to the council, if anyone has any ideas. I hope some of you have come with topics and that we can have this discussion today about ideas and topics for the council over the next year or at least for January, February and March, I have some ideas, but it's not about me sometimes!</p> <p>Sara L: I have some ideas, I know I'm talking a lot. Some of my ideas would be to follow up on ideas for recreation in the community for adults, because I feel sometimes adults slip through the cracks. I know there are events for kids but not adults. So I know we talked in previous meetings about North Clackamas Parks and Rec, and I'm not sure really where that went so I'd kind of like to get an update</p>

or something with recreation or maybe you know, other community partners around Clackamas County who would be willing to offer building space or something in that area. And I've been able to sit in on discussions about the DD Director hiring and Provider Engagement, and Emergency preparedness, specifically medication, I'm going to keep hammering away at that.

John: Anyone else have some ideas?

Amy: I do want to, before we get too late, Thank you Sara for bringing this up but we do need to vote on whether you want your membership to continue and your time is up in January and we don't meet til January, so .

John: Yes, thank you for that reminder. So we need to do a vote for Sara Lambert in continuing services for the council. Anyone would like to mention for a conversation on that? I would motion for a conversation and then we need a second for that.

Sara S: I second.

John: Ok, any conversation? I hear none or see none. Who would like to motion for a vote? I'd do it myself but I don't really feel comfortable, so I'd like someone to.

Sara S: I motion for a vote.

John: Second? Colleen or someone else?

Colleen: I'll second.

John: Ok, so if you can re-open the reaction function, if I remember correctly, the thumbs up was a Yes and the Wow for the No or the buddy sign for Abstain, and I might!

Amy: Let's do raise hands.

		<p>John: Alright yeah. Vote counts 4, meeting the requirement for votes.</p> <p>John: Continuing with the Parks and Rec conversation, it is important to me that we bridge the gaps and disparities in communication between the county and clients regarding everything but also events in the community. It blow my mind that there are still so many communication disparities. Like when we hear Tualatin is having a Mermaid day but we don't have anything like that, and I'm not saying I want to be a Mermaid but other people with disabilities in our community might. So I don't know where to go with that with the council.</p> <p>Kim: I don't think anyone is adverse to having that discussion so at our next executive meeting, we'll have a discussion about who will do the reach out.</p> <p>John: Ok. And I'd like to go one above Johnny in communication too.</p> <p>Kim: John, we need to keep time.</p> <p>John: I am on time. We still have a couple minutes.</p> <p>Amy: We have 15 minutes slated for Public comment.</p> <p>John: Oh, well I thought we'd only need two minutes since there's only one Public person here. Did anyone sign up for comment?</p> <p>Amy: They don't have to.</p> <p>John: So we just sit here for ten minutes?</p> <p>Kim: Well we can ask if there are any comments.</p>
5:45 – 6:00 pm	Open floor (Council) Public comment (Public)	Guest: I haven't been part of the council in a long time but I wonder if people still talk about service elements

and how many people are in each etc, I don't know if you guys still revisit that, and quality assurance.

Kim: So I can take that if that's alright with everyone. So the question, for those who couldn't hear it, was around what the council used to talk about and go over. We used to review specific data around protective services and data demographics, like where people are residing or in which services and those kinds of things. And then our quality assurance reviews. We did our review with the state, where the state comes in and says here are things you have to fix, so we did do that and continue to do that. Some of what we haven't had back to this point anyway, was more some of our internal stuff. We did review eligibility and talked about numbers regarding eligibility but we have not had our abuse investigations unit come in and talk about numbers, or incident management team, having them review our incident management. I think these would be of value to our council, valuable and highly appropriate that they would be apprised of that information. It's the state requesting information on how we're tracking and what we're seeing in abuse and serious incidents and sadly, death reports. So that hasn't been brought back but I think it's highly appropriate that we do somehow incorporate it into one or two of our meetings a year. And the other one that might be nice is our Licensing/Foster Care unit to come talk about that provider arena and Roxanne and her role as DRC. I think we could probably work on data around transfers and people moving in residential and what kind of work that looks like and the level at which

people are moving around in homes. So I think those are some things in parts of the program that haven't been brought into the council to really engage in yet at this point.

John: I appreciate you coming. Sometimes that communication, we don't really have the history. Knowing what was done and what was not, bylaws and other conversations. And you mentioned deaths, dying and grieving. I don't know what we do with that in ways. I don't think many people with disabilities feel they have the permission to talk or to grieve, so it's very disappointing when if I understand how we built these programs, not to hear those voices discuss how they round the bases of life or have that type of involvement. I know we're working hard and I appreciate the work, that's my last note outside the grieving issue.

Amy: Did the public have anything else to say? Or any of the visitors have anything to say for open floor?

Adam: Nope.

Guest: I think some things have changed because these meetings haven't always been closed, but were open in the past.

Kim: Yes, I agree.

John: And again to know what the bylaws say and rules etc. and why we don't have that now, which Stacie did a great job explaining the changes at least for the next 2 months so I appreciate that being mentioned. Alright, I think I'm one minute late guys.

Sara L: I wanted to say one more correction before we go, in our last meeting, I had asked about Providers

		<p>signing up for sessions online and how there wasn't enough slots or maybe one person was signing up for all of them. I think the intent was to limit to only two so...</p> <p>John: We can put in that correction. But I also want to bring up my concern of Sign up Genie and how many people brought that up. I'm not one to make up what to sign up for, like advocates for example who want to be a voice for someone who cannot speak, so I appreciate you staying on top of that even if it's two people only, because it's important for us to have that conversation, sorry I'm keeping you another minute, I apologize, but I can sign up for classes much easier than someone who might not have that type of inclusive education. Alright, who would like to wrap up time? Anyone?</p> <p>Sara L: Motion to end meeting.</p> <p>John: Ok, we have a motion to be done with the meeting. Do we have a second? Roxanne?</p> <p>Kim: She can't.</p> <p>John: Oh sorry,</p> <p>Roxanne: I'm not a meeting member, I can't vote.</p> <p>Colleen: I second.</p> <p>John: Ok, I hope everyone has a good one and if you have any topics, please let them know for January, February and March ok?</p> <p>All: Thank you, bye and happy holidays everybody.</p>
Next Meeting	January 22nd, 2024, 04:30pm-06:00pm	

