Multnomah County Community Health Council
2012 Citizen Budget Advisory Committee

Process: The Multnomah County Community Health Council serves as the Health Department's community advisory board and CBAC. It is also the federally-mandated governing body of Multnomah County's health centers. The mission of the Community Health Council is to provide input and direction for community health center activities (including primary care, dental, early childhood services, nursing, school based, pharmacy and diagnostic imaging services) and advise the Department on current and emerging matters in public health, including program reviews, policy development and budget recommendations. It is an appointed group, including members of the community with an interest in public health, representatives from local health and social service organizations and most importantly, consumer members who utilize the Health Department's clinical services. One of our most important functions as a Council is to review and monitor the Health Department's annual budget.

The Council works closely with the Director and staff of the Health Department, meeting monthly throughout the year to provide community guidance on a wide variety of public health services, programs and policies affecting Multnomah County residents. Additionally, the Council receives quarterly updates regarding the Health Department's finances from the Business Services Director as well as monthly updates on budget issues from the Department Director.

Major Changes:

- The Health Department's largest ARRA award, a two-year $7.5million, Communities Putting Prevention to Work grant, is scheduled to end March 2013.
- Changes in Medicaid billing rules have resulted in less Medicaid revenue for both Targeted Case Management and Maternity Case Management for Early Childhood Services.
- STD/HIV/Hep C has experienced a dramatic reduction in grant revenue from the state of Oregon this year (close to $500K) and will continue to see a decrease in this grant support by about 50% each year for the next several years.
- New program offers included in the proposed budget: opening a downtown Dental clinic, transition of Westside Health clinic patients to locations near their homes and bringing Primary Care services to the Southeast Health Center.
- The Corrections Health budget has been increased to add mental health staffing and additional personnel for evening shifts. This addition will improve the quality of care in the jails, stabilize the program and reduce the amount spent for on-call and temporary staffing.

Recommendations/Concerns/Emerging Issues: We believe that Multnomah County's most significant priority should be to ensure the health and well-being of all county residents. Adequately funding to sustain the County's current clinical health system is critical in order to do this. The County's primary care clinics are the front line in supporting our most vulnerable neighbors. As the income gap continues to grow, exacerbating health disparities, our County health clinics become an even more indispensable resource for the community at large.

Two key areas of support we would like to emphasize with the Chair is support for the opening of the downtown dental clinic operating in partnership with Central City Concern and the opening of Southeast Health Center. These two additions to our clinical services will provide much needed resources for Multnomah County residents as well as help elevate the gap of services.

The Health Department's proposed budget relocates the Westside clinic to Southeast with two provider teams; with is space available to accommodate another two teams in the future. Primary Care services will be added to currently existing dental services and pharmacy bringing Southeast back to a full service community health center. The proposed budget also includes opening a new downtown dental clinic co-housed with Central City Concern's downtown medical clinic. Dental access is very limited for adults with Medicaid or who are uninsured. Access to dental services for homeless or other vulnerable people, downtown, is non-existent. Dental access in East County has been expanded with the opening of the Rockwood Health Clinic last year.

Key Issues:
State and Federal Health Care transformation and State Early Childhood/Education reform will result in changes that will touch a majority of the Department's services. The Department will be expected to design and deliver services and policies in a way that integrates and consolidates interventions to increase health impact, health outcomes, streamline programs and enhance accountability. It is anticipated that there will be an increased need for services as more people are covered and inadequate reimbursement limits community providers beyond safety net services.

Primary Care and Patient Centered Health Homes are cornerstones of health reform. We have been investing in primary care infrastructure and capacity in anticipation of this demand. The success of our Building Better Care initiative (the name of our patient centered medical home/quality improvement initiative) aligns with the framework adopted to improve quality and reduce costs. The Department is now well positioned to participate in the state and federal health care transformation efforts now happening in the Tri-County area. At a recent Joint Commission survey, outside surveyors shared with me how impressed they were with the Health Department's clinics, services and staff and that the good work that is being done is helping people. I thank you all today for your support of this as well.

Over the last three years, ARRA stimulus funding allowed the Department to add provider teams at Mid-County, East County and La Clinica. It also paid for need repairs, clinical space improvements, and equipment at the Northeast Clinic, the Westside Clinic and the HIV clinic. ARRA funds were also used to buy equipment and software for six pharmacies, adding automated prescription tracking and dispensing capabilities.

STD/HIV/Hep C has experienced a dramatic reduction in grant revenue this year and will continue to see a decrease in grant support for the next several years. The reason is a change in federal funding strategies requiring state and local public health to renegotiate how they approach and fund their programs, especially in regions with a low infection rate. This resulted in fewer dollars passed from State to local jurisdictions.

This program's core functions of addressing sexually transmitted disease and those living with the chronic illness associated with these infections is critical. Future directions for effectiveness include increasing Medicaid enrollment in their populations and a focus on collaborations and capacity building with community partners, including the private physician community.

Other parts of Public Health, like Communicable Disease Services, Adolescent Health and Immunizations continue to look for ways to provide the core local public health responsibility of limiting the spread of communicable diseases while keeping costs down. For example, reorganization and restructuring of their work has eliminated some management and administration duplication.

We urge the Commissioners to advocate on a state level to protect these core public health programs. Investing in the health of our community is an investment in Multnomah County.

Community Health Council Members:
Amy Anderson, Chair
Harold Odihambo, Vice Chair
Cheri Slack, Secretary/Treasurer
Mark Goldsby, Consumer Member
Rosa Hernandez, Consumer Member
Veronica Rodriguez, Consumer Member
Alyssa Craigie, Community Member
Sonto Yare, Consumer Member
Ian Timm, Community Member
Mauricio Somilleda, Consumer Member
Martin Davidson, Consumer Member