

Multnomah County Community Health Council 2015 Citizen Budget Advisory Committee (CBAC) Report

Process: The Multnomah County Community Health Council (CHC, or the 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 other contracted services) and advise the Department on current and emerging matters in public health, including program reviews, policy development and budget recommendations. The CHC includes members of the community with an interest in public health, representatives from local health and social service organizations and most importantly, a required minimum of 51% 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.

The Council supports the Health Department's standing goals:

- To assure individuals, families and communities gain greater control of the factors that influence their health
- To improve the health of our diverse communities
- To be an adaptive learning organization that serves as an effective and accountable local public health authority and provider of community health services

Additionally, the Council looks forward to supporting the Department's 2014-2018 strategic planning process and assisting with work in the additional focus areas recently identified by the Healthy Columbia Willamette health needs assessment.

Major Changes for the Department:

- The expansion of Medicaid eligibility took effect on January 1, 2014. In the enrollment summary for February, 2014, Oregon Health Authority reports more than 200,000 people have completed the enrollment process to receive the Oregon Health Plan.
- The Health Department will continue adapt to the changes initiated by Health Care Transformation and the expansion of Medicaid to low income adults under the Patient Protection and Affordable Care Act. The Department has implemented new models of care but reimbursements have not yet changed to match those developments.
- The Centennial High School, School-Based Health Center (SBHC) will open its doors in May, 2014. This SBHC is located in a medically underserved area and will help the County to reduce health disparities by creating a new health access point for school-aged children in the area.
- As part of the 2013-15 Oregon State Legislature appropriations for increased funding for the State Addictions and Mental Health, the School-Based Health program received two Mental Health Expansion grants to increase mental health provider capacity within School-Based Health Centers and work on mapping out how best to have an integrated mental health and primary care electronic health record within SBHCs.
- Costs for Corrections Health continue to create a difficult budget atmosphere within the Department. The Department has made efforts to identify strategies to reduce costs and assure efficiency. A new opportunity through the ACA will allow hospitals to bill the Oregon Health Plan when eligible inmates are hospitalized for more than 24 hours. This should help to decrease Corrections Health expenses for outside services.
- Maternal and Child Health services is preparing to align investments in healthy families with Early Learning Multnomah work while meeting the challenge of addressing increased community need with reduced funding.

Recommendations/Concerns/Emerging Issues:

We recognize the complexity of Health Care and Early Childhood / Education Transformation as well as the difficult revenue picture that has resulted from this period of transition. We want to thank the Chair and the Board of Commissioners for their support in the past year, and we respectfully ask that you continue to protect and invest in the long-term health and well-being of the residents of Multnomah County.

A year ago at this time, we were making preparations to ensure Department success in adoption of Affordable Care Act (ACA) mandates. The ACA was predicted to bring about some of the biggest changes in Federal health policy in the last 50 years. This meant redesigning many long-standing processes, and working to develop innovative new models for care. Throughout the transition, the Department and its staff have worked tirelessly and remain committed to the idea that the ACA is an important step toward realizing our Department vision of Healthy People in Healthy Communities.

In Fiscal Year 15, adequate funding is imperative to sustain the County's current clinical health system. The County's Health Centers are the front line in supporting our most vulnerable neighbors. As the economy continues its slow recovery, our County health clinics are vital to individual and community success in health; with their unfailing commitment to providing access to care, social and behavioral support, and culturally competent services, our County Health Centers have become an even more indispensable resource for the community at large.

One key area of support we would like to emphasize with the Chair is to ensure sufficient funding for the Health Department to meet the changing demands associated with State and Federal Health Care Transformation. Changes to Health Care and also to Early Childhood/Education will continue to result in modifications to funding structures and delivery models touching a majority of Health Department services. We are working to position ourselves to anticipate and respond to these changes as they take shape.

Additionally, the Health Department's proposed budget underscores the importance of stabilizing staffing and funding for core or mandated services and public health functions. Although, the Department is working to develop new partnerships and re-imagine existing relationships in order to increase our effectiveness with our limited resources, we are realistic about the significance, scale, and difficulty of the work that lies ahead.

Key Issues:

State and Federal Health Care transformation and State Early Childhood/Education reform continue to be at the forefront of our planning and current activities. The Health Department is in the process of integrating and consolidating interventions to increase health impact and health outcomes, while streamlining programs and enhancing accountability. An increased focus on quality, data and metrics to track and improve outcomes is at the forefront of work as we look toward FY 15.

We continue to be involved in and improve upon our Building Better Care initiative (the name of our patient centered medical home/quality improvement initiative) and have been identified by the Institute for Health Care Improvement as a model for systemic quality improvement and cost reduction. Building Better Care 2.0 will be the framework for delivery of outcomes-focused clinical services and ensure that the state-required metrics are fully integrated into our culture of care.

Primary Care and Patient Centered Health Homes are cornerstones of health reform. Alternative payment methodology will result in a shift from fee-for-service payment to outcomes based payment. Success in this shift is reliant upon adoption of a broader definition of care, and embracing the role of the Health Center as important player in an interconnected community of care. The expansion of Medicaid will continue to increase the need for

coordinated services as more people are covered and inadequate reimbursement limits community providers beyond safety net services. The Patient-Centered model puts the patient at the center of this network and will result in improved health outcomes as our definition of care extends beyond the walls of the clinic.

We remain actively engaged in our work in Coordinated Care and Behavioral Health Integration. The Health Department has partnered with LifeWorks NW, Cascadia Behavioral Health and other key mental health providers. These partnerships are essential to sustainable improvements in client care and case management. Clients are receiving additional support with making the transition from primary care to external services, thus promoting continuity of care and improved health outcomes.

During this time of transition, Early Childhood Services (ECS) continues to consolidate program models with a move towards greater health equity and maintenance of services to families who lack other support. ECS will maintain its focus on alignment with Early Learning Multnomah changes and address the growing need for mental health consultation as identified by the families they serve.

Communicable Disease Services continues to monitor and investigate potential infectious epidemics, while the STD/HIV/Hepatitis C program remains committed to providing the program's core functions of addressing sexually transmitted disease and those living with the chronic illness associated with these infections is critical. Efforts to increase effectiveness through community partnerships has produced the Skin Care Clinic project at Bud Clark Commons, an expansion of the Health Commons Grant received by Health Share of Oregon (HSO). During the first year of this grant, HSO partners identified a need for greater focus on interventions that reduce avoidable emergency department visits and improve primary care utilization among a patient population experiencing chronic homelessness, drug/alcohol addiction, and behavioral health diagnoses. This pilot project is an innovative partnership between the Portland Housing Bureau, Home Forward (formerly Housing Authority of Portland), Transition Projects, and Multnomah County. The goals of this project are to improve connection with primary care providers, improve health outcomes, and reduce inappropriate Emergency Department utilization. Projects such as this help to deepen connections across Department services, boost the effectiveness of the divisions involved, and improve health outcomes for participants.

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, Member	Pedro Sandoval Prieto, Vice-Chair
Mark Goldsby, Member	Mauricio Somilleda, Member
Cheri Slack, Member	Bonnie Malone, Member-at-Large
Wendy Shumway, Member	Ruth Duran, Member-at-Large
Terry "Geino" Aotsch, Member	Lynn Ketch, Member
Rosa Hernandez, Member	Jennifer Hughes, Member
Veronica Rodriguez, Secretary / Treasurer	Harold Odhiambo, Chair