



Multnomah County Community Health Council 2009 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 community 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 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:

- Redesigning clinical leadership to support current and future system; eliminating 'lead' role and putting back more clinical time.
- Focusing and moving to Director's Office those service that are key to maintaining quality and performance indicators across the system—Health Equity, Health Promotion, Planning, Research and Evaluation
- Eliminating a service area and consolidating senior management and support
- WIC will move to CHS and Early Childhood will undergo a strategic planning process to clarify service intent in the community in conjunction with all our services impacting young families.
- Emergency Preparedness and Business Continuity will report in the Director's office, to the Deputy Director, to ensure internal operations are streamlined.
- Medicaid Eligibility will move to Clinic Operations to provide more support to patients.

Recommendations / Concerns: We believe that Multnomah County's most significant priority should be to ensure the health and well-being of all county residents.

The biggest concern we have is maintaining the current infrastructure within the clinics to ensure that patients have access to high quality services. We maintain that while programs may come and go depending on funding, our main concern is if the Health Department loses their internal capacity than all programs will suffer, regardless of funding. Maintaining the current service level is critical for the programs and patients the Health Department serves. Adequate 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. Furthermore, many of their services leverage funds from the federal government through reimbursement that benefit the County greatly. Reimbursement dollars enable the Health Department to expend access to care and serve vulnerable populations (homeless, women, children, etc) through high quality health care.

We do not want to see the Health Department risk its “federally qualified health center” (FQHC) status and its ability to obtain federal dollars. Federal funding requires that county health centers keep a certain level of care and number of sites within the clinic system. To qualify for federal funding, health centers must maintain (1) a system of care that ensures access to primary and preventive services, and facilitates access to comprehensive health and social services, (2) quality services responsive to the needs and culture of the target community and/or populations, (3) effective clinical and administrative leadership and procedures to guide the provision of services and quality improvement programs and (4) a consumer majority governing Council. The Multnomah Health Department is not currently in danger of losing federal primary care grants, but as the budget cuts deepen, we are concerned about the direction the Department will be forced to take and the impact on our FQHC status. Cutting sites and provider teams will result in lost Medicaid revenue and potentially a loss of federal funding for uninsured care. It is important to understand that cutting provider teams, without cutting building and operating costs, typically results in more revenue lost than costs saved.

Finally, maintaining the internal capacity of the Health Department will enable them to better respond to the upcoming health care reform initiatives that are being implemented by President Obama. Health care reform is moving quickly and we want to ensure that the Health Department will be able to access additional funding opportunities and actively seek additional funding through federal reimbursement without compromising the current work and the only way to ensure this is to maintain the internal capacity within the Department.

We wholeheartedly support the program offers submitted by the Health Department. The internal reorganization will enable the Department to streamline services and delivery care in a more coordinated effort. With the growing number of uninsured and underinsured patients rising each year, it is in the County’s best interest to fund program offers that highlight prevention and education efforts.

Emerging Issues: One important issue not addressed by any of the submitted program offers is the infrastructure (externally and internally) of the County clinics. While some of the clinics have been redesigned and upgraded (North Portland Health Center and East County Health Center) there still are several clinics that are in desperate need of building improvements. This year, the Department was able to completely remodel Mid County Health Center and the effects are remarkable. Often, the focus is on clinical services provided and little thought is given to the value an aesthetically pleasing, customer centered environment can impact a client’s well-being.

Patient centered care begins the moment the client walks through the doors of the clinic. The ambience of the clinics can play a big role in how the client feels about the service being

provided. Northeast Portland Health Center in particular, is in desperate need of funding to update the waiting areas and redesign the check in areas for more patient privacy. The Health Department is currently researching funding opportunities to begin these upgrades and financial support from the Board of County Commissioners is imperative.

In conclusion, we ask the County to keep pressure on the State and federal government to uphold its responsibility to find funding solutions. We urge you to advocate as you can for systemic changes of the state's health care system. Multnomah County simply cannot continue serving its residents without adequate funding and support from both the state and federal government.

From the Council's perspective, the Department has been a responsible manager of its financial and human resources. Our Council serves as a voice of the community, representing many individuals who directly benefit from the exceptional services currently in place. At our monthly meetings, we hear directly from clients who are continually impressed with the compassion of the health care providers, the technological advances such as Electronic Health Records at the clinics, and the Department's commitment to cultural competence. It is our hope that you will continue to focus on the needs of our community's most vulnerable residents.

Community Health Council Members:

Harold Odiambo, Chair

Mauricio Somilleda, Vice Chair

May Lynn Chu, Secretary/Treasurer

Amy Anderson, Member at Large

Barry Mattern

Robert Hardy

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