



Health Department FY 2019 Proposed Budget

Presented to the
Board of County Commissioners

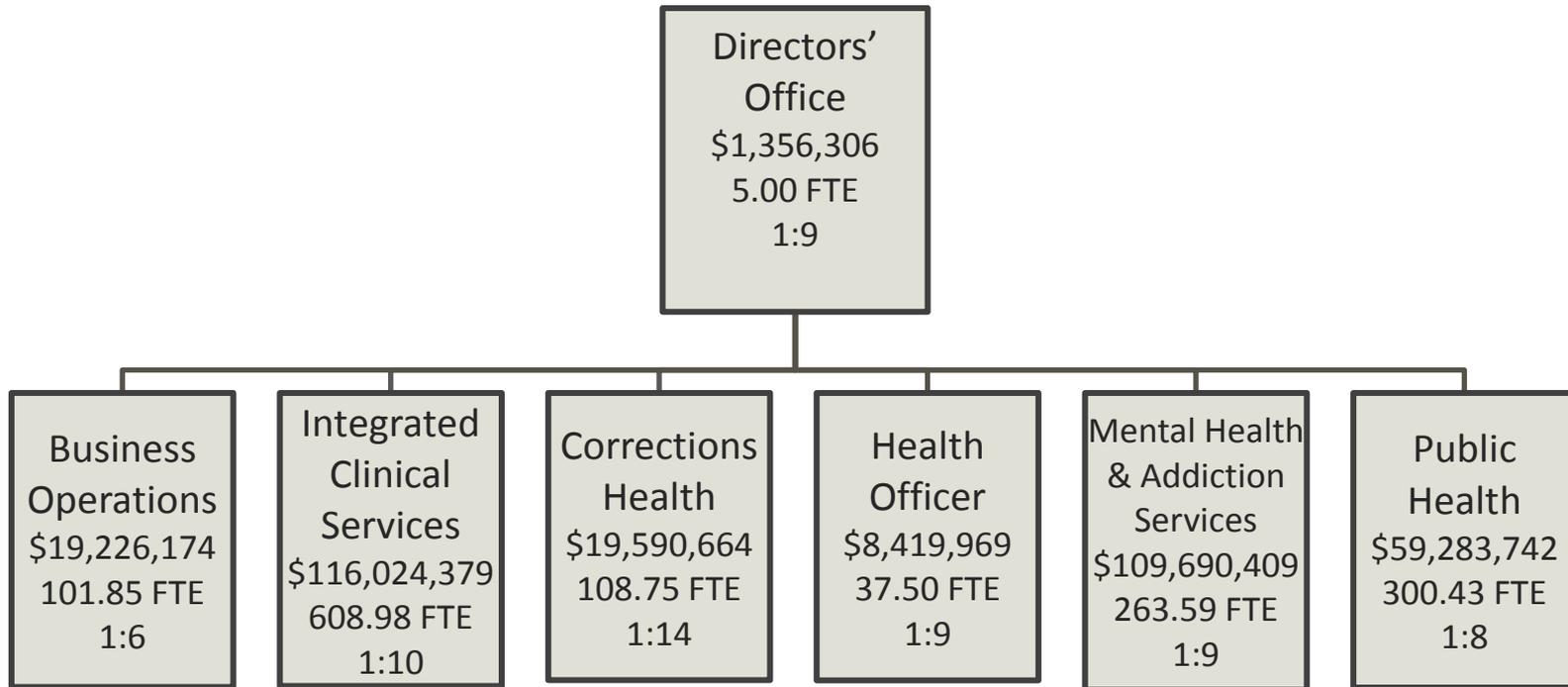
Multnomah County
May 22, 2018

Located at: www.multco.us/budget

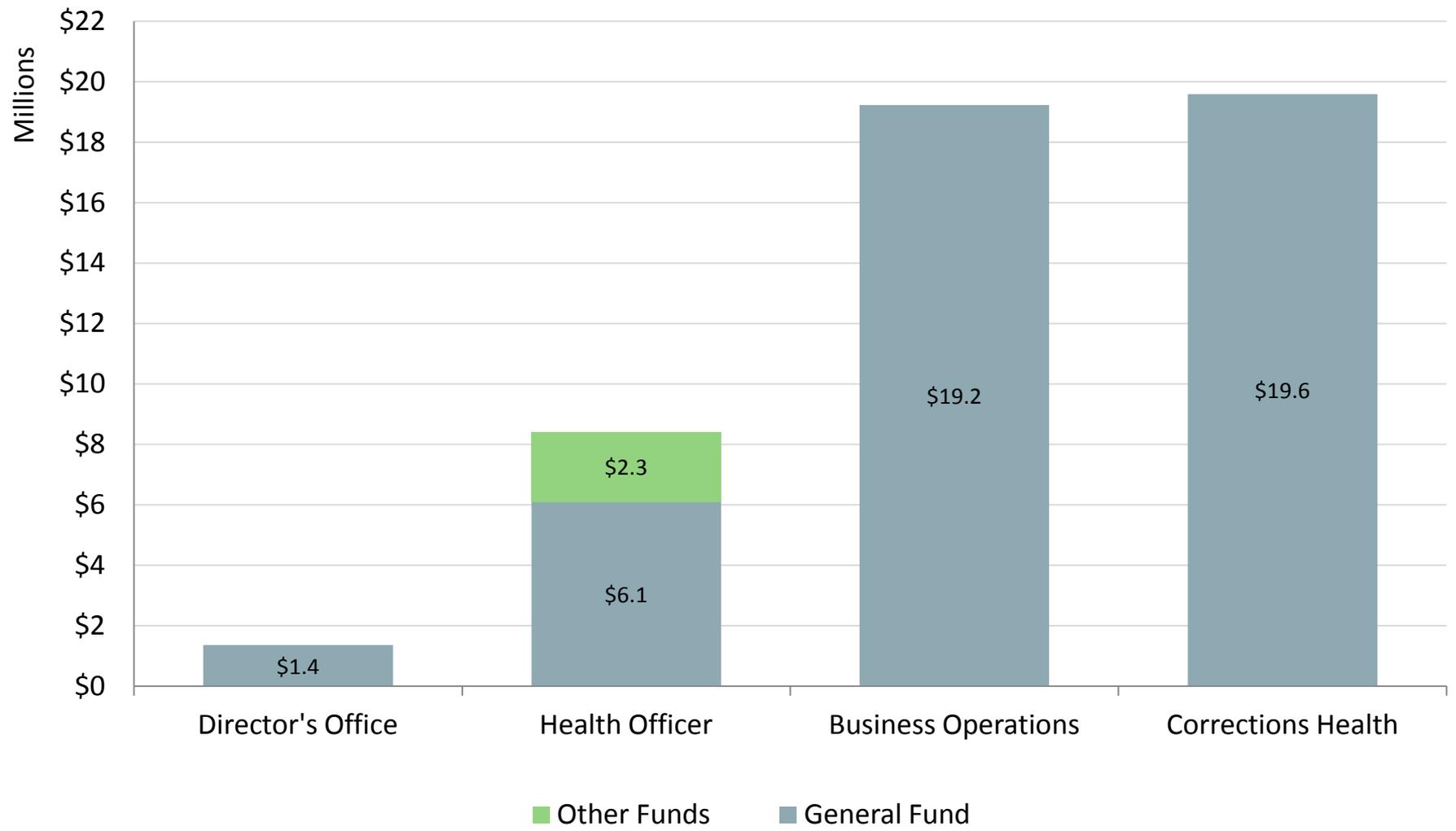
Organizational Chart

Total Budget: \$333,591,643

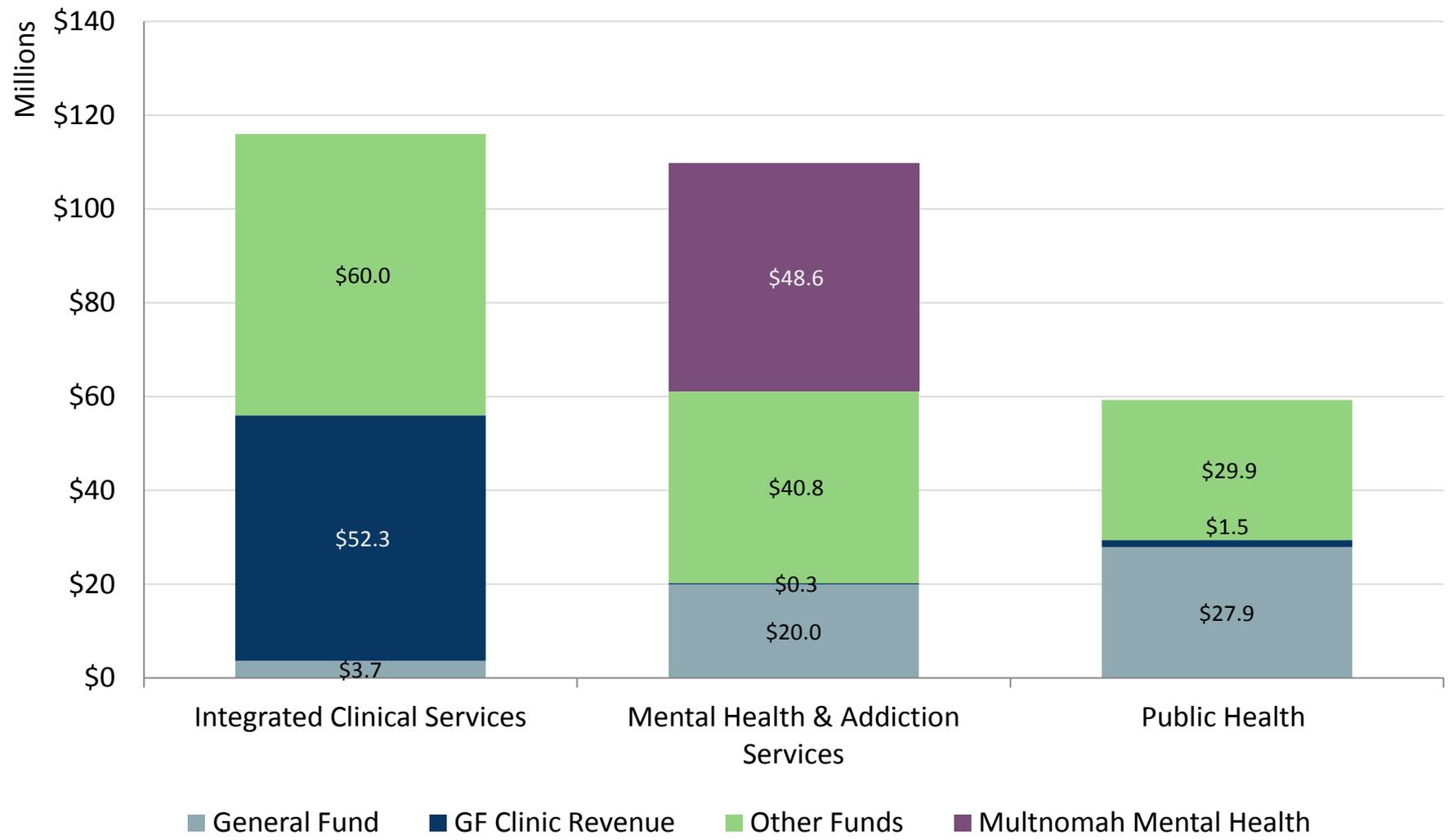
Total FTE: 1,426.10



Budget by Division



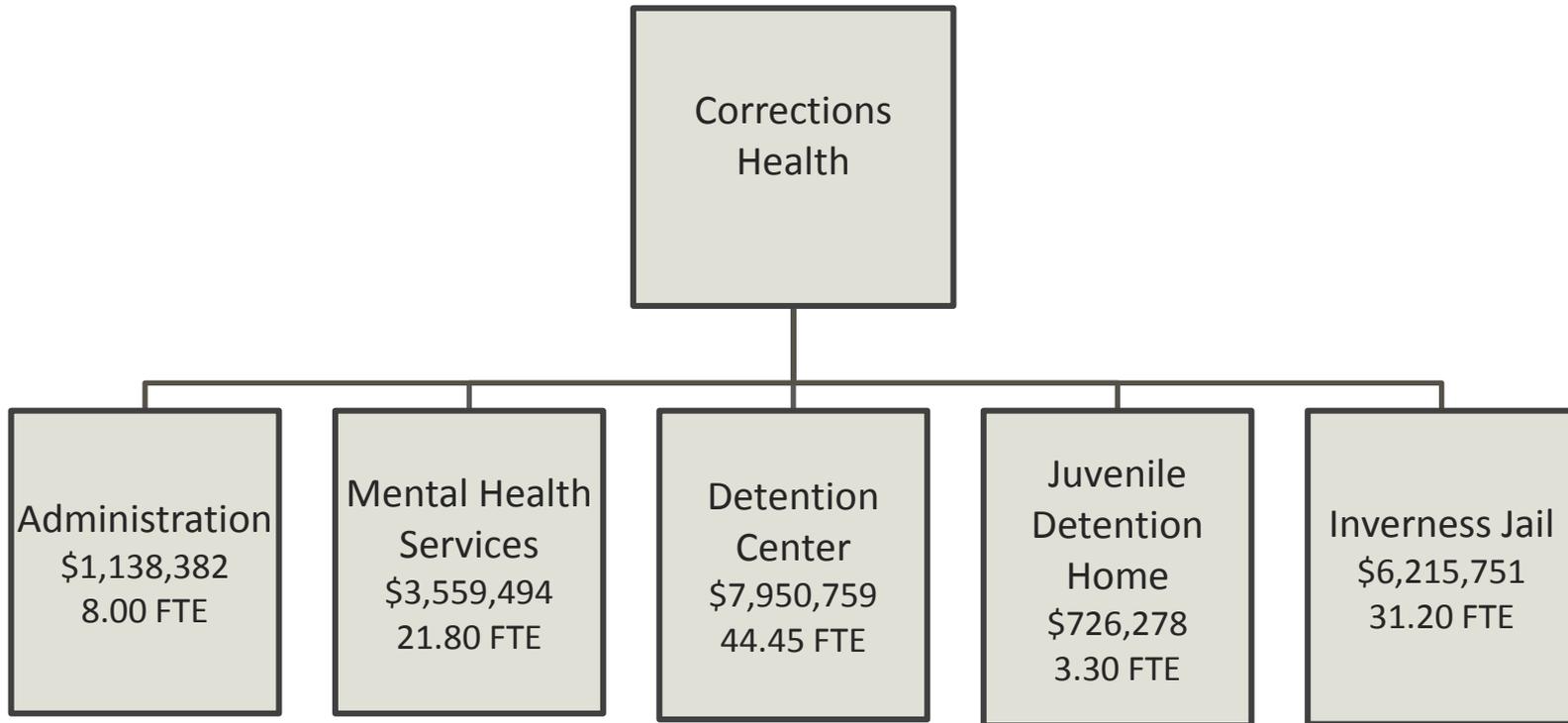
Budget by Division



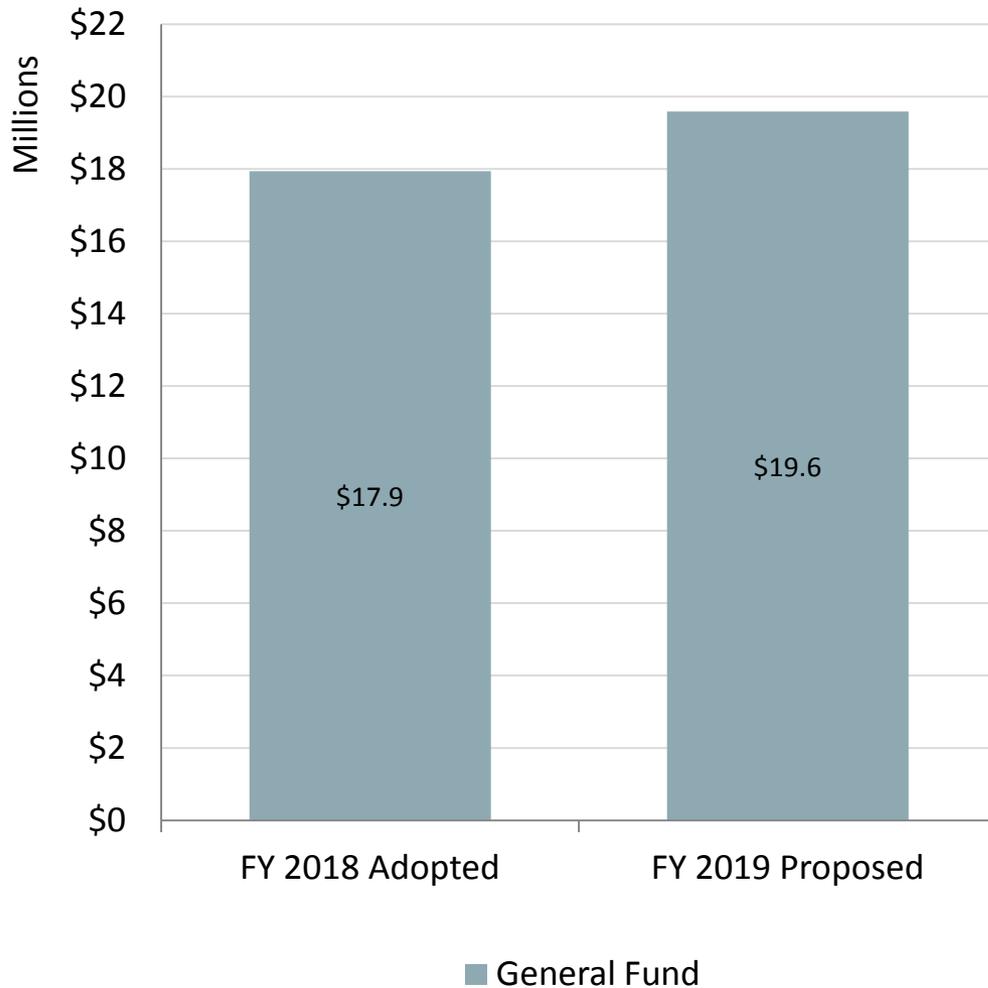
Corrections Health

Total Budget: \$19,590,664

Total FTE: 108.75



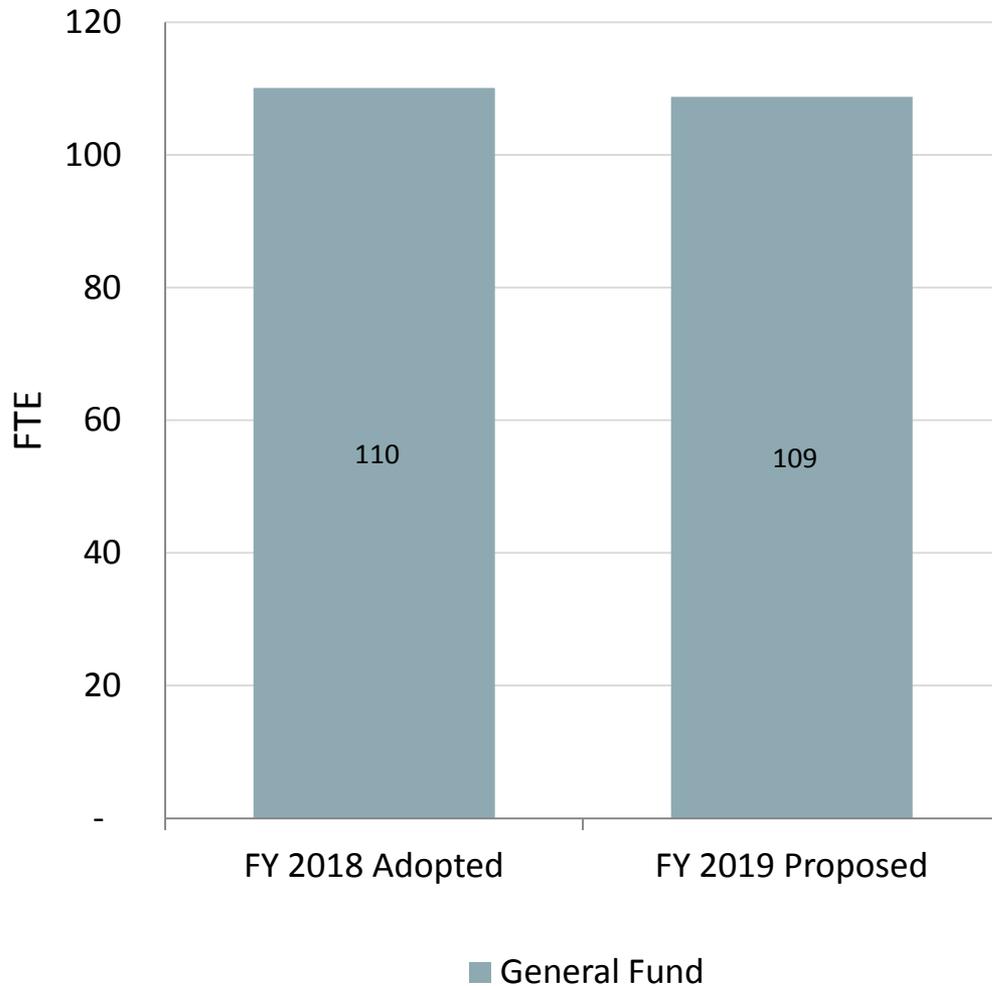
Corrections Health



- GF increased by \$1.7m.
- Net FTE decreased by 1.35 FTE.



Corrections Health - FTE



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- Net FTE decreased by 1.35 FTE.



Corrections Health

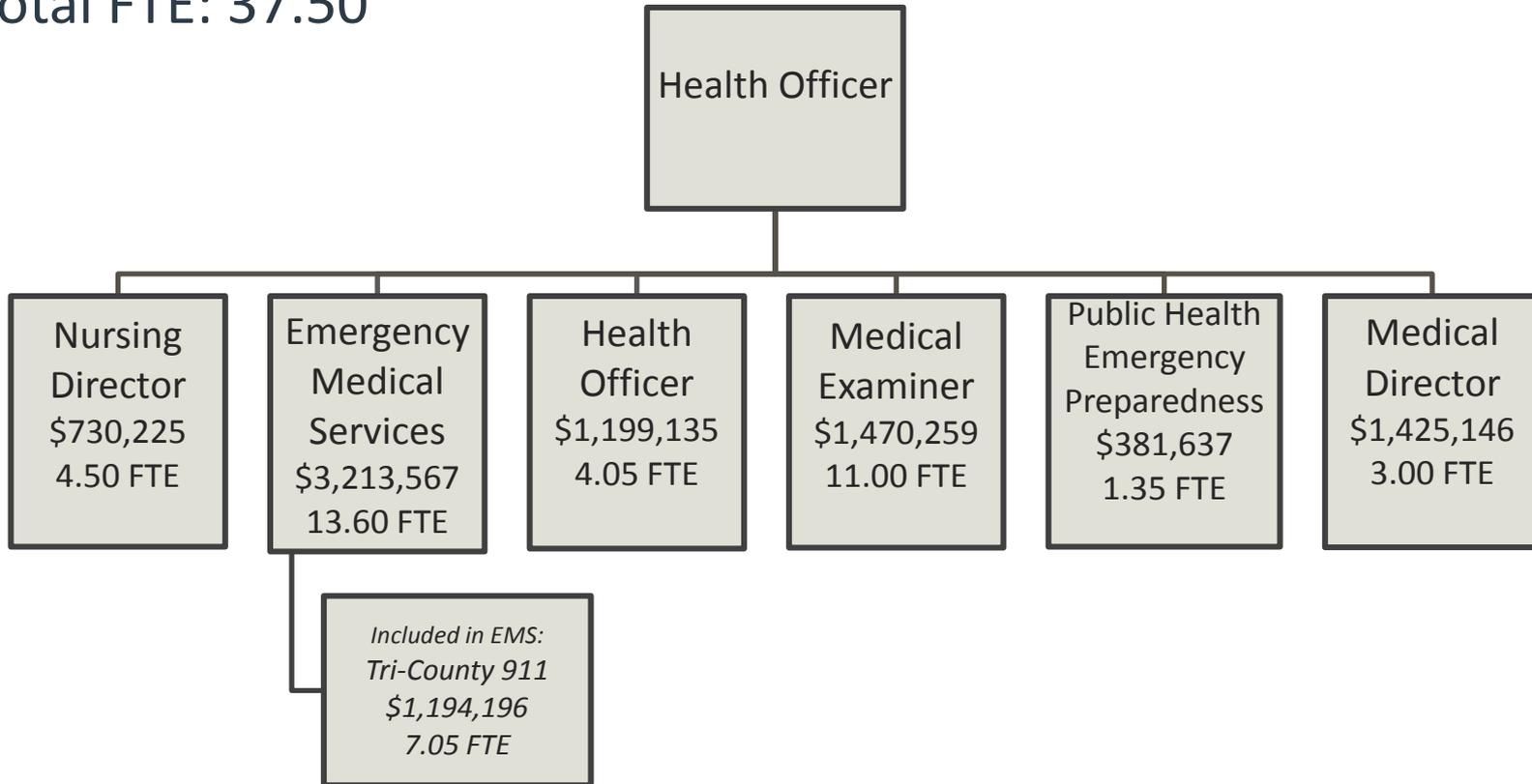
- Access to Care
- Mental Health Enhancements and Opportunities
 - Hiring
 - Staff training
 - Other issues



Health Officer

Total Budget: \$8,419,969

Total FTE: 37.50



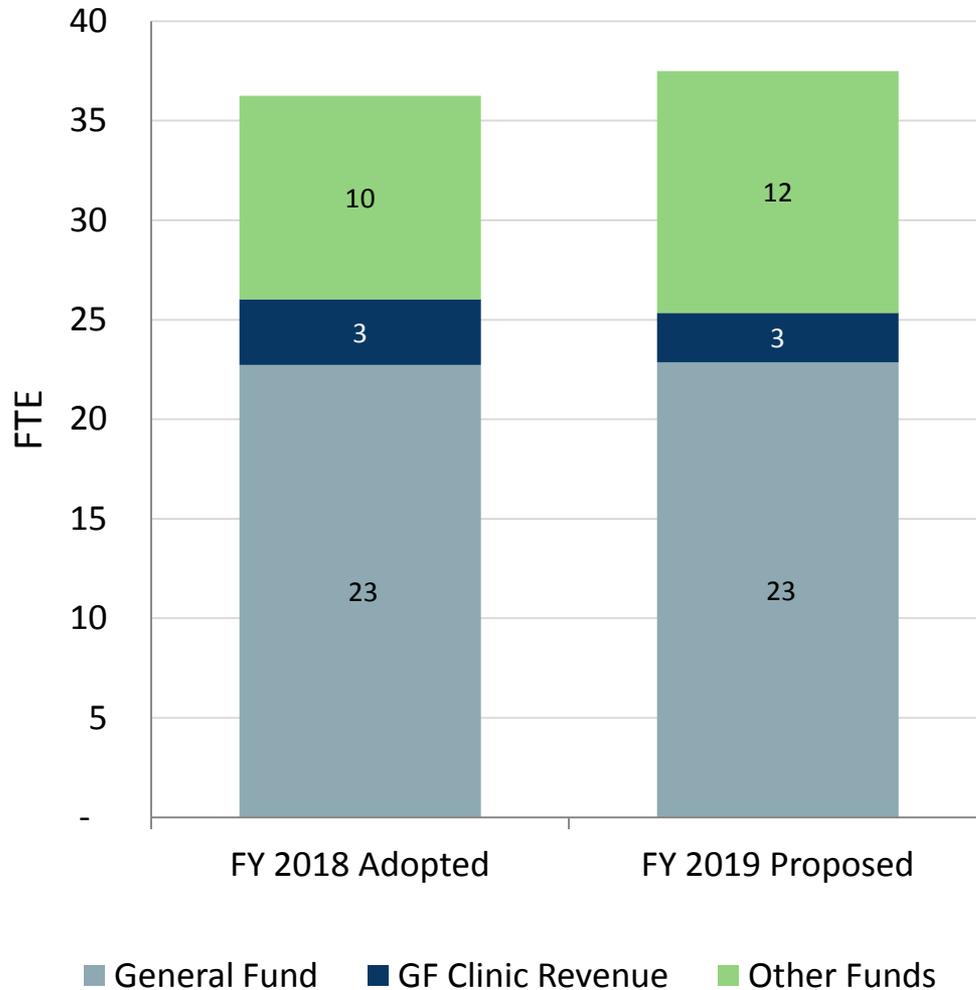
Health Officer



- Implement new ambulance service plan and 911 EMS contract September 1, 2018
- Implement new statewide Medical Examiner database in Multnomah County and improve Medical Examiner response times
- Further integrate Health and Medical (Emergency Support Function 8) into Multnomah County Emergency Management



Health Officer - FTE



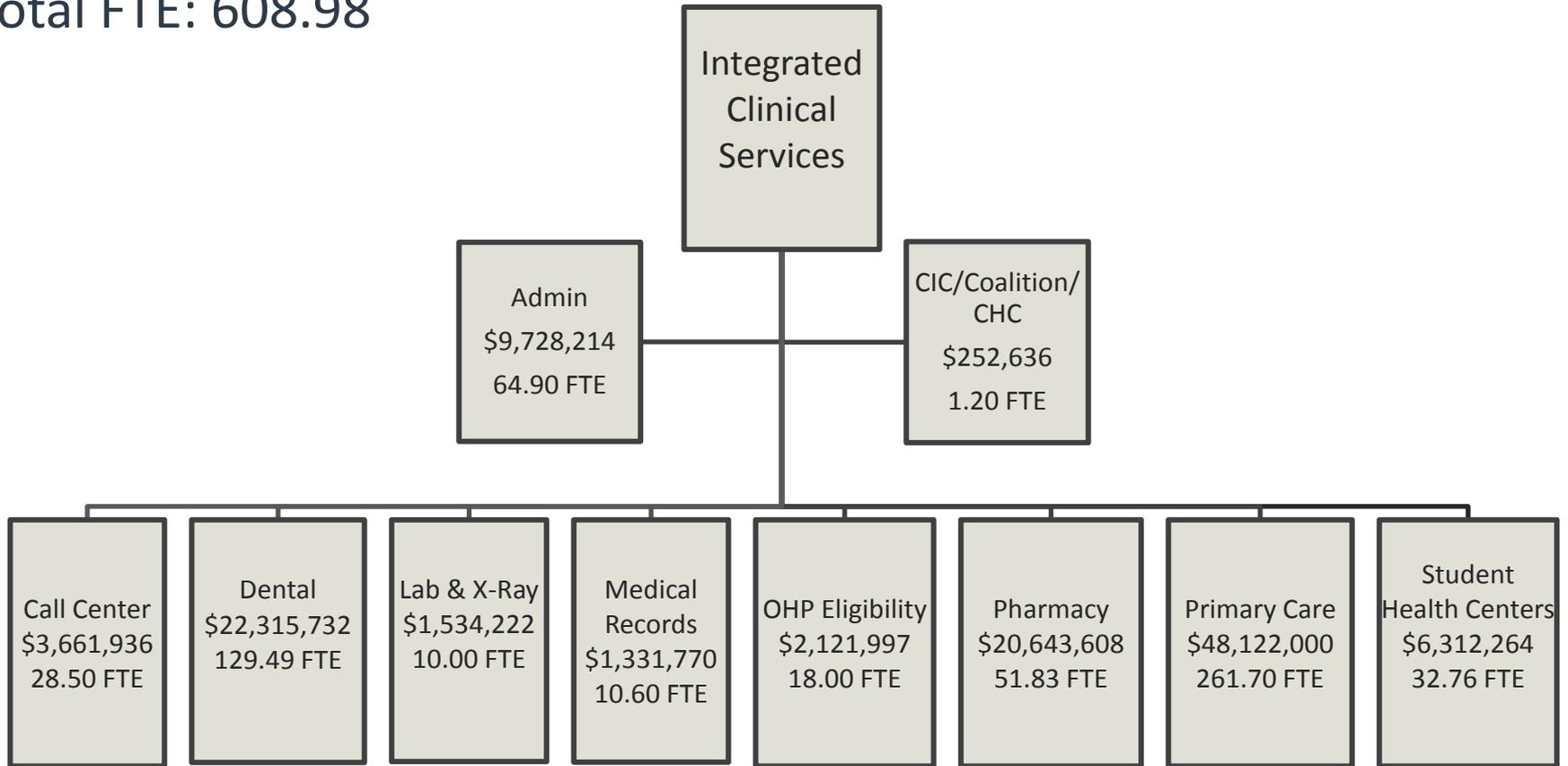
- GF increased by \$120k.
- Other Funds increased by \$35k.
- Net FTE increased by 1.25 FTE.
- Added 1.0 FTE Deputy Medical Examiner.



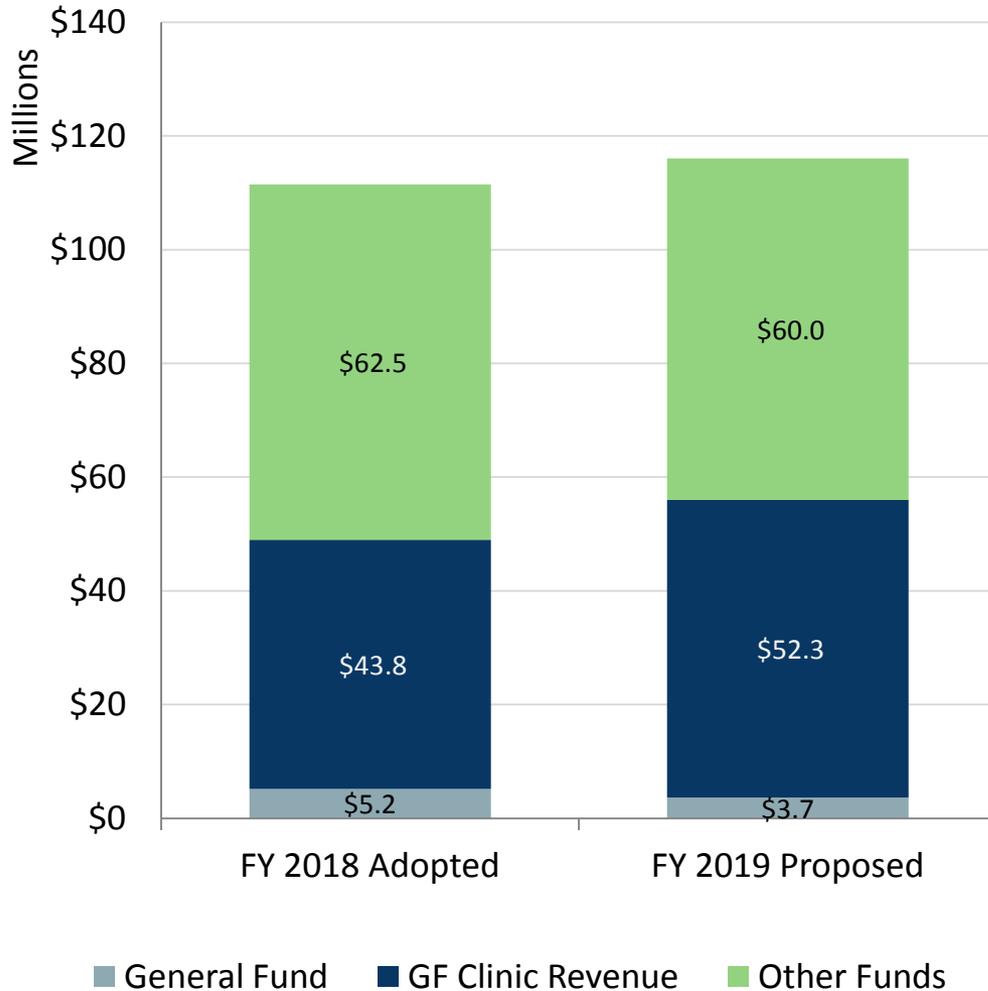
Integrated Clinical Services

Total Budget: \$116,024,379

Total FTE: 608.98



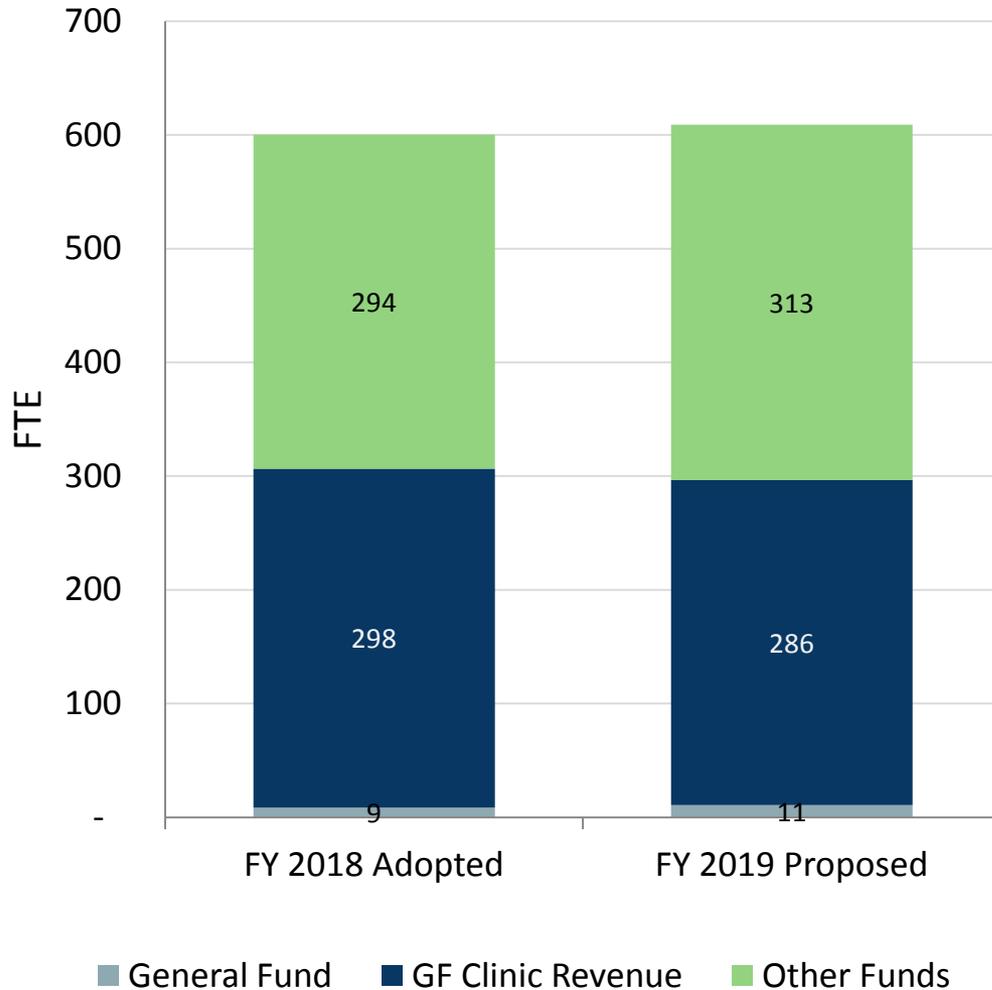
Integrated Clinic Services



- Net GF, including Clinic and Incentive revenues, increased by \$7m.
- Other Funds decreased by \$2.4m.
- Net FTE increased 8.59 FTE.



Integrated Clinic Services - FTE



- Net GF, including Clinic and Incentive revenues, increased by \$7m.
- Other Funds decreased by \$2.4m.
- Net FTE increased 8.59 FTE.



Vision of the Multnomah County Health Department:
“Healthy People in Healthy Communities”



Integrated Clinical Services:

Vision

Integrated. Compassionate. Whole person health.

Mission

Providing services that improve the health and wellness for individuals, families, and communities

Values

- *Quality and safety*
- *Person-centered and culturally relevant*
- *Fiscally sound and accountable*
- *Engaged, expert, diverse workforce*



Integrated Clinical Services // Our Strategies

Values

- *Quality and safety*
- *Person-centered and culturally relevant*
- *Fiscally sound and accountable*
- *Engaged, expert, diverse workforce*

Quality & Safety

- Evaluate the use of new technology to improve medication management
- Optimize cancer screenings
- Design primary care teams to support high quality care and patient safety

Fiscally Sound

- Reduce patient emergency department utilization
- Implement systems for tracking compliance (HRSA, JC, NCCHC)
- Improve primary care transitions for patients

Person-centered

- Offer new extended hours to increase access
- Launch and strengthen culturally specific care programs
- Introduce telemedicine visits to increase access

Engaged workforce

- Improve onboarding and training of clinical staff
- Implement provider resiliency training
- Assure a strong clinic leadership team
- Develop robust succession planning



Integrated Clinical Services // Our Services

1

Health Centers

- 7 primary care centers
- 12 school-based health centers (with a planning grant to consider a 13th)
- 6 dental clinics (7 soon)
- 7 pharmacies and 340,000 Rx per year
- 1 central lab
- 1 specialty HIV/STD clinic
- 70,000 patients served and 300,000 visits per year

2

Outreach Programs

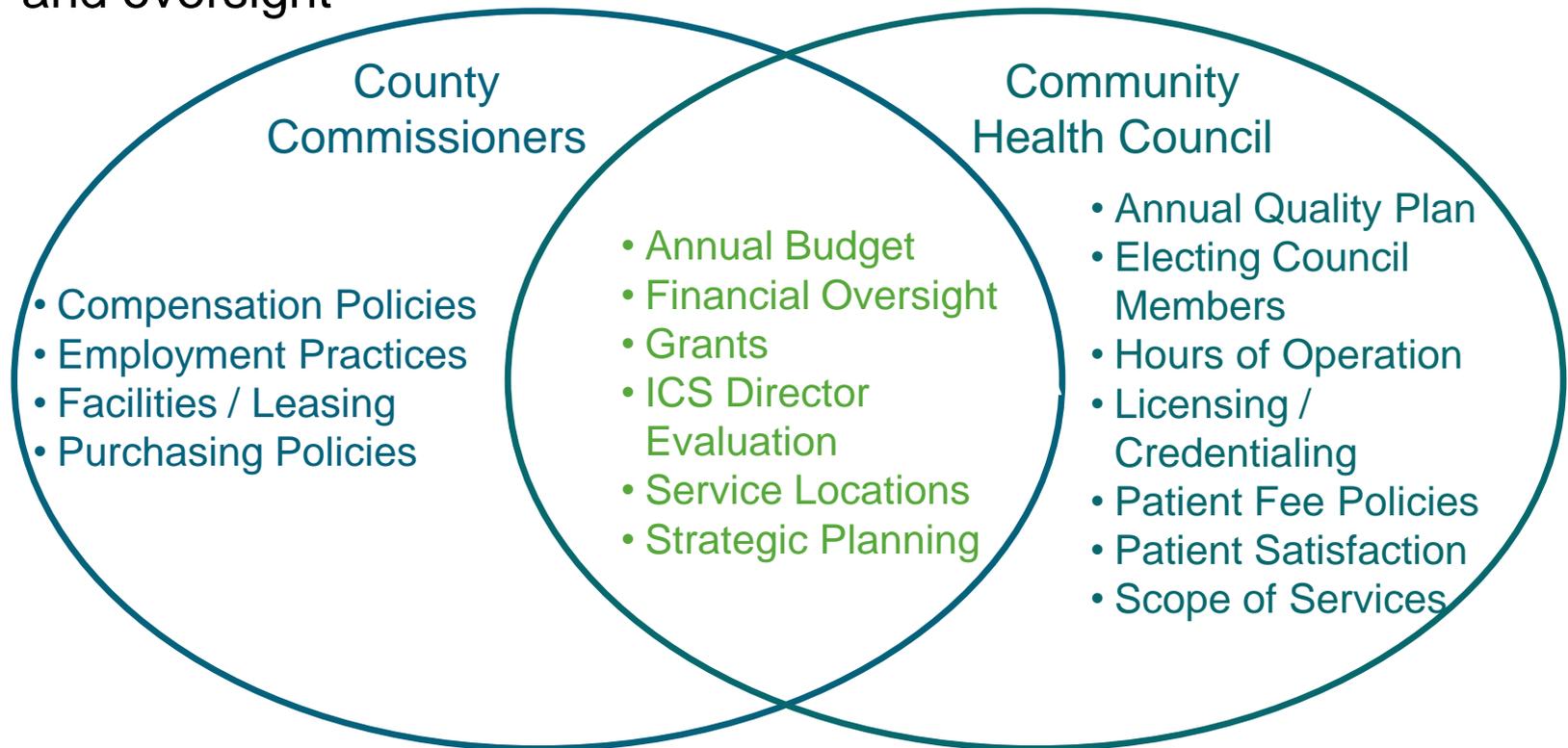
- Oral health education and dental screening and sealant program serving 28,000+ children in schools each year
- Partnerships with area agencies such as Wallace Medical, Central City Concern, and others
- Advocacy with the Oregon Primary Care Association and the Coalition of Community Health Clinics

- We are the largest safety-net primary care and dental care systems in the State (32 total FQHCs in Oregon)
- We are one of the largest community health centers in the country



Integrated Clinical Services // Community Health Council

- Our Federally-Qualified Health Center has two governing boards: The Community Health Council and the Board of County Commissioners
- Both boards work together to help ensure high-quality patient care and oversight



Integrated Clinical Services // Health Center Highlights

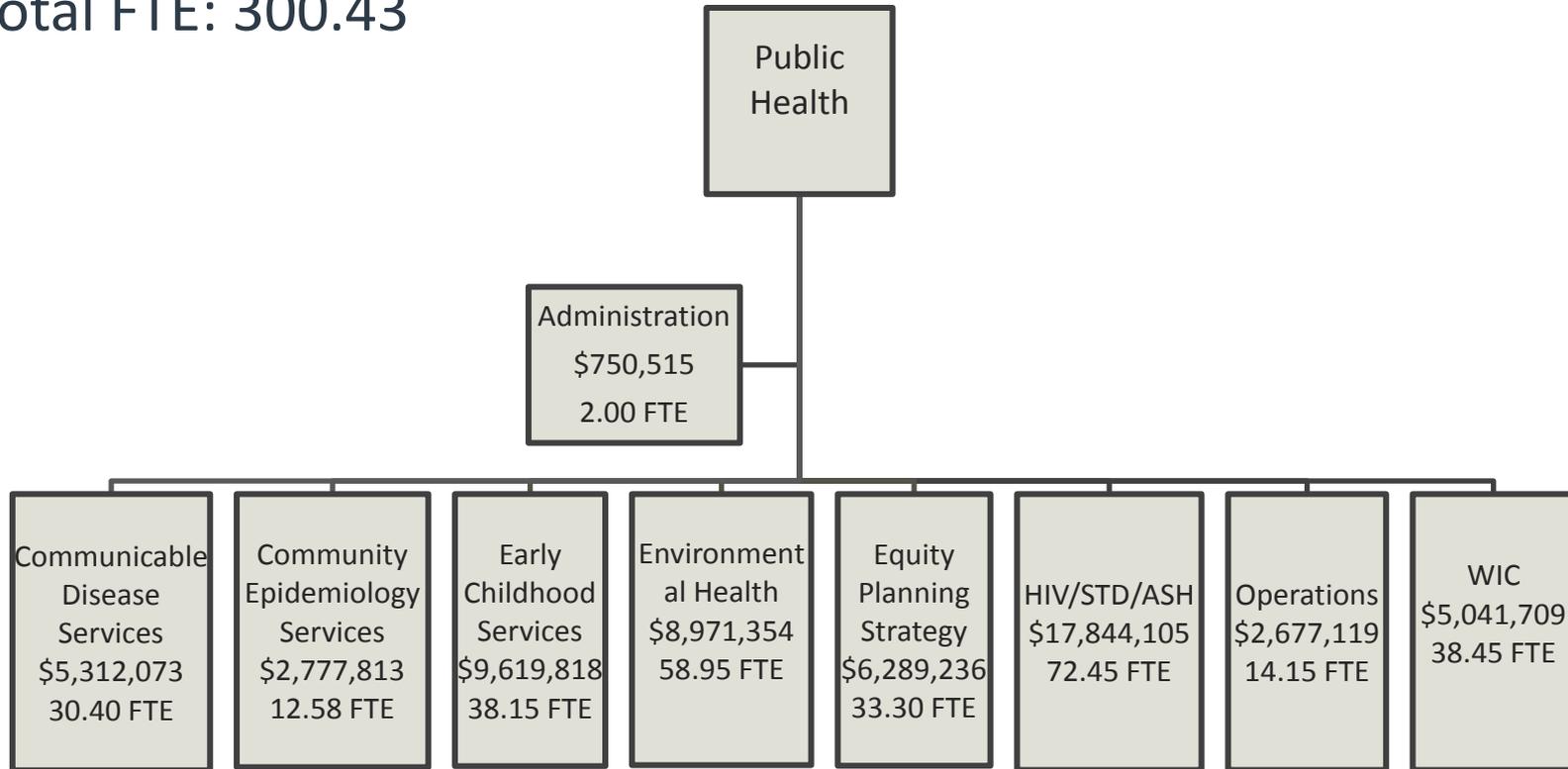
- Primary Care teams designed patient's social, cultural, and health needs
- Develop NP Residency program
- Invest all-clinic staff skills patient care | service
- Develop Convenience Care Clinic services
- PC Dental integration immunizations for babies
- Dental 12/12 CCO metrics, PC 10/12 CCO Metrics
- HRSA Quality Care Award 5th yr, top 30% FQs



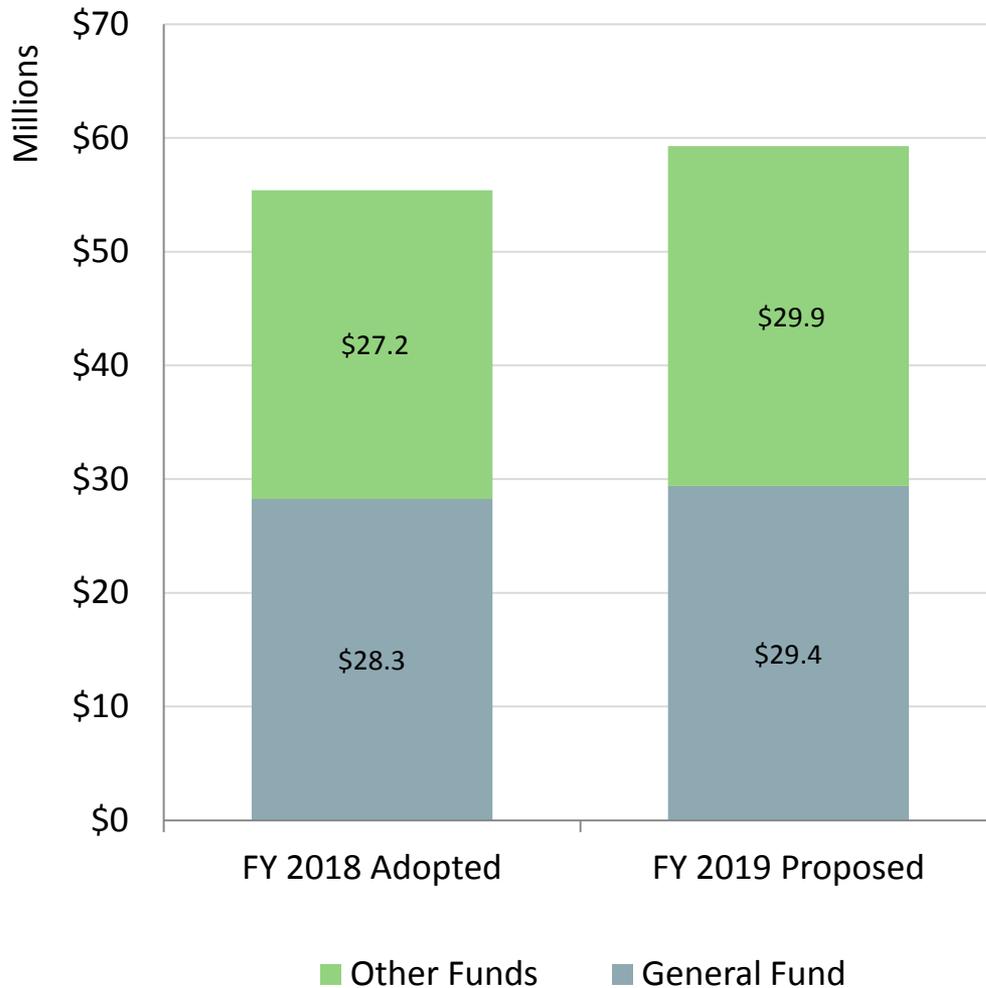
Public Health

Total Budget: \$59,283,742

Total FTE: 300.43



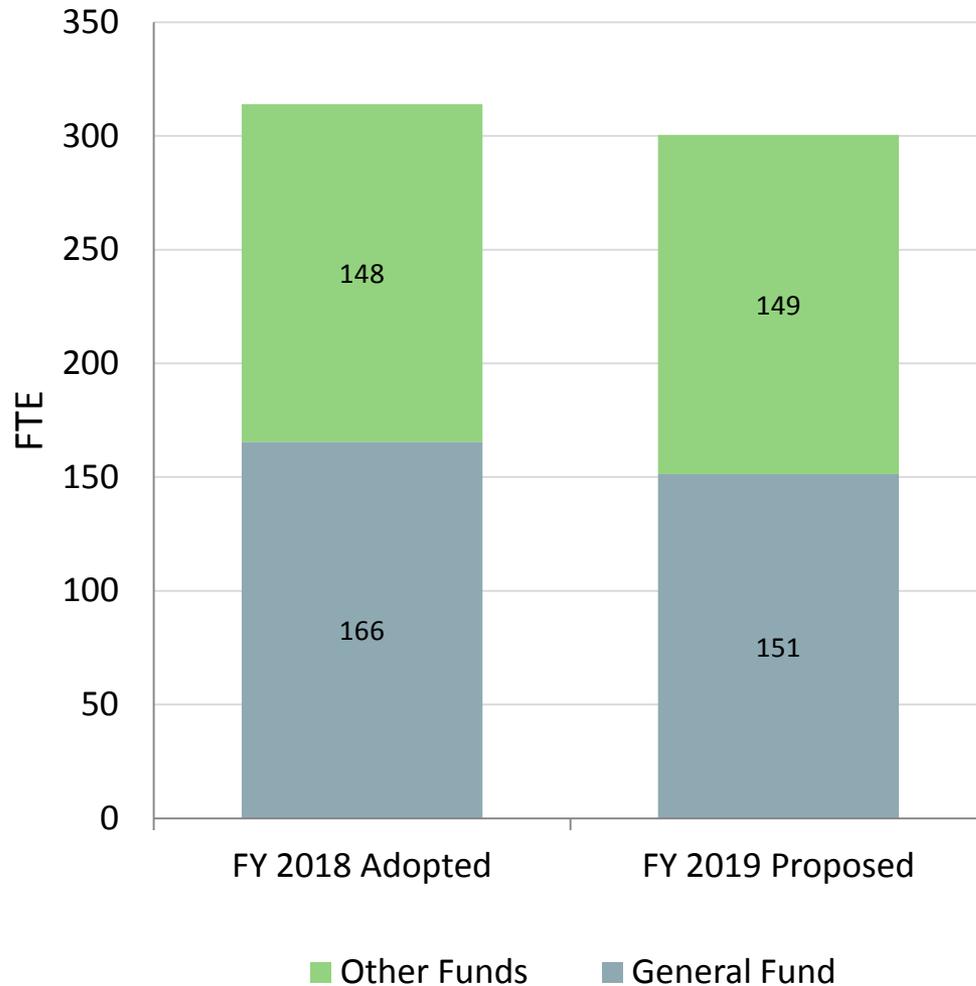
Public Health



- GF increased by \$1.1m.
- Other Funds increased by \$2.7m.
- Net FTE decreased by 13.49 FTE.



Public Health - FTE



- GF increased by \$1.1m.
- Other Funds increased by \$2.7m.
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Public Health

HEALTH CARE TREATS THE SICK. PUBLIC HEALTH PREVENTS ILLNESS.

The Oregonian

Multnomah County gets \$6.25 million to prevent teen pregnancies



The Oregonian

Public health workers ramp up use of medicine that stops opioid overdose



The Oregonian

Multnomah County's tobacco report tallies retailers, availability to children



The Oregonian

New Multnomah County data shows stark disparities between minority, white babies

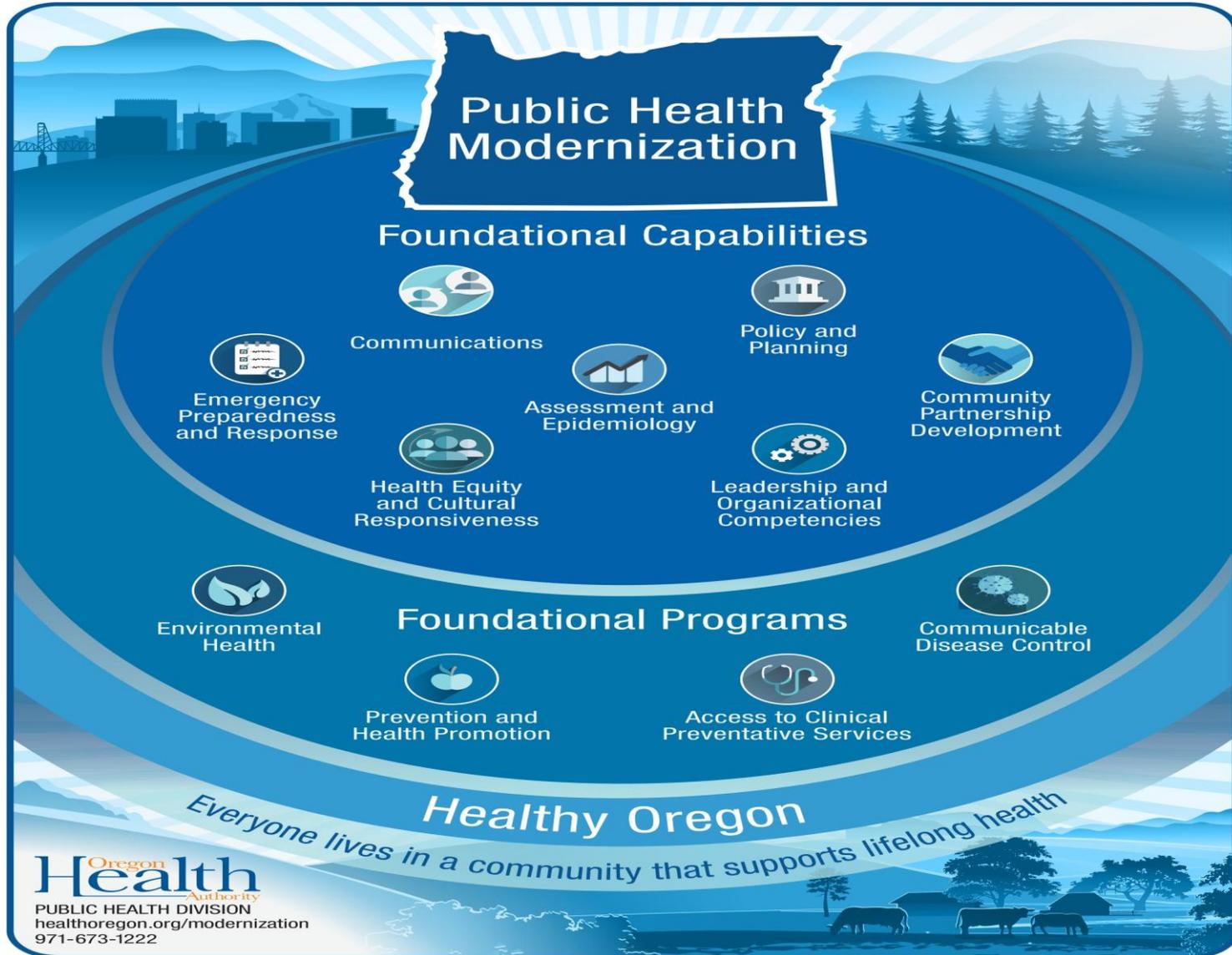


Staying ahead of the headlines

We work to promote health to the public to prevent and stop the spread of disease.



Public Health

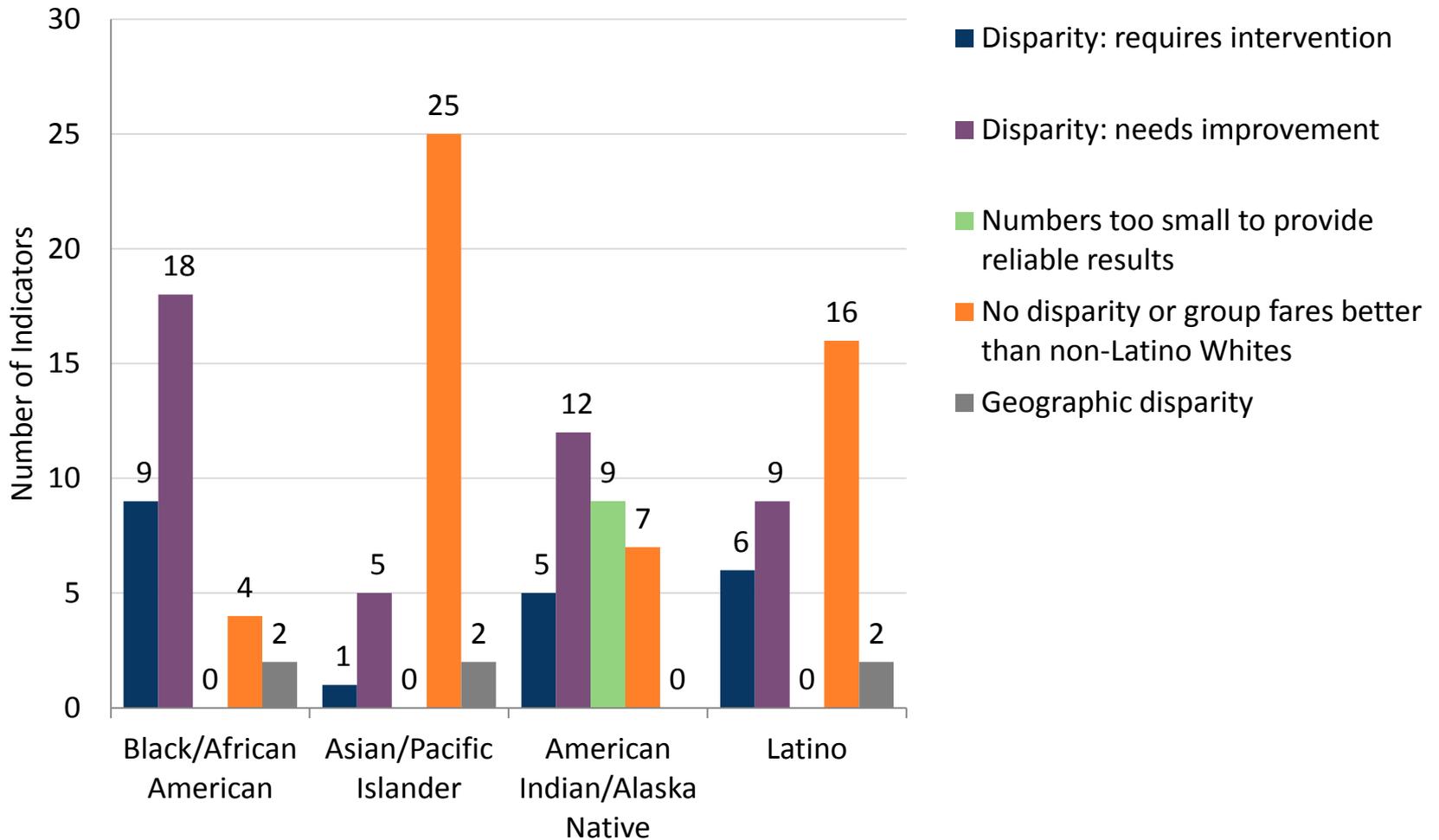


How does Multnomah County compare to similar counties outside the Portland metro area? County Health Rankings, 2017

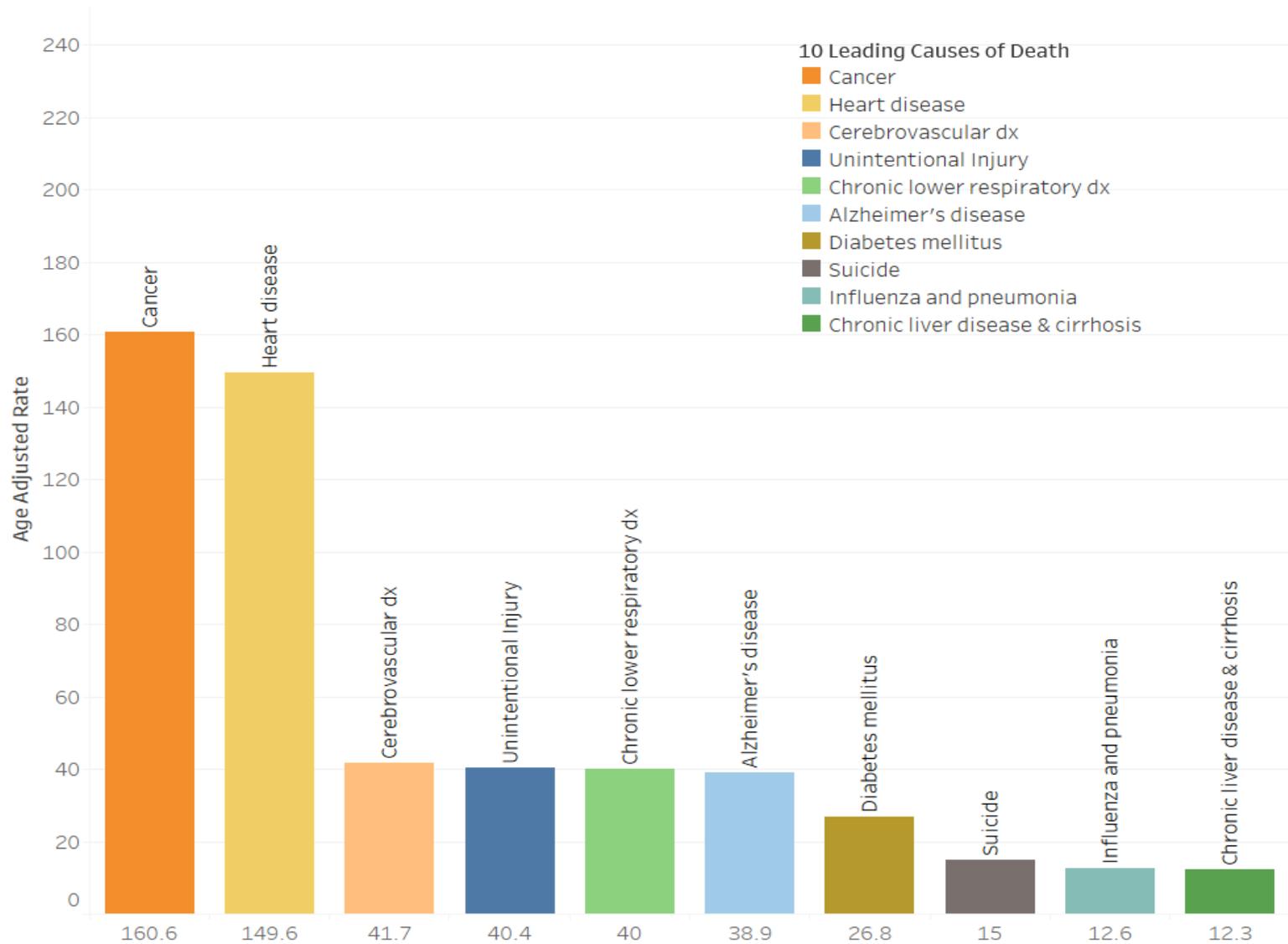
Indicator	Multnomah County, OR	King County, WA	Hennepin County, MN
Injury Deaths per 100,000	65	45	60
Driving Deaths with Alcohol Impairment	40%	35%	29%
Low Birthweight	7%	7%	7%
Primary Care Physicians	720:1	840:1	860:1
Adult Smoking	16%	10%	13%
Children in Poverty	19%	11%	14%
Severe Housing Problems	22%	19%	17%



Number of health, environmental, and social disparities in comparison to non-Hispanic whites



Public Health



Public Health Priorities

- Preserve efforts to support health equity and epidemiology
- Coordinate and build Prevention and Health Promotion
- Leverage new and existing partnerships to support shared accountability



Public Health Budget Process

Key Questions

- What needs to remain at the core of our work?
- How do we step further into the Public Health assurance role?
- How can we be strong stewards of public funds and provide our communities and neighborhoods with the support they need to thrive?
- Are we doing work that other partners or systems are or could be doing?
- Is the work we are currently doing to address specific issues adequate and impactful?
- What partners should we be working with to actualize a comprehensive and sustainable approach to achieving a county that is healthy and safe for all residents?
- Does our work adequately address racial and ethnic health inequities and population health?



Public Health Challenges and Threats

- 5-year downward County budget trajectory
- Federal reductions in key prevention and health promotion funding
- Building sustainable community partnerships to address complex health issues
- Regional work with CCOs and other LPHAs



Public Health Efficiencies Achieved in FY 2018

- Management consolidations
- Maximizing existing staff roles to work across capability and program areas
- Clinical re-designs of work in Communicable Disease Services Clinic, STD Clinic, and WIC



Public Health Equity and Financing

Disparities and equity work is not an add on, it is an overarching framework in Public Health

- Community Health Improvement Plan is culturally specific
- Held culturally specific strategies harmless in FY19 budget
- Pursue grants through a health equity lens
- Learned from partnerships how to respond to community needs (Public Health Request For Programmatic Qualifications)



Public Health FY 2018 Achievements

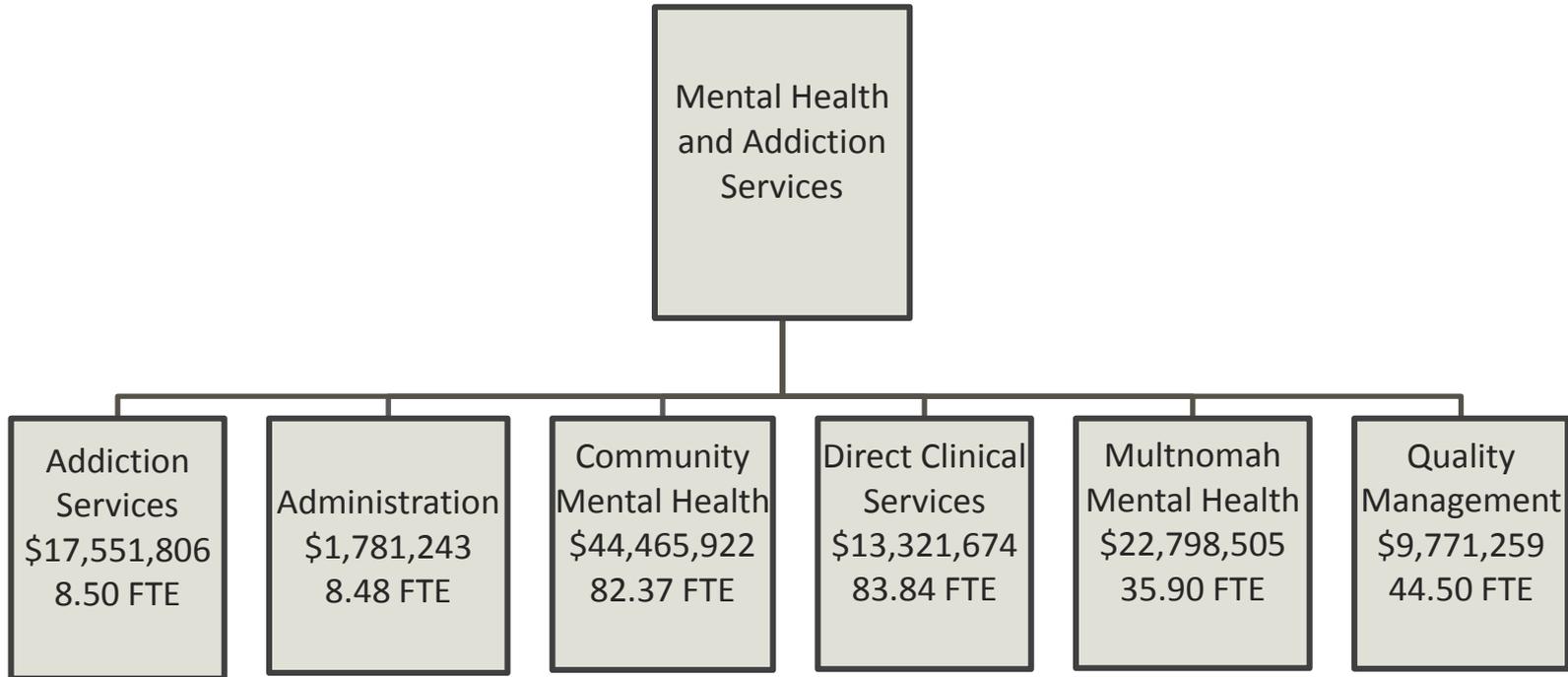
- Community Powered Change
- MCPHAB
- WIC Redesign
- REACH
- Health Policy
- Division Stability



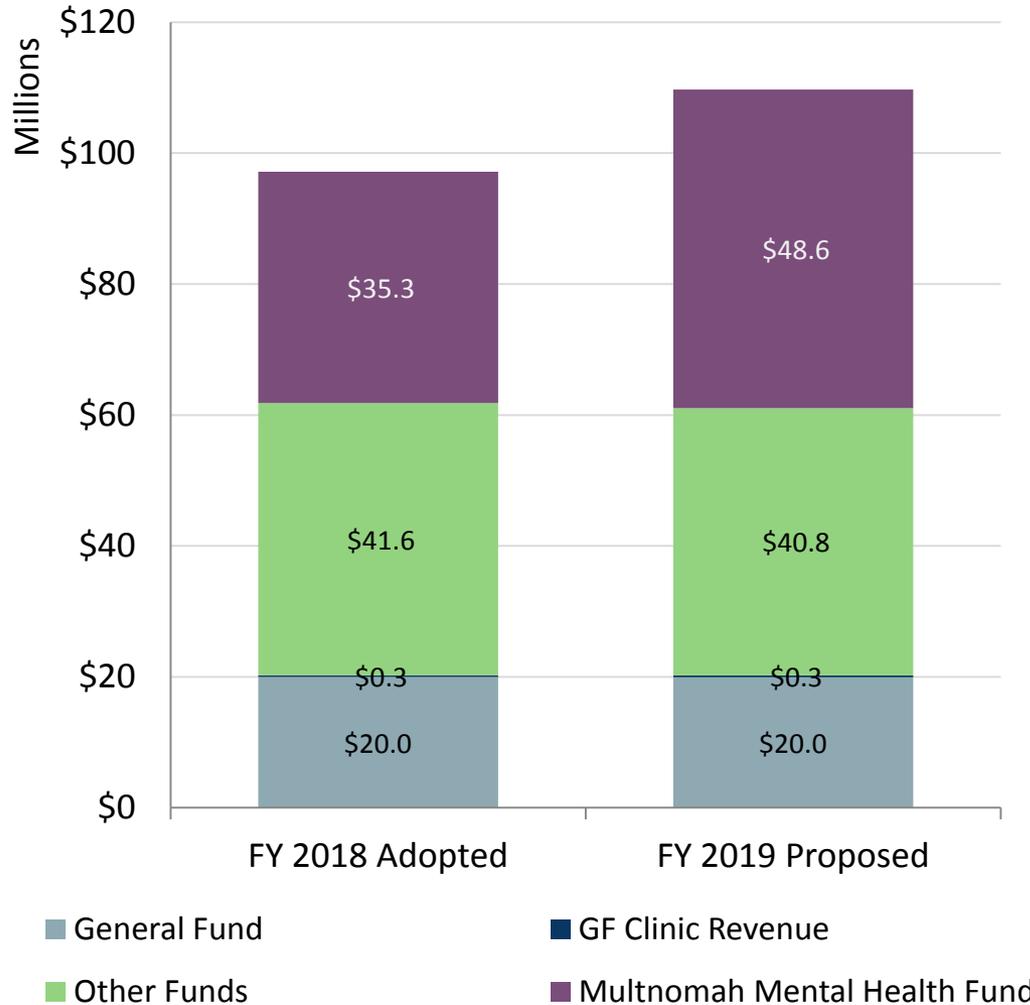
Mental Health and Addiction Services

Total Budget: \$109,690,409

Total FTE: 263.59



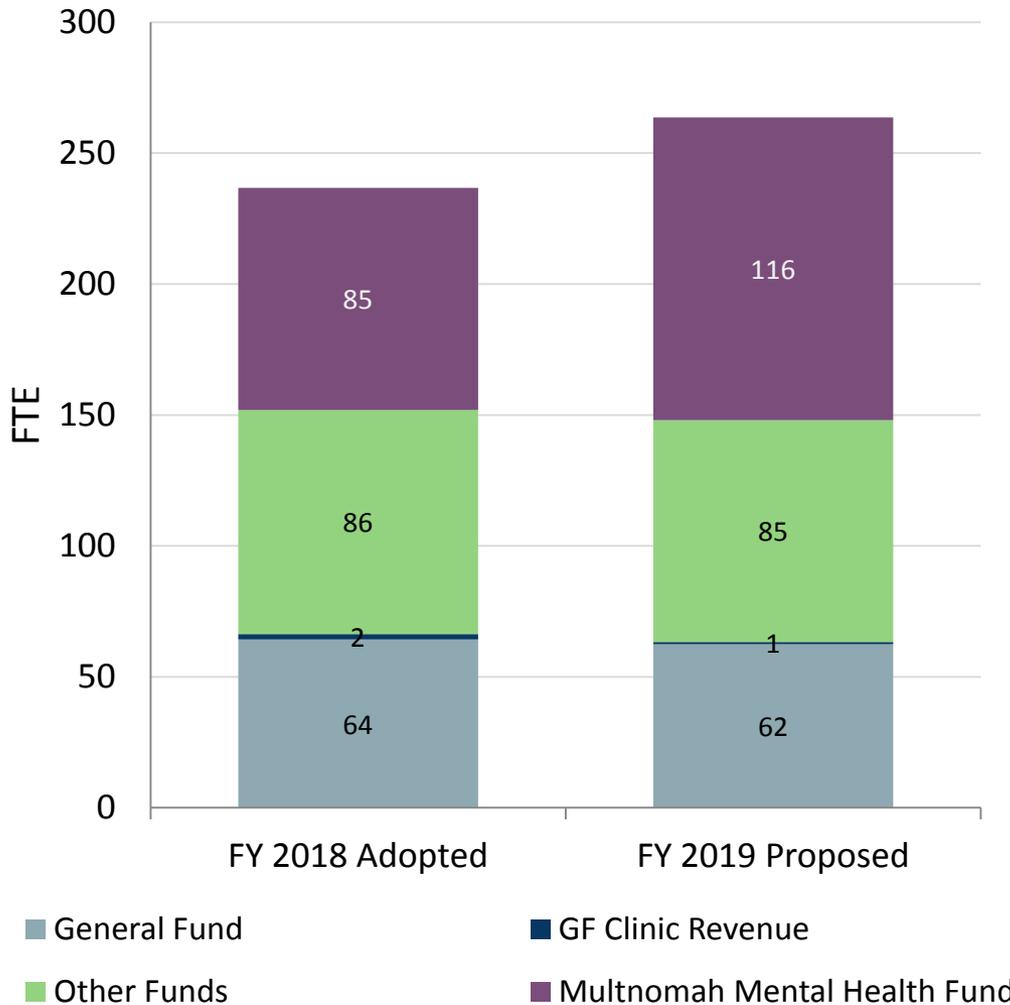
Mental Health and Addiction Services



- GF decreased by \$25k and 3.03 FTE.
- Across other funds increased by \$12.6m and 29.86 FTE.
- Increases due to transition of Family Care coverage to MHASD.



Mental Health and Addiction Services - FTE



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Behavioral Health System of Care

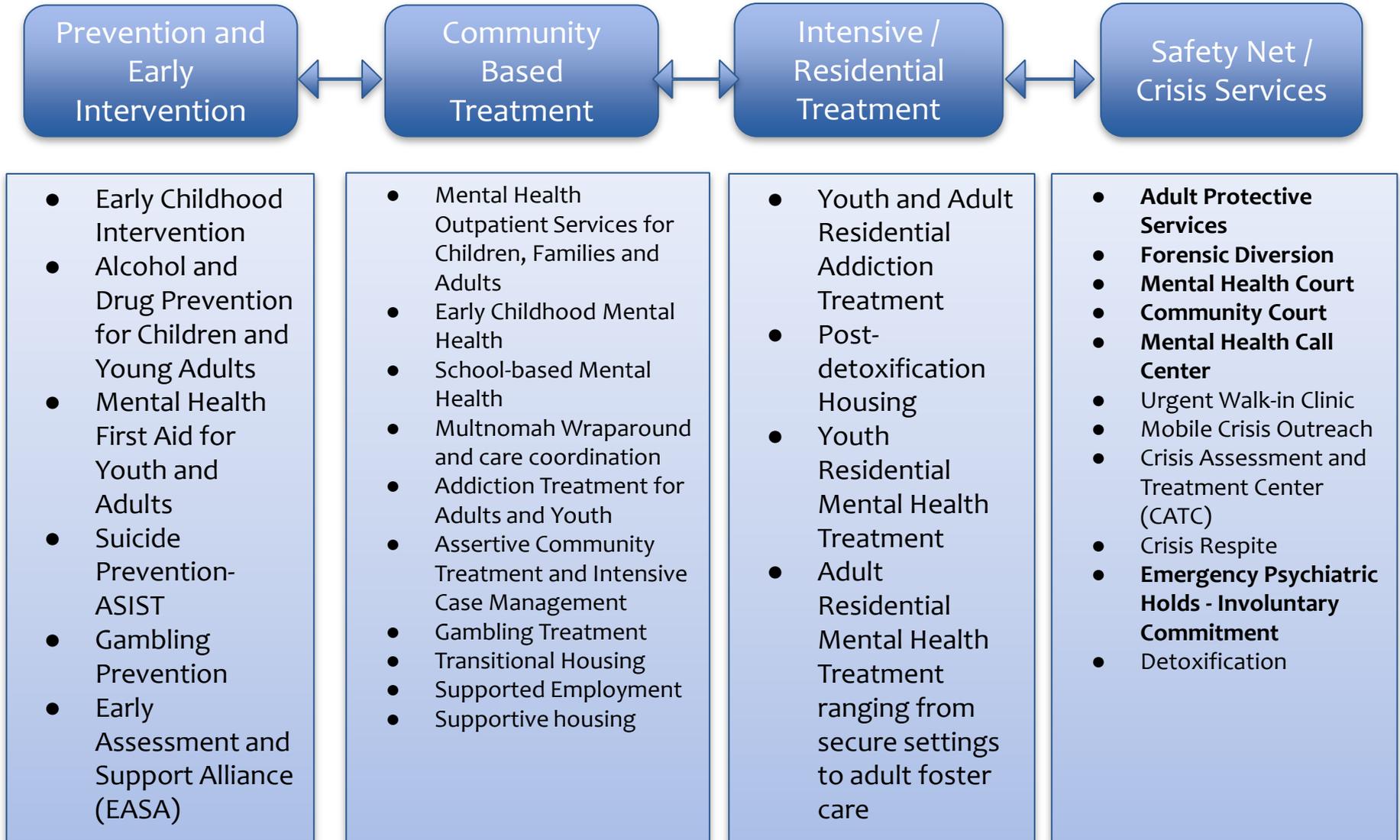
Overview

Who we are: Three major roles

Local Mental Health Authority	Direct Clinical Services	Coordinated Care Organization
<ul style="list-style-type: none">● ORS 430.630 states that board of county commissioners of one or more counties establishes or operates a community mental health program.● Mandated in statute as community safety net for mental health.	<ul style="list-style-type: none">● Prevention and treatment for young people in schools experiencing psychosis; care coordination for children and families.● Example: Early Assessment and Support Alliance (EASA), Multnomah Wraparound	<ul style="list-style-type: none">● Provide health coverage for individuals on Medicaid through agreement with HealthShare of Oregon and Clackamas and Washington Counties.● CCO role covers roughly half of budget.



Behavioral Health System of Care



Mental Health and Addiction Services

- MHASD increased dollars to culturally specific contractors to expand services for culturally specific providers due to the ACA.
- Gaps continue to persist in resourcing culturally specific mental health services.
- Historical disparities continue to play a role in the ongoing need to increase services and access to mental health care for specific communities.
- More focus is needed to bridge the gap by working with culturally specific providers for immigrant and refugee communities.
- There is also a lack of culturally specific mental health services available for children and youth.
- More resources would assist in shoring up these gaps, and help MHASD fully address service disparities between communities of color and mainstream counterparts.

