Presentation to the Board of County Commissioners

Multnomah County May 14, 2013

Located at: www.multco.us/budget

### Vision

Healthy people in healthy communities.

### Mission

In partnership with the communities we serve, the Health Department assures, promotes, and protects the health of the people of Multnomah County.



### **Guiding Budget Principles**

- Prioritize serving the County's most vulnerable members.
- Preserve direct service and increase our capacity to serve more.
- Invest in upstream prevention strategies.
- Maintain our capacity to obtain grants and develop new funding strategies.



### Community Health Council (CBAC)

- Amy Anderson, Mid-County HC Chair
- Geino Aotsch, Mid-County HC
- Mark Goldsby, HIV Health Services -Vice Chair/County CBAC rep
- Rosa Hernandez, La Clinica de Buena Salud
- Veronica Rodriguez, La Clinica de Buena Salud
- Wendy Shumway, MCHD Dental Services
- Cheri Slack, North Portland HC –Secretary/Treasurer
- Mauricio Somilleda, North Portland HC
- Sonto Yare, La Clinica de Buena Salud



### **Our Partners**

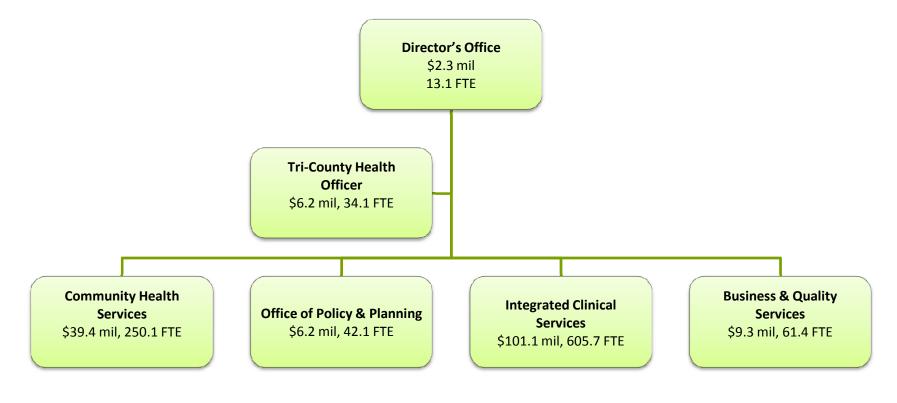
Community Based Organizations



- Community Coalitions
- Culturally Specific Associations/Organizations
- Governmental Partners
- Health Systems
- Higher Education
- Patients and Community Members
- School Districts



### Organization Structure & Span of Control



Total Proposed Program Offers for FY2014 \$164,511,720 1,007 FTE Span of Control 1:9



### Our System of Care - 10 Essentials of Public Health



#### **Assessment**

- Communicable disease investigations
- STD/HIV prevention and treatment
- Health impact assessment

### Policy Development

- Communities Putting Prevention to Work
- Community Health Council
- Tobacco and Environmental Health Policies

#### **Assurance**

- Restaurant inspections
- Undergraduate and graduate student placements
- Assessment and evaluation
- Primary care and dental clinics



- 3 Key Accomplishments Align with Our Mission and Demonstrate Success in
- Community Partnerships e.g. Regional Community
   Health Needs Assessment and Improvement Plan
- Access to Healthcare e.g. Gains in Clinical Access and Electronic Health Record (EHR) Expansion
- Public Health Prevention e.g. It Starts Here and Breastfeeding initiatives

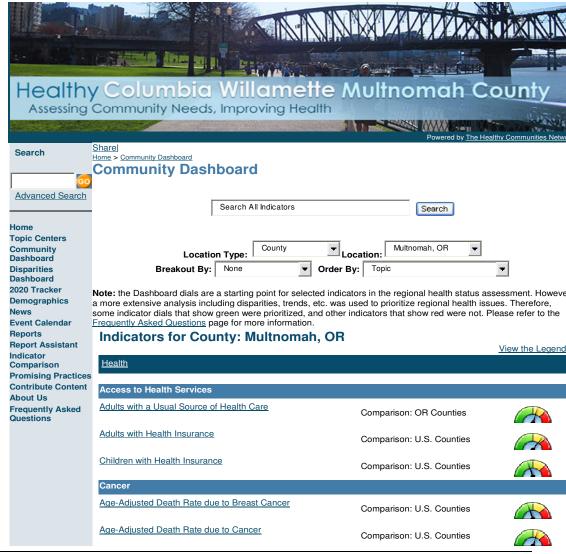


Regional Community Health Needs Assessment and

Improvement Plan

Healthy Columbia
Willamette is a
collaborative of 14
hospitals and four health
departments in the
Clackamas, Multnomah
and Washington
counties of Oregon and
in Clark County,
Washington.

http://www.healthycolumbiawillamette.org/





Gains in Clinical Access and Electronic Health Record (EHR) Expansion

In calendar 2012, we provided more than 330,000 visits to 70,000+ unduplicated clients in our primary care and dental clinics.

In FY 2013, another 8 sites (Dental and Adult Corrections) have EHR, resulting in another 55,000 patients with an electronic health record.





#### LEGEND

Green = EHR offered for all services on site Yellow = EHR offered for some services on site Red = No EHR supported services on site



### Public Health Prevention- It Starts Here

In a Countywide survey, 70% of all respondents had seen or heard at least one element of the "It Starts Here" campaign.

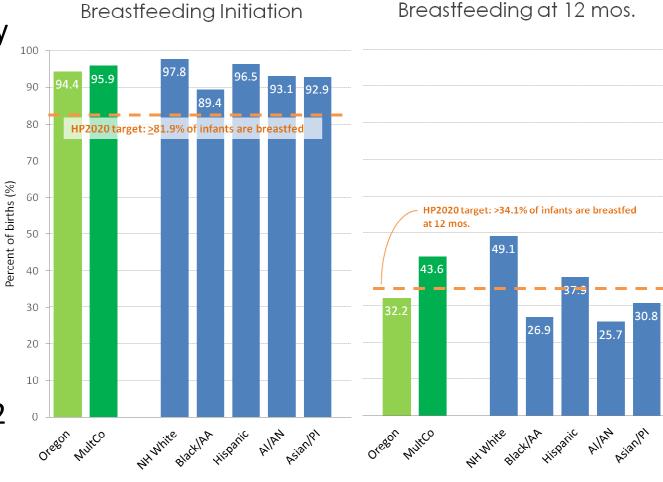
Nearly 4/5 of individuals who had seen or heard campaign ads reported that they would reduce the amount of sugary drinks they offer to a child as a result of seeing the ads.





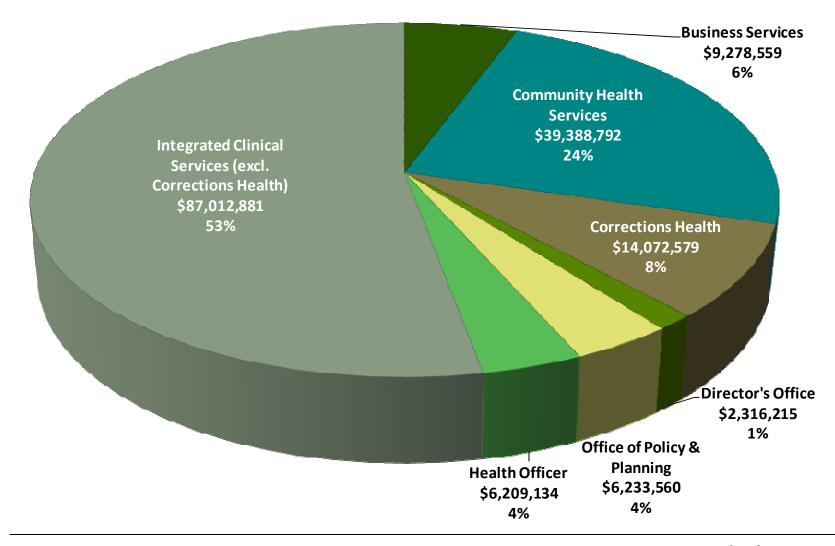
### Public Health Prevention- Breastfeeding

Multnomah County is well above the **Healthy People** 2020 target for breastfeeding initiation, however we would like to improve the percentage of women still breastfeeding at 12 months.



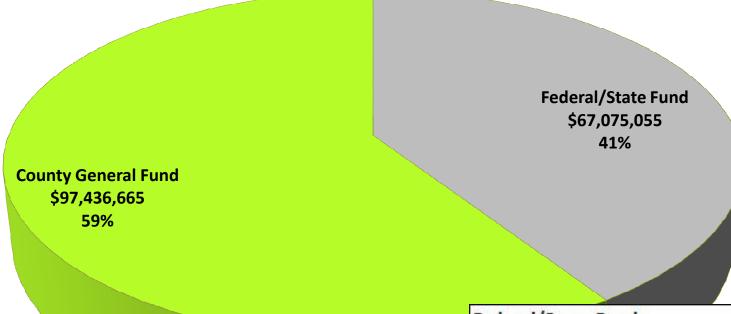


Total Proposed Budget by Division \$164,511,720





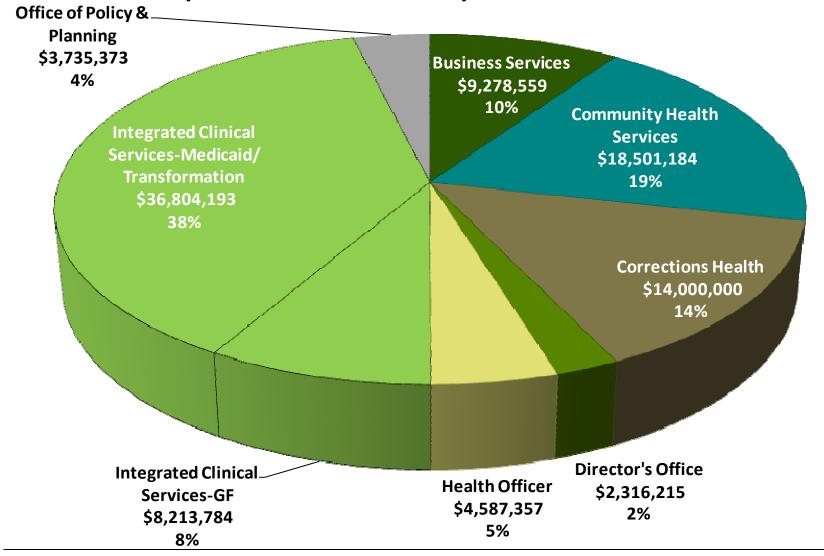
Total Proposed Budget by Fund \$164,511,720



County General Fund		FY14		
CGF Support	\$	56,566,759		
CGF Fees	\$	3,743,156		
Medicaid Wraparound	\$	33,594,571		
Patient Centered Primary	/			
Care Home	\$	3,532,179		
Total	\$	97,436,665		

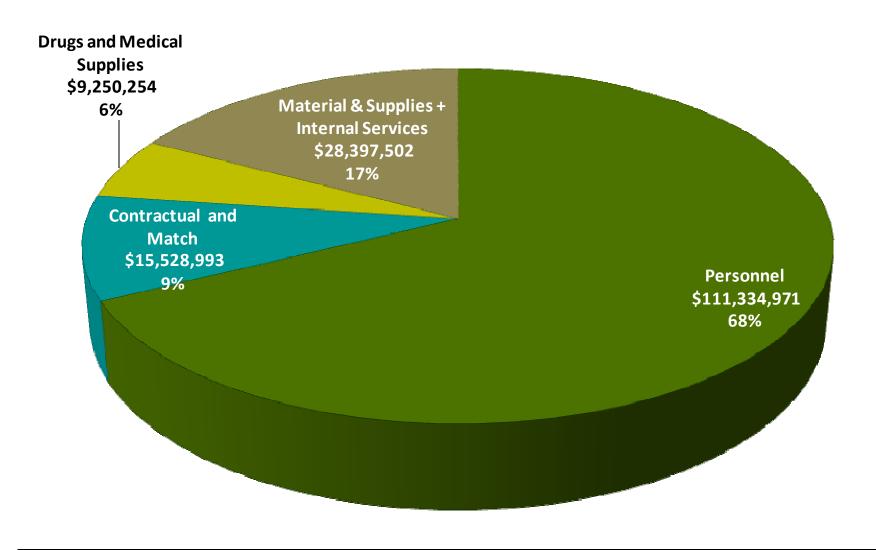
Federal/State Fund	FY14		
Medicaid, Medicare,			
Patient Fees	\$	37,979,112	
Permits	\$	631,477	
Federal Grants	\$	22,503,986	
State Grants	\$	3,560,613	
Other Grants	\$	2,399,867	
Total	\$	67,075,055	

Total County General Fund by Division \$97,436,665





Total Proposed Budget by Type \$164,511,720





### Budget by Division by Fund w/FTE

Division	General Fund		Fed/State	Total	FTE
	Support & Fees	FQHC Wrap & PCPCH			
Director's Office	\$2,316,215			\$2,316,215	13.10
Health Officer	\$4,587,357		\$1,621,777	\$6,209,134	34.06
Community Health Services	\$18,178,627	\$322,557	\$20,887,608	\$39,388,792	250.11
Policy & Planning	\$3,735,373		\$2,498,187	\$6,233,560	42.15
Corrections Health	\$14,000,000		\$72,579	\$14,072,579	83.80
Integrated Clinical Services	\$8,213,784	\$36,804,193	\$41,994,904	87,012,881	521.88
<b>Business Services</b>	\$9,278,559			\$9,278,559	61.43
Total	\$60,309,915	\$37,126,750	\$67,075,055	\$164,511,720	1,006.53



Division	FY2014	Change from FY2013	FTE	Change From FY2013	
Director's Office	\$2,316,215	(\$3,746)	13.10	(0.70)	
Health Officer	\$6,209,134	\$890,312	34.06	6.60	
Community Health Services	\$39,388,792	(\$5,074,971)	250.11	(18.03)*	
Policy & Planning	\$6,233,560	\$1,701,642	42.15	12.55*	
<b>Corrections Health</b>	\$14,072,579	\$551,211	83.80	(6.20)	
Integrated Clinical Services	87,012,881	\$5,333,451	521.88	9.99	
<b>Business Services</b>	\$9,278,559	\$749,409	61.43	4.10	
Total	\$164,511,720	\$4,147,308	1,006.53	8.31	



<sup>\*</sup>Chronic Disease program moved from Community Health Services to Office of Policy and Planning.

### What We Have Kept

- 13 School-Based Health Centers with capital funding for Centennial High School
- 7 primary care and 6 dental clinics supported by electronic health and dental records (EHR/EDR)
- Maintained funding for public health services
- 1,006 FTE increased by 8.31 FTE in total. Funded with Medicaid or health transformation money.



### To Meet our 1% County General Fund Constraint Reductions Totaling \$544,463

	<u>\$</u>	<u>FTE</u>
40004 – Ambulance Services (EMS)	(\$17,158)	n/a
40007 – Health Inspections	(\$37,714)	n/a
40010 – Communicable Disease	(\$23,486)	n/a
40011 – STD/HIV/Hep C Community Prevention	(\$25,817)	n/a
40013A – Early Childhood Services	(\$50,306)	n/a
40024 – School Based Health Centers	(\$16,595)	n/a
40030 – Medical Directors	(\$31,644)	n/a
40032 – Lab and Medical Records	(\$18,596)	n/a
40035 – Health Assessment, Planning & Evaluation	(\$18,326)	n/a
40039-41 – Business Services and Human Resources	(\$83,802)	n/a
40050-51 – Corrections Health	(\$127,841)	(1.00)
Various – Other programs with changes <\$10,000/ea	(\$93,178)	n/a



### County General Fund Increases

### <u>One-Time-Only</u>

Prevention and Wellness Demonstration Project \$50,000
 (40000 – Health Department Leadership Team)

Fresh and Healthy Food Project \$75,000
 (40053 – Fresh and Healthy Food Project)

### On-going

Patient Centered Primary Care Health Home \$1,029,600
 (40034B – Quality Improvement -CGF/Medicaid)



### **Vacancies**

- 95 percent of our vacancies are filled within a year,
   43% are filled within 6 months
- Vacancy snapshot at January 1, 2013, is slightly higher than average because it included positions budgeted for Southeast Health Center
- We monitor vacancies monthly as part of our financial dashboard



Vacancies (as of January 1, 2013)

=0-1 year 95.93 FTE \$6,013,804 Total Base salary

Note: 95 FTE= 10 percent of total FTE

Vacancy Range	Job Title	FTE	Base Salary
0-1 Year	CLINIC MEDICAL ASSISTANT	6.00	214,356
	CLINICAL SERVICES SPECIALIST	4.90	333,012
	COMMUNITY HEALTH SPECIALIST	2.50	84,439
	DATA TECH/ANALYST	3.50	211,536
	DENTAL ASSISTANT	0.75	27,593
	DISEASE INTERVENTION SPECIALIST	1.00	42,783
	FACILITIES SPECIALIST 3	1.00	-
	FINANCE SPECIALIST	2.00	99,452
	HEALTH ASSISTANT 1	1.00	39,296
	HEALTH EDUCATOR	1.08	56,960
V	HEALTH POLICY ANALYST/SR	1.00	64,603
,	HUMAN RESOURCES ANALYST 2	0.80	48,000
	MEDICAL DIRECTOR	1.00	135,708
	MEDICAL TECHNOLOGIST	0.50	27,071
	MEDICATION AIDE/CNA	1.10	39,299
	NURSE	11.95	732,113
	NURSE PRACTITIONER	3.20	279,176
	NURSING DEV. CONSULTANT	3.00	220,914
	OFFICE ASSISTANT	10.30	341,496
	OPERATIONS PROCESS SPECIALIST	1.00	52,492
	PHARMACIST	8.00	841,768
	PHARMACY TECHNICIAN	5.00	178,630
	PHYSICIAN	3.60	510,068
	PROGRAM MANAGER 1	5.00	389,977
	PROGRAM SUPERVISOR	4.90	327,756
	PROGRAM TECH/SPEC	6.35	352,670
	PROJECT MANAGER (EXEMPT/REPRESENTED)	3.00	195,586
	PUBLIC HEALTH ECOLOGIST	1.00	52,492
	RESEARCH SCIENTIST	1.00	78,793
	RESEARCH/EVALUATION ANALYST	0.50	35,765
0-1 Year Total		95.93	6,013,804



Vacancies (as of January 1, 2013)

**Grand Total** 

4.0	Vacancy Range	Job Title	FTE	Base Salary	Notes
=1-3 years					Now filled; used to be Program
•					Supervisor; reclassified new Business
3.17 FTE	1-3 Years	BUSINESS PROCESS CONSULTANT	1.00	64,603	Process Consultant classification
	_	HEALTH EDUCATOR	0.32	15,388	Funding is uncertain
\$169,064 Tot	tal				Hard to fill Correction Health position as
•		NURSE	0.50	30,234	part-time, evening shift.
Base salary					Originally a part-time position, portions
Base salar y					of which have been used to increase
		PHARMACIST	0.10	8,418	other Pharmacist to full-time
					Originally a part-time position, portions
					of which have been used to increase
		PHARMACYTECHNICIAN	0.25	8,932	other Pharmacy Techs to full-time
					Now filled but funding had been
		PUBLIC HEALTH VECTOR SPECIALIST	1.00	41,489	uncertain
=3-5 years					
-5 5 years					
1.2 FTE	1-3 Years Total		3.17	169,064	
¢ C 1 207 T-+-	1				Originally a part-time position, portions
\$61,287 Tota	l				of which have been used to increase
	3-5 Years	PHARMACY TECHNICIAN	0.20	7,145	other Pharmacy Techs to full-time
Base salary					Now filled, but delayed because of
•		PROGRAM TECH/SPEC	1.00	54,142	classification changes
	3-5 Years Total		1.20	61,287	

100.30

6,244,155



### City of Portland Impacts

- Healthy Homes \$65k in grants due to expire this year
- Lead program evaluation revenue increased by \$40k for a total budget of \$175k
- Vector funding from Bureau of Environmental Services is unchanged



### State Impacts

- Most State funding is Federal to State, we don't receive much State general fund
- Tobacco funding reduced by \$40k for a total budget of \$357k
- \$3.5m reduction in State revenue for Vaccines is an accounting change only
- Federal through State for Communicable Disease funding declined by \$43k

### State Legislative Session

Corrections Health HB2087 and SB457



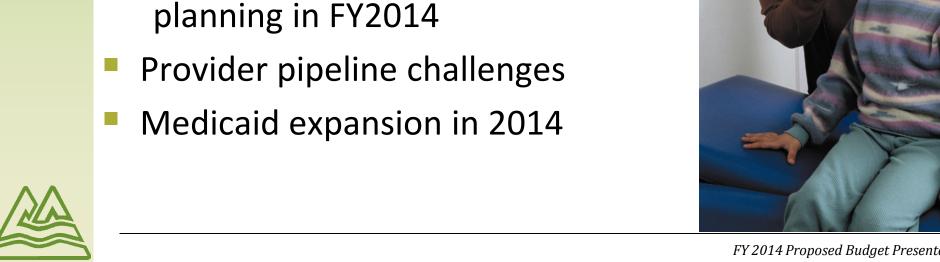
### **Federal Impacts**

- Modest growth over FY 2013, increasing by \$4.3m in aggregate
- Dental and Pharmacy Medicaid fee volume has grown the most at \$1m (6%) and \$1.5m (11%) respectively
- Sequester will impact public health services, such as HIV prevention, WIC, Communicable Disease and Immunization programs



Other Program Specific Budget Impacts Clinical care (Primary Care, Dental, SBHC, Rx)

- Health Transformation changes to financial picture
  - Affordable Care Act (ACA) required changes
    - FQHC alternative payment pilot planning in FY2014





Other Program Specific Budget Impacts
Corrections Health

- Staffing reductions of 6.20 FTE required so that Corrections Health budget for outside medical could be increased
- Increased budget by \$772,672 for a total budget of \$2.3m for outside medical costs
- Medicaid expansion and Corrections Health



Other Program Specific Budget Impacts
Early Childhood

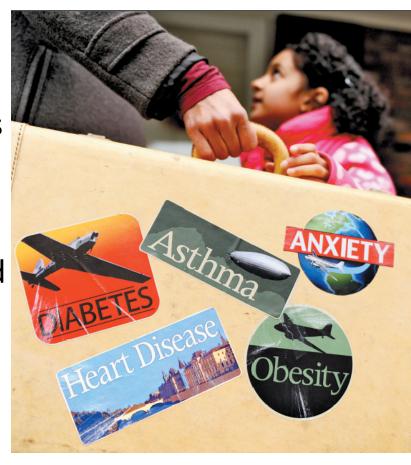
- One Time Only FY2013 mitigation strategies
  - Healthy Start alignment with Early Learning Council/HUB
  - Maintained staffing by focusing on best practice models
- Align cost with available revenue
  - Focus on models that meet the health metrics defined in State transformation plan
  - Quality Improvement efforts for stronger systems
  - Targeted case management becoming part of Coordinated
     Care Organization global budget in July 2014



Other Program Specific Budget Impacts

Office of Policy and Planning

- Lessons learned from Communities Putting Prevention to Work
- Sustaining capacity and resources
- Role & core efforts moving forward





### Issues, Risks & Challenges

- Short-Term Concerns/Policy Issues
  - Stabilizing revenue from Fed/State sources
  - Matching resources to emerging community need
  - Infrastructure and operations adapt to meet Affordable
     Care Act and Oregon's transformation demands
- Long-Term Concerns/Policy Issues
  - Healthcare inflation rates and the impact on our budget
  - Funding core public health responsibilities, i.e.
     environmental health, public health preparedness
  - Balancing policy priorities
  - Meeting community expectations of public health



Questions?

