



Community Health Council of Seattle & King County

Country Doctor Community Health Centers * HealthPoint * International Community Health Services
Neighborcare Health * Sea Mar Community Health Centers * Seattle Indian Health Board

Read into record by
Linda Madden

July 16, 2013

To: King County Council Chair, Larry Gossett

Re: Community Health Council Response to Health and Human Services Transformation Plan

The Community Health Council of Seattle and King County would like to take this opportunity to applaud your efforts in developing a plan that will transform the delivery of health and human services in King County into a more efficient and integrated system.

Community Health Centers (CHCs), currently serving more than 180,000 individuals each year in King County, have long played an integrative role, linking community systems and the health care delivery system. We have also been deeply engaged in the critical effort to bridge the gaps between the medical and mental health care systems. Yet we realize that there is much more work to be done to knit together a more cohesive system.

We concur with the report's recommendation that the early strategies for this effort should focus on "Hot Spotting" efforts at both the individual/family level and at the high needs community level.

As the report points out, we have numerous efforts underway in these arenas currently. The challenge is to make these changes systemic. We agree that the establishment of a "catalyst fund" is critical to spurring the move to a more integrated health and human services system—but here is where the report recommendations fall short in our estimation. There is a fundamental mismatch between the ambitious vision laid out in the report and the funding proposals for the work. The idea that a \$1 to \$5 million a year investment in a catalyst fund will move us toward system transformation in any meaningful way is not credible.

The report says (page 50), "Bringing new revenues to bear would be a positive step, helping to strengthen current services while the community works together to engage in system-level change." We would say that this infusion of new revenue is not optional—especially given the current ragged shape of much of the safety net system: it is *essential*.

Furthermore, we would urge the Council not to get overly optimistic about the promise of funding opportunities through the Affordable Care Act. While the ACA is a momentous step forward in expanding health insurance to presently uninsured King County residents, it is not a panacea. Large numbers of uninsured people will remain after full implementation, and, if the Massachusetts experience with a similar format of health reform is an indicator, Community Health Centers will see about the same number of uninsured people as they do today. We think the report's suggestion that the ACA will open a channel to reinvest health care savings in

a broader array of human services is overstated (see page 46 “Reinvest Health Care Savings into Prevention and Human Services”). Again, the importance of creating a dedicated and stable source of funding at the County level for community health and human services cannot be overstated. We would be pleased to address any specific questions you have regarding our perspective and look forward to joining with others in this exciting transformation work.

Sincerely,

Community Health Council of Seattle and King County

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cc: King County Council members

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