

What's Going on With India Street?

That was the question a few friends asked me last week. They hadn't been able to find a comprehensive explanation of the issues anywhere, and they were wondering why the city was planning to transition these services, why the Council seemed to be in favor of the transition, and what steps remained to be taken before this proposal would either pass or fail.

They asked me if I could suggest something for them to read, but I wasn't able to direct them to a source that could answer their questions. So, I wrote this.

And since you have all contacted me regarding India Street, I thought I would forward it along to you.

This is my attempt to outline:

- what has happened in the process thus far;
- what steps remain before the Council takes a final vote on the Fiscal Year 2017 Budget in which this plan is included;
- how I have come to my current position;
- an explanation of why I ultimately think this transition makes sense; and
- a few other thoughts, including some information about the golf course restaurant (scroll all the way down for that one—it's last).

I hope that this information is helpful. I've included subheadings to help you get through it all. If I find any new information that I think would be helpful, I will add it to my website (belindaray.me) where I will be posting this article.

The Process Up to this Point and Moving Forward: Important Dates Past and Future

February-March 2016: The City Manager began to alert individual councilors to the possibility that as part of his budget proposal, he was exploring the possibility of closing the India Street Public Health Center and transitioning its services to the Portland Community Health Center

April 12, 2016: The proposal was brought before the Council's Health and Human Services Committee (Councilors Ed Suslovic, David Brenerman, and Belinda Ray). Both the Mayor and Councilor Nick Mavodones were in attendance. Public comment was taken at this meeting, and questions were taken from members of the HHS committee and the Mayor. The City Manager, city staff, the Director of PCHC, and PCHC's Chief Medical Officer were on hand to answer questions.

April 14, 2016: The Council's Finance Committee (Councilors Nick Mavodones, Ed Suslovic, and Belinda Ray) reviewed several areas of the operating budget, including the Health and Human Services Department. As a part of the HHS review, the India Street proposal was discussed. Again, many questions were asked by the members of the committee as well as by Councilor Jill Duson and the Mayor, who were both in attendance. As the Finance Committee had many departments to review in addition to HHS, public comment was not taken until the end of the session, by which time many people had left. Indeed, there was only one member of the public remaining to offer comment, and that commentary was not related to the India Street proposal.

April 21, 2016: The Finance Committee met to take action on the City Manager's proposed Operations Budget. Public comment was taken at this meeting, and many people testified. Also at this meeting, in response to questions and concerns raised by Councilors and members of the public, the City Manager brought forth an amendment to his original proposal. His original proposal would have transitioned all of India Street's services to PCHC by December 31, 2016. His amendment, which was created in response to a proposal by Dr. Caroline Teschke, the Director of the India Street Clinic, altered the timeline of the transition. While the clinic's Positive Health program and primary care services would be transitioned to PCHC by December 31, 2016 as originally planned, the proposal extended the deadline for transitioning the Needle Exchange and some associated services for up to another six months. The City Manager added funds back into the budget to keep the Needle Exchange and STD/HIV testing services open at India Street until June 30th, 2017. The funds that were added back in will raise the mill rate for taxpayers unless other savings can be found.

In addition, at this meeting, it was confirmed that the Council's HHS Committee will be charged with monitoring the transition of staff, services, and clients from India Street to PCHC to ensure that clients are not lost and that the quality of services is not compromised. If the HHS Committee were to determine that either of these things was happening, it would report back to the full Council and the Council could work to find a new way forward. This might mean choosing to: pause the transition; make changes to the transition plan; keep services at India Street longer; or completely reverse course and look for a new way to transition the services from India Street to PCHC or another community partner at some future time.

May 2, 2016: The City Council will have a First Read of the City Manager's proposed Operating Budget. Normally public comment is not taken during First Reads, but the budget is an exception to this rule. Therefore, public comment will be taken at this meeting. Looking at the agenda, which you can find [here](#), it appears that should begin in the first section of the meeting, between 5-6:30pm.

May 9, 2016: The City Council will have a workshop on the budget. This meeting is open to the public, but no public comment will be taken.

May 16, 2016: The City Council will have a Second Read of the City Manager's proposed Operating Budget and take action. Public comment will be taken before the Council vote. Also, if

Councilors have any further amendments to propose for the budget, they will be offered at this meeting and voted on by the Council before a final vote is taken on the budget. Again, you can view the agenda here when it is published, which will be by May 14, 2016

My Process: Where I Started and Where I am Now

When I first heard about the possibility of closing the India Street Public Health Center and transitioning all of its services to the Portland Community Health Center, I had several concerns.

I recognized the value of the services provided at the India Street clinic and was aware that the staff members there possess a level of expertise in the areas of harm reduction and HIV Positive Health Care. I wanted to make sure that this expertise would not be lost in the transition. I also wanted to make sure that the clients of India Street, some of whom represent vulnerable populations, were not lost in the shuffle.

I know that it is difficult for people who are in tough circumstances to practice good self-care, let alone to make and keep appointments at a variety of facilities. It can also take a long time for people who are dealing with sensitive issues such as substance use disorder, being HIV positive, or having an STD to establish a trusting relationship with a healthcare provider, and I wanted to make sure that these relationships could continue.

As I asked questions about these issues, I learned that all of India Street's services will indeed be transitioned and that none of them will be eliminated. Furthermore, PCHC has committed to interviewing every staff member at India Street and finding parallel positions for as many of those who seek employment at PCHC as possible. It is my hope that many of the excellent staff members at India Street will, in fact, make that transition.

During each of our hearings on this issue, PCHC's Chief Medical Officer, Renee Fay-Leblanc expressed great admiration for the staff at India Street and said that she hopes many of them will consent to join the staff at PCHC. At present, PCHC does not offer a HIV Positive Health Care program, but as part of the transition process, the program will be established at PCHC, hopefully with the help of the very talented staff and specialists at India Street. If, however, they do not choose to make the transition, new specialists will be hired and more staff will be trained. There is, in fact, potential to expand this program with this transition.

Even after I was assured that all of India Street's services would transfer, that as much of the India Street staff as possible would be supplied with positions at PCHC, and that a plan would be put in place to (as Councilor Jill Duson put it) basically walk every client of India Street over to PCHC in order to help them make the transition, I still had two concerns: the future location of the Needle Exchange and the continued "bundling" of associated services with the Needle Exchange so that people coming in to exchange a needle can benefit from being introduced to these other services.

These two concerns—the future location of the Needle Exchange and the guarantee that associated services will be “bundled” with it—are two pieces of the transition plan that I still don’t feel I have complete answers for. However, with the extended timeline proposed by the City Manager on April 21, 2016, and with the understanding that the Council’s HHS Committee will be charged with monitoring the transition, I am much more comfortable with the proposal, and I am confident that we will come up with not only a good location for the Needle Exchange and its associated services, but potentially a plan that provides greater access to all of these services throughout Portland.

Incidentally, at this point in time there is a team in place to help plan this transition. The transition team includes staff from India Street and the City’s Department of HHS as well as staff from PCHC.

Why I Think This Move Ultimately Makes Sense

Even with my concerns about the location of the Needle Exchange and the bundling of services, I do believe it makes sense to transition all of India Street’s services out of a clinical health setting managed by the city and place them under the umbrella of PCHC, the nonprofit Federally Qualified Healthcare Center (FQHC) that the city helped to create starting in 2006. PCHC was founded for precisely this purpose at that time because of changes in healthcare policy at the state and federal level and concerns about the long-term sustainability of healthcare programs provided directly through the city.

FQHCs are increasingly being favored when it comes to qualifying for federal dollars and grant funds. They also receive higher rates of insurance reimbursements. The India Street clinic, which was at one time 85% grant funded only qualified for 43% in grant funding for the current fiscal year. What’s more, India Street may not continue to qualify for funding via the Ryan White Grant, which funds the excellent HIV Positive Health Care program offered there. Without that grant, the current 43% level of grant funding would drop even further.

Obviously, as more grant funding is lost each year, and as insurance reimbursement rates continue to favor FQHCs over city clinics, the cost to taxpayers will only increase over time. This is what I mean when I say that there have been concerns about the long-term sustainability of city directed healthcare services for a while now, and again—it was for precisely this reason that PCHC was created. The writing was on the wall even back in 2006.

A Few Other Thoughts

One thing that it is important to remember is that everyone involved in this transition—the staff of the City’s Department of Health and Human Services, the director and the staff at India Street, and the director and the staff at PCHC—are all committed to providing excellent health care services for everyone. Indeed, neither India Street nor PCHC turn people away based on an inability to pay.

The Board of Directors at PCHC includes patients, and therefore as the transition gets underway, patients from India Street will be invited to join the PCHC Board and help to determine the future direction of the clinic.

A few people have suggested, via email, that I and other Councilors have not been asking good questions during this process. On the contrary, I and my colleagues have asked a great many questions and received satisfactory answers for the majority of them. It is important to remember that prior to the April 21st meeting, which was well attended by the public, I had already attended two other forums on this issue where I had the opportunity to ask many questions and gather a great deal of information.

In addition to those forums, I have personally corresponded with and talked via phone and in person with numerous people—public health professionals, India Street clients and staff, PCHC clients and staff, HHS reps from the City, members of the Milestone Foundation and the HOME Team, and concerned citizens. I have read upward of 300 pages of documentation related to this issue, and I expect to read more before the final vote is taken. I will also be visiting both PCHC and India Street in the next week, and I will continue to talk with clients and staff at both facilities.

So, if I don't ask a particular question on a particular day, it doesn't mean that I haven't asked it at another time. At this point, I feel very well informed on this issue, and I assure you that I certainly would never vote in favor of this proposal if I believed that services would be lost or that lives would be endangered.

I've heard a rumor that the developers of the Luminato Condominium project are behind this proposal in some way. As my high school Calculus teacher would say, that is complete bunk. I'm not sure how this particular piece of misinformation was started, but it is inaccurate and irresponsible.

Finally, The Golf Course Restaurant

As for the golf course restaurant, I realize it looks like an egregious misuse of money when you look at just that one expense line in the budget, but the restaurant also generates revenues. In fact, it comes very close to paying for itself. For the upcoming year (Fiscal Year 2017), the restaurant is expected to cost \$392,590 to run. However, it is also expected to generate \$361,000 in revenue, which means the net cost to the city is actually just \$26,540.

In the current fiscal year (2016, which runs until June 30th), the golf course restaurant has cost \$312,000 so far and brought in revenues of \$254,073. That's a difference of \$57,927 with two of the busiest months still to come.

During budget talks in the city, there was a discussion about potentially closing the restaurant during the winter, but as the restaurant has only been operating year round for a short time, it was decided to give it a little more time to build up its year round business. The hope is that with a little more time, it will generate more revenue than expenses and actually be a benefit to the city.

So, when it comes to looking at the budget, as you can see it's not as simple as cutting the golf course restaurant and transferring \$400,000 to India Street. Cutting the restaurant would likely only net about \$27,000, and it would also mean cutting the jobs of all of the restaurant staff, as well as having a ripple effect on some local producers. (While the restaurant hasn't been able to procure all of their goods locally because of cost, they have been placing an emphasis on buying local whenever they can.)

Also please note that the restaurant is not available only to golfers. It is open to the public, and it is open year round. Many people in the Riverside area appreciate having a place to go out to dinner that doesn't require them to drive onto the peninsula, so it is actually a nice amenity for that neighborhood. Of course, if the year round business does not pick up and the restaurant continues to operate at a small loss, it will likely go back to being open only in the summer months, when it is, in fact, profitable.

If you have further questions, please feel free to contact me via my city email: BSR@portlandmaine.gov. I will do my best to get back to you quickly, but please understand that I do work full time (this Councilor job is in addition to my regular 40-50 hour work week), so it may take me a few minutes (or days) to respond.

Thanks, and take care,