

Date: 2/18/2021

RE: Support for HB 2981

Central City Concern (CCC) is a non-profit direct service organization that provides integrated primary and behavioral health care, supportive and affordable housing, and employment services to people impacted by homelessness in the Tri-County area. Central City Concern operates about 2,100 units of affordable housing, serves 9,000 patients annually through our 12 Federally Qualified Health Centers, makes 1,200 job placements annually and operates social services for the community justice programs in Multnomah and Clackamas counties. Our programs and properties span Senate Districts 17, 18, 21, 22, 23, 24 and 25; and House Districts 33, 36, 42, 43, 44, 45, 46, 47, 48 and 50

Palliative care is patient-centered medical care focused on providing symptom relief with the goal of improving quality of life for both the patient living with serious illness and their family.

Palliative care is provided in a home environment where the patient resides and helps prevent frequent emergency department visits and readmissions to a hospital. By discussing values, setting clear goals for individualized care, care coordination, and proactively managing symptoms, palliative care has been shown to significantly lower health care costs while improving quality of life. For people without stable housing, palliative care needs to come with housing support and housing navigation.

The homeless population is aging in our communities; more people with advanced medical illness are on the streets. These individuals struggle to manage complex medical conditions, such as congestive heart failure and liver disease, and many have co-occurring behavioral health conditions. Interim housing, with wraparound social, behavioral health and medical services is essential.

Palliative care will:

- Provide a stable environment in which to manage health and connect individuals to services that support relationships with healthcare providers
- Meet the needs of highly complex, tri-morbid individuals
- Provide intensive primary care in a team model, including social work, behavioral health support and clinical pharmacy
- Significantly improve patient quality of life and lower symptom burden
- Improve quality of care, reduce unnecessary utilization
- Bend the cost curve, through net savings—due to avoidance of preventable crises



There is currently a gap in our health care system, individuals can access relevant and appropriate care for both curative disease and disorders or hospice care for end-of-life support. Community members who are in between these two levels of care often struggle to find the appropriate levels of support. People experiencing homelessness are especially vulnerable to this disconnect and end up with increased utilization of emergency and hospital service while experience higher levels of rapid decompensation compared to people who are housed.

All members of our community will benefit from filling this gap in our health care system. This is the right thing to do. Our communities have a responsibility to ensure our health care systems are complete, person-centered and meets the needs of our most vulnerable neighbors.

We would recommend amending the current language to include rent assistance and housing navigation under Section 1(4) that summarizes the minimum services expected. Because palliative is an in-home service, if someone losses their housing they will also lose this critical health care connection.

Thank you,

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