

# Health Department

## HEALTH

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## Vision

By the year 2015, county citizens and leaders will look back with pride on the accomplishments of the community in improving its health since the mid-1990's. In the broadest sense of the word, the health of our citizens has improved.

Most of the problems our citizens faced in accessing basic medical care have been resolved as a result of state and national reforms, and continued County advocacy and service delivery. The role of the Health Department in direct medical care delivery has gradually evolved. Beyond its role in medical care service delivery, the Health Department has assumed greater responsibility for assessing and providing special services for populations at risk of identified priority health problems. The Department has also assumed a stronger role in the community of health providers as convener, partner, and participant in comprehensive community-wide efforts emphasizing health promotion, prevention, and early intervention.

Objective measures of our community's health status have improved markedly.

The first wave of the AIDS epidemic has passed, leaving a legacy of a human and public health tragedy that was met with compassionate care and effective prevention. Thanks to the lessons of the first wave, the impact of the second wave of the epidemic continues to be mild compared with that of other communities.

Rates of low birth weight and infant mortality have dropped significantly, largely as the result of reducing the disparities in birth outcomes among rich and poor and among our diverse racial and ethnic populations. Teen pregnancy rates have also dropped, as have rates of abortion. Overwhelmingly, babies are born healthy, and to mothers where they are wanted, loved and well cared for.

The Health Department has also grown in becoming better connected with consumers, citizens in general, and the range of health and social service providers in the community. The Department continues to carry out activities and provide services which it is uniquely positioned and qualified to do. It also fills a broader leadership role. In partnership with citizens, other governmental agencies, the private sector and many others, the Department actively helps to identify priority community health concerns, shapes sensible policy responses, assures that efficiently delivered services are available to address priority concerns, and analyzes the effectiveness of the community's policies and responses.

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## Budget Trends

	1993-94 Actual	1994-95 Current Estimate	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTEE	683.03	682.00	770.65	809.51	38.86
Personal Services	\$35,625,125	\$40,178,281	\$39,848,457	\$43,604,416	\$3,755,959
Contractual Services	11,943,000	27,946,061	51,112,174	49,408,814	35,000
Materials & Supplies	12,758,393	15,426,006	20,686,803	21,293,151	(125,948)
Capital Outlay	247,616	492,187	473,439	338,282	0
<b>Total Costs</b>	<b>\$60,574,134</b>	<b>\$84,042,535</b>	<b>\$112,120,873</b>	<b>\$114,644,663</b>	<b>\$3,665,011</b>
Program Revenues	\$29,941,813	\$57,289,948	\$84,670,104	\$85,500,352	\$830,248
General Fund Support	\$30,632,321	\$26,752,587	\$27,450,769	\$29,144,311	\$1,693,542

## Department Services

The Department of Health assesses, promotes and protects the health of the community through:

- primary health care services for 90,500 users of medical and dental services at primary care centers, dental clinics, school based health centers, and correctional facilities;
- 32,000 home visits to high risk families offering child abuse prevention, parenting skills training, and health education;
- the prevention and treatment of communicable diseases, such as tuberculosis, sexually transmitted diseases, hepatitis, and HIV;
- the inspection and regulation of certain businesses and public services including day care, health care services such as ambulatory services and death investigation;
- advocacy for the improved health of the community particularly the medically underserved and disenfranchised.

Local policy decisions are limited by the regulation and policy directives associated with the grantors that fund the Department, including the Federal, State, and Federal-State law.

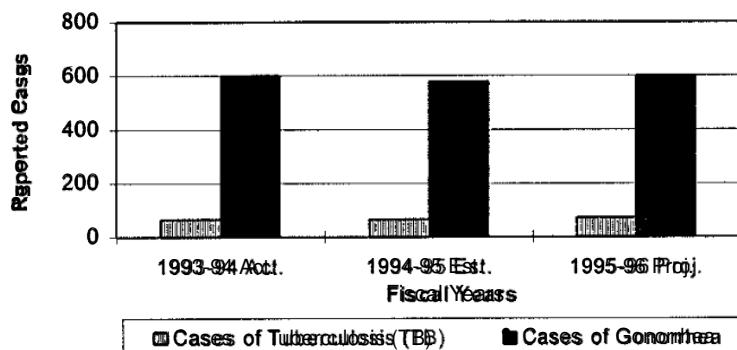
Several groups have oversight or advisory responsibility over a program of the Health Department. The main group is Community Health Council, which provides oversight of federally funded primary care services and acts as the Department's Budget Advisory Committee.



# Health Department

## Performance Trends

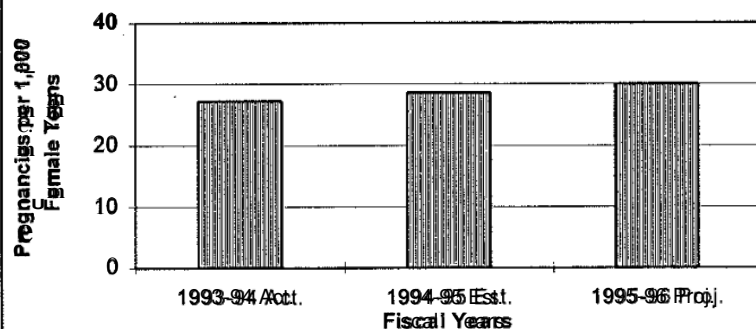
### Tuberculosis and Gonorrhea



Measures numbers of cases of Pulmonary Tuberculosis and Gonorrhea reported among County residents per year.

The number of gonorrhea cases has stabilized because of education of HIV control has led to practices that control other STDs.

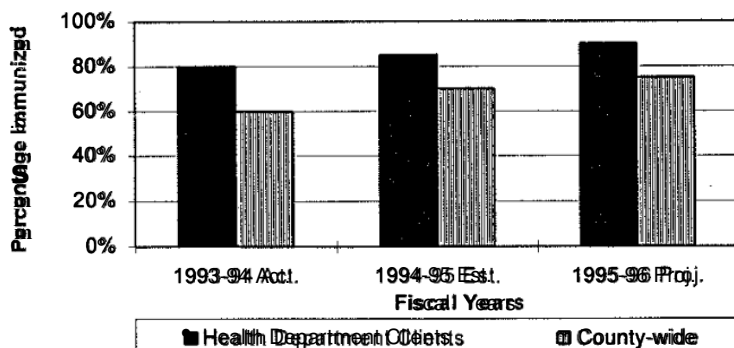
### Teen Pregnancy Prevention



Rate of pregnancy among female County residents between the ages of 10 and 17. Calculated as the total number of live births and abortions divided by the total number of females in this age group.

\*\* Data is provisional at this time. Yearly variations in data are such that trends can not be determined at this time.

### Immunized Two Year Olds Health Department Clients as Compared to Total County

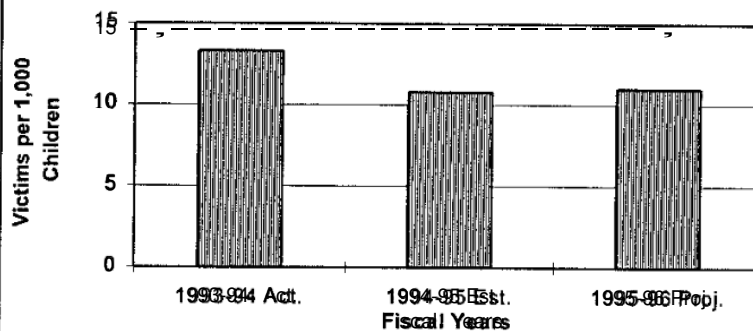


Measures percentage of two year olds County-wide who have received all recommended vaccinations against preventable diseases and percentage of two year olds receiving voluntary services from the Multnomah County Health Department who are similarly immunized.

An Immunization grant has enhanced outreach/adult booster efforts for all County residents and enhanced service at County clinics.

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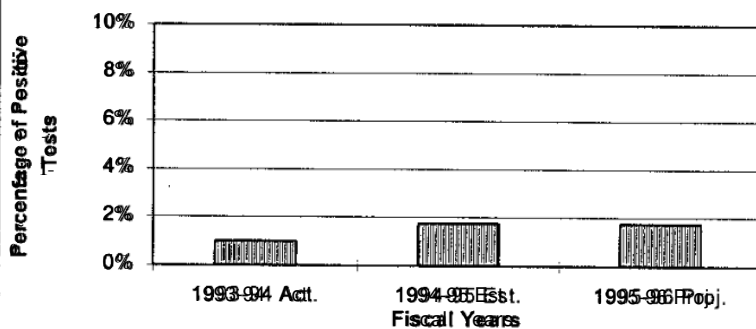
## Child Abuse Rate



Number of individuals identified by CSD as victims of child abuse in Multnomah County per 1,000 children under 18 in Multnomah County.

Structural funding changes at CSD in current biennium will have an unknown effect on child abuse cases in 1995-96.

## HIV Seroprevalence Rate

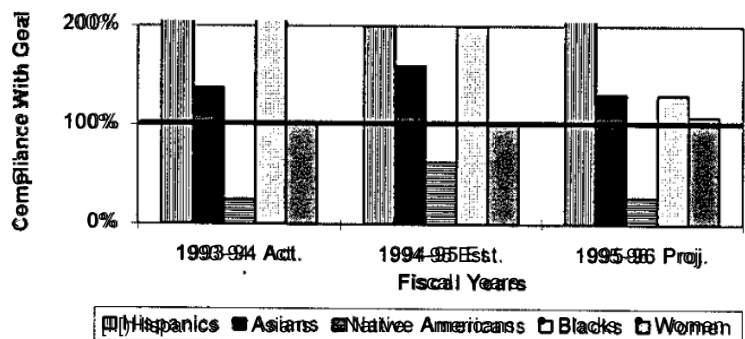


Positive tests for HIV as a percentage of the total number of tests performed in County operated clinics.

The number of positive tests is expected to remain stable because of early outreach/education efforts and clean needle access.

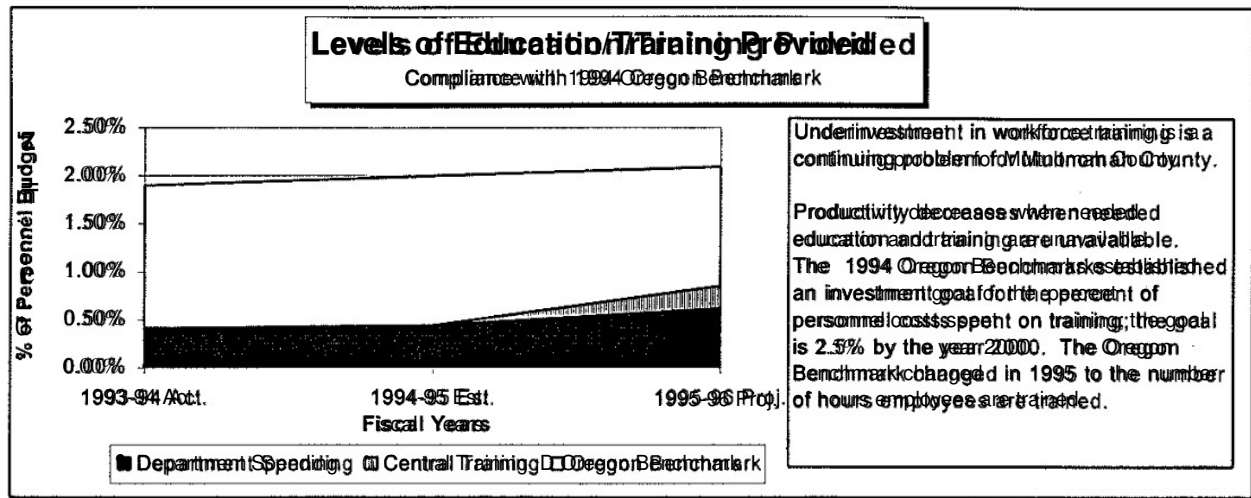
## Workforce Diversity

Success Towards Goals (Across all job classifications)



Commitment to Workforce Diversity has led to good results in meeting established goals in the Health Department. Actual hires meet or exceed Affirmative Action goals for Hispanics, Asians, Blacks and Women. Strategic plans are in place to improve statistics for Native Americans.

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## Recent Accomplishments

- Positioned the County and the Health Department to continue as a major provider of health care, and local leader in shaping health care reform.
- Designed and implemented CareOregon, a multi-county fully capitated health care plan, taking the leadership role and coordinating the efforts of counties, non-profit health care providers, and the University Hospital System.
- Designed and implemented MultiCare Dental, a capitated dental care organization, in response to the Oregon Health Plan.
- Successfully transferred operation of the internal Health Information System to OHSU, forming a data and informational partnership with the area's other large public health care provider.
- Progressed toward the implementation of a continuous quality improvement process throughout the Department.
- Continued efforts to enhance the Department's capacity to evaluate the services it delivers, and to conduct limited research to measure the relationship between programs and outcomes.
- Successfully marketed our Occupational Health services to public and private agencies. Contracted with the Healthman Hotel day in, and pending contracts with two other hotels. Added additional services for both the City of Portland, and the Port of Portland.
- Ended the nine year REEP capitation contract and negotiated a plan with the State Refugee Office and OMAP (Oregon Medical Assistance Program) to serve refugees on a fee for service basis.
- Aggressive TB outreach and education has resulted in a two fold increase in case findings in NINE Portland.
- Awarded a three year grant from the Federal Bureau of Primary Care to open a School Based Health Center (SBHC) at Lincoln Park Elementary School in the Spring of 1995 to serve children who are homeless or at risk of homelessness.

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## Budget Highlights

- CareOregon is a multi-county fully capitated dental plan formed in collaboration with Clatsop County, Oregon Health Sciences University, and Oregon Primary Care Association in response to the Oregon Health Plan. The CareOregon Office is funded wholly with Oregon Health Plan revenues, consists of a direct budget of \$43,066,048 and includes 22 employees involved in medical direction, member relations, provider relations, financial management and record administration. An estimated \$48,990,900 of capitated revenue assuming an average 66,360 enrollees is estimated for 1995/96.
- The Department's Primary Care Clinics including Dental County Clinics receive \$71 million of Medicaid revenue on a fee-for-service basis through the OHP capitation agreements. The Primary Care Clinics receive part of these funds via a service reimbursement from the Clatsop County fund. The clinics will also continue to receive payments on a fee-for-service basis from OMA, and will continue to be reimbursed for Medicaid outstanding activities. In addition, the Dental Program will receive capitation revenues directly from OMA Passa Dental Care Organization (DCO).
- The amount of revenues received in 1995 will depend on many variables: the number of clients that will gain eligibility, the number of these that will choose CareOregon and Multnomah County as their primary care provider (PCP), the number of visits eligible for reimbursement, prior to the assignment to a PCP, the final capitation rates, and the amount of services billable to CareOregon as consultant or ancillary care. We have projected \$22 million of total Medicaid revenues in 1995 for Primary and Dental Care. To achieve this amount we will need an average of 11,700 enrollees per month for the year in the primary Care Clinics and about 3,000 in the Dental Clinics. The clinics must also provide about 7,000 fee for service visits per month plus provide 10,000 fee for service visits per month. The budgeted revenue also assumes that the clinics will receive payments from Clatsop County for funds remaining in the incentive/risk pools after contractual obligations for primary care members per month capitation and specialty and ancillary liabilities are met. If the fourth quarter CareOregon enrollment data at this level is too high, the primary care budget may need to be adjusted.
- The Oregon Health Plan (OHP) Medicaid demonstration project which began February 1994 includes dental benefits for both adults and children. The plan mandates the delivery of care through a managed dental care organization. The Multnomah County Dental Division applied for and received certification as a Dental Care Organization (DCO) under the OHP in 1994. The DCO is named Multicare Dental. It now consists of five County clinics, two added during 94/95, and the Burrus St. Street Dental Clinic (a community health center in North Portland), and a network of public and private sector contracted dental specialists. Multicare Dental is providing access to dental care for OHP enrollees. The proposed budget assumes a total enrollment of 12,000 clients. The funding for OHP enrollees will adequately fund care delivered. During 94/95 greater than expected revenue from the dental program partially offsets less than expected Medicaid revenue in the Primary Care program. Multicare Dental joined in a partnership agreement with three other private sector DCO's operating in Multnomah County to provide care to Oregon Health Plan Phase II special needs clients. This new partnership, called Exceptional Needs Dental Service (ENDS), will provide onsite care to Multicare enrollees with a chronic disease or condition because of special needs. Oregon Health Plan revenues will adequately fund Multicare's participation in this new partnership.

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- The School Based Clinic is opened at George and Roberts middle schools during 95-96 and is funded for a full year. Also a school clinic in Lincoln Park grade school begun in fiscal year 95 is funded for a full year with grant funds. The budget for 95-96 includes funding of \$429,600.00 for the Reproductive Sexual Involvement program aimed at middle school children and funds of \$173,643.43 for a new clinic at Lane Middle School.
- The 95/96 budget includes a Breast and Cervical Cancer grant of \$1,347,207.00. The goal of this five year Center for Disease Control funded grant is to reduce the morbidity and mortality of breast and cervical cancer by increasing the level of screening for these diseases among low income underserved women. The specific objectives are to achieve this goal with: (1) Multnomah Countywide (1) Increasing the proportion Health Department female clients who are screened; (2) Developing an outreach program that targets low income women in need of cancer screening, with special emphasis on older and minority women; and (3) Building a network of private providers who will screen and treat low income women referred to them. Cancer is the second leading cause of death for women, breast cancer being one of the most common. Annual, age adjusted mortality rates in Oregon are 2.1 per 100,000 for cervical cancer and 24.9 per 100,000 for breast cancer. The American Cancer Society estimates that there were 19,900 new cases of breast cancer in Oregon in 1994 alone with over 500 deaths. Early detection can prevent disability and death from both breast and cervical cancer. In Oregon there are an estimated 163,000 women, age 18-64 years, who have no health insurance. Minorities are disproportionately represented among them. Studies show that women without health insurance are less likely to be screened for breast and cervical cancer. The goal of this grant is to complete breast and cervical cancer screening for at least 80% of eligible low income women.
- The Health Department has been the provider of primary care services to newly arrived refugees since 1985-86. These services are provided on a prepaid, capitated basis (REEP). In the 95/96 fiscal year refugees will be included in the Oregon Health Plan as enrollees of Multnomah County Clinics and the County will be reimbursed on a fee for service basis.

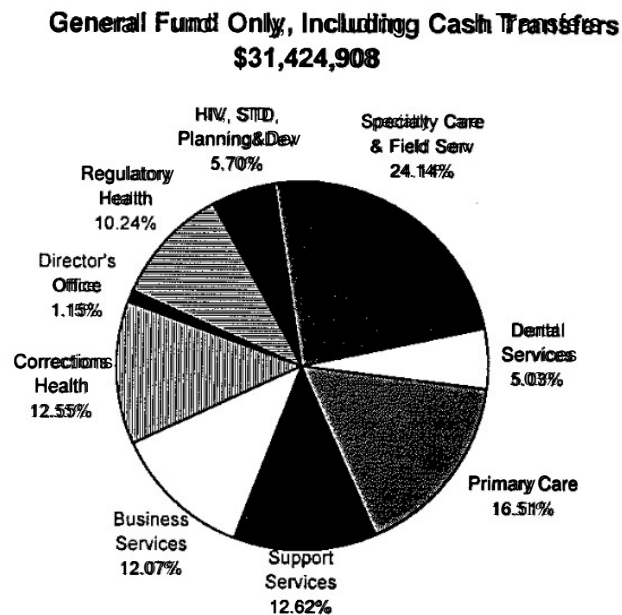
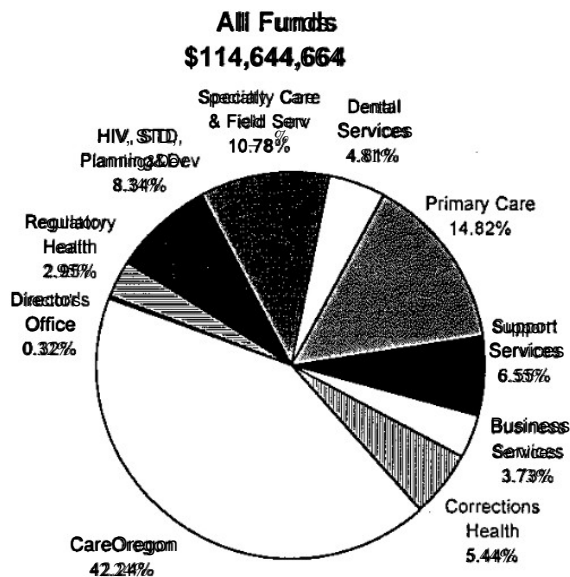
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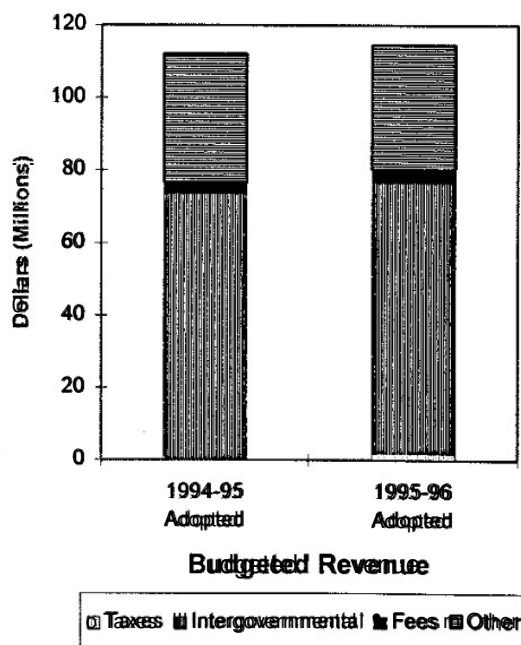
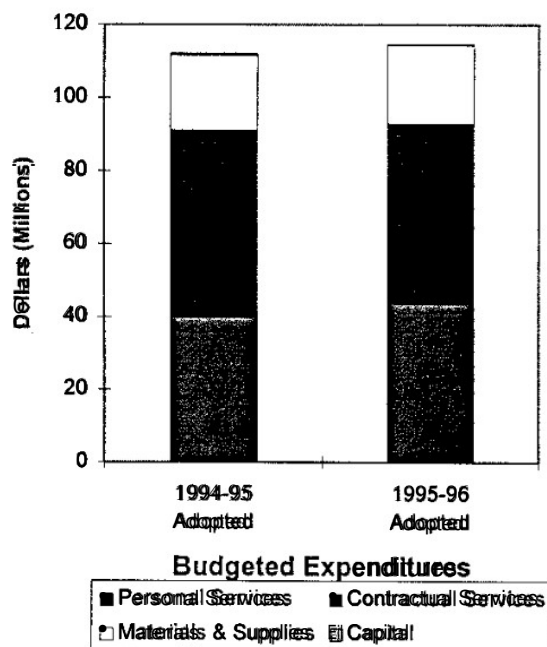
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# Health Department

## TOTAL EXPENDITURES BY DIVISION 1995-96 ADOPTED BUDGET



## EXPENDITURE AND REVENUE COMPARISON 1994-95 Adopted Budget and 1995-96 Adopted Budget All Funds, Including Capital Projects





# Health Department

## Budget Trends

	<u>1993-94</u> <u>Actual</u>	<u>1994-95</u> <u>Current</u> <u>Estimate</u>	<u>1994-95</u> <u>Adopted</u> <u>Budget</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	683.03	682.00	770.65	809.51	38.86
Personal Services	\$35,625,125	\$40,178,281	\$39,848,457	\$43,604,416	\$3,755,959
Contractual Services	11,943,000	27,946,061	51,112,174	49,408,814	35,000
Materials & Supplies	12,758,393	15,426,006	20,686,803	21,293,151	(125,948)
Capital Outlay	247,616	492,187	473,439	338,282	0
<b>Total Costs</b>	<b>\$60,574,134</b>	<b>\$84,042,535</b>	<b>\$112,120,873</b>	<b>\$114,644,663</b>	<b>\$3,665,011</b>
Program Revenues	\$29,941,813	\$57,289,948	\$84,670,104	\$85,500,352	\$830,248
General Fund Support	\$30,632,321	\$26,752,587	\$27,450,769	\$29,144,311	\$1,693,542

## Costs by Division

	<u>1993-94</u> <u>Actual</u>	<u>1994-95</u> <u>Current</u> <u>Estimate</u>	<u>1994-95</u> <u>Adopted</u> <u>Budget</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Director's Office	\$0	\$411,828	\$505,591	\$361,411	(\$144,180)
Regulatory Health	2,593,020	2,967,150	3,033,113	3,386,574	353,461
HIV/STD & Dept. Planning	6,451,787	6,877,006	7,106,167	9,566,211	2,460,044
Spec. Care & Field Serv.	10,770,721	12,139,075	11,608,143	12,360,880	752,737
Dental Services	2,768,689	3,864,991	4,015,455	5,513,562	1,498,107
Primary care	15,690,560	16,079,392	16,660,275	16,995,484	335,209
Services & Support	6,757,147	6,794,256	7,672,635	7,514,666	(157,969)
Business Services	2,655,728	3,895,669	2,667,478	4,278,714	1,611,236
Corrections Health	5,198,845	5,398,513	5,822,347	6,236,058	413,711
Care Oregon	7,687,637	25,614,655	53,029,669	48,431,103	(4,598,566)
<b>Total Costs</b>	<b>\$60,574,134</b>	<b>\$84,042,535</b>	<b>\$112,120,873</b>	<b>\$114,644,663</b>	<b>\$2,523,790</b>

# Health Department

<b>Staffing by Division</b>	<b>1993-94</b>	<b>1994-95</b>	<b>1994-95</b>	<b>1995-96</b>	
	<b>Actual</b>	<b>Current</b>	<b>Adopted</b>	<b>Adopted</b>	<b>Difference</b>
	<b>Actual</b>	<b>Estimate</b>	<b>Budget</b>	<b>Budget</b>	<b>Budget</b>
Director's Office	0.00	0.00	4.30	2.82	(1.48)
Regulatory Health	43.58	49.00	48.00	50.48	2.48
HIV/STD & Dept. Planning	74.86	0.00	88.95	89.48	0.53
Spec. Care & Field Serv.	159.74	153.17	153.17	162.08	8.91
Dental Services	35.80	47.53	47.53	63.75	16.22
Primary care	215.75	246.30	246.30	237.85	(8.45)
Services & Support	54.20	57.00	57.00	62.80	5.80
Business Services	30.00	37.50	26.50	41.40	14.90
Corrections Health	66.10	76.50	76.50	76.85	0.35
Care Oregon	3.00	15.00	22.40	22.00	(0.40)
<b>Total Staffing FTE's</b>	<b>683.03</b>	<b>682.00</b>	<b>770.65</b>	<b>809.51</b>	<b>38.86</b>

# Health Department

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## Issues and Opportunities

### 1. CareOregon/CareOregon Fund

CareOregon has recently completed a full year as a Medicaid Full Capitated Health Plan with a controlled membership of 20,341 members as of February 1, 1995. When this collaborative effort was officially undertaken by Multnomah County and partners OSBS, Harbor Community and Migrant Health Centers in 13 Oregon counties, enrolled membership was 9,350. The collaboration has succeeded in maintaining primary health care capacity for traditionally underserved populations and geographically regions of Oregon. The "safety net" public and private nonprofit providers who form the CareOregon provider (M.D., N.P. & P.A.'s) network have expertise in providing culturally relevant health care services including interpretation assistance with transportation, nutrition programs, and other critical social services which have added effectiveness of more traditional medical care. Clients have been able to maintain continuity in their care by having the Community and Migrant Health Centers OSBS Primary Care Clinics and Multnomah County Clark County Primary Care Centers remain economically viable.

Last year at this time, CareOregon had to predict monthly enrollment with very little historical data available to base its projections. The initial membership projections, in hindsight, were overly optimistic. Our membership projection at that time was 36,720 enrollees by July 1, 1995. After 12 months of operation, we realize a more realistic projection for FY 94-95 is to end the year with 22,830 members. Trending these enrollment figures forward for FY 95-96 gives us a more realistic projected enrollment of 26,500 Phase I members and 5,820 Phase II members for a total CareOregon enrollment of 32,320 members as of June 30, 1996.

Although enrollment is less than was projected CareOregon is a successful venture in that the sum of the per client capitation of primary and hospital care and health specialty services is less than the monthly per client amount paid to CareOregon by the State Office of Medical Assistance Payments (OMAP). Therefore CareOregon has funds remaining in the risk pools to distribute among the partners. Other plans have added a number of medical clients; this indicates that CareOregon is performing relatively well.

CareOregon was able to stay economically viable despite the lower enrollment since 90% of the expenses are directly tied to medical care expenditures per capita. The other 10% of revenue covers claims processing, medical direction, quality improvement, member and provider relations, legal, actuarial, accounting and fiscal oversight. Some of these costs are also directly related to the per capita expenses, e.g. claims processing and member information/materials. The ones that are fixed or basic administrative, other than fiscal, and medical oversight personnel have been carefully managed as several budgeted positions still remain unfilled.

### Major Alternatives:

- These alternatives remain essentially unchanged from last year. If the County chooses not to participate in the Oregon Health Plan through CareOregon, the direct service primary care and specialty would have to be substantially scaled back, possibly sustaining a loss of revenue.

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- The administrative agent for CareOregon does not necessarily need to remain within Multnomah County, however. Options may be available with the charges in OHSU potentially becoming a "Public Corporation," which is currently being considered by the Oregon legislature. Forming a private non-profit or other legal entity could also be pursued. Phase II implementation brings many new issues, however, which argues for maintaining the status quo for the coming fiscal year.
- CareOregon is currently a part of Multnomah County. All of the revenue it receives are public funds (Medicaid). Currently CareOregon is receiving about \$300,000,000 in Medicaid annually. Part of this remains to be distributed to the partners after capitations, ancillary and specialty care bills have been paid. There is an advantage to having the expenditure and distribution of these funds reviewed by an elected Board as part of a public budgeting process because use of public funds should be directed by policy as expressed by publically elected officials.

## Board Action:

Continue to support CareOregon as a program in the Health Department and continue to provide medical care as traditionally provided by public non-profit providers

## 2. CareOregon/Primary Care Clinics

The proposed budget maintains the current service level in the primary care clinics of the Health Department by assuming an increase in Medicaid revenue. The 94/95 budget includes \$6,700,000 of Medicaid exclusive of dental. The proposed budget contains \$7,500,000 exclusive of dental and REEP clients. This increase is not indicated by the revenue received through January 1994. In fact revenue in 94/95 was estimated to fall as much as \$1,400,000 below budget amounts for services provided in 94/95. However the Health Department has recently initiated an aggressive enrollment program to increase the number of current clinic clients that apply for the Oregon Health Plan. This may increase the number of clients served that are Medicaid eligible and increase revenue to the Multnomah County Primary Care Clinics. An analysis done after the third quarter of 94/95 might show that Medicaid revenue over the year can be expected to increase to an amount adequate to maintain current service level.

## Major Alternatives

- Cut the Primary Care Clinics' budget by \$1.5 to \$2 million.
- Review the situation after the third quarter CareOregon report is completed and adjust the budget if necessary.

## Board Action:

The third quarter CareOregon report will provide a better basis for estimating the Primary Care Clinics 95/96 Medicaid revenue that is currently available. Adjustments to the Primary Care budget can be done in June, if required.

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## 3. Refugee Early Employment Program (REEP)

Newly arriving refugees have traditionally been ineligible for the State's Medicaid program and have instead been eligible for a federally funded program of health, employment training, and language education called REEP. The health component has been provided through the Multnomah County Health Department for nine years. This program will terminate March 31, 1995 as a separate, prepaid capitated program. The State Office of Refugee Assistance will continue to maintain its systems for employment training, language training, cash assistance, and coordination with the voluntary agencies (VOLAGS) who sponsor refugees.

Under the new system the federal and state health plan (HMO) will continue to provide new refugees health screenings (grant funded). For up to six months newly arriving refugees will have a federal service Medicaid card restricted to Multnomah County Health providers. During this period refugees will receive an orientation to Western medicine, primary care services and eligibility screening for the Oregon Health Plan. The IHC will continue to work closely with employment services, language training services and VOLAGS. The refugees and other service agencies should see a change in health care services with this replacement reimbursement system. It is anticipated that most new arrivals will be eligible for the Oregon Health Plan (OHP) and those that choose CareOregon will continue to be served at County clinics. The cost to serve refugees under the OHP may be unusually high due to treatment of health problems generally poor health, and language / interpretation needs characteristic of the refugee population. The IHC will work closely with the State Refugee Office and CareOregon to evaluate the cost of service, and to monitor adverse selection should it occur.

Over the last year REEP clients have made an average of about one visit per month per enrollee. Under the former REEP the County received \$150 per month per client for primary care but clients continue to make an average of 1 visit per month the County will receive about \$10 per month per client (FQHC fee for service). Although this is more than the primary care capitation received by the primary care clinics for OHP clients, it is about \$40 less per month than the previous amount for primary care (\$150). Therefore REEP clients could result in \$450,000 less revenue than under the former program.

### Major Alternatives:

- Continue to be the only provider of medical services to newly arrived refugees.
- Multnomah County could refuse the Refugee Screening grant, forcing the State to find another provider. For primary care services refugees could be issued an open Medicaid card allowing them to seek care from any community provider accepting Medicaid. Refugees, upon arrival, could be screened for the OHP; those choosing CareOregon would come to the Health Department without initial health assessment, and CareOregon and other plans would have to provide all orientation Western medicine as well as assume responsibility for all initial health problems.

### Board Action

Because of the unique public health issues involved with Refugees the 1995 budget should continue the special relationship between Multnomah County and the State Medicaid Office for the provision of medical care to this group.

# Health Department

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## 4. School Based Health Clinics

The County currently operates seven health clinics in high schools, two middle schools, and one elementary school. Two additional school based health centers would improve access to health care for children and adolescents, improve high school graduation rates, and help reduce the rate of teen pregnancy. Siting a school based health center at Franklin High School and offering the East County school district the opportunity to operate health centers at addresses our continuing partnership with the Plant City Public Schools (PPS) and the health care access needs of children and adolescents in the East County community. The School Based Health Center program is actively pursuing outside funding to assist in the expansion of the program. The elementary school site in David Douglas School District is funded through a federal grant. Multnomah County is currently a finalist for a Robert Wood Johnson grant to open a third middle school in PPS. The program has doubled its third party revenues from 1993 to 1994 by providing billing services for clients with health insurance or OHP coverage. The program's emphasis on securing alternate sources of revenue will continue.

### Major Alternatives:

- Continue to expand the School Based Clinic program by adding new clinics in the 95/96 budget.
- Continue the current service level.
- 

### Board Action

Funds are provided for a new clinic at a new middle school to be opened mid-year. School health planning is undertaken by a team that includes representatives from the Multnomah SBD, ESD in Multnomah County, Health Department, and public schools served by the School Based Clinics. The goal is to make most efficient use of existing resources and maximize the benefits of the school. The team will develop a plan for expanding services without duplicating efforts.

## 5. Postponing Sexual Involvement Program

Providing the Postponing Sexual Involvement (PSI) curriculum to all sixth graders in the County will also impact the teen pregnancy rates as children are given skills to help them postpone their sexual activity as they grow older. A six month PSI pilot project funded through the Commission for Children and Families is currently underway in six PPS middle schools. A five year impact evaluation of the PSI program done in Atlanta done through Emory University showed a 113 reduction in pregnancies among 12th graders who had received the program in middle school compared with those who had not.

Early and unintended adolescent pregnancy spills over into many aspects of society. The quality of life for these pregnant adolescents, their children, their parents and our community are adversely affected.

Once a young adolescent becomes pregnant for the first time, she is at greater risk for a repeat pregnancy while she is still an adolescent. The majority of adolescents who become pregnant give birth and raise the child themselves. In Multnomah County, 66% of the adolescent pregnancies in 1993 resulted in birth. Placing a child for adoption is rare.

# Health Department

Multnomah County has one of the highest rates of teen pregnancy in Oregon. During 1993, there were 775 pregnancies to adolescents, 10 through 17 years of age (for a rate of 27.3 pregnancies per 1,000 females). This is compared to a rate of 18.2 in Oregon. Babies born to adolescent mothers are almost two times more likely to be born with low birth weight, to be preterm, to be delivered to older mothers, and are more likely to have inadequate prenatal care during their pregnancy compared to the older counterparts and also at high risk for dropping out of school and becoming welfare dependent. In Multnomah County (1989-1992) over 63% of the adolescent births initiated public assistance as a source of medical payment for the delivery.

The vast majority of adolescent pregnancies are unintentional (86%) and the negative consequences of adolescent pregnancy include preterm and perinatal complications, difficulty with maternal care, infant mortality, low birth weight and disruption of maternal schooling.

## Major Alternatives:

- Fund the PSI program for all birth-gadestaleists in the County.
- Fund the PSI program for a selected group of schools.
- 

## Board Action

The Postponing Sexual Involvement program for funded 15 schools (\$265,000).

## 6. Violence Prevention

Violence is one of the most serious problems currently confronting our community. It is appropriate to see violence as a public health problem because it has a measurable negative effects on the health of individuals; it negatively affects the health of the county's communities; and it is amenable to approaches that have been successful in overcoming other important community health problems.

From 1989-91, intentional injuries (homicides and suicides) were the leading cause of death among men 15 to 44 years old in our community, trailing only accidents and AIDS. Among young men--those between 15 and 24--homicides and suicides contributed to a large number of deaths and years of potential life lost. The serious impacts of violence are not restricted to young adults. The rate of death due to intentional battering of children from birth to two years of age is similar to the rate of gang-related homicides among young people between 16 and 25 years old.

While local data is not well-defined, violence causes a large number of significant injuries that result in physical disability and emotional distress.

From a community perspective, we know that violence interferes with the life activities that people regard as critical to their own and their community's health. Violence interferes with several factors that people regard as necessary to their sense of health. For example, violence makes us feel frightened and withdrawn, instead of vital and alive. It interferes with doing many of the things we enjoy and with enjoying many of the things we do. Violence takes away our sense of control and purpose in life. Probably most importantly, violence drives people apart and destroys our sense of community.

# Health Department

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## Major Alternatives:

- Obviously, the cause and maintenance of violence in our community is complicated, and involves many factors. Among others, these include the stresses of poverty and racism, poor education, an economy in transition, stresses on the family, and the modeling of violent behavior in our families, on the streets, and in the news and entertainment media. Given its complex origins, a multifaceted approach is needed to reduce the incidence and impact of violence.
- Reducing violence and its impact can be approached from a variety of perspectives by government agencies and community groups, including the schools, media outlets, churches, community organizations, and law enforcement agencies. Each of these perspectives has value. Unfortunately, the organizations and individuals involved in violence prevention and reduction continue to work largely in isolation.
- With the informal support of the Board, the Health Department is currently pursuing two general strategies: (1) convening groups to analyze and plan our community's response, and (2) supporting primary prevention activities in the schools and the wider community. Current financial resources support a single staff person whose time is devoted to violence prevention in the schools, and financial support of selected intervention programs. What is needed are ways to enhance coordination and collaboration across existing activities, and to create new activities that target essential identified prevention and intervention needs.

## Board Action

\$35,000 and .58 FTE is added to the Violence Prevention program.

## 7. RESULTS

The Health Department has worked towards implementation of a total quality improvement model for several years. The model has fit with the RESULTS campaign aimed at customer service improvement. The total staff participates in the quality effort. In November 1994, 14 service delivery sites conducted a customer service survey looking at 22 service elements. Efforts to improve service were based on the survey results. Areas of strength were shown to be personal contact with clients by providers and support staff. Areas of weakness were shown to be in the area of facilities such as phone access and appearance/cleanliness of clinics.

The staff of the Health Department are receiving training to prepare for Continuous Quality Improvement implementation. Training includes a general introduction, skills building for facilitating work groups, QI tools, and communication. Several sites have used RESULTS agents to implement activities related to the clinic population.



# Director's Office

# Health Department

## Description

The Office of the Director is responsible for ensuring that the Department provides quality services to achieve the mission. This office supervises the division manager facilitates the administrative team's planning and policy making and serves as a liaison to the Board of County Commissioners, Community Health Council and other community agencies.

## Action Plan

### Budget Trends

	1993-94 <u>Actual</u>	1994-95 <u>Current Estimate</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	0.00		4.30	2.82	(1.48)
Personal Services		\$145,828	\$234,682	\$181,430	(\$53,232)
Contractual Services				35,000	35,000
Materials & Supplies		266,000	270,909	144,961	(125,948)
Capital Outlay					0
<b>Total Costs</b>	<b>\$0</b>	<b>\$411,828</b>	<b>\$505,591</b>	<b>\$361,411</b>	<b>(\$144,180)</b>
Program Revenues	\$0		\$0	\$0	\$0
General Fund Support	\$0	\$411,828	\$505,591	\$361,411	(\$144,180)

# Regulatory Health

# Health Department

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## Description

The mission of the Regulatory Health Division is to protect and enhance public health by regulating certain businesses and facilities, and helping to analyze and address a wide range of community health problems. The Division is responsible for enforcing state and local public health laws and rules; investigating and analyzing community health problems; and providing consultation and leadership to government and other sectors in addressing community health problems. The Division inspects and licenses selected businesses with potential for health impacts; investigates deaths in certain circumstances; enforces public health laws and rules; abates certain health and nuisance problems; investigates important community health problems; and provides consultation and assistance to government, various organizations, and individuals regarding a wide range of public health problems.

The Division deals with community health problems that are best addressed through "population based services" - i.e., activities aimed primarily at communities. This body of problems is growing through recognition that population based services are often more appropriate and cost-effective than individual services.

County discretion is limited by a variety of federal and state grant requirements.

## Action Plan

1. Negotiate and implement a contract to put in place a single provider of emergency ambulance transport services no later than July 1995 in order to comply with the county's approved Ambulance Service Plan.
  - No additional resources will be required to carry out this action plan.
  - This action plan continues a long-term process to assure appropriate access to Emergency Medical Services for the people of the county; it is related to the county's benchmark of assuring financial access to health care services.
2. Implement a multi-year, communitywide campaign to raise awareness of violence by January 1, 1996 in order to develop broad community support for effective violence prevention activities.
  - This plan will require additional resources through shifting of county resources (e.g., redefining duties of existing public information staff), contributions from public and private sector experts in marketing and media, and/or addition of new county staff or financial resources.
  - There is a broad consensus that violence is a serious problem in our community. There is less agreement on how to address the problem, with significant disagreement about the relative contributions of self/community protection programs, criminal justice approaches, community development efforts, and focused prevention activities. There is a need to incorporate the wisdom inherent in these and other approaches.
  - This action plan supports the urgent benchmark related to reducing youth violence - i.e., Number of crimes against people per 10,000 population and Arrests of people under 18 years of age.
3. Continue to address long-term issues in the transition of the county Medical Examiner Program to a state or regional authority in order to achieve a rational structure and equitable funding for this important public safety function.

# Regulatory Health

## Health Department

- This plan will require no additional financial resources. It will, however, require ongoing political support by the County Chair and Board of County Commissioners.
- This plan supports the County's general goal of achieving good government as expressed in benchmark number 822 - Per capita cost of government.

### Significant Changes Revenues

Increase in Lead Screening Grant	<b>Amount</b>
General Fund support of Violence Coordinators	\$20,000
Ambulance fees increased to cover program costs	\$80,287
	\$70,000

### Significant Changes Expenditures

A Health Assistant has been added to the Lead Screening Program	<b>FTE's</b>	<b>Amount</b>
Violence Prevention moved here from Specialty Care and 58 FTE added	.80 FTE	\$23,959
.25 sanitarian added to Lead Screening	1.38 FTE	\$70,417
	.25 FTE	\$13,537

### Budget Trends

	1993-94	1994-95	1994-95	1995-96	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	43.58	49.00	48.00	50.48	2.48
Personal Services	\$2,234,167	\$2,398,218	\$2,528,648	\$2,780,507	\$251,859
Contractual Services	120,483	192,131	41,839	166,255	124,416
Materials & Supplies	229,052	368,251	454,076	430,512	(23,564)
Capital Outlay	9,318	8,910	8,550	9,300	750
<b>Total Costs</b>	<b>\$2,593,020</b>	<b>\$2,967,110</b>	<b>\$3,033,113</b>	<b>\$3,386,574</b>	<b>\$353,461</b>
Program Revenues	\$1,640,830	\$1,911,807	\$1,911,807	\$2,080,138	\$168,331
General Fund Support	\$952,190	\$1,055,343	\$1,121,306	\$1,306,436	\$185,130

### Costs by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Health Officer	\$198,507	\$218,435	\$222,927	\$4,492
Violence Coordinator	0	0	115,170	115,170
Environmental Health	1,145,590	1,318,555	1,383,746	65,191
Vector Control	322,182	331,825	354,164	22,339
Lead Screening	95,027	150,408	169,782	19,374
Emergency Medical Services	260,536	418,933	503,327	84,394
Medical Examiner	571,178	594,957	637,458	42,501
<b>Total Costs</b>	<b>\$2,593,020</b>	<b>\$3,033,113</b>	<b>\$3,386,574</b>	<b>\$353,461</b>

# Regulatory Health

## Health Department

### Staffing by Program

	<b>1993-94</b>	<b>1994-95</b>	<b>1995-96</b>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Health Officer	3.00	3.00	3.00	0.00
Violence Coordinator	0.00	0.00	1.38	1.38
Environmental Health	20.00	22.50	22.45	(0.05)
Vector Control	5.08	6.00	6.00	0.00
Lead Screening	2.00	2.00	3.05	1.05
Emergency Medical Services	4.00	5.00	5.10	0.10
Medical Examiner	9.50	9.50	9.50	0.00
<b>Total Staffing FTE's</b>	<b>43.58</b>	<b>48.00</b>	<b>50.48</b>	<b>2.48</b>

# Division Management

## Regulatory Health Health Department

### Description

Division management's mission is to ensure that the Division's programs achieve maximum effectiveness and efficiency; and to promote the Department's and community's use of structured, creative, and scientifically appropriate approaches to analyzing and addressing community health problems. Division Management is responsible for supervision and support of its programs; technical support to various parties ensuring that public health laws are appropriately enforced; and providing leadership to address community health problems. It supervises program managers, provides consultation to groups and individuals inside and outside of government, develops and analyzes public health data to help develop appropriate public health policies; and evaluates the effectiveness of activities, programs, and policies relevant to the public health.

The Division's Management addresses the community's need for well designed educational approaches to public health problems. This need is increasing as the complexity of community health problems increase and resources decrease.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted</u> <u>Budget</u>	<u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTEE	3.00	3.00	3.00	0.00
Program Costs	\$198,507	\$218,435	\$222,927	\$4,492
Program Revenues	\$287		\$8,456	\$8,456
General Fund Support	\$198,220	\$218,435	\$214,471	(\$3,964)

# Violence Prevention Program

Regulatory Health  
Health Department

## Description

The purpose of the Violence Prevention Program is to promote targeted reductions in violence in our community. The program is responsible for: (1) providing a focal point in local government for policy development and community mobilization around the issue of violence; (2) carrying out community assessments, and helping to develop processes for violence prevention and (3) supporting implementation of conflict resolution and other violence prevention programs in schools throughout the county. The Program convenes community members and groups to plan for violence prevention activities, carries out data analyses, and, in cooperation with schools and community based organizations, plans and supports school-based violence prevention activities.

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted</u> <u>Budget</u>	1995-96 <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTEE			1.38	1.38
Program Costs			\$115,170	\$115,170
Program Revenues				\$0
General Fund Support	\$0	\$0	\$115,170	\$115,170

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of middle and high schools with ongoing organized violence prevention activities	NA	NA	40%	90%

## Significant Changes Revenues

	<u>Amount</u>
General Funds shifted from School Based Clinic \$5,36,000 added	\$115,207

## Significant Changes Expenditures

	<u>FTE's</u>	<u>Amount</u>
Moved from School Based Clinic program	1.38 FTE	\$115,207

# Health Inspections Program

Regulatory Health  
Health Department

## Description

The mission of the Health Inspections Program is to improve the public health through promoting a healthful environment and protecting the community from environmental health hazards. It is responsible for analyzing community environmental health problems, regulating specified businesses and accommodations, and enforcing state and local environmental health laws and rules. The Program inspects restaurants, swimming pools, care centers, and other facilities for compliance with health and safety standards; enforces the state, city and county health codes; assures identification of young children with lead poisoning; surveys small community water systems; and responds to public concerns regarding licensed facilities and other environmental health problems and issues.

Discretion of the County Board is limited by state and local laws and regulations

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	20.00	22.50	22.45	(0.05)
Program Costs	\$1,145,590	\$1,318,555	\$1,383,746	\$65,191
Program Revenues	\$1,180,152	\$1,197,571	\$1,258,727	\$61,156
General Fund Support	(\$34,562)	\$120,984	\$125,019	\$4,035

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
% of restaurant food handlers with County food handler certificates	84.5%	90%	85%	86%

## Significant Changes - Revenues

	<u>Amount</u>
Inspection revenue will be increased to level allowed under State regulations	\$126,000

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
One sanitarian has been reassigned to Nuisance Control Officer	-	
Includes \$15,000 in carryover for food handler inspection system		\$15,000

# Vector Control Program

Regulatory Health  
Health Department

## Description

The mission of Vector Control is protect the health and enhance the viability of the community through control of rodent and insect populations, and the investigation and abatement of nuisance conditions. The program is responsible for control of rats and mosquitoes, and enforcement of nuisance and illegal dumping codes. It assists citizens in controlling rats by providing advice and control services; controls rats in municipal sewer systems; monitors and controls sources of mosquitoes; and enforces the nuisance and illegal dumping codes in unincorporated Multnomah County, Fairview and Troutdale.

The program is intended to minimize the hazards and discomforts associated with rat and mosquito infestations, as well as those associated with nuisance conditions. These problems are stable in the long term, with significant short-term fluctuations caused by natural conditions, and in the case of nuisance and dumping problems changing economic conditions.

Local discretion is limited by state statutes pertaining to vector control by counties (ORS Chapter 458) and pesticide use (ORS 6634).

## Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	5.08	6.00	6.00	0.00
Program Costs	\$322,182	\$331,825	\$354,164	\$22,339
Program Revenues	\$74,617	\$99,093	\$92,739	(\$6,354)
General Fund Support	\$247,565	\$232,732	\$261,425	\$28,693

## Key Results

	1993-94	1994-95	1994-95	1995-96
	Actual	Estimated	Adopted	Projected
Rat complaints per 1,000 County residents	3.4	3.4	3.4	3.4

## Significant Changes - Revenues

Amount

## Significant Changes - Expenditures

FTE's

Amount



# Lead Screening Program

Regulatory Health  
Health Department

## Description

The Oregon Childhood Lead Poisoning Prevention Program (OCLPPP) is charged with discovering children aged six months to six years who have elevated blood lead levels (BLLs), providing treatment to those that do, and working to prevent elevated BLLs in those who do not. OCLPPP is responsible for seeing that blood lead screening is carried on in Multnomah County and that the public is educated about preventing childhood lead poisoning. OCLPPP does blood lead testing at the primary care and the International Health Clinic, provides environmental followup and case management for children with elevated BLLs, and does outreach poisoning prevention education.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	2.00	2.00	3.05	1.05
Program Costs	\$95,027	\$150,408	\$169,782	\$19,374
Program Revenues	\$83,780	\$149,000	\$169,652	\$20,652
General Fund Support	\$11,247	\$1,408	\$130	(\$1,278)

## Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of children receiving basic lead poisoning prevention services	31%	30%	31%	35%

## Significant Changes - Revenues

	Amount
Grant increased	\$20,000

## Significant Changes - Expenditures

	FTE's	Amount
Health Assistant Added	.80 FTE	\$23,959
.25 sanitarian added	.25 FTE	\$13,537

# Emergency Medical Services

## Regulatory Health Health Department

### Description

The mission of the Medical Services (EMS) Program is to assure access to high quality, timely, cost-effective emergency pre-hospital medical care and ambulance service. It is responsible for planning, coordinating, regulating, and assuring implementation of the county's EMS system. The program prepares a state required ambulance service plan, promulgates rules and procedures that direct the system, monitors performance, and develops and monitors agreements which define conditions of participation for all system participants.

The program addresses the need for an effective and efficient response to the county's 42,000 requests for emergency medical response each year. This problem is slowly increasing with the growth and aging of the county's population.

State statutes limit the discretion of the County Commissioners in some aspects of ambulance service policy development, and service requirements.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	4.00	5.00	5.10	0.10
Program Costs	\$260,536	\$418,933	\$503,327	\$84,394
Program Revenues	\$259,625	\$418,933	\$504,234	\$85,301
General Fund Support	\$911	\$0	(\$907)	(\$907)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Eight minute response time percentage	85.5%	90%	90%	90%

### Significant Changes Revenues

Amount

### Significant Changes Expenditures

FTE's

Amount

# Medical Examiner Program

Regulatory Health  
Health Department

## Description

The mission of the Medical Examiner Office is to determine the cause of death of county residents who die under special circumstances including accidents, violence, drug involvement, employment, and other specified situations. The Office is responsible for establishing the cause and manner of death, notifying the next-of-kin, and protecting the property of the deceased person until a personal representative can take charge. Program staff investigate the circumstances of death, direct the disposition of the deceased's remains, interview witnesses, obtain personal and medical histories, and write reports of findings for a forensic pathologist, who certifies the cause of death.

Approximately 33,600 of the County's 57,000 deaths each year fall into categories which must be reported and investigated by the Medical Examiner Office. These numbers are gradually increasing due to population growth and increasing rates of violent death.

Local discretion is limited by the mandates and State Medical Examiner supervisory authority arising from ORS 146.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	9.50	9.50	9.50	0.00
Program Costs	\$571,178	\$594,957	\$637,458	\$42,501
Program Revenues	\$42,369	\$47,210	\$46,330	(\$880)
General Fund Support	\$528,809	\$547,747	\$591,128	\$43,381

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Reported Cases handled per investigator FTE	395	389	395	395

Significant Changes - Revenues Amount

Significant Changes - Expenditures FTE's Amount

# HIV/STD Services & Dept. Planning Health Department

## Description

This Division has two primary purposes: preventing and treating HIV and other sexually transmitted diseases (STDs), and conducting Departmentwide planning and design strategies to fill gaps in service delivery. Responsibilities include assessment of need, project planning and resource development. Activities conducted within the Division are community and individual education, delivery of clinical services, grant writing, and evaluation of existing public health programs.

The programs within the Division address the need to provide early diagnosis and treatment of HIV and other STDs (Oregon Benchmarks) and the need for an evaluation of public health services. Evaluation includes regular consumer input regarding acceptability of clinical and health promotion services.

1. Complete evaluation of program effectiveness for school-based clinics, middle schools, teen pregnancy prevention, and birth control services.
2. Maintain all existing service grants, write new grant applications in the areas of HIV prevention, teen pregnancy prevention and violence prevention.

### Significant Changes Revenues

		Amount
Additional General Fund Support in Planning & Dev		\$200,000
Ryan White Grant		\$1,186,000
Ryan White Supplemental Funds	.7 FTE	\$1,416,292
Increased Linkage Grant		\$177,000
NOAH Grant		\$256,028
CSAT Grant ending 6/30/95		(\$378,300)
NIDA grant reduced		(\$10,800)
General Fund reductions		(\$300,000)
Linkage Grant reduced		(\$104,400)
<b>Total</b>		<b>\$2,300,000</b>

### Significant Changes Expenditures

	FTE's	Amount
Lab Referrals moved from Support Services		\$21,000
.5 Administrative Secretary added / Admin	.50 FTE	\$20,512
2 FTE added to Planning & Development 6.33 Prim Investigator (1.5 PDS) .8	1.70 FTE	\$150,679
Hlth Serv Spec. 4 Health Admin. Investigator is shifted from Grant Funds		
2.70 Health Service Spec., .5 OA2, .25 Prin. Investigator added / Block Grant	3.50 FTE	\$164,000
Subcontractors increased / Block Grant		\$900,000
Ryan White Supp. contracts, Block Grant		\$1,350,000
.5 Office Asst. in Div. Mgmt., .2 Hlth Spec in Block Grant Ryan White Supp.	.7 FTE	\$25,900
1 Comm Hlth Nurse cut in STD	(1.00)	(\$58,000)
2 Alcohol & Drug Evaluation Specialists 5 OA2 added / Linkage,	2.00 FTE	\$97,778
1.25 Program Development Spec cut, 1.00 Hlth Info Spec added / Women's	(.25 FTE)	(\$11,200)
1.80 FTE Data Analyst cut, 1.1 FTE Prim Investigator cut, 2.5 FTE Prog. Dev.	(2.25 FTE)	(\$100,000)
Spec cut, .8 FTE Inform Spec added / NIDA		
4.5 FTE Hlth Inform Spec cut, .8 OA cut, .8 Administrator cut / Homeless	(6.10 FTE)	(\$286,000)
.50 FTE Hlth Information Spec cut / Epidemiology	(.50 FTE)	(\$24,200)
1 FTE Psychologist, .7 FTE Social Worker, 5.5 FTE MMD, 2.5 FTE OA added	3.50 FTE	\$240,000
2 Alcohol & Drug Evaluation Specialists are removed / Child & Family Serv.	(2.7 FTE)	(\$82,600)
and Data Analyst cut		
Data Analyst added / RRIS Behavior Intervention / NIDA	1 FTE	\$42,950
<b>Total</b>	<b>.9 FTE</b>	

# HIV/STD Services & Dept. Planning Health Department

## Budget Trends

	1993-94 <u>Actual</u>	1994-95 <u>Current Estimate</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	74.86		88.95	89.48	0.53
Personal Services	\$4,160,271	\$4,414,864	\$4,548,252	\$4,770,031	\$221,779
Contractual Services	907,624	1,245,634	1,317,810	3,277,619	1,959,809
Materials & Supplies	1,372,714	1,209,134	1,234,582	1,488,361	253,779
Capital Outlay	111,178	1,374	5,523	30,200	24,677
<b>Total Costs</b>	<b>\$6,451,787</b>	<b>\$6,877,006</b>	<b>\$7,106,167</b>	<b>\$9,566,211</b>	<b>\$2,460,044</b>
Program Revenues	\$2,873,138	\$5,284,278	\$5,284,278	\$7,776,213	\$2,491,935
General Fund Support	\$3,578,649	\$1,592,728	\$1,821,889	\$1,789,998	(\$31,891)

## Costs by Program

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
HIV Admin	\$204,388	\$204,310	\$242,620	\$38,310
Planning & Dev	380,837	457,896	641,023	183,127
HIV Block Grant	645,334	895,492	3,215,926	2,320,434
STD Clinic	962,087	1,062,844	992,076	(70,768)
Community Linkage	488,839	694,924	634,505	(60,419)
HIV Women & Child	600,278	705,174	747,882	42,708
Risk Behavior	710,940	887,274	874,276	(12,998)
AIDS Prev/Substance Abuse	365,992	434,054	58,228	(375,826)
STD Epidemiology	687,637	536,968	525,083	(11,885)
HIV Clinic	1,405,455	1,227,231	1,634,592	407,361
<b>Total Costs</b>	<b>\$6,451,787</b>	<b>\$7,106,167</b>	<b>\$9,566,211</b>	<b>\$2,460,044</b>

# HIV/STD Services & Dept. Planning Health Department

## Staffing by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
HIV Admin	1.25	1.75	2.70	0.95
Planning & Dev	4.30	6.30	8.01	1.71
HIV Block Grant	3.00	4.00	7.75	3.75
STD Clinic	16.10	15.90	14.85	(1.05)
Community Linkage	1.81	7.00	6.70	(0.30)
HIV Women & Child	8.00	8.75	8.50	(0.25)
Risk Behavior	8.00	12.05	10.93	(1.12)
AIDS Prev/Subs Abuse	6.60	7.00	0.90	(6.10)
STD Epidemiology	9.50	9.50	9.00	(0.50)
HIV Clinic	16.30	16.70	20.14	3.44
<b>Total Staffing FTEs</b>	<b>74.86</b>	<b>88.95</b>	<b>89.48</b>	<b>0.53</b>

**Division Management**

Health Department

**Description**

The main responsibility for this section is to set direction for the division. This is accomplished through establishment of policies and procedures, and conducting ongoing evaluation of Division goals and objectives.

This program is intended to assure that services delivered do both preventive and clinical care to community standards and are cost efficient. The prevalence of HIV disease is increasing, STDs are primarily stable and other unmet public health problems such as adolescent STDs, HIV, pregnancy outcomes and lack of preventive services to special populations are increasing.

Oregon public health and communicable diseases statutes as well as grant assurances place limitations on the program.

**Budget Overview**

	<b>1993-94</b>	<b>1994-95</b>	<b>1995-96</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTEE	1.25	1.75	2.70	0.95
Program Costs	\$204,388	\$204,310	\$242,620	\$38,310
Program Revenues		\$148,548	\$610,428	\$461,880
General Fund Support	\$204,388	\$55,762	(\$367,808)	(\$423,570)

**Significant Changes Revenues****Amount****Significant Changes Expenditures**

.5 Administrative Secretary added  
Ryan White Supplemental .5 Office Asst.

**FTE's****Amount**

.50 FTE

**\$20,512**

.5 FTE

**\$10,753**

## HIV/STD Services & Dept Planning

# Planning & Grants Development Health Department

### Description

The Planning and Development Unit was formed in 1991 to coordinate program planning, grant writing, and grants management of the Health Department. This unit is responsible for identifying community health needs as well as developing strategies and resources to address these needs. Planning and Development conducts internal and external needs assessments to coordinate and lead the department's Total Quality Management Program, assesses, analyzes, and disseminates community health data and writes and monitors grants.

This program helps address the community and department's need for a coordinated approach to addressing important community health problems through data analysis, planning, and resource development. This need is increasing particularly given the increasing complexity of community health problems, limited resources, and the need to evaluate the impact of managed care (Oregon Health Plan) on the health status of the community.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	4.30	6.30	8.01	1.71
Program Costs	\$380,837	\$457,896	\$641,023	\$183,127
Program Revenues	\$4,327	\$30,964		(\$30,964)
General Fund Support	\$376,510	\$426,932	\$641,023	\$214,091

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
% of potential grant dollars obtained	82%	50%	80%	70%

### Significant Changes Revenues

	<u>Amount</u>
General Funds	\$150,700

### Significant Changes Expenditures

	<u>FTE's</u>	<u>Amount</u>
1.7 FTE added to Planning & Development (36 Br. Investigator to 5 (PLS) DS) .8 Hlth Serv. Spec. .4 Health Admm. Three Investigator is shifted from Grant Funds	1.70 FTE	\$150,679



# HIV/STD Services & Dept Planning

## HIV Education & Field Research Health Department

### Description

The HIV Community Education Program provides HIV education and infection control for Multnomah County employees, Health Department contractors and the community at large. Activities of the program include: health department staff updates on HIV educational materials, provision of HIV education to employees of community organizations, drug treatment agencies, and businesses, provision of HIV education and policy development for public and private schools, including colleges, outreach and prevention activities to gay bars, adult book stores, public parks, and outreach to high risk youth.

In the state of Oregon, there were 2,952 diagnosed AIDS cases as of 1/4/95 (1,961 in Multnomah County). The Oregon Health Division estimates that there are 10,000 HIV infected individuals in the State. HIV education is the only tool we currently have to prevent this projected figure from growing.

Local discretion is limited by federal, state, and local laws.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.00	4.00	7.75	3.75
Program Costs	\$645,334	\$895,492	\$3,215,926	\$2,320,434
Program Revenues	\$683,305	\$894,639	\$2,829,550	\$1,934,911
General Fund Support	(\$37,971)	\$853	\$386,376	\$385,523

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Per cent of persons who demonstrate an improved knowledge base following an HIV education session	NA	90%	80%	85%

### Significant Changes - Revenues

	<u>Amount</u>
Ryan White Funds added 2 Health Services Specialists	.2 FTE \$870,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
2.70 Health Services Specialists, .5 OA2, .25 Prin. Investigator added	3.50 FTE	\$164,000
Subcontracts increased		\$900,000
Ryan White Supplemental contracts, Block Grant		\$1,350,000

# HIV/STD Services & Dept Planning

## Sexually Transmitted Disease

Health Department

### Description

The purpose of the Sexually Transmitted Disease Clinic is the prevention and control of sexually transmitted diseases within Multnomah County. The clinic is responsible for the diagnosis and treatment of sexually transmitted diseases (STD). Activities include active partner notification, disease surveillance which provides information on community trends and high risk populations, consultation and/or training to health professionals, and HIV counseling and testing which is part of the routine STD visit.

The Sexually Transmitted Disease Clinic and Community Test Site addresses the need for diagnosis and treatment for anyone who believes he/she has been exposed to a sexually transmitted disease or HIV. The need for testing for STDs is currently stable, however, as public education about the need to test for chlamydia, the need will increase. The demand for HIV counseling and testing is increasing.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	16.10	15.90	14.85	(1.05)
Program Costs	\$962,087	\$1,062,844	\$992,076	(\$70,768)
Program Revenues	\$280,849	\$377,617	\$354,175	(\$23,442)
General Fund Support	\$681,238	\$685,227	\$637,901	(\$47,326)

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Prevent an increase in the number of gonorrhea cases per 100,000 county residents between 15 and 44 years of age.	219	290	290	200

### Significant Changes Revenues

Amount

### Significant Changes Expenditures

1 Comm Hlth Nurse out in STD

FTE's  
(1.00)

Amount  
(\$58,000)

# HIV/STD Services & Dept Planning

## Drug Treatment Center Linkage      Health Department

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### Description

The purpose of this program is to provide a continuum of linked primary health care, drug treatment and mental health services to decrease the incidence of HIV infection in chemically dependent individuals and their sexual partners; increase drug and alcohol treatment and coping skills and to link clients with identified mental health needs to appropriate mental health services. The program has responsibility for the delivery of primary health care, HIV/AIDS, alcohol and drug treatment, and mental health services to chemically dependent persons seen at four local treatment sites.

In September, 1990 HIV seroprevalence among clients entering drug treatment in Multnomah County was 1.8%; in June, 1992 that rate had risen to 2.33%. This rate has remained fairly stable.

We are limited by the assurances of the funding source and restrictions of federal, state and local law.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	1.81	7.00	6.70	(0.30)
Program Costs	\$488,839	\$694,924	\$634,505	(\$60,419)
Program Revenues	\$193,138	\$682,000	\$658,605	(\$23,395)
General Fund Support	\$295,701	\$12,924	(\$24,100)	(\$37,024)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Number of Primary Health Care Visits to Substance Abusers, their Families, and Sexual Partners per provider FTEE	446	1,260	1,260	1,500

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
2 Alcohol & Drug Evaluation Specialists moved to Children & Family Serv.	(2.70 FTEE)	(\$93,400)
Data Analyst out		
.5 OA2 added,	.5 FTE	\$10,750

**HIV Women's Project**

Health Department

**Description**

The purpose of the Women's Project is to help women take responsibility for protecting themselves from HIV and other sexually transmitted diseases and from unwanted pregnancies. Attempts are made to: promote changes in condom use behavior through peer supported information education sessions and through distribution of appropriate media materials which are specific to this population of women. The Health Department contracts with the Oregon Health Division to conduct a comprehensive outcome evaluation of this project. Project staff collect outcome evaluation data.

In August 1992 reported AIDS cases in women in the State of Oregon represented 2% of the total cases. In January 1995, the percentage had increased to 5%. HIV prevention services are critical to this population.

Local discretion is limited by federal, state, and local laws and grant requirements.

**Budget Overview**

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	8.00	8.75	8.50	(0.25)
Program Costs	\$600,278	\$705,174	\$747,882	\$42,708
Program Revenues	\$502,522	\$705,174	\$747,882	\$42,708
General Fund Support	\$97,756	\$0	\$0	\$0

**Key Results**

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percentage of women in project neighborhood who are practicing safer sex. (available by Aug. 94)	69%	65%	65%	70%

**Significant Changes Revenues**Amount**Significant Changes Expenditures**

1.25 Program Development Specialist, 1.00 Health Information Specialist

FTE's  
(.25 FTE)Amount  
(\$11,200)

# HIV/STD Services & Dept Planning

## Drug User Risk Reduction/NIDA Health Department

### Description

The goal of the Risk Behavior Intervention Project (RBIP) is to prevent the further spread of HIV infection among injection drug users (IDUs) and their sexual partners. The two primary objectives of RBIP are to establish a system for monitoring HIV related risk taking behavior and to assess the efficacy of interventions in reducing drug and sexual risk taking behavior among IDUs and their sexual partners. The activities performed by RBIP include data collection, delivery of substance abuse and HIV/AIDS prevention interventions, and HIV counseling and testing (Oregon Benchmarks for HIV Early diagnosis).

Local discretion is limited by federal, state and local laws.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	8.00	12.05	10.93	(1.12)
Program Costs	\$710,940	\$887,274	\$874,276	(\$12,998)
Program Revenues	\$890,842	\$887,274	\$874,276	(\$12,998)
General Fund Support	(\$179,902)	\$0	\$0	\$0

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of injection drug users (IDUs) who engage in safer drug use behaviors	50%	60%	60%	70%

### Significant Changes Revenues

	<u>Amount</u>
NIDA grant reduced	(\$10,000)

### Significant Changes Expenditures

	<u>FTE's</u>	<u>Amount</u>
1.80 FTE Data Analyst cut, 11 FTE PP in line investigator cut, 23 FTE Prog Dev. Spec cut, .8 FTE Inform Spec added	(2.25 FTE)	(\$100,000)
Data Analyst Added to Risk Behavior Intervention, NIDA	1 FTE	\$42,950

**Homeless Persons Risk Reduction**

Health

**Description**

The mission of the program is to promote positive sexual and drug behavioral changes among injection drug users and their sexual partners, thereby reducing HIV, STD, and TB risks among homeless county residents. Activities include street outreach services, distribution of bleach and condoms, education, assessment of risk, measuring behavioral changes, providing HIV, STD, TB testing, and referral of clients to drug treatment, health, and social services.

There are an estimated 22,350 homeless people in Multnomah County, an increase of 17.5% in the last year, and of 97.5% in the last 4 years. The homeless population is at extreme risk for HIV disease due to behaviors such as needle sharing, selling sex for drugs, and engaging in unprotected sex. Homelessness and drug use are both increasing each year in Multnomah County.

The federal funding source assurances as well as federal, state, and local laws restrict the activities of this project.

**Budget Overview**

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	6.60	7.00	0.90	(6.10)
Program Costs	\$365,992	\$434,054	\$58,228	(\$375,826)
Program Revenues	\$151,370	\$434,054	\$58,228	(\$375,826)
General Fund Support	\$214,622	\$0	\$0	\$0

**Key Results**

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Prevent an increase in the % of the homeless persons testing positive for HIV virus in the Health Dept. system	NA	2.5%	2.5%	1.5%

**Significant Changes Revenues**

CSAT/Mental Health grant reduced

**Amount**  
 (\$378,000)
**Significant Changes Expenditures**

4.5 FTE Health Information Spec cut, .8 OA cut, .8 Administrator cut

**FTE's**  
 (6.10 FTE)

**Amount**  
 (\$286,000)

# HIV/STD Services & Dept Planning

## STD/HIV Epidemiology

## Health Department

### Description

The goal of the STD/HIV Epidemiology program is to reduce the spread of sexually transmitted diseases and HIV. The responsibilities include detection of disease and preventive education to decrease the level of reportable diseases. Activities include: conducting interviews and completing case investigations on reported cases of gonorrhea, syphilis, chlamydia, and HIV, providing individual counseling and education, assisting in notification of sexual contacts of their exposure and need for medical diagnosis and treatment, providing information on prevention and identification of STDs through community education.

The STD/HIV Epidemiology program addresses the need to prevent and control STDs and HIV. Currently, the number of cases of gonorrhea and syphilis are stable. Follow-up on all chlamydia cases in Multnomah County will be undertaken by staff. The number of chlamydia cases had increased markedly due to increased awareness, increased screening, and change in Oregon statute making it reportable. The 1994/95 Adopted budget figure represented an unrealistic expectation based on the increasing numbers of reported chlamydia cases. The 1995-96 projection adjusts this to a realistic figure.

Limitations on this program include State Statutes governing HIV and confidentiality of medical records.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	9.50	9.50	9.00	(0.50)
Program Costs	\$687,637	\$536,968	\$525,083	(\$11,885)
Program Revenues	\$70,565	\$256,749	\$270,664	\$13,915
General Fund Support	\$617,072	\$280,219	\$254,419	(\$25,800)

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percentage of reported cases of the following STDs interviewed by County Disease Intervention Specialists for contacts				
Gonorrhea	75%	85%	91%	92%
Syphilis	100%	90%	100%	95%
Chlamydia	27%	80%	36%	45%

### Significant Changes - Revenues

Amount

### Significant Changes Expenditures

.50 FTE Health Information Specialist

FTE's  
(.50 FTE)

Amount  
(\$24,200)

# HIV/STD Services & Dept Planning

## HIV Clinic

## Health Department

### Description

The mission of this clinic is to provide high quality primary health care to HIV infected persons who have no other source of care. This program is responsible for delivery of quality care in both the clinic and the home setting and for referral to ancillary services such as dental care, mental health treatment and social support. Primary activities include health assessment, education and home care, caregiver education and support to avoid unnecessary institutionalization.

This program addresses the increasing need for cost effective, quality primary care for medically indigent persons with HIV disease. The need is growing, but will hopefully decrease as the Oregon Health Plan reduces barriers to care.

This program must comply with Oregon Statutes which assure confidentiality to persons with HIV/AIDS diagnosis and to the assurances mandated by the Federal funding agency.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	16.30	16.70	20.14	3.44
Program Costs	\$1,405,455	\$1,227,231	\$1,634,592	\$407,361
Program Revenues	\$96,220	\$867,259	\$1,372,405	\$505,146
General Fund Support	\$1,309,235	\$359,972	\$262,187	(\$97,785)

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of potential clients who receive clinical services within 3 weeks of initial contact with clinic	50%	50%	60%	60%

### Significant Changes - Revenues

	<u>Amount</u>
Ryan White Grant	\$322,000
NOAH Grant	\$256,000

### Significant Changes Expenditures

	<u>FTE's</u>	<u>Amount</u>
1 FTE Psychologist, .7 FTE Social Worker, .5 FTE MD, 1.25 FTE OA added	3.50 FTE	\$240,000



# Specialty Care Services

## Health Department

### Description

The purpose of the Specialty Services Division is to meet the health prevention and treatment service needs of specific populations and targeted groups in Multnomah County. The Division is designed to protect and improve the health of the community. Activities performed by the Division are as follows. The Communicable Disease Office and Tuberculosis Control Program investigate, monitor, track, evaluate and treat diseases to protect the public health of county residents. The International Health Center and School Based Health Centers provide health prevention, promotion, screening, and treatment of specific populations, i.e. refugees and adolescents. Occupational Health provides health prevention and treatment services for local, state, and federal employees. Field Services serve clients and families with multiple and complex health needs by visiting clients in homes, schools and other community locations and providing these services of assessment, screening, teaching, advocacy, counseling, and linking clients and families with community resources.

The Specialty Services Division is intended to address communicable disease prevention and the special health needs of targeted high risk populations in Multnomah County. With the exception of Communicable Diseases and the TB case rate which are relatively stable, the problems associated with these services are increasing (i.e. adolescent health needs, Oregon Health Care Act requirements regarding blood borne pathogen transmission and employee TB screening requirements). The demand for International Health Services has remained stable.

### Action Plan

1. Continue emphasis on securing alternate sources of revenue
2. Add sexual abstinence education in 15 Multnomah County middle schools during school year 95-96 to decrease pregnancy rates during adolescence.
  - Additional resources will be needed. Various grants will be prepared and submitted but requests will also be made for additional general funds.
  - Portland Public Schools has agreed and is helping with the implementation of this year's limited project. It is anticipated that other school districts will express similar interest.
  - Current evaluation of high school based clinics would indicate that there will be very little controversy around this objective.
  - The long range plan for postponing Sexual Involvement (PSI) will be to integrate the program into school sex education curriculum and decrease direct health department service provision.
  - Directly relates to Benchmark: Pregnancy rate per 1,000 females aged 10-17 at 8 by the year 2000.
3. Continue to implement tuberculosis (TB) educational activities in North and Northeast Portland by June 1996
  - Confirmed TB cases among African Americans are as follows:

1992	7 active cases
1993	7 active cases
1994	14 active cases
  - Activities being planned include culturally appropriate strategies such as:
    - a. Utilization of existing clinic staff to provide education services to various groups in the area.

# Specialty Care Services

# Health Department

- b. Utilization of African-American staff from the North and Northeast Portland clinics to pass out flyers at businesses, churches and other community organizations.
  - c. Coordinate services with the North and Northeast Portland clinics.
  - d. Use media-radio, NE Spectrum Program, buses, parades,
- No additional resources are being requested for these activities. Management is currently trying to reallocate staffing to fund Outreach Worker time for this project.
4. Continue marketing efforts of BBlood Borne Pathogen training and TB screenings, particularly with smaller health care facilities (e.g., dentist offices and nursing homes), with the goal of keeping the program fully supported by fees to provide education services to various groups in the area.
  5. Assure Oregon Health Plan screening of all new refugees within the first six months of their arrival to this community.
  6. Work with Family Resource Centers to increase integration of Community Health Field Nurses to include exploration of expanded cooperation and coordination.
    - Negotiate joint role descriptions with all centers.
    - Set up systems for referrals and regular data reports.
    - Provide more training for all CHNs working in centers on team issues and responsibilities.
    - Assess and explore expanded areas of cooperation including new ways of providing in kind support. e.g., flu shots to center employees and joint trainings.

## Significant Changes - Revenues

	Amount
REEP program; capitation \$207/PMPPM needed REEP clinics to date into OHP on fee for service basis; \$115 per visit	(\$400,000)
Healthy Schools PHISG Grant School Based	\$287,000
Increased Medicaid Fees School Based	\$250,000
Increased Occupational Health Fees	\$100,000
Increased Babies First Field	\$55,000
Increased Project Team OSDF Field	\$62,000
Portland Adventist Medical Center	\$52,000
General Funds for Postponing Sexual Involvement	\$265,000

## Significant Changes - Expenditures

	FTE's	Amount
Violence Coordinator shifted to Regulatory Health	(1.00 FTE)	(\$87,000)
3 FTE Health Asst., .7 FTE Nurse Prac., 2 FTE CHN, .1 FTE MD, .3 OA/IHC	4.33 FTE	\$258,000
.25 FTE CHN c/w/TB	(.25 FTE)	(\$14,500)
Lincoln Elem. School Clinic 1 Hlth Educ., 1.5 Nurse, .5 Inform. Spec., .8 OA	3.80 FTE	\$195,000
.70 OA2, 1 Hlth Info Spec., 1 Hlth Educator, .50 Prim Invest added for	3.30 FTE	\$264,000
Postponing Sexual Involvement		
Cinic added at Lane Middle School mid year	1.35 FTE	\$174,600
1 FTE Community Health Nurse Added, .17 Prog Dev Specialist Field Admin	.83 FTE	\$51,000
1.59 Comm. Hlth Nurse cut	(1.59 FTE)	(\$89,000)
2.33 FTE Comm. Hlth Nurse c/w/Field	(2.33)	(\$125,000)
Violence M&S		(\$40,000)
Lab Referrals moved from Support Services		\$69,600
Outside referrals for REEP Photo required		(\$600,000)
<b>Total</b>	<b>8.96 FTE</b>	

# Specialty Care Services

# Health Department

## Budget Trends

	1993-94 <u>Actual</u>	1994-95 <u>Current Estimate</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	159.74	153.17	153.17	162.08	8.91
Personal Services	\$7,507,580	\$8,700,436	\$7,884,007	\$8,904,424	\$1,020,417
Contractual Services	1,152,733	1,213,807	1,278,049	877,255	(400,794)
Materials & Supplies	2,067,757	2,174,832	2,396,087	2,424,501	28,414
Capital Outlay	42,671	50,000	50,000	154,700	104,700
<b>Total Costs</b>	<b>\$10,770,721</b>	<b>\$12,139,075</b>	<b>\$11,608,143</b>	<b>\$12,360,880</b>	<b>\$752,737</b>
Program Revenues	\$3,939,509	\$4,377,045	\$4,377,045	\$4,831,434	\$454,389
General Fund Support	\$6,831,212	\$7,762,030	\$7,231,098	\$7,529,446	\$298,348

## Costs by Program

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Spec. Admin	\$152,458	\$287,896	\$178,126	(\$109,770)
InterNat. Hlth	2,084,319	2,208,533	1,826,694	(381,839)
TB Clinic	1,158,907	1,223,829	1,323,949	100,120
Comm. Disease	630,100	542,065	545,416	3,351
Occupational Hlth	255,679	325,730	381,798	56,068
School Based Offices	1,705,902	1,960,725	2,984,427	1,023,702
Field Admin	204,430	205,874	353,126	147,252
Field Services	3,677,714	3,810,614	3,806,083	(4,531)
Teen/Family Support	507,616	394,359	455,812	61,453
Parent/Child Center	393,596	648,518	505,469	(143,049)
<b>Total Costs</b>	<b>\$10,770,721</b>	<b>\$11,608,143</b>	<b>\$12,360,880</b>	<b>\$752,737</b>

# Specialty Care Services

# Health Department

## Staffing by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Spec. Admin	3.50	3.50	2.50	(1.00)
InterNat. Hlth	31.90	19.60	23.90	4.30
TB Clinic	19.50	19.50	19.75	0.25
Comm. Disease	8.10	8.10	8.10	0.00
Occupational Hlth	5.56	4.40	4.40	0.00
School Based Clinics	26.13	30.56	39.81	9.25
Field Admin	2.50	2.17	3.00	0.83
Field Services	56.45	54.54	52.15	(2.39)
Teen Family Support	0.50	0.50	0.50	0.00
Parent/Child Center	5.60	10.30	7.97	(2.33)
<b>Total Staffing FTE's</b>	<b>159.74</b>	<b>153.17</b>	<b>162.08</b>	<b>8.91</b>

# Division Management

## Specialty Care Services

## Health Department

### Description

The Specialty Services Division's purpose is to prevent the spread of communicable diseases and address the special health needs of targeted high risk populations in Multnomah County. Division management is responsible for facilitating coordinated services delivered by Specialty Services and other health services within and outside the Health Department, recruiting and hiring performance evaluation, professional development of all mid level providers in Specialty Services, and representing the Administration to the Professional Nursing Care Committee and in all labor negotiations with the Oregon Nurses Association. The Division administrator provides direction, oversight and program development for Specialty Services programs as well as providing contract development and monitoring of state wide refugee health screening.

Visible leadership activities for the next year will focus on cultural diversity, the RESIST 1995 campaign, benchmarks, and CQI. Division management projects significant involvement with: 1) School Based Health Center issues, 2) services and staff with Family Resource Centers and, 3) District Coordinating Teams and the Leaders' Roundtable.

Specialty Care Services Division Management addresses the need to manage and coordinate an integrated service delivery system which prevents the spread of communicable disease and addresses the special health needs of targeted high risk populations. The need for the active coordination and management of these services remains stable but will increase in complexity as the Oregon Health Plan is implemented and the International Health Clinic moves from capitation to fee for service.

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	3.50	3.50	2.50	(1.00)
Program Costs	\$152,458	\$287,896	\$178,126	(\$109,770)
Program Revenues		\$32,750		(\$32,750)
General Fund Support	\$152,458	\$255,146	\$178,126	(\$77,020)

### Significant Changes - Revenues

### Amount

### Significant Changes - Expenditures

Violence Coordinator shifted to Regulatory Health

FTE's  
(1.00 FTE)

Amount  
(\$87,000)

# International Health Center

## Specialty Care Services

## Health Department

### Description

The International Health Center is a medical clinic funded with federal grants and before service reimbursement from OMAP. Its mission is to provide culturally appropriate health services to newly arrived refugees from all over the world. It is responsible for prompt refugee health screening to ensure identification and treatment of communicable diseases which may be a health concern to the individual and/or have the potential of spreading to others. In addition, the International Health Center provides prompt health education which teaches refugees how to appropriately utilize Western medical services. The services available include cultural and medical interpretation, health screening and assessment, primary care services, referral services, and consultation on refugee health issues to other medical providers and/or medical institutions.

In fiscal year 1993-94 the International Health Clinic screened 44,144 and served 98,404 newly arrived refugee clients with a total of 8,610 clinic visits. It is anticipated that a similar or slightly decreased workload will be carried out in fiscal years 1994-95 and 1995-96.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	31.90	19.60	23.90	4.30
Program Costs	\$2,084,319	\$2,208,533	\$1,826,694	(\$381,839)
Program Revenues	\$2,100,129	\$2,196,273	\$1,786,824	(\$409,449)
General Fund Support	(\$15,810)	\$12,260	\$39,870	\$27,610

### Key Results

	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Refugee primary care visits per provider	2,512	3,080	2,234	2,737
FTE				

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

3 FTE Health Assistant, 7 FTE Nurses Pract, .2 FTE CHN, .1 FTE MD, .3 OA

FTE's

4.33 FTE

Amount

\$258,000

## Specialty Care Services

# Tuberculosis Clinic

Health Department

### Description

The purpose of Tuberculosis Management Service is to prevent the transmission of tuberculosis in Multnomah County. It is responsible for the investigation and implementation of control measures for tuberculosis within the County. The program's activities include screening, evaluating, and providing treatment for patients for tuberculosis; interviewing case contacts to obtain pertinent information to control further spread of the disease; case management to assure that clients initiate and maintain appropriate therapy, and educating the public on tuberculosis by distributing pamphlets and delivering group presentations are other essential activities of the TB Program.

TB Management Services address the problem of prevalence and spread of TB in Multnomah County. In 1994, out of 5,280 clients, 500 were up to or prevented therapy and an additional 474 received treatment for active tuberculosis. Compared to the previous year, tuberculosis rates showed a 4 % increase in Multnomah County.

The increase is attributed to 15 cases—double that of the previous year—among persons residing in North and Northeast Portland. We have intensified our collaborative efforts in these areas by having joint meetings with the clinic managers and outreach workers from the North and Northeast Portland clinics providing community education and TB presentations; and doing TB lists, TB Bulletin, spots, posters and information on TB in the local newspapers. This strategy of increasing community awareness was helpful in encouraging all community members to become involved in activities to control the spread of TB.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	19.50	19.50	19.75	0.25
Program Costs	\$1,158,907	\$1,223,829	\$1,323,949	\$100,120
Program Revenues	\$155,993	\$244,186	\$253,451	\$9,265
General Fund Support	\$1,002,914	\$979,643	\$1,070,498	\$90,855

### Key Results

	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Percentage of TB patients who complete a course of TB treatment (active TB)	80%	80%	80%	85%

### Significant Changes Revenues

	Amount
.25 FTE CHN Out	(.25 FTE) (\$14,500)

# Communicable Diseases

## Description

The Communicable Disease Office's purpose is to decrease the level of communicable disease in Multnomah County. This office is responsible for investigation and implementation of control measures for all reportable communicable diseases except for diseases investigated by the Tuberculosis and Sexually Transmitted Disease programs. This office counsels each client diagnosed with a reportable communicable disease, advises appropriate control measures, refers, screens and diagnoses clients who have no other source of medical care for hepatitis and other communicable diseases, assists in identification of exposed individuals so that appropriate treatment can be provided and the spread of the disease can be contained, provides prophylaxis as needed for exposed individuals, provides education for clients, staff and the medical community regarding communicable diseases, and provides surveillance and crisis intervention in outbreaks of communicable disease in Multnomah County.

The goal of this program is to protect the public from the spread of communicable diseases. The rate per 100,000 population varies with each disease and is affected by availability of vaccinations, access to medical care, personal hygiene behaviors and the cyclical nature of each disease.

This program follows the Oregon Administrative Rules and the Oregon Health Division guidelines.

## Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	8.10	8.10	8.10	0.00
Program Costs	\$630,100	\$542,065	\$545,416	\$3,351
Program Revenues	\$137,618	\$124,879	\$128,352	\$3,473
General Fund Support	\$492,482	\$417,186	\$417,064	(\$122)

Key Results	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Number of preventable Hepatitis A cases transmitted by workers in high risk settings	5	0	0	0

## Significant Changes - Revenues

Amount

## Significant Changes - Expenditures

FTE's

Amount



# Occupational Health

## Description

The Occupational Health Office provides the OSHA Bloodborne Pathogens and Tuberculosis Programs to bring employers into compliance and to increase workplace safety for affected employees. The Office provides these services for Multnomah County employees and contracted agency employees. The Bloodborne Pathogens Program includes development of an "exposure control plan" for each work site, training new employees within 10 days of assignment, annual training updates for employees, Hepatitis B vaccination for all at-risk personnel, and bloodborne pathogen exposure counseling and follow-up. The Tuberculosis (TB) program includes a risk analysis of each work site, training of employees, written policies and procedures for the early identification and management of patients, testing of employees, periodic screening of employees, and overseeing the development and use of personal protective equipment. Employee medical records are kept in a confidential manner. This program also responds to various requests from private and public employers. These have included providing training sessions (e.g. stress management, nutrition) and other immunizations (e.g. Rabies for veterinarians, Tetanus/Diphtheria for sewer workers).

The goal of this program is to decrease the risk of an employee acquiring a communicable disease in the work setting.

## Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	5.56	4.40	4.40	0.00
Program Costs	\$255,679	\$325,730	\$381,798	\$56,068
Program Revenues	\$144,280	\$276,595	\$381,798	\$105,203
General Fund Support	\$111,399	\$49,135	\$0	(\$49,135)

## Key Results

	1993-94	1994-95	1994-95	1995-96
	Actual	Estimated	Adopted	Projected
Percent of Multnomah County employees who have received bloodborne pathogen training	90%	95%	90-95%	95%

## Significant Changes - Revenues

Amount

## Significant Changes - Expenditures

FTE's

Amount

# School-based Clinics

## Specialty Care Services

## Health Department

### Description

The mission of the School Based Health Center Program is to provide comprehensive, confidential and accessible primary health care to an under-served population of children and adolescents in a school setting. The major responsibilities are to identify students with unmet physical and mental health needs and provide necessary treatment and/or referral and follow up. The School Based Health Center Program provides physical exams, immunizations, diagnosis and treatment of illness and injury. It also provides reproductive health care, pregnancy testing, contraceptive counseling and services, sexually transmitted disease diagnosis and treatment, HIV counseling and testing, mental health counseling and health promotion activities such as smoking cessation.

The School Based Health Center Program has two goals: To reduce the incidence of teen pregnancy in its client population and to increase access to primary care for children and adolescents with or without other accessible, affordable options. Both of these problems are increasing as adolescents become sexually active at earlier ages and as the uninsured population increases.

The program is limited by restrictions placed by local school districts where clinics are sited. Restrictions usually occur around reproductive health services. Currently clinics do not have on site contraceptive pick up.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	26.13	30.56	39.81	9.25
Program Costs	\$1,705,902	\$1,960,725	\$2,984,427	\$1,023,702
Program Revenues	\$106,237	\$155,895	\$714,857	\$558,962
General Fund Support	\$1,599,665	\$1,804,830	\$2,269,570	\$464,740

Key Results	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Percentage of 15-19 year old female family planning objectives who do not get pregnant during the year	92.2%	95%	95%	93%

### Significant Changes - Revenues

	Amount
Healthy Schools Grant	\$287,500
General Funds (PSS)	\$265,000

### Significant Changes - Expenditures

	FTE's	Amount
Added for Lincoln Park Elementary 1 HHE Educ., 1.5 Nurse, 5.5 Inform Spec., .8 OA	3.80 FTE	\$195,000
.70 OA2, 1 HHE Info Spec., 1 HHE Educator, .50 PP involved added for Postponing Sexual Involvement	3.30 FTE	\$206,000
Clinic added at Lamed Middle School in 1995	1.35 FTE	\$174,600

# Specialty Care and Field Services

## Field Services Management

### Health Department

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#### **Description**

The Field Services Division Administration provides direction, oversight, program development, evaluation, and resource development for five geographically defined field service areas and community outreach units. Program staff facilitate coordinated services between the Field Program and other community health and social service providers. This office seeks and obtains State, Federal and private resources to support effective community based programs. This office is continually assessing field service needs and looking for ways to establish linkages with other health and social service agencies and in some cases to provide the direct health services at the decentralized neighborhood level. This office is also responsible for program evaluation and maintenance of revenue agreements for field nursing services.

#### **Budget Overview**

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	2.50	2.17	3.00	0.83
Program Costs	\$204,430	\$205,874	\$353,126	\$147,252
Program Revenues			\$236,616	\$236,616
General Fund Support	\$204,430	\$205,874	\$116,510	(\$89,364)

#### **Significant Changes Revenues**

**Amount**

#### **Significant Changes Expenditures**

1 FTE Community Health Nurse Added, 177 Prog Dev Spec cut

**FTE's**  
.83 FTE

**Amount**  
\$51,000

## Specialty Care and Field Services

### Field Service Teams

### Health Department

#### Description

The goal of the Field Services Teams is to support the Health Department's focus on the protection of the community, the prevention of illness, the promotion of health, and the provision of services throughout the lifespan. Each geographically placed field service team has community health nurses who provide identification, assessment and case management to vulnerable individuals and families and groups within that community. The multi-disciplinary teams provide health related services to targeted populations such as young, pregnant and/or parenting families, low birth weight babies, developmentally delayed infants, children with chronic health care needs, formerly incarcerated pregnant women, homeless individuals and families, the aged, victims of violence, families affected by alcohol and other drugs and families with complex health and social needs. The field teams provide services through home visits, group education, information and referral, and community advocacy. They actively participate in coordinated community based activities offered through schools, community agencies and integrated service projects.

Primarily, the Field Services Teams advocate for County residents to assure them a healthy life and a supportive environment. Field services to pregnant women, newborns and families with young children will increase the chance that children will live in safe, supportive families and communities and that their growth and development is age appropriate.

#### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	56.45	54.54	52.15	(2.39)
Program Costs	\$3,677,714	\$3,810,614	\$3,806,063	(\$4,551)
Program Revenues	\$1,019,079	\$964,942	\$924,420	(\$40,522)
General Fund Support	\$2,658,635	\$2,845,672	\$2,881,643	\$35,971

#### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percentage of families with newborns living in PCDS service who will be offered initial growth and development, prenatal assessment and/or referral for health care and community-based services as needed	NA	NA	80%	85%

#### Significant Changes Revenues

**Amount**

#### Significant Changes Expenses

1.59 Comm. Health Nurse Unit

**FTE's**  
(1.59 FTE)

**Amount**  
(\$89,000)

## Specialty Care and Field Services

# Teen Family Support

Health Department

### Description

The Teen Family Support Program is a comprehensive system for delivering services to teen parents and their families. This program provides intake, assessment, referral, and case management services to the approximately 11,000 teens giving birth this year in Multnomah County. This program includes three separate but coordinated elements.

- Assessment and referral to the appropriate case management agency, which is provided by a Community Health Nurse, in the home, clinic or school before birth, or at birth in the hospital.
- Case management, support groups, and interactive parent education, which is provided by nonprofit community agencies.
- Systems coordination implemented through the Teen Family Services Coordinator.

Teen parents and their children are at risk for health and social problems and need targeted services. By centrally tracking all teen parents, the program will reduce duplication of service. The number of teen parents has continued to rise in the county.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	0.50	0.50	0.50	0.00
Program Costs	\$507,616	\$394,359	\$455,812	\$61,453
Program Revenues		\$58,556	\$56,799	(\$1,757)
General Fund Support	\$507,616	\$335,803	\$399,013	\$63,210

### Key Results

	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Percentage of teen mothers assessed for health, social, and parenting needs	75%	95%	90%	90%

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

FTE's

Amount

## Specialty Care & Field Services

### Family Service Center

### Health Department

#### Description

The purpose of the Family Service Center project is to develop a neighborhood-based system of services addressing child health and maternal health needs in the Brentwood-Darlington neighborhood. The program is responsible for developing a four-year community plan, collaborating with the health department to establish the community family center, and providing preventive clinical and home visit services to pregnant women and families with young children in the neighborhood. These services are available through home visits and are provided by community health nurses and family health workers. Services include well child screenings, immunizations, prenatal care, pregnancy testing, WIC services, basic support and health teaching, developmental screenings, and referral to other needed resources.

The goal of the project is to improve the health status of women and children by reducing postnatal mortality among infants born to families in the neighborhood and by reducing the incidence of inadequate prenatal care to women in Brentwood-Darlington. The rates of inadequate prenatal care and infant mortality have been higher in Brentwood-Darlington than the County average.

#### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.60	10.30	7.97	(2.33)
Program Costs	\$393,596	\$648,518	\$505,469	(\$143,049)
Program Revenues	\$276,173	\$322,969	\$348,317	\$25,348
General Fund Support	\$117,423	\$325,549	\$157,152	(\$168,397)

#### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Rate of adequate prenatal care in the Brentwood-Darlington area	90.4%	93%	93%	85%

#### Significant Changes Revenues

**Amount**

#### Significant Changes Expenses

2.33 FTE Comm. Hlth Nnse out

**FTE's**

(2.33)

**Amount**

(\$125,000)

# Dental Services

## Dental Services Health Department

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### Description

The Mission of the Dental Services Division is to improve the oral health and thereby the quality of life of Multnomah County residents. The Division is responsible for facilitating the delivery of dental services to County residents who are at-risk, low income, and the under-served (including direct provision of dental services); providing primary preventive dental services; and monitoring the prevalence of oral disease among Multnomah County residents.

The Division addresses the following needs: (1) It has estimated 350,000 County residents are without dental insurance, and therefore have limited access to dental care (estimate determined by applying the national rate of 60% without dental insurance to County population); (2) Dental surveys conducted every three years show high rates of dental disease in both children and adults. Fifty-six percent of 6 to 8 year old Multnomah County elementary school children have a history of tooth decay and five percent require urgent care for relief of pain and infection-rates are higher for minority children; Forty-six percent of 10 to 12 year old Multnomah County school children have experienced tooth decay in their permanent teeth-rates are higher for minority children; (3) Sixty-seven percent of underserved adults have active decay and seventy-nine percent need dental treatment.

Among Multnomah County children as a whole, rates of dental disease are decreasing, although among low income and minority children rates are staying the same. Rates of dental disease among adults are staying the same.

### Action Plan

1. Continue administration of MultiCare Dental, Dental Managed Care Organization under the Oregon Health Plan with a target enrollment of 12,000 enrollees by January 1996 to maintain the County's Benchmark of assuring access to health care for low income clients.
  - Resources for this objective come entirely from Medicaid revenues and have no General Fund support.
  - Phase II of the Oregon Health Plan, which began February 1994, added blind, disabled and foster children to the Plan eligibles. This group of clients has significant oral health problems and requires alternative care delivery to current enrollees in the office and clinic delivery system. Phase II clients and advocates are anticipated to place great demands on the DCO to deliver care not addressed for years because of lack of access for these clients.
  - This objective supports the benchmark of improved access to health care.
2. Implement recommendations from the Dental Division Action Plan 94/95 of prioritized preventive strategies to reduce dental decay rates among Multnomah County residents by June 1996 to support efforts to reduce oral disease.
  - The recommendations will most likely include development of a plan to fluoridate public water systems which has been controversial in the past.

# Dental Services

## Dental Services Health Department

- Relates to Benchmark: Increase Access to Health Care (Oral Health) by increasing capacity to treat other oral health problems through the reduction of dental decay.
3. Implement child abuse prevention education project in Multnomah County to train private practice dental providers in recognition and reporting of suspected child abuse when presenting in dental office by June 1996 to support violence prevention efforts.
- Resources for this objective will not require additional General Fund support.
  - This objective supports SBenchmark addressing violence prevention.

### Significant Changes - Revenues

Additional Oregon Health Plan Medicaid

**Amount**  
\$1,600,000

### Significant Changes - Expenditures

Increase in OHSU/Russell Street

Premium set aside/salary increases

Lab contracts increased

Increased supplies budget

Increased Building Mgmt

.7 FTE OA added, 1 FTE Health Operations Supervisor added

7.4 FTE Dental Asst Rec, 2.55 Dentist, 2.1 Hygienist, 1 Health Asst Assistants

added for 2 new dental clinics

.75 FTE Hygienist

### FTE's

### Amount

\$300,000

\$152,000

\$127,000

\$100,000

\$63,000

1.80 FTE

\$79,000

14.17 FTE

\$700,000

.75 FTE

\$24,750

18.17 FTE

### Budget Trends

	1993-94	1994-95	1994-95	1995-96	
	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	35.80	47.53	47.53	63.75	16.22
Personal Services	\$1,826,539	\$2,433,761	\$2,360,667	\$3,232,071	\$871,404
Contractual Services	347,506	587,561	648,053	1,126,870	478,817
Materials & Supplies	583,999	821,872	1,001,835	1,131,621	129,786
Capital Outlay	10,645	21,797	4,900	23,000	18,100
<b>Total Costs</b>	<b>\$2,768,689</b>	<b>\$3,864,991</b>	<b>\$4,015,455</b>	<b>\$5,513,562</b>	<b>\$1,498,107</b>
Program Revenues	\$711,250	\$2,786,000	\$2,386,156	\$3,932,562	\$1,546,406
General Fund Support	\$2,057,439	\$1,078,991	\$1,629,299	\$1,581,000	(\$48,299)



# Dental Services

## Dental Services Health Department

### Costs by Program

	<b>1993-94</b>	<b>1994-95</b>	<b>1995-96</b>	
	<b><u>Actual</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Dental Admin	\$472,613	\$939,564	\$1,358,560	\$418,996
Dental Clinics	1,914,325	2,688,446	3,697,733	1,009,287
Dental Outreach/Education	381,751	387,445	457,269	69,824
<b>Total Costs</b>	<b>\$2,768,689</b>	<b>\$4,015,455</b>	<b>\$5,513,562</b>	<b>\$1,498,107</b>

### Staffing by Program

	<b>1993-94</b>	<b>1994-95</b>	<b>1995-96</b>	
	<b><u>Actual</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Dental Admin	0.90	2.50	4.30	1.80
Dental Clinics	29.00	38.63	52.30	13.67
Dental Outreach/Education	5.90	6.40	7.15	0.75
<b>Total Staffing FTE's</b>	<b>35.80</b>	<b>47.53</b>	<b>63.75</b>	<b>16.22</b>

# Division Management

## Dental Services Health Department

### Description

The mission of Division Management is to ensure that dental programs (Dental Clinics and School/Community Programs) are operated productively and with high quality of services, to monitor the dental health of the community and to coordinate community dental needs with community resources, including department resources. The Division Management is responsible to serve as a resource for information about both health issues that affect the county residents, monitor the prevalence of oral disease, facilitate the delivery of dental care to at-risk populations, and provide managerial oversight to the Dental Division Clinics and School/Community Dental Services programs. Activities include development and monitoring of dental policies, quality assurance practices, program development and evaluation, personnel management, budget administration, clinical administration and collection, and joint efforts with local private and public sector dental resources.

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	0.90	2.50	4.30	1.80
Program Costs	\$472,613	\$939,564	\$1,358,560	\$418,996
Program Revenues		\$431,483	\$280,621	(\$150,862)
General Fund Support	\$472,613	\$508,081	\$1,077,939	\$569,858

### Significant Changes Revenues

### Amount

### Significant Changes Expenditures

.7 FTE OA added, 1 FTE Health Operations Supervisor added

FTE's  
1.80 FTE

Amount  
\$79,000

# Dental Clinics

## Dental Services Health Department

### Description

The Dental Clinics' mission is to reduce the level of untreated dental disease in low-income underserved Multnomah County residents. The Dental Clinics are responsible for providing access to urgent and routine dental care services to county residents who have no other access to dental care. The Dental Clinics provide urgent care services for adults and children (relief of pain, infection, bleeding and trauma; including diagnosis, extractions, fillings), and routine dental care to children and adults enrolled in the DCO (including diagnosis, preventive and restorative services).

Dental Clinic services address the problem of lack of access to dental care for low-income and uninsured (including Medicaid) County residents.

### Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	29.00	38.63	52.30	13.67
Program Costs	\$1,914,325	\$2,688,446	\$3,697,733	\$1,009,287
Program Revenues	\$711,250	\$1,954,673	\$3,651,941	\$1,697,268
General Fund Support	\$1,203,075	\$733,773	\$45,792	(\$687,981)

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Dental relative value units per dentist	9,400	9,800	9,800	10,000

### Significant Changes Revenues

Increased Medicaid

**Amount**  
\$800,000

### Significant Changes Expenditures

7.4 FTE Dental Asst/Rec 255 Dentist 1.2 Hygienist 3 Dental Asst Assistants added for 2 new dental facilities

**FTE's**  
14.17 FTE  
**Amount**  
\$700,000

# Dental Services

## School & Community Dental Serv. Health Department

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### Description

The School/Community Dental Services program mission is to improve the oral health of Multnomah County school age children and the at-risk county residents. The School/Community Dental Services program is responsible for providing primary preventive dental services to students in Multnomah County Elementary and Middle schools. The program provides oral screenings, oral health education, fluoride supplements and dental sealants.

This program addresses the problem of dental disease, especially tooth decay, in County children by providing dental sealants, fluoride supplements, education and screening/ referral. The problem of dental decay in children in general is decreasing, however the rate among low-income and minority children is staying the same.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	5.90	6.40	7.15	0.75
Program Costs	\$381,751	\$387,445	\$457,269	\$69,824
Program Revenues				\$0
General Fund Support	\$381,751	\$387,445	\$457,269	\$69,824

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of 6-8 year olds with cavities free	NA	50%	42%	50%
*survey conducted every three years				

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

.75 FTE Hygienist

FTE's  
.75FTE

Amount  
\$24,750

# Primary Care Division

## Primary Care Division Health Department

### Description

The Primary Care Division ensures availability and accessibility of preventive and primary medical care services to County residents who are unable to access appropriate care through private health care providers due to financial or other barriers. The Primary Care and Health Services Division is responsible for the prevention of illness, promotion of health (the protection of the community) through the provision of accessible health services. The Division provides primary health care services to 45,000 unduplicated clients annually in geographically dispersed sites throughout the county; screens and predetermines Medicaid eligibility for low income residents, and provides managed care for Oregon Health Plan enrollees.

### Significant Changes - Revenues

	Amount
Breast&Cervical Cancer Grant/Medical Director	\$434,700
Eligibility Medicaid	(\$563,000)
Breast&Cervical Cancer Grant/Primary Care	\$192,234
Medicaid Revenue reduced at Burnside Health Clinic (\$80,000) GenFd increased \$150,000	\$70,000

### Significant Changes - Expenditures

	FTE's	Amount
Breast&Cervical Cancer Grant/Medical Director	3.3 FTE	\$434,700
Increase Health Source Med Dir GenFd		\$63,000
Add .5 Health Serv Admin/ GenFd Med Dir		\$39,000
Alcohol&Drug Evaluation Spec moved to Children&Family Serv	(1.00 FTE)	(\$39,410)
Medicaid Eligibility unit moved to Business Services	(11 FTE)	(\$563,000)
Coalition Clinic support moved to Support Services	(-.6 FTE)	(\$141,000)
.5 nutritionist added Admin	.5 FTE	\$28,098
Increased Building Mgmt		\$67,000
Increased Personnel costs/ONA		\$112,000
Lab Referrals moved from Support Services		\$193,000
	(-8.45 FTE)	

### Budget Trends

	1993-94 Actual	1994-95 Current Estimate	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	215.75	246.30	246.30	237.85	(8.45)
Personal Services	\$11,131,176	\$12,184,392	\$12,461,155	\$12,691,072	\$229,917
Contractual Services	1,442,345	644,500	609,214	773,751	164,537
Materials & Supplies	3,112,036	3,208,000	3,547,406	3,530,661	(16,745)
Capital Outlay	5,003	42,500	42,500		(42,500)
<b>Total Costs</b>	<b>\$15,690,560</b>	<b>\$16,079,392</b>	<b>\$16,660,275</b>	<b>\$16,995,484</b>	<b>\$335,209</b>
Program Revenues	\$10,191,131	\$9,700,829	\$11,700,829	\$11,806,167	\$105,338
General Fund Support	\$5,499,429	\$6,378,563	\$4,959,446	\$5,189,317	\$229,871

# Primary Care Division

## Primary Care Division Health Department

### Costs by Program

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Primary Care Admin	\$547,898	\$480,450	\$472,461	(\$7,989)
Medical Director	222,433	645,712	1,107,120	461,408
Clinical Services	12,828,218	13,608,861	14,096,922	488,061
Drug Free Babies	10,225	137,791	97,894	(39,897)
Burnside Health Clinic	882,702	825,253	903,082	77,829
La Clinica De Buena Salud	312,015	295,051	318,005	22,954
Medicaid/Multicare	887,069	667,157	0	(667,157)
<b>Total Costs</b>	<b>\$15,690,560</b>	<b>\$16,660,275</b>	<b>\$16,995,464</b>	<b>\$335,209</b>

### Staffing by Program

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Primary Care Admin	7.80	4.70	5.50	0.80
Medical Director	3.90	2.70	6.50	3.80
Clinical Services	173.00	207.90	208.05	0.15
Drug Free Babies	0.00	2.50	1.50	(1.00)
Burnside Health Clinic	9.95	11.35	11.25	(0.10)
La Clinica De Buena Salud	4.70	5.35	5.05	(0.30)
Medicaid/Multicare	16.40	11.80	0.00	(11.80)
<b>Total Staffing FTEs</b>	<b>215.75</b>	<b>246.30</b>	<b>237.85</b>	<b>(8.45)</b>

# Primary Care Division Mgmt

Primary Care Division

Health Department

## Description

Division Management is responsible for nine primary care sites, support to 6 additional clinics and direction to Medicaid/Medicare Eligibility Services. The Division management is focusing its efforts in the following areas: Quality Improvement and client satisfaction of diverse clientele population in implementation of The Oregon Health Plan, improvement of productivity and client access.

## Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE	7.80	4.70	5.50	0.80
Program Costs	\$547,898	\$480,450	\$472,461	(\$7,989)
Program Revenues	\$283,760	\$49,318		(\$49,318)
General Fund Support	\$264,138	\$431,132	\$472,461	\$41,329

## Significant Changes - Revenues

Amount

## Significant Changes - Expenditures

.80 Health Services Admin

FTE's

.80FTE

Amount

\$49,900

# Medical Director

## Primary Care Division

## Health Department

### Description

Medical Director is responsible for clinical oversight of the Primary Care Division and most of the Specialty Care Division. (HIV, STD and TB programs have their own Medical Directors).

The Medical Director's activities include: recruitment, hiring and clinical supervision of providers; management of in-house continuing education program and development, review and revision of clinical protocols and policies; coordination and oversight of in-house clinical teaching activities for providers; monitoring outside specialty, ambulatory and hospital utilization, coordination and oversight of COI activities that pertain to clinical practices setting standards for clinical care, setting productivity standards; liaison to outside clinical affiliates; and assessing and evaluating appropriateness of clinical services.

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	3.90	2.70	6.50	3.80
Program Costs	\$222,433	\$645,712	\$1,107,120	\$461,408
Program Revenues	\$45,532	\$170,171	\$477,292	\$307,121
General Fund Support	\$176,901	\$475,541	\$629,828	\$154,287

### Significant Changes - Revenues

	Amount
Breast & Cervical Cancer Grant	\$434,700

### Significant Changes - Expenditures

	FTE's	Amount
1.3 FTE Nurse Practitioner, 5.5 FTE Admin, 1 FTE Serv Spec., 1 FTE Inf Spec., 1 Md	3.80 FTE	\$197,000
Subcontracts		\$364,000



# Primary Care Clinics

## Primary Care Clinics Health Department

### Description

The nine Primary Care clinics provide integrated primary health care to low-income county residents in geographically accessible locations throughout the County. Each primary care clinic serves as a major provider of health care to area residents. The clinics provide basic preventive, diagnostic and treatment services; e.g., family planning/birth control, prenatal care, immunizations, well child check-ups, nutrition services, communicable disease screening (including STD and HIV) and care of acute and chronic medical conditions.

The clinics target services to infants and children, women in need of prenatal and family planning services, in addition to providing general primary care to children and adults. The demand for basic health care remains high.

The Primary Care clinics are influenced by Federal and State requirements as well as medical practice standards.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	173.00	207.90	208.05	0.15
Program Costs	\$12,828,218	\$13,608,861	\$14,096,922	\$488,061
Program Revenues	\$8,853,765	\$10,195,305	\$10,645,698	\$450,393
General Fund Support	\$3,974,453	\$3,413,556	\$3,451,224	\$37,668

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of pregnant women in County clinics who receive prenatal care beginning in first trimester (Oregon Benchmark)	64%	80%	64%	80%

### Significant Changes Revenues

Amount

### Significant Changes Expenditures

Support Staff

FTE's  
(1.35)

Amount  
(45,000)

# Drug Free Babies

## Primary Care Clinics Health Department

### Description

This program is aimed at improving birth outcomes and reducing substance abuse during pregnancy by improving early identification of substance use in prenatal clients and enhancing linkages between prenatal medical services, treatment services, and other social services, and by supporting pregnant women to successfully stay in treatment. The enhanced intervention services builds on clinic services to intervene with clients and link them with services.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE		2.50	1.50	(1.00)
Program Costs	\$10,225	\$137,791	\$97,894	(\$39,897)
Program Revenues	\$6,297			\$0
General Fund Support	\$3,928	\$137,791	\$97,894	(\$39,897)

### Key Results

	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Percent of 2 Year Olds Who are appropriately immunized				

### Significant Changes Revenues

Amount

### Significant Changes - Expenditures

Alcohol & Drug Evaluation Service moved to Children & Family Serv

FTE's  
(1.00 FTE)

Amount  
(\$39,410)

# Burnside Health Center

## Primary Care Clinics

## Health Department

### Description

Burnside Health Center (BHC) provides integrated primary health services to a culturally diverse, medically indigent, and homeless clientele who reside in single room occupancy (SRO) hotels and on the streets in the West Burnside area of Portland. The clinic is responsible for prevention of illness, promotion of health, and the protection of the community through accessible health services. Burnside Health Center provides primary health care, mental health and social work services to over 20,000 additional homeless clients with multiple problems including mental illness and drug/alcohol addictions annually.

Burnside Health Center increases socioeconomic and geographic access to basic health care for homeless clients by providing ambulatory primary health care to social and medically needy residents of the Old Town area, thereby improving good health practices among this population.

Burnside Health Center is federally funded, and therefore is responsible for grant specific guidelines including serving clients who fit the federal definition of homeless.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	9.95	11.35	11.25	(0.10)
Program Costs	\$882,702	\$825,253	\$903,082	\$77,829
Program Revenues	\$30,593	\$498,464	\$419,600	(\$78,864)
General Fund Support	\$852,109	\$326,789	\$483,482	\$156,693

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percent of BHC clients immunized for Pneumovax and Tetanus		85%	65%	80%

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

FTE's

Amount

# La Clínica De Buena Salud

## Primary Care Clinics Health Department

### Description

The Homeless Children's Project ensures availability and access to preventive and primary health care for children and their families who are at risk of being homeless with a focus on Latino children and their families. It is responsible for two clinical sites: one located at East County Health Center and the other at La Villa de Clara Vista apartments. It is responsible for an outreach component which provides home visits, health education, etc., to families, as well as contact with other agencies. The project also provides basic preventive, diagnostic and treatment services which include: well child checks, immunizations, lead screenings, prenatal care, family planning, WIG, communicable disease screening, care of acute and chronic medical conditions, and a family planning and STD prevention Latino male project in partnership with Planned Parenthood Northwest.

The Homeless Children's Project responds to the demands, by homeless families, for health care. The Homeless Children's project has experienced a continual increase in demand for services since the opening of La Clínica de Buena Salud in March 1993.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	4.70	5.35	5.05	(0.30)
Program Costs	\$312,015	\$295,051	\$318,005	\$22,954
Program Revenues	\$262,017	\$262,271	\$263,577	\$1,306
General Fund Support	\$49,998	\$32,780	\$54,428	\$21,648

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percentage of 2 year olds who are properly immunized	na	82%	82%	82%

### Significant Changes--Revenues

Amount

### Significant Changes--Expenditures

FTE's

Amount

# Services and Support

## Services and Support Health Department

### Description

The Support Services Division provides diagnostic, pharmaceutical and ancillary health services required to meet the health needs of the client population. This division is responsible for the operation of laboratory services, pharmacy services, medical supplies/forms/pamphlets, health education training and classes, language services, information and referral services, medical records management, staff training, and coordination of facilities management. Some activities include performing diagnostic laboratory testing, dispensing medications, providing health education to clients and operating an information and referral service.

The support programs meet the needs of the Department in the special areas identified. The need for the above mentioned services is increasing based upon increased client activities throughout the Department.

Local discretion is hindered in the purchasing of medical supplies/equipment and professional services because of dollar thresholds for RFPs etc.

### Action Plan

- Implement automation into the laboratory and pharmacy services. Coordinate with OHSU and integrate the computer systems.
- Complete the remodeling project for the McCoy Building and the North Portland Health Center. Work with Facilities Management to prepare a plan for the Board of County Commissioners to approve regarding seismic problems and solutions.
- Continue hiring bilingual staff into appropriate direct service positions to reduce dependence on interpreters. Explore other options for bilingual support through different models and electronic technology.

### Significant Changes - Revenues

	Amount
Increased Immunization grant Health Ed	\$95,000
General Funds added to support 3 Information specialists, State Hotline funds shifted to Safernet	\$107,000

### Significant Changes - Expenditures

	FTE's	Amount
Training enhanced .8 PDS .8 Hlth Serv Spec/ Admin Gen Fd		\$73,000
Coalition support position moved from Primary care	.5	\$21,756
.5 Pharmacist/ Gen Fd	.5	\$31,000
Professional Services/Training/Admin Gen Fd		\$50,000
Professional Services Outside Lab		(\$400,000)
Rent		(\$125,000)
3.25 FTE Info & Referral Gen Fd 2 Hlth Asst, 1 Hlth Info Spec, 2.25 Hlth Admin	3.25	\$157,000
Positions shifted to Communications unit/Admin	(5.00)	(\$222,000)

## Services and Support

### Health Department

## Services and Support

Human Serv Spec Added/Admin	1.00 FTE	\$36,700
.5 OA cut, 1 FTE Prog Dev Spec cut/Admin	(1.50)	(\$60,000)
.50 FTE Pharmacist added	.50 FTE	\$35,700
.90 FTE Program Dev Tech added/Hlth Ed	.90 FTE	\$34,000
.40 FTE OA2/Hlth Ed	.40 FTE	\$11,980
3 FTE Inform Spec shifted to Secret/Inform & Referral	(3.00 FTE)	(\$112,000)
2 Health Asst added/Inform & Referral	2.00 FTE	\$61,600
Health Educ cut/Inform & Referral	(1.00 FTE)	(\$32,000)
.25 Admin added/Inform & Referral	.25 FTE	\$18,800
3 FTE Inform Spec shifted to Secret/Inform & Referral & Secret	3.00 FTE	\$112,000
1.90 FTE Comm. Info Spec added/Safety	1.90 FTE	\$80,882
Positions shifted to Communications unit from Div Admin/Comm	5.00	\$222,000
.50 FTE Warehouse Worker Added/Comm	.50 FTE	\$15,307
	5.80 FTE	

# Services and Support

## Services and Support Health Department

### Budget Trends

	1993-94 <u>Actual</u>	1994-95 <u>Current Estimate</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	54.20	57.00	57.00	62.80	5.80
Personal Services	\$3,182,824	\$2,824,988	\$2,991,341	\$3,078,071	\$86,730
Contractual Services	420,322	508,455	847,150	551,344	(295,806)
Materials & Supplies	3,074,033	3,300,639	3,673,970	3,845,851	171,881
Capital Outlay	79,968	160,174	160,174	39,400	(120,774)
<b>Total Costs</b>	<b>\$6,757,147</b>	<b>\$6,794,256</b>	<b>\$7,672,635</b>	<b>\$7,514,666</b>	<b>(\$157,969)</b>
Program Revenues	\$1,755,339	\$3,719,513	\$3,719,513	\$3,549,315	(\$170,198)
General Fund Support	\$5,001,808	\$3,074,743	\$3,953,122	\$3,965,351	\$12,229

### Costs by Program

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Admin	\$1,097,634	\$1,504,144	\$1,073,230	(\$430,894)
Pharmacy/Spec Orders	2,800,326	3,271,459	3,410,831	139,372
Laboratory	893,789	1,385,321	926,893	(458,428)
Health Education	243,924	315,839	423,563	107,724
Language Services	748,240	489,887	362,685	(127,202)
Information & Referral	746,745	705,985	333,089	(372,896)
Safenet	0	0	554,251	554,251
Communications	226,489	0	306,772	306,772
Coalition Support	0	0	123,332	123,332
<b>Total Costs</b>	<b>\$6,757,147</b>	<b>\$7,672,635</b>	<b>\$7,514,666</b>	<b>(\$157,969)</b>

# Services and Support

## Services and Support Health Department

### Staffing b3i Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Admin	12.50	12.20	6.80	(5.40)
Pharmacy/Spec Orders	12.40	15.40	15.90	0.50
Laboratory	14.00	13.00	13.00	0.00
Health Education	4.50	4.50	5.90	1.40
Language Services	4.00	4.00	4.00	0.00
Information & Referral	6.80	7.90	6.15	(1.75)
Safenet	0.00	0.00	5.00	5.00
Communications	0.00	0.00	5.55	5.55
Coalition Support	0.00	0.00	0.50	0.50
<b>Total Staffing FTEs</b>	<b>54.20</b>	<b>57.00</b>	<b>62.80</b>	<b>5.80</b>



# Division Management

## Services and Support Health Department

### Description

Support Services Division management has the mission to direct the division in providing necessary services in an efficient and least costly manner. Management oversees Support Services by setting output and service delivery goals and resolving problems in achieving those goals. Division management meets with the program management team to evaluate service needs, goals, and problems.

Division Manager organizes available resources to meet 100% of the field and clinical support services needs in a timely, efficient, and cost effective manner. This manager has experienced an increasing demand for services for field and clinical programs, plus lab reform infrastructure issues such as purchasing data systems, contracting, OSHA, risk management, safety, and facilities management.

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	12.50	12.20	6.80	(5.40)
Program Costs	\$1,097,634	\$1,504,144	\$1,073,250	(\$430,894)
Program Revenues	\$369,999	\$356,759	\$445,784	\$89,025
General Fund Support	\$727,635	\$1,147,385	\$627,466	(\$519,919)

### Significant Changes Revenues

### Amount

### Significant Changes Expenditures

Positions shifted to Communications unit  
Human Serv Spec Added  
.5 OA cut, 1 FTE Prog Dev Spec cut

FTE's	Amount
(5.00)	(\$222,000)
1.00 FTE	\$36,700
(1.50)	(\$60,000)

# Pharmacy Services

## Services and Support Health Department

### Description

Pharmacy Services provides medication and pharmaceutical counseling and education to county clinic clients and is available to medical staff for pharmaceutical consultation and information. Pharmacy Services is responsible for supporting the provision of medication dispensing services in all county clinics. Six pharmacies are staffed and operated in county clinics to provide medications to all eligible county clinic clients.

Medications are an integral part of the total care of patients and with medications becoming increasingly expensive, patients are often unable to afford the drugs to treat their medical problems. As medication costs rise and new, innovative (and generally more expensive) drugs are marketed, there is a problem in obtaining quality health care for many clients with the exception of medication treatment in the form of prescription medication.

Pharmacy Services must comply with the Oregon State Board of Pharmacy Administrative Rules in its operation of County pharmacies.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	12.40	15.40	15.90	0.50
Program Costs	\$2,800,326	\$3,271,459	\$3,410,831	\$139,372
Program Revenues	\$894,382	\$1,571,281	\$1,256,593	(\$314,688)
General Fund Support	\$1,905,944	\$1,700,178	\$2,154,238	\$454,060

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Total cost per prescription dispensed to County clients	\$13.87	\$16.97	\$19.00	\$20.10

### Significant Changes Revenues

Amount

### Significant Changes Expenditures

.50 FTE Pharmacists added

FTE's

.50 FTE

Amount

\$35,700

# Laboratory Services

## Services and Support

## Health Department

### Description

The Laboratory Section provides testing of client and environmental specimens for the Department. This section tests specimens for a variety of medical conditions as well as does environmental surveillance at known or actual problem areas (such as the Blue Lake Swim Center). This section also monitors many units (clinics) for quality assurance in their testing.

This section directly supports testing or requirements from: clinics, the Communicable Disease Office, the Environmental Health Unit, the Health Office, the State Health Division, and the Federal Government (ACIA - 88 & EPA).

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	14.00	13.00	13.00	0.00
Program Costs	\$893,789	\$1,385,321	\$926,893	(\$458,428)
Program Revenues	\$145,309	\$993,136	\$1,067,015	\$73,879
General Fund Support	\$748,480	\$392,185	(\$140,122)	(\$532,307)

Key Results	1993-94	1994-95	1994-95	1995-96
	Actual	Estimated	Adopted	Projected
Maintain or reduce unit cost of laboratory tests	\$7.81	\$8.37	\$8.00	\$8.68

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

FTE's

Amount

## Services and Support

# Health Education

## Health Department

### Description

Health issues will continue to become more and more complex and require more individualized approaches than before. The Health Education unit is responsible for ensuring that quality health education and informational materials are available for all County residents seeking information and that this material conforms to all current standards of education and adult learning concepts. The Health Education Unit enhances the skills and abilities of medical providers and other staff in providing health education and health information to clients in our clinics, increases the skills and abilities of clients by ensuring that educational materials are at the appropriate reading level, culturally sensitive and diverse. The unit provides the following services: consultation in teaching, presentations for various settings, interviews, focus groups, and developing new materials.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	4.50	4.50	5.90	1.40
Program Costs	\$243,924	\$315,839	\$423,563	\$107,724
Program Revenues	\$138,657	\$94,667	\$196,690	\$102,023
General Fund Support	\$105,267	\$221,172	\$226,873	\$5,701

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Contacts per month	1,800	1,800	1,800	3,220

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

.90 FTE Program Development  
.40 FTE O&M

FTE's

.90 FTE

.40 FTE

Amount

\$34,000

\$11,980

# Language Services

## Services and Support

## Health Department

### Description

The mission is to ensure efficient delivery of culturally competent Health Department interpretation, translation and bilingual services. Language Services is responsible for seeing that non-English speaking clients are provided health services or information in the language that they understand. The program's services include: direct assignment of on-call or contracted interpreters to client appointments or to support after hours medical advice services; development of non-English patient education and consent material; implementing bilingual hiring and centralizing scheduling at multiple direct health care service sites; analysis of non-English encounter trends; related staffing patterns and control of interpreter costs.

The Health Department encounters over 300,000 non-English speaking clients per year in over 20 different languages. The annual growth rate is 20%.

Federal law and regulations for Community Health Centers require arrangements to provide services in the language and cultural context most appropriate for clients with limited English speaking ability. Americans with Disability Act requires that people with disabilities (e.g. hearing impaired) be integrated into services.

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	4.00	4.00	4.00	0.00
Program Costs	\$748,240	\$489,887	\$362,685	(\$127,202)
Program Revenues	\$605	\$155,025	\$9,588	(\$145,437)
General Fund Support	\$747,635	\$334,862	\$353,097	\$18,235

### Key Results

	1993-94	1994-95	1994-95	1995-96
	Actual	Estimated	Adopted	Projected
Interpretation cost per visit	\$19.48	\$19.00	\$18.30	\$17.50

### Significant Changes - Expenditures

### FTE's

### Amount

# Information & Referral

## Services and Support Health Department

### Description

This service links County residents in need of human services to the existing resources in the community by giving information about and referrals to human services through a team of information and referral specialists. Additionally, this unit researches what health care services are offered in the community with a focus on low income communities and persons.

This service exists to help residents locate human services that are needed during the year. It also operates the Emergency Medications Project which assists residents in filling prescriptions for medications when they lack money to do so themselves. Also under contract with State Health Division and Office of Medical Assistance, this unit also operates a statewide health care referral service intended to help low income and Medicaid eligible women, children and teenagers access health care services in their local communities.

### Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	6.80	7.90	6.15	(1.75)
Program Costs	\$746,745	\$705,985	\$333,089	(\$372,896)
Program Revenues	\$206,387	\$548,645		(\$548,645)
General Fund Support	\$540,358	\$157,340	\$333,089	\$175,749

<u>Key Results</u>	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Human services referrals taken per FTE	7,333	7,940	7,940	8,000

### Significant Changes Revenues

	<u>Amount</u>
General Funds added to support 3 Information specialists State Hotline funds shifted to Support	\$107,000

### Significant Changes Expenditures

	<u>FTE's</u>	<u>Amount</u>
3 FTE Inform Spec shifted to Support	(3.00 FTEE)	(\$112,000)
2 Health Asst added	2.00 FTEE	\$61,600
Health Educator	(1.00 FTEE)	(\$32,000)
.25 Admin added	.25 FTEE	\$18,800

# Communications

## Services and Support

## Health Department

### Description

Income and Medicaid-eligible women, children and teenagers access health care services in their local communities.

The need for human services referrals is increasing while available resources are lagging behind or unavailable.

### Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE			5.00	5.00
Program Costs			\$554,251	\$554,251
Program Revenues			\$573,645	\$573,645
General Fund Support	\$0	\$0	(\$19,394)	(\$19,394)

### Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Human Service Referral calls taken per FTE				

### Significant Changes Revenues

Maternal Child Health Hotline Funds shown here

### Amount

\$573,000

### Significant Changes Expenditures

3 FTE Inform Spec shifted to Safenet from Information & Referral  
1.90 FTE Comm. Info Spec added

### FTE's

3.00 FTE  
1.90 FTE

### Amount

\$112,000  
\$80,882

# Communications

## Services and Support Health Department

### Description

Income and Medical eligible women, children and teenagers access health care services in their local communities.

The need for human services referrals is increasing while available resources are lagging behind or unavailable.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE			5.55	5.55
Program Costs	\$226,489		\$306,772	\$306,772
Program Revenues				\$0
General Fund Support	\$226,489	\$0	\$306,772	\$306,772

Key Results	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

Positions shifted to Communications unit from Div Admin  
.50 FTE Warehouse Worker Added

FTE's

Amount

5.00

\$222,000

.50 FTE

\$15,307



# Business Services

## Business & Administrative Services      Health Dept

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### Description

The Business Services Division is responsible for financial management, personnel, and data processing support to the operational divisions of the Health Department. It accounts for grants; bills third party payers including Medicaid payers; handles resulting from referrals to specialists; does recruitment and payroll development and maintains computer applications providing needed management information and provides for special personnel needs of medical operations.

The Division tracks and reports on \$14 million of grant funds annually to assure timely, defensible collection of grant awards; bills for \$14 million of receivables, and pays \$1.2 million of medical claims. It also provides required personnel services for 1,000 employees filling 800 FTEs.

The procedures of the Division are guided and limited by generally accepted accounting procedures, by grant applications and reporting requirements, and by County Ordinance.

### Action Plan

1. Continue exploration and development of integrated client information system across mental health and physical health service agencies.
2. Develop the ability to provide professional level personal computer hardware and software support, within existing resources.
3. Present formal findings and recommendations regarding modernization of the personnel practices and systems utilized by the department.
4. Implement a Health Department management training program designed to provide a manager with the tools necessary to navigate and survive within the County, the state, and the federal environment.

Continued on next page.

### Significant Changes - Revenues

**Amount**

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Medicaid Eligibility unit moved from Primary care	10.40	\$563,000
OA 2 added to Admin	.50	\$32,374
Program Development Tech added /Admin (FS moved to HIV P&D) GenFd		\$37,890
2 Data Analyst added /Data Systems Gen Fd	2.00	\$92,125
Contract for integrated service network PHS Grant		\$201,000
Maintenance/Debt Software AG		\$187,000
1 Health Serv Spec added	1.00 FTE	\$62,342
Eligibility Specialist added	1.00 FTE	\$36,216
	14.90	

# Business Services

## Business & Administrative Services      Health Dept

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### Budget Trends

	1993-94	1994-95	1994-95	1995-96	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	30.00	37.50	26.50	41.40	14.90
Personal Services	\$1,330,316	\$1,972,799	\$1,307,565	\$1,952,840	\$645,275
Contractual Services	72,641	151,871	123,343	271,315	147,972
Materials & Supplies	1,230,858	1,579,407	1,044,978	2,004,577	959,599
Capital Outlay	<u>21,913</u>	<u>191,592</u>	<u>191,592</u>	<u>49,982</u>	<u>(141,610)</u>
<b>Total Costs</b>	<b>\$2,655,728</b>	<b>\$3,895,669</b>	<b>\$2,667,478</b>	<b>\$4,278,714</b>	<b>\$1,611,236</b>
Program Revenues	\$144,545	\$388,201	\$388,201	\$814,762	\$426,561
General Fund Support	\$2,511,183	\$3,507,468	\$2,279,277	\$3,463,952	\$1,184,675

### Costs by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Business Admin	\$260,193	\$336,624	\$658,379	\$321,755
Financial Mgmt	283,801	230,898	256,594	25,696
Payables & Receivables	473,055	572,713	601,360	28,647
Medicaid Project	0	0	578,136	578,136
Human Resources	173,801	302,715	338,187	35,472
Data Systems	<u>1,464,878</u>	<u>1,224,528</u>	<u>1,846,058</u>	<u>621,530</u>
<b>Total Costs</b>	<b>\$2,655,728</b>	<b>\$2,667,478</b>	<b>\$4,278,714</b>	<b>\$1,611,236</b>

### Staffing by Program

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Business Admin	3.50	4.60	3.50	(1.10)
Financial Mgmt	4.00	3.50	4.00	0.50
Payables & Receivables	11.00	9.40	11.00	1.60
Medicaid Project	0.00	0.00	11.40	11.40
Human Resources	5.00	4.50	5.00	0.50
Data Systems	<u>6.50</u>	<u>4.50</u>	<u>6.50</u>	<u>2.00</u>
<b>Total Staffing FTEs</b>	<b>30.00</b>	<b>26.50</b>	<b>41.40</b>	<b>14.90</b>

# Division Management

Business Services

Health Department

## Description

The Business Services Administration section is responsible for providing management and policy development for the Accounting, Personnel, Accounts Payable, Accounts Receivable, Contracting and Information Services functions of the Health Department. The unit manages day to day operations and the development of operational improvements of the business functions that support the operational divisions of the Health Department.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.50	4.60	3.50	(1.10)
Program Costs	\$260,193	\$336,624	\$658,379	\$321,755
Program Revenues		\$89,108		(\$89,108)
General Fund Support	\$260,193	\$247,516	\$658,379	\$410,863

## Significant Changes - Revenues

Amount

## Significant Changes - Expenditures

FTE's

Amount

## Business Services

# Grants Management & Accounting Health Department

### Description

The Grants Management and Accounting section is responsible for monitoring Federal and State grants, maximizing revenues collected, and specialized accounting systems in the Health Department. This unit tracks and manages grant revenues and expenditures, develops and prepares required reports to granters, produces reports for managers, and develops accounting controls. Grants accounting reports on and collects \$14 million of Federal and State grants annually. The unit is responsible for collecting funds from 40 different Federal and State grantors.

Discretion is limited by accepted accounting procedures, Federal and State grant tracking and reporting requirements, and by OMB circulars A-87, A-133 (Federal audit requirements).

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	4.00	3.50	4.00	0.50
Program Costs	\$283,801	\$230,898	\$256,594	\$25,696
Program Revenues		\$31,985		(\$31,985)
General Fund Support	\$283,801	\$198,913	\$256,594	\$57,681

Key Results	1993-94	1994-95	1994-95	1995-96
	Actual	Estimated	Adopted	Projected
Percent of grant awards collected	96%	97%	98%	98%

### Significant Changes Revenues

Amount

### Significant Changes Expenditures

FTE's

Amount

# Medical Claims Processing

Business Services

Health Department

## Description

For FY 1994-95, the Payables and Receivables units were combined into a single unit.

The Accounts Payable unit is responsible for processing claims for payment for services that medical specialists provided to County clients on a referral basis. This unit receives, researches, authorizes payments, and files HealthSource claims received from medical providers who serve Department clients. They also record the Department's management information system to the County's GFS accounting system. The Accounts Payable unit receives 36,000 claims annually totaling \$5.6 million in charges and approves 19,000 payments totaling \$2.8 million. (With the elimination of PCO and REEP, it is expected that these figures will ultimately decrease by at least 50%.) Available resources from this unit will be transferred to the Medical Billings & Receivables unit due to the decrease in claims processing.

Accounts Receivable and Medical Billings is responsible for collections for the Department and billings to patients, insurance companies and Medicaid/Medicare. This unit trains and assists clinic staff in the collection of fees, processing of cash, reconciliations, LGFS coding, and deposits receipts daily. It is responsible for coordinating the activities between medical staff, affiliates and insurance companies to ensure the maximum collection of revenue. Accounts receivable bills for and collects \$11 million annually from billings to Medicaid, Medicare, other third party insurance companies and clients directly. With the elimination of the PCO and REEP programs (Medical Claims Processing) it is expected that billings for Medicaid Fee for Service will increase as a result of clients from these programs moving to open and Oregon Health Plan. Available resources from the Medical Claims Processing unit will be transferred to this unit to offset the increased billings.

## Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	11.00	9.40	11.00	1.60
Program Costs	\$473,055	\$572,713	\$601,360	\$28,647
Program Revenues	\$144,545	\$190,287	\$25,000	(\$165,287)
General Fund Support	\$328,510	\$382,426	\$576,360	\$193,934

## Key Results

	1993-94	1994-95	1994-95	1995-96
	Actual	Estimated	Adopted	Projected
Percent of Medicaid and other third party bills processed within 30 days	80%	90%	75%	85%

## Significant Changes - Revenues

Amount

## Significant Changes - Expenditures

FTE's

Amount

1 Health Serv Specialist

1 FTE

\$62,342

1

# Medicaid/Medicare Eligibility

Business Services

Health Department

## Description

The Medicaid/Medicare Eligibility Screening Unit works to increase access to benefits of clients who are entitled to them by informing and pre-determining client eligibility for Medicaid and Social Security income resources. The unit is responsible for interviewing Health Department clients to assess eligibility for Medicaid, Poverty Level Medicaid and Social Security income prior to contacting Adult and Family Services. The eligibility screeners act as continuing advocates with Adult and Family Services on behalf of Health Department Clients.

The program is intended to decrease the barriers clients experience in attempting to access entitled medical benefits. This problem will decrease as a higher percentage of clients are recognized as eligible for benefits, and as the Oregon Health Plan is implemented.

## Budget Overview

	1993-94 <u>Actual</u>	1994-95 <u>Adopted Budget</u>	1995-96 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE		0.00	11.40	11.40
Program Costs			\$578,136	\$578,136
Program Revenues			\$562,762	\$562,762
General Fund Support	\$0	\$0	\$15,374	\$15,374

## Key Results

	1993-94 <u>Actual</u>	1994-95 <u>Estimated</u>	1994-95 <u>Adopted</u>	1995-96 <u>Projected</u>
Percent of clients potentially eligible for Medicaid screened for eligibility	46%	65%	65%	70%

## Significant Changes Revenues

Amount

## Significant Changes Expenditures

Eligibility Specialist added

FTE's  
1.00 FTE

Amount  
\$36,216

# Human Resources

Business Services

Health Department

## Description

Human Resources is responsible for recruiting, examination, and position control functions for the Health Department. The program provides technical assistance to managers in dealing with employee problems; represents the Department at the County level personnel issues; develops and controls policy and expenditure codes for employees; analyzes vacant positions for proper classification, language, and FTE requirements; coordinates payroll with Department time keepers, and sends data for services.

Human Resources manages the selection process for 100 positions annually with the greatest volume in Nurses and Office Assistants. Personnel functions are provided in support of 1,000 total employees filling 740 positions (FTE). The number of Health employees has increased from 507 in 1990 to 1,000 currently.

## Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	5.00	4.50	5.00	0.50
Program Costs	\$173,801	\$302,715	\$338,187	\$35,472
Program Revenues				\$0
General Fund Support	\$173,801	\$302,715	\$338,187	\$35,472

<u>Key Results</u>	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Percentage of vacancies posted within one week of notification by hiring authority	90%	92%	95%	97%

## Significant Changes Revenues

Amount

## Significant Changes Expenditures

FTE's

Amount

## Business & Administrative Services

# Health Information Systems

Health Department

### Description

This section is responsible for supporting the diverse data needs of all other sections and divisions of the Health Department. It maintains, enhances, and operates the mainframe based Health Information System; supports the 400 terminals, printers and personal computers the department uses; directs the activities of four programmer analysts; trains department staff; maintains used documentation and fills ad hoc data requests.

Studies have shown medical applications to be one of the most information intensive financial applications. This, coupled with demands made by the Health Department's funding agencies for expenditure data, results in 235 235 work orders annually for Information Services. With the advent of Care Oregon and the Oregon Health Plan these demands are likely to increase.

### Budget Overview

	1993-94	1994-95	1995-96	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	6.50	4.50	6.50	2.00
Program Costs	\$1,464,878	\$1,224,528	\$1,846,058	\$621,530
Program Revenues		\$76,821	\$227,000	\$150,179
General Fund Support	\$1,464,878	\$1,147,707	\$1,619,058	\$471,351

### Key Results

	1993-94	1994-95	1994-95	1995-96
	<u>Actual</u>	<u>Estimated</u>	<u>Adopted</u>	<u>Projected</u>
Program enhancements developed and weighted, ad hoc data requests satisfied per \$10,000 of non-service reimbursement costs	1.53	1.49	1.81	1.75

### Significant Changes Revenues

Amount

### Significant Changes Expenditures

FTE's

Amount



# Corrections Health

# Health Department

## Description

The Corrections Health Division is the state health care provider for the incarcerated population, the majority of whom have had minimal or no access to medical, psychiatric or dental services prior to arrest and present the staff with acute and chronic problems including communicable diseases and substance abuse. As the crime incidence continues to grow, bookings have increased an average of 9% from last year, with an even larger corresponding increase in identified health problems requiring intervention.

The Division is regulated by Oregon Statutes ORS 169.076, 169.077, 169.760, 169.080 and professional licensure rules and regulations and is in compliance with national standards for correctional health services in jail and juvenile facilities.

## Action Plan

To increase mental health services within Multnomah County Correctional facilities targeting early identification, evaluation, treatment and referral by July 1997 in order to assure provision of mental health services and decrease the likelihood of reoffending in the future.

- No new resources are needed to achieve this objective. The community is attempting to respond to the increased numbers of mentally ill on the street and in custody.
- Any controversy related to this activity is being managed by the participants in this process.
- This objective is specific to the Urgent Benchmark of Access to Health Care and Premature Mortality.

2. To identify pregnant females (women and teens) within the first two weeks of incarceration in order to provide education, prenatal care and referral upon release by July 1997. This will include one-to-one and group education on the effects of drug/alcohol/tobacco on the developing fetus, in order to equip mothers to make educated lifestyle choices.

- No additional resources are needed to achieve this objective nor is this objective controversial.
- No expected controversy related to this action plan.
- This objective is specific to Urgent Benchmark of Drug Free Babies, Benchmark for Healthy Babies and Toddlers.

3. To negotiate with the State Board of Pharmacy how pharmaceutical services are provided in correctional facilities by October 1995, in order to comply with current statutes and avoid loss of compliance. If negotiation fails, then implement specific rules by January 1996.

## Significant Changes - Revenues

## Amount

## Significant Changes - Expenditures

1.2 Hlth Serv Admin

## FTE's

1.20

## Amount

\$170,000

2.95 Comm Hlth Nurses/Corrocut

(2.55)

(\$130,000)

1 Nurse Prac cut

(1.00)

(\$80,000)

(2.35)

# Corrections Health

# Health Department

## Budget Trends

	<u>1993-94 Actual</u>	<u>1994-95 Current Estimate</u>	<u>1994-95 Adopted Budget</u>	<u>1995-96 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	66.10	76.50	76.50	76.85	0.35
Personal Services	\$3,903,624	\$4,353,096	\$4,410,381	\$4,822,301	\$411,920
Contractual Services	745,010	402,102	665,941	564,370	(101,571)
Materials & Supplies	550,211	639,115	741,825	835,687	93,862
Capital Outlay		<u>4,200</u>	<u>4,200</u>	<u>18,700</u>	<u>9,500</u>
<b>Total Costs</b>	<b>\$5,198,845</b>	<b>\$5,398,513</b>	<b>\$5,822,347</b>	<b>\$6,236,058</b>	<b>\$413,711</b>
Program Revenues	\$1,528,595	\$1,922,275	\$1,922,275	\$2,278,658	\$356,383
General Fund Support	\$3,670,250	\$3,476,238	\$3,900,072	\$3,957,400	\$57,328

## Costs by Program

	<u>1993-94 Actual</u>	<u>1994-95 Adopted Budget</u>	<u>1995-96 Adopted Budget</u>	<u>Difference</u>
Clinical Services	\$5,198,845	\$5,030,748	\$5,509,225	\$478,477
Mental Health	<u>0</u>	<u>791,599</u>	<u>726,833</u>	<u>(64,766)</u>
<b>Total Costs</b>	<b>\$5,198,845</b>	<b>\$5,822,347</b>	<b>\$6,236,058</b>	<b>\$413,711</b>

## Staffing by Program

	<u>1993-94 Actual</u>	<u>1994-95 Adopted Budget</u>	<u>1995-96 Adopted Budget</u>	<u>Difference</u>
Clinical Services	66.10	64.00	65.45	1.45
Mental Health	<u>0.00</u>	<u>12.50</u>	<u>11.40</u>	<u>(1.10)</u>
<b>Total Staffing FTEs</b>	<b>66.10</b>	<b>76.50</b>	<b>76.85</b>	<b>0.35</b>

# Clinical Services

## Corrections Health Health Department

### Description

Clinical Services provides health care to incarcerated adults and juveniles, as mandated by Oregon law. The program provides acute medical and dental care to Multnomah County's incarcerated population. These services include communicable diseases screening, medical and dental assessment, age and treatment, emergency response and health education.

Clinical Services also addresses the need for detection and management of clients with communicable diseases (TB, STDs/HIV disease) for early prenatal screening and treatment and polysubstance drug detoxification. Comprehensive medical screening and drug testing identifies an increasing number of clients requiring complex medical interventions.

Local discretion is limited by OHSA; ADA; ORS 169.076, 169.077, 169.760, 169.780; professional licensure rules and regulations; community and national standards of health care services in jails and juvenile facilities.

### Budget Overview

	1993-94	1994-95	1995-96	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	66.10	64.00	65.45	1.45
Program Costs	\$5,198,845	\$5,030,748	\$5,509,225	\$478,477
Program Revenues	\$1,528,595	\$1,818,460	\$2,074,386	\$255,926
General Fund Support	\$3,670,250	\$3,212,288	\$3,434,839	\$222,551

### Key Results

	1993-94	1994-95	1994-95	1995-96
	Actual	Estimated	Adopted	Projected
Percent of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	80%	80%	90%	90%

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

FTE's

Amount

# Mental Health

## Corrections Health Health Department

### Description

Mental Health Services provides psychiatric care to incarcerated adults and juveniles, as mandated by Oregon law. The service is responsible for suicide prevention, crisis intervention and identification and treatment of acute and chronic mental illness and juveniles incarcerated in Multnomah County. Activities include coordination with Probate Court for mental health commitments, community referrals, patient advocacy, liaison between courts, community mental health centers, families, client attorneys and the District Attorney's Office, medication management, intervention in crisis situations, and ongoing counseling for substance abuse, Post Traumatic Stress Disorder, depression, etc.

Mental Health Services are required to deal with adults and juveniles offenders who are often violent, frequently have suicidal thoughts and gestures, and who are hooked into toxic drugs often with chemical substances in their systems (80% according to the ODF study). 15 percent of offenders have a diagnosed mental illness upon incarceration. These problems continue to increase as community resources are diminishing.

### Budget Overview

	1993-94 Actual	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTE		12.50	11.40	(1.10)
Program Costs		\$791,599	\$726,833	(\$64,766)
Program Revenues		\$103,815	\$204,272	\$100,457
General Fund Support	\$0	\$687,784	\$522,561	(\$165,223)

### Key Results

	1993-94 Actual	1994-95 Estimated	1994-95 Adopted	1995-96 Projected
Percent of incarcerated clients with known mental health needs who receive psychiatric interventions	20%	20%	25%	42%

### Significant Changes - Revenues

Amount

### Significant Changes - Expenditures

FTE's

Amount

## Description

CareOregon is a collaborative partnership between Multnomah County Health Department, Oregon Health Sciences University, Clatskanie County Health Department and private-profit Community and Migrant Health Centers across Oregon. Multnomah County Health Department is the administrative agent for this collaboratively fully capitalized managed care health cap option in 12 Oregon counties. CareOregon contracts with primary care clinics, specialty and ambulatory health care providers and Oregon Health Sciences University for hospital and alternative hospital care. CareOregon is responsible for assuring quality, cost effective managed care health services to eligible clients who enroll in CareOregon as an Oregon Health Plan option. CareOregon monitors providers' compliance with care and fiscal standards, member satisfaction and overall financial solvency of the plan.

## Action Plan

- Implement CareOregon as a fully capitalized managed care health plan reaching an enrollment of 35,000 members by June 30, 1995. Achievement of this objective requires that CareOregon staff continuously monitor provider effectiveness and quality, member satisfaction and the plan's fiscal performance. Effective monitoring requires complex data collection and analysis, including client encounters, type of service and type of provider. The State's Medicaid agency's "prohibition" on plan's marketing to potential members presents a controversial issue which may impact CareOregon's ability to reach its enrollment target. This objective relates to Oregon Benchmark for Quality of Life, access to health care.

## Budget Trends

	1993-94 Actual	1994-95 Current Estimate	1994-95 Adopted Budget	1995-96 Adopted Budget	Difference
Staffing FTEE	3.00	15.00	22.40	22.00	(0.40)
Personal Services	\$348,648	\$749,899	\$1,121,759	\$1,191,649	\$69,890
Contractual Services	6,734,336	23,000,000	45,580,775	41,765,035	(3,815,740)
Materials & Supplies	537,733	1,858,756	6,321,135	5,456,419	(864,716)
Capital Outlay	66,920	6,000	6,000	18,000	12,000
<b>Total Costs</b>	<b>\$7,687,637</b>	<b>\$25,614,655</b>	<b>\$53,029,669</b>	<b>\$48,431,103</b>	<b>(\$4,598,566)</b>
Program Revenues	\$7,157,476	\$27,200,000	\$52,980,000	\$48,431,103	(\$4,548,897)
General Fund Support	\$530,161	(\$1,585,345)	\$49,669	\$0	(\$49,669)

# CareOregon

## CareOregon Health Department

<u>Key Results</u>	<u>1993-94 Actual</u>	<u>1994-95 Estimated</u>	<u>1994-95 Adopted</u>	<u>1995-96 Projected</u>
Compliance with Oregon Health Plan Quality of Care Requirements and Standards				

Significant Changes - Revenues Amount

Significant Changes - Expenditures FTE's      Amount