

Health Department

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Health Department

Department Services

The Health Department seeks to assure access to healthcare for Multnomah County residents, protect against threats to health, and promote health.

Assuring Access to Health Care

The department is a major health care provider for low-income residents. It operates:

- 7 primary care health centers, 6 dental clinics, and 13 school clinics
- a home visit program for high risk families;
- specialty clinics focusing on sexually transmitted diseases, tuberculosis, and HIV;
- a pharmacy program;
- a laboratory;
- an interpretive services program; and
- 3 full service corrections health sites.

Through policy and advocacy, the Department also supports provision of medical and dental services to the poor by other local providers.

Protecting the Health of County Residents

The department operates an array of health protection programs, including:

- investigation/control of communicable diseases,
- treatment and control of tuberculosis,
- prevention and control of sexually transmitted disease,
- mosquito and rat population control,
- oversight of ambulance services,
- inspection/licensing/certification for restaurants, swimming pools,
- school facilities, care facilities, and food handlers

In partnership with the state and other county health departments, the County is now working on a significant bio-terrorism preparedness effort.

Promoting Health

Health promotion activities take many forms. Among them are:

- health education and information in schools, work places, and community settings
- health education to high-risk families at home,
- information to store owners on tobacco sales to minors,
- training for teens on pregnancy prevention, abstinence, nutrition education, and food vouchers for woman, infants and children.

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How the Department Delivers its Services

The creation of Teams of Influence is the first step in towards instilling 'Power through influence as well as authority' into the department's infrastructure. Teams of Influence extend the County's use of teams for improving work processes.

Participation on teams is open to everyone in the department.

In 1999 and 2000, the Oregon Quality self-assessment (consisting of an external consultant's evaluation and a number of internal assessments with managers and staff) produced a comprehensive list of issues that needed to be addressed by the health department, and a Change Management Process (CMP) was designed. Its ultimate purpose is to help the department achieve 'Healthy People in Healthy Communities' in the areas it serves. The CMP is focused on creating an organization based on a philosophy of:

- Organizational learning
- A Team Approach
- The distribution of organizational power through influence as well as authority

The six key areas targeted by the CMP are:

- Strategic Planning
- Administrative Relationships
- The Budget
- Leadership and Management
- Performance Evaluations
- Communications

The creation of Teams of Influence is the first step towards instilling 'Power through influence as well as authority' into the department's infrastructure. Teams of Influence extend the County's use of teams for improving work processes, and are designed to:

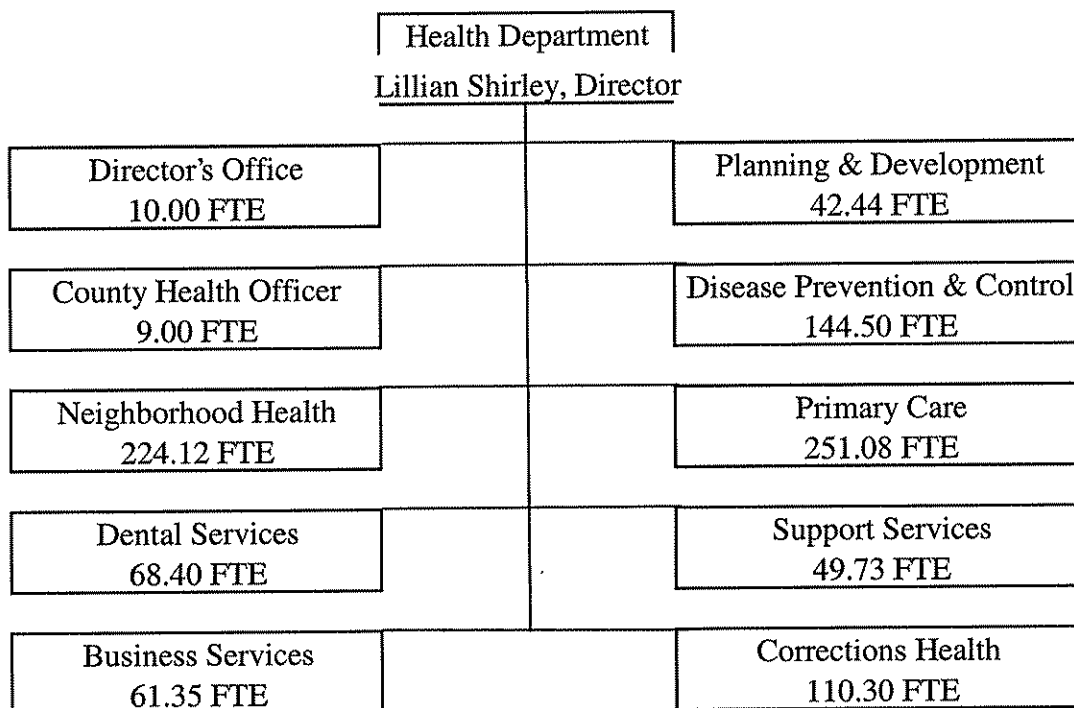
- Identify and engage leaders at all levels of the organization.
- Move the organization from a hierarchical to a team-focused structure
- Enhance cross-functionality and team-building within the department
- Play a crucial role in the department's position as a partner and leader in local, state, national and international communities.
- Break down the 'silo' structure of the health department by increasing department-wide thinking and decision making.
- Increase collaboration and streamline operations
- Ensure accountability
- Promote creativity throughout and across the divisions.

The Teams of Influence are:

- Diversity and Quality Team (DQT)S
- Systems and Operations Review Team (SORT)
- Cross Functional Leadership Team (CFLT)
- Mid-Level Managers Team (MLM)
- Department Administrative Team (DAT)

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Department Organization



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Budget Highlights

The Health Department's total FY '03 Budget is \$107.6 million. The represents a 5.6% increase over the FY'02 Adopted Budget. As detailed below, this budget makes few significant changes.

County General Funds are down in this budget, declining 1.7% from \$41.9 million to \$41.4 million. However, General Funds unrelated to Department fees fell at a faster rate (2.5 %), from \$39.2 million to \$38.3 million.

Considerations for FY 2003 Budget Process

Several key strategies informed the Department's budget development work:

- Aggressiveness in maximizing outside (especially federal) revenues
- An effort to make any new or expanded activity General Fund-neutral
- Preservation of as much the "current service level budget" as possible, while closely examining current costs to keep them as low as possible
- The carrying forward of cuts made in FY '02

Revenues

Outside revenues have grown to offset the reductions in general fund and to fund the budget increase. Non-general fund revenues include grant dollars; increases in medical, dental, and pharmacy reimbursement; and the institution of a management fee for services previously provided for free.

Grants

A number of new grants provide \$5.0 million in funding. These include:

- State-wide Tobacco Coordination Grant (\$90,000)
- Emerging Pathogens Evaluation Grant (\$38,000)
- Robert Wood Johnson Tobacco Cessation Evaluation Grant (\$45,000)
- Ryan White HIV Early Intervention Grant (\$60,000)
- Special Projects of National Significance HIV Grant (\$200,000)
- Technology Opportunities Program Computer Grant (\$236,000)
- School Based Clinics Grant (\$210,000)
- Maternal and Child Health Babies First Grant (\$85,000)
- Federal Healthy Start Initiative – Mother and Child Care Grant (\$850,000)
- State Healthy Start Grant – Mother and Child Care (\$2,800,000)
- SAMHSA (Mental health disparities) Grant (\$400,000)

Medical/Dental/Pharmacy Reimbursement

The FY '02 Budget anticipated medical, dental, and pharmacy revenues of \$24.6 million. In addition, it anticipated a one-time retrospective payment of \$6.1 million from the enhanced 2000 Federally Qualified Health Center (FQHC) reimbursement. For FY '03, the revenue budget includes the new FQHC prospective payment system (PPS). This is a considerably more generous system than its predecessor. The FY '03 revenue budget for medical, dental, and pharmacy has grown to \$35.4 million.

Babies First

At present, visits provided under the Babies First program are billed to the State at \$120 per visit. The Department pays the local match on this payment (\$48), and the federal government, through Medicaid, pays the rest (\$72);

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thus, the effective reimbursement rate is the federal share (\$72). The Department is in the process of renegotiating this contract in order to bring this program under the reimbursement system for Federally Qualified Health Centers. This would allow the Department to claim the FQHC rate of \$205 per visit. Since the Department will still pay the state match, the effective rate of reimbursement will be \$123. This will add \$489,000 in net revenues.

Management Fee

Over the past year, the Department has generated revenues by capitalizing on the retrospective application of reimbursement rules for Federally Qualified Health Centers (FQHCs). The state agreed to pay all FQHCs in Oregon an enhanced reimbursement rate for services provided between 1996 and 2000, but only if local governments paid the state's share of the increased amount. Since the state share is roughly 40%, this provided a substantial net benefit.

Under federal law, local governments are allowed to make this sort of payment, but not-for-profit organizations are not. Since the retrospective rates had to be made available to all FQHC's, Multnomah County agreed to pay the state share for the not-for-profits as well, which still provided a substantial benefit for the County: by the time the retrospective enhanced payments reimbursements are fully processed, the Department will have generated an additional \$16.6 million for services provided between 1996 and 2000.

For the last two years of the period covered – 1999 and 2000 – the Department has negotiated a management fee with the not-for-profits. The fee on the 1999 retrospective reimbursement will generate \$750,000 in the 2002 Fiscal Year. The fee for the 2000 reimbursement, which will be contracted for and paid in Fiscal Year '03, should generate \$850,000.

Additional Reimbursement-Supported Activity

There is currently inadequate capacity within the County for providing care to both Medicaid and uninsured populations. The Department intends to add four additional provider teams over the course of the fiscal year. This expansion will add 13.00 FTE and cost \$1.1 million. On the revenue side, this expansion will give the department capacity for an additional 6,900 visits in FY '03. The Department's plan for these new teams calls for managing payer mix so that services provided will generate new revenues of \$1.1 million. One of the provider teams brought on in this expansion will be used to create a new Teen and Adolescent Clinic in East County.

The expansion will be designed with input from school districts and students in East County. The intent of the expansion is to address disparities in services provided in different geographic areas within the county.

West Nile Virus Preparedness

Although the Department is not asking for General Funds outside its constraint, it will shift funds in order to prepare for the westward movement of the West Nile Virus. West Nile Virus has been spreading from the eastern United States over the past two years. Carried by migratory birds, the virus

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has been detected in 27 states. Based on its past advance, there is a high probability it will arrive in the County by the first half of 2003. To deal with this, mosquito population control will need to be expanded. The cost of this package will be \$150,000, which will pay for 2.10 Chemical Applicator FTE and for mosquito control supplies. Infrastructure for this program currently exists within the Department's Disease Prevention and Control Division.

Reductions

The Department built its budget by developing an estimate of the costs of carrying existing programs forward into FY '03. As mentioned above, the Department sought to preserve as many services as possible; it did this by scrutinizing current costs and revenues, and seeking to identify revenue enhancements. However, the Department was unable to balance its budget by these means. As a result, a number of reductions must be taken to balance this budget. These reductions fall into three major categories.

Programmatic cuts are proposed in Corrections Health. From a budgetary point of view, the program faces two challenges. First, its budget has been growing rapidly as a result of the rising cost of drugs and outside medical services. Second, unlike most Health Department programs, Corrections Health is almost entirely General Funded. In other programs, cuts in services will be accompanied by loss of revenues. In Corrections Health, service cuts are not associated with revenue loss, and therefore save General Funds.

The second area of reduction is **tighter management of personnel dollars**. Specific positions have been identified to hold vacant for the first half of the fiscal year. For the most part, these are positions intended to improve financial management within the department. While this function is clearly important, the Department considers that its benefits are longer term, and that temporary vacancies will not endanger it. Staff will be hired in time to work on FY '04 budget development and on fiscal management in the latter part of FY '03. In addition, the Department will tightly manage all vacancies in FY '03. This may result in many units running short-staffed for significant periods of time, and it is anticipated that these reductions will affect both the Department's responsiveness to its clients and the quality of support services to internal customers.

The Department will also be shifting a number of costs internally, in ways that will reduce its flexibility and ability to respond to unanticipated events.

Corrections Health Reductions

In absolute numbers, the Corrections Health Division's budget will increase by 10%, from \$11.6 million in FY '02 to \$12.8 million in FY '03. Nevertheless, this represents a significant cut from current service levels, because the Division was significantly under-budgeted for drugs and outside professional medical services in FY '02.

In the FY '02 budget, the Corrections Health Division had 119.00 FTE. For the FY '03 budget, the Division will have 109.00 FTE, a decline of 8.4%.

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During the current fiscal year the Division eliminated 3.50 nursing positions and 1.00 interpreter position. For FY '03, it will eliminate 1.00 psychiatric nurse practitioner position, the deputy director position, 1.50 nursing positions, 0.50 doctor positions and 2.00 discharge planner positions; it appears that the mental health system will be able to take over the discharge planning role. While these reductions can be accommodated, they will reduce service to clients, cause clients to wait longer for appointments, and diminish the professional oversight available within the system.

In addition to its personnel reductions, the Division will be reducing its current service level budgets for drugs by \$100,000 and for outside medical services by \$100,000. It is currently in the process of reworking policies for prescribing and for hospitalizing clients to accommodate these reductions.

Vacancy Savings

This budget makes aggressive use of vacancy savings, and anticipates savings of \$1,197,000 from this source. The first \$174,000 has already been identified, from holding open the following positions for the first six months of the fiscal year:

- A financial analyst in the Budget Office
- A financial analyst in the Disease Prevention and Control Division
- A health promotion communications position
- A central purchaser, to reduce purchasing workload in the Divisions
- A data analyst in the Disease Prevention and Control Division

The remaining savings will come from analyzing positions as they come open, and making a conscious decision to operate short-staffed in certain offices for extended periods of time. As mentioned above, it is anticipated that these reductions will affect both the Department's responsiveness to its clients and the quality of support services to internal customers.

Internal Cost Shifts

The Department is making a number of internal cost shifts that allow it to cut \$168,000 in costs.

- In the past, the department has budgeted for "central facilitative leadership training." It will reduce this budget by \$25,000, and will require the divisions to pay out of their own training budgets. This will reduce the total amount of money budgeted for training. The Department is working on refocusing its remaining training dollars on key competencies.
- The Department will reduce its central recruitment advertising budget by \$25,000. Divisions will need to fund more of these costs themselves, thus reducing their ability to purchase other needed supplies and services.
- The cost of the required HIPAA Privacy Officer will be shifted to the budget for the Department's new practice management system. This will save \$62,000, but will reduce the customization the Department can do as part of its practice management implementation.
- The Department will pay for two new servers and three replacement servers with PC flat fee savings carried over from FY '02, thus saving \$56,000 in the FY '03 budget. However, this use of flat fee savings will

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all but eliminate the Department's ability to meet unanticipated needs for computer equipment.

- The Department is eliminating \$25,000 from the Health Officer's professional services budget. In the past, this money has been used to fund small research projects needed for policy development. While this need will not go away, the Health Officer will seek to identify other sources, primarily grants, to pay for this work.

Risks

The Health Department has submitted a balanced budget. However, there are several important risks to the revenues on which this budget is based.

State Cuts

Although the State budget is technically in balance at present, the Governor and legislature are not in agreement. Furthermore, May's revenue forecast is expected to be worse than the current one, necessitating further cuts. Future action on the state level may affect funding sources within the Health Department's budget. This would require further cuts.

The Department is especially concerned about Medicaid reimbursement. If the state were to either cut back on reimbursement rates or reduce Oregon Health Plan (OHP) eligibility, it would have the effect of reducing Department revenues without reducing costs.

Risks from New Revenue Sources

Finally, this budget makes use of one new revenue source and one enhanced revenue source. These are the management fee for processing FQHC reimbursement, and increased receipts from the Babies First program. While the department does not anticipate problems implementing either of these, they are not up and running. New contracts still have to be signed for both.

Any of these items could seriously affect Departmental revenues and require the Department to make further cuts down the road. The budget is based on the monies from these items being available (there is no present knowledge that they will not be), but there are risks to all of them.

Changes in the Adopted Budget

The adopted budget includes the following changes:

- The **Healthy Start Program** adds \$2,818,190 and 21.00 FTE. Services include prenatal assessment, Welcome Baby visits at the hospital, and home visiting services to new parents as needed.
- A team is created to do physical and mental health assessments at the **Children's Receiving Center** campus. Services are funded with Medicaid fee-for-service revenue. Adds \$398,000 and 3.80 FTE.
- **HIV Care Services** program budget is increased to reflect additional funding from Ryan White CARE grant (Title 1). Adds \$136,076 and increases case management services, clinical training, and printing of outreach materials and client surveys.
- **Immunizations** program adds \$45,460 of state grant revenue.
- **Communicable Diseases** program adds \$18,716 state grant revenue to expand its case investigation of people with Hepatitis C.

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Budget for FY 2003

The Health Department's total FY 2003 budget is \$107.6 million. The represents a 5.6% increase over the FY '02 adopted budget. County General Funds are down in this budget, declining 1.7% from \$41.9 million to \$41.4 million. However, General Funds unrelated to Department fees fell at a faster rate (2.5 %), from \$39.2 to \$38.3 million.

<u>Budget Trends</u>	2000-01	2001-02	2001-02	2002-03	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	830.70	898.06	925.83	971.92	46.09
Personal Services	\$54,141,301	\$59,925,984	\$61,779,365	\$69,725,528	\$7,946,163
Contractual Services	\$8,430,868	\$16,810,087	\$17,329,987	\$13,360,368	(\$3,969,619)
Materials & Supplies	\$46,774,865	\$22,045,154	\$22,726,963	\$24,454,022	\$1,727,059
Capital Outlay	<u>\$49,755</u>	<u>\$71,401</u>	<u>\$73,609</u>	<u>\$93,470</u>	<u>\$19,861</u>
Total Costs	\$109,396,789	\$98,852,626	\$101,909,924	\$107,633,388	\$5,723,464

<u>Costs by Division</u>	2000-01	2001-02	2001-02	2002-03	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Director's Office	\$1,926,138	\$5,326,260	\$5,490,990	\$5,264,080	(\$226,910)
Health Officer	1,397,311	1,546,513	1,594,343	2,272,398	678,055
Disease Prevention	18,048,876	15,450,749	15,928,607	17,286,451	1,357,844
Neighborhood Health	16,663,868	15,578,987	16,060,811	21,563,700	5,502,889
Corrections Health	13,206,713	11,228,017	11,575,275	12,614,522	1,039,247
Dental Services	9,597,795	7,333,660	7,560,474	7,687,124	126,650
Primary Care	31,592,189	21,256,529	21,913,947	24,677,816	2,763,869
Support Services	4,624,273	8,548,642	8,813,033	9,103,066	290,033
Business Services	<u>12,339,626</u>	<u>12,583,271</u>	<u>12,972,444</u>	<u>7,164,231</u>	<u>(5,808,213)</u>
Total Costs	\$109,396,789	\$98,852,626	\$101,909,924	\$107,633,388	\$5,723,464

<u>Staffing by Division</u>	2000-01	2001-02	2001-02	2002-03	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Director's Office	45.56	47.68	49.15	52.44	3.29
Health Officer	7.96	8.54	8.80	9.00	0.20
Disease Prevention	128.95	132.50	136.60	144.50	7.90
Neighborhood Health	182.78	185.88	191.63	225.12	33.49
Corrections Health	106.32	115.82	119.40	110.30	(9.10)
Dental Services	56.25	71.30	73.50	68.40	(5.10)
Primary Care	199.83	229.65	236.75	251.08	14.33
Support Services	45.90	50.29	51.85	49.73	(2.12)
Business Services	<u>57.15</u>	<u>56.41</u>	<u>58.15</u>	<u>61.35</u>	<u>3.20</u>
Total Staffing FTE's	830.70	898.06	925.83	971.92	46.09

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Resources by Division					
	<u>General Fund</u>	<u>Fees, Permits & Charges</u>	<u>Federal</u>	<u>State & Local</u>	<u>Other/ Miscellaneous</u>
Director's Office	(\$333,069)	\$683,713	\$1,698,363	\$842,802	\$111,251
Health Officer	\$1,666,558	\$308,000	\$382,116	\$40,000	\$0
Disease Prevention	\$9,583,030	\$877,842	\$9,327,809	\$222,553	\$427,202
Neighborhood Health	\$9,418,440	\$2,353,578	\$10,898,655	\$612,550	\$453,621
Corrections Health	\$13,813,847	\$0	\$0	\$0	\$0
Dental Services	\$1,008,967	\$120,000	\$6,383,922	\$0	\$0
Primary Care	\$12,541,384	\$757,737	\$20,958,532	\$435,262	\$751,330
Support Services	(\$5,109,501)	\$192,194	\$6,197,536	\$0	\$0
Business Services	(\$1,143,672)	\$0	\$1,150,842	\$0	\$0
Total Resources	\$41,445,984	\$5,293,064	\$56,997,775	\$2,153,167	\$1,743,404

Office of the Director

The Director's Office focuses on strategic external and internal partnerships and collaborations. It participates in countywide initiatives, including Mental Health Redesign, Schools and Community Partnerships, Federal Financial Participation, Special Needs Housing, and Shared Services.

The Director's Office supervises division managers, the Office of Planning and Development, the Health Officer, administrative infrastructure, central facilities planning and management, and department communications. It also:

- Facilitates the senior leadership team's planning and policymaking, and focuses on strategic external and internal collaborations.
- Serves as a liaison to the Board of County Commissioners, the Community Health Council, and other community agencies.
- Coordinates the department's public health practice, epidemiology, research, and community partnerships.
- Supports Teams of Influence in: renewal process and transition to community-based practice; systems review for process improvements; quality, diversity, and cultural competency; cross-functional planning and coordination; and professional and managerial competency.

Action Plans:

- Health Disparities: develop health promotion strategies and expand outreach to improve racial and ethnic health disparities.
- Emergency Preparedness: direct planning for bioterrorism and communicable disease monitoring and response. Collaborate with regional, county, and state emergency response planning.
- Shared Services Initiative: collaborate with the Department of Business and Community Services to improve infrastructure.
- Employee Performance: address recruitment, retention and competency issues. Focus resources improve staff performance and service delivery.
- Organizational Development: coordinate leadership and cross-functional team development, cultural competency, and evaluation and recognition systems that support the department's ability to manage change.

Significant Budget Changes:

- Reduced centralized funding for leadership and management development. Responsibility and costs will be shared with divisions.

FY 2002: 10.00 FTE

FY 2003: 10.00 FTE

Director's Office		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	45.56	47.68	49.15	52.44	3.29
Personal Services	\$1,248,846	3,565,332.97	\$3,675,601	\$4,192,409	\$516,808
Contractual Services	211,283	1,147,696.24	1,183,192	368,954	(814,238)
Materials & Supplies	466,009	613,231.09	632,197	702,717	70,520
Capital Outlay	0	0.00	0	0	0
Total Costs	\$1,926,138	\$5,326,260	\$5,490,990	\$5,264,080	(\$226,910)

Office of Planning & Development

The Office of Planning and Development provides services to communities, Department management, and staff. Services include:

- Grant development, writing, and assistance with implementation;
- Strategic planning and evaluation;
- Community health assessment and health services research;
- Data analysis, data management, and technical assistance regarding data interpretation (this includes management of community health data and Health Department client data);
- Program planning and evaluation, survey design and analysis (the Program Design and Evaluation Services Unit is co-managed with the Oregon Health Division, and unit conducts health research in partnership with community agencies and higher education);
- Department-wide health promotion initiatives, including teen pregnancy prevention, tobacco prevention, and violence prevention; the Public Health Academy is a workforce development initiative.

Action Plans:

- Complete an environmental health assessment for County neighborhoods, using recent data; for distribution in FY 2003.
- Conduct informational events and develop materials to provide timely health information to managers, communities, other agencies, and policy makers.

FY 2002: 39.15 FTE

FY 2003: 42.44 FTE

<u>Costs by Program</u>		2001-02	2002-03	
	2000-01	Adopted	Adopted	
	<u>Actual</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Director's Office	\$105	\$1,150,471	\$1,252,281	\$101,810
Planning & Development	<u>1,926,033</u>	<u>4,340,519</u>	<u>4,011,799</u>	<u>(328,720)</u>
Total Costs	\$1,926,138	\$5,490,990	\$5,264,080	(\$226,910)

Office of the County Health Officer

The Office deals with health problems that are best addressed through “population-based services”—activities aimed primarily at communities rather than individuals.

The events of September 11 and the anthrax attacks highlighted the need for preparation for both natural and human-caused disasters.

The County Health Officer safeguards public health by enforcing health laws, regulating certain businesses, analyzing community health problems, and providing leadership on critical public health issues. The Office also provides support to community groups, government agencies, and individual residents. During FY '03, the Office of the County Health Officer will emphasize preparedness for terrorism and other disasters, and improved access to basic healthcare for low income and uninsured people.

The Office of the County Health Officer has led the Department’s efforts to improve disaster preparedness; preparation for bioterrorism and weapons of mass destruction has been an emphasis. These efforts have resulted in a strong basic level of preparation. Future work will emphasize integration with other jurisdictions.

Access to basic healthcare for low income and uninsured people is a growing challenge. In January 2000, the Health Department was awarded a one-year *Communities in Charge* grant from the Robert Wood Johnson Foundation (RWJF). The purpose of *Communities in Charge* is to increase access to healthcare for these populations, and it works with providers and community stakeholders to implement sustainable approaches. In January 2001, the Health Department received additional RWJF funding to continue the program, and expand its scope to the tri-county metropolitan area. There are roughly 90,000 low-income and uninsured people in this area. The Oregon Health Plan (OHP) has improved access, but challenges to OHP, recession, and changes in the healthcare market are having a negative impact.

Action Plans:

- Complete development, testing, and refinement of the Health Department’s Emergency Preparedness plan.
- Continue development and implementation of *Communities in Charge* activities to improve healthcare access in the Tri-County area.

FY 2002: 8.80 FTE

FY 2003: 9.00 FTE

Health Officer		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	Actual	Estimate	Budget	Budget	Difference
Staffing FTE	7.96	8.54	8.80	9.00	0.20
Personal Services	\$945,587	869,039.49	\$895,917	\$1,013,139	\$117,222
Contractual Services	320,749	547,080.00	564,000	1,105,922	541,922
Materials & Supplies	130,975	130,393.22	134,426	153,337	18,911
Capital Outlay	0	0.00	0	0	0
Total Costs	\$1,397,311	\$1,546,513	\$1,594,343	\$2,272,398	\$678,055

Division Management

Division Management ensures that Health Officer programs are effective and efficient, promoting well-structured, creative, and scientific approaches to community health problems. Division Management is responsible for supervising and supporting its programs; providing technical support to public health law enforcement; and providing leadership on community health problems.

FY 2002: 1.80 FTE FY 2003: 1.80 FTE

Emergency Medical Services

The Emergency Medical Services (EMS) Program assures access to high quality, timely, and cost-effective ambulance service and emergency pre-hospital medical care. The program prepares a state-required ambulance service plan, promulgates protocols for the system, monitors performance, and develops agreements that define conditions of participation for all involved, including the ambulance service contractor. The program addresses the need for efficient response to the county's 48,000 requests for emergency medical service each year. During FY '03, the EMS Program will complete strategic planning to ensure future development of the EMS system.

FY 2002: 5.00 FTE FY 2003: 4.70 FTE

Communities in Charge

The purpose of *Communities in Charge* is to increase access to healthcare for low-income and uninsured residents of the Portland Tri-County area. *Communities in Charge* has worked with providers and the community to identify the scope of the problem and identify sustainable ways to improve access. While there is no legal mandate for the County to address access to care, the County has been a key player in this issue for decades.

FY 2002: 2.00 FTE FY 2003: 2.50 FTE

<u>Costs by Program</u>	2000-01	2001-02	2002-03	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$514,426	\$376,515	\$358,277	(\$18,238)
Emergency Management	745,443	870,845	990,962	120,117
Communities in Charge	<u>137,442</u>	<u>346,983</u>	<u>923,159</u>	<u>576,176</u>
Total Costs	\$1,397,311	\$1,594,343	\$2,272,398	\$678,055

Disease Prevention and Control

The Disease Prevention and Control Division identifies, prevents, and controls endemic and emerging communicable and environmental diseases. Services are planned and delivered in collaboration with diverse communities. In the wake of September 11th and the ensuing heightened awareness of bioterrorism threats, the Division's disease control and environmental protection activities have taken on increased urgency.

Action Plans:

- Conduct "Protocol for Assessing Community Excellence" (PACE) in Environmental Health, by June 2003, to identify priorities that will guide future program development and resource allocation.
- Design, implement, and integrate viral Hepatitis C prevention services with existing Health Department programs, and support and build capacity of community organizations to respond to Hepatitis C issues, by June 2003, in order to establish a comprehensive strategy for prevention and enhanced service provision.

Significant Budget Changes:

- The primary significant change for the Division relates to resources necessary to address West Nile Virus. Based on available tracking information, it is estimated that the virus could arrive in Oregon within the next year. The Division will develop a response plan that is coordinated with other jurisdictions, and assure that mosquito surveillance and control capacity is in place.

FY 2002: 136.60 FTE

FY 2003: 144.50 FTE

<u>Disease Control</u>		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	128.95	132.50	136.60	144.50	7.90
Personal Services	\$9,015,521	8,531,171.34	\$8,795,022	\$10,155,408	\$1,360,386
Contractual Services	3,700,920	3,666,140.22	3,779,526	3,678,231	(101,295)
Materials & Supplies	5,332,435	3,229,866.23	3,329,759	3,447,812	118,053
Capital Outlay	0	23,571.00	24,300	5,000	(19,300)
Total Costs	\$18,048,876	\$15,450,749	\$15,928,607	\$17,286,451	\$1,357,844

Division Management

Division Management defines the division's mission and establishes policies to ensure that it reaches its goals. The Division Director works with community representatives, community organizations, federal agencies, Oregon Health Services, the Conference of Local Health Officials (CLHO), and local government agencies to prevent and control disease, with a special emphasis on bioterrorism response. FTE increase relates to providing coordinated operations data and fiscal support across multiple programs.

FY 2002: 3.25 FTE FY 2003: 4.00 FTE

Immunization

The Community Immunization Unit promotes immunizations throughout the County. The unit implements immunization requirements for schools, daycare facilities, preschools and Headstart programs, and also offers blood lead screening of children. Immunizations have risen by 53% over the past three years. By moving to a new location and providing low-cost immunizations during the week and on weekends, the unit expects to serve 50% more (9,300) clients, as well as 800 children for blood lead screening, in FY '03. The 0.10 FTE increase relates to receptionist support at the new location.

FY 2002: 2.10 FTE FY 2003: 2.2 FTE

Health Inspections

The Health Inspections program regulates food and workplace safety, controls diseases acquired from food and water, reduces unintentional injuries, and supports other public health activities by incorporating prevention into the inspection process. The Environmental Health unit analyzes environmental health issues from a public health perspective, regulates specified businesses and accommodations, and enforces state and local environmental health laws. Annually, registered Sanitarians inspect (and re-inspect, when necessary) 5,000 permanent food establishments; 1,250 temporary food establishments; 1,000 pool and spa facilities; and 325 child care homes and centers.

FY 2002: 19.90 FTE FY 2003: 26.05 FTE

Vector Control

Vector Control protects health by controlling rat and mosquito populations, and serves as a resource for addressing public health vector problems. Program sections are Rodent Control, Mosquito Control, and Nuisance Control, which enforces specific County and City codes. Workload in all areas is increasing. Vector Control estimates that in FY '03, it will provide approximately 1,800 rodent inspections, 220 nuisance inspections, and 15 tobacco education and prevention inspections. It will also treat hundreds of acres and thousands of catch basins for mosquitoes. FTE increase is related to surveillance, control, and public information for West Nile virus.

FY 2002: 6.95 FTE FY 2003: 8.15 FTE

Lead Poisoning Prevention Program

The Lead Poisoning Prevention Program provides education, intervention, and case management activities. The Program focuses on identifying lead hazards in homes and educating vulnerable populations about the issue and about available resources. Blood lead level screening; elevated blood lead level investigation, including home visits and case management; and advocacy for services are provided free of charge. The program's LeadLine currently receives 450 telephone calls a year requesting information and assistance with lead poisoning and prevention, and Health Inspections Specialists perform approximately 100 investigations of children with elevated blood lead levels. FTE increase relates to FY '03 LeadLine expansion to statewide coverage, which significantly increased calls.

FY 2002: 0.75 FTE FY 2003: 1.00 FTE

STD Clinic & Epidemiology

This program reduces the spread of sexually transmitted diseases and HIV among county residents. It offers clinical services such as evaluation and treatment of STD's and urogenital disorders, as well as conducting case investigations of reportable STD's and HIV. Clinic use is growing, and the STD Clinic serves approximately 10,000 individuals annually. The HIV Community Test Site offers anonymous HIV education and testing, and its staff provides approximately 2,500 tests and identifies approximately 35 new HIV cases annually. The FTE increase results from classification changes.

FY 2002: 20.00 FTE FY 2003: 20.20 FTE

HIV Care Services Planning and Administration

This program manages a federally funded program of support services for over 1,500 low income persons living with HIV/AIDS in Clackamas, Clark, Columbia, Multnomah, Washington, and Yamhill counties. The HIV Services Planning Council develops a comprehensive plan and sets priorities for 17 service categories. Major services include medical and dental care, mental health and substance abuse treatment, case management, housing, and transportation. The program provides staff support for the Council and contracts other community agencies to deliver services. In FY '03, clerical support will increase by 0.45 FTE, and 0.30 FTE Research/ Evaluation Analyst Senior will be added to support quality management activities.

FY 2002: 6.25 FTE FY 2003: 7.00 FTE

HIV & Hepatitis C Community Programs

These programs prevent the spread of HIV and Hepatitis C infections among at-risk members of our community. Programs are integrated in an effort to provide accessible prevention services at the individual and community level.

HIV Prevention & Outreach reaches isolated at-risk community members with counseling and testing services, risk-reduction guidance, referral services, needle exchange, and community education. Over 20,000 client contacts are projected for FY 2003. A community planning process identifies high priority populations, prevention needs, and effective interventions.

Hepatitis C Prevention & Integration is a comprehensive community strategy to prevent the spread of Hepatitis C. A primary objective is to integrate Hepatitis C services, including education, screening, testing, vaccination, and referral, into existing public health programs. More than 1,300 high-risk clients will be tested for Hepatitis C and at least 500 will receive Hepatitis vaccinations. Community planning is an important element of the program.

Reducing HIV & Domestic Violence Risk in Women Offenders is a 4½ year research project funded by the National Institute on Drug Abuse (NIDA). The project is evaluating HIV intervention and domestic violence intervention delivered to about 800 recently incarcerated women at risk for HIV.

FY 2002: 21.75 FTE FY 2003: 21.85 FTE

HIV Health Services Center

The HIV Health Services Center provides outpatient HIV/Primary Care services to HIV-infected individuals using a multidisciplinary approach. The Center is an AIDS Education and Training Center for the Northwest, and is involved in national research. The Center serves approximately 600 individuals, and provides approximately 6,500 medical visits and 11,500 social work contracts. The client load is gradually increasing due to the effectiveness of the medical treatments, which are prolonging lives; the addition of new clients is no longer offset by client deaths due to HIV.

The FTE increase relates to the conversion of on-call to permanent staff, the addition of a lab professional, and the addition of a data technician/data entry position to operate the new software system for the medical management of clients, to document and track HIV quality of care standards, and to monitor the local trends in the epidemic.

FY 2002: 20.15 FTE FY 2003: 22.35 FTE

Tuberculosis (TB) Prevention and Treatment Center

The TB Prevention and Treatment Center is responsible for preventing transmission of tuberculosis in Multnomah County. The Center screens high-risk populations for TB, investigates and treats active and suspected TB cases, provides preventive TB therapies, and assures clients' treatment completion. It serves approximately 6,000 clients with a total of approximately 18,300 visits. Due to sustained aggressive screening and treatment, the TB rate in Multnomah County has declined from 21.5 per 100,000 in 1980 to 6.2 in 2001, with active TB cases declining from 121 cases in 1980 to 42 in 2001.

Significant programmatic changes include the adoption of a new prevention program to reduce the amount of time some adult clients undergo preventive treatment, the expansion of recommended preventive therapy to homeless people, and the extension of preventive treatment from 6 to 9 months for children up to age 12. The FTE increase relates to screening, follow-up, and treatment work with newly arriving African refugee groups.

FY 2002: 19.50 FTE FY 2003: 20.75 FTE

Communicable Disease Control

The Communicable Disease Control program decreases the levels of communicable disease in Multnomah County. The program is responsible for investigating all reportable communicable diseases except tuberculosis and sexually transmitted infections. The program investigates, recommends control measures, and counsels individuals diagnosed with these diseases; it investigates over 800 cases annually. Primary activities include surveillance and the collection of statistical data. Screening and diagnosis are available for clients in high-risk occupations who have no other source of medical care.

FY 2002: 8.45 FTE

FY 2003: 8.45 FTE

Occupational Health

The Occupational Health Program reduces the risk of an employee or student/volunteer acquiring a communicable disease in the workplace. The Occupational Health program provides the OSHA Bloodborne Pathogens Program, Tuberculosis Program, and immunizations to employees and students in order to increase workplace safety. These services are provided to other public and private agencies, students, and individuals on a fee for service basis. This program opened a Traveler's Clinic in August 2000, which provides approximately 5,500 services per year.

FY 2002: 2.40 FTE

FY 2003: 2.50 FTE

<u>Costs by Program</u>	2000-01	2001-02	2002-03	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$2,070,657	\$328,607	\$388,058	\$59,451
Immunizations	1,159,724	1,223,985	1,506,921	282,936
Health Inspections	2,229,039	2,044,669	2,170,272	125,603
Vector Control	668,226	531,801	733,746	201,945
Lead Screening	132,605	78,382	96,353	17,971
STD Clinic/Epidemiology	2,257,145	1,635,191	1,706,044	70,853
HIV Care Svcs. Admin.	3,627,381	3,311,556	3,379,772	68,216
HIV Prevention	1,708,729	2,020,491	2,145,821	125,330
HIV Health Services	1,718,362	2,194,327	2,326,711	132,384
TB Prevention	1,257,414	1,598,482	1,741,561	143,079
Communicable Diseases	741,225	695,632	790,045	94,413
Occupational Health	<u>478,369</u>	<u>265,484</u>	<u>301,147</u>	<u>35,663</u>
Total Costs	\$18,048,876	\$15,928,607	\$17,286,451	\$1,357,844

Neighborhood Health

Providing healthcare access through home visits, groups, partnerships, community outreach, as well as in schools.

This Division combines the efforts of Field Services Neighborhood Teams, School Based Health Centers, Neighborhood Health Access sites, the Breast and Cervical Cancer Program, STARS, Connections, the Community Health Worker Program & Capacitation Center, and the WIC program. The Neighborhood Health Division provides access through home visits, groups, partnerships, and community outreach, as well as providing in-school preventive and primary healthcare.

Action Plans:

- Field Services – Implement the Nurse Family Partnership Home Visiting Model and new Healthy Start Family Support Services. Implement auditor's productivity and evaluation proposals.
- School-Based Health Centers – Implement the new Youth Health Initiative Technology Opportunities Program (TOP) grant.
- Implement LAST PHASE of Division redesign, allowing for cross-divisional and department collaboration.

Significant Budget Changes:

The Division has received a new \$236,000 Technology Opportunities Program (TOP) grant from the US Department of Commerce to improve access to information systems in the Division's school-based clinics and develop a program website.

It has also received a four year renewal from the federal Health Resources and Services Administration (HRSA) for the Healthy Birth Initiative grant (\$850,000 per year). The purpose of the initiative is to address the significant gaps in perinatal health among African American and Hispanic women in Northeast Portland, and to involve the babies' father or father figure in the health of their children, family planning, and other activities that support perinatal health.

FY 2002: 191.63 FTE

FY 2003: 225.12 FTE

Neighborhood Health		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	182.78	185.88	191.63	225.12	33.49
Personal Services	\$12,101,510	11,835,318.23	\$12,201,359	\$15,471,851	\$3,270,492
Contractual Services	686,360	1,218,748.74	1,256,442	2,693,607	1,437,165
Materials & Supplies	3,875,998	2,523,949.70	2,602,010	3,398,242	796,232
Capital Outlay	0	970.00	1,000	0	(1,000)
Total Costs	\$16,663,868	\$15,578,987	\$16,060,811	\$21,563,700	\$5,502,889

Division Management

The Office of the Director of Neighborhood Health provides oversight and assures that services are directed toward the mission of the division. Division administration provides policy direction for the division and participates in policy development for the department. Division Administration is also responsible for key coordination and planning efforts for children within the county. Division leadership represents the Health Department in service coordination efforts with other County Departments, community based organizations, and state agencies

FY 2002: 3.25 FTE FY 2003: 5.25 FTE

School-Based Health Centers

In partnership with families, schools, healthcare providers, and the community, the SBHC Program provides preventive and primary health and mental health care, education, and referrals to under-served children and adolescents in a school setting. The program offers confidential, accessible, and age-appropriate healthcare designed to keep students healthy and ready to learn, and promotes healthy lifestyle choices while encouraging students to take responsibility for their health. Services include physical exams, immunizations, diagnosis and treatment of illness/injury, reproductive health care, pregnancy testing, contraceptive counseling and services, sexually transmitted disease diagnosis and treatment, HIV counseling/testing, mental health counseling, and health promotion activities such as smoking cessation.

FY 2002: 47.09 FTE FY 2003: 49.48 FTE

STARS

STARS (Students Today Aren't Ready for Sex), is a statewide abstinence education program that began as a demonstration project in Multnomah County in 1995. STARS delivers a highly effective peer educator model using high school teen leaders to deliver the message to younger peers that it is best to avoid early sexual involvement. STARS is a successful primary intervention, and an important part of a comprehensive effort to reduce teen pregnancy in Multnomah County.

FY 2002: 3.46 FTE FY 2003: 5.28 FTE

Field Teams

In FY 2003, the Field Teams will add additional staff to implement the State Healthy Start program in Multnomah County.

Field Teams work to assure, promote, and protect the health of the people of Multnomah County, with services that promote individual, family, and community wellness and safety, with an emphasis on early childhood. Field Teams collaborate with community partners to address health concerns. The staff delivers services through consultation, coordination with community health providers, home visits, and health promotion. Staff members participate in community-based services offered through schools, agencies, and integrated service projects.

FY 2002: 77.57 FTE FY 2003: 95.65 FTE

Connections

The Connections Program for Young Parents is a tracking system for delivering services to teen families. This program provides intake, assessment, referral, and support services to teens giving birth in Multnomah County. It includes three primary elements: assessment and referral to the appropriate services; case management, support groups, pregnancy prevention, parent education, and child development education for higher risk/need teen parents (provided by non-profit community agencies); and systems coordination and evaluation.

FY 2002: 1.65 FTE FY 2003: 1.60 FTE

Neighborhood Health Access Sites

The goal of Neighborhood Health Access is to provide preventive healthcare to a neighborhood and to collaborate with other community providers in the delivery of those services. Neighborhood Health Access has service sites at Brentwood-Darlington, Parkrose, and Rockwood. Services include immunizations, reproductive health programs, pregnancy testing, well child healthcare, WIC, STD screening, childhood lead screening, HIV counseling & testing, tuberculin skin testing, health triage, and referral.

FY 2002: 18.75 FTE FY 2003: 27.00 FTE

Community Health Worker Program & Capacitation Center

The CHW Program and the Capacitation Center seek to improve the health of underserved communities in the county through support for Community Health Workers (CHW's) and other community members. For CHW's we provide professional development, networking opportunities, and training based on Popular Education methodology. For CHW programs, we provide technical assistance and resources. In addition, we help a wide variety of groups build their capacity to use Popular Education methodology and leadership.

FY 2002: 1.50 FTE FY 2003: 2.50 FTE

WIC

WIC services are offered at 4 Multnomah County clinic sites and at 9 satellite sites in the community.

The federally funded WIC program builds healthier families through nutrition education, supplemental foods, and community networking. The Multnomah County program assesses participant eligibility, provides nutrition education, issues vouchers for specially chosen supplemental foods, and provides referral to healthcare. WIC is a prevention-oriented program that addresses the need to increase birth weight, lengthen the duration of pregnancy, improve the growth of at-risk infants and children, reduce rates of iron deficiency, and decrease infant mortality. Satellite sites are used to increase access to services for participants with special feeding needs, and to provide staffing for the new breastfeeding support mandate.

FY 2002: 35.81 FTE FY 2003: 35.81 FTE

Breast and Cervical Cancer

The Breast & Cervical Cancer program increases the number of women 40 years of age and older who get regular Pap tests and mammograms by offering free breast and cervical cancer screening and diagnostic services to older, low-income, and uninsured women, as well as eligible men. The program is delivered in partnership with the Oregon Breast and Cervical Cancer Coalition, the Susan G. Komen Breast Cancer Foundation, the Oregon Department of Human Services, and numerous community healthcare agencies, health systems, mammography sites and laboratories.

FY 2002: 2.55 FTE

FY 2003: 2.55 FTE

<u>Costs by Program</u>	<u>2000-01 Actual</u>	<u>2001-02 Adopted Budget</u>	<u>2002-03 Adopted Budget</u>	<u>Difference</u>
Division Management	\$21	\$795,338	\$526,373	(\$268,965)
School Based Health Centers	4,816,220	3,813,112	4,451,796	638,684
STARS	405,912	264,162	403,486	139,324
Field Teams	7,225,157	6,569,142	10,243,436	3,674,294
Teen Connections	0	627,621	559,976	(67,645)
Neighborhood Health Access	1,659,348	1,515,757	2,436,995	921,238
Capacitation Center	0	107,013	114,084	7,071
WIC	2,340,040	2,110,864	2,516,658	405,794
Breast & Cervical Cancer Program	<u>217,170</u>	<u>257,802</u>	<u>310,896</u>	<u>53,094</u>
Total Costs	\$16,663,868	\$16,060,811	\$21,563,700	\$5,502,889

Corrections Health Division

Accredited by the National Commission on Correctional Healthcare, the Corrections Health Division provides acute and chronic medical, mental health, and dental care to over 44,000 incarcerated adults and juveniles. This population has a much higher incidence of medical and mental health problems than the general population, and the challenge is to provide services to clients who have many substance abuse issues, mental illness, limited economic resources, and limited access to community care. Fifty percent of the annual drug budget is used by the 17% of the population who have serious mental health diagnoses, and pharmacy costs have soared along with the cost of drugs used to treat a growing HIV/AIDS population and inmates with severe mental illness. The Oregon Health Plan and private insurance companies rarely cover the cost of healthcare while incarcerated. As a result, the financial responsibility falls on the county General Fund.

Action Plans:

- Modify the policy for handling inmate requests for healthcare by February 2003, to more efficiently utilize staff.
- Develop a plan by June 2003 to reduce costs by changing the staff at adult facilities, from all-nursing to a combination of nurses and aides.
- Evaluate and implement an improved management structure by December 2002. The current economic environment has created the need to downsize division management and restructure the program.
- Develop plan for providing medical, mental health, and dental services at Wapato Jail by June 2003.

FY 2002: 119.40 FTE

FY 2003: 110.30 FTE

Corrections Health		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	106.32	115.82	119.40	110.30	(9.10)
Personal Services	\$9,067,230	8,819,596.96	\$9,092,368	\$9,209,419	\$117,051
Contractual Services	1,579,803	933,888.84	962,772	1,400,000	437,228
Materials & Supplies	2,548,815	1,464,830.95	1,510,135	2,005,103	494,968
Capital Outlay	<u>10,865</u>	<u>9,700.00</u>	<u>10,000</u>	<u>0</u>	<u>(10,000)</u>
Total Costs	\$13,206,713	\$11,228,017	\$11,575,275	\$12,614,522	\$1,039,247

Significant Budget Changes:

The Corrections Health situation is unstable, due to a loss of jail beds at the County Correctional Facility and to mid-year budget changes necessitated by increased spending on drugs and professional services. Medical services have been discontinued at the Multnomah County Restitution Center and the Courthouse Jail, and client fees have been increased to generate revenue. In the current fiscal year 7.00 nursing positions, 2.00 training positions, and 1.00 Spanish Interpreter position have been eliminated. The result is decreased client services, with workload shifted to other staff. Additionally, cuts are being made in FY '03. Two discharge planners, the Deputy Director, a full-time psychiatric nurse practitioner, and a part-time physician position are being eliminated to reduce costs. This will further reduce services, as well as management staff to oversee accreditation compliance and internal operations.

Clinic Services

Clinical Services provides health care to incarcerated adults and juveniles, as mandated by Oregon law. These services include communicable disease screening, medical and dental assessment, triage and treatment, emergency response, and health education. Clinical Services also addresses the need for detection and management of clients with communicable diseases (TB, STDs, and HIV disease), prenatal care and treatment, and poly-substance drug detoxification. Medical screening at booking identifies an increasing number of clients requiring immediate treatment for complex medical conditions.

FY 2002: 110.50 FTE FY 2003: 100.20 FTE

Mental Health Services

The number of mentally ill identified at booking has increased 41% since 1994.

Mental Health Services provides psychiatric care to incarcerated adults and juveniles, as mandated by Oregon law. The program is responsible for suicide prevention; crisis intervention; and identification and treatment of acute and chronic mentally ill adults 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, counseling for substance abuse and depression and community linkage upon release.

Mental Health Services are required to deal with adults and juveniles who are often violent, frequently have suicidal thoughts, and often have chemical substances in their systems (80% according to the Duff study). Fifteen percent of offenders have a diagnosed mental illness upon incarceration. The number of persons in custody with mental illness is increasing as community resources are decreasing.

FY 2002: 8.90 FTE FY 2003: 10.10 FTE

<u>Costs by Program</u>	<u>2000-01 Actual</u>	<u>2001-02 Adopted Budget</u>	<u>2002-03 Adopted Budget</u>	<u>Difference</u>
Clinic Services	\$12,250,834	\$10,694,616	\$10,945,467	\$250,851
Mental Health Services	955,879	880,659	1,669,055	788,396
Total Costs	\$13,206,713	\$11,575,275	\$12,614,522	\$1,039,247

Dental Services The Dental Services Division improves the oral health of County residents by facilitating and advocating for the delivery of dental services to county residents who are at-risk, low income, and underserved. Dental programs also provide primary preventive dental services (targeted for children), and monitor the prevalence of oral disease among Multnomah County Residents.

- 1) An estimated 250,000 County residents have limited access to dental care.
- 2) 54 % of County children 6-8 years of age have dental decay. 10% of 3-5 year old Head Start children have Baby Bottle Tooth Decay.
- 3) Oregon children have tooth decay rates that are higher than the national average. Minority children have higher decay rates than non-minorities.
- 4) The Division's Dental Managed Care Organization (DCO), MultiCare, has responsibility for over 20,000 members who are insured under the Oregon Health Plan and have significant backlog of dental needs.

Action Plans:

Implement plans by June 2003 to increase access to dental care services for low income, uninsured and Medicaid clients in East County. Plans include:

- 1) Increase clinic opportunities for dental students from area schools.
- 2) Implement an evening clinic at the East County Clinic using private sector dental professional volunteers
- 3) Seek grant funding to support increased access to dental services.
 - a. Expand preventive outreach in the area of early childhood cavities:
- 4) Identify two County Head Start Agencies for collaboration.
- 5) Provide staff and parent training that includes prevention and oral assessments, to identify children at high risk for cavities.
- 6) Provide additional training to Head Start staff on intervention strategies for identified high-risk children.

Significant Changes: Appear on the following page.

FY 2002: 73.50 FTE FY 2003: 68.40 FTE

Dental Services		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	56.25	71.30	73.50	68.40	(5.10)
Personal Services	\$3,810,549	4,609,035.51	\$4,751,583	\$4,732,842	(\$18,741)
Contractual Services	223,548	1,605,447.00	1,655,100	1,668,580	13,480
Materials & Supplies	5,563,698	1,114,327.27	1,148,791	1,285,702	136,911
Capital Outlay	0	4,850.00	5,000	0	(5,000)
Total Costs	\$9,597,795	\$7,333,660	\$7,560,474	\$7,687,124	\$126,650

Significant Budget Changes:

- The Division closed the 102nd Avenue Dental clinic and transferred staff and equipment to the new East County Dental clinic. The new facility has five additional treatment rooms. This extra capacity allows the Division to seek additional grant funding to staff the facility; collaborate with teaching institutions (Mt Hood Community College, Portland Community College, Oregon Health Sciences University, and Benson High School) to provide opportunities for students to rotate through the facility; and to partner with private sector dental professionals willing to volunteer at the facility.
- The School/Community Dental Program will provide more outreach to community partners addressing early childhood cavities.
- Division staff will continue to collaborate with other Divisions to integrate prevention of early childhood cavities into their programs.

Division Management

Division Management ensures that dental programs (Dental Clinics, subcontracted dental providers, and School/Community Programs) are operated productively and with a high quality of services. It also monitors the dental health of the community, and coordinates the community's dental needs with its resources. Division Management serves as a resource for information about oral health, monitors the prevalence of oral disease, facilitates the delivery of dental care to at-risk populations, and provides oversight to the Dental Division Clinics and School/Community Dental Services programs. Activities include the development and monitoring of policies, quality assurance, program development and evaluation, budget administration, personnel management, clinic administration and client relations, and liaison efforts with private and public sector dental resources.

FY 2002: 1.70 FTE FY 2003: 1.50 FTE

School and Community Dental Service

The School and Community Dental Service program improves the oral health of Multnomah County children and other at-risk county residents. The program provides primary preventive dental services to students in Multnomah County Elementary and Middle schools through oral screenings, oral wellness education, fluoride supplements, and dental sealants.

FY 2002: 10.00 FTE FY 2003: 10.00 FTE

Dental Clinics

The Dental Clinics reduce the level of untreated dental disease in low-income and under-served Multnomah County residents. They participate with other community partners to provide access to routine and limited urgent dental care services (including diagnostic, preventive, and restorative services) for children and adults enrolled in MultiCare DCO, and for uninsured clients. Dental Clinic services help address the lack of access to dental care for low-income and uninsured (including Medicaid) County residents.

FY 2002: 53.20 FTE FY 2003: 46.30 FTE

MultiCare Dental

MultiCare Managed Dental Care Organization (DCO) is responsible for access and delivery of dental services to plan-enrolled clients under the Oregon Health Plan. The DCO has over 20,000 enrollees, who represent approximately 20% of those eligible in Multnomah County. MultiCare Dental is responsible for marketing, member relations, quality assurance, and coordination of benefits for the DCO.

FY 2002: 7.80 FTE FY 2003: 8.80 FTE

Dental Access Program

The Dental Access Program is a model project designed to serve as a clearinghouse for Multnomah County dental access problems for uninsured and low-income individuals. The Program addresses the lack of adequate access to dental care for an estimated 250,000 low-income uninsured County residents by matching community resources, including public sector dental programs and private sector volunteer dentists, with patients in urgent need of dental services. The number of people lacking dental insurance remains a significant barrier to care despite the expansion of the Oregon Health Plan.

FY 2002: 0.80 FTE

FY 2003: 1.80 FTE

<u>Costs by Program</u>	2000-01	2001-02	2002-03	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$22,099	\$685,246	\$518,598	(\$166,648)
School & Community Dental Services	24,044	733,907	789,729	55,822
Dental Clinics	4,924,368	4,507,528	4,451,575	(55,953)
MultiCare Dental	4,627,282	1,593,215	1,842,527	249,312
Dental Access Program	<u>2</u>	<u>40,578</u>	<u>84,695</u>	<u>44,117</u>
Total Costs	\$9,597,795	\$7,560,474	\$7,687,124	\$126,650

Primary Care Clinics

Primary Care clinics provide basic medical services, including prevention, diagnosis, and treatment for all ages. Services include family planning / birth control, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening, drug and alcohol screening, management of low risk TB patients, and care of acute and chronic medical conditions.

Seven primary care clinics provide integrated primary healthcare to low-income and high-risk residents of the county.

From July 1, 2000 through June 30, 2001, Primary Care provider teams served 57,248 clients (an increase of 9% over FY '00), resulting in 108,757 visits, 5% fewer than FY '00. The decrease is primarily due to provider vacancies throughout much of the fiscal year. Of these clients, 52% required interpreters, 62% were minorities, 27% were age 18 or younger, 64% were female, 64% were insured, and 36% were uninsured. The demand for services to uninsured, underinsured, and other vulnerable citizens is increasing daily.

Action Plans:

- Recruit additional provider teams in the first quarter of FY '03, including four teams at our newest clinic sites (North Portland and East County). The addition of these teams will allow us to see 3600 new patients, and is structured to be budget-neutral (through active management of our payor mix).
- Target provider recruitment efforts at bi-lingual, bi-cultural providers who understand the mission of providing culturally competent, high quality medical services for County residents
- Continues to explore innovative delivery models that will reduce cost and increase access

Expansion of Capacity efforts in FY '03

FY 2002: 236.75 FTE

FY 2003: 251.08 FTE

Primary Care		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	199.83	229.65	236.75	251.08	14.33
Personal Services	\$19,142,694	15,186,392.75	\$15,656,075	\$18,478,646	\$2,822,571
Contractual Services	356,264	1,543,226.35	1,590,955	1,483,637	(107,318)
Materials & Supplies	12,055,646	4,504,299.76	4,643,608	4,640,613	(2,995)
Capital Outlay	<u>37,585</u>	<u>22,609.73</u>	<u>23,309</u>	<u>74,920</u>	<u>51,611</u>
Total Costs	\$31,592,189	\$21,256,529	\$21,913,947	\$24,677,816	\$2,763,869

Division Management

Division Management is responsible for seven Primary Care sites. The Director provides fiscal and operational oversight, and works with community representatives, community-based organizations, and federal agencies to assure access to high quality primary care services.

FY 2002: 7.55 FTE FY 2003: 6.70 FTE

Medical Director

The Medical Director is responsible for clinical oversight of all activities within the Health Department, including the recruitment, hiring, and clinical supervision of providers and the development, review, and revision of clinical protocols and policies.

FY 2002: 5.30 FTE FY 2003: 5.20 FTE

Primary Care Clinics

Primary Care clinics provide basic medical services including prevention, diagnosis and treatment for all ages. Services include family planning / birth control, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening, drug and alcohol screening, management of low risk TB patients, as well as care of acute and chronic medical conditions.

Seven primary care clinics provide integrated primary health care to low-income and high-risk residents of the county.

From July 1, 1999 through June 30, 2000, the Primary Care provider teams saw 52,002 clients resulting in 113,982 visits. Of those clients, approximately 52% required interpretation, 62% were minorities, 27% were age 18 or younger, 64% were female, 63% were insured and 37% were uninsured.

The Primary Care clinics must meet Federal and State requirements as well as community practice standards. In the Fall of 2000, the Division began the process of reengineering the patient visit. The goal is to reduce the cycle time between the moment the patient walks in the door and when the patient leaves the clinic. This process results in improved customer service and access. Four of the seven clinics will be fully operational in the new model by July 2001.

Primary Care Clinics include the Homeless Children's Project

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. Clinical services include well child exams, immunizations, lead screenings, prenatal care, family planning, WIC, communicable disease screening, and care of acute or chronic medical conditions. These services are delivered at La Clinica de Buena Salud now located at 6736 NE Killingsworth Street. An outreach component also provides home visits to families.

FY 2002: 223.40 FTE FY 2003: 226.00 FTE

Linkage

The purpose of this program is to provide a continuum of linked primary care, drug treatment and mental health services for primary care clients, their partners and family members.

FY 2002: 0.00 FTE

FY 2003: 13.18 FTE

<u>Costs by Program</u>	2000-01	2001-02	2002-03	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$821,146	\$1,788,179	\$832,984	(\$955,195)
Medical Director	78,077	783,345	906,800	123,455
Primary Care Clinics	30,684,849	19,342,423	21,865,465	2,523,042
Linkage	<u>8,117</u>	<u>0</u>	<u>1,072,567</u>	<u>1,072,567</u>
Total Costs	\$31,592,189	\$21,913,947	\$24,677,816	\$2,763,869

Support Services

Support Services provides the diagnostic, pharmaceutical, and ancillary services required to meet the health needs of the Department's clients. This division is responsible for the operation of laboratory services, pharmacy services, language services, information and referral services, and records management.

The scope and volume of these support programs is determined by the needs of the Department as it addresses its strategic objectives.

Action Plans:

- Participate in Health Department HIPAA Implementation Team with major responsibility for Privacy Standards.
- Expand staff educational opportunities in Information and Referral unit to include monthly resource updates, customer service skills, rotation of off phone responsibilities, and written measurable training objectives.
- Expand utilization of Patient Assistance Programs for pharmaceuticals.

Significant Budget Changes:

- The additional OMIP/HIV and Care Assist revenues reflect the efforts of a work group charged with increasing third party insurance coverage of HIV clients. Patient fees continue to increase with prescription volume, as does Medicaid Fee For Service revenue.
- The CareOregon revenue decrease is a result of an overly optimistic estimate of enrollment growth in FY '02 which was not fully realized. FY '03 estimates are based on current trends.

FY 2002: 51.85 FTE FY 2003: 49.73 FTE

<u>Support Services</u>		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	45.90	50.29	51.85	49.73	(2.12)
Personal Services	\$519,689	3,275,333.04	\$3,376,632	\$3,673,343	\$296,711
Contractual Services	611,262	201,760.00	208,000	452,437	244,437
Materials & Supplies	3,493,322	5,061,848.97	5,218,401	4,977,286	(241,115)
Capital Outlay	0	9,700.00	10,000	0	(10,000)
Total Costs	\$4,624,273	\$8,548,642	\$8,813,033	\$9,103,066	\$290,033

Division Management Support Services management directs the Division in providing services to clients and other divisions in an efficient manner, by setting output and service goals, and by resolving problems.

FY 2002: FTE 3.50 FY 2003: FTE 2.50

Pharmacy Services Pharmacy Services provides medications and pharmaceutical counseling and education to County clinic clients and is available, as a part of the medical provider team, for pharmaceutical consultation and information. Pharmacy Services is responsible for supporting medication-dispensing services in all County clinics, and complies with the Oregon State Board of Pharmacy Administrative Rules in its operation of County pharmacies.

FY 2002: FTE 20.95 FY 2003: FTE 19.95

Laboratory Services Laboratory Services has three main focuses of activity:

- Testing clinical specimens from all Health Department clinics;
- In collaboration with the Environmental Health and Communicable Disease units, performing episodic public health and environmental health tests (e.g., food borne illness investigations; lead hazard, water purity); tests of outbreaks of communicable diseases in group settings (e.g., day care centers, group homes, correctional facilities, etc); and activities congruent with planning for bioterrorism protection.
- Licensing and quality assurance of all Health Department clinical laboratories.

Laboratory Services partners with other providers of lab testing, such as Oregon Health Division Public Health Lab, Oregon Department of Agriculture, the Center for Disease Control, and other State and County labs. It complies with all Federal/State regulatory requirements and meets JCAHO (Joint Commission on Accreditation of Healthcare Organizations) standards.

FY 2002: FTE 13.50 FY 2003: FTE 13.38

Information and Referral Services Information and Referral consists of two telephone-based information and education programs: I&R, serving residents of Multnomah County, and SafeNet, Oregon's statewide Maternal and Child Health hotline. I&R Specialists serve as a guides for families seeking information and access to services from public and private care systems; respond to inquiries regarding services provided by the Health Department and community resources; connect non-English speaking callers with appropriate services; schedule pre-qualification appointments for Financial Assistance Appointments and the Oregon Health Plan; and collect and enter client demographics in a computer-based system for statistical reports.

FY 2002: FTE 10.90 FY 2003: FTE 10.90

Language Services

The Health Department conducts over 63,000 non-English-speaking client visits per year, in over 30 different languages, with an annual growth rate of 20%. Language Services ensures the efficient delivery of culturally competent interpretation and translation services to these clients. Federal law and regulations require Community Health Centers to provide services "in the language and cultural context most appropriate" for clients with limited English proficiency. The Americans with Disability Act requires that appropriate services be provided for hearing-impaired clients.

FY 2002: FTE 1.00

FY 2003: FTE 1.00

Medical Records Management

Medical Records Management provides support to Health Department staff in areas of documentation, coding, confidentiality, release of information, record storage, and security.

FY 2002: FTE 2.00

FY 2003: FTE 2.00

<u>Costs by Program</u>	<u>2000-01 Actual</u>	<u>2001-02 Adopted Budget</u>	<u>2002-03 Adopted Budget</u>	<u>Difference</u>
Division Management	\$17,199	\$482,529	\$234,004	(\$248,525)
Pharmacy Services	4,032,531	6,354,502	6,447,915	93,413
Laboratory Services	4,020	953,148	1,101,217	148,069
Communications	570,522	810,845	1,092,016	281,171
Medical Records	0	75,199	86,832	11,633
Language Services	<u>1</u>	<u>136,810</u>	<u>141,082</u>	<u>4,272</u>
Total Costs	\$4,624,273	\$8,813,033	\$9,103,066	\$290,033

Business Services

The Business Services Division provides financial, human resources, training, and Medicaid eligibility services to the Department. Its functions include:

- budget management
- grant accounting
- medical and dental billing
- cost reporting
- payment to external medical, dental, and ancillary providers
- purchasing/contracting
- recruitment
- payroll
- employee relations
- Medicaid eligibility screening
- training and development

This budget also includes funding for data processing functions that are being moved to the Information Technology Organization (ITO). These are: health applications development and maintenance, network support, and decision support/reporting.

Action Plans:

- Build a budget team to better forecast expenditure and revenue
- Create a new decision support/analysis model that fully links data on department activities, costs and revenues.
- Maximize the use of federal dollars to support departmental programs.
- Increase the number of county residents eligible for Oregon Health Plan services who actually receive these services.
- Implement a new practice management data processing system.
- Assure the department is in compliance with HIPAA regulations.

FY 2002: 58.15 FTE

FY 2003: 61.35 FTE

Business Services		2001-02	2001-02	2002-03	
Budget Trends	2000-01	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	57.15	56.41	58.15	61.35	3.20
Personal Services	(\$1,710,325)	3,234,763.76	\$3,334,808	\$2,798,471	(\$536,337)
Contractual Services	740,679	5,946,100.00	6,130,000	509,000	(5,621,000)
Materials & Supplies	13,307,967	3,402,406.92	3,507,636	3,843,210	335,574
Capital Outlay	<u>1,305</u>	<u>0.00</u>	<u>0</u>	<u>13,550</u>	<u>13,550</u>
Total Costs	\$12,339,626	\$12,583,271	\$12,972,444	\$7,164,231	(\$5,808,213)

Significant Budget Changes:

- The Business Services Division (BSD) will implement several reimbursement changes for FY '03. One is a management fee negotiated with Oregon's not-for-profit Federally Qualified Health Centers (FQHC's), for processing retrospective enhanced FQHC reimbursement. This fee is expected to generate \$850,000 in FY '03. BSD will also implement changes to the Babies First reimbursement system that are expected to add \$489,000 in revenues.
- Working with the ITO, BSD will implement the Department's new practice management computer system. This system will replace the Department's existing Health Information System. Working with the MERLIN group in the Department of Community and Business Services, BSD take the lead in piloting the new SAP human resources/training module.
- BSD will also shift resources within its Human Resources group in order to recruit nurses, nurse practitioners, physicians, and dentists.
- BSD will coordinate the development of a new data warehouse-based system for analyzing costs and revenues associated with an array of departmental services. This system will be a significant aid in planning changes in service delivery.
- Salary savings for the entire department (\$1.0 million) are budgeted in the Business Services Division Management cost center. Over the course of the fiscal year, as these savings are realized, they will be shifted to other parts of the department.

Division Management

Division Management provides overall direction and leadership in the areas of budget development/management, financial planning, and accounting. It is also heavily involved in implementation of the Department's new practice management system, and plays a lead role as liaison with the ITO.

FY 2002: 5.00 FTE FY 2003: 5.50 FTE

Grants Management and Accounting

This unit monitors and reports on grants, maximizes revenues, and improves accounting systems in the Health Department. It collects over \$16 million annually from 50 different federal and state grantors. It provides program grant managers with internal consulting on cost accounting issues.

FY 2002: 3.00 FTE FY 2003: 3.00 FTE

Accounts Payable, Procurement, and Contracting

Accounts Payable/Procurement/Contracting develops contracts for the Department. It also pays for goods and services received by the department and pays claims for services provided by outside medical specialists. The unit accounts for petty cash, change drawers, checking accounts, and other treasury functions, and processes Department travel and training requests.

FY 2002: 11.50 FTE FY 2003: 11.30 FTE

Medical Accounts Receivable

The Accounts Receivable unit manages collections and billings to CareOregon, commercial insurance companies, Medicaid, and Medicare. This unit trains and assists clinic staff in the collection of fees, processing of cash, reconciliation, SAP coding, and deposits receipts. It coordinates activities among clinic staff, clients, and insurance companies, to ensure the maximum collection of revenue, and serves as technical consultant to clinical staff involved in billing and account management at the point of service.

FY 2002: 9.00 FTE FY 2003: 9.00 FTE

Human Resources

This section provides HR support services including consultation and contract interpretation to managers, supervisors, and employees in such areas as recruitment and selection, legal issues, employee and labor relations, and policies and procedures. It represents the Department at the County level on personnel, collective bargaining, and EEO/AA issues. HR also conducts analysis of Department positions for appropriate classification and compensation, language, and FTE requirements. It insures compliance with federal, state, and local laws, in addition to coordinating payroll with Department timekeepers, utilizing current HRIS technology to input & track daily HR activities.

The Training unit identifies staff training needs and develops effective learning experiences to meet defined learning objectives. This includes needs assessment, the design and delivery of training, and the evaluation of outcomes. This unit was transferred from the Director's Office.

FY 2002: 14.00 FTE FY 2003: 13.80 FTE

Information Systems

The Information Systems team maintains the Department's current information systems and is heavily involved in work on the Department's new system (to be implemented in January 2003). It supports the 700 terminals, printers, and personal computers. It provides data processing training, coordinates exchange of data with external partners, maintains user documentation, and provides data extracts to fill ad hoc data requests.

FY 2002: 0.00 FTE FY 2003: 0.00 FTE

Medicaid/Medicare Eligibility

The Medicaid Eligibility Unit is responsible for decreasing the uninsured population in Oregon. It strengthens access to health insurance benefits for clients through outreach, education, and screening for the Oregon Health Plan, Medicaid, Medicare, Children's Health Insurance (CHIP) and other insurance options. Eligibility Specialists target the Multnomah County uninsured population and advocates for access to medical and social services provided by Adult & Family Services, OMAP, and other health insurance entities. The Medicaid Unit continues its efforts to reduce social barriers to medical benefits, and to increase universal healthcare access.

FY 2002: 15.65 FTE FY 2003: 18.75 FTE

<u>Costs by Program</u>		2001-02	2002-03	<u>Difference</u>
	<u>2000-01</u>	<u>Adopted</u>	<u>Adopted</u>	
	<u>Actual</u>	<u>Budget</u>	<u>Budget</u>	
Division Management	\$3	\$1,285,425	(\$569,217)	(\$1,854,642)
Grants Management	3	210,757	235,576	24,819
Accounts Payable	19,286	651,932	803,137	151,205
Accounts Receivable	0	510,550	603,933	93,383
Human Resources	933	990,687	1,322,522	331,835
Health Information Systems	45,660	2,981,493	3,550,651	569,158
Medicaid/Medicaid Eligibility	<u>12,273,741</u>	<u>6,341,600</u>	<u>1,217,629</u>	<u>(5,123,971)</u>
Total Costs	\$12,339,626	\$12,972,444	\$7,164,231	(\$5,808,213)