

Health Department

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Health Department

Department Services

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

Assuring Access to Healthcare

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

- Seven primary care health centers, 4 dental clinics, and 13 school clinics
- A home visit program for high-risk families;
- Two neighborhood health access sites;
- Specialty clinics focusing on sexually transmitted diseases, tuberculosis, and HIV;
- A pharmacy program and a laboratory;
- An interpretive services program; and
- A program providing healthcare in the county jails.

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 and 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 also working on a significant emergency preparedness effort.

Promoting Health

Health promotion takes many forms. Among them are:

- Health education and information in schools, workplaces, 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.

Health Department

How the Department Delivers its Services

As mentioned above, the Department provides access to healthcare through a number of different types of clinical settings:

- Primary care clinics;
- Dental clinics;
- School-based health centers;
- Neighborhood health access sites;
- Field teams;
- Specialty clinics (STD, TB, HIV); and
- Corrections health sites.

These different settings are managed by different Department divisions.

The department has begun work on a major effort to redesign its method of delivering clinical services.

This year, the Department has begun planning an *Integrated Clinical Delivery System* (ICDS). The goal is to provide a clinical environment where care is:

- Highly integrated, to result in better outcomes;
- More convenient for clients to receive; and
- More efficient for the department to provide.

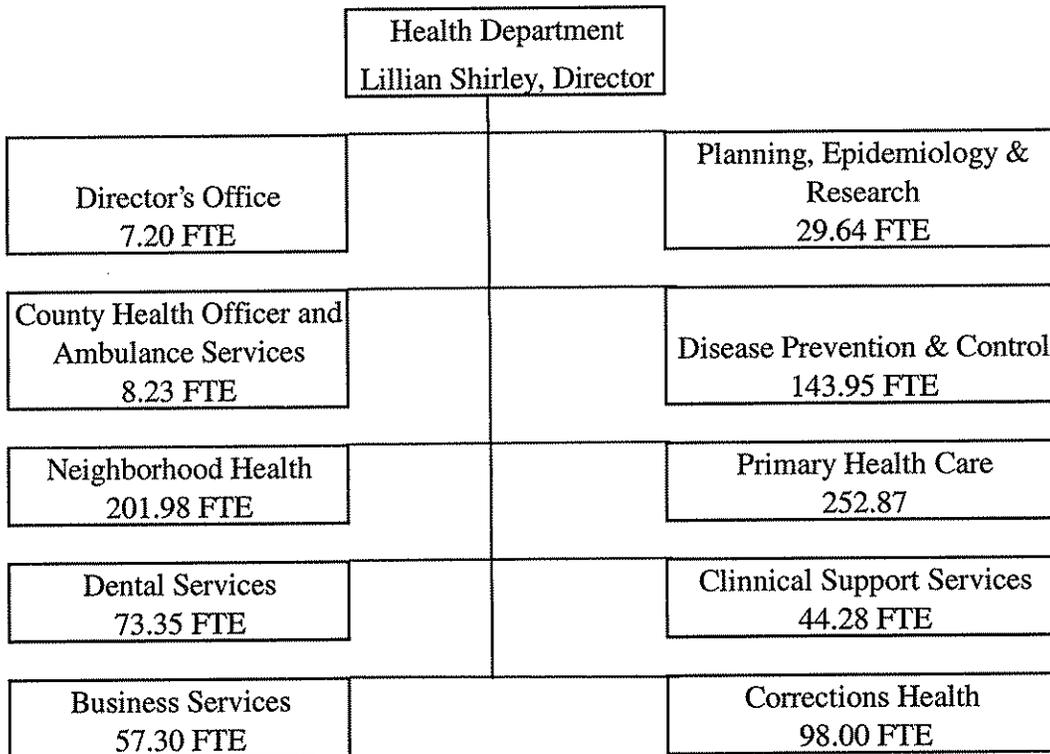
In the short-term (FY 04), the Department will take steps to implement ICDS. It will begin the consolidation of clinical management and support functions at several existing sites. This will result in personnel savings and will begin the process of aligning clinic-based business systems, including:

- Making appointments;
- Scheduling interpretive services;
- Calculating sliding fee discounts for uninsured clients;
- Checking clients in/out; and
- Handling cash.

In subsequent years, this project will seek to promote further integration by implementing an electronic medical records system, which will allow clients to receive services at any Department site. It will also continue to refine organizational arrangements in order to promote coordination among providers, convenience for clients, and operational efficiency.

Health Department

Department Organization



Health Department

Budget Issues and Highlights

The Department faced a \$7.6 million gap between current service level funding needs and available resources.

\$1.7 million in enhanced revenues are included in the budget.

Administrative cuts were made throughout the Department.

Program cuts were made throughout the Department for the FY 03 midyear rebalance.

The adopted budget for the Health Department for FY 04 is \$112.1 million. General Fund (unrelated to cost-based fees and department indirect charges) expenditures are \$32.6 million, 15% below the FY 03 budget. In developing its budget, the Department faced a \$7.6 million gap between its current service level (CSL) expenditures and revenues. The approach to balancing the budget included identifying revenue enhancements, moving to implement operational efficiencies, and making significant administrative and program cuts.

Revenue strategies include the following:

- Seeking a rate increase from the State that takes into account recent changes in the scope of services provided by its Federally Qualified Health Center (FQHC). It is estimated that this will generate \$1.1 million.
- Beginning to bill at FQHC rates for medical services provided by the Corrections Health Division at the Donald E. Long Juvenile Detention Facility. This change, which we estimate will generate \$0.2 million, will be made possible by the FQHC scope change.
- In the autumn, the Department will come to the Board of Commissioners and seek a change in its inspection fees, which will fully cover program costs (. This will generate roughly \$0.3 million.
- The Department will shift the method by which it bills the state for Medicaid fee-for-service pharmaceuticals, generating \$0.1 million.

Three operational efficiencies will be implemented in FY 04: clinical site management will be consolidated as the first stage of ICDS; the nurse triage operation will be decentralized; and the STD, HIV, and viral hepatitis programs will be integrated. The department also assigned administrative cuts; a 5% cut at the program level, and a 10% cut by the Director's Office, the Health Officer's Office, HR, Business Services (including IT), Planning/Development (Research, Planning, Grant Application), and all divisional administrations.

Program cuts were made throughout the department. These come on top of cuts made during the FY 03 midyear rebalance. Midyear cuts included:

- Major reductions in Corrections Health administration, medical requests triage, and provider and pharmacy programs (\$910,000, annualized)
- Elimination of the Head Lice Program (\$140,000 annualized)
- Elimination of the Rockwood Dental Van (\$46,000 annualized)
- Elimination of the violence prevention program in the Health Department (\$200,000 annualized)
- Reduction in WIC sites (\$300,000 annualized)
- Elimination of CGF from the STARS (Students Today Aren't Ready For Sex) Program (\$200,000 annualized)
- Cutback in the Dental Access Program (\$40,000 annualized)
- Reduction in CGF for care for the uninsured (\$400,000 annualized)
- Closing of the Brentwood-Darlington Health Site (\$366,000 annualized)
- Reduction in the budget of the Field Teams (\$296,000 annualized).

Health Department

Program Cuts in the FY 2004 Adopted Budget

Initially, the department proposed a budget with major cuts, some of which have been significantly mitigated with the passage of the County's Temporary Personal Income Tax. As of budget adoption, the department still faces significant risk from state budget cuts, from the implementation of OHP2, and from further changes/reductions in the OHP budget. OHP2 affects Medicaid reimbursement in several ways:

The FY 04 budget makes substantial additional program cuts.

- Introduction of co-pays for many clients/services;
- Elimination of certain treatments through "line moves";
- A requirement that OHP-standard clients pay monthly premiums; and
- Elimination of benefits for OHP-standard clients: dental, durable medical equipment, pharmacy, mental health, and chemical dependency.

Although the department is refining its strategies for dealing with these cuts, this is a period of significant risk with regard to OHP revenues, which fund over a quarter of its operations. Further changes will result from the State budget process.

Information and Referral Services

- Funding for the Department's Information and Referral (I&R) services will be reduced from \$216,000 CGF to \$116,000 CGF. Organizationally, I&R will be combined with Safenet, a program provided by the Department under contract with the State to provide information about family planning, WIC, and food stamps. The cut will reduce hours but allow staff to continue to provide information about West Nile virus, the Breast and Cervical Cancer Program, and flu shot clinics, as well as to discuss OHP eligibility with potential applicants and to make appointments for eligibility screenings.

Field Teams

- The budget for field teams will be reduced by a further \$197,000. This will eliminate Department support for Early Head Start of Portland, and eliminate 5.8 FTE (2.8 Community Health Nurses, 2.5 Community Health Specialists and 0.5 Office Assistants). It will result in the loss of an estimated 2,680 home visits to 600 at-risk (non-OHP) pregnant women and families.

Neighborhood Health Access and Breast & Cervical Cancer Program

- Management and support staff will be consolidated for the Neighborhood Health Access and the Breast and Cervical Cancer Programs, saving \$80,000. This will reduce outreach capacity.

Teen Pregnancy Prevention

- Teen Pregnancy Prevention will be cut by \$80,000. 1 of the 1.5 FTE funded by the program will be eliminated. The department will lose the ability to support the coordination of activities by nonprofits with similar goals.

Teen Connections

- Teen Connections will be reduced by 20% (86,500). This will eliminate contracted services for approximately 40 teen parents having a second child.

Health Department

Coalition of Community Clinics

- The budget of the Coalition of Community Clinics will be cut by \$50,000. This will be taken from three areas – the Medication Project (a \$23,000 budget), shared infrastructure support (\$50,000), and cash support to clinics (\$53,000). The Department will work with the coalition to apportion the cut. Left untouched will be the staffing for credentialing and specialty referrals, which are essential to the continued operation of the Coalition Clinics.

School and Community Dental

- In the School and Community Dental Program, the Department will continue to operate its fluoride and sealants program. However, it will cut other pieces of this program, reducing costs by \$97,000.

Vector Control

- The vector control budget will be reduced by \$56,000. This will reduce the amount of mosquito larvicide that can be purchased. It also reduces staffing, which will limit ability to quickly respond to nuisance investigations and vector (e.g., rat and mosquito) control.

HIV/ Viral Hepatitis

- The HIV/Viral Hepatitis program budget will be further reduced by \$66,500. This will reduce capacity for outreach.

Temporary Personal Income Tax (Measure 26-48)

In May 2003, Multnomah County voters approved a Temporary Personal Income Tax to benefit the Public Schools, Public Safety, and Human Services. This levy will fund a number of services in the Health Department that would otherwise have been lost. These include:

- Communicable Disease and Environmental Health \$321,000
- Rockwood Neighborhood Health Access Site \$350,000
- Women, Infants, Children (WIC) Program \$600,000
- Corrections Health \$597,000
- Dental Services \$225,000
- Primary Care for the Uninsured \$990,000

Health Department

Budget for FY 2004

The Health Department's FY 2004 Proposed budget is \$112,074,241. About \$3.16 million of this amount restores programs with the Temporary Personal Income Tax revenue, approved by voters in the May, 2003 election.

<u>Budget Trends</u>	2001-02 <u>Actual</u>	2002-03 <u>Current Estimate</u>	2002-03 <u>Adopted Budget</u>	2003-04 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	853.06	971.92	971.92	916.80	(55.12)
Personal Services	\$60,684,204	\$66,024,129	\$69,725,528	\$71,676,467	\$1,950,939
Contractual Services	\$13,319,834	\$13,662,873	\$13,360,368	\$13,684,127	\$323,759
Materials & Supplies	\$21,843,300	\$22,959,243	\$24,454,022	\$26,698,647	\$2,244,625
Capital Outlay	<u>\$159,974</u>	<u>\$0</u>	<u>\$93,470</u>	<u>\$15,000</u>	<u>(\$78,470)</u>
Total Costs	\$96,007,312	\$102,646,245	\$107,633,388	\$112,074,241	\$4,440,853

<u>Costs by Division</u>	2001-02 <u>Actual</u>	2002-03 <u>Current Estimate</u>	2002-03 <u>Adopted Budget</u>	2003-04 <u>Adopted Budget</u>	<u>Difference</u>
Director's Office	\$3,643,597	\$6,042,563	\$5,264,080	\$5,124,295	(\$139,785)
Health Officer	1,859,058	1,947,853	2,272,398	2,033,466	(238,932)
Disease Prevention	19,416,496	16,921,791	17,286,451	17,084,244	(202,207)
Neighborhood Health	18,568,769	19,665,430	21,563,700	21,367,996	(195,704)
Corrections Health	13,890,511	11,995,564	12,614,522	12,434,342	(180,180)
Dental Services	6,840,819	7,041,597	7,687,124	8,674,323	987,199
Primary Care	29,755,432	23,071,713	24,677,816	27,503,646	2,825,830
Support Services	846,897	7,587,810	9,103,066	8,562,153	(540,913)
Business Services	<u>1,185,733</u>	<u>8,371,924</u>	<u>7,164,231</u>	<u>9,289,776</u>	<u>2,125,545</u>
Total Costs	\$96,007,312	\$102,646,245	\$107,633,388	\$112,074,241	\$4,440,853

<u>Staffing by Division</u>	2001-02 <u>Actual</u>	2002-03 <u>Current Estimate</u>	2002-03 <u>Adopted Budget</u>	2003-04 <u>Adopted Budget</u>	<u>Difference</u>
Director's Office	48.88	52.44	52.44	36.84	(15.60)
Health Officer	8.63	9.00	9.00	8.23	(0.77)
Disease Prevention	130.21	144.50	144.50	143.95	(0.55)
Neighborhood Health	181.24	225.12	225.12	201.98	(23.14)
Corrections Health	103.26	110.30	110.30	98.00	(12.30)
Dental Services	59.97	68.40	68.40	73.35	4.95
Primary Care	209.35	251.08	251.08	252.87	1.79
Support Services	43.69	49.73	49.73	44.28	(5.45)
Business Services	<u>67.83</u>	<u>61.35</u>	<u>61.35</u>	<u>57.30</u>	<u>(4.05)</u>
Total Staffing FTE's	853.06	971.92	971.92	916.80	(55.12)

Health Department

Resources by Division	Fees, Permits				Other/
	<u>General Fund</u>	<u>& Charges</u>	<u>Federal</u>	<u>State & Local</u>	<u>Miscellaneous</u>
Director's Office	\$2,542,548	\$15,000	\$1,872,245	\$694,499	\$0
Health Officer	\$1,553,897	\$198,000	\$241,571	\$40,000	\$0
Disease Prevention	\$6,539,571	\$1,081,461	\$9,042,001	\$347,223	\$74,000
Neighborhood Health	\$6,181,003	\$91,254	\$13,230,082	\$1,865,659	\$0
Corrections Health	\$12,434,342	\$0	\$0	\$0	\$0
Dental Services	\$769,111	\$38,000	\$7,748,559	\$118,643	\$0
Primary Care	\$1,005,245	\$805,009	\$25,693,388	\$0	\$0
Support Services	\$3,545,763	\$202,000	\$4,814,391	\$0	\$0
Business Services	<u>\$6,710,633</u>	<u>\$0</u>	<u>\$2,579,143</u>	<u>\$0</u>	<u>\$0</u>
Total Resources	\$41,282,113	\$2,430,724	\$65,221,380	\$3,066,024	\$74,000

Office of the Director

The Director's Office focuses on strategic external and internal partnerships. It participates in countywide initiatives, including Emergency Preparedness, the School-Aged Services Policy Framework, Shared Services, and Federal Financial Participation.

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; and
- Supports organizational development, coordinating leadership and team development, cultural competency, and evaluation and recognition systems that support the Department's ability to manage change.

Action Plans:

- Health Disparities: develop health promotion strategies and expand outreach to improve racial and ethnic health disparities.
- Emergency Preparedness: direct planning for bio-terrorism and communicable disease monitoring and response. Collaborate with regional, county, and state emergency response planning.
- Shared Services: collaborate with DBCS to improve infrastructure.
- Integrated Clinical Delivery Systems: Support ICDS planning and implementation to improve services to clients and increase efficiencies.
- Teams of Influence: direct change-management process and transition to community-based practice through implementation of systems review; quality, diversity, and cultural competency; cross-functional planning and coordination; and professional and managerial competency.
- Strategic Partnerships: support development of partnerships that address health care and safety net access.

Significant Budget Changes:

- Reduced funding for leadership and management development and for health promotion. Responsibilities will be shared with divisions.

FY 2003: 10.00 FTE FY 2004: 7.20 FTE

Director's Office		2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	48.88	52.44	52.44	36.84	(15.60)
Personal Services	\$2,208,366	4,005,980	\$4,192,409	\$3,304,409	(\$888,000)
Contractual Services	1,228,300	1,177,498	368,954	733,087	364,133
Materials & Supplies	206,931	859,085	702,717	1,086,799	384,082
Capital Outlay	0	0	0	0	0
Total Costs	\$3,643,597	6,042,563	\$5,264,080	\$5,124,295	(\$139,785)

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 and management and technical assistance regarding data interpretation (this includes management of community health data and Health Department client data);
- Program Design and Evaluation Services (co-managed with the Oregon Health Division to conduct health research in partnership with community agencies and higher education);
- The Community Health Promotion Initiatives for issues of tobacco, family violence, and chronic disease prevention; and
- The Public Health Academy, a workforce initiative that improves the Practice of PH clinicians thru didactic and guided internships.

Action Plans:

- Publish reports on emergency services, the Healthy Birth Initiative, environmental effects on health, and the Strategic Plan for 03-08.
- Develop materials to provide best practices and timely health information to managers, communities, other agencies, and policy makers.
- Complete 35-45 grant applications for external funding for the Department.

Significant Budget Changes:

- This budget reduces the Office’s capacity to provide analytic support to the Department and to provide coordination for the efforts of not-for-profit agencies working to prevent teen pregnancy in the county. It eliminates the Office’s capacity to deliver the Public Health Academy program.

FY 2003: 42.44 FTE FY 2004: 29.64 FTE

<u>Costs by Program</u>	2001-02	2002-03	2003-04	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Director’s Office	\$62,437	\$1,252,281	\$1,410,107	\$157,826
Planning & Development	<u>3,581,160</u>	<u>4,011,799</u>	<u>3,714,188</u>	<u>(297,611)</u>
Total Costs	\$3,643,597	\$5,264,080	\$5,124,295	(\$139,785)

Office of the County Health Officer

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 04, the Office will emphasize disaster preparedness and improved access to basic healthcare for low-income and uninsured people.

The Office has led the Department’s disaster preparedness efforts, focusing on bio-terrorism and weapons of mass destruction. This has resulted in a strong level of basic preparation. Future work will emphasize integration with other jurisdictions and the broader Emergency Management system.

Due to the recession and changes in the Oregon Health Plan, access to basic healthcare for low-income and uninsured people is a growing challenge. Since 2000, the Department has received Robert Wood Johnson Foundation *Communities in Charge* grant funds intended to improve access to healthcare in the Tri-County area by working with community stakeholders to implement sustainable approaches. In FY 04, *Communities in Charge* will implement the recommendations of its *Blue Ribbon Panel* to establish a mechanism to expand and systematize the local healthcare safety net.

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 9/11 and the anthrax attacks highlighted the need for disaster preparation.

Significant Changes

- Eliminate \$25,000 from the Health Officer’s professional services budget, used in the past to fund small research projects for policy development.
- Unless alternate outside funding can be identified, end the *Communities in Charge* program when grant funding runs out in February 2004.
- Complete developmental phase of Medical Reserve Corps, utilizing \$50,000 grant funding from the Office of the Surgeon General.
- Decrease CGF to Coalition of Community Health Clinics by \$50,000.

Action Plans:

- Complete development of the Department’s Emergency Preparedness plan and integrate it into the broader Emergency Management system.
- Continue development and implementation of *Communities in Charge*.

FY 2003: 9.00 FTE FY 2004: 8.23 FTE

Health Officer	2001-02	2002-03	2002-03	2003-04	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	8.63	9.00	9.00	8.23	(0.77)
Personal Services	\$994,073	970,234	\$1,013,139	\$1,026,539	\$13,400
Contractual Services	629,771	826,843	1,105,922	797,250	(308,672)
Materials & Supplies	235,214	150,776	153,337	209,677	56,340
Capital Outlay	0	0	0	0	0
Total Costs	\$1,859,058	1,947,853	\$2,272,398	\$2,033,466	(\$238,932)

Division Management

Division Management ensures that Health Officer programs promote well-structured, creative, and scientific approaches to community health problems. Management supervises and supports Division programs; provides technical support to public health law enforcement; and provides leadership.

FY 2003: 1.80 FTE FY 2004: 1.8 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. It prepares a state-required ambulance service plan, promulgates system protocols, monitors performance, and develops agreements that define conditions of participation for all involved. It addresses the need for efficient response to the county's 52,600 requests for emergency medical service each year. During FY 04, the program will complete strategic planning to ensure future development of the EMS system.

FY 2003: 4.70 FTE FY 2004: 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 Tri-County area. *Communities in Charge* has worked to identify the scope of the problem and find sustainable ways to improve access. *Communities in Charge* funding ends 3/1/2004; the department is seeking other outside funding sources to continue the program.

This program includes the Coalition of Community Health Clinics.

The members of the 18 year-old Coalition of Community Health Clinics are private, not-for-profit clinics that share the mission of providing health care services to low-income, uninsured, or otherwise vulnerable people. In FY 02 Coalition Clinics provided over 95,000 general health visits to over 40,000 people, most of whom had no insurance. The Department supports Coalition members by providing coordination, direct funding, and in-kind support.

FY 2003: 2.50 FTE FY 2004: 1.73 FTE

<u>Costs by Program</u>	2001-02	2002-03	2003-04	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$459,430	\$358,277	\$452,912	\$94,635
Emergency Management	870,741	990,962	1,006,300	15,338
Communities in Charge	<u>528,887</u>	<u>923,159</u>	<u>574,254</u>	<u>(348,905)</u>
Total Costs	\$1,859,058	\$2,272,398	\$2,033,466	(\$238,932)

Disease Prevention and Control

The Disease Prevention and Control Division identifies, prevents, and controls endemic and emerging communicable and environmental diseases. The Division performs a wide range of public health disease prevention and treatment functions for communicable diseases, tuberculosis, HIV, sexually transmitted diseases (STD's), and food- and vector-borne diseases. Services are planned and delivered with resident involvement.

Action Plans:

- Improve the department’s capacity to identify and track naturally occurring and terrorism-related disease outbreaks.
- Respond to the expected arrival of West Nile Virus, in accordance with the level of risk and within environmental requirements.
- Integrate nursing and support functions in the tuberculosis and communicable disease programs to optimize response capacity, given reduced resources.

Significant Budget Changes:

- Budgets were reduced in all programs that receive County General Funds. This has led to reduction of services and significant restructuring in several programs in order to sustain core functions, maximize efficiency, and capture external revenue. The Division received federal bio-terrorism preparedness grant funding to support Department emergency response preparedness for events including naturally occurring and terrorism-related disease outbreaks.

FY 2003: 144.50 FTE FY 2004: 143.95 FTE

<u>Budget Trends</u>		2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	130.21	144.50	144.50	143.95	(0.55)
Personal Services	\$10,179,961	\$9,888,525	\$10,155,408	\$10,617,544	\$462,136
Contractual Services	4,092,461	3,304,330	3,678,231	3,575,132	(103,099)
Materials & Supplies	5,144,074	3,728,936	3,447,812	2,891,568	(556,244)
Capital Outlay	0	0	5,000	0	(5,000)
Total Costs	\$19,416,496	\$16,921,791	\$17,286,451	\$17,084,244	(\$202,207)

Division Management

Management defines the Division’s mission and establishes policies to ensure that it reaches its goals. The Director works with community representatives and 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 bio-terrorism response. FTE decrease eliminates operations and fiscal support across multiple programs.

FY 2003: 4.00 FTE FY 2004: 2.90 FTE

Immunization

This unit promotes immunization throughout the County. It implements immunization requirements for schools, daycare facilities, preschools, and Headstart, and offers lead screening of children. Immunizations have risen by 53% over the past three years. The unit provides low-cost immunizations both during the week and on weekends. FY 04 services will include immunizations to 11,000 unduplicated clients and blood lead screening for 800 children.

FY 2003: 2.20 FTE FY 2004: 2.20 FTE

Health Inspections

This unit coordinates with the Communicable Disease staff on bio-terrorism and disease response.

This program assures food safety, controls water-borne diseases, improves workplace safety, and supports other public health activities by incorporating prevention into the inspection process. The Environmental Health unit analyzes local environmental health issues, regulates specified businesses and accommodations, and enforces state and local environmental health laws. Annually, registered Sanitarians inspect 5,400 permanent food establishments; 1,250 temporary food establishments; 1,600 pool and spa facilities; and 1,684 childcare facilities. Environmental Health responded to 286 food-borne illness complaints and three outbreak investigations in FY 02.

FY 2003: 19.60 FTE FY 2004: 20.30 FTE

Vector Control

Vector Control protects health and livability through control of rat and mosquito populations, and serves as a resource for addressing vector problems. Its 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 04, it will treat 3,000 acres and 11,200 catch basins for mosquitoes, and provide 1,800 rodent inspections, 220 nuisance inspections, and 80 tobacco education and prevention inspections. The program is focused on planning, surveillance, and control for the arrival of West Nile Virus.

FY 2003: 8.15 FTE FY 2004: 9.10 FTE

Lead Poisoning Prevention Program

This program focuses on educating vulnerable populations, increasing awareness of resources available to those populations, identification of lead hazards for families affected by lead poisoning, and follow-up case management. Blood lead screening at immunization clinics, elevated blood lead level investigation (including home visits), and advocacy for services are provided free of charge. The Lead Line responds to residents who request information and technical assistance with lead poisoning prevention.

FY 2003: 1.00 FTE FY 2004: 1.00 FTE

**STD
Prevention
and Treatment
Program**

This program reduces sexually transmitted diseases by providing prevention and treatment services, including clinic services for evaluating and treating STD's and uro-genital disorders; behavioral risk reduction counseling; hepatitis A&B vaccination; limited family planning; case investigations of reportable STD's and HIV; community outreach and education; HIV and Hepatitis C (HCV) counseling, testing, and referral (CTR); limited syringe exchange; and disease surveillance. It serves approximately 5,300 clients in the clinic, and 3,000 clients in the community testing site, diagnosing approximately 70 new cases of HIV annually. The program investigates approximately 3,100 cases of STDs annually. The FTE decrease results from reorganization, sharing of positions between the STD and the HIV & Hepatitis C Community Programs, and cutting of positions.

FY 2003: 20.20 FTE FY 2004: 18.90 FTE

**HIV Care
Services
Planning and
Administration**

This program manages a federally-funded program of 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 health insurance. The program provides staff support for the Council and contracts with other agencies to deliver services. Staff reduction limits capacity to accomplish quality assurance activities and develop resource materials for client use.

FY 2003: 7.00 FTE FY 2004: 6.75 FTE

**HIV &
Hepatitis C
Community
Programs**

These programs prevent the spread of HIV and Hepatitis C, and are integrated in an effort to provide 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 04. A community planning process identifies high priority populations, prevention needs, and effective interventions. *Hepatitis C Prevention & Integration* is a comprehensive 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 programs. More than 1,300 high-risk clients will be tested for Hepatitis C and at least 500 will receive Hepatitis vaccinations. *Reducing HIV & Domestic Violence Risk in Women Offenders* is a 4½ year project funded by the National Institute on Drug Abuse to evaluate HIV and domestic violence intervention. Services are delivered to up to 700 recently incarcerated women at risk for HIV.

FTE reduction limits the number of high-risk clients served and the ability to respond to community-driven needs and projects.

FY 2003: 21.85 FTE FY 2004: 19.60 FTE

HIV Health Services Center

The Center provides outpatient services to the HIV-infected using a multi-disciplinary approach that includes case management, nutritional counseling, and an on-site pharmacist offering medication education. The Center is an AIDS Education and Training Center for the Northwest, and is involved in national research. It serves approximately 600 individuals for an estimated 6,500 medical visits and 11,500 social work contacts each year.

FY 2003: 22.35 FTE FY 2004: 19.05

Tuberculosis 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. The program served approximately 5,200 clients with a total of 16,000 visits. 43 Active TB cases with 301 contacts were reported in FY 02. Some FTE reductions will lead to elimination of services. Some TB nursing and support staff will be integrated into Communicable Disease (CD) programs to provide capacity for workload peaks in both programs.

FY 2003: 20.75 FTE FY 2004: 17.00 FTE

Communicable Disease Control

Bio-terrorism concerns have increased requests for information.

This program decreases the levels of communicable disease in the County. It is responsible for investigating all reportable communicable diseases other than tuberculosis and sexually transmitted infections. It investigates, recommends control measures, and counsels individuals diagnosed with these diseases; it investigates over 700 cases annually. Activities include surveillance and the collection of statistical data. In recognition of threats from bio-terrorism and infectious diseases like SARS, the program is collaborating with the Department epidemiologist, TB Programs, Immunizations Unit and others to prepare to respond to workload peaks in a coordinated fashion. This is improving this program's ability to provide surveillance and control measures for the protection of all citizens.

FY 2003: 8.45 FTE FY 2004: 11.25 FTE

Occupational Health

This program reduces the risk of an employee or student/volunteer acquiring a communicable disease in the workplace. It provides the OSHA Bloodborne Pathogens Program, the Tuberculosis Program, and immunizations to employees in order to increase workplace safety. These services are provided to other public and private agencies and individuals on a fee for service basis. This program expanded the Traveler's Clinic in August, 2002 to 2 days/week to meet increasing demand from foreign-country-bound residents. Combined, the Occupational Health program and Travelers' Clinic serve over 5,800 clients per year.

FY 2003: 2.50 FTE FY 2004: 2.12 FTE

**Bio-terrorism
Emergency
Preparedness**

The attacks of 9/11 and the subsequent anthrax cases made it clear that public health agencies play a pivotal role in the safety of the community. With federal funding of \$428,214, the department is increasing its epidemiological capacity, assuring its ability to respond in an emergency, and enhancing coordination with other governmental agencies, emergency, and health care organizations.

FY 2003: 0.00 FTE FY 2004: 4.63 FTE

**Environmental
Health Projects**

This program includes grant-funded and other special projects related to environmental health which are outside the regulatory function. For FY04, these projects include:

- developing a culturally competent, linguistically appropriate video to be used for training food handler applicants who are functionally illiterate, including limited and non-English speakers; and
- identifying and solving environmental health concerns using community organizing strategies to build awareness, identify environmental health issues and develop collaborative actions to improve environmental health.

FY 2003: 0.00 FTE FY 2004: 2.60 FTE

**Food Handlers
and Testing**

The Food Handler unit assures that food workers meet current food safety practice standards. Food Manager training assures that managers of food establishments understand food safety principles, and has been expanded to include monthly seven-hour classes offered in English and Spanish. Annually, the program certifies 23,000 handlers. Grant-funded instruction materials will provide training in Vietnamese, Russian, and Chinese, utilizing computer technology. Further grant support including 0.25 FTE has been acquired to develop video training in multiple languages in a photo-novella model.

FY 2003: 2.90 FTE FY 2004: 2.60 FTE

Vital Records

Birth and death certification is conducted by methods consistent with federal and state statutes to maintain the integrity and accuracy of birth and death information. This information is analyzed to provide essential public health information that can be used to plan prevention and intervention activities.

FY 2003: 3.55 FTE FY 2004: 3.95 FTE

Health Department

Disease Prevention and Control

<u>Costs by Program</u>	2001-02	2002-03	2003-04	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$3,023	\$388,058	\$218,135	(\$169,923)
Immunizations	1,236,524	1,506,921	367,416	(1,139,505)
Health Inspections	1,902,413	1,704,841	1,763,153	58,312
Vector Control	649,177	733,746	795,075	61,329
Lead Screening	31,448	96,353	106,760	10,407
STD Clinic/Epidemiology	2,124,709	1,706,044	1,740,407	34,363
HIV Care Svcs. Admin	3,780,470	3,379,772	3,293,264	(86,508)
HIV Prevention	2,278,114	2,145,821	2,196,290	50,469
HIV Health Services	3,840,672	2,326,711	2,571,703	244,992
TB Prevention	1,939,250	1,741,561	1,507,503	(234,058)
Communicable Diseases	912,578	790,045	1,014,046	224,001
Occupational Health	262,153	301,147	305,903	4,756
Environmental Health Projects	0	0	189,400	189,400
Bioterrorism Emergency Preparedness	0	0	499,139	499,139
Food Handlers	257,645	213,096	203,980	(9,116)
Vital Records	<u>198,320</u>	<u>252,335</u>	<u>312,070</u>	<u>59,735</u>
Total Costs	\$19,416,496	\$17,286,451	\$17,084,244	(\$202,207)

Neighborhood Health

Providing access to healthcare through home visits, groups, partnerships, community outreach, and in schools.

This Division combines the efforts of Field Services Neighborhood Teams; School-Based Health Centers; Neighborhood Health Access sites (which include the Breast and Cervical Health Program and the Children's Assessment Program); Connections; the Capacitation Center; and the WIC program. Neighborhood Health 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.
- **WIC:** Integrate service delivery model into existing health department services utilizing only WIC grant dollars.
- **Capacitation Center:** In coalition with community partners, continue to administer *Poder es Salud/Power for Health*, a 3-year project funded by the Centers for Disease Control and Prevention.

Significant Budget Changes:

As of FY 03, the Division is responsible for County implementation of the State Healthy Start program. These funds, from the Commission on Children, Families, and Community, are intended to provide a system of support services for first-time parents in the County. Services include Welcome Baby visits at the hospital, the Oregon Children's Plan Screen, and intensive home services for parents in need.

- **Division Management:** Reductions in FTE and expenses.
- **School-Based Health Centers:** Loss of \$122,177 in FY 03 and \$210,476 in FY 04 due to the defeat of Measure 28, resulting in the loss of a 1.0 FTE supervisory position, a .9 FTE Medical Records Technician, and a 1.0 Health Educator. Midyear CGF reductions were taken in the amount of \$169,433. The General Fund portion of SBHC for FY 04 has been reduced by \$393,713
- **Field:** Midyear budget reductions of \$250,191 were submitted in 12/03. The County Board of Commissioners restored \$148,000 of this. Contract losses include reduction of the contract with Mt. Hood Community College Head Start and the loss of two Community Health Nurse contracts with the State's Services to Children and Families for Family Support Teams. New contracts include a partnership with OHSU for a .6 FTE Community Health Nurse to act as a School of Nursing Faculty in Residence, providing hands-on learning opportunities to nursing students in Oregon.
- **Connections:** Midyear budget reduction of a .8 FTE Program Development Specialist for a savings of \$52,384. For FY 04, Connections will reduce contracts by 20%, resulting in a 20%

reduction in service delivery. Connections will only serve first- time parents. General Fund reduction of \$86,557.

- **NH Access:** Midyear budget cut resulted in closure of Brentwood/Darlington Access Clinic. Restructuring of NH Access Program combining NH Access Administration with the Breast & Cervical Health Program.
- **WIC:** Midyear cuts resulted in closure of East County WIC site and reduction in service hours for the remainder of 03. Restored funding of \$150,000 resulted in the SE WIC site remaining open until June 2003. For FY 04, WIC will receive General Fund via the Personal Income Tax.
- **STARS:** Midyear budget cuts eliminated the STARS program. STARS was able to secure State bridge funding of \$33,483 to remain open through FY 03.

FY 2003: 225.12 FTE FY 2004: 201.98 FTE

<u>Neighborhood Health</u>		2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	181.24	225.12	225.12	201.98	(23.14)
Personal Services	\$13,190,798	13,820,272	\$15,471,851	\$14,923,559	(\$548,292)
Contractual Services	1,329,508	2,774,879	2,693,607	2,873,201	179,594
Materials & Supplies	3,909,759	3,070,279	3,398,242	3,571,236	172,994
Capital Outlay	<u>138,704</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$18,568,769	19,665,430	\$21,563,700	\$21,367,996	(\$195,704)

Division Management

The Director provides oversight and assures that services are mission-directed. Division administration provides policy direction for the division and participates in policy development for the Department. It 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 2003: 5.25 FTE FY 2004: 5.00 FTE

School-Based Health Centers

The SBHC Program provides preventive and primary health and mental health care, education, and referrals to under-served children and adolescents. It offers confidential, accessible, and age-appropriate healthcare designed to keep students healthy and ready to learn; promotes healthy lifestyle choices; and encourages students to take responsibility for their health. Services include physical exams, immunizations, diagnosis and treatment of illness/injury, reproductive healthcare, 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 2003: 49.48 FTE FY 2004: 46.33 FTE

Field Teams

Field Teams work to promote wellness, with an emphasis on early childhood. Services include home visits, coordination with community health providers, groups, classes, and health promotion activities. 7,700 parents and children are served annually, with priority to teen parents, first-time parents, premature infants, children with special healthcare needs, and high-risk families. State Healthy Start services for first-time parents were implemented in FY 03. Increased Medicaid revenue is projected, requiring some limitation of service to non-OHP families and/or reduction of activities. Loss of community health nurse and health specialist positions will decrease the number of families served.

FY 2003: 106.85 FTE FY 2004: 94.13 FTE

Connections

Connections provides intake, assessment, referral, and support services to teens giving birth in the County. It has three primary elements: assessment and referral; 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 2003: 1.60 FTE FY 2004: 0.80 FTE

Neighborhood Health Access Sites

This unit provides preventive healthcare and collaborates with community providers. Sites include Parkrose, Rockwood, and Gateway offering immunizations, reproductive health programs, pregnancy testing, well-child healthcare, WIC, STD screening, childhood lead screening, HIV counseling & testing, tuberculin testing, health triage, and referral. Exams are given to children admitted into the Children's Receiving Center and Children's Assessment Service at the Gateway Children's Center.

FY 2003: 15.80 FTE FY 2004: 11.20 FTE

**Community
Capacitation
Center**

The CCC seeks to improve the health of under-served communities through the training and support of Community Health Workers (CHW's). We provide professional development, networking opportunities, and training based on Popular Education. For CHW programs, we provide technical assistance and resources. In addition, we educate a wide variety of groups in Popular Education methodology and help to develop leadership skills. In coalition with community partners, we administer *Poder es Salud/Power for Health*, a 3-year project funded by the Centers for Disease Control and Prevention.

FY 2003: 2.50 FTE FY 2004: 3.20 FTE

WIC

The federally-funded WIC program promotes healthy families through nutrition education, supplemental foods, and community networking. The County program assesses eligibility and provides education, vouchers for specially chosen supplemental foods, referral to healthcare, and breastfeeding support. WIC is a prevention-oriented program that works 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. The General Funds which were eliminated will be backfilled by funds from the Temporary Personal Income Tax if it passes.

FY 2003: 35.81 FTE FY 2004: 38.47 FTE

**Breast and
Cervical
Health
Program**

This program raises the number of women who get 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. It 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 community healthcare agencies, mammography sites, and laboratories.

FY 2003: 2.55 FTE FY 2004: 2.85 FTE

<u>Costs by Program</u>	2001-02	2002-03	2003-04	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$0	\$526,373	\$542,557	\$16,184
School Based Health Centers	4,860,863	4,451,796	4,675,057	223,261
STARS	447,551	403,486	0	(403,486)
Field Teams	7,656,973	11,143,194	11,000,736	(142,458)
Teen Connections	522,827	559,976	411,583	(148,393)
Neighborhood Health Access	1,951,294	1,537,237	1,154,183	(383,054)
Capacitation Center	99,891	114,084	554,333	440,249
WIC	2,721,896	2,516,658	2,623,073	106,415
Breast & Cervical Cancer Program	<u>307,474</u>	<u>310,896</u>	<u>406,474</u>	<u>95,578</u>
Total Costs	\$18,568,769	\$21,563,700	\$21,367,996	(\$195,704)

Corrections Health Division

Incarcerated individuals are provided care by the County under legal statutes, because the Oregon Health Plan and insurance carriers do not cover the cost of health care. As a result, financial responsibility falls on the County's General Fund.

Accredited by the National Commission on Correctional Health Care, this Division provides acute and chronic medical, mental health, and dental care to 43,000 incarcerated adults and juveniles. This population has a high incidence of health problems; the challenge is to provide services to clients who suffer from substance abuse and/or mental illness, who may have limited access to care.

Healthcare is provided to all inmates. Services include disease screening; assessment, triage, and treatment; emergency response; and health education. Clinical Services address the need for detection and management of diseases, prenatal care, and substance abuse detoxification. Many clients have chronic conditions that require stabilization while in custody. Access to care begins at booking, when problems are identified and a plan of care is developed. Corrections Health also provides mental health care, as mandated by Federal and State law, and is responsible for suicide prevention, crisis intervention, and identification and treatment of mental illness. Activities include coordination with Courts for involuntary commitments; referrals, patient advocacy, and liaison between courts, mental health centers, families, and client attorneys; medication management; and counseling and referral for substance abuse. One of most important functions performed is community linkage upon release.

Action Plans:

- Continue restructuring the intake screening, TB/CD screening, and physical exam processes for increased efficiency, better identification of acute problems, and to provide coordinated care planning.
- Modify procedures for triage and physical assessment of the non-emergency requests from inmates for healthcare, to increase efficiency.
- System-wide, evaluate 2003 program to centralize pharmacy services.
- Revise policies and procedures to conform to the revised National Commission Accreditation Standards, for an on-site survey in Fall 2004.

Significant Budget Changes:

Proposed cuts to staff, health, and mental health services provided by this division will be restored in the event that the Temporary Personal Income Tax measure passes.

FY 2003: 110.30 FTE FY 2004: 98.00 FTE

Corrections Health	2001-02	2002-03	2002-03	2003-04	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	103.26	110.30	110.30	98.00	(12.30)
Personal Services	\$9,588,503	8,464,587	\$9,209,419	\$9,561,156	\$351,737
Contractual Services	1,695,280	1,702,465	1,400,000	1,400,000	0
Materials & Supplies	2,585,458	1,828,512	2,005,103	1,458,186	(546,917)
Capital Outlay	<u>21,270</u>	<u>0</u>	<u>0</u>	<u>15,000</u>	<u>15,000</u>
Total Costs	\$13,890,511	11,995,564	\$12,614,522	\$12,434,342	(\$180,180)

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: 100.20 FTE FY 2003: 88.20 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. The program is responsible for suicide risk-identification and prevention; medication management, crisis intervention; and identification and treatment of acute and chronic mentally illness. 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 DA's office, 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 and health coverage are changing.

FY 2002: 10.10 FTE FY 2003: 9.80 FTE

<u>Costs by Program</u>	<u>2001-02 Actual</u>	<u>2002-03 Adopted Budget</u>	<u>2003-04 Adopted Budget</u>	<u>Difference</u>
Clinic Services	\$12,878,274	\$10,945,467	\$10,909,741	(\$35,726)
Mental Health Services	1,012,237	1,669,055	1,524,601	(144,454)
Total Costs	\$13,890,511	\$12,614,522	\$12,434,342	(\$180,180)

Dental Services

This Division improves the oral health of County residents by facilitating and advocating the dental services for those who are low-income and/or underserved. Programs also provide preventive dental services (targeted for children), and monitor the prevalence of oral disease among residents.

- An estimated 250,000 residents have limited access to dental care.
- 36% of Multnomah County schoolchildren have untreated tooth decay (compared to a statewide average of 24%).
- 41% of Hispanic children in Oregon have untreated tooth decay (compared to 20% of white children).

Action Plans:

- Seek grant funding to support increased access to dental services.
- Increase partnerships with area dental training institutions to increase student rotations into clinics.
- Monitor the impact of Oregon Health Plan changes on access to dental care for Medicaid recipients. Take action to respond to those changes.
- Seek partnerships with area stakeholders to address the issue of access to dental care for the growing uninsured population.

Significant Budget Changes:

- With the implementation of OHP2 in March of 2003, about 40,000 County residents lost dental insurance. Closure of the Neighborhood Health Center and FY 03 midyear rebalance cuts to the Dental Access Program have also significantly limited access for uninsured clients.
- The FY 03 rebalance resulted in elimination of the Rockwood Dental Van and reduction of the Dental Access Program. This reduces access for low-income, uninsured, and Hispanic children and adults.
- The Division received two new grants, increasing clinical access to care for uninsured pregnant women and children under 2 years of age.
- General Fund cuts for school and community dental programs will be partially backfilled by the Temporary Personal Income Tax.

FY 2003: 68.40 FTE FY 2004: 73.35 FTE

Dental Services	2001-02	2002-03	2002-03	2003-04	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	59.97	68.40	68.40	73.35	4.95
Personal Services	\$3,817,722	4,301,218	\$4,732,842	\$5,511,357	\$778,515
Contractual Services	1,785,550	1,671,627	1,668,580	1,547,938	(120,642)
Materials & Supplies	1,237,547	1,068,752	1,285,702	1,615,028	329,326
Capital Outlay	0	0	0	0	0
Total Costs	\$6,840,819	7,041,597	\$7,687,124	\$8,674,323	\$987,199

Division Management

This unit monitors dental health and coordinates the community’s dental needs with its resources. It acts as a resource for oral health information, monitors the prevalence of oral disease, facilitates the delivery of dental care to at-risk populations, and provides oversight to Division programs. Activities include the development of policies, quality assurance, program development, budget administration, personnel management, clinic administration and client relations, and liaison efforts with private and public sector dental resources.

FY 2003: 1.50 FTE FY 2004: 1.50 FTE

School and Community Dental Service

This program improves the oral health of children and other at-risk county residents. It provides preventive dental services to students in elementary and middle schools through oral screenings, oral wellness education, fluoride supplements, and dental sealants.

FY 2003: 10.00 FTE FY 2004: 9.35 FTE

Dental Clinics

The Clinics reduce the level of dental disease in low-income residents. They participate with community partners to offer routine and urgent dental care (including diagnostic, preventive, and restorative services) for children and adults enrolled in MultiCare DCO and for uninsured clients. These services help address the lack of dental care for low-income and uninsured County residents.

FY 2003: 46.30 FTE FY 2004: 54.30 FTE

MultiCare Dental

MultiCare is responsible for services to plan-enrolled clients under the Oregon Health Plan. It has about 20,000 enrollees, who represent approximately 20% of those eligible in the county. MultiCare Dental is responsible for marketing, member relations, quality assurance, and coordination of benefits for the DCO.

FY 2003: 8.80 FTE FY 2004: 7.40 FTE

Dental Access Program

This program is a model project that serves as a clearinghouse for dental access problems for uninsured and low-income residents. It addresses the lack of adequate dental care for an estimated 250,000 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.

FY 2003: 1.80 FTE FY 2004: 0.80 FTE

<u>Costs by Program</u>	2001-02	2002-03	2003-04	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$169,408	\$518,598	\$513,118	(\$5,480)
School & Community Dental Services	4,302	789,729	821,928	32,199
Dental Clinics	5,892,941	4,292,540	5,564,487	1,271,947
MultiCare Dental	713,465	1,842,527	1,728,697	(113,830)
Dental Access Program	<u>60,703</u>	<u>243,730</u>	<u>46,093</u>	<u>(197,637)</u>
Total Costs	\$6,840,819	\$7,687,124	\$8,674,323	\$987,199

Primary Care Clinics

Primary Care clinics provide basic medical services, including prevention, diagnosis, and treatment. Services include family planning, 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.

In November 2002, the Clinics were re-accredited for 3 years by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which measures the quality of clinical, fiscal, and administrative systems in healthcare organizations.

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

For FY 02, Primary Care provider teams served 27,725 clients, resulting in 122,000 visits. Of these client visits, 54% required interpreters, 61% were minorities, 32% were age 18 or younger, 66% were female, 66% were insured, and 34% were uninsured. The demand for services to uninsured, underinsured, and other vulnerable citizens continues to increase.

Action Plans:

- Target recruitment efforts at bilingual, bicultural clinical support staff who understand the mission of providing culturally competent, high quality medical services for County residents
- Continue to explore innovative delivery models that will reduce cost and increase access

Significant Budget Changes:

Over the past year there has been a reduction in General Fund used to support the care of the uninsured. The situation has been exacerbated by recent changes in the Oregon Health Plan which increase the numbers of individuals without insurance. The Personal Income Tax provides \$990,000 to support care for the uninsured.

FY 2003: 251.08 FTE FY 2004: 252.87 FTE

<u>Primary Care</u>		2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	209.35	251.08	251.08	252.87	1.79
Personal Services	\$19,940,993	17,031,120	\$18,478,646	\$19,544,366	\$1,065,720
Contractual Services	1,346,203	1,469,048	1,483,637	1,878,209	394,572
Materials & Supplies	8,468,236	4,571,545	4,640,613	6,081,071	1,440,458
Capital Outlay	0	0	74,920	0	(74,920)
Total Costs	\$29,755,432	23,071,713	\$24,677,816	\$27,503,646	\$2,825,830

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 2003: 6.70 FTE FY 2004: 6.30 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 2003: 5.20 FTE FY 2004: 4.85 FTE

Primary Care Clinics

Primary Care clinics provide basic medical services, including prevention, diagnosis, and treatment. Services include family planning, 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.

The seven Primary Care clinics are spread throughout the County. In most locations they are in the same buildings as other Health Department and County offices, thus facilitating referrals from and to other Department and County service providers, as needed.

FY 2003: 226.00 FTE FY 2004: 241.72 FTE

<u>Costs by Program</u>	2001-02	2002-03	2003-04	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$893,601	\$832,984	\$744,791	(\$88,193)
Medical Director	28,769	906,800	794,442	(112,358)
Primary Care Clinics	28,832,383	22,938,032	25,964,413	3,026,381
Linkage	<u>679</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$29,755,432	\$24,677,816	\$27,503,646	\$2,825,830

Clinical Support Services

This division provides the diagnostic, pharmaceutical, and ancillary services required to meet the health needs of the Department’s clients. It is responsible for the operation of laboratory, pharmacy, X-ray, language, and information and referral services, as well as medical 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:

- Restructure of Information & Referral unit to reflect changes in staffing.
- Expand utilization of Patient Assistance Programs for pharmaceuticals.
- Enhance management training to mitigate the effect of loss of Fiscal Specialist for the Division.

Significant Budget Changes:

- Loss of 5.1 FTE in Information and Referral, which will eliminate some services to clients and change others
- Loss of 1.0 FTE Fiscal Specialist for Division Administration fiscal duties
- Loss of 1.0 FTE Laboratory Technician and 0.5 FTE OAI support for Laboratory
- Decrease in Pharmacist FTE and increase in Pharmacy Technicians FTE (budget-neutral)

FY 2003: 49.73 FTE FY 2004: 44.28 FTE

<u>Support Services</u>	2001-02	2002-03	2002-03	2003-04	
Budget Trends	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	43.69	49.73	49.73	44.28	(5.45)
Personal Services	\$608,230	3,463,511	\$3,673,343	\$3,523,389	(\$149,954)
Contractual Services	117,604	328,482	452,437	181,010	(271,427)
Materials & Supplies	121,063	3,795,817	4,977,286	4,857,754	(119,532)
Capital Outlay	0	0	0	0	0
Total Costs	\$846,897	7,587,810	\$9,103,066	\$8,562,153	(\$540,913)

Health Department

Clinical Support Services

- Division Management** Management guides the Division in the efficient provision of services by setting output and service goals and by resolving problems.
FY 2003: FTE 2.50 FY 2004: 1.50 FTE
- Pharmacy Services** This unit provides medications and pharmaceutical counseling to clinic clients. It is responsible for supporting medication services in all clinics, and complies with the Oregon State Board of Pharmacy Administrative Rules.
FY 2003: FTE 19.95 FY 2004: 22.35 FTE
- Laboratory Services** This unit has three main focuses: testing clinical specimens from all Health Department clinics; performing health tests (of food-borne illness, lead hazards, and water purity), tests of disease outbreaks in group settings (daycare, group homes, correctional facilities), and activities congruent with bio-terrorism protection; and the licensing and quality assurance of Department clinical labs. It partners with providers such as Oregon Health Division Public Health Lab, Oregon Department of Agriculture, and the Center for Disease Control. It complies with all Federal/State requirements and meets JCAHO standards.
FY 2003: FTE 13.38 FY 2004: 10.63 FTE
- Information and Referral Services** This unit consists of two telephone information programs: I&R, serving county residents, and SafeNet, the statewide Maternal and Child Health hotline. Specialists guide families seeking information and services; respond to inquiries regarding the Department; connect non-English-speaking callers with services; schedule pre-qualification for Financial Assistance Appointments and the OHP; and enter demographics in a statistical reports system.
FY 2003: FTE 10.90 FY 2004: 5.8 FTE
- Medical Records** This unit provides support to Department staff in areas of documentation, coding, confidentiality, release of information, record storage, and security.
FY 2003: FTE 1.00 FY 2004: 2.00 FTE
- Language Services** Conducting over 63,000 non-English-speaking client visits per year in over 30 languages, this unit ensures the delivery of culturally competent interpretation and translation services. Federal law requires Community Health Centers to provide services "in the language and cultural context most appropriate".
FY 2003: FTE 2.00 FY 2004: 2.00 FTE

Costs by Program	2001-02	2002-03	2003-04	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$2,795	\$234,004	\$177,833	(\$56,171)
Pharmacy Services	9	6,447,915	6,559,049	111,134
Laboratory Services	(1)	1,101,217	969,648	(131,569)
Communications	844,094	1,092,016	539,023	(552,993)
Medical Records	0	86,832	156,010	69,178
Language Services	0	141,082	160,590	19,508
Total Costs	\$846,897	\$9,103,066	\$8,562,153	(\$540,913)

Business Services

This Division provides financial, human resources, training, and Medicaid eligibility services to the Department. This budget also includes funding for data processing functions provided by central IT staff

Action Plans:

- Implement new revenue-generation plans.
- Improve financial analysis capability in the Department.
- Increase the number of potential OHP clients who receive services.
- Finish implementing a new practice-management data processing system.
- Ensure that the department is in compliance with HIPAA regulations.

Significant Budget Changes:

- In this budget, the Business Services Division (BSD) will reduce staff in its purchasing, printing/graphic design, accounts payable, legislative liaison, financial management, recruitment, and timekeeping functions.
- It will also reduce the level of services provided by central IT staff.

FY 2003: 61.35 FTE FY 2004: 57.30

Business Services		2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	67.83	61.35	61.35	57.30	(4.05)
Personal Services	\$155,558	4,078,682	\$2,798,471	\$3,664,148	\$865,677
Contractual Services	1,095,157	407,701	509,000	698,300	189,300
Materials & Supplies	(64,982)	3,885,541	3,843,210	4,927,328	1,084,118
Capital Outlay	0	0	13,550	0	(13,550)
Total Costs	\$1,185,733	8,371,924	\$7,164,231	\$9,289,776	\$2,125,545

<p>Division Management</p>	<p>Management provides leadership in budget development and management, financial planning, and accounting. It is also involved in implementation of the Department's new practice-management system, and acts as liaison with IT.</p> <p>FY 2003: 5.50 FTE FY 2004: 3.00 FTE</p>
<p>Grants Management and Accounting</p>	<p>This unit monitors and reports on grants, maximizes revenues, and improves accounting systems in the 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.</p> <p>FY 2003: 3.00 FTE FY 2004: 3.00 FTE</p>
<p>Accounts Payable, Procurement, & Contracting</p>	<p>This unit develops Department contracts. It also pays for goods and services received, and pays claims for services provided by outside medical specialists. It accounts for petty cash, change drawers, checking accounts, and other treasury functions, and processes Department travel and training requests.</p> <p>FY 2003: 11.30 FTE FY 2004: 10.20 FTE</p>
<p>Medical Accounts Receivable</p>	<p>This unit manages collections and billings to public and private insurance plans. It trains and assists clinic staff in fee collection, cash processing, reconciliation, SAP coding, and deposit receipts. It coordinates clinic staff, clients, and insurance companies to ensure maximum collection of revenue, and acts as consultant to staff involved in billing and account management.</p> <p>FY 2003: 9.00 FTE FY 2004: 9.00 FTE</p>
<p>Human Resources</p>	<p>This unit provides services regarding consultation and contract interpretation in 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. It also analyzes positions for classification, language, and FTE requirements; insures compliance with all applicable laws; and coordinates payroll with Department timekeepers. The Training unit identifies training needs and develops programs to meet defined objectives.</p> <p>FY 2003: 13.80 FTE FY 2004: 12.10 FTE</p>
<p>Medicaid/Medicare Eligibility</p>	<p>This unit is dedicated to enrolling eligible residents in insurance plans. It strengthens access to benefits through outreach and screening for the Oregon Health Plan, Medicaid, Medicare, Children's Health Insurance (CHIP) and other plans. Eligibility Specialists target uninsured residents and advocate for access to medical and social services provided by Adult & Family Services, OMAP, and other entities. The Medicaid Unit continues its efforts to reduce barriers to medical benefits, and to increase universal healthcare access.</p> <p>FY 2003: 18.75 FTE FY 2004: 20.00 FTE</p>

Health Department

Business Services

<u>Costs by Program</u>	<u>2001-02</u> <u>Actual</u>	<u>2002-03</u> <u>Adopted</u> <u>Budget</u>	<u>2003-04</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Division Management	\$4,679	(\$569,217)	\$1,884,890	\$2,454,107
Grants Management	(1)	235,576	241,560	5,984
Accounts Payable	44,262	803,137	836,217	33,080
Accounts Receivable	0	603,933	603,928	(5)
Human Resources	5,078	1,322,522	1,122,690	(199,832)
Health Information Systems	212,588	3,550,651	3,127,419	(423,232)
Medicaid/Medicaid Eligibility	<u>919,127</u>	<u>1,217,629</u>	<u>1,473,072</u>	<u>255,443</u>
Total Costs	\$1,185,733	\$7,164,231	\$9,289,776	\$2,125,545