



Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

REVISED

BOARD OF COMMISSIONERS

Ted Wheeler, Chair

501 SE Hawthorne Boulevard, Suite 600
Portland, Or 97214

Phone: (503) 988-3308 FAX (503) 988-3093

Email: mult.chair@co.multnomah.or.us

Maria Rojo de Steffey, Commission Dist. 1

501 SE Hawthorne Boulevard, Suite 600
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MAY 6, 7 & 8, 2008 BOARD MEETINGS FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Executive Session
Pg 2	9:45 a.m. Tuesday Special Meeting
Pg 3	10:00 a.m. Tuesday Health Budget Work Session
Pg 3	1:30 p.m. Tuesday County Human Services Budget Work Session
Pg 3	6:00 p.m. Tuesday Public Budget Hearing
Pg 3	10:00 a.m. Wednesday Wapato Proposal Budget Work Session
Pg 6	10:40 a.m. Thursday Work Session to Discuss Possible Creation of a Fire District in the Warrendale and Dodson Communities
Pg 7	11:10 a.m. Thursday PDC Briefing on Proposed Amendments to Lents Urban Renewal Area
Pg 7	11:40 a.m. Thursday Sustainability Efforts

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Tuesday, May 6, 2008 - 7:30 AM to 9:00 AM
Multnomah Building, Third Floor Conference Room 315
501 SE Hawthorne Boulevard, Portland

LOCAL PUBLIC SAFETY COORDINATING **COUNCIL EXECUTIVE COMMITTEE MEETING**

A quorum or more of the Multnomah County Board of Commissioners may attend the Local Public Safety Coordinating Council Executive Committee meeting. This meeting is open to the public. For further information contact Carol Wessinger at (503) 988-5217.

Tuesday, May 6, 2008 - 9:00 AM
Multnomah Building, First Floor Commissioners Conference Room 112
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

- E-1 The Multnomah County Board of Commissioners will meet in Executive Session Pursuant to ORS 192.660(2)(d),(e) and/or (h). Only Representatives of the News Media and Designated Staff are allowed to attend. News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Session. No Final Decision will be made in the Session. Presented by County Attorney Agnes Sowle. 45 MINUTES REQUESTED.
-

Tuesday, May 6, 2008 - 9:45 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

SPECIAL MEETING

- SP-1 The Multnomah County Board of Commissioners will meet to Consider Authorization of a Loan to Cascadia Behavioral Healthcare, Inc. Any Action by the Board During this Special Meeting will be Ratified at the May 8, 2008 Regular Board Meeting.

Tuesday, May 6, 2008 - 10:00 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-1 Multnomah County 2008-2009 Health and Human Services Budget Work Session. This meeting is open to the public however no public testimony will be taken. 2 HOURS REQUESTED.

- Introductions
- Department of Health and Community Health Council Citizen Budget Advisory Committee Presentations

CABLE PLAYBACK INFO:

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Tuesday, May 6, 2008 - 1:30 PM
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BUDGET WORK SESSION

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- Introductions
- Department of County Human Services and DCHS Citizen Budget Advisory Committee Presentations

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Tuesday, May 6, 2008 - 6:00 PM
Multnomah County East Building, Sharron Kelley Conference Room
600 NE 8th, Gresham

BUDGET HEARING

PH-1 Public Hearing on the 2008-2009 Multnomah County Budget. Testimony is limited to three minutes per person. Fill out a speaker form available in the conference room and turn it into the Board Clerk. The conference room will be open one hour prior to the hearing.

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Wednesday, May 7, 2008 - 10:00 AM
Multnomah Building, Third Floor Conference Room 315
501 SE Hawthorne Boulevard, Portland

BUDGET WORK SESSION

WS-3 Wapato Proposal for 75 Detention Beds and 50 Secure Treatment Beds. This meeting is open to the public however no public testimony will be taken. Presented by Bill Farver, Christine Kirk, Larry Aab, Scott Taylor, Jacquie Weber and Travis Graves. 75 MINUTES REQUESTED.

Thursday, May 8, 2008 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

CONSENT CALENDAR - 9:30 AM
NON-DEPARTMENTAL

- C-1 Appointment of Marcelo Bonta and Mark Fitz to City of Portland/Multnomah County Sustainable Development Commission

DEPARTMENT OF LIBRARY SERVICES

- C-2 Budget Modification LIB-05 Reclassifying a 1.0 FTE Library Position in Support Services Division as Determined by the Class/Comp Unit of Central Human Resources

DEPARTMENT OF COUNTY HUMAN SERVICES

- C-3 Budget Modification DCHS-32 Reclassifying One Administrative Analyst Senior Position to Administrative Services Officer Position in the Aging and Disabilities Services Division, as Determined by Class/Comp Unit of Central Human Resources
- C-4 Budget Modification DCHS-35 Reclassifying a Mental Health Consultant to a Research Evaluation Analyst Senior as Determined by Class/comp Unit of Central Human Resources
- C-5 ORDER Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

DEPARTMENT OF COUNTY MANAGEMENT

- C-6 Budget Modification DCM-14 Reclassifying Positions in Assessment & Taxation, Information Technology and Facilities & Property Management as Determined by the Class/Comp Unit of Central Human Resources

REGULAR AGENDA

PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters. Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

SHERIFF'S OFFICE – 9:30 AM

- R-1 Intergovernmental Revenue Agreement 0709015 with METRO to Provide General Investigative Police Services for Enforcement of METRO Ordinances

DEPARTMENT OF COUNTY HUMAN SERVICES – 9:35 AM

- R-2 Public Hearing to Consider and Approve the 2008-09 Consolidated Plan and the Annual Action Plan for the Community Development Block Grant Program

DEPARTMENT OF COMMUNITY SERVICES – 9:45 AM

- R-3 NOTICE OF INTENT to Submit Grant Application to the Department of Land Conservation and Development for Urban and Rural Reserves
- R-4 RESOLUTION Establishing SE Harris Place as County Road No. 5026
- R-5 RESOLUTION Establishing SE 298th Avenue as County Road No. 5027
- R-6 RESOLUTION Establishing SE 301st Avenue as County Road No. 5028

DEPARTMENT OF COUNTY MANAGEMENT – 9:55 AM

- R-7 Approve Fiscal Year 2008 Supplemental Budget for Submission to Tax Supervising and Conservation Commission
- R-8 RESOLUTION Giving Preliminary Approval of Issuance of Tax-Exempt Revenue Bonds (Pacific Northwest College of Art Project), in One or More Series, in an Amount Not to Exceed \$14,000,000; Authorizing Publication of a Notice of Intent to Issue Revenue Bonds; and Authorizing Execution of a Letter of Intent

DEPARTMENT OF HEALTH – 10:15 AM

- R-9 First Reading of a Proposed ORDINANCE Amending Multnomah County Code §21.406, Ambulance Staffing
- R-10 Presentation of the Building Better Care (Primary Care Renewal) Project. Presented by Vanetta Abdellatif and Susan Kirchoff. 20 MINUTES REQUESTED.

NON-DEPARTMENTAL – 10:40AM

- R-11 Work Session to Discuss the Possible Creation of a Fire District in the Warrendale and Dodson Communities of East Multnomah County. Presented by Jeff Pricher, Fire Chief/Fire Marshal for Cascade Locks and Kristen West. 30 MINUTES REQUESTED.

- R-12 Briefing by Portland Development Commission on Proposed Amendments to Lents Urban Renewal Area. Presented by Keith Witcosky, Representatives of PDC. 30 MINUTES REQUESTED.
- R-13 Briefing on Sustainability Efforts in County Operations. Presented by Kat West, Molly Chidsey, Karol Collymore, Jon Schrotzberger and Richard Swift. 25 MINUTES REQUESTED.
- R-14 Ratification of County Board of Commissioners Action Following May 6, 2008 Special Meeting to Consider Authorization of a Loan to Cascadia Behavioral Healthcare, Inc.

BOARD COMMENT

Opportunity (as time allows) for Commissioners to provide informational comments to Board and public on non-agenda items of interest or to discuss legislative issues.



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MULTNOMAH COUNTY

AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 05/06/08
Agenda Item #: E-1
Est. Start Time: 9:00 AM
Date Submitted: 05/01/08

Agenda Title: Executive Session Pursuant to ORS 192.660(2)(d),(e)and/or(h)

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date: May 6, 2008 **Amount of Time Needed:** 15-55 minutes
Department: Non-Departmental **Division:** County Attorney
Contact(s): Agnes Sowle
Phone: 503 988-3138 **Ext.** 83138 **I/O Address:** 503/500
Presenter(s): Agnes Sowle and Invited Others

General Information

1. What action are you requesting from the Board?

No final decision will be made in the Executive Session.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Only representatives of the news media and designated staff are allowed to attend. Representatives of the news media and all other attendees are specifically directed not to disclose information that is the subject of the Executive Session.

3. Explain the fiscal impact (current year and ongoing).

4. Explain any legal and/or policy issues involved.

ORS 192.660(2)(d),(e)and/or(h)

5. Explain any citizen and/or other government participation that has or will take place.

Required Signature

Elected Official or
Department/
Agency Director:

Date: 05/01/08



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 05/06/08
Agenda Item #: SP-1
Est. Start Time: 9:45 AM
Date Submitted: 5/05/08

Agenda Title: The Multnomah County Board of Commissioners will meet to Consider Authorization of a Loan to Cascadia Behavioral Healthcare, Inc. Any Action by the Board During this Special Meeting will be Ratified at the May 8, 2008
Regular Board Meeting.

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date: May 6, 2008 Amount of Time Needed: 15 mins
Department: Non-Departmental Division: Chair Ted Wheeler
Contact(s): Jana McLellan
Phone: 503-988-5545 Ext. I/O Address: 503/600
Presenter(s): Jana McLellan, Deputy Chief Operating Officer, Jim Scherzinger, Oregon DHS

General Information

1. What action are you requesting from the Board?

Authorization of a loan of funds to Cascadia Behavioral Healthcare, Inc. in a sum not to exceed \$2,500,000 consisting of State funds of \$1,000,000 and County funds not to exceed \$1,500,000.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Multnomah County is the local mental health authority whose responsibility is to provide a mental health system for people in our community. Cascadia Behavioral Health is the largest provider of mental health services in Multnomah County and the State. This loan provides continuity of services and safety for our most vulnerable population while the County and State evaluate appropriate next steps.

This action extends a line of credit of up to \$2.5 million to Cascadia. Multnomah County is the "lender" in the transaction, and will provide \$1.5 million of the total amount, with the State of Oregon contributing the remaining \$1.0 million. Terms of the agreement are still being determined as of May 5, 2008.

3. Explain the fiscal impact (current year and ongoing).

Current fiscal year appropriations are adequate to cover the amount to be lent this year. Repayment in future fiscal years will follow terms yet to be finalized.

4. Explain any legal and/or policy issues involved.

The County Attorney will approve document of the loan and the participation agreement with the State.

5. Explain any citizen and/or other government participation that has or will take place.

Multnomah County is working in partnership with the State of Oregon and local community partners to ensure the mental health system is stable.

Required Signature

Elected Official or
Department/
Agency Director:



Date: 05/05/08

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. _____

Authorizing a Loan to Cascadia Behavioral Healthcare, Inc.

The Multnomah County Board of Commissioners Finds:

- a. Cascadia Behavioral Healthcare, Inc. (Cascadia) provides services and housing to clients with mental illness and chemical addiction, among other services, under contracts with Multnomah County (the County), the State of Oregon and other Oregon counties.
- b. Last month Cascadia advised the County, the State and the other counties that it is experiencing financial difficulties. The County and the State have examined the books and records of Cascadia to determine its financial condition.
- c. The employees of Cascadia provide essential services to the County and the State. The County and the State have determined that it is in the best interests of the County and the State to provide a loan to Cascadia to preserve the infrastructure and capacity of services currently provided to State and County clients by Cascadia employees while the County and the State develop a plan for service delivery going forward.
- d. The State has agreed to participate in providing financial assistance to the County of \$1,000,000 to assist the County to preserve the infrastructure of services currently provided to State and County clients.
- e. It is in the best interests of the County to authorize a loan to Cascadia in an amount not to exceed the \$1,000,000 state funds and an amount of County funds not to exceed \$1,500,000.

The Multnomah County Board of Commissioners Resolves:

1. The County authorizes a loan of funds to Cascadia Behavioral Healthcare, Inc. in a sum not to exceed \$2,500,000 consisting of State funds of \$1,000,000 and County funds not to exceed \$1,500,000. The authorization is contingent on the Chair securing agreement from the State to provide financial assistance to the County in the sum of \$1,000,000 on terms that require repayment of such sum to the State only to the extent collected from Cascadia and not otherwise.
2. The Chair is authorized to make loan advances to Cascadia against the amount of the loan authorized in amounts determined to be appropriate by the Chair in the Chair's discretion.

3. The Chair is authorized to execute documents necessary to complete the agreements with the State and Cascadia.

ADOPTED this 6th day of May 2008.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By _____
John S. Thomas, Deputy County Attorney

SUBMITTED BY:
Chair Ted Wheeler

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON**

RESOLUTION NO. 08-060

Authorizing a Loan to Cascadia Behavioral Healthcare, Inc.

The Multnomah County Board of Commissioners Finds:

- a. Cascadia Behavioral Healthcare, Inc. (Cascadia) provides services and housing to clients with mental illness and chemical addiction, among other services, under contracts with Multnomah County (the County), the State of Oregon and other Oregon counties.
- b. Last month Cascadia advised the County, the State and the other counties that it is experiencing financial difficulties. The County and the State have examined the books and records of Cascadia to determine its financial condition.
- c. The employees of Cascadia provide essential services to the County and the State. The County and the State have determined that it is in the best interests of the County and the State to provide a loan to Cascadia to preserve the infrastructure and capacity of services currently provided to State and County clients by Cascadia employees while the County and the State develop a plan for service delivery going forward.
- d. The State has agreed to participate in providing financial assistance to the County of \$1,000,000 to assist the County to preserve the infrastructure of services currently provided to State and County clients.
- e. It is in the best interests of the County to authorize a loan to Cascadia in an amount not to exceed the \$1,000,000 state funds and an amount of County funds not to exceed \$1,500,000.

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3. The Chair is authorized to execute documents necessary to complete the agreements with the State and Cascadia.

ADOPTED this 6th day of May, 2008; ratified May 8, 2008.

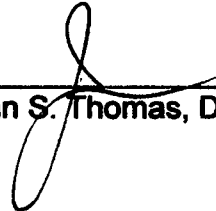


BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
John S. Thomas, Deputy County Attorney

SUBMITTED BY:
Chair Ted Wheeler



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 05/06/08
Agenda Item #: WS-1
Est. Start Time: 10:00 AM
Date Submitted: 04/25/08

Agenda Title: Multnomah County 2008-2009 Health and Human Services Budget Work Session:
Department of Health and Community Health Council Citizen Budget Advisory
Committee Presentations

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date: May 6, 2008 Amount of Time Needed: 2 hours
Department: Division:
Contact(s):
Phone: Ext. I/O Address:
Presenter(s):

General Information

1. What action are you requesting from the Board?
2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.
3. Explain the fiscal impact (current year and ongoing).
4. Explain any legal and/or policy issues involved.
5. Explain any citizen and/or other government participation that has or will take place.

Required Signature

Elected Official or
Department/
Agency Director:

Date:



Multnomah County Community Health Council 2008 Citizen Budget Advisory Committee

Process: The Multnomah County Community Health Council serves as the Health Department's community advisory board and CBAC. It is also the federally-mandated governing body of Multnomah County's Community Health Center. It is an appointed group, including members of the community with an interest in public health, representatives from local health and social service organizations, and most importantly, consumer members who utilize the Health Department's clinical services. One of our most important functions as a Council is to review and monitor Health Department's annual budget.

The Council works closely with the Director and staff of the Health Department, meeting monthly throughout the year to provide community guidance on a wide variety of public health services, programs and policies affecting Multnomah County residents. Additionally, the Council receives quarterly updates regarding the Health Department's finances from the Business Services Director as well as monthly updates on budget issues from the Department Director.

Major Changes: The integration of electronic health records (EHR) into the County's primary care sites in the past year is vital to the sustainability of the County clinics. EHR reduces clinical errors, decreases patient wait times, and increases provider productivity. Most importantly, EHR improves the continuity and quality of patient care. We believe that continued support for the expansion of EHR throughout the County's clinical system will only serve to benefit the County long term. Currently all primary care clinics and the HIV clinic are now equipped with EHR and soon Corrections Health will implement their EHR system. The Council supports the expansion of EHR throughout the Health Department and asks the Board of County Commissioners to sustain this valuable technology.

Recommendations / Concerns: We believe that Multnomah County's most significant priority should be to ensure the health and well-being of all county residents. Adequately funding to sustain the County's current clinical health system is critical in order to do this. The County's primary care clinics are the front line in supporting our most vulnerable neighbors. As the income gap continues to grow, exacerbating health disparities, our County health clinics become an even more indispensable resource for the community at large.

We wholeheartedly support the program offers submitted by the Health Department. The Health Department strives to provide high quality services to the vulnerable populations in a culturally competent and highly effective manner. We sincerely hope the County recognizes the increasing need for quality health care and the importance of adequately funding the Health Department's program offers so that they can continue to provide high quality services. With the growing number of uninsured and underinsured patients rising each year, it is in the County's best interest to fund program offers that highlight prevention and education efforts.

In addition to the clinical services provided by the Health Department, the Council applauds the work done throughout the Health Department around education, prevention, and outreach.

While the Council primarily oversees community health center services, we are kept abreast of other programs, like disease control and surveillance, emergency preparedness, corrections health, and other community based services that benefit everyone residing in Multnomah County. For example, the Health Department's leadership in TOPOFF was widely recognized, both locally and nationally.

We do not want to see the Health Department risk its "federally qualified health center" (FQHC) status and its ability to obtain federal dollars. Federal funding requires that county health centers keep a certain level of care and number of sites within the clinic system. To qualify for federal funding, health centers must maintain (1) a system of care that ensures access to primary and preventive services, and facilitates access to comprehensive health and social services, (2) quality services responsive to the needs and culture of the target community and/or populations, (3) effective clinical and administrative leadership and procedures to guide the provision of services and quality improvement programs and (4) a consumer majority governing Council. The Multnomah Health Department is not currently in danger of losing federal primary care grants, but as the budget cuts deepen, we are concerned about the direction the Department will be forced to take and the impact on our FQHC status. Cutting sites and provider teams will result in lost Medicaid revenue and potentially a loss of federal funding for uninsured care. It is important to understand that cutting provider teams, without cutting building and operating costs, typically results in more revenue lost than costs saved.

We thank the County for continued funding of the school based health centers. These centers, located in schools throughout Multnomah County, are often the only place for children and teens to receive health education and health care services. The redesign of the school based health center model will allow the Health Department to continue providing exceptional care to Multnomah County school aged youth.

Emerging Issues: One important issue not addressed by any of the submitted program offers is the infrastructure (externally and internally) of the County clinics. While some of the clinics have been redesigned and upgraded (North Portland Health Center and East County Health Center) there still are several clinics that are in desperate need of building improvements. Often, the focus is on clinical services provided and little thought is given to the value an aesthetically pleasing, customer centered environment can impact a client's well-being. The clinical service delivery system is currently being redesigned and a strong emphasis is being placed on patient based care.

Patient centered care begins the moment the client walks through the doors of the clinic. The ambience of the clinics can play a big role in how the client feels about the service being provided. Many of the clinics, Mid County Health Center and Northeast Portland Health Center in particular, are in desperate need of funding to update the waiting areas and redesign the check in areas for more patient privacy. The Health Department is currently researching funding opportunities to begin these upgrades and financial support from the Board of County Commissioners is imperative.

In conclusion, we ask the County to keep pressure on the state to uphold its responsibility to find funding solutions. We urge you to advocate as you can with for systemic changes of the state's

health care system. Multnomah County simply cannot continue serving its residents without adequate funding and support from both the state and federal government.

From the Council's perspective, the Department has been a responsible manager of its financial and human resources. Our Council serves as a voice of the community, representing many individuals who directly benefit from the exceptional services currently in place. At our monthly meetings, we hear directly from clients who are continually impressed with the compassion of the health care providers, the technological advances such as Electronic Health Records at the clinics, and the Department's commitment to cultural competence. It is our hope that you will continue to focus on the needs of our community's most vulnerable residents.

Community Health Council Members:

Rob Delf, Chair

Bonnie Malone, Vice Chair

Harold Odhiambo, Secretary/Treasurer

Ruth Duran, Member at Large

Aron Stephens

May – Lynn Chu

Téjara Brown

Sandy Spiegel

Suzanne McKinney

Mauricio Somilleda

Jay Thiemeyer

Donna Sather

Veronica Rodriguez Morales

Sarah Jicha

Joanne Gavin

Suzanne McKinney

Barry Mattern



Multnomah County Health Department

Approved Budget FY 2009
Briefing to the Board of County Commissioners
May 6, 2008

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Assure
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Health Department

Community Health Council – CBAC Recommendations





Health Department

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Public Health
Prevent. Promote. Protect.

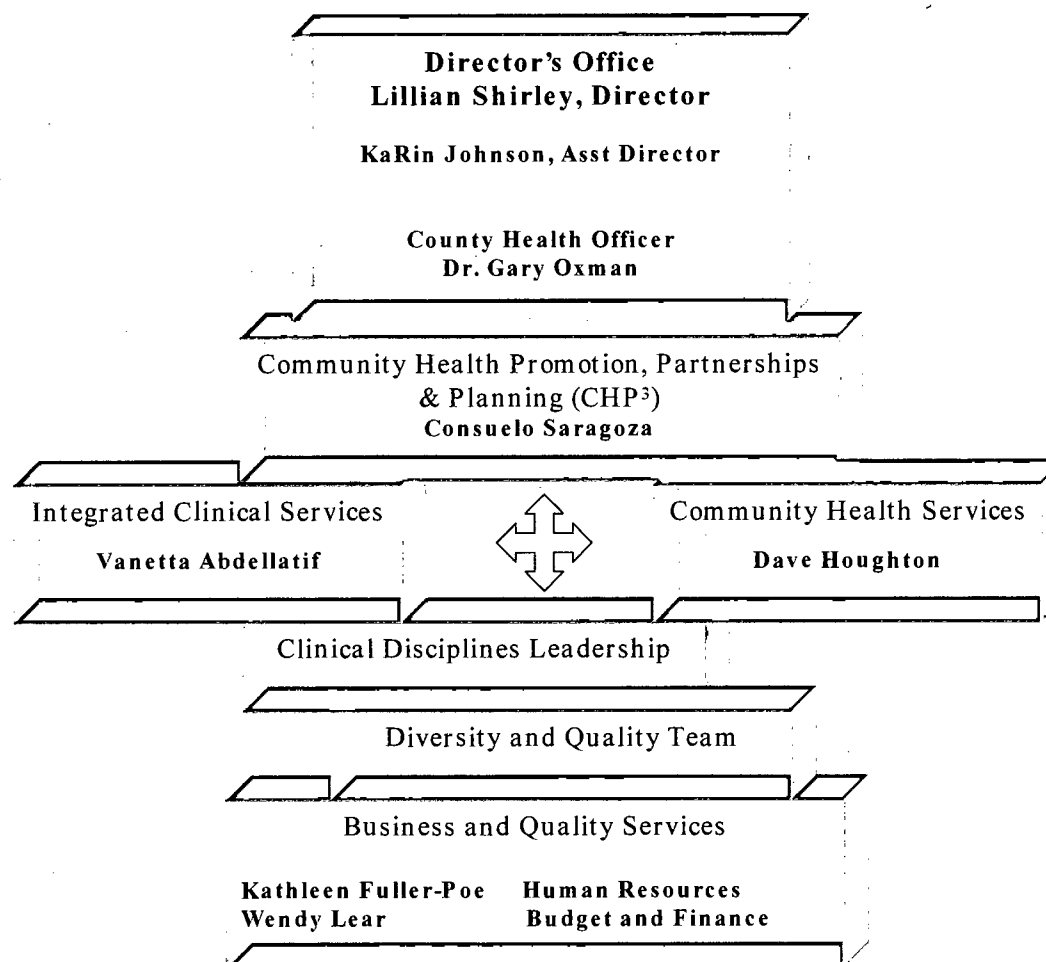
Budget Presentation
May 6, 2008

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Health Department

How We are Organized



Public Health
Prevent. Promote. Protect.

Budget Presentation
May 6, 2008

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The 10 Essential Public Health Services

1. Monitor
2. Diagnose & investigate
3. Inform & Educate
4. Mobilize
5. Develop policies & plans
6. Enforce
7. Link
8. Assure
9. Evaluate
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Health Department

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Public Health
Prevent. Promote. Protect.

Budget Presentation
May 6, 2008

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Health Department

The Principles that Guide our Work: Quality, Disparities, Partnerships

FY2008 Accomplishments

- ☒ Health Equity Initiative
- ☒ TOPOFF
- ☒ Early Childhood



Public Health
Prevent. Promote. Protect.

Budget Presentation
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FY2008 Accomplishments continued...

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- ☑ School Based Health Center Redesign
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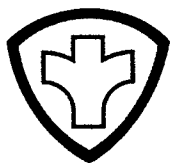




Health Department

FY2008 Accomplishments continued...

- ☒ Health Promotion Framework
- ☒ Smoke-free Housing
- ☒ Building Partnerships Across Difference (BPAD)
- ☒ Succession Planning



Public Health
Prevent. Promote. Protect.

Budget Presentation
May 6, 2008

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Health Department

How We Approached Developing our Budget

- ☑ Budget Retreat-40 participants, including Community Health Council, and other Departments
- ☑ Differential constraint—what we prioritized
- ☑ No new offers “outside” constraint



Public Health
Prevent. Promote. Protect.

Budget Presentation
May 6, 2008

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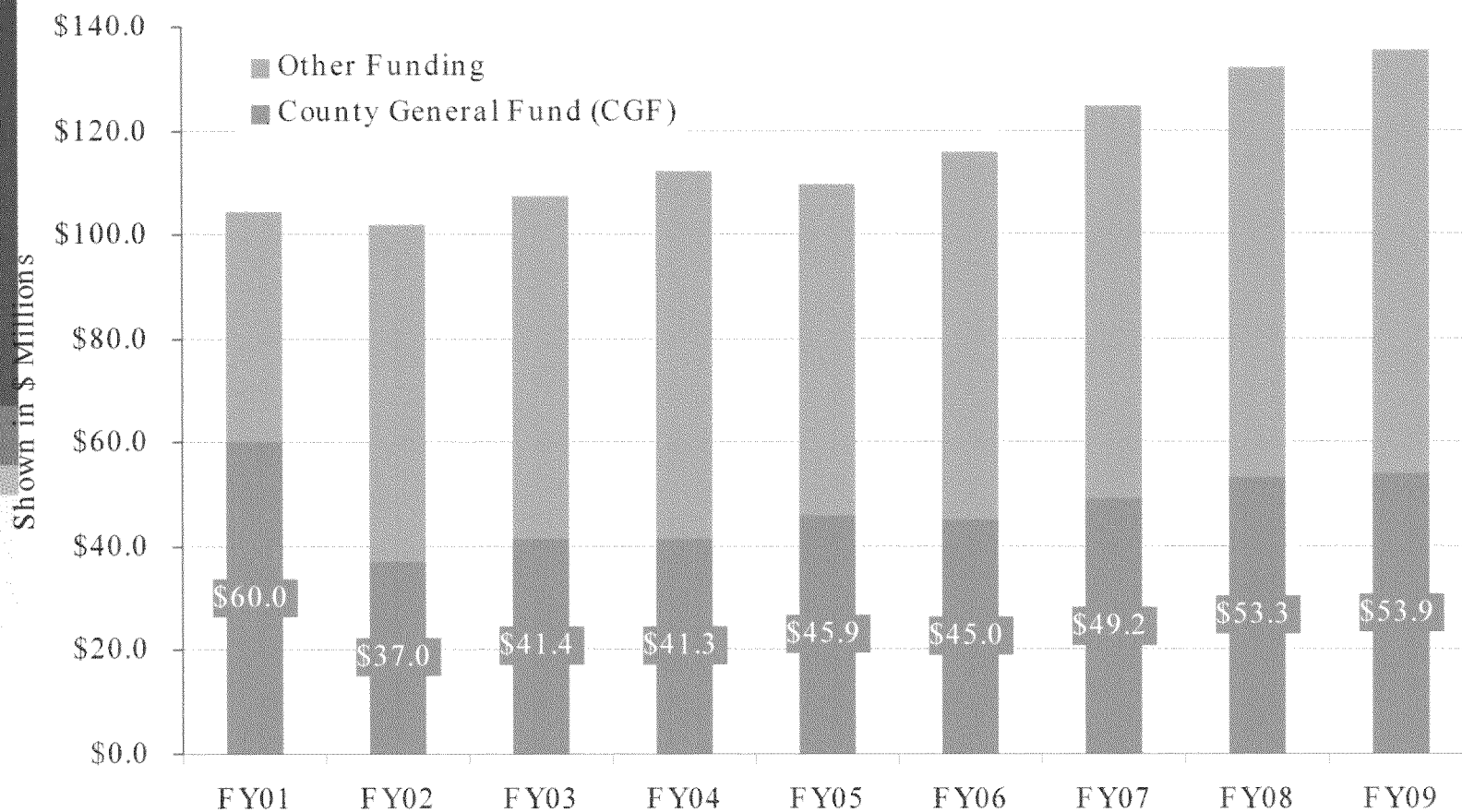
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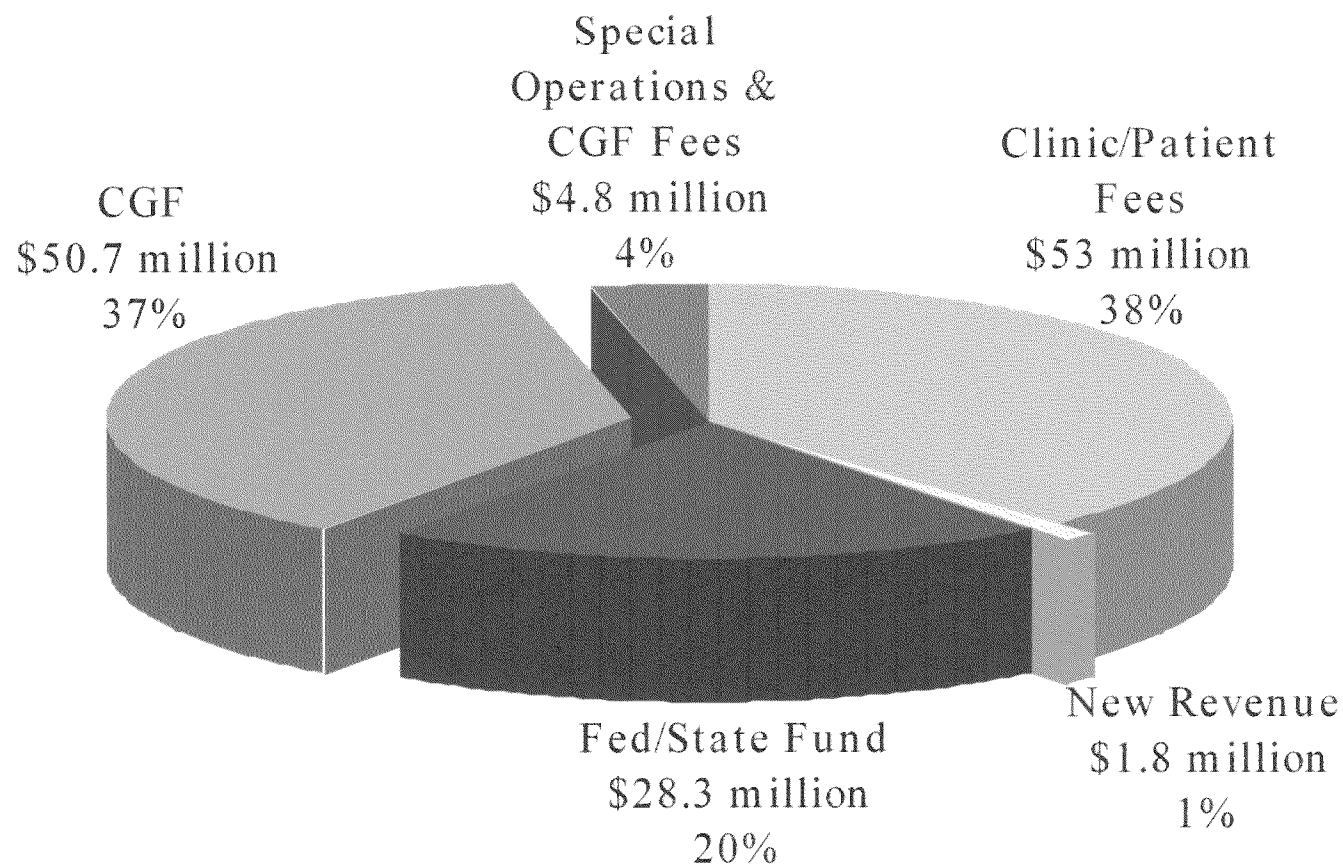


Budget Summary- History

Adopted Budget Comparison



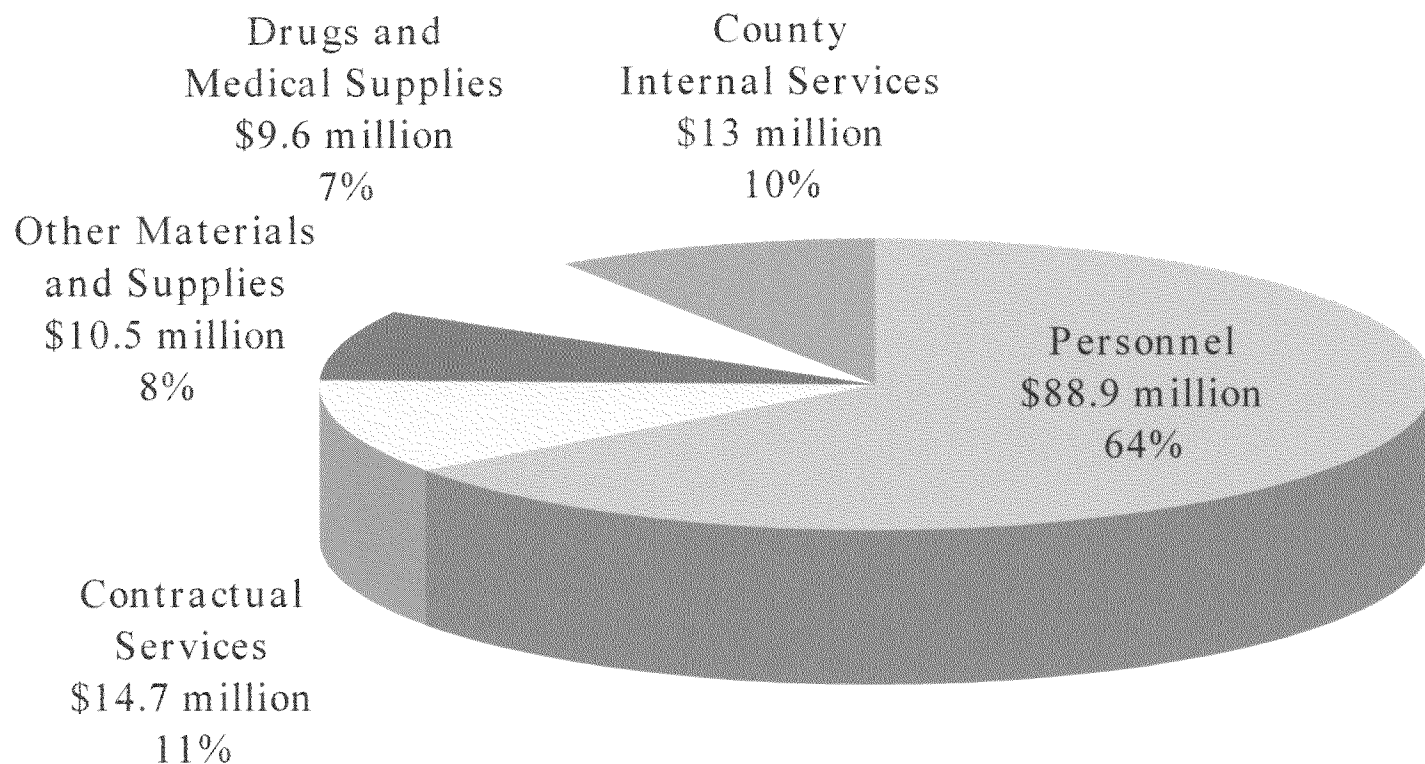
Budget Summary- Revenue



Total \$137 million



Budget Summary- Expenditures

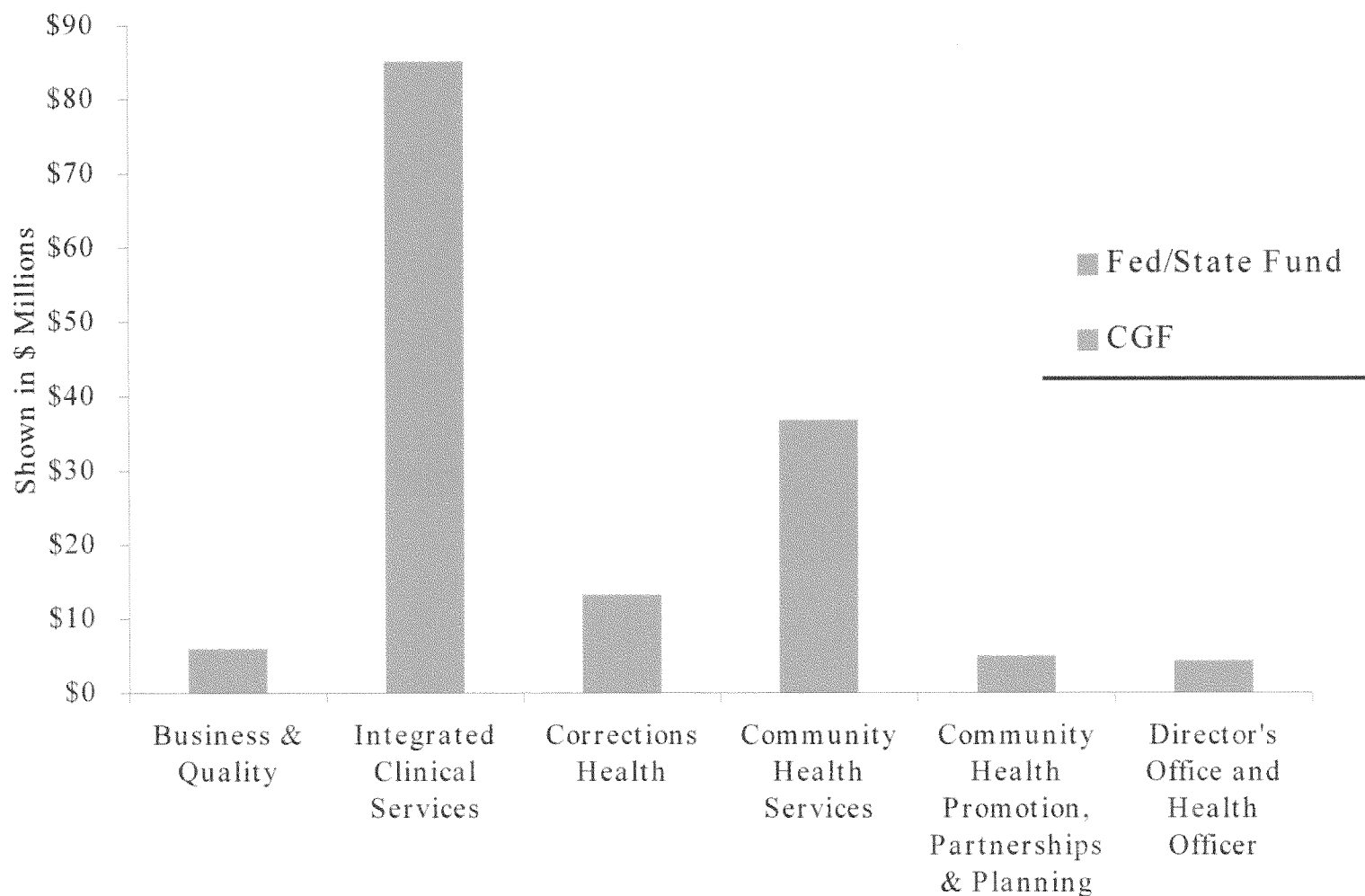


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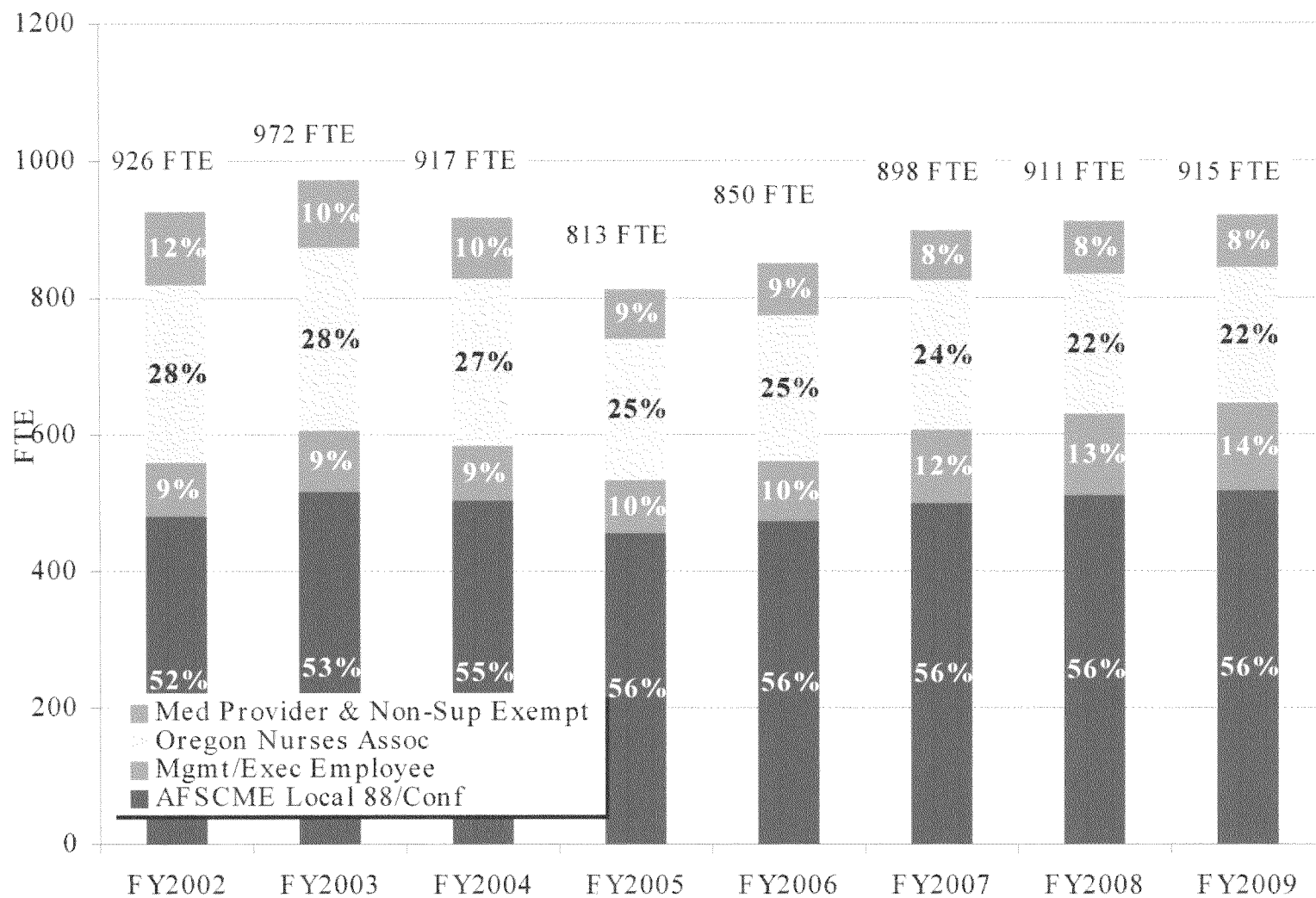
Budget Presentation
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Budget Summary-By Service Area or Program



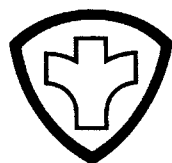
Budget Summary- FTE



Significant Program Changes Tough Choices for FY09

Cost Reductions

School Based Health Center	\$800,000
Medicaid Enrollment	\$234,000 (plus OTO)
Inspection fees	\$200,000
Corrections Health (commensurate with MCSO changes in # of beds)	\$963,656
New Revenue mitigated significant program loss	\$1.7 million



Performance – How Do We Measure It?

- ☑Nationally recognized program design and evaluation services
- ☑Many services with multiple measurements displayed in Program Offers
- ☑Flexibility is key to performance reporting that keeps pace with emerging best practices



Performance Management

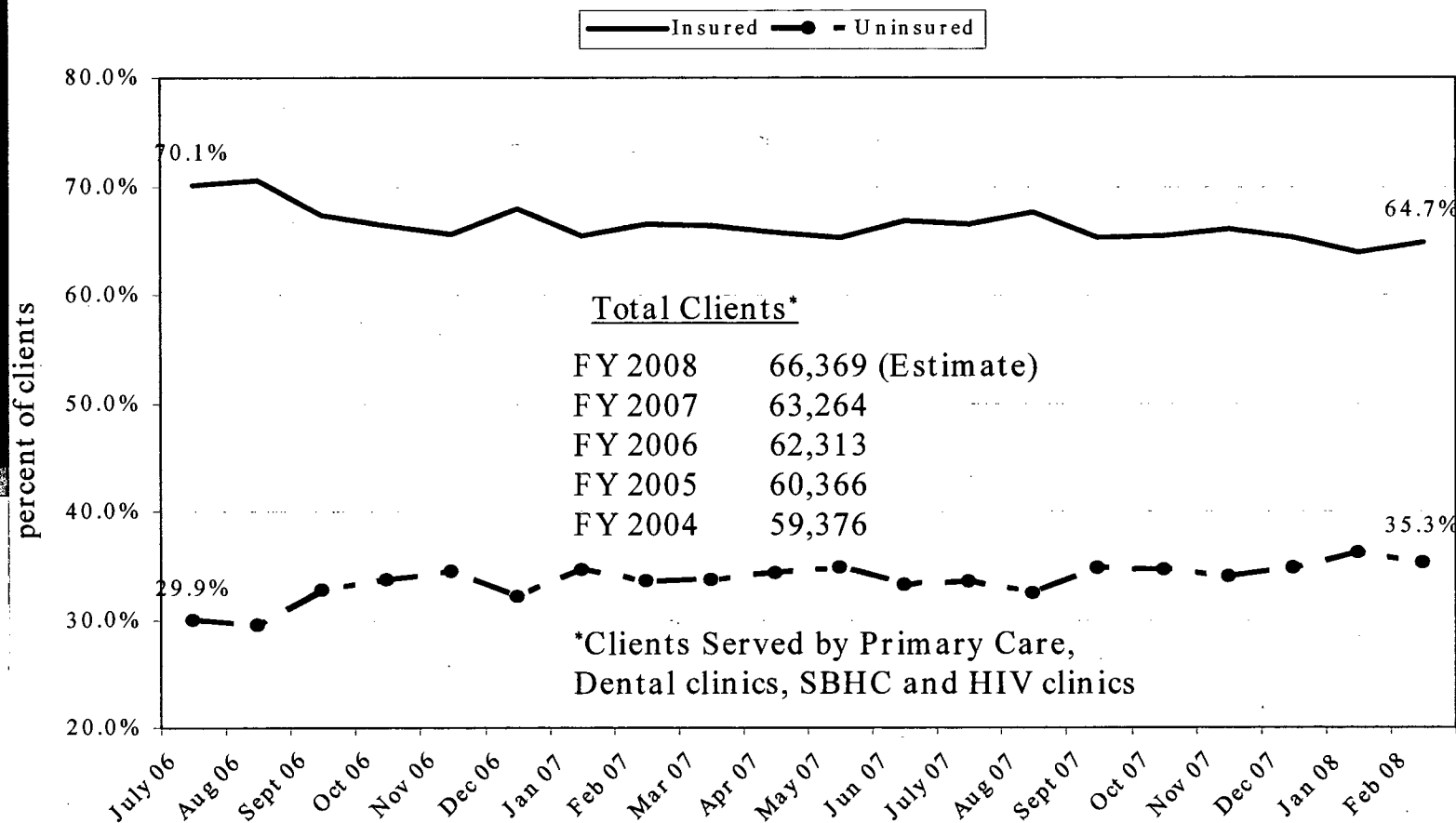
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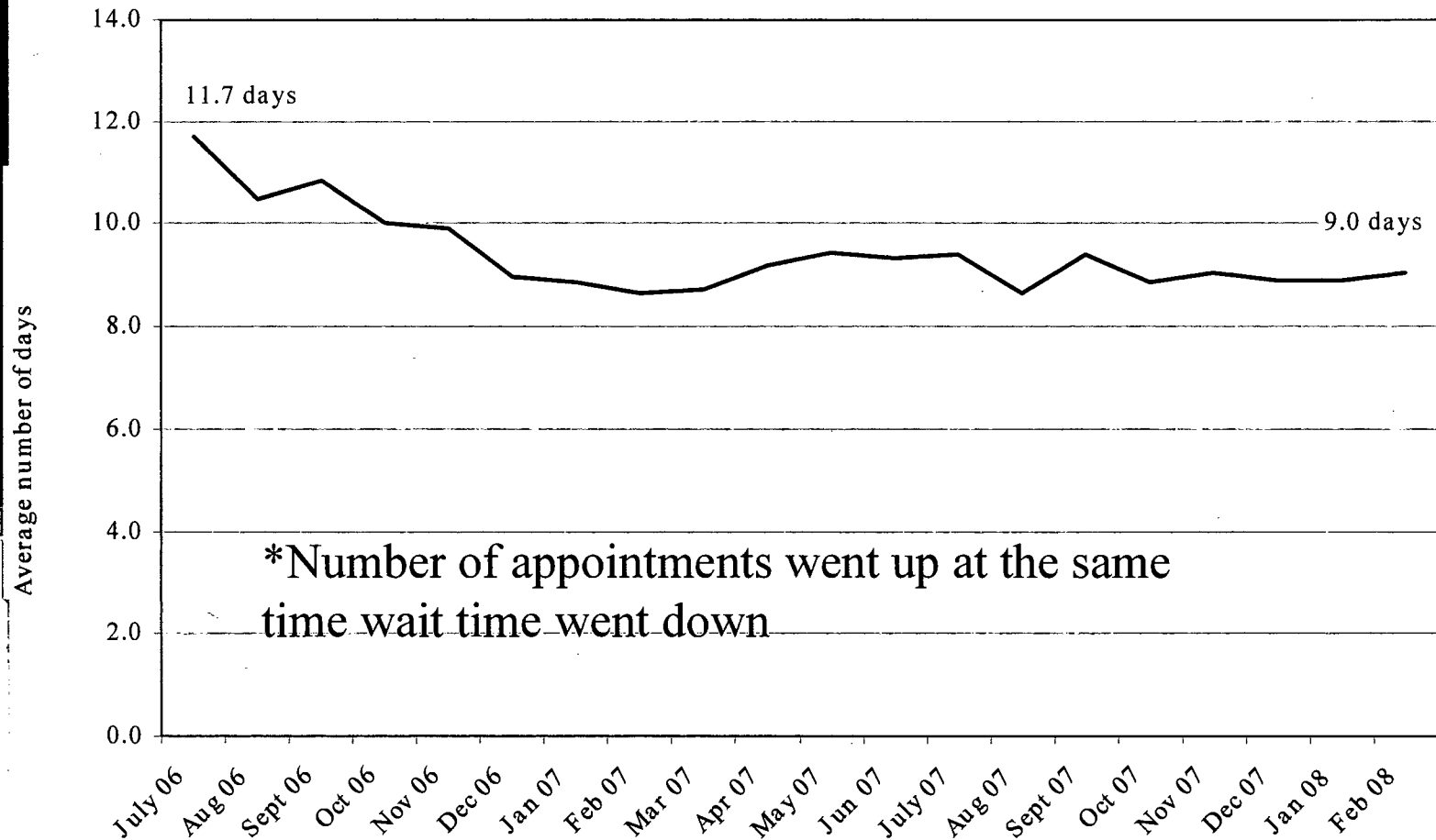
Performance Management

% of clinic clients without insurance



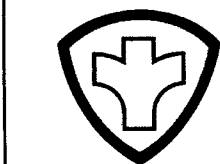
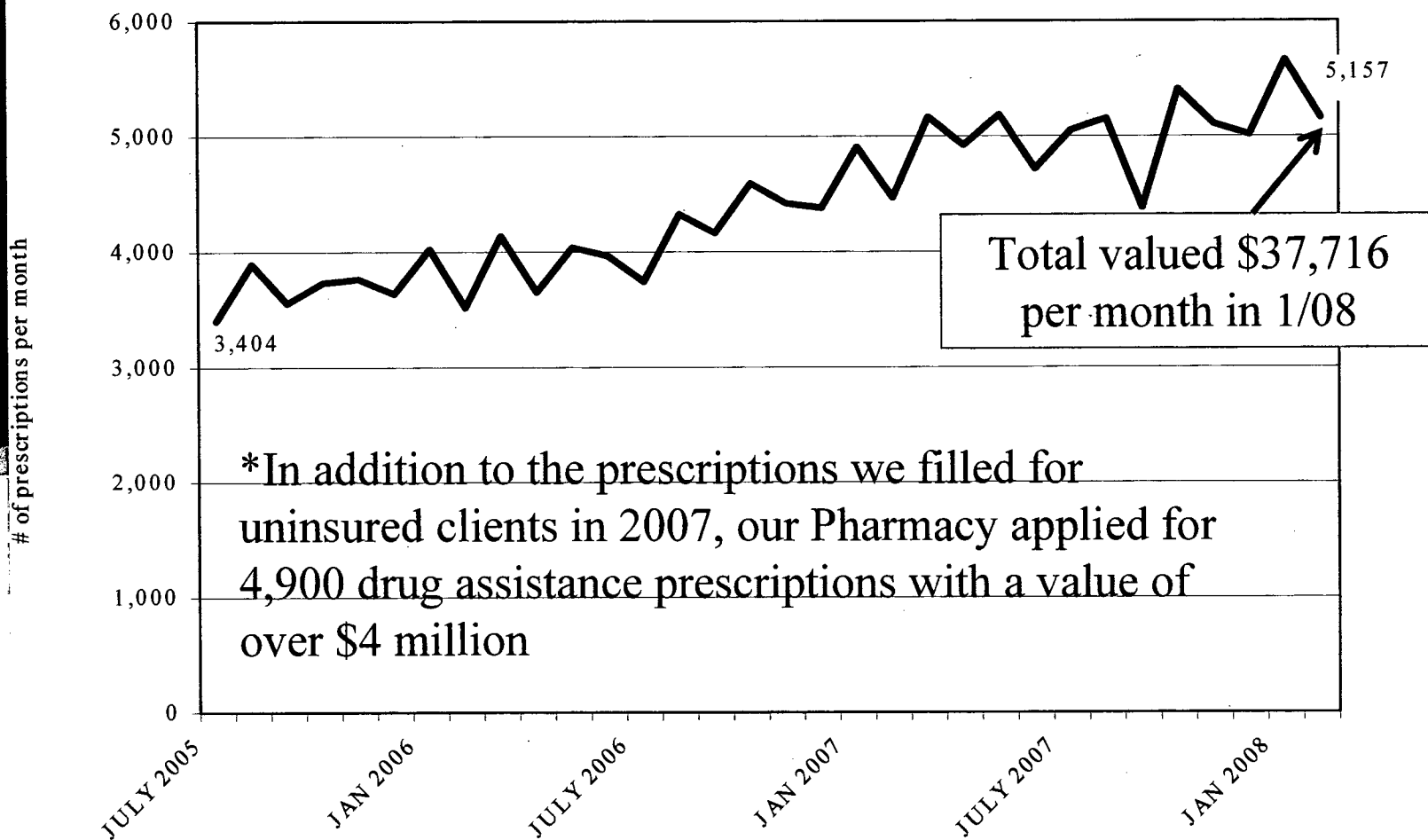
Performance Management

Average Days to Appointment



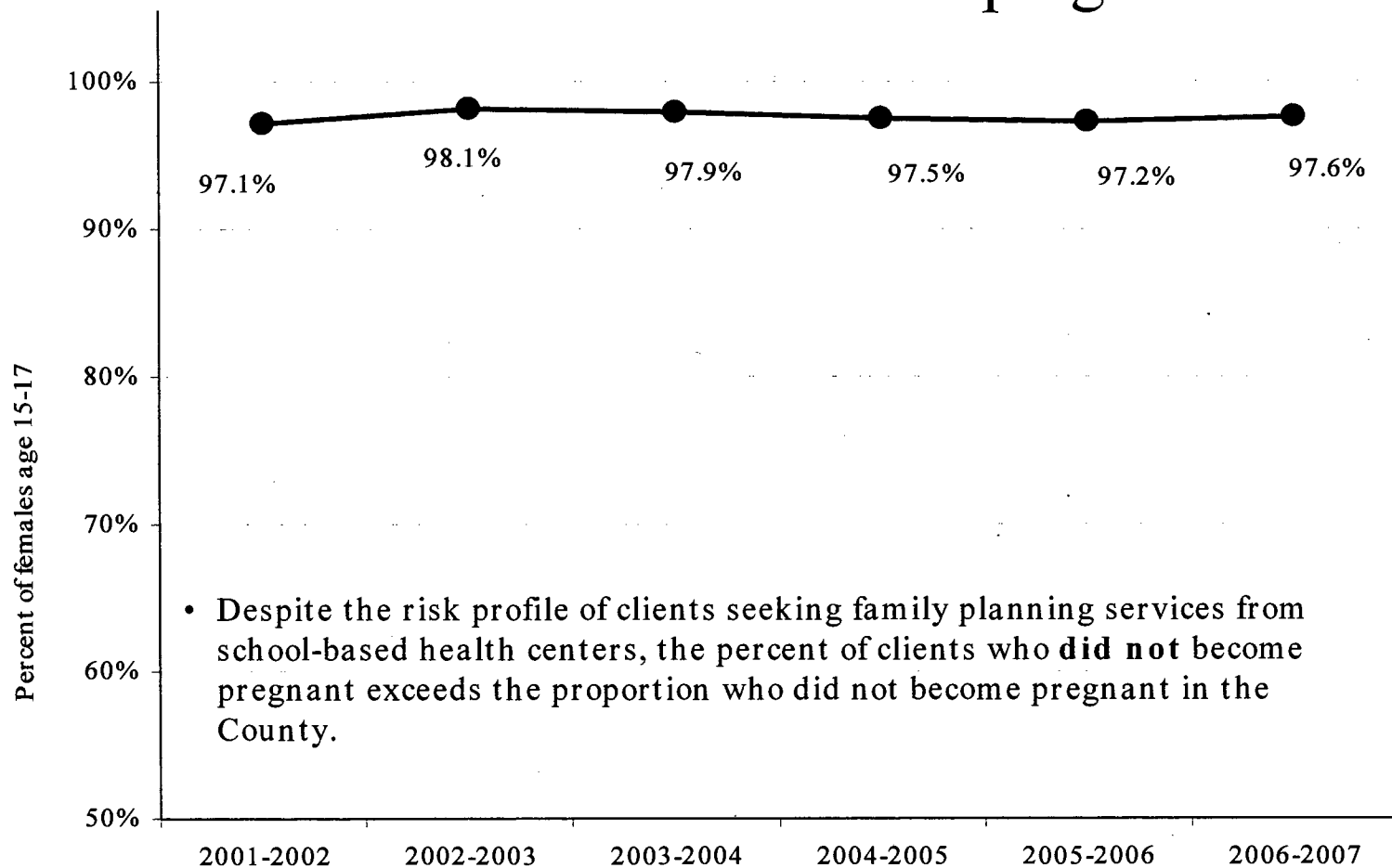
Performance Management

of Pharmacy Rx for uninsured



Performance Management

% of SBHC clients who did not become pregnant

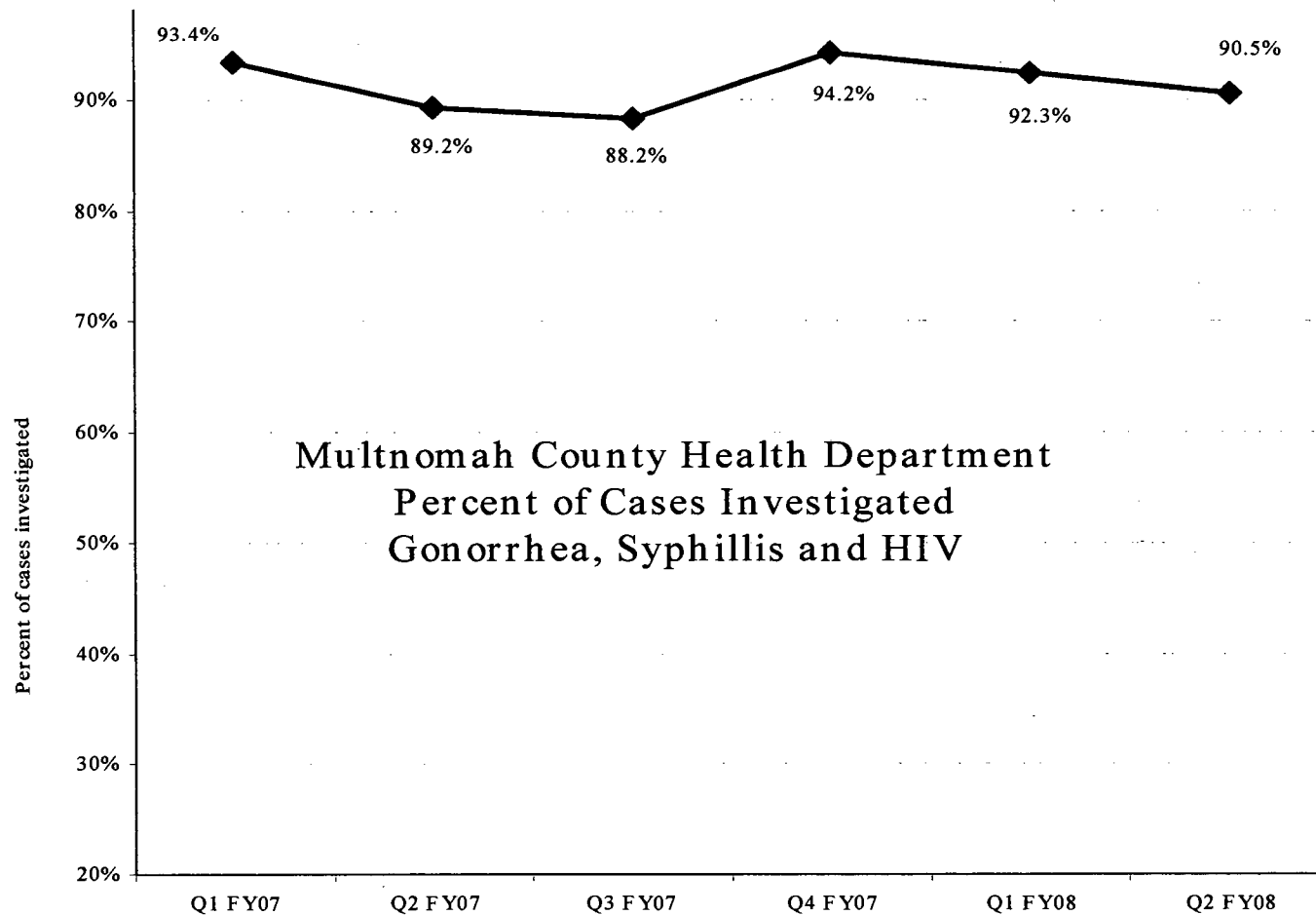


- Despite the risk profile of clients seeking family planning services from school-based health centers, the percent of clients who **did not** become pregnant exceeds the proportion who did not become pregnant in the County.



Performance Management

Disease Investigation



Improving Performance in Tough Times

Quality, Disparities, Partnerships

- ☑ TriCounty Health Officer
- ☑ Healthy Homes
- ☑ Leading Edge Best Practice-HIV
Testing
- ☑ Primary Care Renewal Collaboration



State and Federal Impacts What We Know...

Medicaid Changes

- Audits and Strict Interpretations
- Targeted Case Management
- FPEP

Medically Needy Designation

↑ Accountability ≠ ↑ Productivity



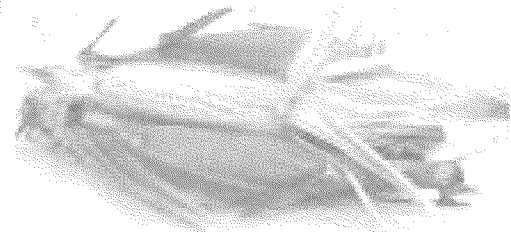
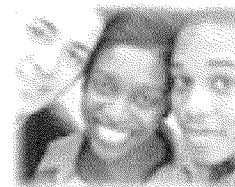
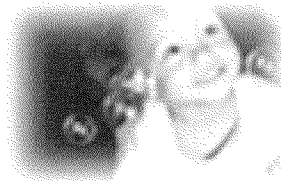
Challenges and Opportunities

- Available Food Source
- Nutrition in Schools
- Menu Labeling
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- Healthy Active Living
- Environmental Changes
- Financing
- Workforce



Focus on the Future

- Equity
- Water
- Corn





MULTNOMAH
COUNTY

Health Department

Questions?



Public Health
Prevent. Promote. Protect.

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Multnomah County Health Department

Approved Budget FY 2009
Briefing to the Board of County Commissioners
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Health Department

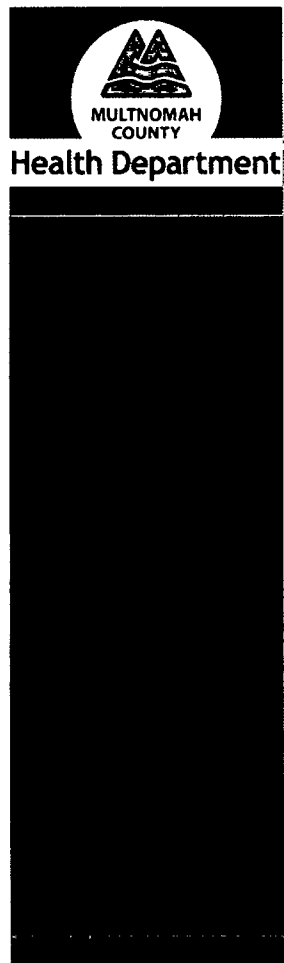
Community Health Council – CBAC Recommendations



Public Health
Prevent. Promote. Protect.

Budget Presentation
May 6, 2008

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How We are Organized

Director's Office
Lillian Shirley, Director

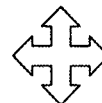
KaRin Johnson, Asst Director

County Health Officer
Dr. Gary Oxman

**Community Health Promotion, Partnerships
& Planning (CHP³)**
Consuelo Saragoza

Integrated Clinical Services

Vanetta Abdellatif



Community Health Services

Dave Houghton

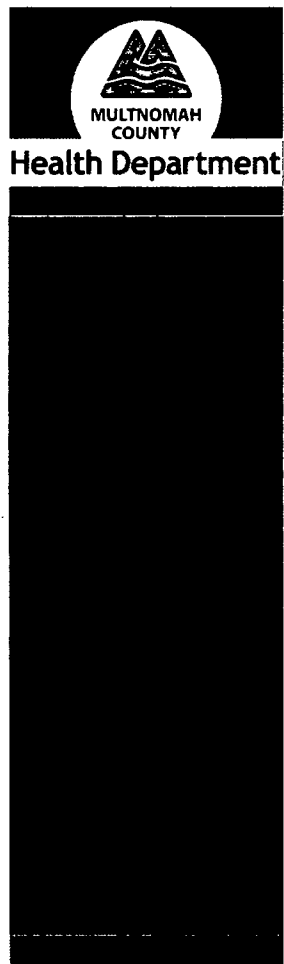
Clinical Disciplines Leadership

Diversity and Quality Team

Business and Quality Services

Kathleen Fuller-Poe Human Resources
Wendy Lear Budget and Finance





The 10 Essential Public Health Services

- | | |
|-----------------------------|--------------|
| 1. Monitor | 6. Enforce |
| 2. Diagnose & investigate | 7. Link |
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FY2008 Accomplishments

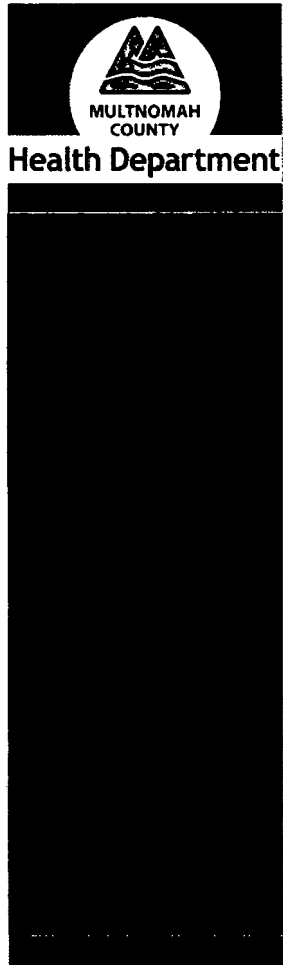
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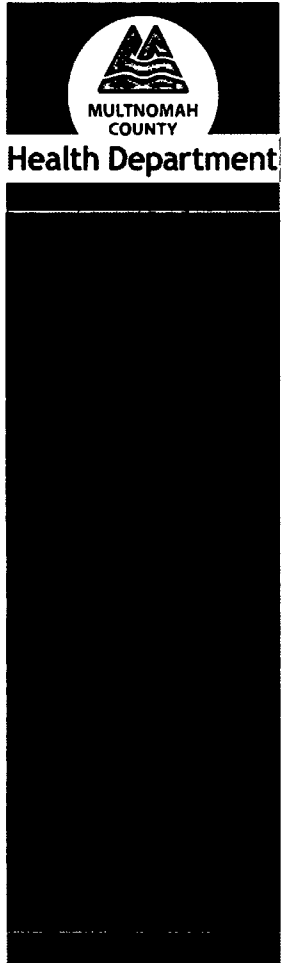
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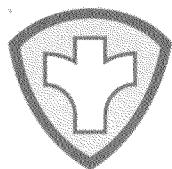
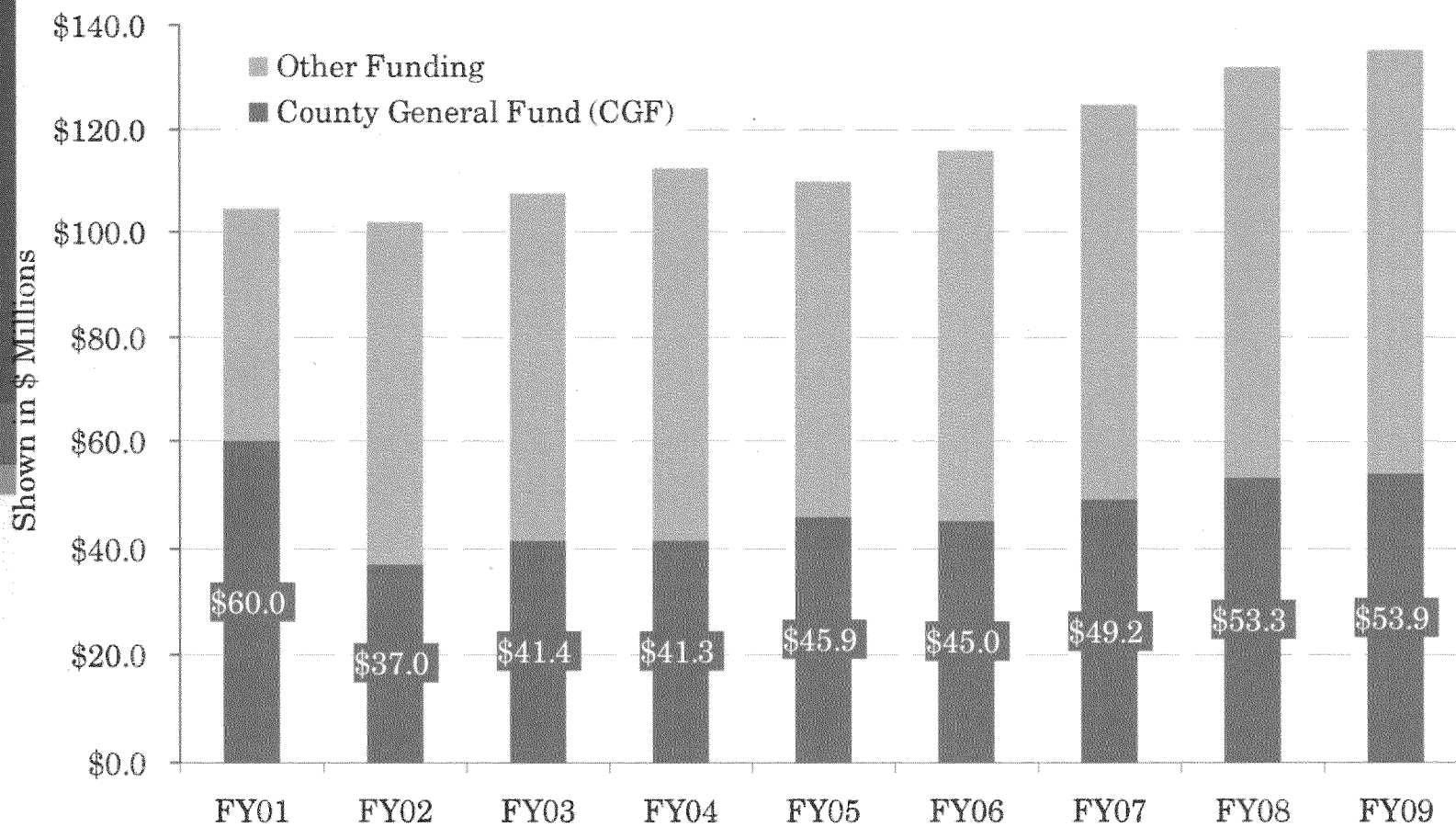
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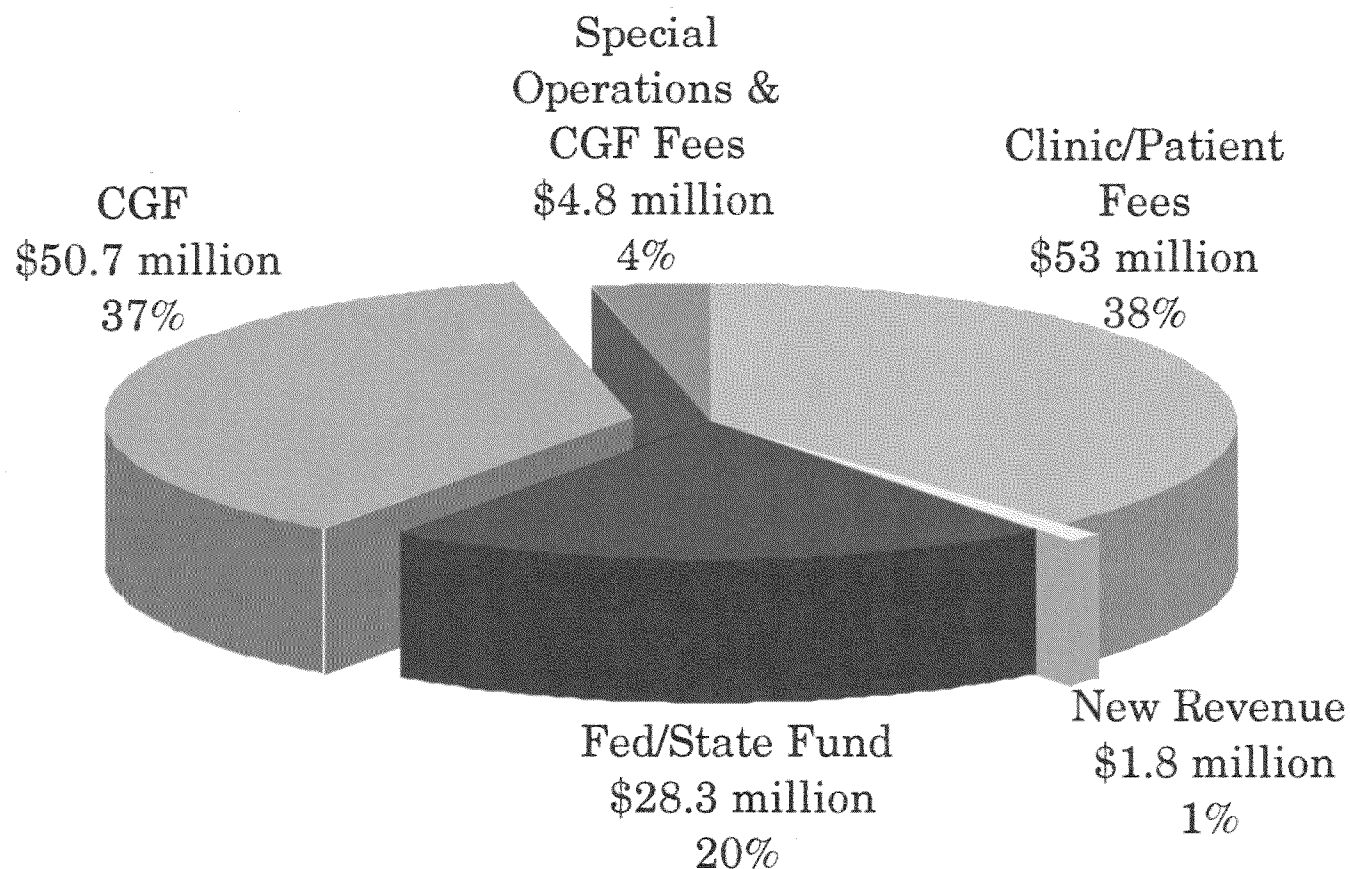


Budget Summary- History

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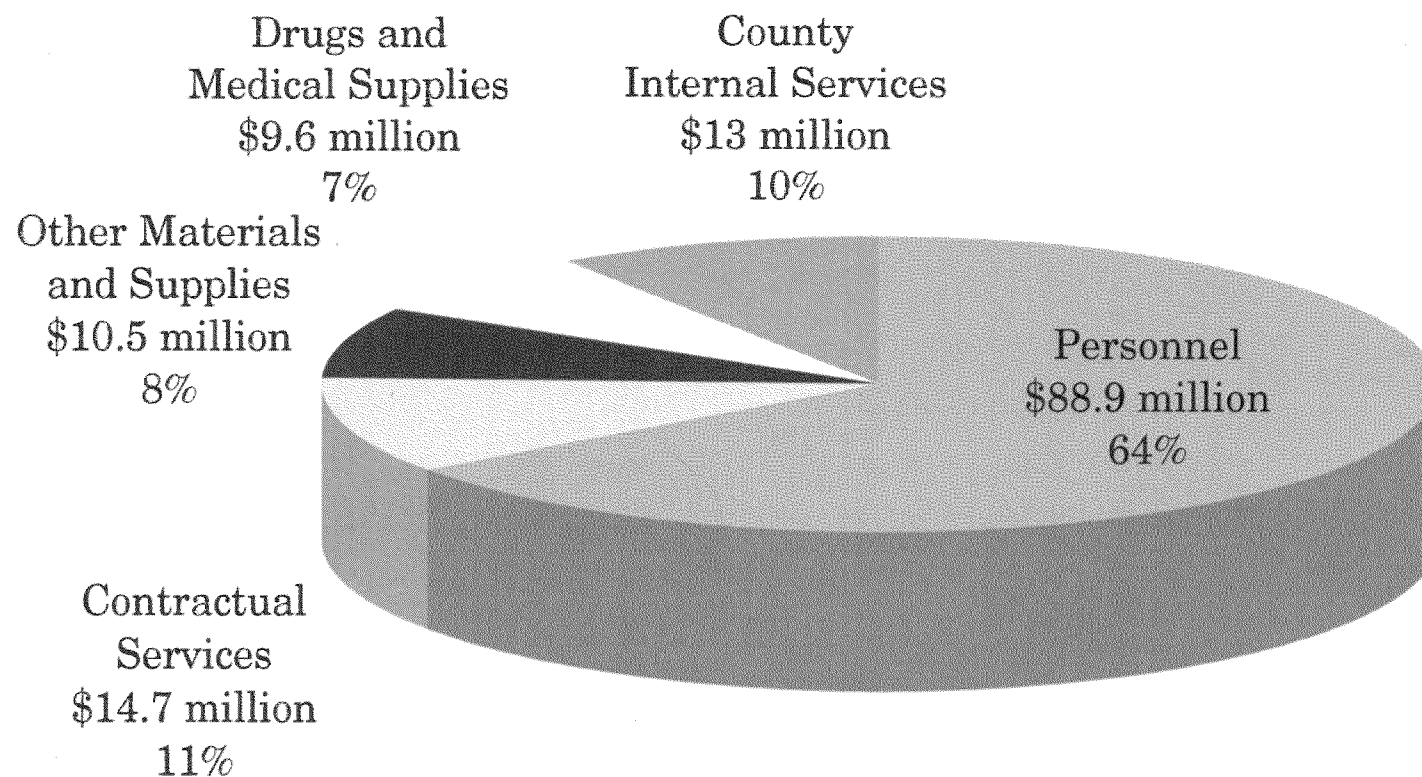
Total \$137 million

Budget Presentation
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Budget Summary- Expenditures

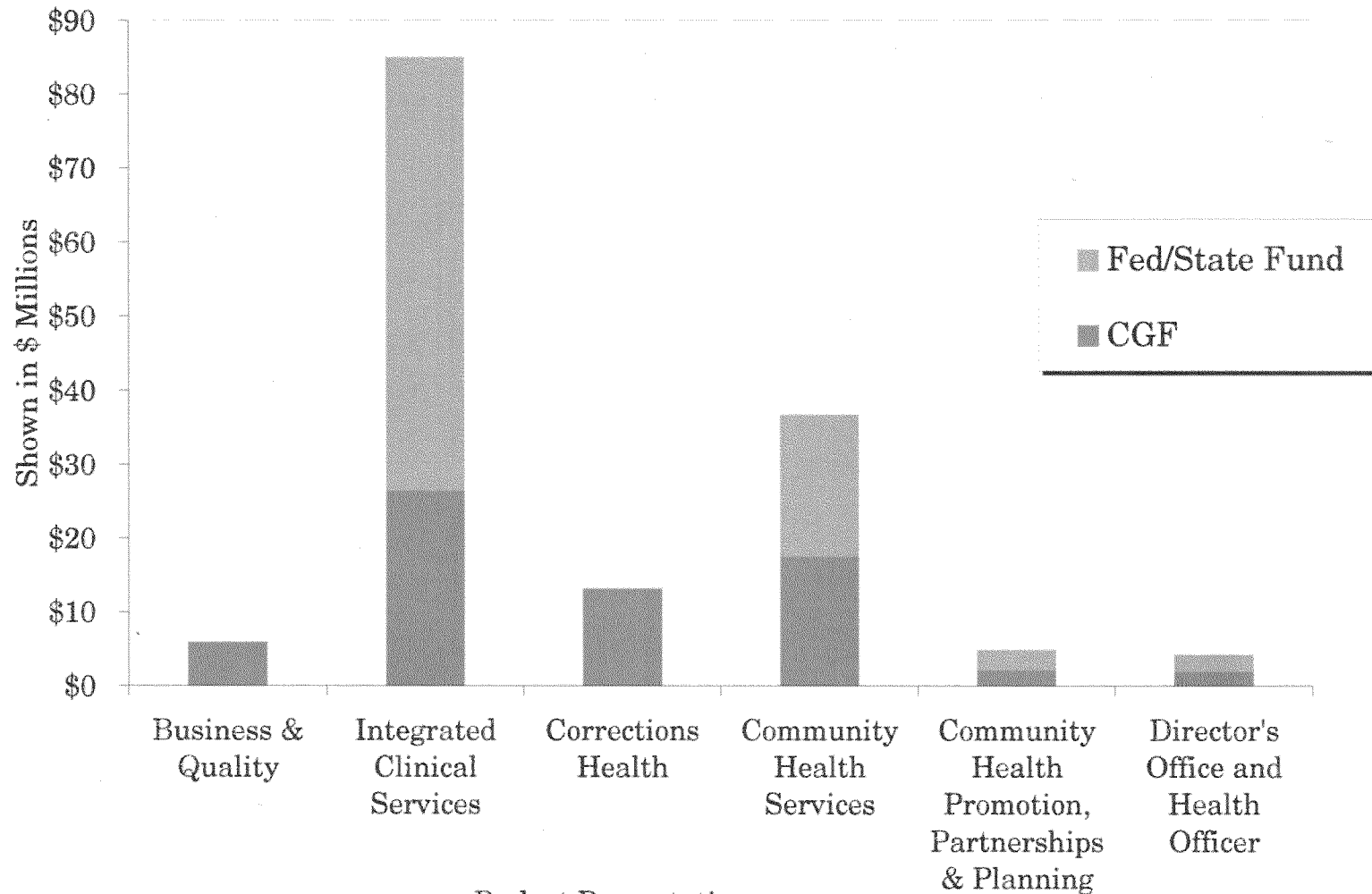


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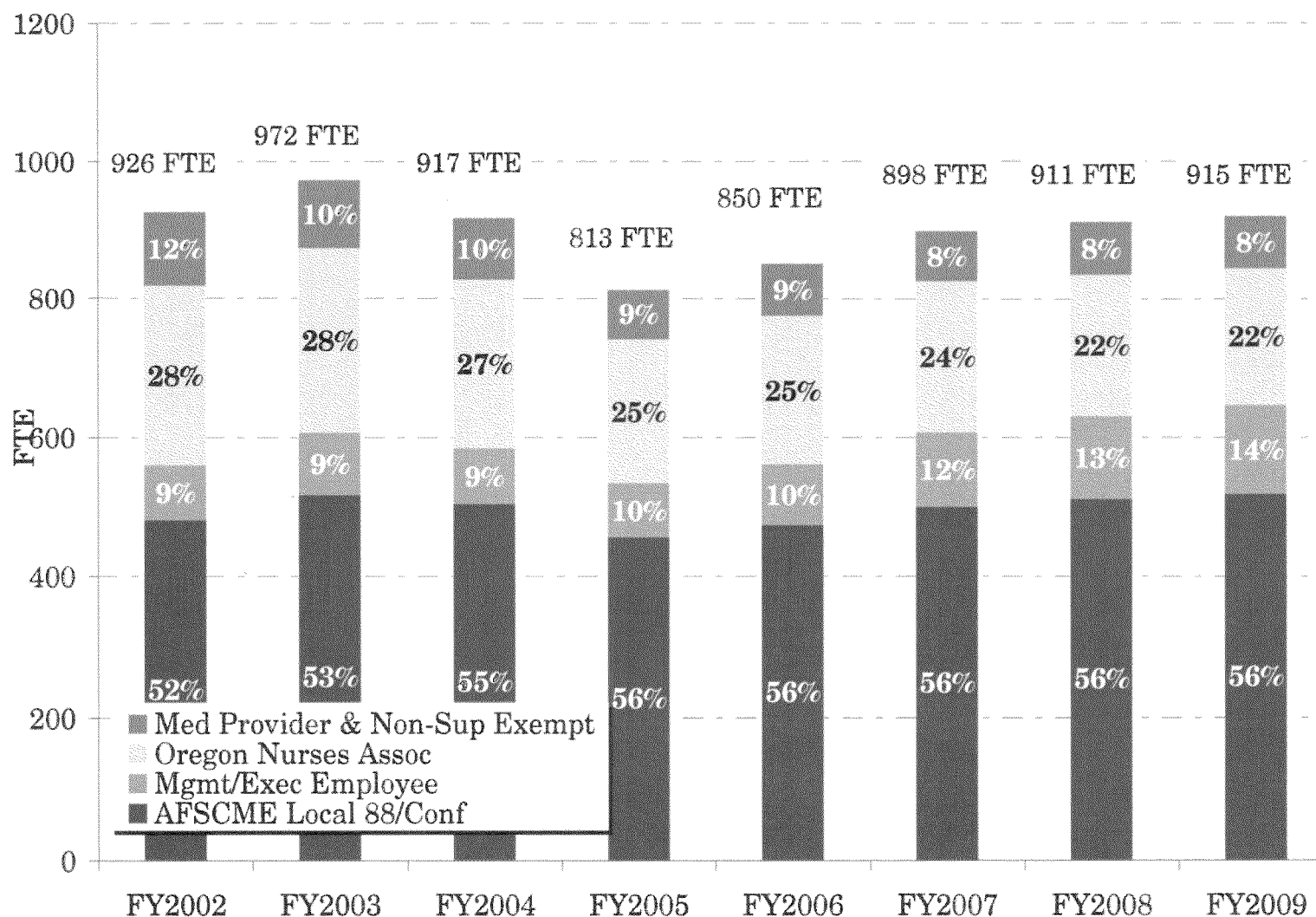
Budget Presentation
May 6, 2008



Budget Summary-By Service Area or Program



Budget Summary- FTE



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Performance Management

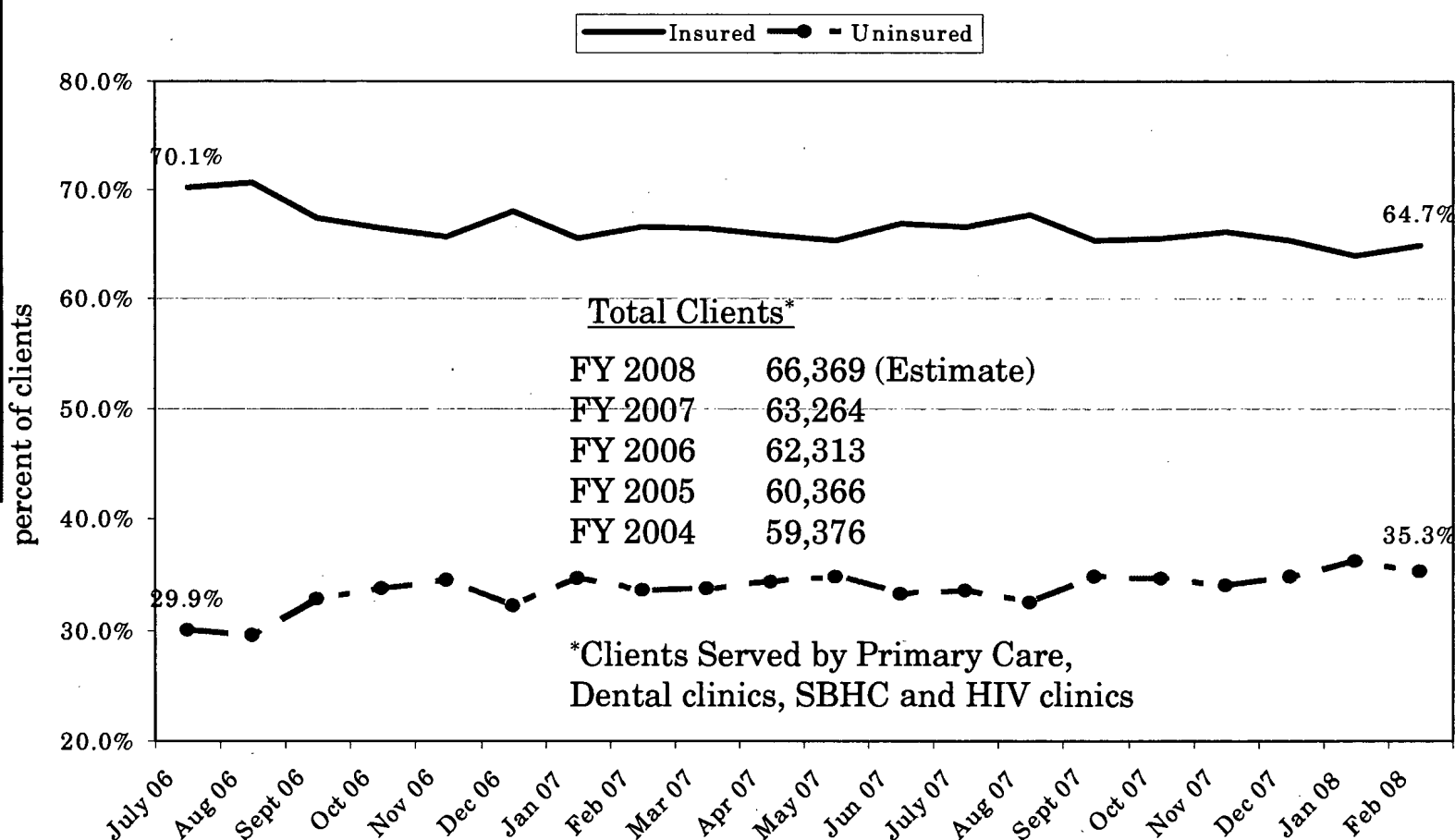
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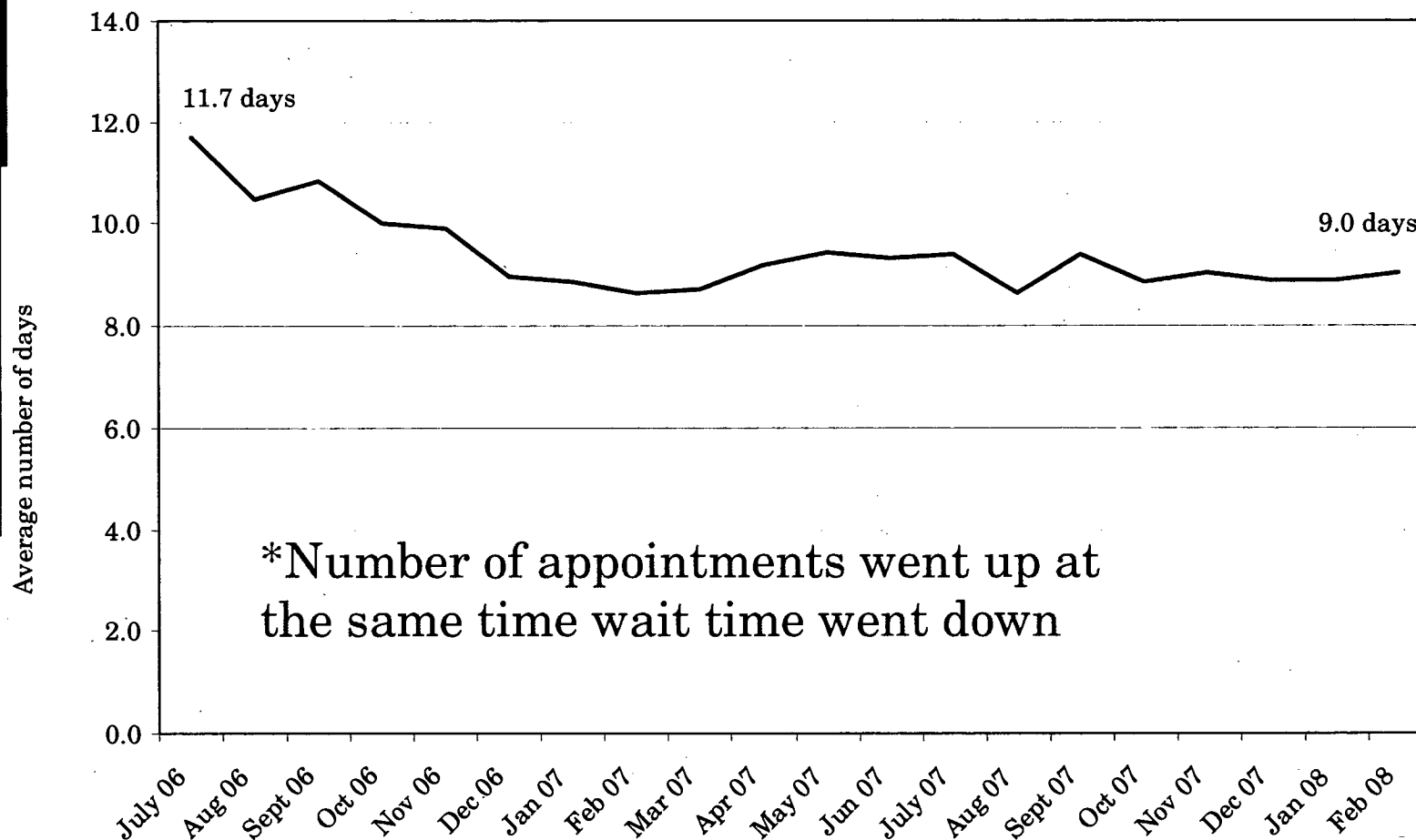
Performance Management

% of clinic clients without insurance



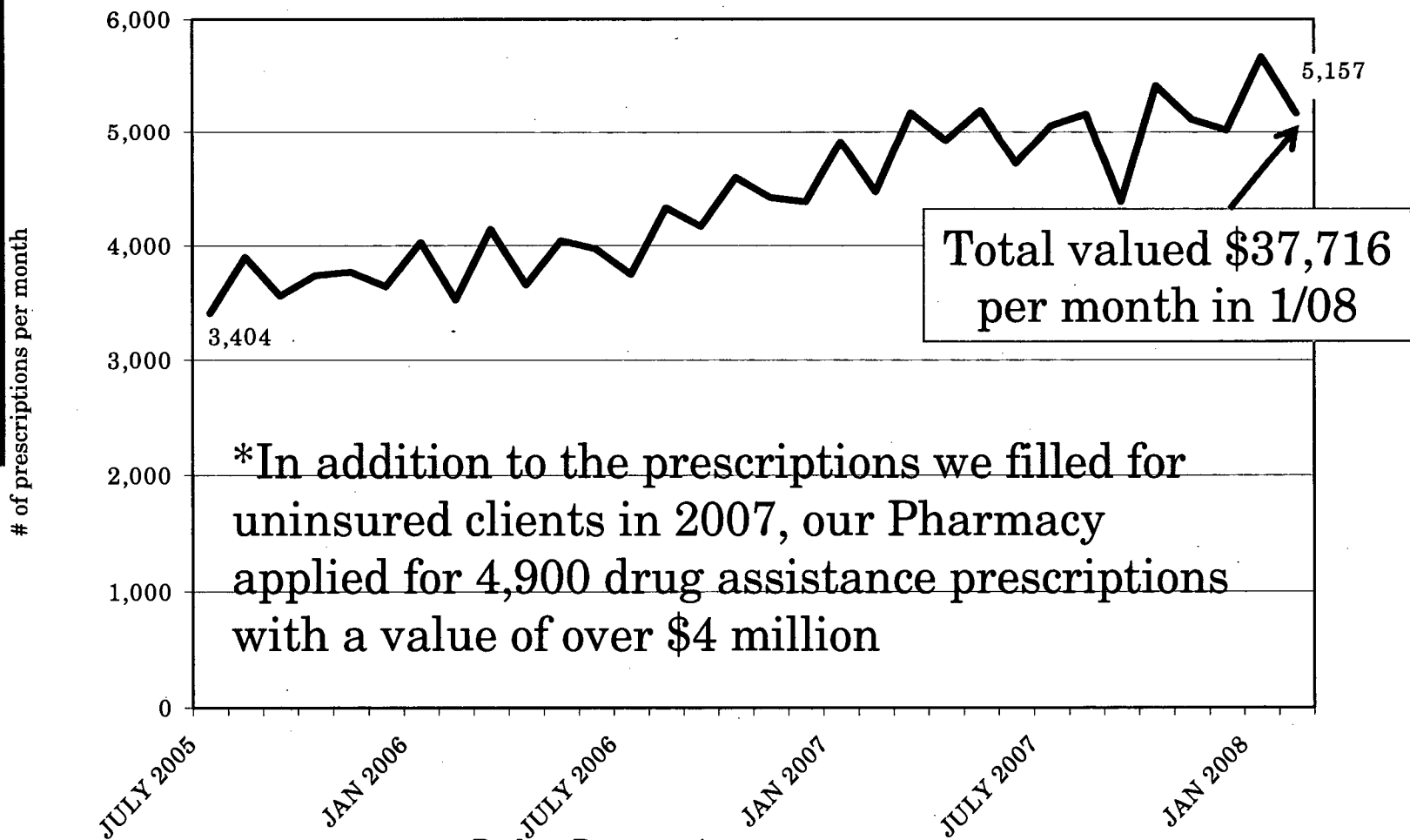
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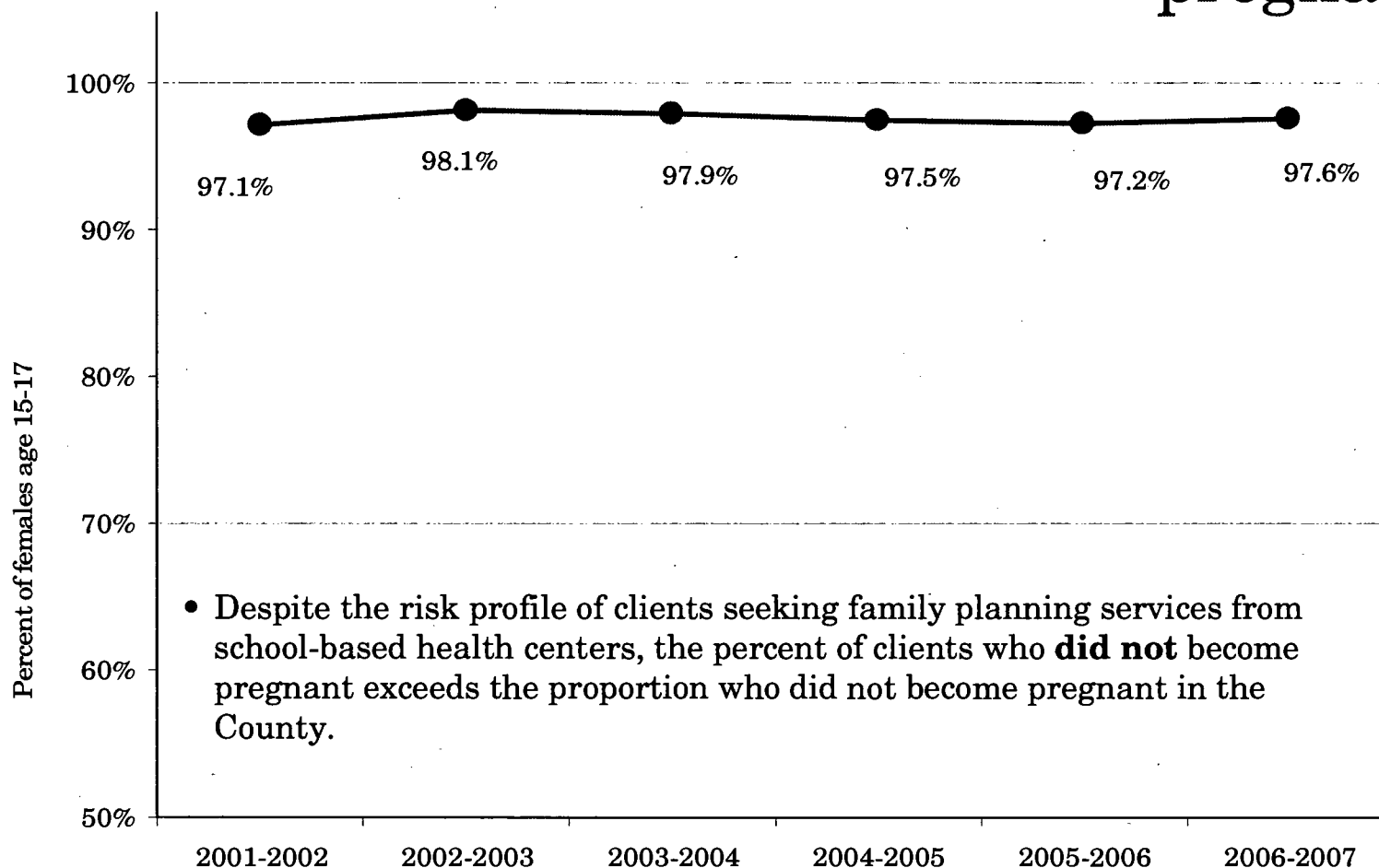
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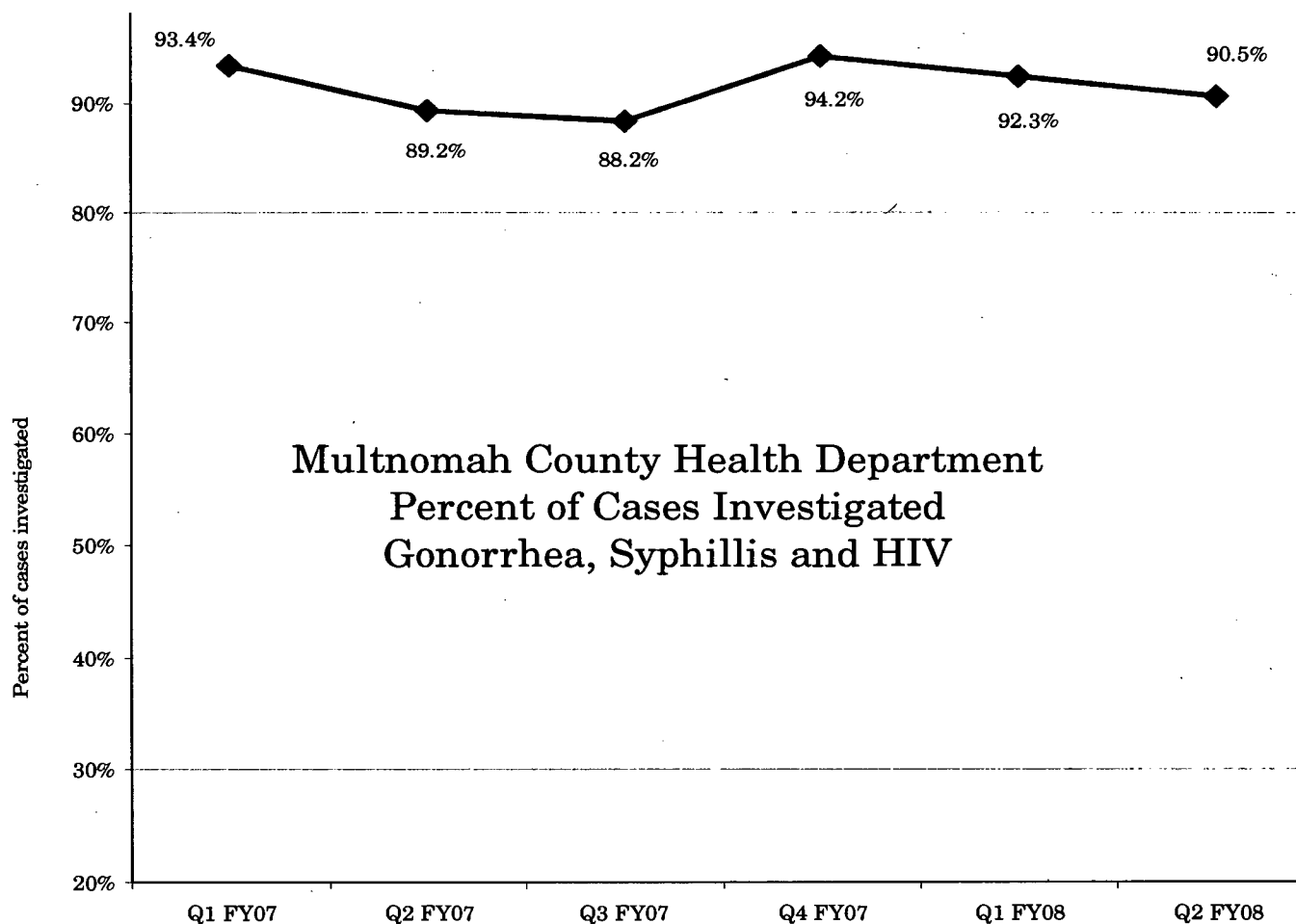


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Disease Investigation



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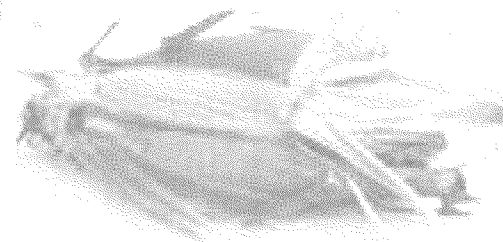
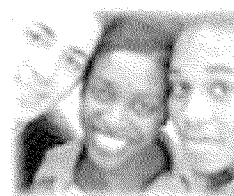
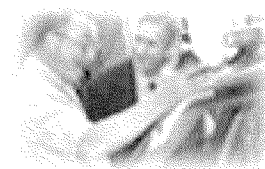
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- Workforce



Focus on the Future

- Equity
- Water
- Corn





Questions?



Public Health
Prevent. Promote. Protect.

Budget Presentation
May 6, 2008

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GIVING POSITIVE HIV TEST RESULTS OVER THE PHONE, ESSENTIALS FOR SUCCESS

Julie Castle, BA, Disease Intervention Specialist

Kim Toevs, MPH, Health Educator

Sexually Transmitted Disease Prevention and Treatment Program

Multnomah County Health Department

Portland, Oregon



BACKGROUND

STD & HIV prevention programs have demonstrated that receiving HIV test results by phone can increase rates of testing and obtaining results, and save staff time. However, many test counselors and clinicians maintain concerns about potential negative outcomes from receiving positive HIV results by phone, including breach of confidentiality, emotional distress, or loss to follow-up.

OBJECTIVE OF PRESENTATION

Understand the:

- Key goals and essential components for successful delivery of positive HIV test results by telephone
- Effects on staff, clients and community
- Effects on testing

GOALS OF GIVING HIV POSITIVE TEST RESULTS BY TELEPHONE

- Client centered service
- Community support
- Staff with knowledge, skills, and abilities to give HIV positive test results over the phone
- Increase percentage of clients receiving test results
- Increase awareness of HIV status
- Maintain HIV counseling and testing services in a time of budget and staff cuts
- No negative client outcomes
- Ensure quality assurance and service improvement

MATERIALS AND METHODS

CLIENT CENTERED

- Client requested service
- Client's choice to decide if phone results is best option
- Confidentiality guaranteed - unique pass-code
- Client knows what to expect when calls for results
- Results available when client calls
- Emotional support of client
- Follow-up available in-person within 2 working days

COMMUNITY SUPPORTED

- Community education sessions and media awareness
- Client requested service
- Confidential, pass-code protection
- Emotional support of client
- In-person follow-up available within 2 working days
- Increase proportion of people receiving results
- Increase awareness of HIV status

STAFF SUPPORTED

- Training and support for confidence in a successful interaction
- Pre-test counseling skills to thoroughly prepare client for possible test results
- Counselor able to negotiate method of obtaining test results if concerns that client may be:
 - Mentally ill
 - Intoxicated
 - Unable to understand test results
 - Threat to self or others
- Protect client confidentiality with pass-code
- Able to establish rapport over phone in 1-2 sentences, less than one minute.
- Able to provide prompt response when client calls
 - Lab database
 - Immediate client transfer to staff who can counsel client and arrange follow-up

STAGED APPROACH

- September 2003 – Downtown Community Test Site
- November 2003 – STD Clinic
- January 2004 – Outreach Sites

QUALITY ASSURANCE

- Monthly meetings - check-in with staff, improve skills, and systems

RESULTS

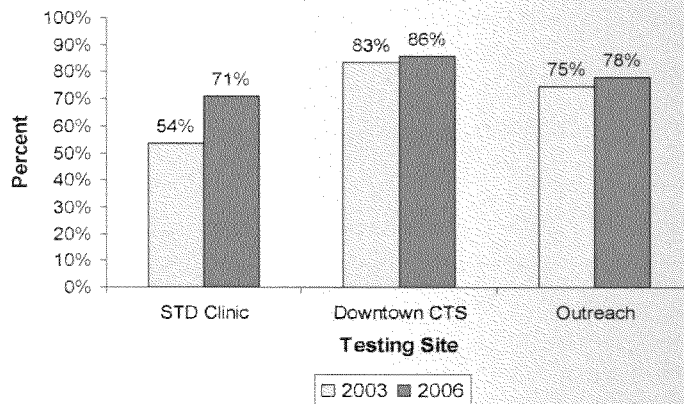
APRIL 2004 THROUGH FEBRUARY 2008: 145 CLIENTS WHO TESTED POSITIVE CHOSE TEST RESULTS BY TELEPHONE: 92% called back and/or returned to clinic in-person for follow-up counseling, referral, and other services from disease intervention specialists (DIS).

- 134 received their results with no negative outcomes.
- 10 did not call back for their results. 6 were anonymous testers and 4 were confidential testers who were homeless. These 10 people were not locatable.

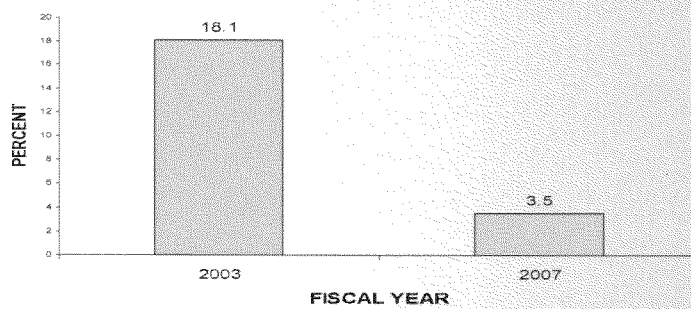
COMPONENTS SUPPORTING STAFF CONFIDENCE IN A SUCCESSFUL INTERACTION:

- Systems facilitating prompt response to client calls and protection of the client's confidentiality.
- Allowing clients to choose the best option for themselves.
- Thorough pretest counseling to prepare for results.
- Skills and attentiveness to rapidly establishing empathic rapport with clients over the phone.
- Ongoing training and support of staff providing phone results
- Ongoing systems improvements

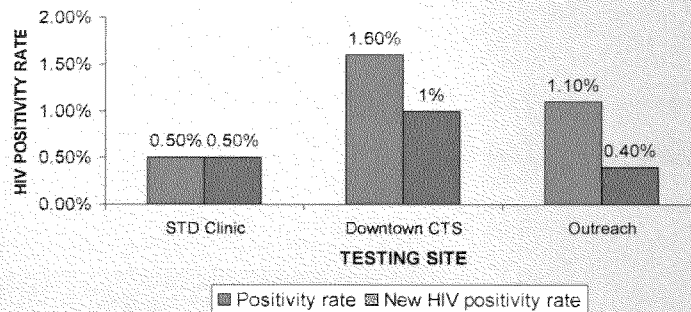
PERCENTAGE OF CLIENTS RECEIVING TEST RESULTS



PERCENTAGE OF PEOPLE RECEIVING IN-PERSON TEST RESULTS AT STD CLINIC



RATES OF POSITIVE AND NEW POSITIVE HIV TESTS BY SITE, 2006



CONCLUSIONS

Offering HIV test results is a client-centered, effective method to deliver both negative and positive results.

BIBLIOGRAPHY

- Branson B, Ballenger A, Olthoff G, *Int Conf AIDS*. 1994 Aug7-12:10:288 (abstract no PC0535)
- McKinstry LA, et al; *Sexually Transmitted Diseases*. 34(10): 796-800, Oct 2007