

# Health Department

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# Health Department

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## Vision

Healthy People in Healthy Communities.

## Mission

In partnership with the diverse communities we serve, the Health Department strives to assure, promote, and protect the health of the people of Multnomah County.

## Department Goals

- Maintain or decrease levels of reportable diseases.
- Contribute to a reduction in the incidence and impact of disease.
- Improve access to health care (including dental care) services for medically underserved residents.
- Contribute to a reduction in the teen pregnancy rate.
- Decrease substance abuse and its impact on families.
- Contribute to a reduction in all forms of violence in our community.
- Improve the percentage of babies born healthy in our community.

## Oregon Quality Assessment Summary

### I. INTRODUCTION

The Health Department, in conjunction with the county-wide RESULTS efforts, undertook a self-assessment based upon criteria contained in the Oregon Quality Award in the fall of 1996. From this initial self assessment several key items were identified for follow up action. They included the following:

- Development of a broad based organization assessment tool which would provide the department feedback in regard to its efforts around diversity, quality and the work environment.
- Development of a department communication plan/strategy.
- Development of systems to support organization change.
- Increased training on CQI principles and tools for staff.

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## II. SUMMARY

The following is a summary of the department actions in regard to these action items.

- Development of a broad based organization assessment.  
Assessment tool developed by cross functional team from the department, which included members of the department's diversity and quality steering committees. The tool was evaluated using a focus group from the department and is to be implemented in the spring of 1998. Results of the assessment will provide divisions information for planning their diversity and quality improvement plans.
- Development of a department communication plan.  
The department identified communications as an area to address in its strategic planning efforts. A subcommittee of the department administrative team, assisted by with outside consultants, is developing a plan, which will then be included in the departments 1998-2000 strategic plan.
- Development of systems to organization change.  
During FY 97-98, the department's Office of Organization Development created and delivered sessions on change and transition to managers and staff of the department. These sessions will be continued as needed as the department continues to work toward improving its operational effectiveness.
- Increased training on CQI principles and tools for staff.  
The department's Office of Organization Development continues to assist department work units who are interested in forming Process Improvement Teams (PITs). OOD also assists these teams in registering with the county-wide PIT Registration Process for inclusion in county-wide recognition efforts. The actual provision of CQI training and team leader/facilitators training is now part of the curriculum provided by Employee Services. The Office of Organization Development tracks the numbers of staff attending these trainings to assess and identify future needs.

## III. ACTION PLAN

Based upon work completed thus far, the following should be included on the Department's FY 98-99 Action Plan. These include:

- Development of an follow up plan to address areas for improvement identified in the organization assessment and how to incorporate this into the Department's strategic plan.
- Completion and implementation of the Department communication plan.
- Continuation of OOD Change and Transition Services.
- Continuation of efforts to train all staff on how to utilize CQI principles and tools.



# Health Department

## Budget Overview

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	735.78	791.67	773.20	827.31	54.10
Departmental Costs	\$103,972,163	\$70,131,575	\$72,483,973	\$80,868,883	\$8,384,880
Program Revenues	\$72,816,982	\$41,064,979	\$42,333,931	\$42,620,883	\$286,982
General Fund Support	\$31,155,181	\$29,066,596	\$30,150,042	\$38,247,980	\$8,097,918

## Department Services

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

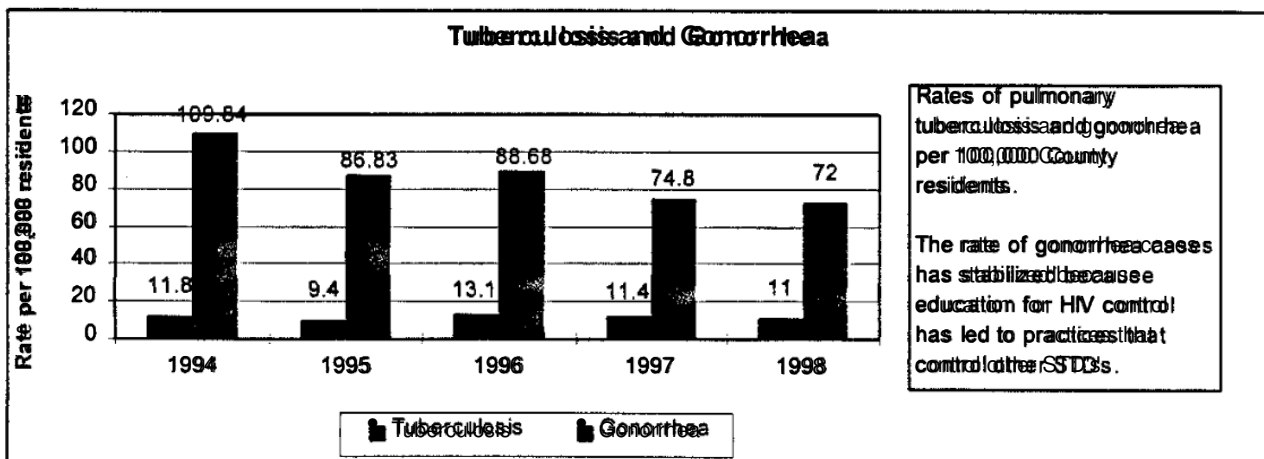
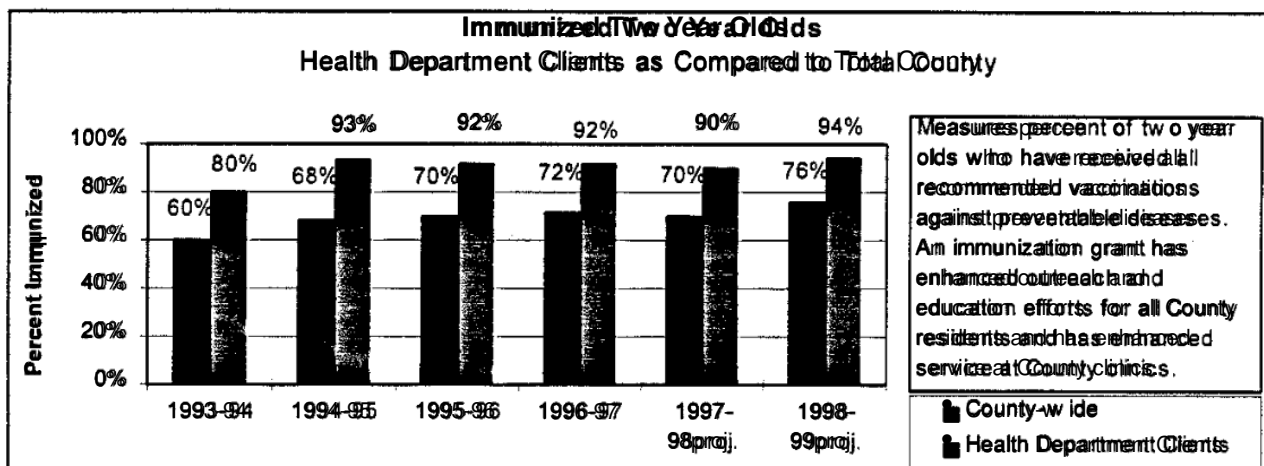
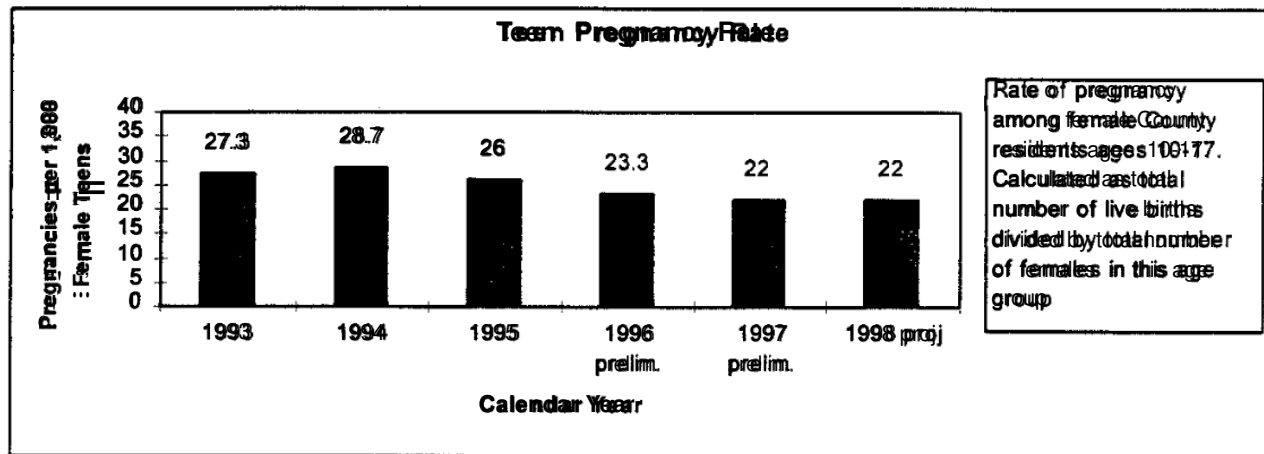
- Primary health care services for 90,500 users of medical and dental services at primary care centers, dental clinics, school based health centers, and correctional facilities;
- Home visits to high risk families, offering child abuse prevention, parenting skills training, and health education;
- The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

Local policy discretion is limited by the regulation and policy direction associated with the various grantors that fund the Department, including the Federal and State Governments and Federal and State law.

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

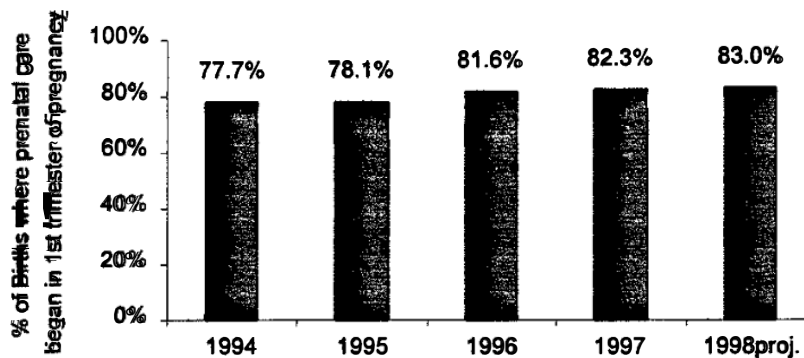
# Health Department

## Performance Trends



# Health Department

## Early Entry into Prenatal Care

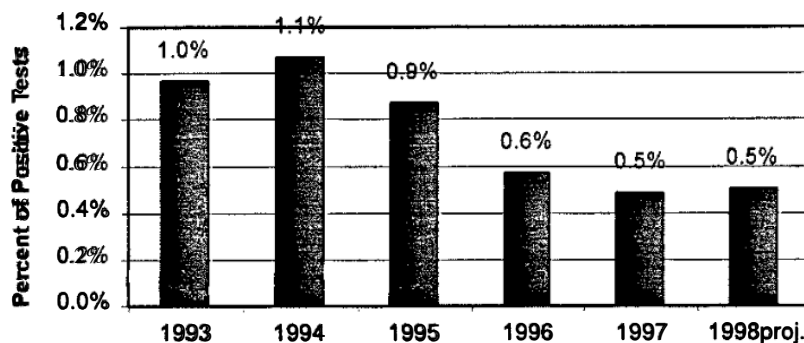


Entry into prenatal care in the first three months of pregnancy is important for two reasons:

1. Measure of access to health care
2. Early and regular prenatal care can prevent complications of pregnancy that may lead to poor birth outcomes.

The Oregon and national benchmark for the year 2000 is that 90% of pregnant women receive early prenatal care.

## HIV Seroprevalence Rate

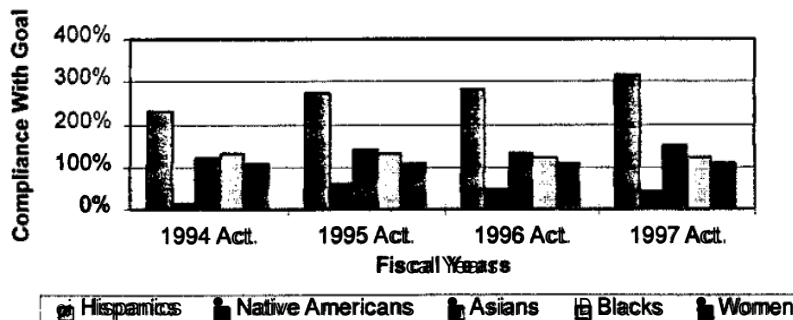


Positive tests for HIV as a percentage of the total number of tests performed in County operated clinics.

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

## Workforce Diversity

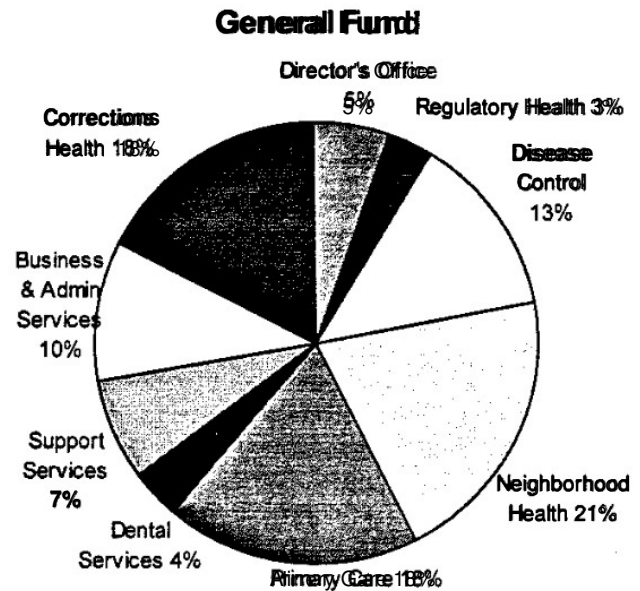
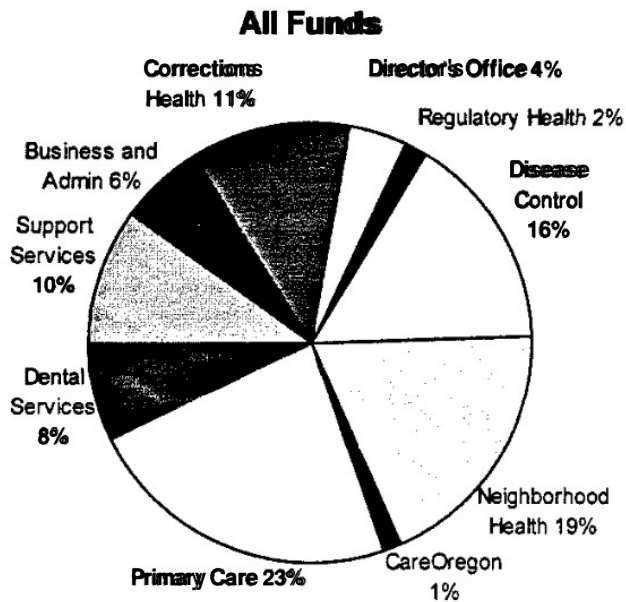
Success Toward Goals (Across all job classifications)



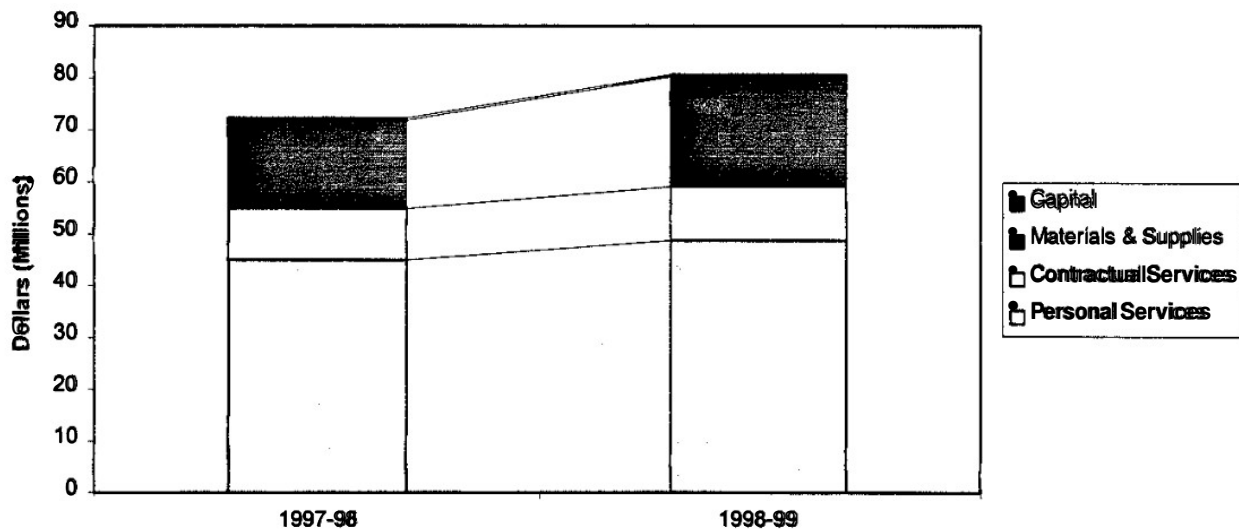
Actual hires meet or exceed Affirmative Actions goals for Hispanic, Asian, Blacks, and Women. Strategic plans are in place to improve statistics for Native Americans.

# Health Department

## Expenditure Graphs



## Major Expenditures



# Health Department

## Budget Trends

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	735.78	791.67	773.20	827.31	54.10
Personal Services	\$41,645,171	\$41,297,058	\$45,134,263	\$48,749,119	\$3,614,856
Contractual Services	43,275,610	10,066,612	9,965,891	10,630,811	664,920
Materials & Supplies	18,711,877	18,173,404	16,832,698	20,907,685	4,074,987
Capital Outlay	339,505	594,501	551,121	561,238	30,117
<b>Total Costs</b>	<b>\$103,972,163</b>	<b>\$70,131,575</b>	<b>\$72,483,973</b>	<b>\$80,868,853</b>	<b>\$8,384,880</b>
Program Revenues	\$72,816,982	\$41,064,979	\$42,333,931	\$42,620,893	\$286,962
General Fund Support	\$31,155,181	\$29,066,596	\$30,150,042	\$38,247,960	\$8,097,918

## Costs by Division

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Director's Office	\$2,014,368	\$2,761,063	\$2,517,773	\$3,409,759	\$891,986
Regulatory Health	986,934	1,195,775	1,231,285	1,264,534	33,249
Disease Control	12,972,381	12,772,730	12,572,171	12,928,183	356,012
Neighborhood Health	9,111,991	12,969,642	13,581,925	15,435,832	1,853,907
CareOregon	38,775,695	800,000	1,382,077	772,729	(609,348)
Primary Care	17,909,410	15,779,755	17,226,272	18,551,893	1,325,621
Dental Services	5,512,364	5,545,916	5,980,392	6,093,210	112,818
Support Services	6,655,810	7,383,701	6,610,838	8,312,062	1,701,224
Business & Admin	3,626,059	3,448,656	3,648,219	5,001,505	1,353,286
Corrections Health	6,407,151	7,474,337	7,733,021	9,099,146	1,366,125
<b>Total Costs</b>	<b>\$103,972,163</b>	<b>\$70,131,575</b>	<b>\$72,483,973</b>	<b>\$80,868,853</b>	<b>\$8,384,880</b>

## Staffing by Division

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Director's Office	21.39	27.33	25.82	30.33	4.50
Regulatory Health	8.01	9.15	9.15	9.00	(0.15)
Disease Control	125.42	111.31	109.24	117.99	8.75
Neighborhood Health	112.16	173.59	165.62	180.07	14.45
CareOregon	19.08	26.25	26.25	14.00	(12.25)
Primary Care	231.32	203.18	196.98	207.83	10.85
Dental Services	57.76	59.40	59.40	60.00	0.60
Support Services	45.74	46.45	45.73	47.41	1.68
Business & Admin	40.50	44.85	44.85	58.83	13.98
Corrections Health	74.41	90.16	90.16	101.85	11.69
<b>Total Staffing FTE's</b>	<b>735.78</b>	<b>791.67</b>	<b>773.20</b>	<b>827.31</b>	<b>54.10</b>

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## Issues and Opportunities

### 1. Preventing and Reducing Tobacco Use

In 1995 there were 1,128 deaths in Multnomah County attributable to tobacco use which represented 19.6% of all County deaths. Tobacco use by adults in the County currently stands at 24%. In addition, a 1996 survey of Multnomah County 11<sup>th</sup> graders showed tobacco use at 26.7% (up nearly 7% from 1994).

Multnomah County has developed a comprehensive plan in four key areas:

- **Reducing Youth Access** through the development of a "reward and reminder" program. Youth are trained to attempt to purchase tobacco, rewarding clerks if they refuse to sell and reminding other clerks of the law.
- **Creating Tobacco-Free Environments.** We will survey all restaurants and establish a smoke-free dining website.
- **Decreasing Advertising and Promotion.** Evidence suggests that tobacco advertising is a major influence in youth smoking.
- **Linkage to Cessation Resources.** We will partner with businesses with less programs and benefits purchasers to assist them in encouraging health and dental programs to provide cessation programs.

#### **Board Action:**

A well developed and implemented tobacco prevention and reduction program is a critical and valuable public health tool. It is consistent with County Benchmarks and good public health practice. The Oregon Health Division Tobacco Prevention Reduction grant will provide an anticipated \$500,000 to fund the County's comprehensive plan targeted at reducing tobacco use in this community.

### 2. County Auditor's Report – Home Visiting; Focus Resources for Healthier Families

The Audit summarizes a yearlong study of the Health Department's Field Services to mothers and infants in our community. Research has shown that these kind of efforts can improve the well being of participants while reducing future health and social costs. The report recommends a number of changes that can increase the effectiveness of Field Services, including system improvements in billing for Maternity Case Management which has already resulted in increased Medicaid revenue for maternity home visit services.

Specific plans this year include:

- Securing consultation and program recommendations from David Olds, a highly published researcher on the effectiveness of Field Nursing Home Visits. Reviewing and

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revising current protocols and priority setting systems for service eligibility and caseload size.

- Hiring more minority staff
- Developing a professional family home visit program to work with field nurses
- Review and improve records, data and other "paperwork" systems used in the field to maximize staff time with clients
- Improve our accounts receivable and Medicaid billing systems to maximize revenues
- Budgeting six Family Health Worker positions in Field Services for Fiscal Year 1999.

## **Board Action:**

The Auditor has suggested several concrete ways to improve service and effectiveness. The Health Department has and will continue to take steps to implement the administrative and financial changes recommended.

## **3. Increasing Neighborhood Access to Health Services**

Access to health care is a multi-faceted issue that goes far beyond having or not having health care coverage. For health services to be truly accessible they must be provided in the right place at the right times in the right language by the appropriate providers. The purpose of the Neighborhood Access Program is to tailor health services to the unique needs of specific communities and provide services at the neighborhood level.

In 1992, the Health Department established the first Neighborhood Access Site, the Brentwood-Darlington Health Team. Three additional Neighborhood Access Clinics opened for business during 1997-98. The Roosevelt Neighborhood Health Clinic (RNHC) offers well child exams, immunizations, limited reproductive health services, breast and cervical cancer screening, sexually transmitted infection screening and treatment, short duration acute care treatment, and Oregon Health Plans screening and referral. The Self Enhancement, Inc., (SEI) Neighborhood Access Clinic increases access to health care for men, women and families with young children in North/Northeast Portland. This clinic is the product of a collaboration between Field Services, School-Based Services, Providence Health System, and SEI. A Neighborhood Access Clinic (NAC) was opened at Parkrose High School in October of 1997. This clinic utilizes existing school-based health center staff to provide health services to uninsured and underinsured residents of East Multnomah County. The Health Department is requesting that the Parkrose Clinic expand hours into the evening year-round.

## **Board Action:**

Providing evening services year-round at the Parkrose Neighborhood Health Clinic is a logical step both in terms of community need and also because it fits with the one-

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stop mode of services being developed at Parkrose. The Board is providing \$13,400 to fund evening services.

## 4. Expanding Eligibility Screening Outreach Services

Even with the increased enrollment to an estimated 100,000 Oregonians in the Oregon Health Plan (OHP) under a Health Care Financing Administration HCFA 1115 waiver, there remains a large number of children and pregnant women eligible who are not enrolled. Even though eligible, these women and children do not enroll for a variety of reasons, including lack of meaningful information, social stigma, inability to navigate the necessary administrative processes. This negative enrollment phenomenon is common to Medicaid programs, and is expected to be a problem with the roll out of Child Health Insurance (CHIP) and the Family Health Insurance Assistance Program (FAHAP) later this year.

Oregon Health Policy estimates there are 20,000 potential eligible for the expanded services reside in Multnomah County and surrounding areas. This project would utilize existing services and programs to educate and enroll clients in the OHP. Through training and deputizing current Multnomah County outreach workers e.g. lead screening, vista volunteers, prenatal and providing enrollment opportunities at community agency sites, this project will increase access to health care services.

This project will be achieved through a collaborative working relationship with Multnomah County Departments, community colleges and universities, Safety Net Clinics, Portland Public Schools and Oregon Primary Care Association.

### Board Action:

The desired outcome of this project is to increase the number of low-income children and pregnant women who are medically insured. This proposal would assist the Health Department improve access to necessary and dignified health care for all residents and assuring that 98% of residents have health insurance by the year 2000. The Board is providing \$15,500 to fund this effort and the Health Department will pursue continued funding for the State or other sources.



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## Budget Highlights

### Primary Care

The Primary Care Division is a major "safety net" provider of health services for the uninsured, underinsured, and those with barriers to access such as the chronically mentally ill, homeless, and migrant and seasonal workers. Since the onset of the Oregon Health Plan with its emphasis on capitated managed care, the Division has experienced a decline in Medicaid fee for service revenues of several million dollars. In response to this pressure, the Division has both sought to improve its efficiency and business practices and to develop other opportunities. It is a partner in the collaborative development of a tri-county public-private partnership. The partnership is developing arrangements to support a public-private delivery system and to progress towards universal access.

During 97/98 the centralized support functions in Primary care were enhanced by adding positions to centralized appointments and adding fiscal assistants for pre-qualification.

The budget for 1998/99 includes

- 6 Office Assistant positions in centralized appointments and 4.5 Fiscal Assistant positions to enhance central support funded from within the 97/98 budget.
- 0.8 FTE Nutritionist.
- \$280,000 revenue from Family Health Insurance Assistance Program (FHAIP, State Funded)
- \$79,000 revenue from Childhood Health Insurance Program (CHIP, Federal Title 21).
- \$350,000 of Medicaid revenue associated with Behavioral Health services
- \$400,000 from Medicare due to implementation of FQHC for Medicare.

These new revenue sources help offset reductions in Medicaid FQHC/Capitation occurring in other existing programs.

### Neighborhood Health

- A new School Based Clinic is included funded with budgeted reimbursements from Oregon Health Plan. Implementation of the clinic depends on successful collection of the revenue.
- Healthy Birth Initiative (HBI) includes the African-American Birth Outcomes Project and the Healthy Start Initiative. The goal of HBI is to reduce infant mortality in portions of NINE Portland with a focus on African-American and Hispanic populations. HBI will serve 160 high-risk women who are either pregnant or parenting an infant during FY 1998-99. The service model incorporates specific concerns of the NINE Portland women who experienced infant mortality and/or morbidity in 1995-97 and as identified by the African-American Birth Outcomes Project.

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- The African-American Birth Outcomes Project began in January 1997 and funding will end in December 1998. Healthy Start Initiative is a 5-year project that began September 1997.
- Healthy Start Initiatives/ African-American Birth Outcomes has 6 additional positions
- Expand evening hours at Parkrose Neighborhood Clinic will cost \$134,000 and requires 2.50 FTE.
- Setting up a Lice Resource Center will require \$157,000 and 2.50 FTE.

## **Disease Control**

In December 1997 Multnomah County began implementing the Home Lead Hazard Reduction Program under an intergovernmental agreement with the City of Portland. Through CLEAR Corps (Community Lead Education and Reduction Corps), the Program works to increase the numbers of "lead safer" housing units for children under six years of age in low income families.

The Tobacco Prevention Program began in 1997/98 has grown to a \$422,000 program funded through the State. The program has developed a comprehensive plan to address the problem of tobacco consumption in Multnomah County.

## **Business Services**

- The Medical Claims Processing unit will be continuing a project begun in 97/98 to modernize its accounts receivable management systems, achieving identified collections targets, and building the medical/dental billing office into a first class operation.
- The Medicaid Eligibility unit has been enhanced to implement a project to improve access to health care by enabling enrollment in existing State insurance programs including the Childhood Health Insurance Program (CHIP) and the Family Health Insurance Assistance Program (FHAP). This will cost \$185,000 and requires 3.50 FTE.

# Director's Office

## Health Department

### Description

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

The Office of Organization Development provides consultation, facilitation and training to Health Department staff in the following areas:

- Diversity and Cultural Competency
- Quality/RESULTS
- Change and Transition Management
- Professional Competency

Coalition Support, part of the Office of Organization Development, acts as staff coordination for the Coalition of Community Health Clinics which is a network of eight nonprofit clinics in partnership with Multnomah County to provide health care services to the uninsured and underinsured. Clinics provide medical, dental, chiropractic, naturopathic, counseling, and advocacy services to over 21,000 homeless individuals, families, street youth, the working poor, the elderly, and other low income residents of the Portland Metropolitan area.

The Office of Planning and Development provides support to the Health Department by:

- assessing public health needs through data collection, analysis and dissemination;
- assisting in the development of programs and acquisition of resources to meet identified needs;
- evaluating the effectiveness of Health Department programs and activities.

### Significant Changes--Revenue

	Amount
Criminal Justice Evaluation	\$206,000
Tobacco Prevention	\$429,000
Lead Evaluation	\$87,000

### Significant Changes--Expenditures

	FTEs	Amount
Tobacco Prevention/22 Health Educators.	2.00	\$107,900
Criminal Justice Evaluation /0.70 Health Services Administrator, 0.20 Health Services Specialist, 1 Data Analyst Senior	1.90	\$108,600
Lead Evaluation/0.80 Program Development Technician	0.80	\$33,402
Training/0.10 Health Operations Supervisor	0.10	\$5,411
Senior Word Processing Operator reduction	(0.25)	(\$8,985)
Program Development Specialist/Planning and Development	1.00	\$43,080
Co-Principal Investigator adjustment	(0.07)	(\$6,657)
Pass Through/ Tobacco Program		\$225,000
Positions funded by amended tobacco grant	0.03	\$3,120
Carryover Professional Services via amendment		\$64,155
Reclassification and move of Program Development Specialists via amendment	(1.00)	(\$49,316)
Carryover training via amendment		\$17,000

# Director's Office

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## Budget Items

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	21.39	27.33	25.82	30.33	4.50
Personal Services	\$1,423,268	\$1,644,056	\$1,698,140	\$2,042,100	\$343,960
Contractual Services	159,150	532,334	340,026	648,652	308,626
Materials & Supplies	402,482	571,273	477,107	718,998	241,891
Capital Outlay	29,468	13,400	2,500	0	(2,600)
<b>Total Costs</b>	<b>\$2,014,368</b>	<b>\$2,761,063</b>	<b>\$2,517,773</b>	<b>\$3,409,750</b>	<b>\$891,986</b>
Program Revenues	\$125,039	\$774,929	\$431,931	\$1,251,489	\$819,558
General Fund Support	\$1,889,329	\$1,986,134	\$2,085,842	\$2,158,270	\$72,428

## CO&T by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Director's Office	\$2,014,368	\$2,517,773	\$3,409,750	\$891,986

## Staffing by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Director's Office	21.39	25.82	30.33	4.50

# Regulatory Health

## Health Department

### Description

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

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

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

### Action Plans

- By August 1998, with other county staff, Oregon Health Systems Collaboration and health care provider and payer organizations, and interested parties, initiate a long-term plan for further developing the local "safety net" clinic system to provide medical care for underserved county residents.
- By November 1998, with Disease Prevention and Control staff, complete the reevaluation and proposed redesign for the Health Department's approach to prevention and control of communicable diseases (e.g., Tuberculosis, Sexually Transmitted Diseases, and other reportable diseases).
- By September 1998, in partnership with the Community and Family Services Department's Domestic Violence Program, complete development of a Domestic Violence Surveillance System to track the magnitude and better define the nature of domestic violence within the County. By March 1999, issue a first report on the results of analysis of initial data from that system.

### Significant Changes - Revenue

No significant changes

### Significant Changes - Expenditures

No significant changes

# Regulatory Health

## Health Department

### Budget Friends

	<b>1996-97</b>	<b>1997-98</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Currentt Estimate</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTEE	8.01	9.15	9.15	9.00	(0.15)
Personal Services	\$624,975	\$735,775	\$769,918	\$783,444	\$13,526
Contractual Services	283,800	370,000	390,200	394,375	4,175
Materials & Supplies	75,218	90,000	71,167	86,715	15,548
Capital Outlay	2,941	0	0	0	0
<b>Total Costs</b>	<b>\$986,934</b>	<b>\$1,195,775</b>	<b>\$1,231,285</b>	<b>\$1,264,534</b>	<b>\$33,249</b>
Program Revenues	\$664,872	\$768,000	\$827,138	\$894,445	\$67,307
General Fund Support	\$322,062	\$427,775	\$404,147	\$370,089	(\$34,058)

### Costs by Program

	<b>1996-97</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Division Management	\$278,934	\$444,325	\$460,105	\$15,780
Emergency Medical Service	708,000	786,960	804,429	17,469
<b>Total Costs</b>	<b>\$986,934</b>	<b>\$1,231,285</b>	<b>\$1,264,534</b>	<b>\$33,249</b>

### Staffing by Program

	<b>1996-97</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Division Management	3.24	4.30	4.30	0.00
Emergency Medical Service	4.77	4.85	4.70	(0.15)
<b>Total Staffing FTEs</b>	<b>8.01</b>	<b>9.15</b>	<b>9.00</b>	<b>(0.15)</b>

# Division Management

## Description

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

The Office of Division Management addresses the community's need for well-designed, rational approaches to public health problems. This need is increasing as the complexity of community health problems increases and resources decrease.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	3.24	4.30	4.30	0.00
Program Costs	\$278,934	\$444,325	\$460,105	\$15,780

## Significant Changes - Expenditures

Carryover Healthy Communities Projects funds via amendment

**Amount**  
\$33,000

# Emergency Medical Services

Regulatory Health  
Health Department

## Description

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

The program addresses the need for an effective and efficient response to the county's 46,000 requests for emergency medical response each year. This problem is slowly increasing with the growth and aging of the county's population.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	4.77	4.85	4.70	(0.15)
Program Costs	\$708,000	\$786,960	\$804,429	\$17,469

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of emergency response calls served within 8 minutes	87%	91.5%	92%	90%	90%	90%
Twenty minute rural response time percentage	NA	NA	91.4%	90%	90%	90%

## Significant Changes - Expenditures

Emergency Medical Director

FTEs  
(0.15)

Amount  
(\$23,400)



# Disease Prevention & Control

Health Department

## Description

Using public health principles, the Disease Prevention and Control Division collaborates creatively with diverse communities and their members, to identify, prevent and control communicable and environmental diseases. Control of diseases is fundamental to achieving the Department's mission of healthy people in healthy communities. The importance of disease control activities has long been expressed through their prominence in health departments at the local, state, and federal levels.

## Action Plans

- Develop written recommendations, including appropriate measurements and departmentwide intervention strategies for the improvement in the rates of communicable diseases including: Hepatitis A, B and C; Tuberculosis; HIV infection and disease; gonorrhea and chlamydia; and vaccine preventable diseases of children.
- Develop, pilot and implement programs specific customer satisfaction systems.

### Significant Changes - Revenue

HIV Women and Children (code 213)8)

National Institute on Drug Abuse (code 212)2)

### Amount

(\$109,009)

(\$74,957)

### Significant Changes - Expenditures

No significant changes

# Disease Prevention & Control

Health Department

## Budget Trends

	<del>1996-97</del>	<del>1997-98</del>	<del>1997-98</del>	<del>1998-99</del>	
	<b>Actual</b>	<b>Current Estimate</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	125.42	111.31	109.24	117.99	8.75
Personal Services	\$6,659,446	\$6,043,040	\$6,100,897	\$6,776,196	\$675,299
Contractual Services	3,525,342	4,286,000	4,220,637	3,603,763	(616,874)
Materials & Supplies	2,763,943	2,380,010	2,193,937	2,499,024	305,087
Capital Outlay	<u>23,650</u>	<u>63,680</u>	<u>56,700</u>	<u>49,200</u>	<u>(7,500)</u>
<b>Total Costs</b>	<b>\$12,972,381</b>	<b>\$12,772,730</b>	<b>\$12,572,171</b>	<b>\$12,928,183</b>	<b>\$356,012</b>
Program Revenues	\$9,222,770	\$8,829,864	\$9,046,072	\$9,052,195	\$6,123
General Fund Support	\$3,749,611	\$3,942,866	\$3,526,099	\$3,875,988	\$349,889

## Costs by Program

	<del>1996-97</del>	<del>1997-98</del>	<del>1998-99</del>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Division Management	\$95,174	\$178,315	\$129,766	(\$48,549)
Immunization	791,727	177,750	202,740	24,990
HIV Prevention	1,782,608	1,224,826	1,222,469	(2,357)
Health Inspectors	1,487,531	1,435,467	1,631,572	196,105
Vector Control	338,638	352,176	366,943	14,767
Lead Screening	216,746	455,253	752,326	297,073
STD Clinic & Epidemiology	1,486,501	1,228,869	1,367,647	138,778
HIV Client Services	2,736,196	3,427,213	2,908,109	(519,104)
HIV Treatment Clinic	1,675,758	1,672,100	1,840,390	168,290
Tuberculosis Clinic	1,335,400	1,341,299	1,525,534	184,235
Communicable Diseases	712,441	739,549	702,752	(36,797)
Occupational Health	<u>313,661</u>	<u>339,354</u>	<u>277,935</u>	<u>(61,419)</u>
<b>Total Costs</b>	<b>\$12,972,381</b>	<b>\$12,572,171</b>	<b>\$12,928,183</b>	<b>\$356,012</b>

# Disease Prevention & Control

Health Department

## Staffing by Program

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Division Management	0.34	1.00	1.00	0.00
Immunization	3.67	2.00	2.00	0.00
HIV Prevention	12.22	7.80	8.67	0.87
Health Inspection	22.62	19.86	22.89	3.03
Vector Control	5.96	5.50	5.50	0.00
Lead Screening	3.61	2.55	5.75	3.20
STD Clinic & Epidemiology	20.78	16.10	17.90	1.80
HIV Client Services	3.40	4.35	4.58	0.23
HIV Treatment Clinic	20.17	17.58	18.95	1.38
Tuberculosis Clinic	18.89	18.70	19.50	0.80
Communicable Diseases	9.78	9.80	8.40	(1.40)
Occupational Health	11.91	11.00	2.85	(1.15)
<b>Total Staffing FTEs</b>	<b>125.42</b>	<b>109.24</b>	<b>117.99</b>	<b>8.75</b>

**Division Management****Description**

Division Management is responsible for defining the mission and establishing the policies of the Division. Disease Control focuses on control of communicable and environmentally mediated diseases. Disease Control activities have historically been a focus of health departments at the local, state, and federal levels.

**Budget Overview:**

	<b>1996-97</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	0.34	1.00	1.00	0.00
Program Costs	\$95,1174	\$178,3115	\$129,7366	(\$48,549)

**Significant Changes - Expenditures**

	<b>Amount</b>
Outside-In HIV prevention activities shifted to HIV prevention program	(\$60,000)

**Immunization**

Health Department

**Description**

Immunizations have been identified as a benchmark for the state and Multnomah County. This unit manages the vaccines, processes the ordering from clinics, manages the delegate agencies and conducts secondary review and other state-mandated requirements in order to receive free vaccine through the state. The Immunization Unit provides publicity and marketing for immunization services, conducts outreach to families whose children are not up-to-date, mails reminder postcards to children who are behind and provides incentive materials and recommended schedules to families. The Immunization Unit develops partnerships in the community with other stakeholders regarding the health of children especially as it relates to immunization levels. These partnerships assist in direct delivery of immunization services and advertising and promoting the importance of immunizations. The Immunization Unit provides consultant services to private health care providers regarding immunization levels by assessing child's records and enhancing compliance of their clients.

**Budget Overview**

	1996-97	1997-98	1998-99	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	3.67	2.00	2.00	0.00
Program Costs	\$791,727	\$177,730	\$202,740	\$24,990

**Key Results**

	1995-96	1996-97	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
Contacts/children for immunization evaluation/vaccine served per month	2,100	2,560	2,500	1,000	1,200

**Significant Changes--Expenditures**

	<u>Amount</u>
Total M & S increased, centered in facilities charges	\$12,720

# HIV Prevention

Health Department

## Description

The mission of the program is to prevent the further spread of HIV infection among the most at risk members of our community. This is done by planning culturally appropriate interventions, which seek to change risky behaviors, and by collaborating and cooperating with others providing HIV prevention in our community. Program activities include: street outreach services, distribution of prevention items such as bleach and condoms, HIV counseling and testing services at health department and community sites, needle exchange, group presentations, seroprevalence studies, contracts with community agencies providing HIV prevention, and convening and staffing of the county Community HIV Prevention Planning Team. Program staff provide these services in a number of venues, such as county corrections, alcohol and drug treatment agencies, schools, public sex environments such as bars and clubs, and agencies serving homeless individuals.

In the state of Oregon, there were 3,870 diagnosed AIDS cases as of December, 1996 (2,468 in Multnomah County). The Oregon Health Division estimates that there are 3,800 to 8,600 other Oregonians who are HIV infected. HIV prevention interventions are the only tools we currently have to prevent this figure from growing.

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

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	12.22	7.80	8.67	0.87
Program Costs	\$1,782,608	\$1,224,826	\$1,222,469	(\$2,357)

## Key Results

	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
Rate of new HIV infection in injection drug users in Multnomah County	NA	1%	1%	0.77%	1%
% of people of color receiving HIV counseling and testing	NA	18% (CY1995)	18%	32%	30%

## Significant Changes - Expenditures

	FTEs	Amount
Reduction in Office Assistant 2, addition of Office Assistant Senior, net	0.02	\$671
Outside-In HIV prevention activities shifted from Division Management		\$60,000
Senior Word Processing Operator reduction	(0.25)	(\$8,984)
Health Services Specialist 2	(0.40)	(\$16,025)
Health Educator	0.50	\$25,645
Health Services Specialist	0.80	\$50,398
Co-Principal Investigator	(0.30)	(\$29,962)
Data Analyst Senior	0.60	\$41,003
FTE changes via amendment	(0.10)	(\$6,731)

# Health Inspections

Health Department

## Description

The mission of the Health Inspections Program is to prevent communicable disease and injury by promoting a healthful environment that is free of environmental hazards. The unit is responsible for enforcing state and local environmental health laws and rules and analyzing community environmental health problems.

Primary activities include licensure, inspections, education and investigation. The program inspects restaurants, swimming pools, child and adult foster care centers, and other facilities for compliance with health and safety standards; enforces state, city and county health codes; provides education to the regulated businesses; provides technical assistance to small community drinking water systems; and responds to public concerns regarding environmental health problems and issues.

State and local laws and regulations limit discretion of the County Board.

The program is fully supported by license fees.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	22.62	19.86	22.89	3.03
Program Costs	\$1,487,531	\$1,435,467	\$1,631,572	\$196,105

## Key Results

	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
<b>New Key Result</b>					
Number of food service managers who have received County-sponsored food safety training.	0	0	NA	50	100

## Significant Changes - Expenditures

	FTEs	Amount
Cut Sanitarian	(0.60)	(\$32,662)
Clerical Unit Supervisor increase to 1 FTE	0.10	\$3,861
Health Services Manager adjustment	0.03	\$2,393
Add Office Assistant	3.50	\$121,756
Total M&S increase, centered in facilities, communications and other internal reimbursements		\$60,056
Carryover Capital via amendment		\$25,000

# Vector Control

Health Department

## Description

The mission of Vector Control is to protect health and enhance livability of the community through control of rat and mosquito populations, and serve as a resource for addressing other public health vector problems that may arise. Program elements consist of Rodent Control, Mosquito Control, and Nuisance Abatement. Classroom presentations, news media coverage, and informational handouts are all utilized to increase community participation in control efforts.

Rodent control is accomplished through complaint investigations and routine baiting of the Portland sewer system. Activities of the rat control program include public education, on-site investigations, and provision of control tools such as tamper-resistant bait stations, rodenticides, and traps.

Mosquito control is accomplished by monitoring breeding sites and implementing integrated pest management measures targeted at species known to harm man. Mosquito production will vary during the entire year due to climatic changes and river levels, which affect each species differently. All control efforts attack mosquito larvae since they are at the most vulnerable stage of their life cycle. This approach provides a cost-effective and an environmentally responsible program for the community.

Nuisance abatement is enforcement of specific County, City of Portland and City of Fairview nuisance codes. Services are provided through intergovernmental agreements as the law allows.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	5.96	5.50	5.50	0.00
Program Costs	\$338,688	\$352,176	\$366,943	\$14,767

## Key Results

### New Key Result:

% of all rat complaints related to sewer rats

1997-98	1998-99
Current Estimate	Projected
30%	24%

## Significant Changes - Expenditures

No significant changes



# Home Lead Hazard Reduction

Health Department

## Description

The Home Lead Hazard Reduction Program through CLEARCorps (Community Lead Education and Reduction Corps) works to increase the number of "lead safer" housing units for children under six years of age in low income families. CLEARCorps works to reduce lead exposures for children through community education, and an in-home program providing education, minor home repairs, and intensive cleaning services. CLEARCorps provides paint film stabilization, repair of dust producing friction and impact points, window repair, and a thorough home cleaning using a HEPA (High Efficiency Particulate Air) vacuum cleaner.

This program serves families of children with elevated blood lead levels, low income families (80% or less of median family income for Multnomah County) with children under six years of age or pregnant women living in housing units built before 1950. According to an EPA study, Multnomah County ranks 48 out of 3,000 counties nationwide for potential lead exposure problems based on the size of the pre-1950 housing stock and the number of children living in these older units.

There is a \$500,000 cap on budgets for years 2-5. Personnel changes need to be done by mutual consent of the County and the Water Bureau.

(Note: this program replaces the Oregon Childhood Lead Poisoning Prevention Program)

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	3.61	2.55	5.75	3.20
Program Costs	\$216,746	\$455,233	\$752,326	\$297,073

## Key Results

	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Original Projection	Current Estimate	Projected
New Key Result:					
% of completed houses that will pass six month clearance testing	0	0	80%	80%	85%

## Significant Changes - Expenditures

	FTEs	Amount
Cut Office Assistant II	(0.50)	(\$16,437)
Cut Health Information Specialist 2	(0.50)	(\$21,672)
Add Health Services Administrator	1.00	\$75,753
Add Sanitarian	0.70	\$35,367
Total M&S decrease, centered in payments to other agencies.		(\$130,000)
Add temporary help		\$93,960
Adds HUD Lead Abatement Grant, via amendment	2.50	\$268,017

**STD Clinic/Epidemiology**

Health Department

**Description**

The goal of this program is to reduce the spread of sexually transmitted diseases and HIV. The responsibilities of the epidemiology unit are: to provide prevention information, perform surveillance, and identify and refer persons at risk for evaluation and treatment. Activities include: conducting interviews and completing case investigations on reported cases of gonorrhea, syphilis, Chlamydia, and HIV; providing individual counseling and education; providing referral for evaluation of symptoms and/or exposure to a sexually transmitted disease; providing education to the community; and to monitor disease trends in the community through surveillance methods. This program provides control and prevention services which are available to all residents of Multnomah County.

The clinical portion of the program provides comprehensive medical services for the evaluation and treatment of sexually transmitted disease and other related uro-genital disorders. This clinic provides low cost, quality services to all persons seeking this service, and referral when needed. No one is refused service for an inability to pay. The clinic provides HIV counseling and testing to all members of the community. Additional services available on a limited basis include family planning and immunizations for Hepatitis B.

The goal of both the epidemiology unit and the clinical unit is to reduce sexually transmitted disease (including HIV) incidence in Multnomah County.

**Budget Overview**

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	20.78	16.10	17.90	1.80
Program Costs	\$1,486,501	\$1,228,859	\$1,357,647	\$138,778

**Key Results**

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
1) % of reported cases of the following STDs interviewed by County Disease Intervention Specialists for contacts						
1) Gonorrhea	89%	89%	83%	90%	85%	90%
2) Syphilis	100%	100%	100%	95%	95%	95%
3) Chlamydia	39%	34%	74%	50%	50%	50%
Number of cases per 1000,000 residents Between 15 and 44 years of age						
1) Gonorrhea		210	172	200	200	210
2) Chlamydia		586	574	550	550	580

**Significant Changes-Expenditures**

	FTEs	Amount
AIDS Surveillance Grant CHN transferred from Communicable Disease program	0.80	\$51,720
Add Health Information Spec	0.20	\$8,577
Building Management		\$24,000
Additional staff funded by HIV/CTS revenue, added via amendment	0.80	\$23,443

## HIV Client Services

Health Department

## Description

The Ryan White Comprehensive AIDS Resources Emergency (CARE) authorizes emergency funding to areas that are disproportionately affected by the HIV/AIDS epidemic, providing health and support services to people living with HIV/AIDS. Funds are awarded for the six county area of Clackamas, Columbia, Multnomah, Washington, and Yamhill Counties in Oregon, and Clark County in Washington, by the County Chair as the chief elected official of Multnomah County. The County Chair appoints the HIV Services Planning Council, which is responsible for setting priorities and amounts of funding for each service supported by the grant. Responsibility for administering Ryan White Title I and II funds is delegated to the Multnomah County Health Department.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	3.40	4.35	4.58	0.23
Program Costs	\$2,736,196	\$3,427,213	\$2,908,109	(\$519,104)

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of funds allocated for health and support services to people living with HIV/AIDS within 60 days of Ryan White Title I supplemental grant award	NA	NA	NA	90%	97%	95%

## Significant Changes - Expenditures

	FTEs	Amount
Add Office Assistant 2 and Office Assistant Senior	0.78	\$26,311
Reduce Program Development Technician	(0.30)	(\$10,681)
Elimination of Program Development Specialist, Social Worker, Community Health Nurse, Physician Assistant	(1.30)	\$64,853
Add Health Services Specialist in restructure of Planning Council support	0.90	\$48,562
Add Senior Data Analyst to support program evaluation, contract monitoring and financial management.	0.15	\$9,841

**HIV Treatment Clinic**

Health Department

**Description**

The mission of this clinic is to serve people living with HIV by providing comprehensive and compassionate medical treatment, nursing care, and social services. Primary activities include the provision of primary health care, case management, referral to outside agencies/providers as needed, nutritional evaluation and follow-up, medication management, HIV positive wellness program and home visits.

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

**Budget Overview**

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	20.17	17.58	18.95	1.38
Program Costs	\$1,675,758	\$1,672,100	\$1,840,300	\$168,200

**Key Results**

	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of potential clients who receive clinical services within 3 weeks of initial clinic contact	76%	96%	90%	96%	98%
<b>NOTE:</b> This will be the last year that we measure this key result although we will continue to monitor this activity and assure that clients continue to have ready access to services.					
<b>New Key Result:</b>					
% of visits covered by health insurance	69%	73%	75%	75%	80%

**Significant Changes - Expenditures**

	FTEs	Amount
Pharmacist	0.75	\$70,768
Data Analyst Senior	0.25	\$16,402
Reduce Community Health Nurse	(0.80)	\$47,536
Eliminate Co-Principal Investigator	(0.18)	(\$15,637)
Adjust Physician	0.05	\$6,185
Add Physician Assistant	0.10	\$7,567
Add Social Worker	0.20	\$11,120
Add Health Assistant	1.00	\$27,731

# Disease Prevention & Control TB Prevention & Treatment Center Health Department

## Description

The purpose of TB Prevention & Treatment Center is to prevent the transmission of tuberculosis in Multnomah County. It is responsible for the investigation and implementation of control measures for tuberculosis within the County. The program's activities include screening, evaluating, providing treatment for patients, interviewing case contacts to obtain information needed to control further spread of the disease, case management to assure that clients initiate and maintain appropriate therapy, and educating the public on tuberculosis by distributing pamphlets and delivering individual or group presentations.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	18.89	18.70	19.50	0.80
Program Costs	\$1,335,400	\$1,341,299	\$1,525,534	\$184,235

## Key Results

	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of TB patients who complete a course of TB Treatment (active TB)	84%	75%	90%	75%	75%
Note: All figures (except 97-98 projection) adjusted to match current CDC treatment completion formula.					

## Significant Changes - Expenditures

	FTEs	Amount
0.80 Community Health Nurse added for TB outreach	0.80	\$50,217
Total M&S increase, centered in pharmaceuticals, supplies and communications		\$36,915
Carryover equipment via amendment		\$8,000

**Communicable Disease**

Health Department

**Description**

The goal of the Communicable Disease program is to protect the public from the spread of communicable disease and to decrease the level of communicable disease in Multnomah County. The rate per 100,000 population varies with each disease and is affected by availability of vaccinations, access to medical care, personal hygiene, and the cyclical nature of each disease. The program is responsible for investigation and implementation of control measures for all reportable communicable diseases except for diseases investigated by the Tuberculosis and STD programs. The program investigates, advises appropriate control measures and counsels all clients diagnosed with a reportable communicable disease. The program also screens, diagnoses, and refers clients for hepatitis and other communicable diseases if they have no other source of medical care. The program assists in the identification of exposed individuals so that treatment can be provided and the spread of disease contained; provides prophylaxis as needed; provides education to clients, staff and the community; and provides surveillance and crisis intervention in outbreaks of communicable disease.

**Budget Overview**

	<b>1996-97</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	9.78	9.80	8.40	(1.40)
Program Costs	\$712,441	\$739,549	\$702,752	(\$36,797)

**Key Results**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	<b>1997-98</b>	<b>1997-98</b>	<b>1998-99</b>
	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Original Projection</b>	<b>Current Estimate</b>	<b>Projected</b>
# of preventable Hepatitis A cases transmitted by workers in high risk settings	0	0	0	0	0	0

**Significant Changes - Expenditures**

	<b>FTEs</b>	<b>Amount</b>
AIDS Surveillance Grant - CHN transfer to STD Clinic	(1.00)	(\$58,523)
Adjust Health Services Administrator	0.10	\$8,242
Cut Health Information Specialist 2	(0.50)	(\$20,885)
Carryover training via amendment		\$5,000

**Occupational Health**

Health Department

**Description**

The goal of the Occupational Health program is to reduce the risk of an employee acquiring a communicable disease at work. The Occupational Health program provides the OSHA Blood borne Pathogens and Tuberculosis Programs to employees in order to increase workplace safety for both Multnomah County and other employers through contract.

The Blood borne pathogens program includes development of an "exposure control plan" for each work site, training new employees within 10 days of assignment, annual training updates, Hepatitis B vaccination for all at risk employees, and blood borne pathogen exposure counseling and prophylaxis as appropriate. The TB program includes a risk analysis of each work site, training of employees, written policies and procedures for early identification and triage of patients/inmates who may have infectious TB, periodic screening of employees, and oversight of the development and use of personal protective equipment. Employee medical records are kept confidential. The program also gives trainings and other immunizations to other employees and students; e.g. rabies for veterinarians, tetanus/diphtheria for sewer workers.

**Budget Overview**

	1996-97	1997-98	1998-99	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.99	4.00	2.85	(1.15)
Program Costs	\$313,661	\$339,354	\$277,935	(\$61,419)

**Key Results**

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
% of Multnomah County employees who have received bloodborne pathogen training	74%	74%	93%	95%	95%	95%

**Significant Changes - Expenditures**

	<u>FTEs</u>	<u>Amount</u>
Cut Community Health Nurse	(1.05)	(\$63,734)
Adjust Health Services Administrator	(0.10)	(\$8,242)

# Neighborhood Health

Health Department

## Description

This Division in the Health Department combines the efforts of the Community Health Field Teams, the School Based Health Centers and the WIC program. To have health people in healthy communities individuals and families must have access to health care. Through home visits, groups, partnerships, and outreach by providing in school preventative and primary health care, the Neighborhood Health Division provides this access.

Field Services serve clients and families with health needs by visiting clients in homes, schools and other community locations and providing services of assessment, screening, teaching, advocacy counseling, and linking clients and families with community resources.

School Based Health Centers now exist in Elementary, Middle and High Schools in the County. All have the same overall goal of access to health care, reducing teen pregnancy and helping to assure children stay in school. Reducing teen pregnancy requires multiple strategies particularly abstinence counseling in schools, family planning services in health centers. The STARS Program is now providing abstinence counseling in all of the County's middle schools. The WYN (Waiting for Your Next) Abstinence Program is now providing services with all our Teen Connections contractors plus Helensview and Monroe High School.

Developing neighborhood access points is another function of this Division. The neighborhood site in the Brentwood Darlington area has improved birth outcomes and significantly reduced infant mortality. Roosevelt Community Clinic and SEI Clinic continue are two more neighborhood access sites. Healthy Start and African American Birth Outcome Project resources are expanding the scope and intensity of NINE outreach & access for pregnant women and mothers with new babies.

Over this next year a great deal of emphasis will be put on developing and implementing more neighborhood access sites for WIC services.

## Action Plans

- **All Units** - Continue Strategic Planning with Action Plans defined for 7/98 through 6/01.
- **Field Services** - Implement recommendations of County Auditors Report.
- **School Based** - Maintain aggressive pursuits for financial reimbursement for clinics from Oregon Health Plan Providers. Add new clinic if efforts successful. Pursue condom distribution in all County High Schools.
- **STARS** - Continue to decrease County General Fund support of program and increase school staff involvement.
- **WIC** - Continue to increase access via community sites for groups/classes and WIC certification.

## Significant Changes - Revenue

	Amount
Reimbursement for Maternity Case Management and for Targeted Case Management visits	\$132,664
Healthy Start Initiative	\$934,500
Family Preservation	(\$100,000)
AABO/State and Casey Foundation	(\$150,000)

## Significant Changes - Expenditures

	FTEs	Amount
Multi-agency cooperative health care resource project center		\$177,316
Parkrose Evening Clinic Added	2.50	\$134,132



# Neighborhood Health

## Health Department

### Budget Trends

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	112.16	173.59	165.62	180.07	14.45
Personal Services	\$6,524,161	\$8,713,720	\$9,119,152	\$10,037,917	\$918,765
Contractual Services	828,834	1,487,738	1,482,653	1,907,679	425,026
Materials & Supplies	1,621,259	2,462,884	2,625,820	3,225,636	599,816
Capital Outlay	137,737	305,300	354,300	264,600	(69,700)
<b>Total Costs</b>	<b>\$9,111,991</b>	<b>\$12,969,642</b>	<b>\$13,581,925</b>	<b>\$15,435,832</b>	<b>\$1,853,907</b>
Program Revenues	\$2,635,247	\$5,566,785	\$5,652,273	\$6,954,969	\$1,302,696
General Fund Support	\$6,476,744	\$7,402,857	\$7,929,652	\$8,480,863	\$551,211

### Costs by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	\$166,525	\$184,116	\$218,079	\$33,963
School-Based Clinics	3,323,920	4,083,786	3,873,317	(210,469)
Field Teams	3,925,499	4,263,995	4,882,320	618,325
Teen Family Support	496,471	495,897	561,889	65,992
Neighborhood Access Sites	351,138	936,555	2,045,010	1,108,455
Field Program Management	483,576	1,166,265	1,434,240	267,975
WIC	0	2,013,545	2,032,383	18,838
Breast & Cervical Cancer	364,662	437,766	388,594	(49,172)
<b>Total Costs</b>	<b>\$9,111,991</b>	<b>\$13,581,925</b>	<b>\$15,435,832</b>	<b>\$1,853,907</b>

### Staffing by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	2.14	2.00	2.00	0.00
School-Based Clinics	42.34	47.59	46.23	(1.36)
Field Teams	51.82	54.35	57.59	3.24
Teen Family Support	1.24	1.40	1.40	0.00
Neighborhood Access Sites	5.46	13.68	25.45	11.77
Field Program Management	4.96	5.60	8.20	2.60
WIC	0.00	36.70	36.30	(0.40)
Breast & Cervical Cancer	4.21	4.30	2.80	(1.40)
<b>Total Staffing FTEs</b>	<b>112.16</b>	<b>165.62</b>	<b>180.07</b>	<b>14.45</b>

# Division Management

## Description

The Office of the Director of Neighborhood Health is responsible for providing oversight and assuring quality services are directed toward the vision and mission of the department and division. This office supervises the division managers and program coordinators. Division management provides policy direction for the division and participates in policy development for the department. Division management is also responsible for key coordination and planning efforts for children within the County e.g. community Family Services and the Commission on Children and Families and with the Community e.g., Caring Community, Access Neighborhood Sites.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	2.14	2.00	2.00	0.00
Program Costs	\$166,525	\$184,116	\$218,079	\$33,963

## Significant Changes - Expenditures

No Significant Changes

# School Based Health Centers

## Description

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

The School Based Health Center Program has three goals: 1) To reduce the incidence of teen pregnancy in its client population. 2) To increase access to primary care for children and adolescents without other accessible, affordable options. 3) To reduce school absenteeism by keeping kids healthy and ready to learn. These problems are increasing as adolescents become sexually active at earlier ages and as the uninsured population increases.

The program is limited by restrictions placed on it by local school districts where clinics are located. Restrictions usually occur around reproductive health services

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	42.34	47.59	46.23	(1.36)
Program Costs	\$3,323,920	\$4,083,786	\$3,873,317	(\$210,469)

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of female family planning clients who do not get pregnant during the year	93.5%	91.7%	96.2%	94%	96.2%	96.5%

## Significant Changes - Expenditures

	FTEs	Amount
Office Assistant Add	0.50	\$14,332
0.1 FNP from Jefferson SBHC to SEI	(0.10)	(\$3,003)
0.14 add to Sr. OA at PSBHC	0.14	\$5,898
0.16 Office Assistant Senior add, one reason being annualizing of School Clinic added in 97/98	0.16	\$5,713
Health Information Specialist reduction	(1.62)	(\$64,356)
Health Assistant reduction	(0.84)	(\$29,230)
Licensed Community Practical Nurse add, one reason being annualizing of School Clinic added in 97/98	1.48	\$55,955
Nurse Practitioner add, one reason being annualizing of School Clinic added in 97/98	0.20	\$15,031
Community Health Nurse reduction, one reason being Referred Clinic shift to Neighborhood Access program	(2.34)	(\$135,080)
Health Educator reduction	(0.49)	(\$23,874)
Mental Health Consultant add, one reason being annualizing of School Clinic added in 97/98	1.08	\$49,793
Co-Principal Investigator delete	(0.20)	(\$14,158)
Carryover Capital via amendment		\$139,600
Add Office Assistant Senior via amendment	0.17	\$6,527

# Field Program Management

The Field Countywide Program Management Unit provides direction, oversight, program development, evaluation and resource development for five geographically defined field teams and countywide field programs. Field Countywide Program staff facilitate coordinated services between the Field Services programs, other health department divisions, the Oregon Health Division, and other community health and social service providers. This office seeks and obtains State, Federal and private resources to support effective community-based programs. The staff continually assesses Field Service needs, conducts program evaluations, maintains revenue agreements and looks for ways to establish linkages with other health and social service agencies and to provide selected health services at a countywide level.

Family Preservation and Support program is responsible to manage state and federal funds used for implementing the 1995 Multnomah County Commission on Children and Families Child Welfare Plan to reduce child abuse and neglect. Funds are contracted to community providers for crisis nursery services and community safety net services.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	4.96	5.60	8.20	2.60
Program Costs	\$483,576	\$1,166,255	\$1,434,240	\$267,975

## Significant Changes – Expenditures

	FTEs	Amount
Move CHN from SE Field	0.90	\$56,321
CHN from 97/98 decision package	0.40	\$30,669
Health Services Specialist for Early Head Start contract	0.80	\$56,854
Family Home Visitor	0.50	\$16,372
Multi-agency cooperative head lice resource project center, amended		\$177,316
Adjusted Family Preservation & Support carry over		(\$171,874)

# Field Teams

## Description

The goal of the Field Teams is to support the Health Department's focus on the protection of the community, the prevention of illness, the promotion of health, and the provision of services throughout the life span. Each geographically placed field team has community health nurses and outreach workers who provide assessment, screening and procedures, counseling, teaching, advocacy, referral and case management services to vulnerable individuals, families, and groups living in that community. The multi-disciplinary teams provide health-related services to targeted populations such as young, pregnant and/or parenting families, low birth weight babies, developmentally compromised infants, children with chronic health care needs, formerly incarcerated pregnant women, homeless individuals and families, the aged, victims of violence, families affected by alcohol and other drugs, and families with complex and health and social needs. The Field Team staff deliver services through many avenues such as consulting with and coordinating with other care providers, representing health care providers on community boards and action teams, educating others about health care concerns of their community and their clients, teaching classes, and visiting the client and their family. Visits can occur in the home, the Field Team offices, the hospital, schools, other service delivery sites in the community. Field Team staff actively participates in coordinated community-based activities offered through schools, community agencies, and integrated service projects.

In summary, the Field Team staff advocates for county residents to assure them a healthy life and a safe environment. Field services to families with young children will increase the chance for children to experience age-appropriate growth and development and to live in safe, supportive families and communities.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	51.82	54.35	57.59	3.24
Program Costs	\$3,925,409	\$4,263,995	\$4,882,320	\$618,325

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of high risk pregnant women, i.e., Medicaid eligible prenatal women who receive maternity case management services through home visits	0%	0%	15% EST	20%	20%	5%
% of families with newborns living in PCDS service area offered initial growth and developmental assessment and/or referral for health care and community-based services	80%	80%	85% EST	85%	85%	85%

## Significant Changes -- Revenue

Reimbursement for Maternity Case Management and for Targeted Case Management visits

**Amount**  
\$132,664

## Significant Changes -- Expenditures

Building Management increase mainly due to better allocation between Field Teams and Primary Care

**FTEs**  
**Amount**  
\$222,000

Increase Indirect Costs due to higher rate and larger budget

\$101,000

Family Home Visitor

2.50 \$81,860

0.5 OA2 and 0.5 Health Information Specialist 2

1.00 \$39,150

Community Health Nurse (1.4 moved from Comm Access Add 97/98)

(0.26) (\$15,156)

# Teen Family Support

## Description

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

- Assessment and referral to the appropriate services. Assessments are done by a Community Health Nurse, in the home, clinic or school before birth, or at birth in the hospital.
- Case management, support groups, and interactive parent education, which is provided by non-profit community agencies.
- Systems coordination implemented through the Connections Program Coordinator.

Teen parents and their children are at risk for health and social problems and need specialized services. By centrally tracking all teen parents, the program reduces duplication of service, and provides information on risks and needs of parents to assist with program planning and evaluation.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	1.24	1.40	1.40	0.00
Program Costs	\$496,471	\$495,897	\$561,889	\$65,992

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of teen mothers assessed for health, social, and parenting needs	83%	83%	83%	90%	70%	90%

## Significant Changes - Expenditures

	Amount
6% increase in contracts to community based agencies (return to 96/97 base plus COLA)	\$25,864
Add WYN (Waiting for Your Next) funding from STARRS	30,000

# Neighborhood Access Sites

## Description

The purpose of the Neighborhood Access Program is to make health services and information more accessible. It is responsible for addressing the unique needs of specific communities. In collaboration with other community-based agencies, the program provides health services at the neighborhood level. Currently, the program consists of three projects, two of which began during 1997-98.

The Brentwood-Darlington Health Team, (co-located with the Lane School Based Health Center in Outer Southeast Portland), aims to improve the health of neighborhood families with pregnant women and/or young children. During home and clinic visits, community health nurses and family health workers provide newborn and postpartum assessments, well child and developmental screenings, immunizations, WIC and referrals to other services. The goal of the Roosevelt Neighborhood Health Clinic (RNHC) is to promote the health of uninsured North Portland residents. RNHC offers well child exams, immunizations, limited reproductive health services, breast and cervical cancer screening, sexually transmitted infection screening and treatment, short duration acute care treatment, and Oregon Health Plan screening and referral. The Self Enhancement, Inc., (SEI) Neighborhood Access Clinic increases access to health care for men, women and families with young children in North/Northeast Portland. The clinic is the product of a collaboration between Field Services, School-Based Services, Providence Health System, and SEI. Healthy Birth Initiative (HBI) includes the African American Birth Outcomes Project and the Healthy Start Initiative. The goal of HBI is to reduce infant mortality in portions of NINE Portland with a focus on African American and Hispanic populations.

HBI will serve 160 high-risk women who are either pregnant or parenting an infant during FY 98-99. The service model incorporates specific concerns of the NINE Portland women who experienced infant mortality and/or morbidity in 1995-97 and as identified by the African American Birth Outcomes Project.

The African American Birth Outcomes Project began in January 1997 and funding will end in December 1998. Healthy Start Initiative is a 5-year project that began September 1997.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	5.46	13.68	25.45	11.77
Program Costs	\$351,138	\$936,555	\$2,045,010	\$1,108,455

## Key Results

	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Original Projection	Current Estimate	Projected
Rate of adequate prenatal care in the Brentwood-Darlington area	87%	72.8%	85%	85%	85%

## Significant Changes - Expenditures

	FTEs	Amount
Healthy Start Initiative	9.20	\$438,700
African American Birth Outcomes	(3.25)	(\$157,700)
2.5 FTE moved to Field teams during 97/98	(2.50)	(\$137,000)
Parkrose Evening Clinic Added	2.50	\$134,132
Various FTE changes, estimated cost	3.42	\$159,420
Roosevelt Evening Clinic shifted from school program	3.20	(\$170,000)
Move Community Health Nurse to WIC program, via amendment	-0.30	(\$22,216)

# WIC Program

## Description

The mission of the federally funded WIC program is to improve the health of pregnant and breast feeding women and young children. The responsibilities of the program in Multnomah County are to assess participant eligibility, provide nutrition education, issue vouchers for specially chosen nutritious foods and provide referral into health care. As a Neighborhood Health Division program WIC services are offered in three Multnomah County clinic hub sites and at several additional community access sites to approximately 17,000 participants each month.

WIC is a prevention oriented program that addresses the issues of reducing rates of low birth weight and premature infants, improving growth and development of at-risk infants and children, promoting breastfeeding, decreasing infant mortality, reducing rates of iron deficiency and increasing access to needed supportive services.

To meet state requirements for individual nutrition counseling for very high risk participants, the Multnomah County WIC program used a small amount of county general funds to provide professional nutritionists as service providers in the clinics and at some community access sites.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	0.00	36.70	36.30	(0.40)
Program Costs	\$0	\$2,013,545	\$2,032,383	\$18,838

## Key Results

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Actual	Original Projection	Current Estimate	Projected
Average # of women, infants, and children served per month by WIC program	NA	NA	16,795	17,000	17,000	17,000

## Significant Changes - Expenditures

	FTEs	Amount
1.5 total FTE Nutritionists to provide high-risk nutritional counseling in main clinics and on home visits and to provide WIC services in a variety of community access sites (instead of 11.5 CHNs = \$99,256)	1.50	\$85,100
Adjustment to Office Assistant 2	(0.20)	(\$6,141)
1.5 FTE CHN cut	(1.50)	(\$89,030)
1.5 FTE Nutritionist Asst cut	(1.50)	(\$56,885)
1.0 FTE Office Assistant 2 increase funded by amended African American's Birth Outcome revenue	1.00	\$32,418
Move Community Health Nurse from Neighborhood program, via amendment	0.30	\$22,216



# Breast & Cervical Cancer Partnership

Neighborhood Health  
Health Department

## Description

The purpose of this program is to increase the number of women 40 years of age and older who get regular Pap tests and mammograms, by offering free breast and cervical cancer screening and diagnostic services to older, low-income, and uninsured women. The program is delivered through health department and community clinics that offer a Women's Health Clinic exam that includes pap test, pelvic exam, clinical breast exam and referral for a mammogram. An outreach component includes recruitment and education efforts through presentations, posters in community sites, partnerships with other agencies, and media outreach.

This program is delivered in partnership with the Oregon Breast and Cervical Cancer Coalition, the Susan G. Komen Foundation, the American Cancer Society, the Oregon Health Division, the National Black Leadership Initiative on Cancer and numerous community health care agencies. Funding is provided by the Centers for Disease Control and the Susan G. Komen Foundation.

In March 1998, we anticipate that three year contracts will be awarded through the Health Department's BCC program to community based agencies to expand outreach, education and recruitment efforts to minority and hard-to-reach women. The Health Department will monitor these projects which are funded with pass through monies from the Oregon Health Division. The amount of these contracts is not known at this time.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	4.21	4.30	2.90	(1.40)
Program Costs	\$364,862	\$437,766	\$388,594	(\$49,172)

## Key Results

	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Original Projection	Current Estimate	Projected
# of women screened by BCCP in health department clinics					
# of women age 40+ screened by BCCP in health department clinics	NA	316	700	500	NA

## Significant Changes - Expenditures

	FTEs	Amount
Health Services Specialist reduced by 0.2 FTE	(0.20)	(\$11,660)
CHN reduced by 0.33 FTE	(0.30)	(\$18,210)
HIS II	(1.50)	(\$64,990)
Fiscal Assistant 1	0.60	\$23,740
The number of women screened will decrease from last year's projection by 500. Pass through reduced		(\$21,000)

We anticipate receiving pass through funds for community contracts for outreach, education and recruitment including 5% indirect for contract monitoring.

Increase Professional Services from additional Breast and Cervical Cancer grant via amendment \$42,766

## Description

CareOregon began as a collaborative partnership between Multnomah County Health Department, Oregon Health Sciences University, Clackamas County Health Department, and private non-profit Community and Migrant Health Centers across Oregon. Multnomah County Health Department was the administrative agent for this collaborative fully capitated managed health care option. CareOregon contracts with primary care, OB/GYNs, specialty and ancillary health care providers and Oregon Health Sciences University for hospital services and alternatives to hospital care. CareOregon is responsible for assuring quality, cost effective managed care health services to eligible clients who enroll in CareOregon as an Oregon Health Plan option. CareOregon monitors providers' compliance with the care and fiscal standards, member satisfaction, and overall financial solvency of the plan.

As of April 1997, CareOregon operates as an independent non-profit organization. The budget in the Health Department is to pay salaries of CareOregon employees that elected to remain Multnomah County employees. CareOregon pays reimbursement under a contract with Multnomah County for expenses associated with these employees.

<b>Budget Totals</b>	<b>1996-97</b>	<b>1997-98</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Current Estimate</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	19.08	26.25	26.25	14.00	(12.25)
Personal Services	\$1,070,384	\$800,000	\$1,382,077	\$772,729	(\$609,348)
Contractual Services	35,273,579	0	0	0	0
Materials & Supplies	2,431,732	0	0	0	0
Capital Outlay	0	0	0	0	0
<b>Total Costs</b>	<b>\$38,775,695</b>	<b>\$800,000</b>	<b>\$1,382,077</b>	<b>\$772,729</b>	<b>(\$609,348)</b>
Program Revenues	\$38,458,023	\$800,000	\$1,417,735	\$772,729	(\$645,006)
General Fund Support	\$317,672	\$0	(\$35,658)	\$0	\$35,658

<b>Significant Changes - Revenue</b>	<b>Amount</b>
Revenue decrease due to expenditure decrease	(\$645,006)

<b>Significant Changes - Expenditures</b>	<b>FTEs</b>	<b>Amount</b>
Reduction in FTEs due to CareOregon becoming a private non-profit entity	(12.25)	(\$609,348)

# Primary Care Division

Health Department

## Description

The Primary Care Division is in partnership with the other Health Department divisions and the community to develop and assess services to ensure equitable access for the screening and treatment of illness. A primary focus of services is on prevention and client education to promote healthy choices. Primary medical health care services are available to County residents who choose Care Oregon as their managed care organization, who hold fee-for-service Medicaid cards, or who are unable to access medical care through private health care providers due to financial or other barriers. The Division provides primary health care services to 25,000 primary care clients (excludes WIC) annually in geographically dispersed sites throughout the county, and screens and predetermines Medicaid eligibility for low income residents.

## Action Plans

- Establish and achieve a productivity target for each provider based on RVUs and ensure that Primary Care meets minimum productivity standards required by the Primary Care Grant.
- Decrease the cost of chronic illness over the next three years to comply with the FQHC Cost cap set forth by the Bureau of Primary Health Care.
- Assist in modernizing the Account Receivable management practices and achieve identified targets.
- Integrate Managed Care practices into clinical management.
- Integrate Quality Management in Primary Care service delivery as measured by the successful completion of Joint Commission Accreditation of Health Organizations by FY 2000-2001.
- Complete a customer satisfaction survey annually and implement improvements as indicated in the survey results.
- Implement at least one performance objective addressing a minimum of three goals from the MC3 plan for all managers and supervisors.
- Initiate strategies to assist in the annual decline in the percentage rate of clients under 18 years reporting tobacco use at Primary Care visits as measured by the encounter system.
- Participate in developing a system that encourages the increased reported incidence of domestic violence.
- Pursue the development of a public-private partnership on a Tri-County regional basis to create a collaborative delivery model over the next five to ten years.
- Facilitate the enrollment of our uninsured clients in the expanded OHP, CHIP, and FHIAP.

## Significant Changes - Revenue

	Amount
Reduced Medicaid FQHC/Capitation	(\$790,000)
Child Health Insurance Program (CHIP)/Title 21/ Federal	\$78,700
Family Health Insurance Assistance Program (FHIAP)/State	\$279,900
Increased Medicare/ FQHC	\$430,000
Behavioral Health Medicaid	\$508,500
Reduced Primary care 330 Grant and reduced Linkage	(\$150,000)

# Primary Care Division

Health Department

## Budget Breakdown

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	231.32	203.18	196.98	207.83	10.85
Personal Services	\$12,903,212	\$10,810,549	\$12,087,043	\$12,541,748	\$454,705
Contractual Services	843,429	682,166	633,867	887,060	253,193
Materials & Supplies	4,115,797	4,262,040	4,479,862	5,004,835	524,973
Capital Outlay	46,972	25,000	25,500	118,250	92,750
<b>Total Costs</b>	<b>\$17,909,400</b>	<b>\$15,779,755</b>	<b>\$17,226,272</b>	<b>\$18,551,893</b>	<b>\$1,325,621</b>
Program Revenues	\$13,055,719	\$11,695,046	\$12,352,838	\$11,074,048	(\$1,278,790)
General Fund Support	\$4,853,681	\$4,084,709	\$4,873,434	\$7,477,845	\$2,604,411

## Costs by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	\$572,832	\$584,815	\$1,313,445	\$728,630
Medical Director	716,795	498,851	839,914	341,063
Homeless Children Project	303,814	324,707	310,876	(13,831)
Primary Care Clinics	15,990,844	15,712,146	16,060,605	348,459
LINKAGE	325,125	105,753	27,053	(78,700)
<b>Total Costs</b>	<b>\$17,909,400</b>	<b>\$17,226,272</b>	<b>\$18,551,893</b>	<b>\$1,325,621</b>

## Staffing by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	5.52	6.00	11.00	5.00
Medical Director	3.38	3.30	3.80	0.50
Homeless Children Project	4.71	4.40	4.20	(0.20)
Primary Care Clinics	212.94	181.91	188.78	6.87
LINKAGE	4.77	1.88	0.05	(1.33)
<b>Total Staffing FTEE's</b>	<b>231.32</b>	<b>196.98</b>	<b>207.83</b>	<b>10.85</b>

# Division Management

Primary Care  
Health Department

## Description

Division Management is responsible for seven Primary Care sites, and provides financial and administrative support to the Coalition of Community Health Clinics. The Division management is focusing its efforts in the following areas: collecting and analyzing data regarding community health, establishing linkages with other community health care systems to meet identified community health needs; developing and employing ongoing procedures that incorporate client participation in the development, planning and implementation of health services; identifying, analyzing, and redesigning primary care systems in order to decrease cost, improve revenue potential, improve quality and achievement of key results, and improve client access; promoting a culturally competent workforce; and ensuring the continued pursuit of quality services.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	5.52	6.00	11.00	5.00
Program Costs	\$572,832	\$584,815	\$1,313,445	\$728,630

## Significant Changes - Expenditures

	FTEs	Amount
Add Fiscal Assistants	4.50	\$125,369
Health Services Administrator adjustment	(0.30)	(\$21,550)
Adjust Nurse Practitioner and Nutritionist	0.20	\$12,797
Carryover equipment via amendment		\$43,400
Health Services Administrator adjustment via amendment	0.10	\$7,198
Program Development Specialist moved from Director's Office via amendment	0.50	\$24,658

**Medical Director**

Health Department

**Description**

The Medical Director is responsible for clinical oversight of all activities within the Health Department.

The Medical Director's activities include: recruitment, hiring and clinical supervision of providers; management of in-house continuing education programs; development, review and revision of clinical protocols and policies; oversight of in-patient services; coordination and oversight of in-house clinical teaching activities for providers; monitoring outside specialty, ancillary and hospital utilization; coordination and oversight of CQI activities that pertain to clinical practice; setting and monitoring standards for clinical care; setting and monitoring productivity standards; liaison to outside clinical affiliates; and ensuring cultural appropriateness of clinical services.

**Budget Overview**

	<b>1996-97</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	3.38	3.30	3.80	0.50
Program Costs	\$716,795	\$498,851	\$839,914	\$341,063

**Significant Changes - Expenditures**

Professional Services increased due to consulting on business and practice management improvements and changes in ancillary and specialty care needs

Indirect costs increase due to larger budget and changed rates

Building Management, previously not budgeted here

Office Assistant Senior added via amendment

<b>FTEs</b>	<b>Amount</b>
	\$225,831
	\$37,769
	16,140
0.50	\$19,808

# Homeless Children's Project

Primary Care  
Health Department

## Description

The Homeless Children's Project ensures availability and access to preventive and primary health care for children and their families who are at risk of being homeless with a focus on Latino children and their families. Clinical services are delivered at La Clinica de Buena Salud located at La Villa de Clara Vista apartments. An outreach component also provides home visits, health education, and related services to families as well as contact with other agencies. The project also provides basic preventive, diagnostic and treatment services which include: well-child exams, immunizations, lead screenings, prenatal care, family planning, WIC, communicable disease screening, care of acute and chronic medical conditions.

The Homeless Children's Project responds to the demands, by homeless families, for health care. The Homeless Children's project has experienced a continual increase in demand for services since the opening of La Clinica de Buena Salud in March, 1998.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	4.71	4.40	4.20	(0.20)
Program Costs	\$303,814	\$324,707	\$310,876	(\$13,831)

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of 2 Year Olds who are appropriately Immunized	91%	91%	100%	90%	90%	100%

## Significant Changes - Expenditures

	FTEs	Amount
Health Services Manager	(0.20)	(\$14,650)

# Primary Care Clinics

## Primary Care Health Department

### Description

The primary care clinics provide integrated primary health care to low-income and high-risk residents of the county. The clinics provide basic preventive, diagnostic and treatment services to all ages; e.g. family planning/birth control, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening (including STD, HIV, B19), drug and alcohol screening, management of low risk TB clients on preventive treatment, and care of acute and chronic medical conditions. The clinics target services to medically indigent infants and children, women in need of prenatal and family planning services in addition to providing general primary care to children and adults.

The demand for basic health care remains high. Out of a total of 94,534 annual visits, 32% had no source of health insurance, 47% were covered by the Oregon Health Plan; 61% were female, 35% were under the age of 18 years, 59% were minorities, and 54% required interpretation.

Approximately 2,000 clients formerly receiving health care services from the Westside Health Center are now seen at the Westside Health Center (WSHC). They are culturally diverse, medically indigent and homeless, residing in single room occupancy (SRO) hotels and on the streets in Portland. A portion of services delivered by this clinic are federally funded and must meet specific guidelines including serving clients who fit the federal definition of homeless. The Primary Care Clinics are influenced by Federal and State requirements, as well as medical practice standards.

### Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	212.994	181.991	188.788	6.877
Program Costs	\$15,980,844	\$15,712,146	\$16,080,665	\$348,459

### Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of pregnant women in County clinics who receive prenatal care beginning in first trimester (Oregon Benchmark)	70%	70%	71%	80%	80%	80%
% of homeless clients at WSHC immunized for Pneumovax and Tetanus	75%	65%	83%	80%	56%	80% of homeless

### Significant Changes - Expenditures

	FTEs	Amount
Office Assistant 22 to Centralize Appointments & Cully Access Site	5.97	\$200,000
0.80 Nutritionist @ \$44,864 and 0.737 Physician @ \$50,550	1.17	\$92,414
Office Assistant Senior add	0.20	\$7,499
Health Information Specialist for Cully Access Site	0.20	\$7,916
Health Assistant for Centralized Triage and Cully Access Site	1.00	\$32,095
0.30 Social Worker/Mental Health	0.30	\$17,100
Licensed Community Practice Nurse reduction	(0.70)	(\$27,483)
Nurse Practitioner (1999 FTE) Physician Assistant (0.02 FTE) reductions	(2.01)	(\$153,850)
Community Health Nurse add	0.50	\$28,285
Medical Records (01.22 FTE) X-Ray Technician (0.03 FTE) reductions	(0.75)	(\$28,727)
Laboratory Technician add	0.62	\$23,132
Health Serv Admin, 11 FTE to Mental Health	2.58	\$174,002
Health Services Supervisor reduction	(2.44)	(\$119,332)
Reclassify Office Assistant 2 to Office Assistant Senior, via amendment		\$1,207
FTE changes in North and Northeast Health Clinics, via amendment	0.23	\$0
Carryover Capital, via amendment		\$16,200



# Linkage

## Primary Care Health Department

### Description

The purpose of this program is to provide a continuum of linked primary care, drug, treatment and mental health services for primary care clients, their sexual partners and family members. The program has responsibility for the delivery of alcohol and drug evaluation, counseling and referral; mental health evaluation, treatment and referral; and assurance of HIV counseling and testing; and linkage to primary care services to chemically dependent Northeast Health Center primary care clients (and/or chemically dependent sexual partners or family members of primary care clients).

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

### Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	4.77	1.38	0.05	(1.33)
Program Costs	\$325,125	\$105,753	\$27,053	(\$78,700)

### Key Results

	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Original Projection	Current Estimate	Projected
# of NE Health Clinic Primary Care clients and/or partners evaluated and enrolled in Linkage program	NA	128	400	110	20

### Significant Changes - Expenditures

	FTEs	Amount
Grant funding of Linkage ends	(1.33)	(\$78,700)

# Dental Services

Health Department

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## Description

The Mission of the Dental Services Division is to improve the oral health of Multnomah County residents. The Division is responsible for facilitating and advocating for the delivery of dental services to County residents who are at risk, low income, and the underserved (including direct provision of dental services), providing primary preventive dental services (targeted for children), and monitoring the prevalence of oral disease among Multnomah County residents.

The Division addresses the following needs: 1) Statistics indicate that Oregon pre-school and school age children have tooth decay rates that are higher than national surveys. The data also indicate that minority children have much higher decay rates than the average child; 2) the Division's Dental Managed Care Organization (DMCO), MultiCare, has responsibility for over 144,000 enrolled members who are insured under the Oregon Health Plan and have significant backlog of dental needs; and 3) an estimated 250,000 County residents are without dental insurance and therefore have limited access to dental care.

## Action Plans

- Complete and evaluate an infant caries program and pilot test within Health Department clinic by December 1998.
- Evaluate the success of the newly implemented Dental Access Program, a public-private sector partnership developed to provide dental access for low income uninsured County residents.
- Complete recommended changes from recent evaluation of the dental clinic prevention policies and guidelines.

## Significant Changes - Revenue

No significant changes

## Significant Changes - Expenditures

No significant changes

# Dental Services

# Health Department

## Budgeted Items

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	57.76	59.40	59.40	60.00	0.60
Personal Services	\$3,030,882	\$2,927,021	\$3,238,614	\$3,312,334	\$73,720
Contractual Services	1,275,374	1,273,960	1,434,837	1,425,687	(9,150)
Materials & Supplies	1,160,028	1,252,935	1,289,941	1,355,189	65,248
Capital Outlay	46,080	92,000	17,000	0	(17,000)
<b>Total Costs</b>	<b>\$5,512,364</b>	<b>\$5,545,916</b>	<b>\$5,980,392</b>	<b>\$6,093,210</b>	<b>\$112,818</b>
Program Revenues	\$4,524,135	\$4,343,000	\$4,514,290	\$4,550,525	\$36,235
General Fund Support	\$988,229	\$1,202,916	\$1,466,102	\$1,542,685	\$76,583

## Costs by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	\$723,699	\$490,692	\$612,426	\$121,734
School & Community Dental Services	461,603	459,938	481,662	21,724
Dental Clinics	4,327,062	3,812,666	3,850,280	37,614
MultiCare Dental	0	1,217,096	1,052,025	(165,071)
Dental Access Program	0	0	96,817	96,817
<b>Total Costs</b>	<b>\$5,512,364</b>	<b>\$5,980,392</b>	<b>\$6,093,210</b>	<b>\$112,818</b>

## Staffing by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	5.25	1.50	2.00	0.50
School & Community Dental Services	7.17	6.60	6.60	0.00
Dental Clinics	45.34	48.80	47.90	(0.90)
MultiCare Dental	0.00	2.50	2.50	0.00
Dental Access Program	0.00	0.00	1.00	1.00
<b>Total Staffing FTE's</b>	<b>57.76</b>	<b>59.40</b>	<b>60.00</b>	<b>0.60</b>

# Division Management

## Description

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

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	5.25	1.50	2.00	0.50
Program Costs	\$723,699	\$490,692	\$612,426	\$121,734

## Significant Changes - Expenditures

	FTEs	Amount
Dentist	0.50	\$40,735

# School & Community Dental Services

Dental Services  
Health Department

## Description

The School/Community Dental Services' program mission is to improve the oral health of Multnomah County school age children and other at-risk county residents. The School/Community Dental Services program is responsible for providing primary preventive dental services to students in Multnomah County Elementary and Middle schools. The program provides oral screenings, oral hygiene education, fluoride supplements and dental sealants. Although dental decay in children in general is decreasing, the rate among low-income and minority children is staying the same.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	7.17	6.60	6.60	0.00
Program Costs	\$461,603	\$459,938	\$481,662	\$21,724

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of 6-8 year olds who are caries free	NA	NA	46.7%	50%	46.2%	46%

## Significant Changes - Expenditures

No significant changes

# Dental Clinics

## Dental Services Health Department

### Description

The Dental Clinics' mission is to reduce the level of untreated dental disease in low-income under-served Multnomah County residents. The Dental Clinics participate with other community resources in providing access to routine and limited urgent dental care services for children and adults enrolled in the DCO (including diagnosis, preventive and restorative services).

Dental Clinic services help address the problem of lack of access to dental care for low-income and uninsured (including Medicaid) County residents (an estimated 286,000 County residents have no dental insurance, and therefore limited access to care).

<del>Budget</del> <del>1997-98</del>	<del>1996-97</del>	<del>1997-98</del>	<del>1998-99</del>	
	<del>Actual</del>	<del>Adopted Budget</del>	<del>Adopted Budget</del>	<del>Difference</del>
Staffing FTEE	45.34	48.80	47.90	(0.90)
Program Costs	\$4,327,082	\$3,812,666	\$3,850,280	\$37,614

<u>Key Results</u>	<u>1994-95</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	<u>1997-98</u>	<u>1998-99</u>
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
Dental relative value productivity units per dentist	9,800	9,800	8,800	10,000	8,900	9,800

<u>Significant Changes -- Expenditures</u>	<u>FTEs</u>	<u>Amount</u>
Health Information Supervisor	(1.00)	(\$33,892)
Dental Assistant/Receptionist	1.10	\$34,856
Reduction in Dentist	(0.50)	(\$41,146)
Health Assistant	(0.50)	(\$18,863)

# MultiCare Managed Care Dental

Dental Services  
Health Department

## Description

MultiCare Managed Dental Care Organization (MDCO) is responsible for access and delivery of dental services to plan-enrolled clients under the Oregon Health Plan. The MDCO has over 14,000 employees which represent approximately 20% of those eligible in Multnomah County.

MultiCare Dental is responsible for marketing, member relations, quality assurance and coordination of benefits activities for the MDCO.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	0.00	2.50	2.50	0.00
Program Costs	\$0	\$1,217,096	\$1,052,025	(\$165,071)

## Significant Changes - Expenditures

	Amount
Reduction in Office Assistant 2 and addition of Office Assistant Senior	\$2,917
Professional Services reduction due to current requirements for ancillary and specialty care	(\$104,916)
Indirect cost reduction due to smaller budget and indirect rate changes	(\$15,851)

# Dental Access Program

## Description

The Dental Access Program is an innovative project designed to serve as a clearinghouse for Multnomah County dental access problems for uninsured low income individuals.

The Program, using a single point of access, matches community resources, including public sector dental programs and private sector volunteer dentists, with patients in need of urgent dental services.

The Program is designed to address the problem of lack of adequate access to dental care for an estimated 250,000 low income uninsured County residents. The number of dentally uninsured or underinsured in Multnomah County remains a significant barrier to dental care despite the expansion of the Oregon Health Plan.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	0.00	0.00	1.00	1.00
Program Costs	\$0	\$0	\$96,817	\$96,817

## Significant Changes – Expenditures

	FTEs	Amount
New program for 1998-99	1.00	\$96,817



# Support Services

Health Department

## Description

The Support Services Division provides diagnostic, pharmaceutical and ancillary health services required to meet the health needs of the client population. This division is responsible for the operation of laboratory services, pharmacy services, medical supplies/forms/pamphlets, language services, information and referral services, medical records management, and coordination of facilities management. Some activities include performing diagnostic laboratory testing, dispensing medications, coordination and planning for electronic medical records, and supervision of medical equipment and supplies purchasing.

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

## Action Plans

- Continue effort to automate laboratory services by June 1998.
- Outsource payroll for interpreter services for "on-call" interpreters; effective July 1, 1997.
- Outsource graphic artist work effective July 1, 1997.

### Significant Changes - Revenue

	<u>Amount</u>
Increased Drug reimbursement	\$590,000
Increased SafeNet	\$150,000

### Significant Changes - Expenditures

	<u>Amount</u>
Increased Drug costs	\$694,000
Increase in SafeNet Teen Pregnancy Prevention	\$450,000

# Support Services

# Health Department

## Budget by Fund

	1996-97 Actual	1997-98 Current Estimate	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	45.74	46.45	45.73	47.41	1.68
Personal Services	\$2,457,257	\$2,309,276	\$2,515,835	\$2,668,141	\$152,306
Contractual Services	404,835	608,245	709,848	835,654	125,806
Materials & Supplies	3,779,793	4,460,000	3,378,975	4,802,767	1,423,792
Capital Outlay	13,926	6,880	6,880	5,500	(6,800)
<b>Total Costs</b>	<b>\$6,655,810</b>	<b>\$7,383,701</b>	<b>\$6,610,538</b>	<b>\$8,312,062</b>	<b>\$1,701,224</b>
Program Revenues	\$3,788,269	\$4,050,000	\$4,037,904	\$5,299,138	\$1,261,234
General Fund Support	\$2,867,541	\$3,333,701	\$2,572,934	\$3,012,904	\$439,970

## Costs by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	\$579,098	\$368,525	\$451,131	\$82,606
Pharmacy Services	3,781,824	3,554,133	5,024,506	1,470,373
Laboratory Services	890,940	958,399	999,265	40,866
Information & Referral Services	791,026	1,235,986	1,425,329	189,343
Language Services	319,529	246,240	165,738	(80,502)
Communications	293,393	247,666	246,093	(1,462)
<b>Total Costs</b>	<b>\$6,655,810</b>	<b>\$6,610,538</b>	<b>\$8,312,062</b>	<b>\$1,701,224</b>

## Staffing by Program

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Division Management	2.51	2.50	2.50	0.00
Pharmacy Services	14.58	15.13	16.90	1.77
Laboratory Services	12.14	12.40	12.30	(0.10)
Information & Referral Services	8.91	10.15	10.16	0.01
Language Services	3.21	2.00	2.00	0.00
Communications	4.40	3.55	3.55	0.00
<b>Total Staffing FTEE's</b>	<b>45.74</b>	<b>45.73</b>	<b>47.41</b>	<b>1.68</b>

# Division Management

## Support Services Health Department

### Description

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

Division Manager organizes available resources to meet the field and clinical support services needs in a timely, efficient, and cost effective manner. This manager has experience in developing the management team in RESULTS and Project Improvement Teams (PIT). The teams are working more effectively.

### Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	2.51	2.50	2.50	0.00
Program Costs	\$579,098	\$368,525	\$451,131	\$82,606

### Significant Changes - Expenditures

No significant changes

# Pharmacy Services

## Description

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

Medications are an integral part of the total care of patients; as medications become increasingly expensive, patients are often not able to afford the drugs to treat their medical problems. As medication costs rise and new, innovative (and generally more expensive) drugs are marketed, obtaining quality health care is a problem for the many clients who cannot afford the prescribed medication.

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

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Differential
Staffing FTE	14.58	15.13	16.90	1.77
Program Costs	\$3,781,824	\$3,554,133	\$5,024,506	\$1,470,373

## Key Results

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Actual	Original Projection	Current Estimate	Projected
Total cost per prescription dispensed to County clients	\$16.04	\$16.04	\$16.67	\$18.68	\$18.68	\$19.80

## Significant Changes - Expenditures

	FTEs	Amount
Pharmacist	1.35	\$100,700
Pharmacy Technician	0.42	\$15,777
Increased Drug costs		\$694,000
Increase Drug costs via amendment		\$428,415

# Laboratory Services

## Support Services Health Department

### Description

Laboratory Services provides testing of client and environmental specimens for the Department. This section tests specimens for a variety of medical conditions, and performs environmental surveillance at known or actual problem areas (such as the Blue Lake swim area). This section supports the Environmental Health unit with food poisoning testing and evaluation. This section also monitors many units (clinics) for quality assurance in their testing.

Laboratory Services directly supports testing or requirements from: clinics, the Office of Communicable Diseases, the Environmental Health Unit, the Health Officer, the State Health Division, and the Federal Government (CJIA-88 and EPA).

### Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	12.14	12.40	12.30	(0.10)
Program Costs	\$890,940	\$958,399	\$999,265	\$40,866

### Key Results

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Actual	Original Projection	Current Estimate	Projected
Unit cost of laboratory tests	\$8.08	\$8.08	\$8.86	\$9.10	\$9.10	\$9.25

### Significant Changes - Expenditures

	FTEs	Amount
Office Assistant 2	(0.10)	(\$3,964)

# Information & Referral

## Support Services Health Department

### Description

A team of information and referral specialists link County residents in need of health services to existing community resources. This unit researches what health care services are offered in the community with a focus on low income or uninsured persons.

Under contract with the State Health Division and the Office of Medical Assistance, this unit also operates a statewide health care referral service called SafeNet, intended to help low income individuals access health and dental care services in their local communities. The Teen Health InfoLine, a program of SafeNet, provides non-judgmental sexuality information to adolescents and families.

### Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	8.91	10.15	10.16	0.01
Program Costs	\$791,026	\$1,235,986	\$1,425,329	\$189,343

### Key Results

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Actual	Original Projection	Current Estimate	Projected
Human Services referral calls taken per FTE	7,515	7,515	11,409	8,000	7,940	8,000

### Significant Changes - Expenditures

	FTEs	Amount
FTE adjustment to Health Services Administrator	0.01	\$792
Increased Contracted Services/SafeNet		\$100,000

# Language Services

## Description

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

The Health Department encounters over 63,000 non-English speaking client visits per year in over 30 different languages. The annual growth rate is 20%.

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

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTEE	3.21	2.00	2.00	0.00
Program Costs	\$319,529	\$246,240	\$165,738	(\$80,502)

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
Interpretation cost per visit	\$18.30	\$18.30	\$16.76	\$17.50	\$17.50	\$16.76

## Significant Changes - Expenditures

No significant changes

# Communications

## Support Services Health Department

### Description

The Communications unit provides support to Health Department staff in the areas of policy development, form and pamphlet distribution, health education, medical records, and safety.

### Budget Overview

	<del>1996-97</del>	1997-98	1998-99	
	<del>Actual</del>	Adopted Budget	Adopted Budget	Difference
Staffing FTE	4.40	3.55	3.55	0.00
Program Costs	\$293,393	\$247,555	\$246,093	(\$1,462)

### Key Results

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
Human Services referral calls taken per FTE	7,515	7,515	11,409	8,000	7,940	8,000

### Significant Changes - Expenditures

No significant changes



# Business & Administrative Services

Health Department

## Description

The Business Services Division is responsible for providing financial management, human resources management, Medicaid enrollment, and data processing support to the operational divisions of the Health Department. The Division accounts for grants; bills third party payers for medical, dental, and other health services; pays charges resulting from referrals to specialty medical, dental, and ancillary providers; executes contracts; manages employee selection and payroll; develops and maintains computer applications providing needed management information; screens clinical users for eligibility for the Oregon Health Plan, and provides for the special personnel needs of medical operations.

In addition, the Division provides a financial and reporting interface to the various funding sources of the Department, and assumes a leadership role locally and regionally for improved public health administrative systems and management.

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

## Action Plans

- Lead the Department in successfully modernizing its accounts receivable management systems, achieving identified collections targets, and building the medical/dental billing office into a first class operation.
- Extend desktop connectivity to remaining large service sites identify the necessary resources to provide for continuing high quality LAN support.
- Move recruitment and selection to a shared departmental responsibility with tenets of MC3 plan incorporated; explore and implement if indicated removal of payroll and cash management functions from the department to the Polk and Building.
- Continue to assume a leadership role in enabling the County to adopt an integrated solution to its financial and HR support needs, to help meet the department's need to support managerial decisions with useful data.

## Significant Changes -- Revenue

	Amount
Commercial, Medicare, and Medicaid revenues are increased to reflect and pay for changes in the AR/Billing unit.	\$313,000
The NACCHO Information Infrastructure grant ends in December.	(\$36,000)

## Significant Changes - Expenditures

	FTEs	Amount
LAN support staff are added.	1.83	\$110,000
The NACCHO supported Data Analyst is cut.	(0.50)	(\$36,000)
Building Management costs increase by 38%		\$73,000
A systems programmer for practice management is added.	1.00	\$75,000
The AR/Billing office is doubled in size, per external consultant's recommendation.	4.50	\$313,000
Oregon Health Plan enrollment outreach	3.50	\$185,298
Staffing Human Resource (HR) reengineering and recruitment	1.50	\$105,000

# Business & Administrative Services

Health Department

## Budget Trends

	<del>1996-97</del>	<del>1997-98</del>	<del>1997-98</del>	<del>1998-99</del>	
	<b>Actual</b>	<b>Current Estimate</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTEE	40.50	44.85	44.85	58.83	13.98
Personal Services	\$2,099,943	\$2,112,090	\$2,375,925	\$3,038,919	\$662,994
Contractual Services	78,585	206,169	110,900	212,610	101,710
Materials & Supplies	1,417,910	1,101,603	1,132,600	1,701,582	568,982
Capital Outlay	<u>29,621</u>	<u>28,794</u>	<u>28,794</u>	<u>48,394</u>	<u>19,600</u>
<b>Total Costs</b>	<b>\$3,626,059</b>	<b>\$3,448,656</b>	<b>\$3,648,219</b>	<b>\$5,001,505</b>	<b>\$1,353,286</b>
Program Revenues	\$69,169	\$608,819	\$806,000	\$737,678	(\$68,322)
General Fund Support	\$3,556,890	\$2,839,837	\$2,842,219	\$4,263,827	\$1,421,608

## Costs by Program

	<del>1996-97</del>	<del>1997-98</del>	<del>1998-99</del>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Division Management	\$374,494	\$417,165	\$476,517	\$59,352
Grants Management & Accounting	233,339	251,759	332,966	81,207
Medical Claims Processing	522,950	463,726	754,714	290,988
Human Resources	297,641	233,568	399,777	166,209
Health Information Systems	1,682,595	1,629,809	2,154,555	524,746
Medicaid/Medicare Eligibility	<u>516,040</u>	<u>652,192</u>	<u>862,976</u>	<u>230,784</u>
<b>Total Costs</b>	<b>\$3,626,059</b>	<b>\$3,648,219</b>	<b>\$5,001,505</b>	<b>\$1,353,286</b>

## Staffing by Program

	<del>1996-97</del>	<del>1997-98</del>	<del>1998-99</del>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Division Management	4.89	5.50	4.50	(1.00)
Grants Management & Accounting	3.48	3.85	5.50	1.65
Medical Claims Processing	8.05	8.50	13.00	4.50
Human Resources	4.96	3.50	6.50	3.00
Health Information Systems	9.59	11.50	13.83	2.33
Medicaid/Medicare Eligibility	<u>9.53</u>	<u>12.00</u>	<u>15.50</u>	<u>3.50</u>
<b>Total Staffing FTE's</b>	<b>40.50</b>	<b>44.85</b>	<b>58.83</b>	<b>13.98</b>

**Division Management**

Health Department

**Description**

The Business Services Administration section is responsible for providing management and policy development for Accounting, Personnel, Accounts Payable, Accounts Receivable, Contracting, Eligibility Screening, and Information Services function. The unit manages day to day operations and the development of operational improvements to the business functions that support the operational divisions of the Health Department. The Division also represents the Department's business interests to community partners, granters, third party payers, clients, and other County agencies, and it provides leadership at the County level in improving administrative systems.

**Budget Overview**

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing/FTEE	4.89	5.50	4.50	(1.00)
Program Costs	\$374,494	\$417,185	\$476,517	\$59,332

**Significant Changes - Expenditures**

	FTEs	Amount
Current year contracts for MIS selection, AVR modernization are ended.		(\$73,000)
Program Development Tech has been reclassified to PDS.		
Building management charges are moved from individual work units to.		
Delete Community Health Nurse	(1.00)	(\$59,736)
BSD administration		\$114,000
The Motor Pool budget is eliminated.		(\$30,000)
Carryover Professional Services via amendment		\$40,000

**Grants Management**

Health Department

**Description**

Grants Management and Accounting is responsible for monitoring Federal and State grants, maximizing revenues collected and providing for continual improvement in accounting systems in the Health Department. This unit tracks and matches grant revenues and expenditures, develops and prepares required reports to granters, produces reports for managers, and develops accounting controls. This unit is responsible for collecting funds from 50 different Federal and State grantors.

In addition, the unit is responsible for development and implementation of financial management tools for unit and division managers and serves as the internal consultant for the department on cost accounting issues.

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

**Budget Overview**

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	3.48	3.85	5.50	1.65
Program Costs	\$233,339	\$251,759	\$332,966	\$81,207

**Key Results**

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Actual	Original Projection	Current Estimate	Projected
% of grant awards collected	94%	94%	92.4%	98%	96%	96%

**Significant Changes - Expenditures**

Fiscal Specialist in support of core business management services

FTEs	Amount
1.65	\$75,000

# Medical Accounts Receivable/Payable Health Department

## Description

This unit pays for medical and dental services purchased for departmental clients and provided under contract by community providers, and bills for services provided by the department.

The Accounts Payable unit processes claims for payment for services that medical specialists provided to County clients on a referral basis. This unit receives, researches, authorizes payments, and files Health Source claims received from medical providers who serve Department clients. This unit also reconciles the Department's management information system to the County's LGFS accounting system, pays on non-medical contracts, provides cash control, and manages petty cash accounts.

The Accounts Receivable unit manages collections for the Departments and billings to Care-Oregon, commercial insurance companies, Medicaid, and Medicare. This unit trains and assists clinic staff in the collection of fees, processing of cash, reconciliation's, LGFS coding, and deposits receipts daily. It is responsible for coordinating the activities between clinic staff, clients and insurance companies to ensure the maximum collection of revenue.

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTEE	8.05	8.50	13.00	4.50
Program Costs	\$522,950	\$463,726	\$754,714	\$290,988

## Key Results

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Actual	Original Projection	Current Estimate	Projected
% of Medicaid and other third party bills processed within 30 Days	70%	70%	87%	80%	70%	90%

## Significant Changes - Expenditures

The AR/Billing office is doubled in size, per external consultant's recommendation, to allow for modernization of the department's billing and collection systems.

Reclassifies Fiscal Specialist 1 to Fiscal Assistant via amendment

FTEs	Amount
4.50	\$313,000

\$0

**Human Resources**

Health Department

**Description**

The Human Resources Section is responsible for recruiting, examination and position control functions for the Health Department. The unit provides technical assistance to managers in dealing with employee problems; represents the Department at the County level on personnel issues; logs and corrects payroll expenditure codes for employees; analyzes vacant positions for proper classification, language, and FTE requirements; coordinates payroll with Department timekeepers, sends transfer notices and assists with inter divisional placements of employees, including coverage for leaves of absences and permanent positions.

The Human Resources Section in 1998-99 will assume most general personnel management responsibilities currently provided by the County's Employee Services Division. Staff are added to allow for this transition. The Section will continue to provide leadership Countywide in achieving the best balance between customer satisfaction, quality outcomes, and accountability.

**Budget Overview:**

	<b>1996-97</b>	<b>1997-98</b>	<b>1998-99</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	4.96	3.50	6.50	3.00
Program Costs	\$297,641	\$233,588	\$399,777	\$166,209

**Key Results**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	<b>1997-98</b>	<b>1997-98</b>	<b>1998-99</b>
	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Original Projection</b>	<b>Current Estimate</b>	<b>Projected</b>
% of vacancies posted within 1 week of notification by hiring authority	97%	97%	99%	98%	97%	97%

**Significant Changes - Expenditures**

	<b>FTEs</b>	<b>Amount</b>
Staff for Human Resources (HHR) reorganizing and recruitment.	1.50	\$105,000
Add Community Health Nurse	1.00	\$59,759
Addition of Administrative Analyst via amendment	0.50	\$24,658

**Data Systems****Health Department****Description**

Data Systems is responsible for supporting the diverse data needs of all other sections and divisions of the Health Department. This section maintains, enhances, and operates the mainframe-based Health Information System; supports the 500 terminals, printers, and personal computers in use by the department; coordinates and provides installation and support of the network; directs the activities of programmer analysts in support of practice management; trains department staff; coordinates access to external data systems and networks; maintains user documentation; and fills ad hoc data requests.

During 1998-99, additional staff will come on line in support of the continued expansion of desk top connectivity to the last large service delivery sites. In addition, the year will be occupied with the implementation of a solution to the department's need for an improved practice management system.

**Budget Overview**

	1996-97	1997-98	1998-99	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	9.59	11.50	13.83	2.33
Program Costs	\$1,682,585	\$1,629,809	\$2,154,555	\$524,746

**Key Results**

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
Ad hoc data requests fulfilled	280	280	379	340	494	500

**Significant Changes - Expenditures**

	<u>FTEs</u>	<u>Amount</u>
LAN support staff are added.	1.83	\$110,000
The NACCHO supported Data Analyst is cut.	(0.50)	(\$36,000)
A systems programmer for practice management is added.	1.00	\$75,000
The first full year for debt retirement for a practice management system is budgeted.		\$360,000

**Medicaid/Medicare Eligibility**

Health Department

**Description**

The Medicaid Eligibility Screening Unit works to increase access to benefits of clients who are entitled to them by educating and assisting clients with the Oregon Health Plan (OHP) application process. The unit is responsible for interviewing clients to assess eligibility for the OHP. The Eligibility Specialists act as continuing advocates with Adult and Family Services and the Medicaid agency on behalf of clients.

The program is intended to decrease the barriers clients experience in attempting to access entitled medical benefits. Over the next year, the unit will experience structural changes tied to the integration of Medicaid screening into the Primary Care Clinic Prequalification (Business) Office, and will assume a growing role as other state programs (Child Health Insurance, Family Health) come on line.

**Budget Overview**

	1996-97	1997-98	1998-99	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	9.53	12.00	15.50	3.50
Program Costs	\$515,040	\$652,192	\$882,976	\$230,784

**Key Results**

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
% of clients potentially eligible for Medicaid screened for eligibility	60%	60%	60%	70%	70%	90%

**Key Results**

	1995-96	1996-97	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
% of clients potentially eligible for Medicaid screened for eligibility	60%	60%	70%	70%	90%

**Significant Changes & Expenditures**

	<u>FTEs</u>	<u>Amount</u>
Oregon Health Plan enrollment outreach	3.50	\$185,298



# Corrections Health

## Health Department

### Description

The mission of the Corrections Health Division is to provide medical, mental health and dental services for those incarcerated in Multnomah County. The majority have had minimal or no access to services prior to arrest and present with acute and chronic problems, including communicable disease and substance abuse, which require intervention.

The Division is responsible for covering six correctional facilities of various sizes in various locations. As the incidence of crime continues to grow, bookings have increased from last year. The population has a higher incidence of health problems than the general population due to life style, social economic level, and neglect.

The division is regulated by Oregon Statutes 169.077, 169.077, 169.080 and professional licensure rules and regulations and to comply with the minimum national standards for correctional health services in jail and juvenile facilities.

### Action Plans

- Implement fully the state Board of Pharmacy's adopted rules regulating the provision of pharmaceutical services in correctional facilities by January 1998.

### Significant Changes - Revenue

Reduction in serial levy revenue

### Amount

(\$1,996,325)

Increase in State Felon Impact Payment revenue

\$1,151,603

### Significant Changes - Expenditures

Annualize Double Bunking

### Amount

\$360,000

Annualize Inverness additional beds

\$1,025,000

# Corrections Health

## Health Department

<b>Budget Items</b>	<b>1996-97 Actual</b>	<b>1997-98 Current Estimate</b>	<b>1997-98 Adopted Budget</b>	<b>1998-99 Adopted Budget</b>	<b>Difference</b>
Staffing FTEE	74.41	90.16	90.16	101.85	11.69
Personal Services	\$4,851,643	\$5,201,531	\$5,846,662	\$6,775,582	\$928,920
Contractual Services	602,682	620,000	642,923	715,331	72,408
Materials & Supplies	943,715	1,592,659	1,183,289	1,512,939	329,650
Capital Outlay	9,111	60,147	60,147	95,294	35,147
<b>Total Costs</b>	<b>\$6,407,151</b>	<b>\$7,474,337</b>	<b>\$7,733,021</b>	<b>\$9,099,146</b>	<b>\$1,366,125</b>
Program Revenues	\$273,737	\$3,628,536	\$3,247,750	\$2,033,657	(\$1,214,093)
General Fund Support	\$6,133,414	\$3,845,801	\$4,485,271	\$7,065,489	\$2,580,218
<b>Costs by Program</b>					
		<b>1996-97 Actual</b>	<b>1997-98 Adopted Budget</b>	<b>1998-99 Adopted Budget</b>	<b>Difference</b>
Clinic Services		\$5,637,263	\$6,825,465	\$8,211,602	\$1,386,137
Mental Health Services		769,888	907,556	887,544	(20,012)
<b>Total Costs</b>		<b>\$6,407,151</b>	<b>\$7,733,021</b>	<b>\$9,099,146</b>	<b>\$1,366,125</b>
<b>Staffing by Program</b>					
		<b>1996-97 Actual</b>	<b>1997-98 Adopted Budget</b>	<b>1998-99 Adopted Budget</b>	<b>Difference</b>
Clinic Services		63.24	78.16	90.15	11.99
Mental Health Services		11.17	12.00	11.70	(0.30)
<b>Total Staffing FTEE's</b>		<b>74.41</b>	<b>90.16</b>	<b>101.85</b>	<b>11.69</b>

# Clinical Services

## Description

Clinical Services provides health care to incarcerated adults and juveniles, as mandated by Oregon law. The program provides acute and chronic medical and dental care to Multnomah County's incarcerated population. 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 screening and treatment, and polysubstance drug detoxification. Medical screening at booking identifies an increasing number of clients requiring complex medical interventions.

## Budget Overview

	1996-97 Actual	1997-98 Adopted Budget	1998-99 Adopted Budget	Difference
Staffing FTE	63.24	78.16	90.15	11.99
Program Costs	\$5,637,263	\$6,825,465	\$8,211,602	\$1,386,137

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Actual	1997-98 Original Projection	1997-98 Current Estimate	1998-99 Projected
% of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	92%	92%	89%	90%	NA	50%

## Significant Changes - Expenditures

	FTEs	Amount
Annualize FTE for 330 and 90 bed expansion	11.41	\$700,000
Annualize Materials and Services for 330 and 90 bed expansion		\$309,000
Other FTE changes estimated cost	0.58	\$32,020
Reduces Other Internal Administration		(\$126,270)

# Mental Health Services

Corrections Health

Health Department

## Description

The Mental Health Service provides psychiatric care to incarcerated adults and juveniles as mandated by Oregon law. The service is responsible for suicide prevention, crisis intervention and identification and treatment of acute and chronic mental illness and juvenile offenders incarcerated in Multnomah County. Activities include coordination with probate court for mental health commitments, community referrals, patient advocacy, liaison between courts, community mental health centers, families, client attorneys and the District Attorney's office, medication management, case management for substance abuse and depression.

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

## Budget Overview

	1996-97	1997-98	1998-99	
	Actual	Adopted Budget	Adopted Budget	Difference
Staffing FTE	11.17	12.00	11.70	(0.30)
Program Costs	\$769,888	\$907,566	\$887,544	(\$20,022)

## Key Results

	1994-95	1995-96	1996-97	1997-98	1997-98	1998-99
	Actual	Actual	Actual	Original Projection	Current Estimate	Projected
% of incarcerated offenders with known mental health needs who receive psychiatric intervention	65%	65%	56.2%	25%	NA	10%

## Significant Changes -- Expenditures

Community Health Nurse

FTEs  
(0.30)

Amount  
(\$48,189)