

ANNOTATED MINUTES

Tuesday, December 15, 1998 - 9:30 AM
Multnomah County Northeast Health Center, First Floor Conference Room
5329 NE Martin Luther King, Jr. Blvd., Portland

BOARD BRIEFING

Vice-Chair Sharron Kelley convened the meeting at 9:41 a.m., with Commissioners Gary Hansen, Diane Linn and Lisa Naito present, and Chair Beverly Stein excused.

- B-1 Health Department Briefing and Work Session to Review Performance Trends and Key Results Measures and to Discuss Upcoming Issues and Opportunities. Presented by Billi Odegaard, Tom Fronk, Denise Chuckovich, Dave Houghton, Gary Oxman, Sharon Armstrong, Kathleen Fuller-Poe, Shirley Orr, Jan Sinclair and Kathy Page.

BILLI ODEGAARD, TOM FRONK, DWAYNE PRATHER, DENISE CHUCKOVICH, GARY OXMAN, KATHLEEN FULLER-POE, SHARON ARMSTRONG, KATHY PAGE, SHIRLEY ORR, JAN SINCLAIR AND DAVE HOUGHTON PRESENTATION AND RESPONSE TO BOARD QUESTIONS, COMMENTS AND DISCUSSION.

There being no further business, the meeting was adjourned at 12:25 p.m.

Thursday, December 17, 1998 - 9:00 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:05 a.m., with Vice-Chair Sharron Kelley, Commissioners Gary Hansen, Diane Linn and Lisa Naito present.

CONSENT CALENDAR

**UPON MOTION OF COMMISSIONER KELLEY,
SECONDED BY COMMISSIONER HANSEN, THE**

CONSENT CALENDAR (ITEMS C-1 THROUGH C-12) WAS UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- C-1 ORDER Re-appointing Melvin Y. Zucker to the RAMSEY-WALMAR SPECIAL ROAD DISTRICT

ORDER 98-203.

- C-2 Budget Modification NOND 4 Adding \$12,500 City of Portland Revenue for Co-Sponsorship of the Cultural Diversity Conference in June, 1999

SHERIFF'S OFFICE

- C-3 Package Store Liquor License Renewal for CORBETT COUNTRY MARKET, 36801 E. Historic Columbia River Highway, Corbett

DISTRICT ATTORNEY'S OFFICE

- C-4 Budget Modification DA 99-2 Adding \$48,136 Stop Violence Against Women Formula Grant Program Funding to the Family Justice Division Budget for 1 FTE Deputy District Attorney in the Domestic Violence Unit

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-5 ORDER Authorizing Execution of Deed D991598 for Repurchase of Tax Foreclosed Property to Former Owner Nancy C. Palmer

ORDER 98-204.

- C-6 Auto Wrecker License Approval for FRANK MILLER TRUCK WRECKING, 15015 NW Mill Road, Portland

- C-7 Auto Wrecker License Approval for LOOP HI-WAY TOWING, 28609 SE Orient Drive, Gresham

- C-8 Auto Wrecker License Approval for ORIENT AUTO PARTS, INC., 28425 SE Orient Drive, Gresham

- C-9 Report the Hearings Officer Decision Regarding Approval of CS 1-98, CU 6-98 and WRG 2-98 with Conditions to Legalize an Illegally Existing Moorage, LUCKY LANDING MARINA, on the Multnomah Channel Located in a Multiple Use Agriculture Zoning District

C-10 Report the Hearings Officer Decision Regarding Approval of CU 10-98 with Conditions to Establish a New Single Family Residence and Barn in the Commercial Forest Use Zoning District on Property Located at 39864 SE TROUT CREEK ROAD, CORBETT

C-11 Report the Hearings Officer Decision Regarding Approval of HV 13-98 with Conditions of the Minor Variance to Allow an Expansion of the Existing Deck on Property Located at 8350 NW ASH STREET, PORTLAND

SHERIFF'S OFFICE

C-12 RESOLUTION Approving Annual Authorization for Designation of a Portion of Compensation as a Housing Allowance for Chaplains Serving Inmates and Employees at the Multnomah County Jails

RESOLUTION 98-205.

REGULAR AGENDA

AT THE REQUEST OF CHAIR STEIN AND UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER LINN, CONSIDERATION OF THE FOLLOWING ITEM WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

UC-1 FINAL ORDER Land Use Planning Cases PRE 4-98 and PRE 5-98 Affirming the October 16, 1998 Hearings Officer Decision to Approve Both of the Dwelling Approval Validation Requests

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER LINN, FINAL ORDER 98-210 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF SUPPORT SERVICES

R-10 RESOLUTION Authorizing Issuance of Advance Refunding Bonds, Series 1999

*COMMISSIONER HANSEN MOVED AND
COMMISSIONER KELLEY SECONDED,
APPROVAL OF R-10. DAVE BOYER*

PUBLIC COMMENT

- R-1 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

NO ONE WISHED TO COMMENT.

NON-DEPARTMENTAL

- R-2 The Multnomah County Board of Commissioners May Vote on a Possible Option to Purchase Certain Real Property.

COMMISSIONER KELLEY MOVED AND COMMISSIONER NAITO SECONDED, APPROVAL OF OPTION TO PURCHASE U.S. BANK PROPERTY AT 501 SE HAWTHORNE. BOB OBERST, DAVE BOYER, LARRY NICHOLAS AND ALTHEA MILECHMAN PRESENTATION, EXPLANATION AND RESPONSE TO BOARD QUESTIONS AND COMMENTS, ADVISING THE \$200,000 NON-REFUNDABLE OPTION TO PURCHASE APPLIES TOWARD THE PURCHASE PRICE OF \$25,052,000, AND THAT THE OPTION PERIOD ENDS FEBRUARY 1, 1999. BOARD COMMENTS IN SUPPORT OF INVESTMENT AND LOCATION.

- R-3 Budget Modification CFS 5 Transferring \$30,000 from General Fund Contingency to the Domestic Violence Coordinator Division Budget to Complete an In-Depth Review of High Impact/High Priority Households and the Response of Community and Criminal Justice Systems

COMMISSIONER KELLEY MOVED AND COMMISSIONER LINN SECONDED, APPROVAL OF R-3. COMMISSIONER KELLEY AND CHIQUITA ROLLINS EXPLANATION. BOARD COMMENTS IN SUPPORT. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

R-6 Results from RESULTS: Chemical Dependency Clinical Quality Audit. Presented by Lorenzo Poe, Laureen Oskochil and Kathleen Saadat.

SUE LARSEN, LAUREEN OSKOCHIL AND KATHLEEN SAADAT PRESENTATION AND RESPONSE TO BOARD QUESTIONS AND COMMENTS IN SUPPORT.

R-4 RESOLUTION Establishing a Committee to Reduce Drunk Driving and Driving While Suspended or Revoked, and Recommending an Ordinance Declaring Their Vehicles a Nuisance and Providing for the Forfeiture of Those Vehicles

COMMISSIONER NAITO MOVED AND COMMISSIONER LINN SECONDED, APPROVAL OF R-4. FOLLOWING DISCUSSION, COMMISSIONER NAITO MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF AMENDMENT ADDING THE FOLLOWING LANGUAGE: "2. THE SHERIFF SHALL INCLUDE ON THE COMMITTEE ANY NOMINEES FORWARDED TO HIM BY INDIVIDUAL MEMBERS OF THE BOARD OF COMMISSIONERS." AND: "3. PRIOR TO RETURNING TO THE BOARD OF COMMISSIONERS, THE COMMITTEE SHALL FORWARD AND DISCUSS ITS RECOMMENDATIONS WITH THE DUI ADVISORY COMMITTEE AS WELL AS THE ALCOHOL AND CRIMINAL JUSTICE WORKING GROUP OF THE LOCAL PUBLIC SAFETY COORDINATING COUNCIL." DAN OLDHAM EXPLANATION. COMMISSIONERS NAITO AND KELLEY AND SHERIFF DAN NOELLE COMMENTS IN SUPPORT. CHAIR STEIN ADVISED SHE WANTS A SUMMARY OF RESEARCH AND BUDGET IMPACTS AND ANALYSIS, BOTH PROS AND CONS, IN ORDER TO ADDRESS DRUNK DRIVING IN AN EFFECTIVE WAY, USING BEST PRACTICES. COMMISSIONER HANSEN ADVISED HE WANTS THE COMMITTEE TO MAINTAIN CONSISTENCY THROUGHOUT THE COUNTY. SHERIFF NOELLE AND COMMISSIONER NAITO RESPONSE TO BOARD

COMMENTS. AMENDMENT UNANIMOUSLY APPROVED. RESOLUTION 98-207 UNANIMOUSLY APPROVED, AS AMENDED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-5 Budget Modification DES 99-03 Requesting Reclassification of a .5 FTE Sanitarian to a .5 FTE Planner and Request for an Additional .5 FTE Planner within the Land Use Planning Division Budget

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE BUDGET MODIFICATION WAS UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

R-7 Public Affairs Office Briefing and Board Discussion on County Legislative Agenda. Presented by Gina Mattioda and Susan Lee.

GINA MATTIODA AND SUSAN LEE PRESENTATION AND RESPONSE TO BOARD QUESTIONS, COMMENTS AND DISCUSSION. BOARD TO CONSIDER APPROVAL OF WORKING LEGISLATIVE AGENDA DOCUMENT ON THURSDAY, JANUARY 7, 1999.

Chair Stein recessed the meeting at 10:26 a.m. and reconvened it at 10:30 a.m.

R-8 RESOLUTION Consenting to a Change in Control of the TCI Cable Franchises (West Multnomah County, Hayden Island) to AT&T with Conditions. Presented by Royal Harshman, David Olson and Ben Walters.

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-8. ROYAL HARSHMAN, DAVID OLSON AND NORM THOMAS OF MT. HOOD CABLE REGULATORY COMMISSION EXPLANATION, COMMENTS IN SUPPORT AND RESPONSE TO BOARD QUESTIONS. GREG PEDEN OF U.S. WEST COMMUNICATIONS TESTIMONY IN SUPPORT AND RESPONSE TO

BOARD QUESTION. DEBBIE LUPPOLD OF TCI AND RICK THAYER ATTORNEY FOR AT&T TESTIMONY IN OPPOSITION, EXPLAINING THEY FEEL THE COUNTY AND CABLE REGULATORY COMMISSION DOES NOT HAVE AUTHORITY TO IMPOSE CONDITIONS ON THE TRANSFER. STEPHEN KAFOURY, LISA RACKNER AND RICHARD HORSWELL OF ORISPA TESTIMONY IN SUPPORT AND RESPONSE TO BOARD QUESTIONS. ERIC STACHON TESTIMONY IN SUPPORT. DUANE BOSWORTH ATTORNEY FOR TCI AND AT&T TESTIMONY IN OPPOSITION. UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, TECHNICAL AMENDMENTS TO PARAGRAPH 2 OF THE RESOLUTION AND PARAGRAPH 4 OF THE ACCEPTANCE ATTACHED AS EXHIBIT A TO THE RESOLUTION WERE APPROVED, WITH COMMISSIONERS KELLEY, HANSEN, NAITO AND STEIN VOTING AYE, AND COMMISSIONER LINN VOTING NO. COMMISSIONER LINN DISCLOSED SHE HAS AN EIGHT YEAR HISTORY IN THE CABLE ACCESS BUSINESS AND INVOLVEMENT IN REGULATORY ISSUES AND DECISIONS, AND EXPLAINED SHE DISAGREES ON LEGAL OPINIONS AND BELIEVES TARIFF REGULATIONS SHOULD BE DECIDED AT THE FCC LEVEL. COMMISSIONERS NAITO AND STEIN COMMENTS IN SUPPORT. RESOLUTION 98-208 APPROVED, AS AMENDED, WITH COMMISSIONERS KELLEY, HANSEN, NAITO AND STEIN VOTING AYE, AND COMMISSIONER LINN VOTING NO.

COMMISSIONER COMMENT

R-9 Opportunity (as Time Allows) for Commissioners to Provide Informational Comments to Board and Public on Non-Agenda Items of Interest. Comments Limited to Three Minutes Per Person.

**FOLLOWING BOARD AND STAFF
PRESENTATION AND FESTIVITIES,
PROCLAMATION 98-209 PROCLAIMING
DECEMBER 17, 1998 AS GARY HANSEN RED**

**SOCK DAY IN MULTNOMAH COUNTY WAS
UNANIMOUSLY APPROVED.**

There being no further business, the meeting was adjourned at 12:10 p.m.

OFFICE OF THE BOARD CLERK
FOR MULTNOMAH COUNTY, OREGON

Deborah L. Bogstad

Deborah L. Bogstad



MULTNOMAH COUNTY, OREGON

BOARD OF COMMISSIONERS

Beverly Stein, Chair

1120 SW Fifth Avenue, Suite 1515
Portland, Or 97204-1914
Phone: (503) 248-3308 FAX (503) 248-3093
Email: mult.chair@co.multnomah.or.us

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Email: diane.m.linn@co.multnomah.or.us

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1120 SW Fifth Avenue, Suite 1500
Portland, Or 97204-1914
Phone: (503) 248-5219 FAX (503) 248-5440
Email: gary.d.hansen@co.multnomah.or.us

Lisa Naito, Commission Dist. 3

1120 SW Fifth Avenue, Suite 1500
Portland, Or 97204-1914
Phone: (503) 248-5217 FAX (503) 248-5262
Email: lisa.h.naito@co.multnomah.or.us

Sharron Kelley, Commission Dist. 4

1120 SW Fifth Avenue, Suite 1500
Portland, Or 97204-1914
Phone: (503) 248-5213 FAX (503) 248-5262
Email: sharron.e.kelley@co.multnomah.or.us

ANY QUESTIONS? CALL BOARD CLERK DEB BOGSTAD @ 248-3277

Email: deborah.l.bogstad@co.multnomah.or.us

INDIVIDUALS WITH DISABILITIES MAY CALL THE BOARD CLERK AT 248-3277, OR MULTNOMAH COUNTY TDD PHONE 248-5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

DECEMBER 15 & 17, 1998

BOARD MEETINGS

FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:30 Tuesday Health Department Briefing @ 5329 NE MLK Jr. Blvd.
Pg 3	9:00 Thursday Regular Board Meeting Opportunity for Public Comment
Pg 3	9:00 Possible Vote on Option to Purchase Certain Real Property
Pg 4	9:30 DCFS RESULTS Presentation
Pg 4	9:45 Legislative Agenda Briefing
Pg 4	10:30 TCI/AT&T Resolution
*	No Board Meetings are Scheduled Between December 21, 1998 through January 6, 1999
*	Check the County Web Site: http://www.multnomah.lib.or.us

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:

Thursday, 9:00 AM, (LIVE) Channel 30

Friday, 10:00 PM, Channel 30

Sunday, 1:00 PM, Channel 30

Produced through Multnomah Community Television

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-

Thursday, December 17, 1998 - 9:00 AM
Multnomah County Courthouse, Boardroom 602
1021 SW Fourth Avenue, Portland

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

- C-1 ORDER Re-appointing Melvin Y. Zucker to the RAMSEY-WALMAR SPECIAL ROAD DISTRICT
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DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

- R-6 Results from RESULTS: Chemical Dependency Clinical Quality Audit. Presented by Lorenzo Poe, Laureen Oskochil and Kathleen Saadat. 9:30 AM TIME CERTAIN, 15 MINUTES REQUESTED.

NON-DEPARTMENTAL

- R-7 Public Affairs Office Briefing and Board Discussion on County Legislative Agenda. Presented by Gina Mattioda and Susan Lee. 9:45 AM TIME CERTAIN, 45 MINUTES REQUESTED.
- R-8 RESOLUTION Consenting to a Change in Control of the TCI Cable Franchises (West Multnomah County, Hayden Island) to AT&T with Conditions. Presented by Royal Harshman, David Olson and Ben Walters. 10:30 TIME CERTAIN, 45 MINUTES REQUESTED.

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DEPARTMENT OF SUPPORT SERVICES

- R-10 RESOLUTION Authorizing Issuance of Advance Refunding Bonds, Series 1999



Beverly Stein, Multnomah County Chair

Room 1515, Portland Building
1120 S.W. Fifth Avenue
Portland, Oregon 97204

Phone: (503) 248-3308
FAX: (503) 248-3093
E-Mail: mult.chair@co.multnomah.or.us

MEMORANDUM

TO: Commissioner Diane Linn
Commissioner Gary Hansen
Commissioner Lisa Naito
Commissioner Sharron Kelley
Office of the Board Clerk

FROM: R. Lyne Martin

DATE: December 15, 1998

RE: Beverly's Absence from Board/Briefing meetings

Chair Stein will be unable to attend the scheduled Board Briefing meeting scheduled for Tuesday, December 15th. She will be out of town.

cc: Chair's Staff

BOARD OF
COUNTY COMMISSIONERS
98 NOV 11 AM 4:45
MULTNOMAH COUNTY
OREGON



MEETING DATE: DEC 15 1998
AGENDA NO: B-1
ESTIMATED START TIME: 9:30

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Health Department Performance Report and Budget Briefing

BOARD BRIEFING: DATE REQUESTED: December 15, 1998
 REQUESTED BY: Billi Odegaard
 AMOUNT OF TIME NEEDED: 2 ½ hours

REGULAR MEETING: DATE REQUESTED: _____
 AMOUNT OF TIME NEEDED: _____

DEPARTMENT: Health **DIVISION:** All

CONTACT: Tom Fronk **TELEPHONE #:** 24274
 BLDG/ROOM #: 160/7

PERSON(S) MAKING PRESENTATION: Billi Odegaard and Tom Fronk & others

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUGGESTED AGENDA TITLE:

Health Department performance report and initial budget discussion in preparation for development of the 1999-2000 operational budget.

BOARD OF
COUNTY COMMISSIONERS
98 DEC - 8 PM 10:44
MULTNOMAH COUNTY
OREGON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: _____

(OR)

DEPARTMENT
MANAGER: Billi Odegaard

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ 248-3277



Department of Health

Budget Briefing Agenda

December 15, 1998

Northeast Health Center

5329 NE Martin Luther King Jr. Blvd.

Welcome and Overview	Billi Odegaard	9:30
Organization Chart	Tom Fronk	
Budget and Client Characteristics	Tom Fronk	
Strategic Planning	Denise Chuckovich	9:45
Background Information		10:00
Performance Trends	Tom, Dave Houghton, Denise	
Important Trends in Public Health	Gary Oxman, Dave, Tom	
Changing Demographics	Tom	
Site Tour	Sharon	10:15
Issues and Opportunities		11:00
Medicaid Outreach	Kathleen	
Accreditation	Sharon	
Healthy Birth Initiative	Shirley	
Field Audit Follow-up	Jan	
Disease Control and Epidemiology	Dave	
School Based Update	Jan and Tom	
Neighborhood Access Update	Jan	
Corrections Health Update	Kathy	
Question and Answer, Discussion	All	



Department of Health

Budget Briefing and Performance Review

Northeast Health Center December 15, 1998



Department of Health

Budget Briefing Agenda

December 15, 1998

Northeast Health Center

5329 NE Martin Luther King Jr. Blvd.

Welcome		Page
Vision, Mission, Values	Billi Odegaard	2
Overview		
Organization Chart and Map	Tom Fronk	3,4
Budget and Client Summary	Tom Fronk	5-9
Strategic Planning	Denise Chuckovich	10-13
Background Information		
Performance Trends	Gary Oxman	14-26
Site Tour		
Issues and Opportunities		
Medicaid Outreach	Kathleen Fuller-Poe	29
Accreditation	Sharon Armstrong	30
Corrections Health Update	Kathy Page	31
Healthy Birth Initiative	Shirley Orr	32
Neighborhood Access Update	Jan Sinclair	33
Disease Control and Epidemiology	Dave Houghton	34
Question and Answer, Discussion	All	35
Key Results	Tom Fronk	36

VISION, MISSION, AND VALUES

VISION

Healthy people in healthy communities

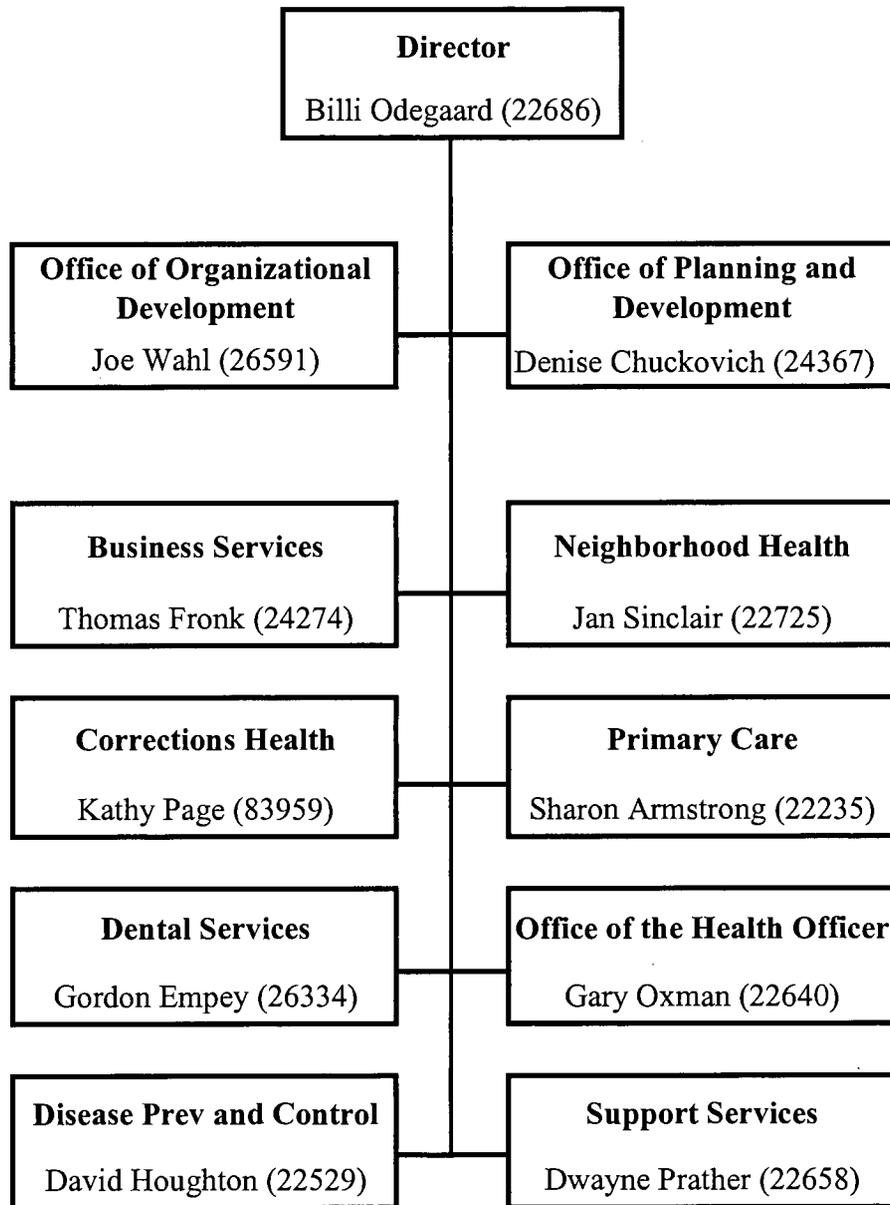
MISSION

In partnership with the diverse communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.

VALUES

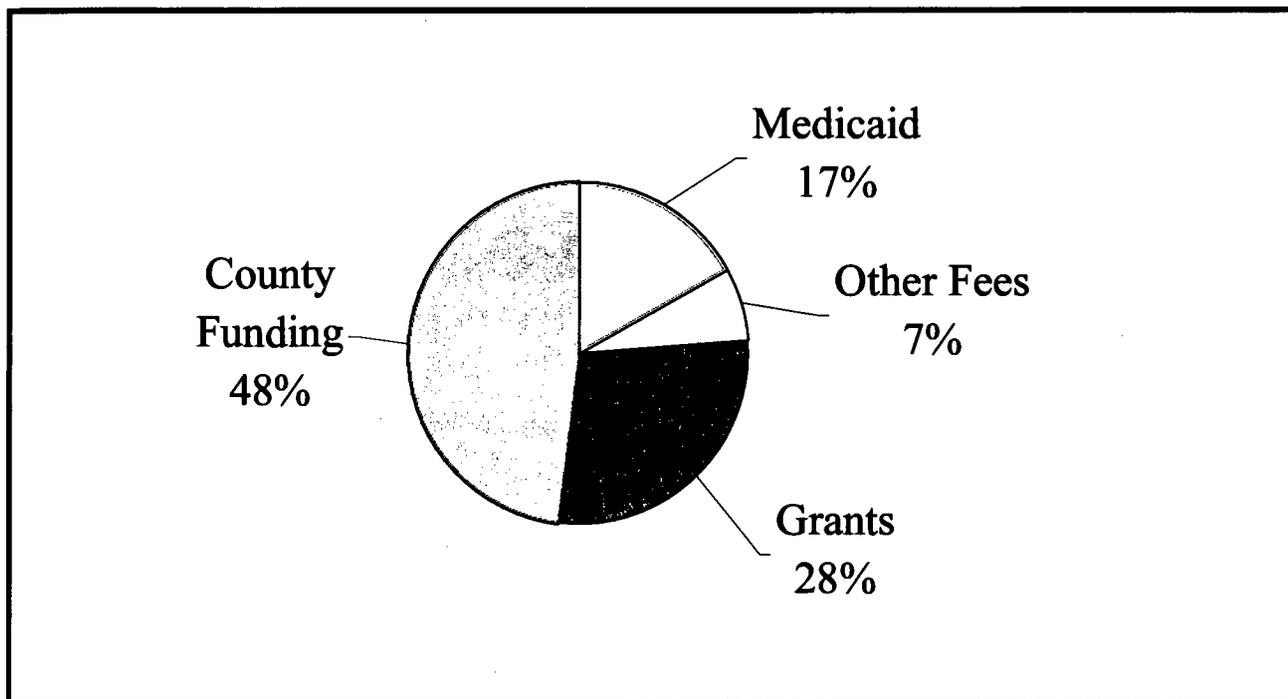
- * We believe that health is "a state of complete physical, mental and social well being, not merely the absence of disease or infirmity. " (WHO, 1978)
- * We honor the diversity of the individuals and communities we serve, and value their differing approaches to health and well-being.
- * We believe in partnerships to improve the health of our communities.
- * We emphasize prevention, health promotion, and early intervention.
- * We value a diverse staff, and believe our staff should be selected with care, treated with respect, held accountable for their performance, and encouraged in their personal growth.
- * We believe in continuously improving the quality of our work.
- * We believe in balancing scientific knowledge and practical experience with the wisdom and beliefs of those we serve to improve the health of our communities.
- * We believe in being responsible stewards of the public trust and resources.

ORGANIZATION CHART

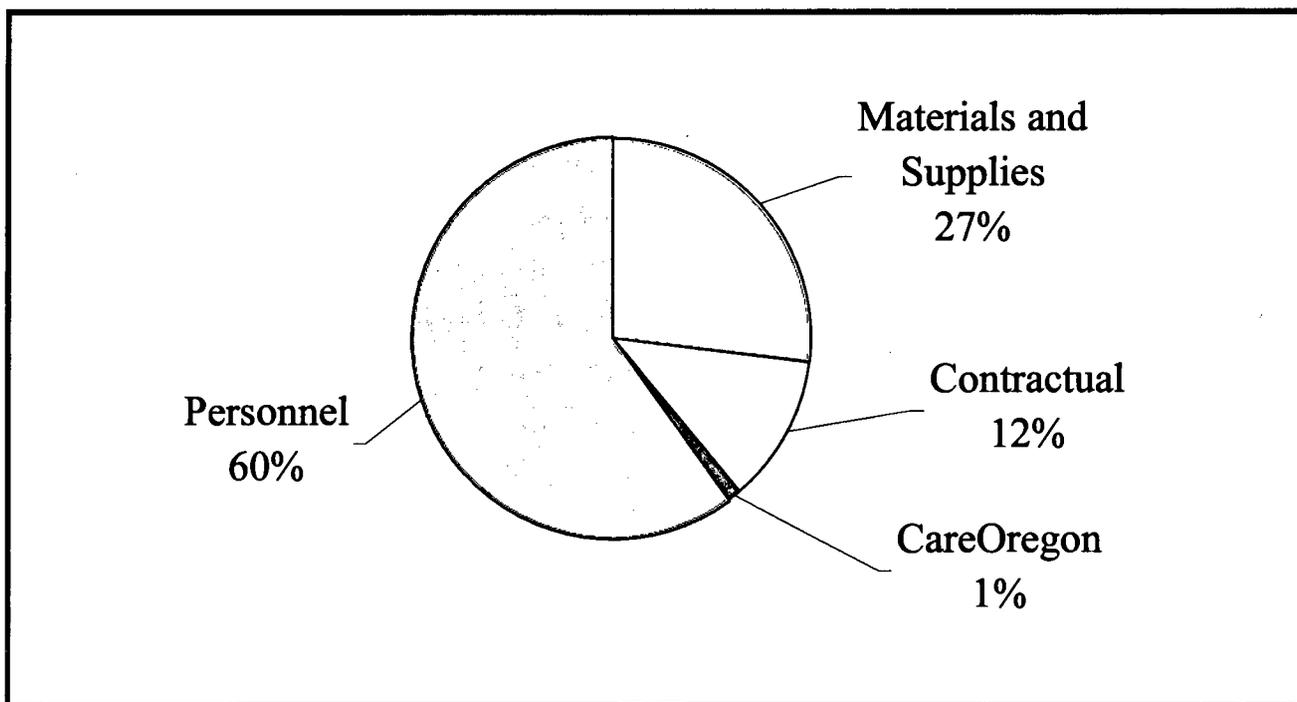


BUDGET SUMMARY

Sources of Revenue

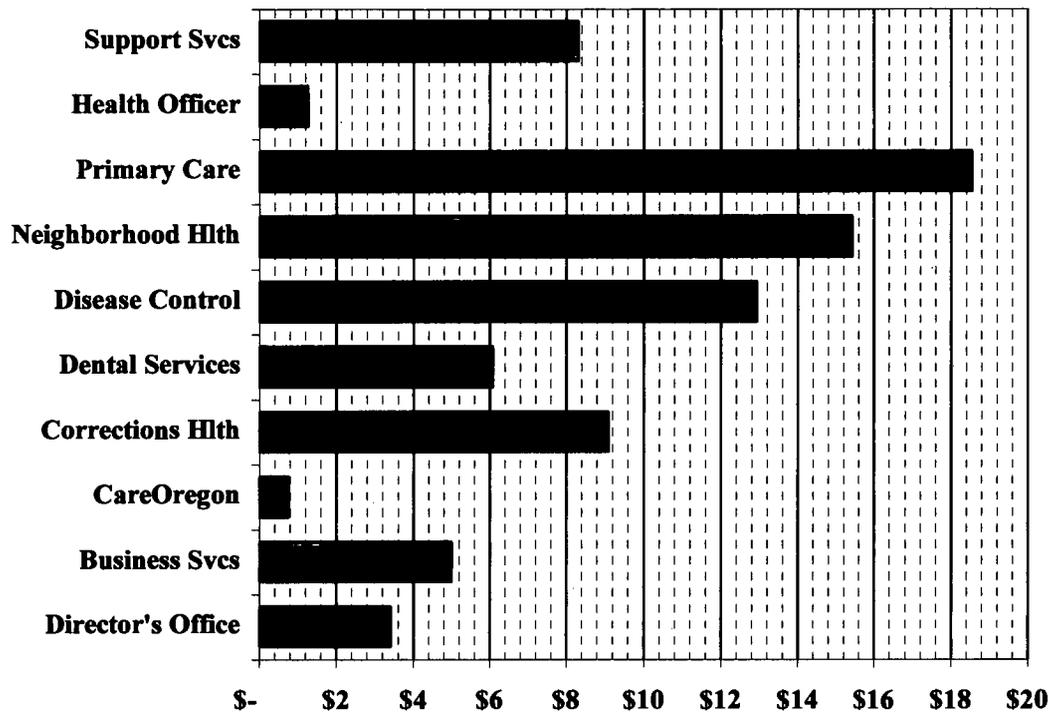


Classes of Expenditures



BUDGET SUMMARY (2)

Operating Budget by Division



Staffing and Budget by Division

Division	FTE	Budget
Director	3.00	424,000
Organizational Dev	6.30	860,000
Planning and Dev	21.03	2,126,000
Business Svcs	58.83	5,002,000
CareOregon	14.00	773,000
Corrections Hlth	101.85	9,099,000
Dental Services	60.00	6,093,000
Disease Control	117.99	12,928,000
Neighborhood Hlth	180.07	15,436,000
Primary Care	207.83	18,552,000
Health Officer	9.00	1,265,000
Support Svcs	47.41	8,312,000
	827.31	80,870,000

CLIENT CHARACTERISTICS

All County residents are served directly or indirectly by the Health Department.

Examples include:

Restaurant Inspections

Fluoride Treatment for school aged children

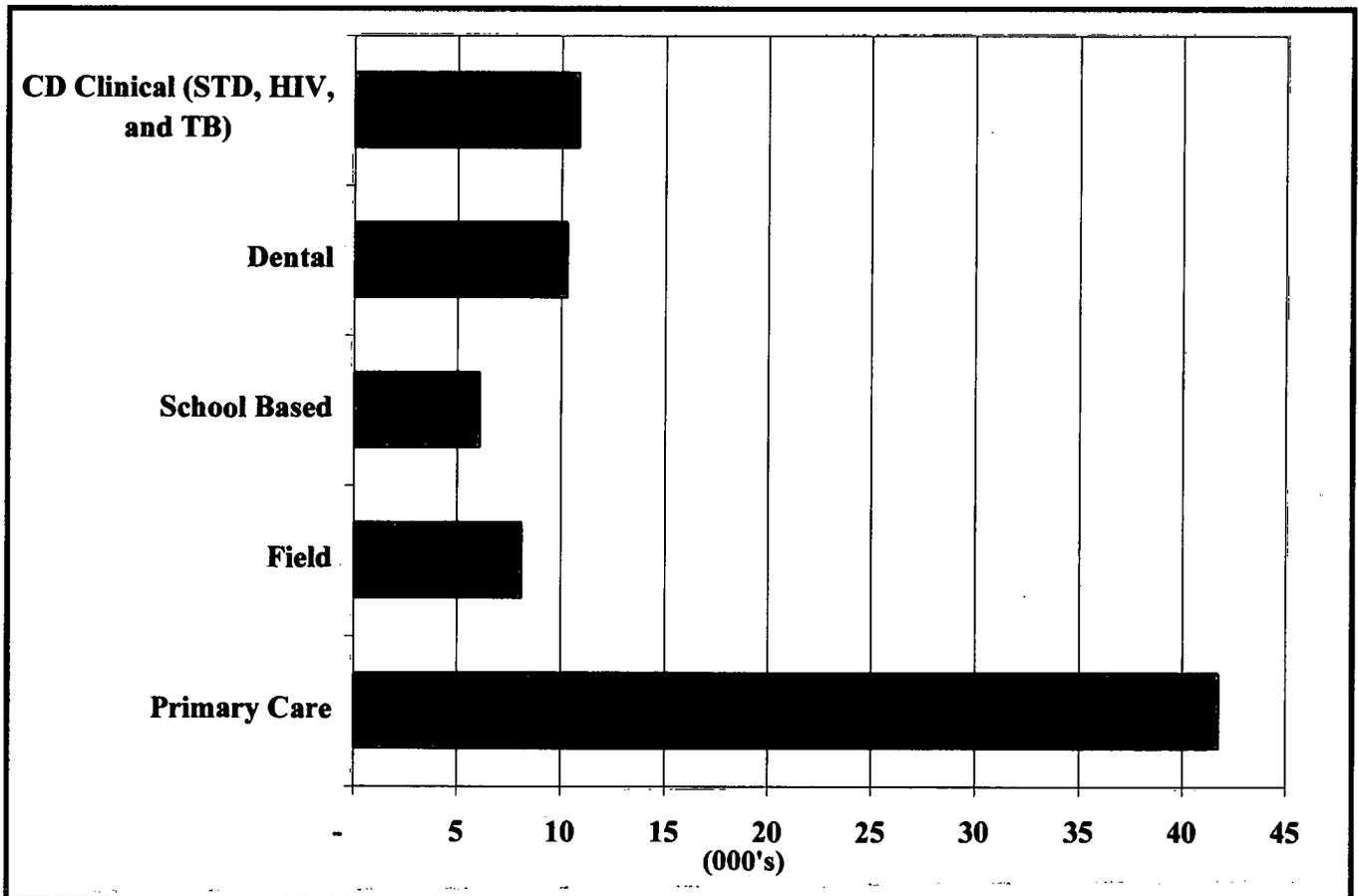
Community flu clinics

WIC

Classroom education

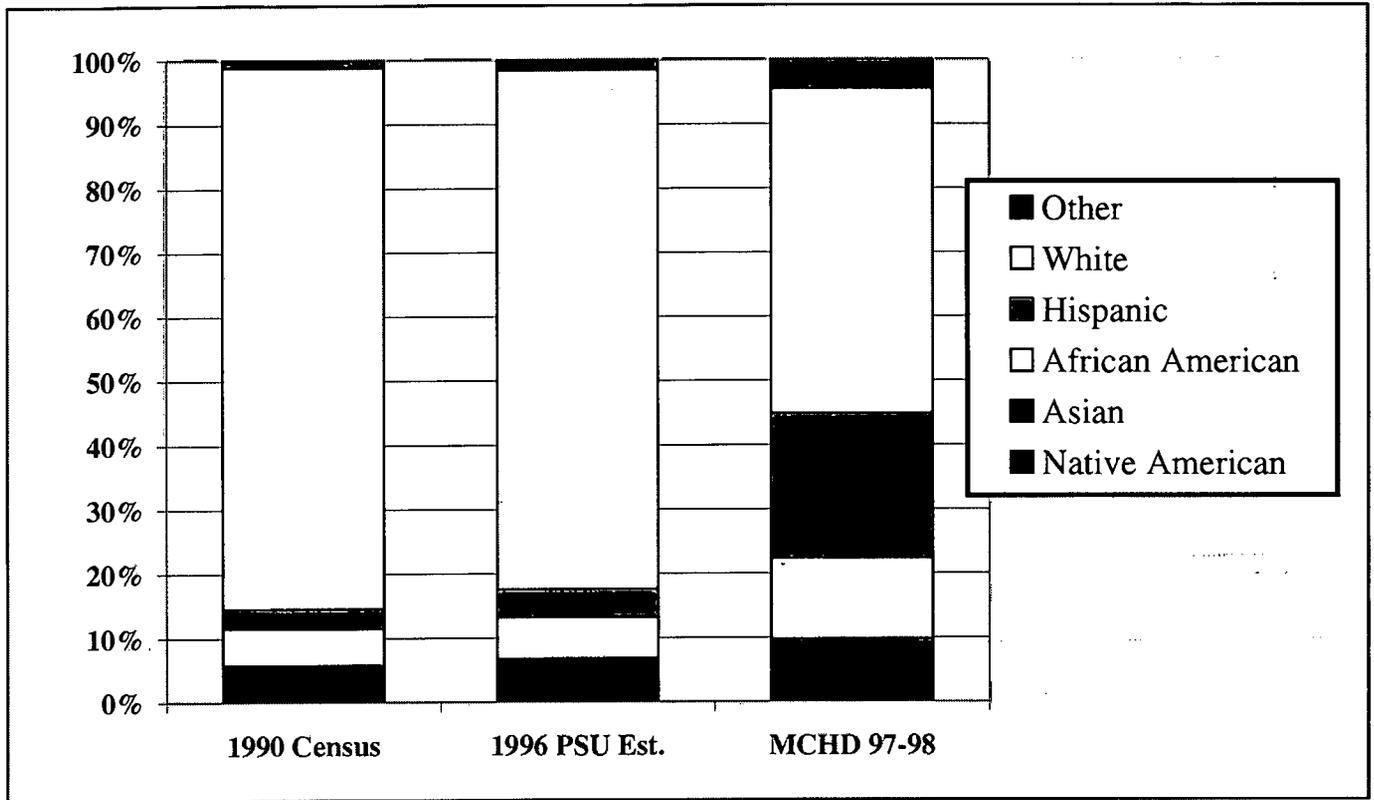
Health screenings at booking in adult and juvenile facilities

Clients Served by Health Department Programs, FY 1998

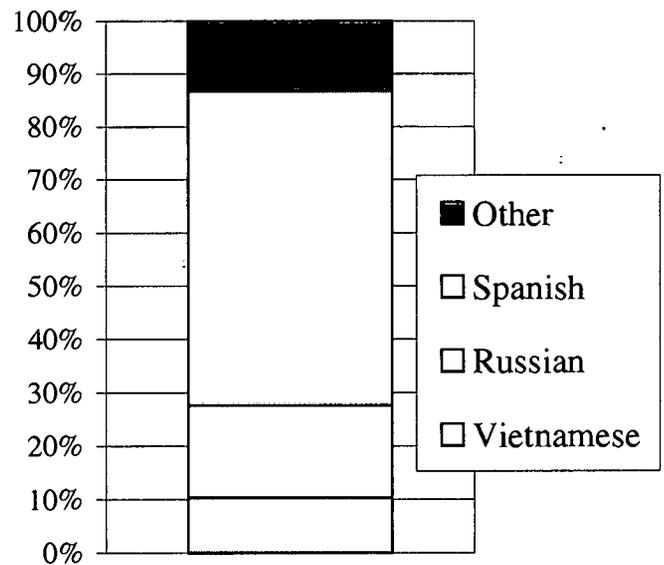
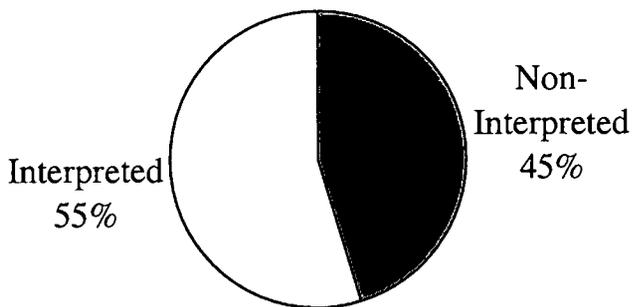


CLIENT CHARACTERISTICS (2)

Racial Breakdown of County Population and Departmental Customers

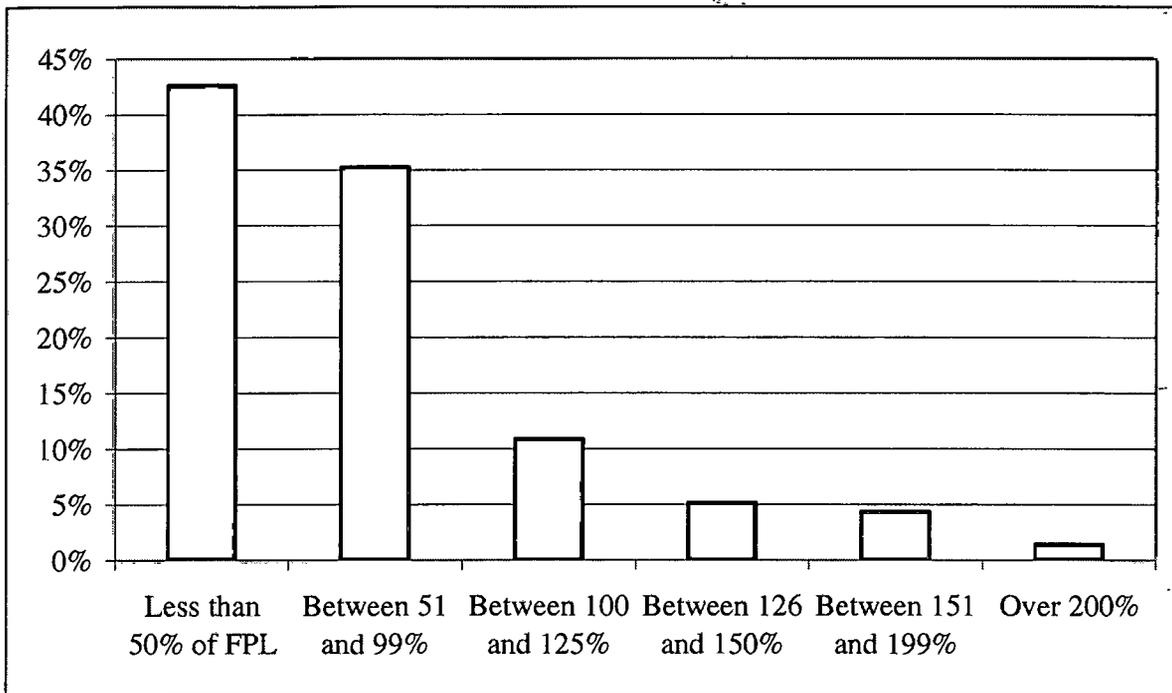


Clinical Visits Requiring Interpretation, 1997-98

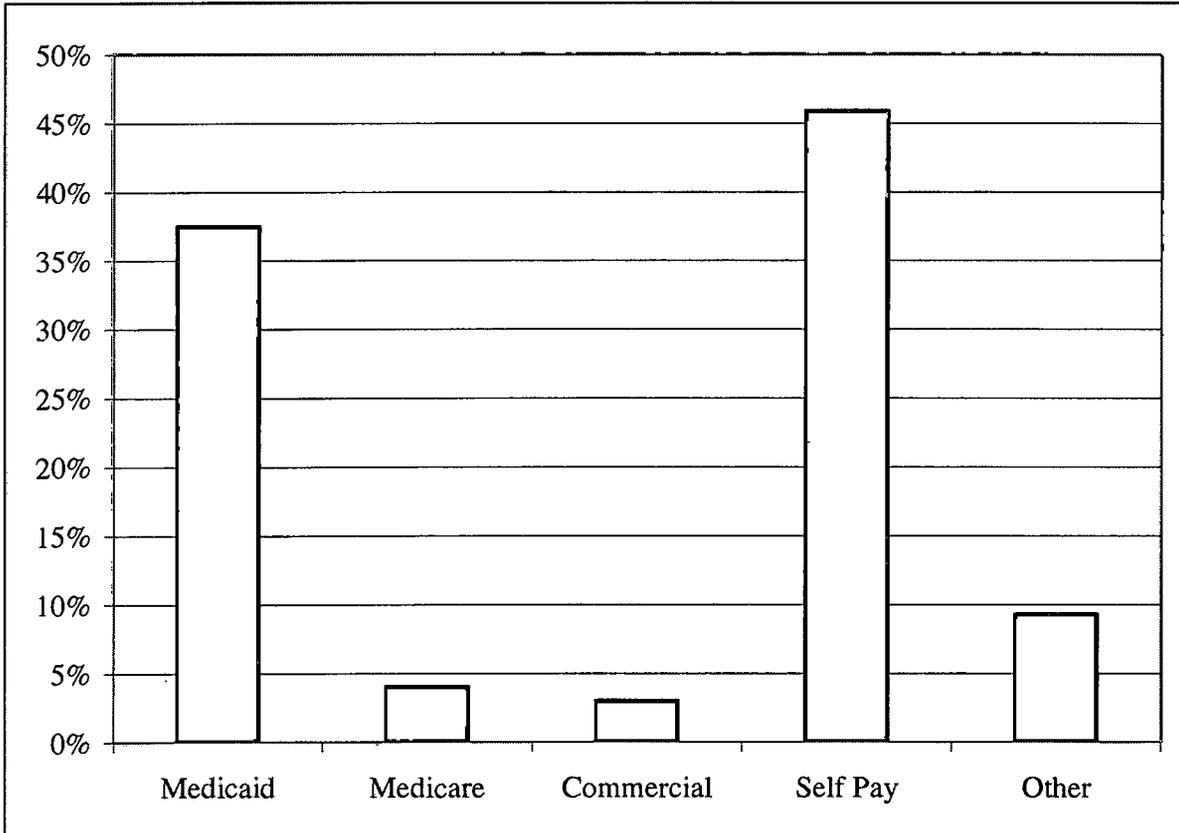


CLIENT CHARACTERISTICS (3)

Income Levels of Clinical Users



Visits by Type of Payer



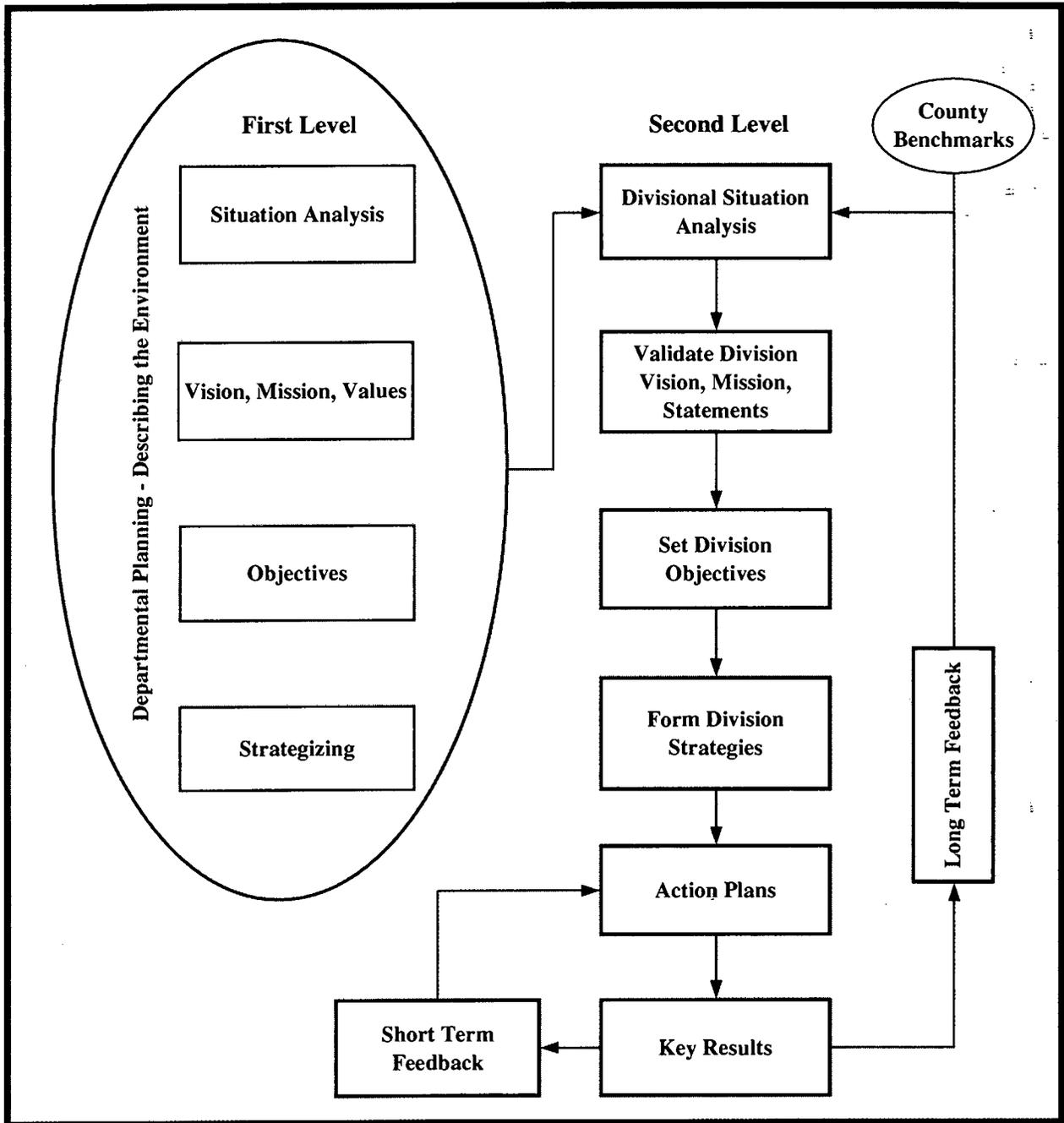
STRATEGIC PLANNING

The Health Department published its Strategic Plan for the three years beginning on July 1998 and ending on June 2001 on October 1, 1998. This Plan is provided to you as part of today's presentation.

Three charts are excerpted from the plan to assist in today's presentation:

Chart	Page in Today's Report	Page in Strategic Plan
The Strategic Planning Model, as applied to MCHD	11	6
Summary of Strategic Directions, Objectives, and Strategies	12	10
Strategic Plan Matrix	13	11

APPLICATION OF STRATEGIC PLANNING TO MCHD



MCHD Strategic Directions, Objectives, and Strategies, FY 1998-99 to FY 2001-02

Strategic Directions	<p>Improve key community health indicators (Direction No. 1)</p>	<p>Assure dignified access to needed care (No. 2)</p>	<p>Improve infrastructure to achieve mission (No. 3)</p>
Objectives	<p>Reducing CD (1.1)</p> <p>Teen Pregnancy (1.2)</p> <p>Tobacco Use (1.3)</p> <p>Healthy Birth Outcomes (1.4)</p> <p>Abusive Partners (1.5)</p>	<p>Assure 100% access to needed health care (2.1)</p>	<p>Annual review assures services reflect department values (3.1)</p> <p>Identify the best business practices by 1/99 (3.2)</p>
Strategies		<p>Be part of the safety net by providing services to individuals (2.1A)</p> <p>Shape the safety net through leadership, policy, design (2.1B)</p>	<p>Base decisions on data and outcomes (3.1A)</p> <p>Increased cultural competency (3.1B)</p> <p>Hold ourselves and staff accountable (3.1C)</p> <p>Quality management integrated (3.1D)</p> <p>Modernize AR/billing (3.2A)</p> <p>Policy direction for interpretation services (3.2B)</p> <p>Managed care practices integrated (3.2C)</p> <p>Hire the best people (3.2D)</p> <p>Communicate well internally and externally (3.2E)</p>

Multnomah County Health Department 1998-2000 Objectives

Strategic Directions, Objectives, and Strategies	Benchmark	
1. Improve of key community health indicators as measured by specific risk factor	morbidity and mortality rates	
Objective 1.1--Control and reduce the incidence of the following communicable diseases: Vaccine-preventable diseases of children; Hepatitis A, B, and C; Tuberculosis; HIV infection and disease; and Gonorrhea and chlamydia	4, 5, 6, 7, 8, 9	Immunizations; Teen's STD; HIV and AIDS Adult STD; TB; Hepatitis
Objective 1.2--The teen pregnancy rate for 10-17 year olds declines annually, as measured by rate of pregnancies per 1000 for this age group in Multnomah County as reported by the Oregon Health division vital statistics data.	1, 30	Teen Pregnancy; High School completion
Objective 1.3--The rate of teens reporting tobacco use declines by the year 2000 as measured by the Youth Risk Behavior Survey, and the Office of Drug Abuse Prevention (ODAP) Survey	30	Student drug usage
Objective 1.4--Improvement in the number of babies that are born healthy as measured by rates of low birth weight and rates of infant mortality within the County and within specific ethnic and geographic communities.	2, 3, 40	Prenatal care; Drug free babies; Early childhood development
Objective 1.5--Increase the Health Department's ability to identify clients who are in abusive partner relationships and to strengthen the community's capacity to provide appropriate interventions.	32, 40, 45, 46, 60	Drug Treatment; Early Childhood Development; Child Abuse; Spousal Abuse; Elder Abuse; Victimization
2. Assure dignified access to needed care		
Objective 2.1--Assure 100% access to needed health care	10	Health Care Access/Economic
<i>Strategy A</i> - Be part of the safety net by providing services to individuals		
<i>Strategy B</i> - Shape the safety net through leadership, policy design		
3. New Strategic Direction--Improve infrastructure to achieve mission		
Objective 3.1--Annual review assures that services reflect departmental values	80, 84, 85	Citizen satisfaction; Diversity; Government Accountability
<i>Strategy A</i> - Increase departmental capacity to base program decisions on community assessments, and data based outcome evaluations and measures		
<i>Strategy B</i> - Increase the cultural competency of staff and work units as measured by implementaion of MC3 Plan		
<i>Strategy C</i> - Staff competencies are established for each classification and measured through employee performance evaluations		
<i>Strategy D</i> - Quality Management is fully integrated in service delivery and planning		
New Objective 3.2--Identify best business practices by 1/99	10, 11, 76, 80, 85	Health care access / economic and geographic; Cost of government; Citizen Satisfaction; Government Accountability
<i>Strategy A</i> - The Department has successfully modernized its AR management practices, achieving identified targets		
<i>Strategy B</i> - Determine policy directions for interpretive services by ____		
<i>Strategy C</i> - Managed care practices have been fully integrated in clinical management		
<i>Strategy D</i> - Recruiting and hiring has become a direct departmental responsibility by 1/1/99		
<i>Strategy E</i> - Develop and implement a communications plan which addresses both internal and external communications		

PERFORMANCE TRENDS

The Four Principles of Public Health

Based in Science

Collaborative by Nature

Prevention Oriented

Rooted in Social Justice

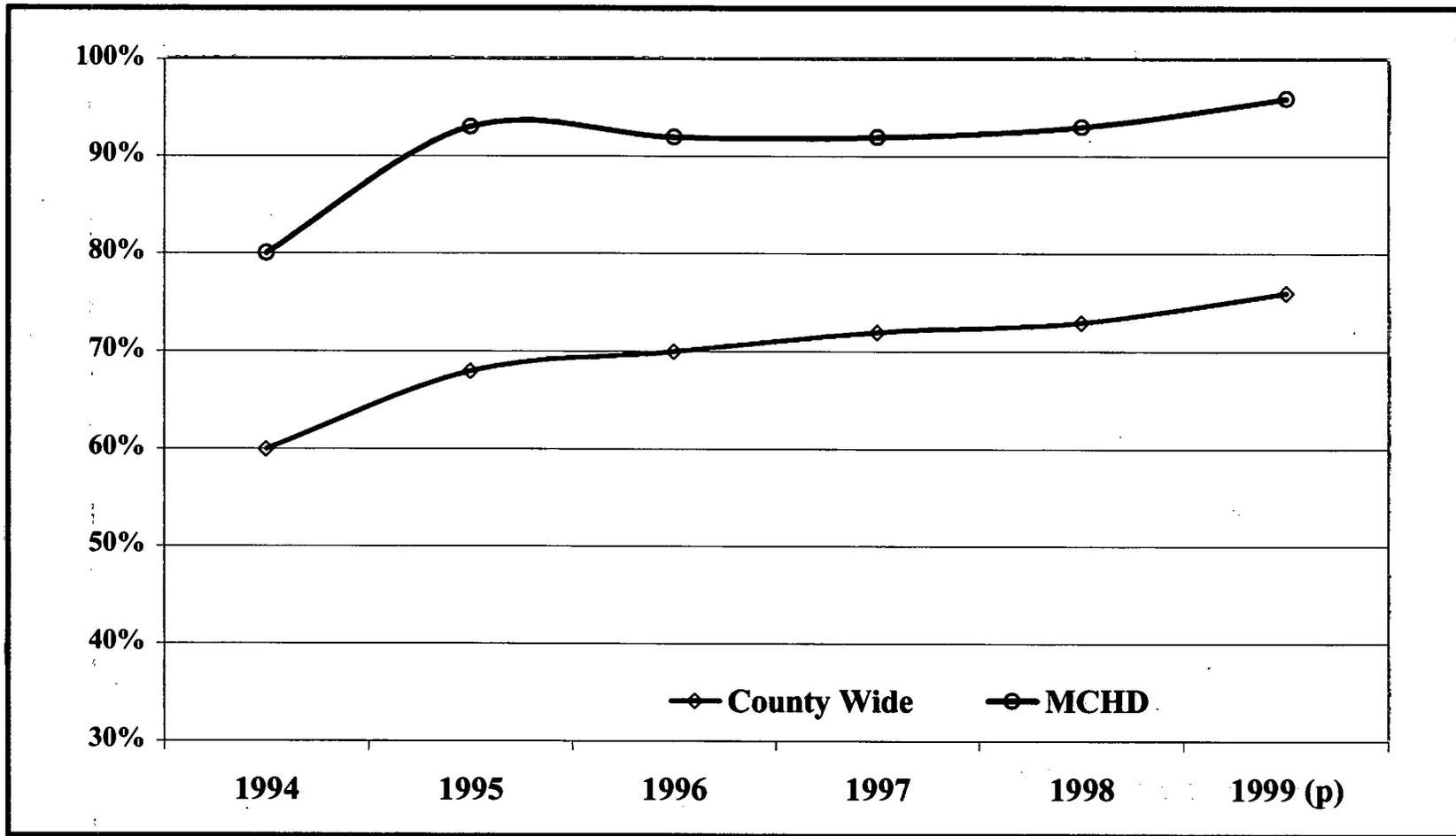
Relationship of Planning Objectives and Performance Trends

Strategic Directions	<p>Improve key community health indicators</p>	<p>Assure dignified access to needed care</p>	<p>Improve infrastructure to achieve mission</p>	
	Objectives	<p><i>Reducing CD</i> HIV; TB; Immunizations Gonorrhea and Chlamydia Syphilis</p>	<p><i>Assure 100% access to needed health care</i> Rate of inadequate prenatal care</p>	<p><i>Annual review assures services reflect department values</i> Achieving AA goals</p>
<p><i>Teen Pregnancy</i> Teen Pregnancy Rate</p>				
<p><i>Tobacco Use</i> Adolescent Tobacco Use</p>				
<p><i>Healthy Birth Outcomes</i> Low Birth Weight rates Infant Mortality rates SIDS</p>				
<p>Abusive Partners</p>				

Objective 1.1—Control and reduce the incidence of the following communicable diseases: Vaccine - preventable diseases of children; Hepatitis A, B, and C; Tuberculosis; HIV infection and disease; and Gonorrhea and chlamydia

Immunized Two Year Olds

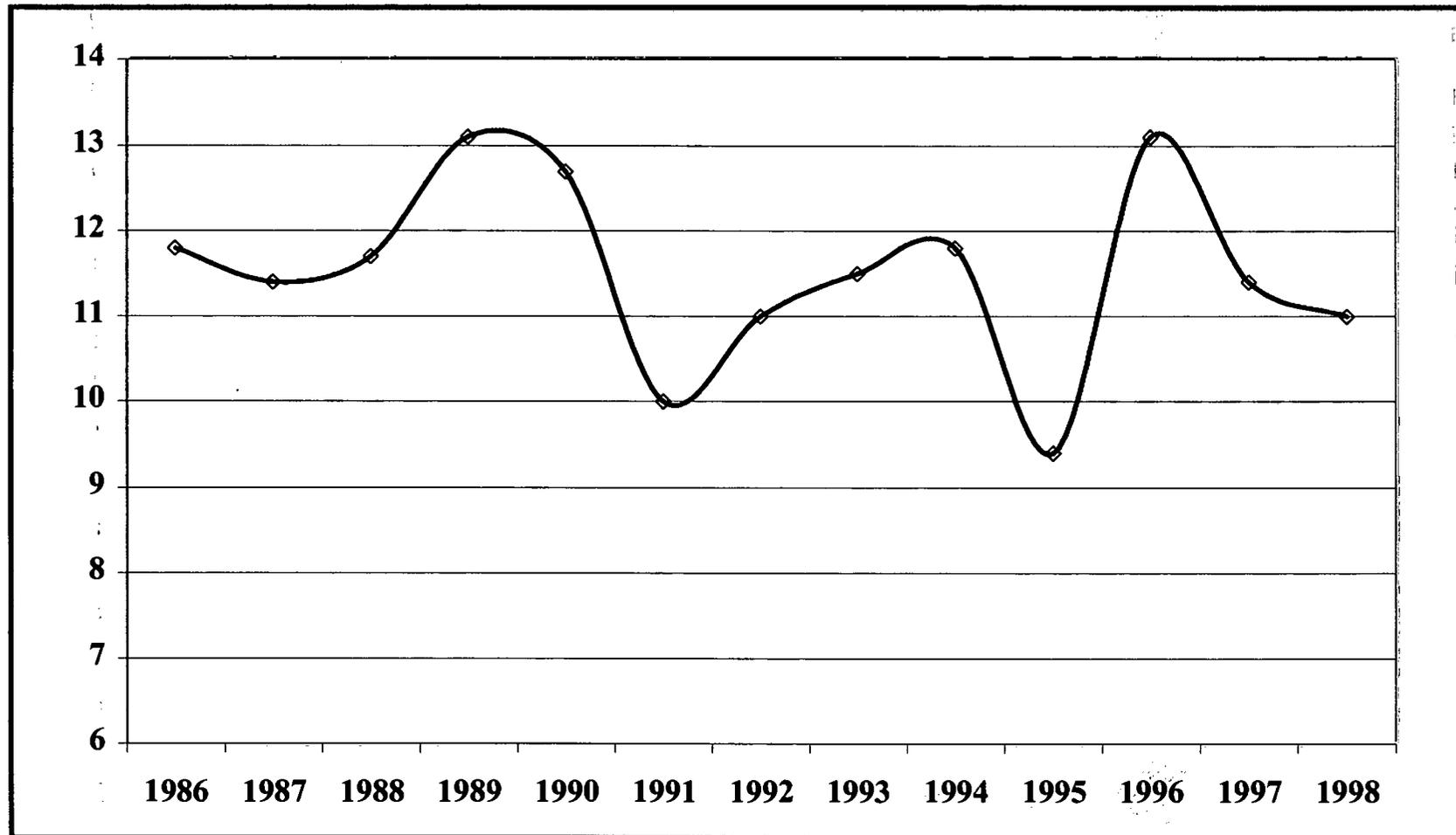
Health Department Clients and the County as a Whole



Objective 1.1—Control and reduce the incidence of the following communicable diseases: Vaccine - preventable diseases of children; Hepatitis A, B, and C; Tuberculosis; HIV infection and disease; and Gonorrhea and chlamydia

Tuberculosis Case Rates

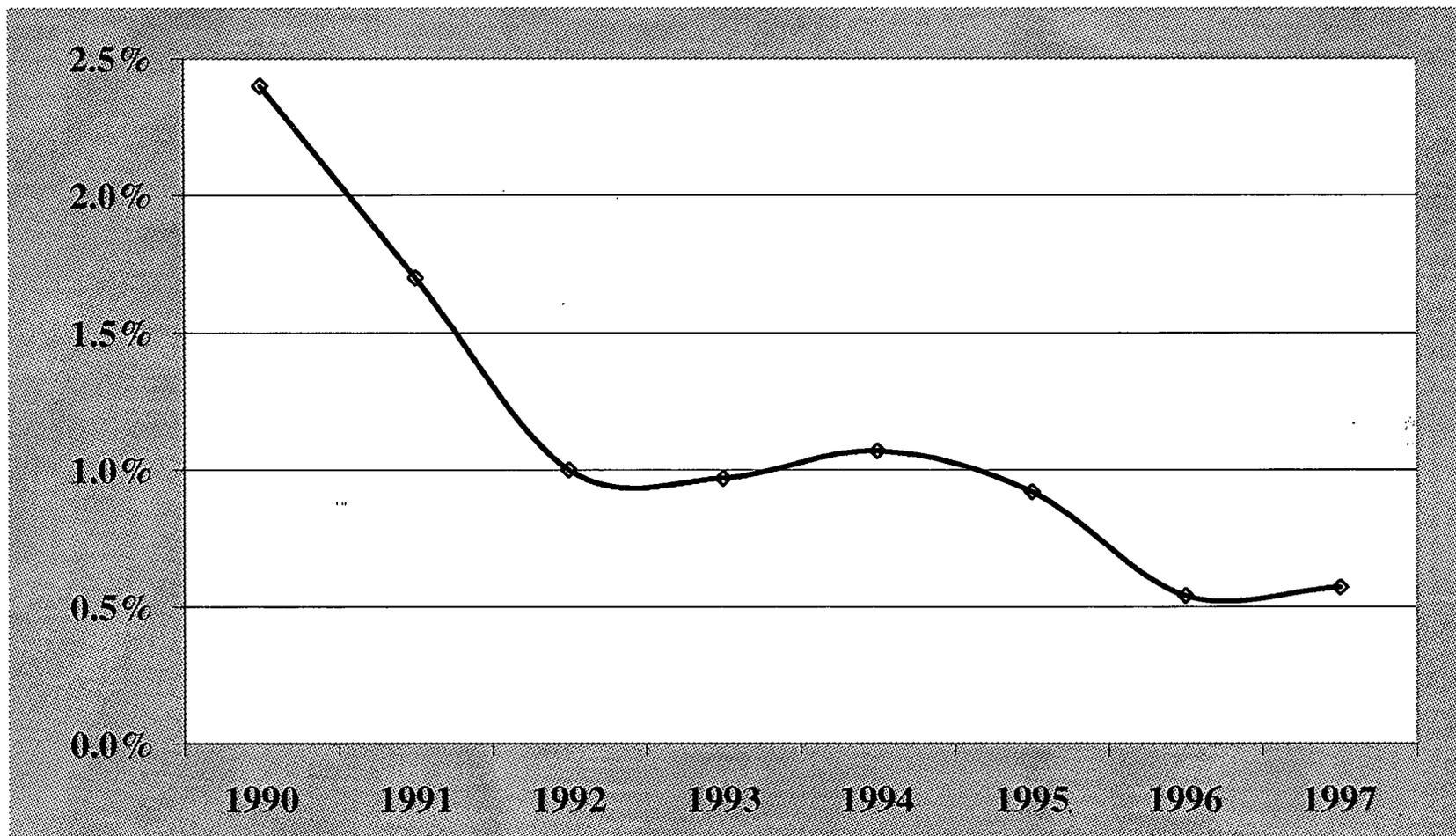
Multnomah County, Cases per 100,000 Population



Objective 1.1--Control and reduce the incidence of the following communicable diseases: Vaccine - preventable diseases of children; Hepatitis A, B, and C; Tuberculosis; HIV infection and disease; and Gonorrhoea and chlamydia

HIV Positivity Rate

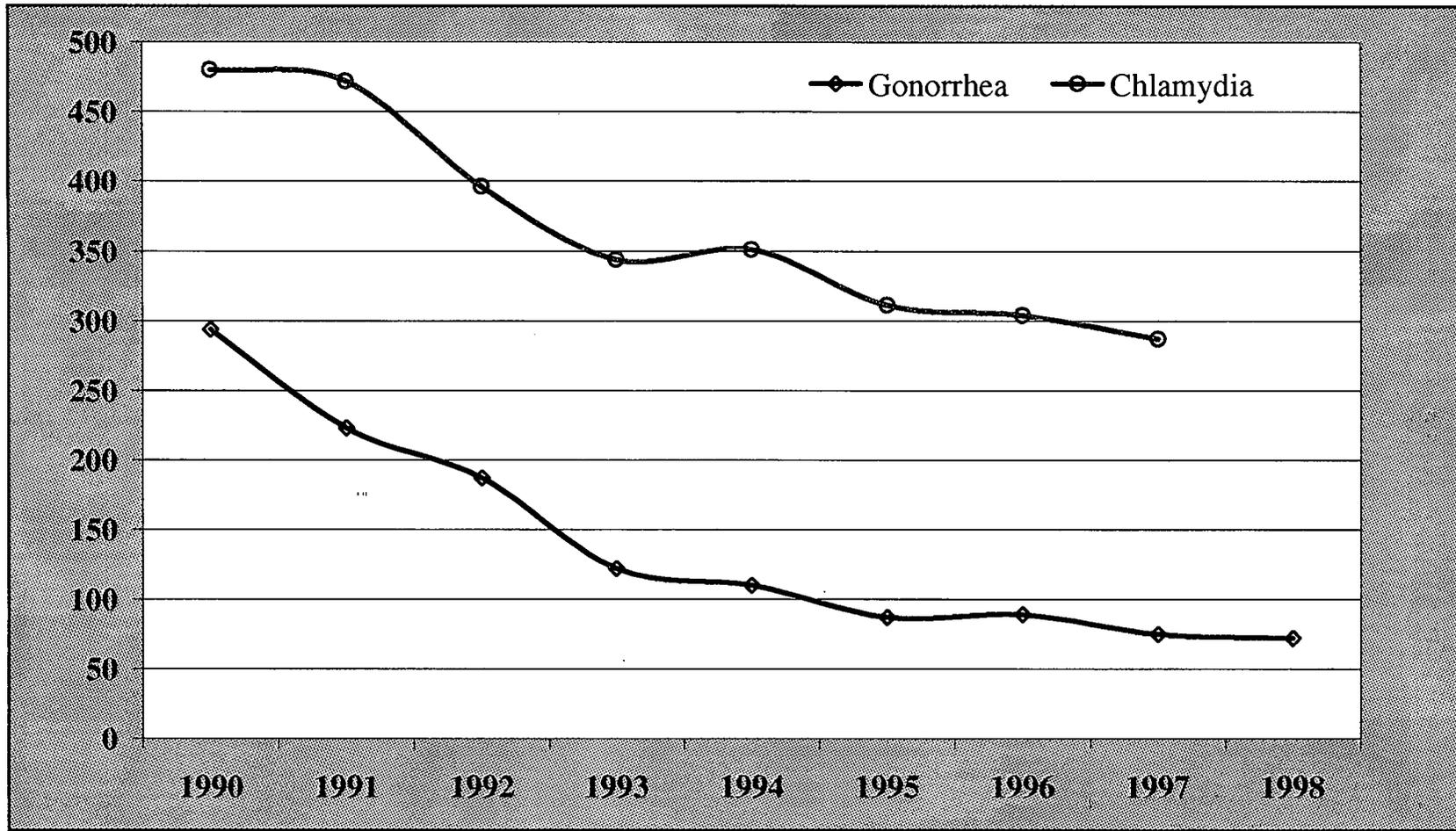
% of Tests performed at Public Sector Sites Returning Positive Results



Objective 1.1--Control and reduce the incidence of the following communicable diseases: Vaccine - preventable diseases of children; Hepatitis A, B, and C; Tuberculosis; HIV infection and disease; and Gonorrhea and chlamydia

Gonorrhea and Chlamydia

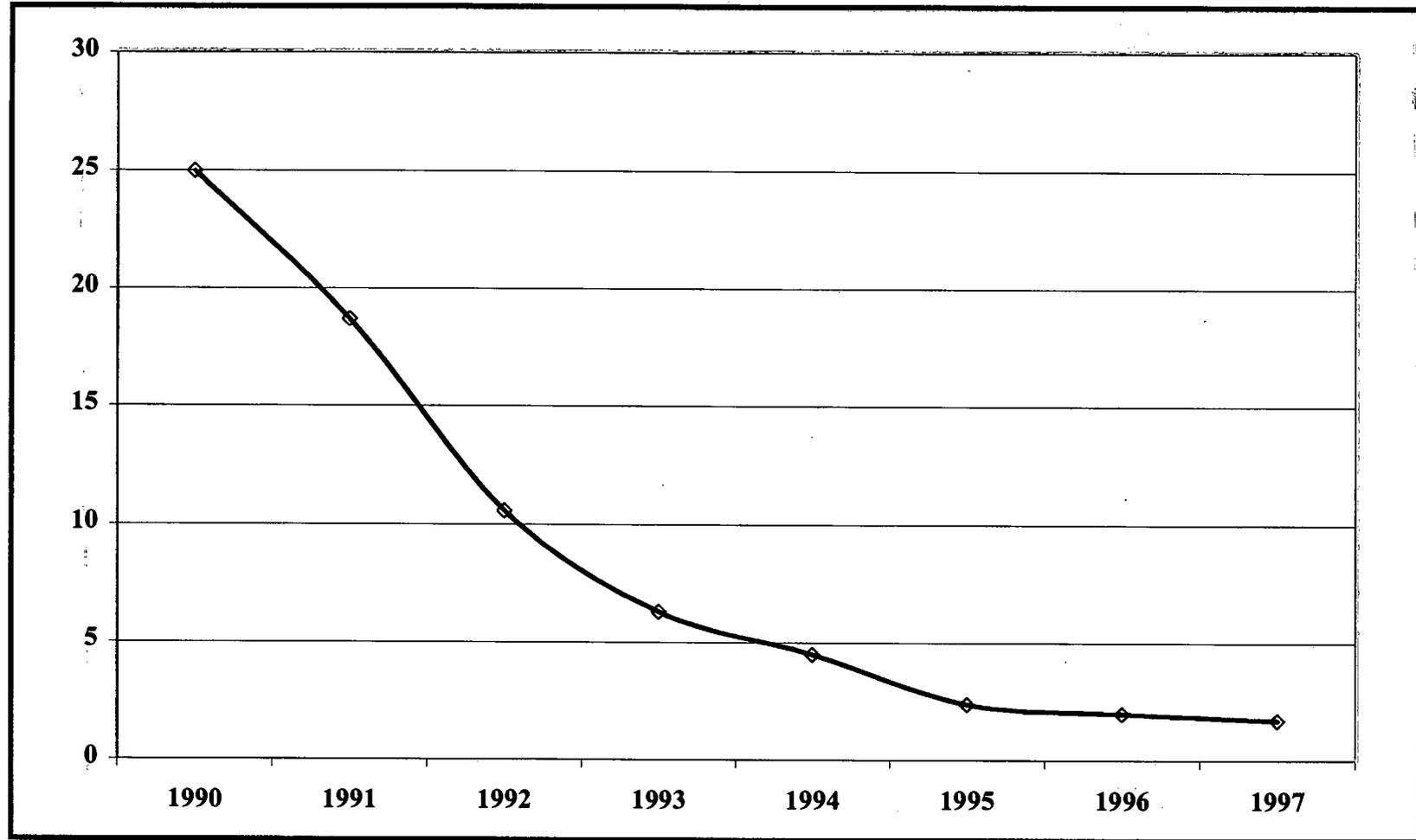
Multnomah County, Cases per 100,000 Population



Objective 1.1--Control and reduce the incidence of the following communicable diseases: Vaccine - preventable diseases of children; Hepatitis A, B, and C; Tuberculosis; HIV infection and disease; and Gonorrhea and chlamydia

Syphilis

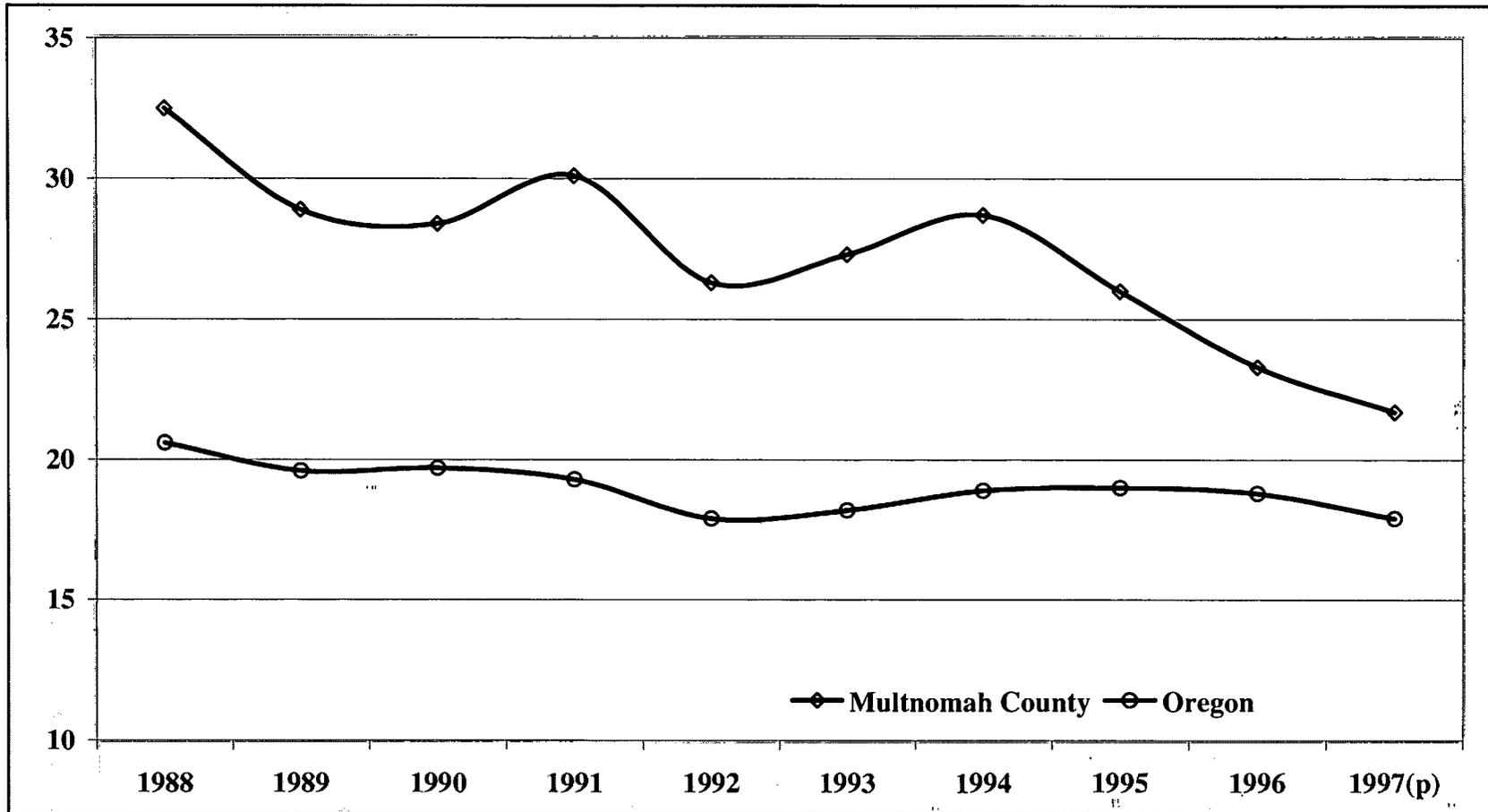
Multnomah County, Cases per 100,000 Population



Objective 1.2 - The teen pregnancy rate for 10-17 year olds declines annually, as measured by rate of pregnancies per 1000 for this age group in Multnomah County as reported by the Oregon Health division vital statistics data.

Teen Pregnancy Rate

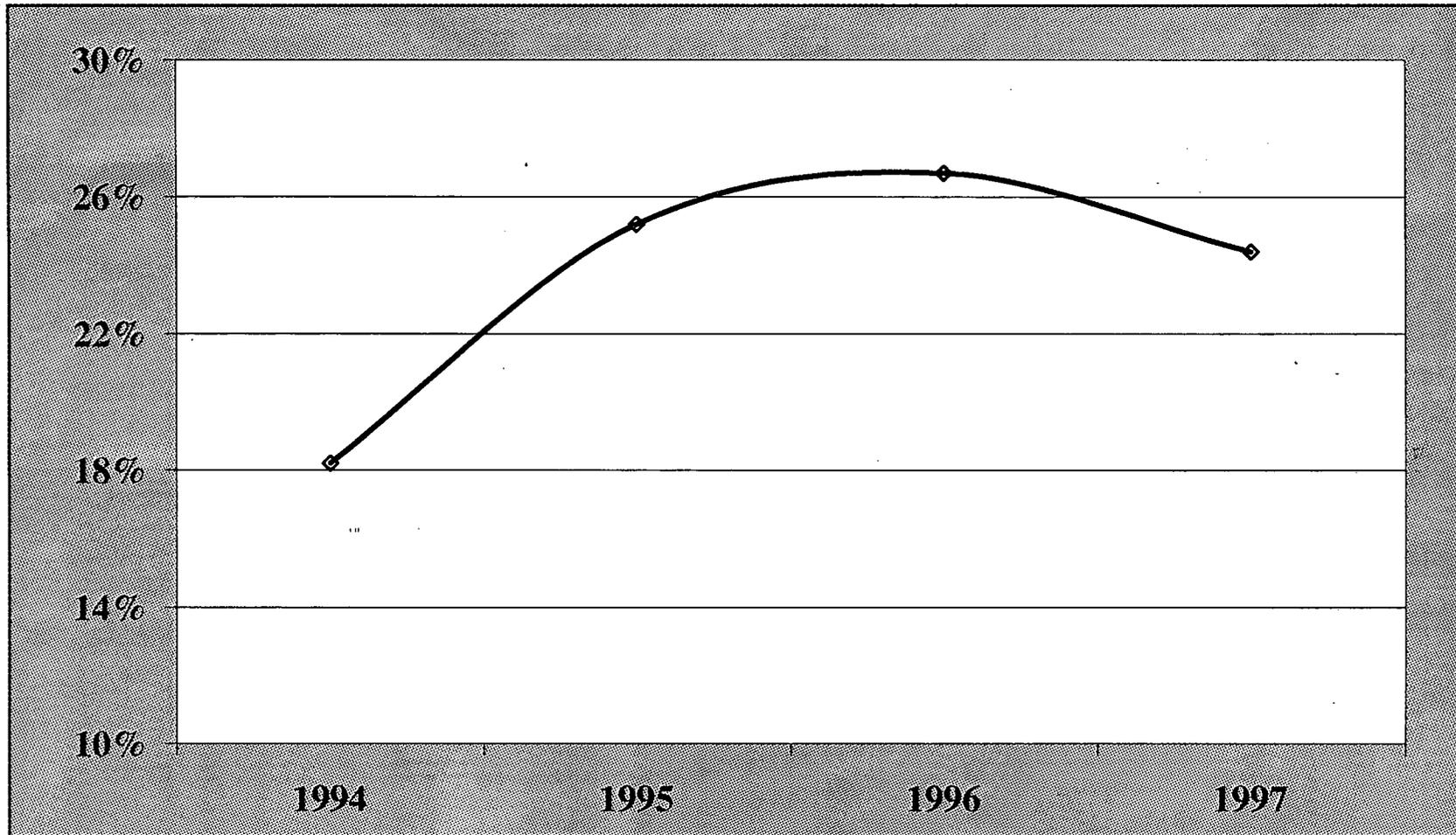
Multnomah County and Oregon, Pregnancies per 1,000 age 10-17 Females



Objective 1.3--The rate of teens reporting tobacco use declines by the year 2000 as measured by the Youth Risk Behavior Survey, and the Office of Drug Abuse Prevention (ODAP) Survey

Adolescent Tobacco Use Rates

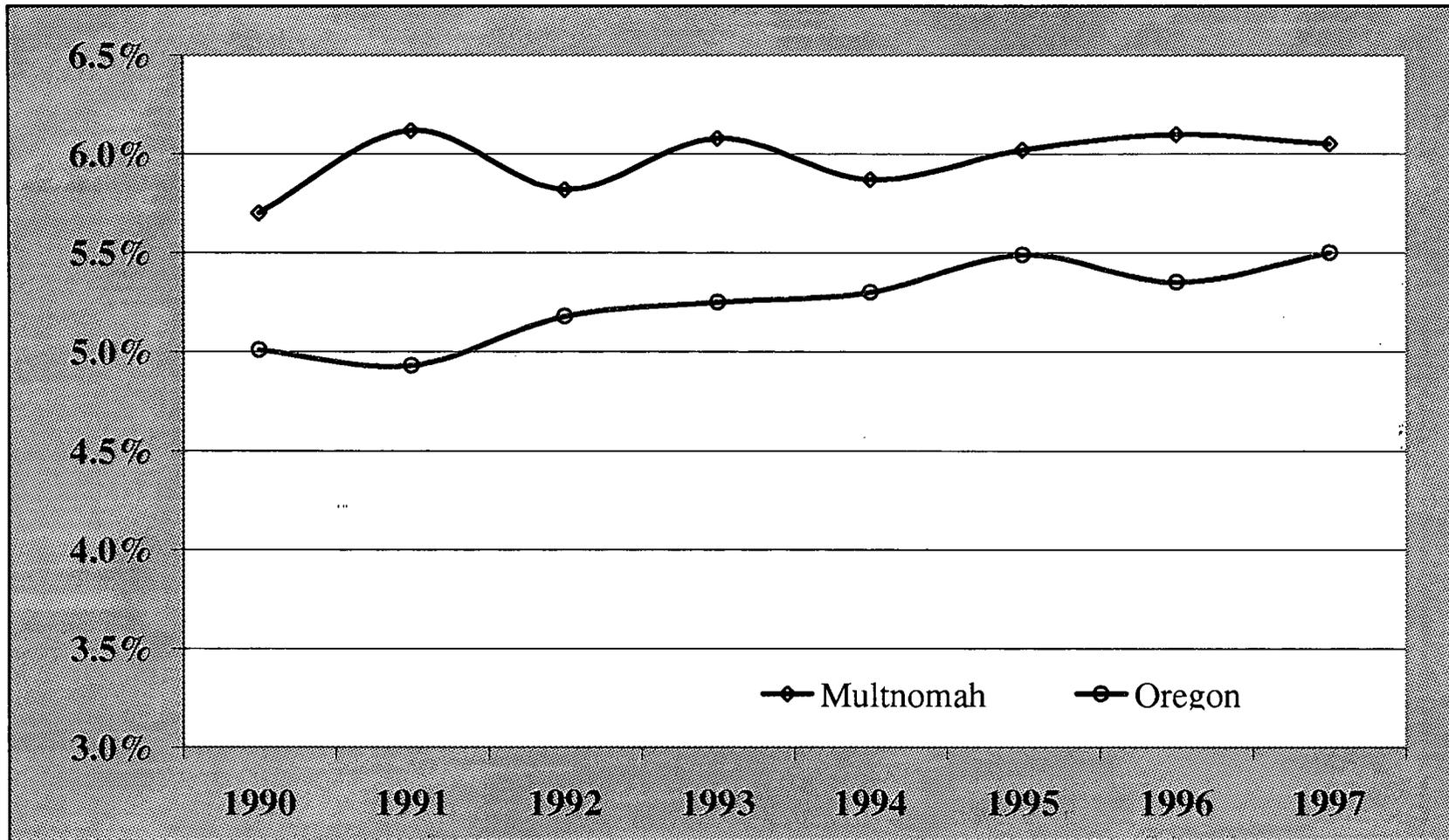
ODAP and Youth Behavior Risk Survey Data, County 11th Graders



Objective 1.4--Improvement in the number of babies that are born healthy as measured by rates of low birth weight and rates of infant mortality within the County and within specific ethnic and geographic communities.

Rates of Low Birthweight Births (< 2,500 grams)

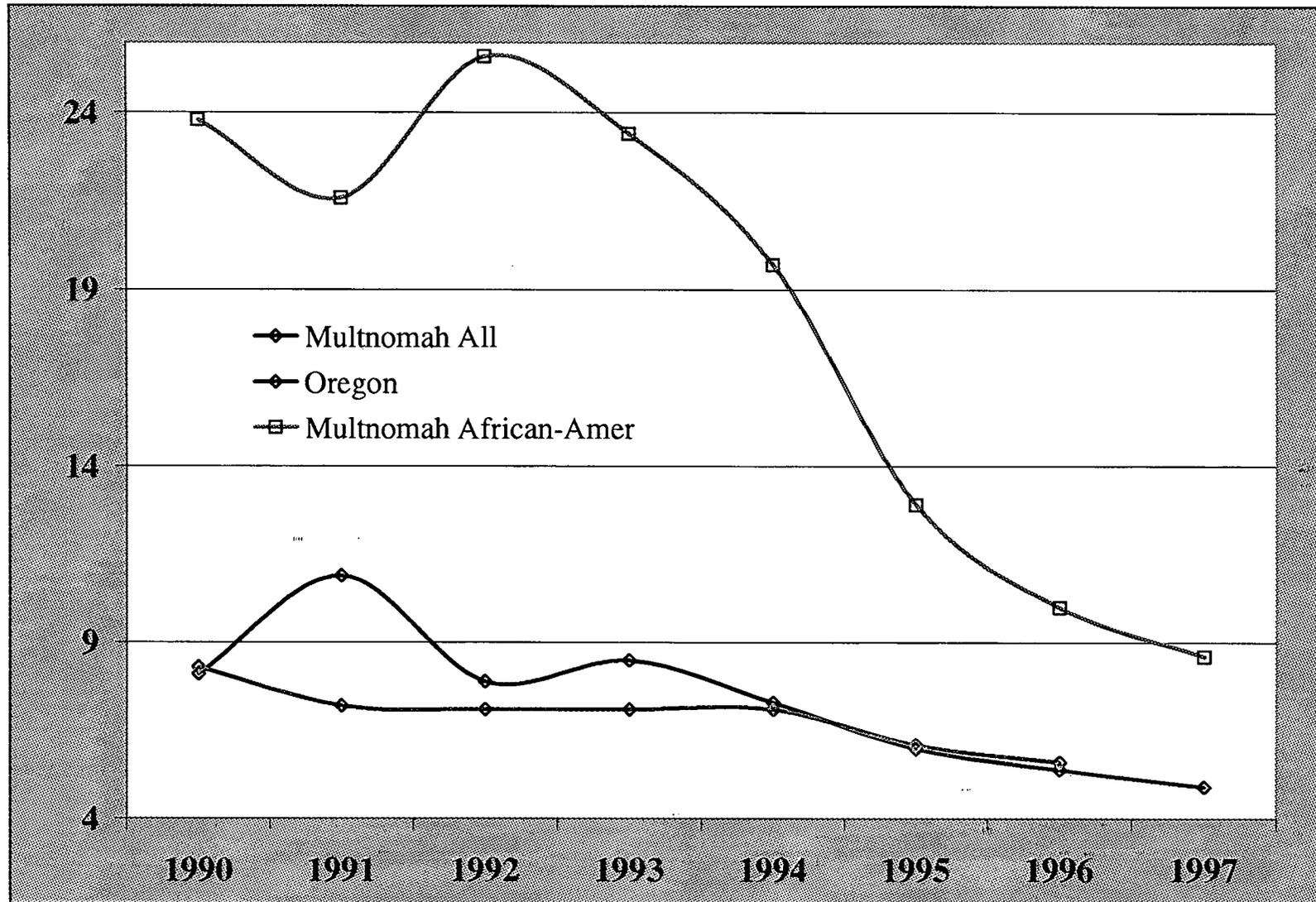
Multnomah County and Oregon, rates per 1,000 births



Objective 1.4--Improvement in the number of babies that are born healthy as measured by rates of low birth weight and rates of infant mortality within the County and within specific ethnic and geographic communities.

Infant Mortality Rates

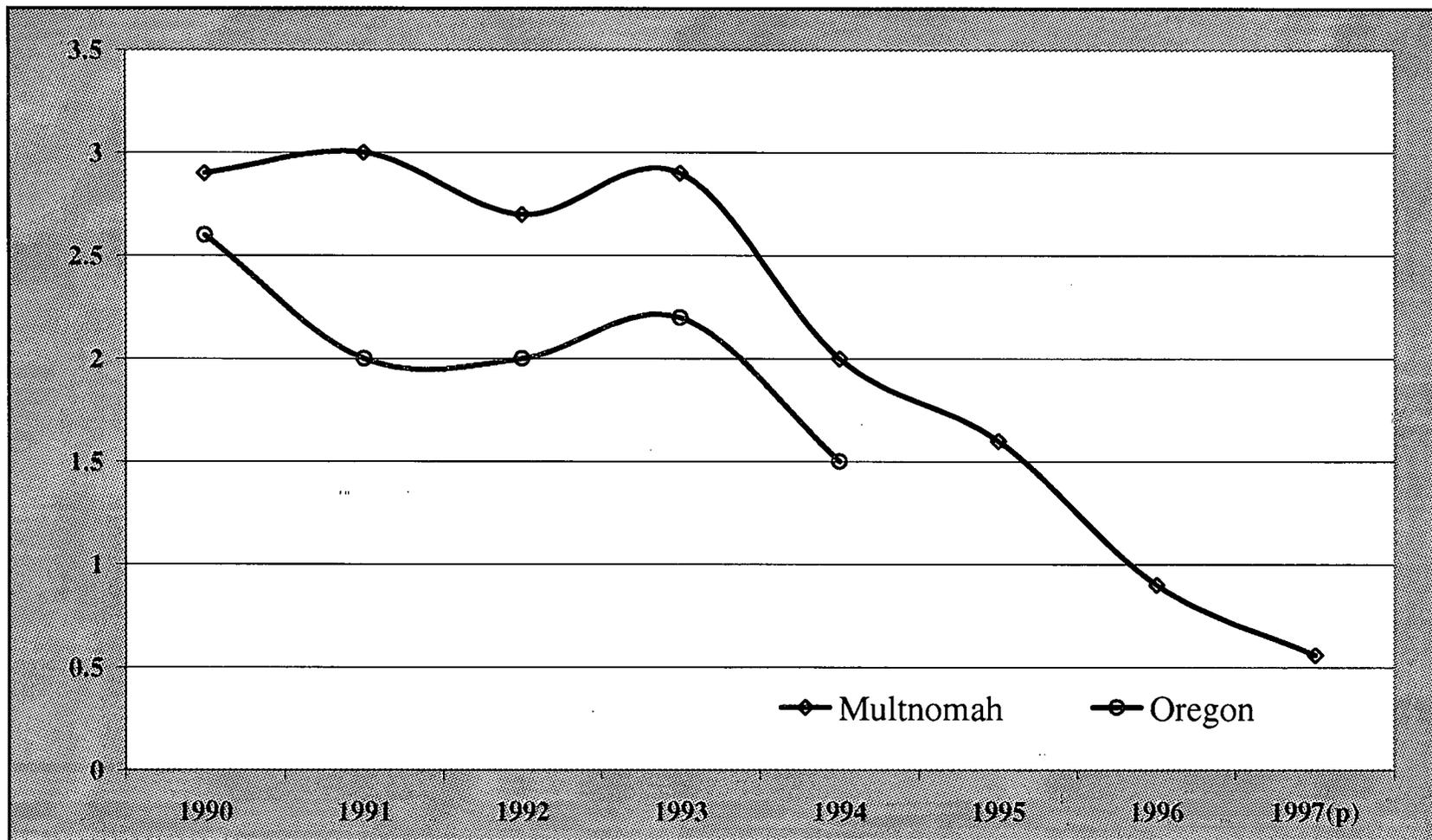
Multnomah County and Oregon, rates per 1,000 births



Objective 1.4--Improvement in the number of babies that are born healthy as measured by rates of low birth weight and rates of infant mortality within the County and within specific ethnic and geographic communities.

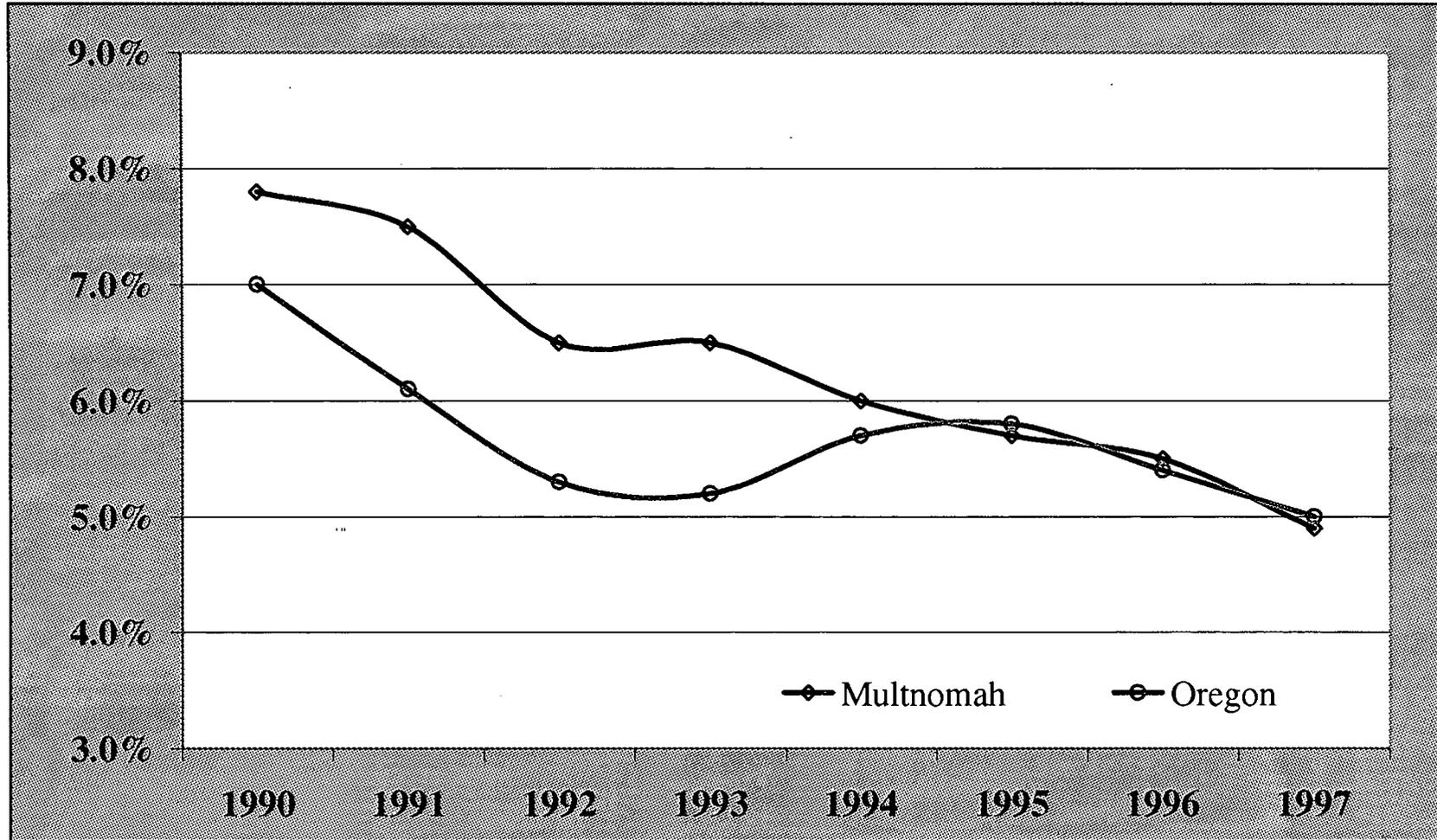
SIDS

Multnomah County and Oregon, rates per 1,000 births



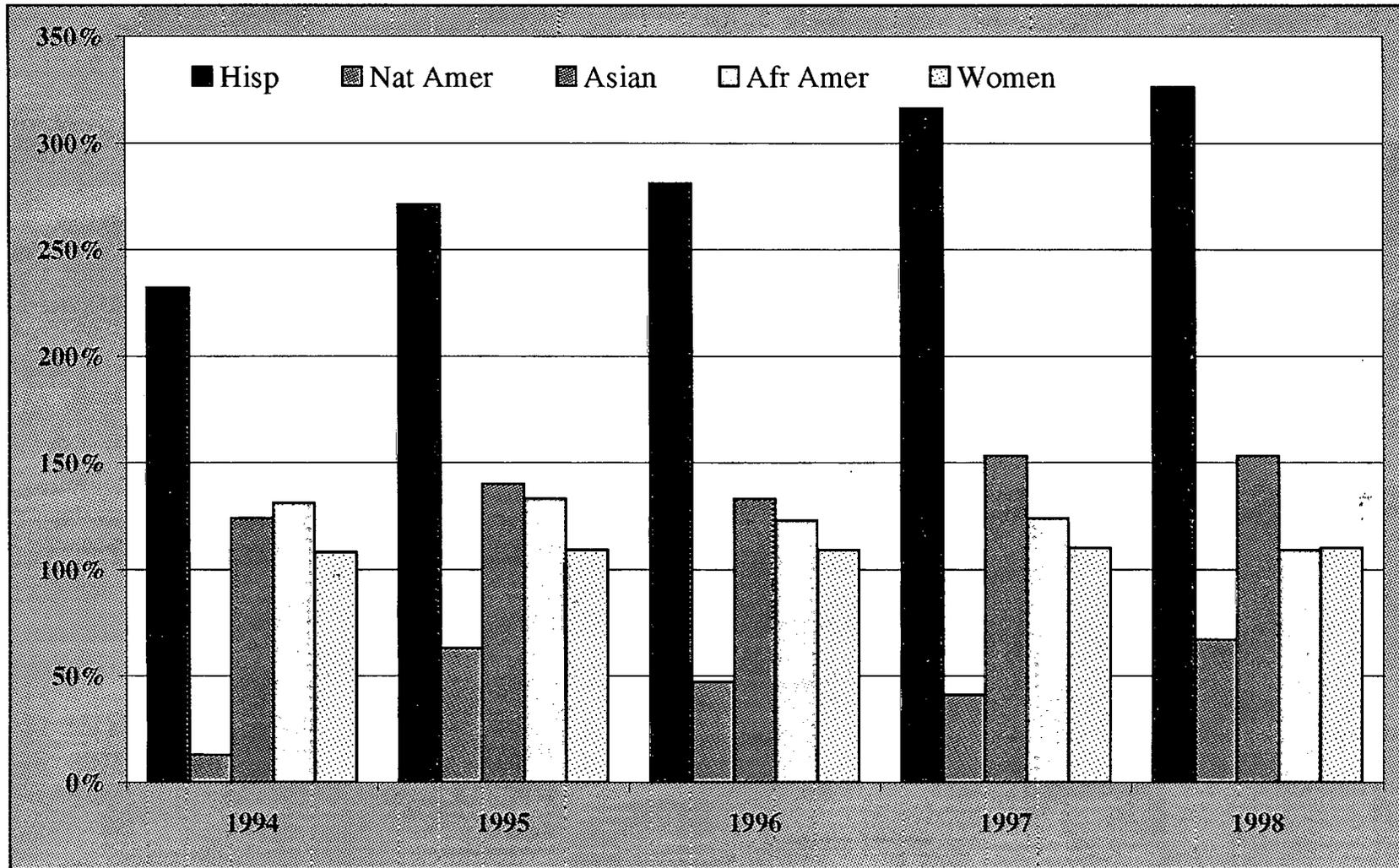
Rates of Inadequate Prenatal Care

Multnomah County and Oregon, late entry or < 5 Prenatal visits



Objective 3.1--Annual review assures that services reflect departmental values

Work Force Diversity - Success at meeting AA Goals



ISSUES AND OPPORTUNITIES

The Department is planning to give updates on these issues and opportunities:

I/O		Page in Today's Report
Medicaid Outreach	Kathleen Fuller-Poe	29
Accreditation	Sharon Armstrong	30
Corrections Health Update	Kathy Page	31
Healthy Birth Initiative	Shirley Orr	32
Neighborhood Access Update	Jan Sinclair	33
Disease Control and Epidemiology	Dave Houghton	34
Question and Answer, Discussion	All	35

ISSUE AND OPPORTUNITY - *Medicaid Outreach*

Six strategies to increase enrollment in the Oregon Health Plan

- 1 Target Multnomah County uninsured clients with income at or below 170% FPL
- 2 Increase follow-up for the OHP application process
- 3 Benchmark current source of screening referrals
- 4 Increase number of referrals from both internal and external sources
- 5 Increase awareness/support through employer based groups
- 6 Develop an evaluation component for train the trainer and referrals

Where have we been?	Site Orientation
Alder Elementary	yes
BCCP- Breast Cervical Cancer	yes
Boys & Girls of America	Dec-Feb.
Brentwood Darlington	yes
CFS	Oct thru Jan
Community Health Fairs	on-going
Corrections	TBA
Davis Elementary	yes
Dental for N, NE, SE	Nov-Jan
Environmental Health	yes
External Business	on-going
Field for N, NE, SE	Dec-98
Harold Oliver Elementary	yes
HCS- Health Clinical Serv.	yes
Hooper	yes

Where have we been?	Site Orientation
Immunization Clinics	yes
Juv. & Adult Comm. Justice	Nov-Jan.
Lead Program	Jan-Feb
Library Department	TBA
Neighborhood Health Clinic	Oct
Nurse Practitioner -M. Taylor	Yes
PCC	Jan-99
PPS - Principles	Jan. 99
PSU	Jan. 99
School Base Health Ctrs.	Dec-Jan
Self Enhancement	TBA
STD	yes
TB	yes
WS BU/Homeless	yes

ISSUE AND OPPORTUNITY - *Accreditation*

Joint Commission on Accreditation of Ambulatory Health Care Organizations (JCAHO)

- ⊙ What is it?
- ⊙ What are the benefits?
- ⊙ What will it involve?
 - Description of the process
 - Description of the time lines
- ⊙ Examples of Accreditation standards
- ⊙ Relevance to our strategic plan
 - Budget
 - OQA
 - Key Results
 - OHSIC collaboration
- ⊙ Expected Outcome

ISSUE AND OPPORTUNITY - *Corrections Health*

Goals:

- ⊙ Provide mental health treatment consistent with community standards
- ⊙ Decrease the number of inmates needing to be on active suicide watch
- ⊙ Provide closer observation of the acutely ill during custody
- ⊙ Provide discharge planning for medical and mentally ill inmates

Facts:

- ⊙ 41% increase in number of mentally ill booked as compared to 1994
- ⊙ In jail rate is 107 deaths per 100,000 - or 9 times higher than the community (12)
- ⊙ 5 deaths in the last 11 months in correctional facilities, 2 of which were suicides
- ⊙ Pharmaceutical costs have increased 45% for the treatment of HIV and depression

Future:

Increase in collaborative management between the custody and corrections health staff of inmates who are dangerous to themselves and others by providing a therapeutic environment and appropriate treatment

ISSUE AND OPPORTUNITY - *Healthy Birth Outcomes*

Goals:

- ⊙ Reduce Infant Mortality in N/NE Portland
- ⊙ Reduce the number of Low Birth Weight (LBW) babies
- ⊙ Reduce behavioral risk factors related to LBW, Infant Mortality
- ⊙ Develop community involvement and support

How?

- ⊙ Community mobilization through consortium
- ⊙ Facilitation services to enable families to access necessary care
- ⊙ Case management of pregnant women and new mothers
- ⊙ Education and training

Community Health Workers

ISSUE AND OPPORTUNITY - *Neighborhood Access*

- ⊙ Brentwood Darlington
- ⊙ Roosevelt Community Center
- ⊙ Self Enhancement, Inc.
- ⊙ Parkrose Community Center

- ⊙ Potential Sites
 - ⊙ Whitaker Middle School
 - ⊙ Joseph Lane Middle School
 - ⊙ Marshall SBHC After Hours
 - ⊙ Lincoln Park in David Douglas
 - ⊙ Rockwood

- ⊙ Community School Planning

- ⊙ Expanded School Based Sites

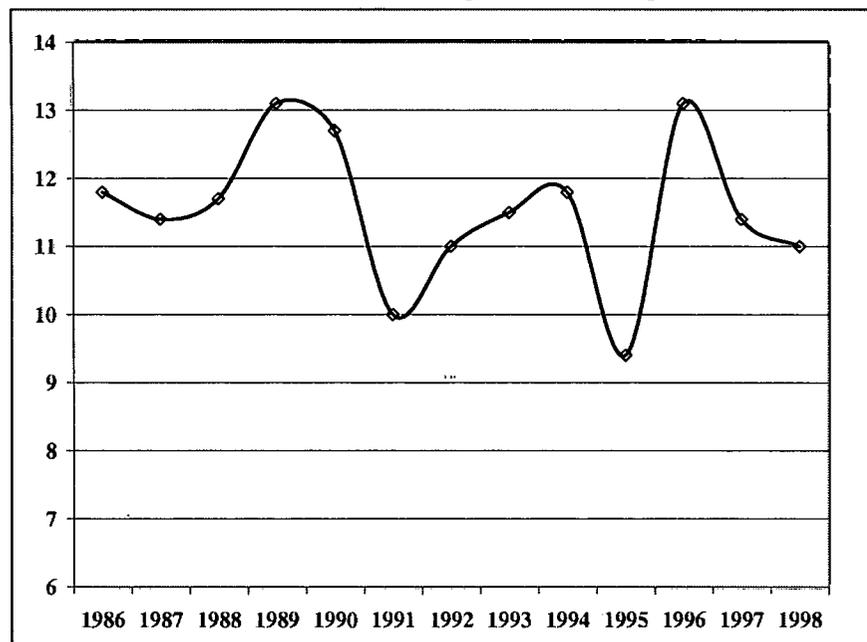
ISSUE AND OPPORTUNITY - *Disease Control and Epidemiology*

Goals:

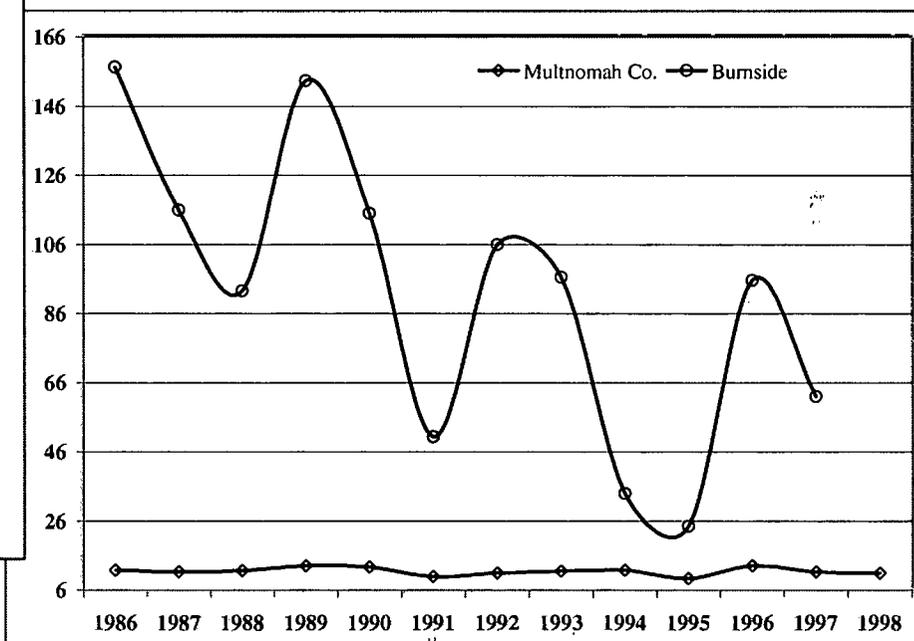
- Population-based services
- Focus on disproportionately affected sub-populations.
- Interventions often address two “clients”: the individual and the community.
- Maintain vigilance for disease “amplifiers.”
- Use collaborative opportunities for prevention efforts.

Tuberculosis Case Rates

Multnomah County, Cases per 100,000 Population



Multnomah County and Burnside Area, Cases per 100,000 Population



DISCUSSION

December 15, 1998

KEY RESULTS

OFFICE OF THE HEALTH OFFICER

Emergency Medical Services

<u>Key Results</u>	1995-96	1996-97	1997-98	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original</u> <u>Projection</u>	<u>Current</u> <u>Estimate</u>	<u>Projected</u>
% of emergency response calls served within 8 minutes	91.5%	92%	91.1%	90%	90%	90%
Twenty minute rural response time percentage	NA	91.4%	90.2%	90%	90%	90%

DISEASE PREVENTION AND CONTROL

Immunization Program

<u>Key Results</u>	1996-97	1997/98	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Original</u> <u>Projection</u>	<u>Current</u> <u>Estimate</u>	<u>Projected</u>
Contacts/children for immunization evaluation/vaccine served per month	2,560	1,130	2,500	1,000	1,200

HIV Prevention

<u>Key Results</u>	1996-97	1997/98	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Original</u> <u>Projection</u>	<u>Current</u> <u>Estimate</u>	<u>Projected</u>
Rate of new HIV infection in injection drug users in Multnomah County	1%	1%	1%	0.77%	1%
% of people of color receiving HIV counseling and testing	18%	28%	18%	32%	30%

Health Inspections

<u>Key Results</u>	1996-97	1997/98	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Original</u> <u>Projection</u>	<u>Current</u> <u>Estimate</u>	<u>Projected</u>
Number of food service managers who have received County-sponsored food safety training.	0	52%	NA	50	100

Vector Control

<u>Key Results</u>	1997/98	1997-98	1998-99
	<u>Actual</u>	<u>Current</u> <u>Estimate</u>	<u>Projected</u>
New Key Result: % of all rat complaints related to sewer rats	34%	30%	24%

Home Lead Hazard Reduction

<u>Key Results</u>	<u>1997/98 Actual</u>	<u>1997-98 Original Projection</u>	<u>1997-98 Current Estimate</u>	<u>1998-99 Projected</u>
New Key Result: % of completed houses that will pass six month clearance testing	0%	80%	80%	85%

STD Clinic / Epidemiology

<u>Key Results</u>	<u>1996-97 Actual</u>	<u>1997-98 Actual</u>	<u>1997-98 Original Projection</u>	<u>1997-98 Current Estimate</u>	<u>1998-99 Projected</u>
1) % of reported cases of the following STDs interviewed by County Disease Intervention Specialists for contacts					
1) Gonorrhea	83%	90%	90%	85%	90%
2) Syphilis	100%	100%	95%	95%	95%
3) Chlamydia	74%	74%	50%	50%	50%
Number of cases per 100,000 residents Between 15 and 44 years of age					
1) Gonorrhea	172	140	200	200	210
2) Chlamydia	574	625	550	550	580

HIV Client Services

<u>Key Results</u>	<u>1995-96 Actual</u>	<u>1996-97 Actual</u>	<u>1997/98 Actual</u>	<u>1997-98 Original Projection</u>	<u>1997-98 Current Estimate</u>	<u>1998-99 Projected</u>
% 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	97%	90%	97%	95%

HIV Treatment

<u>Key Results</u>	<u>1996-97 Actual</u>	<u>1997/98 Actual</u>	<u>Original Projection</u>	<u>1997-98 Current Estimate</u>	<u>1997-98 1998-99 Projected</u>
% of potential clients who receive clinical services within 3 weeks of initial clinic contact	96%	99%	90%	96%	98%
NOTE: 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.					
New Key Result: % of visits covered by health insurance	73%	82%	75%	75%	80%

December 15, 1998

TB Prevention and Treatment Center

<u>Key Results</u>	1996-97 <u>Actual</u>	1997/98 <u>Actual</u>	Original <u>Projection</u>	1997-98 Current <u>Estimate</u>	1997-98 1998-99 <u>Projected</u>
% of TB patients who complete a course of TB Treatment (active TB) Note: All figures (except 97-98 projection) adjusted to match current CDC treatment completion formula.	75%	92.42%	90%	75%	75%

Communicable Disease

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

Occupational Health

<u>Key Results</u>	1995-96 <u>Actual</u>	1996-97 <u>Actual</u>	1997/98 <u>Actual</u>	1997-98 Original <u>Projection</u>	1997-98 Current <u>Estimate</u>	1998-99 <u>Projected</u>
% of Multnomah County employees who have received bloodborne pathogen training	74%	93%	82%	95%	95%	95%

NEIGHBORHOOD HEALTH

School Based Health Centers

<u>Key Results</u>	1995-96 <u>Actual</u>	1996-97 <u>Actual</u>	1997/98 <u>Actual</u>	1997-98 Original <u>Projection</u>	1997-98 Current <u>Estimate</u>	1998-99 <u>Projected</u>
% of female family planning clients who do not get pregnant during the year	91.7%	96.2%	95.6%	94%	96.2%	96.5%

Teen Family Support

<u>Key Results</u>	1995-96 <u>Actual</u>	1996-97 <u>Actual</u>	1997/98 <u>Actual</u>	1997-98 Original <u>Projection</u>	1997-98 Current <u>Estimate</u>	1998-99 <u>Projected</u>
% of teen mothers assessed for health, social, and parenting needs	83%	83%	78%	90%	70%	90%

Field Teams

<u>Key Results</u>	1996-97	1997/98	1997-98	1998-99	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Current Projection</u>	<u>Estimate</u>	<u>Projected</u>
% of pregnant women referred for Maternity Case Management who receive at least one Visit for assessment of need for Field and/or community based services	52%	55%	55%	55%	55%
% 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%	85%	85%	85%	85%

Neighborhood Access Sites

<u>Key Results</u>	1996-97	1997/98	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
% of Healthy Birth Initiative participants who initiate prenatal care in the first trimester of pregnancy	NA	NA			

WIC

<u>Key Results</u>	1995-96	1996-97	1997/98	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>
Average # of women, infants, and children served per month by WIC program	NA	16,795	16,611	17,000	17,000	17,000

Breast and Cervical Cancer Program

<u>Key Results</u>	1996-97	1997/98	1997-98	1997-98	1998-99
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
# of women screened by BCCP in health department clinics					
# of women age 40+ screened by BCCP in health department clinics	316	281	700	500	NA

PRIMARY CARE DIVISION

Homeless Children's Program

<u>Key Results</u>	1995-96	1996-97	1997/98	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 2 Year Olds who are appropriately Immunized	91%	100%	100%	90%	90%	100%

Primary Care Clinics

<u>Key Results</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
% of pregnant women in County clinics who receive prenatal care beginning in first trimester (Oregon Benchmark)	70%	71%	66%	80%	80%	80%
% of homeless clients at WSHC immunized for Pneumovax and Tetanus	65%	83%	71%	80%	56%	80% of homeless

Linkage

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

DENTAL SERVICES

School and Community Dental Services

<u>Key Results</u>	<u>995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
% of 6-8 year olds who are caries free	NA	46.7%	46.2%	50%	46.2%	46%

Dental Clinics

<u>Key Results</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
Dental RVU units per dentist	9800	8800		10000	8900	9800

SUPPORT SERVICES

Pharmacy Services

<u>Key Results</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
Total cost per prescription dispensed to County clients	\$16.67	\$17.15	\$12.81	\$18.68	\$18.68	\$19.80

Lab Services

<u>Key Results</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1997/98</u>	<u>1997-98</u>	<u>1997-98</u>	<u>1998-99</u>
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projected</u>
Unit cost of laboratory tests	\$8.08	\$8.86	\$11.47	\$9.10	\$9.10	\$9.25

Information and Referral

<u>Key Results</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1997/98</u>	<u>1997-98</u>	<u>1997-98</u>	<u>1998-99</u>
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projected</u>
Human Services referral calls taken per FTE	7,515	11,409	11,247	8,000	7,940	8,000

Language Services

<u>Key Results</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1997/98</u>	<u>1997-98</u>	<u>1997-98</u>	<u>1998-99</u>
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projected</u>
Interpretation cost per visit	\$18.30	\$16.76	\$16.56	\$17.50	\$17.50	\$16.76

Communications Unit

<u>Key Results</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1997/98</u>	<u>1997-98</u>	<u>1997-98</u>	<u>1998-99</u>
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projected</u>
Human Services referral calls taken per FTE	7,515	11,409	11,247	8,000	7,940	8,000

BUSINESS SERVICES**Grants Management**

<u>Key Results</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1997/98</u>	<u>1997-98</u>	<u>1997-98</u>	<u>1998-99</u>
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projected</u>
% of grant awards collected	94%	92.4%	95.2%	98%	96%	96%

Accounts Payable/Receivable

<u>Key Results</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1997/98</u>	<u>1997-98</u>	<u>1997-98</u>	<u>1998-99</u>
	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projected</u>
% of Medicaid and other third party bills processed within 30 Days	70%	87%	87%	80%	70%	90%

HEALTH DEPARTMENT

December 15, 1998

KEY RESULTS**Human Resources**

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

Health Information Systems

<u>Key Results</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
Ad hoc data requests fulfilled	280	379	453	340	494	500

Medicaid Outreach

<u>Key Results</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
% of income eligible clients screened for Medicaid for Oregon Health Plan	60%	60%	95%	70%	70%	90%

CORRECTIONS HEALTH**Clinical Services**

<u>Key Results</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
% of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	92%	89%	85%	90%	NA	50%

Mental Health Services

<u>Key Results</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Actual</u>	<u>1997/98</u> <u>Actual</u>	<u>1997-98</u> <u>Original</u> <u>Projection</u>	<u>1997-98</u> <u>Current</u> <u>Estimate</u>	<u>1998-99</u> <u>Projected</u>
% of incarcerated clients Who receive Psychiatric intervention	65%	56.2%	24%	25%	NA	10%

Department of Health Key Results

Modified to Reflect Strategic Plan

Action	KR#	Description	00 Goal	Obj#	Strat	Division	Program
Delete	HD36	% of Medicaid and other third party bills processed within 30 Days	n/a	3.1	D	BS	Billing/Accounts Receivable
New	BS-1	Days in accounts receivable	75	3.2	A	BS	Billing/Accounts Receivable
New	BS-2	Net collection rate of accounts receivable for all payers (payments as a percentage of adjusted charges)	80%	3.2	A	BS	Billing/Accounts Receivable
New	BS-3	Average % of respondents rating the BSD service bundle as highly competent	80%	3.1	D	BS	BSD Director
Modify	HD35	% of grant award amounts collected by the close of the grant period		2.1	A	BS	Grants/Accounting
New	BS-4	# of findings and questioned costs in Single Audit process	0	3.2	C	BS	Grants/Accounting
Delete	HD60	Ad hoc data requests fulfilled	n/a	3.1	D	BS	HIS
New	BS-5	<i>[some measure of data accessibility at the desk top level]</i>		3.1	A	BS	HIS
New	BS-6	<i>[some measure of LAN availability, expressed as % of uptime]</i>		3.1	A	BS	HIS
Keep	HD38	% of vacancies posted within one week of notification by hiring authority		3.1	D	BS	Human Resources
New	BS-7	% of internal customers describing the quality of their applicant pools as better than the previous year	80%	3.1	D	BS	Human Resources
Delete	HD37	% of income eligible clients screened for Medicaid for Oregon Health Plan	n/a	2.1	A	BS	Medicaid Enrollment
New	BS-8	Multnomah County's market share of total Oregon Health Plan enrollment	20%	2.1	A	BS	Medicaid Enrollment
Keep	HD40	% of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	60%	1.4		CH	Clinic Services
Keep	HD41	% of incarcerated clients with known mental health needs who receive psychiatric intervention	15%	2.1	A	CH	Mental Health
New	D0-1	% of Multnomah County school districts that have implemented and are enforcing effective policies of no tobacco use on school grounds and at school-sponsored events	80%	1.3		DO	Tobacco Prevention
New	D0-2	% of merchants within a half-mile radius of a Multnomah County high school that have received retailer education regarding tobacco sales to minors	100%	1.3		DO	Tobacco Prevention

Department of Health Key Results

Modified to Reflect Strategic Plan

Action	KR#	Description	00 Goal	Obj#	Strat	Division	Program
Delete	HD01	% of middle and high schools with ongoing organized violence prevention activities	n/a	1.5		DO	Violence Prevention
New	D0-3	# of Peace Action Zones created in Multnomah County through multi-agency collaboration		1.5		DO	Violence Prevention
Keep	HD17	# of preventable Hepatitis A cases transmitted by workers in high risk settings	0	1.1		DP	Communicable Disease
Keep	?	# of food service managers who have received County-sponsored food safety training	100	1.1		DP	Health Inspections
Delete	HD14	% of potential clients who receive clinical services within 3 weeks of initial contact with clinic	n/a	3.1	D	DP	HIV Clinic
Keep	?	% of visits covered by health insurance	90%	A		DP	HIV Clinic
Delete	HD62	% of people of color requesting HIV counseling and testing	n/a	1.1		DP	HIV Prevention
Delete	HD61	Rate of new HIV infection in injection drug users in Multnomah County	n/a	1.1		DP	HIV Prevention
New	DP-1	% of high-risk persons testing at HIV community test sites	50%	1.1		DP	HIV Prevention
New	DP-2	# of HIV risk reduction contacts with injection drug users	7000/ year	1.1		DP	HIV Prevention
Keep	HD32	Contacts/children for immunization evaluation/vaccine served per month	1300	1.1		DP	Immunizations
New	DP-3	% of sixth-grade children receiving 3-dose series of Hep B immunization	50%	1.1		DP	Immunizations
New	DP-4	# of housing units receiving lead remediation work and successfully passing post-work clearance testing	55	2.1	A	DP	Lead Programs - HLHRP (CLEARCorps) and PLHCP
Delete	HD18	% of Multnomah County employees who have received bloodborne pathogen training	n/a	1.1		DP	Occupational Health
New	DP-5	# of Health Department employees documented to have a TB skin test conversion evaluated to be the result of resulting from a workplace exposure	0	1.1		DP	Occupational Health
Modify	HD64	% 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	95%	2.1	B	DP	Ryan White
New	DP-6	% of Ryan White contractors conducting client satisfaction surveys	90%	3.1	D	DP	Ryan White

Department of Health Key Results

Modified to Reflect Strategic Plan

Action	KR#	Description	00 Goal	Obj#	Strat	Division	Program
Keep	HD48	Prevent an increase in the # of chlamydia cases per 100,000 county residents between 15 and 44		1.1		DP	STD Clinic
Keep	HD09	Prevent an increase in the # of gonorrhea cases per 100,000 county residents between 15 and 44 years of age		1.1		DP	STD Clinic
Keep	HD13	% of reported cases of the following STDs interviewed by County Disease Intervention Specialists for contacts: gonorrhea, syphilis and chlamydia		1.1		DP	STD Epi
Keep	HD16	% of TB patients who complete a course of TB treatment (active TB)	75%	1.1		DP	TB Clinic
	?	% of all rat complaints related to sewer rats		1.1		DP	Vector Control
	HD23	Dental relative value productivity units per dentist		3.1	D	DS	Dental Clinics
	HD24	% of 6-8 year olds who are caries free		2.1	A	DS	School/Community Dental
Delete	?	# of women screened by BCCP in Health Department clinics	n/a	2.1	B	NH	BCCP
Delete	?	# of women ag 40+ screened by BCCP in Health Department clinics	n/a	2.1	A	NH	BCCP
New	NH-1	# of uninsured/underinsured women 50 years and older who receive Woman Health Checks through the BCC Program	900	2.1		NH	BCCP
Keep	?	% of pregnant women referred for maternity case management who receive at least one home visit for assessment of need for field and/or community-based services	55%	1.4		NH	Field
Keep	HD20	% 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		1.4		NH	Field
	?	% of Healthy Birth Initiative participants who initiate prenatal care in the first trimester of pregnancy		1.4		NH	Neighborhood Access Program
Keep	HD19	% of female family planning clients who do not get pregnant during the year		1.2		NH	SBHC
New	NH-3	% of school districts with a plan for integrating the STARS curriculum into their high schools and middle schools	80%	1.2		NH	STARS
Keep	HD21	% of teen mothers assessed for health, social, and parenting needs	85%	1.2		NH	Teen Connections
Delete	HD66	Average # of women, infants, and children served per month by WIC Program	n/a	1.4		NH	WIC

Department of Health Key Results

Modified to Reflect Strategic Plan

Action	KR#	Description	00 Goal	Obj#	Strat	Division	Program
New	NH-2	Average # of pregnant women served per month by the WIC Program	<i>Inc by 200</i>	1.4		NH	WIC
Delete	HD27	% of homeless clients at WSHC immunized for Pneumovax and Tetanus	n/a	1.1		PC	Primary Care Clinics
Keep	HD25	% of pregnant women in County clinics who receive prenatal care beginning in first trimester (Oregon Benchmark)	75%	1.4		PC	Primary Care Clinics
Modify	HD26	% of 2-year-olds who are appropriately immunized	90%	1.1		PC	Primary Care Clinics Homeless-Children Project
New	PC-1	<i>% of revenues collected from self-pay clients and third-party payors [Sharon's wording: Improve self-pay and third-party revenues by 10%]</i>		3.2	A	PC	Primary Care Clinics
New	PC-2	Successful completion of accreditation by JCAHO	n/a	3.1	D	PC	Primary Care Clinics
New	PC-3	% of qualifying children who are up to date on well child exams	80%	3.1	D	PC	Primary Care Clinics
New	PC-4	% of qualifying clients who are up to date on diabetic eye exams	80%	3.1	D	PC	Primary Care Clinics
New	PC-5	% of qualifying clients who are up to date on mammogram exams	80%	3.1	D	PC	Primary Care Clinics
Keep	HD47	Twenty minute rural response time percentage	90%	3.1	D	RH	EMS
Keep	HD05	% of emergency response calls served within 8 minutes	90%	3.1	D	RH	EMS
	HD34	Human Services referral calls taken per FTE		3.1	D	SS	I & R and Communications
	HD31	Unit cost of laboratory tests		3.1	D	SS	Lab
	HD33	Interpretation cost per visit		3.1	D	SS	Language Services
	HD30	Total cost per prescription dispensed to County clients		3.1	D	SS	Pharmacy



Multnomah County Health Department

STRATEGIC PLAN

July 1998 to June 2001



MULTNOMAH COUNTY OREGON



HEALTH DEPARTMENT
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November 30, 1998

LETTER FROM THE DIRECTOR

The purpose of this strategic plan is to help our organization, the Multnomah County Health Department, define where we are today, where we want to arrive and how we're going to get from here to there. During the summer of 1997, the Health Department committed to the development of a strategic plan that would define the direction of the agency over the next three years. I'm proud to present that plan to you now.

This strategic plan puts forth our best thinking regarding the directions and priorities we envision for this agency over the next three years. It represents the efforts of many Health Department managers and staff who have devoted a great deal of energy to its development. The plan lays out three key strategic directions which we believe the Department must pursue:

- Improving key community health indicators
- Assuring dignified access to health care for all our citizens
- Improving our infrastructure so that we can achieve our mission

We have developed specific objectives related to each of these strategic directions and are now proceeding with action plans to accomplish those objectives. We recognize that to be effective it is essential that we connect our daily work to our plan and not let the plan "gather dust on a shelf." Thus we will report on plan progress on a regular basis both within and outside the Health Department.

It's important to note that this plan does not dramatically change the direction of the Health Department, but rather defines and clarifies our intentions in a more formal fashion than we've done in the past. I have received comments from many Health Department staff that it is helpful and reassuring to see what we know to be the Department's work captured in a written format.

As you review the plan, I think you'll get a good sense of where we see the Health Department today, and where we want to be in three years. I personally welcome your review and comments.

Sincerely,

Billi Odegaard
Director, Multnomah County Health Department

Table of Contents

	Page
Health Department Profile	1
Vision, Mission and Values	1
What We Do	2
Organizational Chart	2
Revenues and Expenditures	3
Budget and Staffing by Division	4
The Planning Process	5
Strategic Planning Model	5
Timeline	7
Strategic Plan Overview	9
Table 1: Summary of Strategic Directions, Objectives and Strategies	10
Table 2: Strategic Plan Matrix With Benchmarks and Lead Roles	11
Divisional Implementation Plans	13

**HEALTH
DEPARTMENT
PROFILE**

Health Department Profile

Vision, Mission, and Values

The Health Department had well-established Vision, Mission, and Values statements prior to beginning this strategic planning process. Early in the development of the plan, these statements were reexamined for use in guiding this process. With only minor changes they were retained:

Vision

Healthy people in healthy communities

Mission

In partnership with the diverse communities we serve, the Health Department assures, promotes and protects the health of the people of Multnomah County.

Values

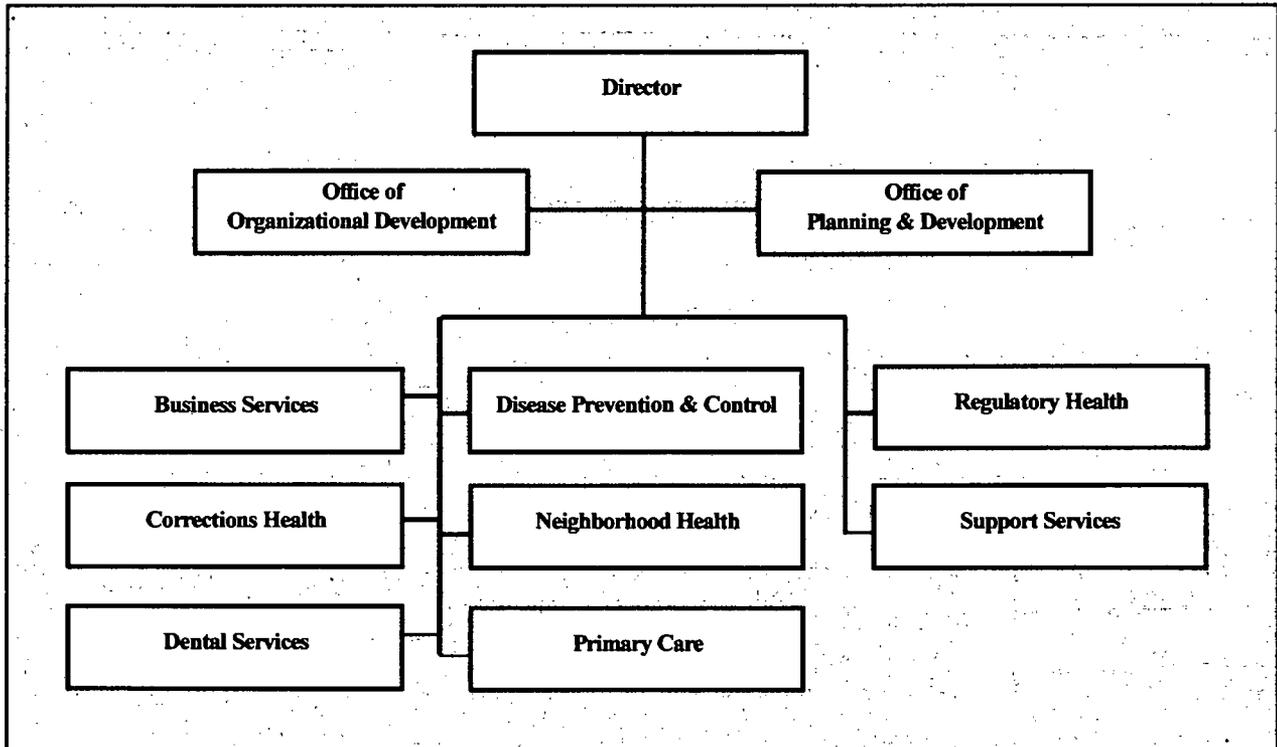
- *We believe that health is "a state of complete physical, mental and social well being, not merely the absence of disease or infirmity." (World Health Organization, 1978)*
- *We honor the diversity of the individuals and communities we serve, and value their differing approaches to health and well-being.*
- *We believe in partnerships to improve the health of our communities.*
- *We emphasize prevention, health promotion, and early intervention.*
- *We value a diverse staff, and believe our staff should be selected with care, treated with respect, held accountable for their performance, and encouraged in their personal growth.*
- *We believe in continuously improving the quality of our work.*
- *We believe in balancing scientific knowledge and practical experience with the wisdom and beliefs of those we serve to improve the health of our communities.*
- *We believe in being responsible stewards of the public trust and resources.*

What We Do

To accomplish our mission of assuring, promoting, and protecting the health of our community, following are a few examples of the services the Health Department provides:

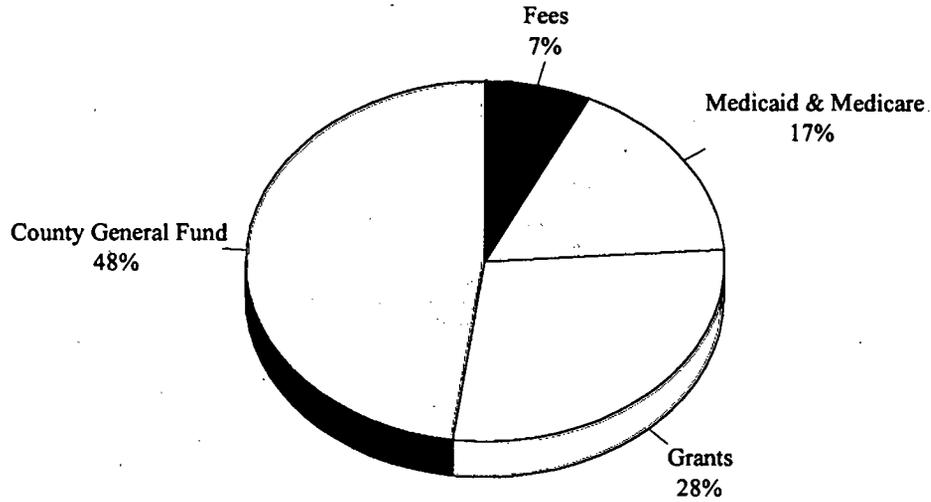
- Primary health care services for 90,500 users of medical and dental services at primary care centers, dental clinics, school-based health centers, and correctional facilities.
- Home visits to high-risk families, offering child abuse prevention, parenting skills training, and health education.
- The 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.

Organizational Chart

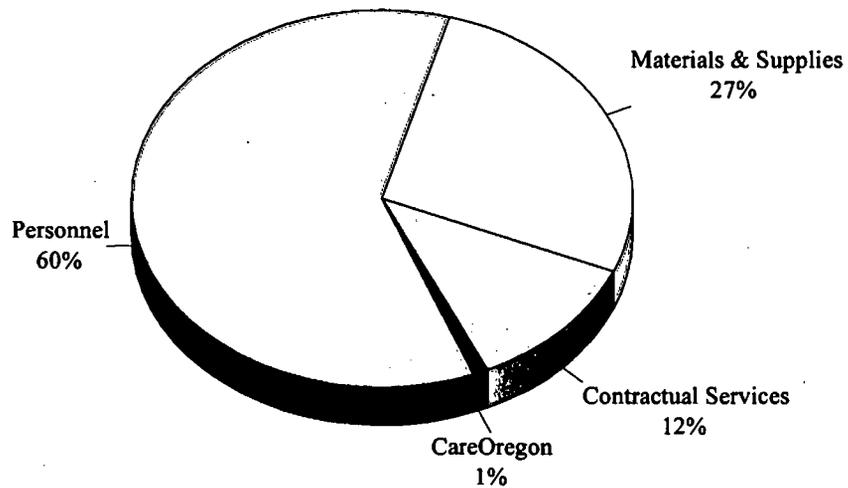


1998-99 Adopted Budget
Total Budget: \$80,868,853

Revenue Sources

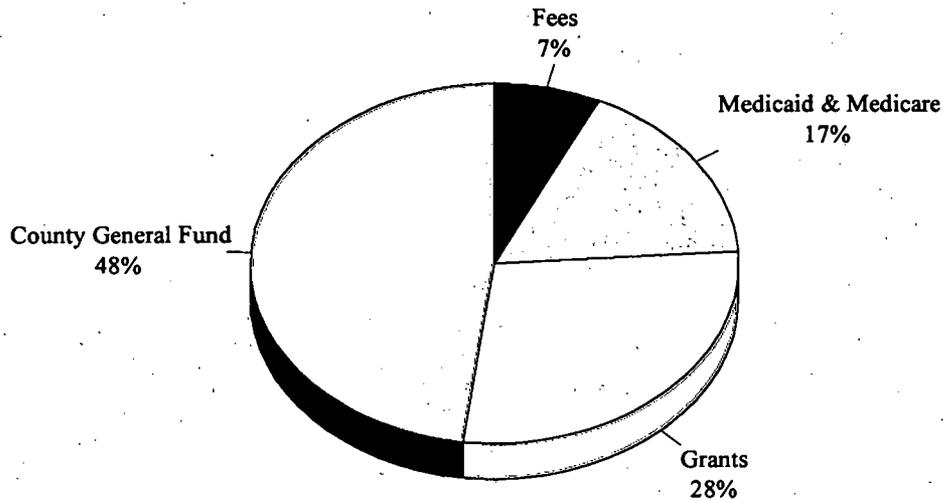


Expenditures



1998-99 Adopted Budget
Total Budget: \$80,868,853

Revenue Sources



Staffing and Budget by Division

Division	FTE	Budget
Director	3.00	\$423,772
Organizational Development	6.30	\$860,412
Planning & Development	21.03	\$2,125,575
Business Services	58.83	\$5,001,505
CareOregon	14.00	\$772,729
Corrections Health	101.85	\$9,099,146
Dental Services	60.00	\$6,093,210
Disease Prevention & Control	117.99	\$12,928,183
Neighborhood Health	180.07	\$15,435,832
Primary Care	207.83	\$18,551,893
Regulatory Health	9.00	\$1,264,534
Support Services	47.41	\$8,312,062
Totals:	827.31	\$80,868,853

**THE
PLANNING
PROCESS**

The Planning Process

Strategic Planning Model

As a first step in the strategic planning process, the Health Department Administrative Team (senior management) and other Health Department program managers attended a two-day planning training session sponsored by the Multnomah County Information Services Division. This training session was conducted by Bill Birnbaum, a strategic planning consultant, using the planning model developed by the American Management Association (AMA).

For application to the Health Department, the AMA model was modified to incorporate a two-level approach to planning:

- At the first level, the Department Administrative Team (DAT) described the environment in which the Health Department operates. This included validation of our Vision, Mission, and Values; analysis of our strengths, weaknesses, opportunities, and threats (SWOT); identification of key departmental objectives; and preliminary development of strategies to achieve those key objectives.
- At the second level, each operating division (e.g. Primary Care Division, Neighborhood Health Division) used the AMA model to prepare a divisional plan which addressed the key departmental objectives identified by DAT. When completed, the divisional plans were integrated into the final Department plan.

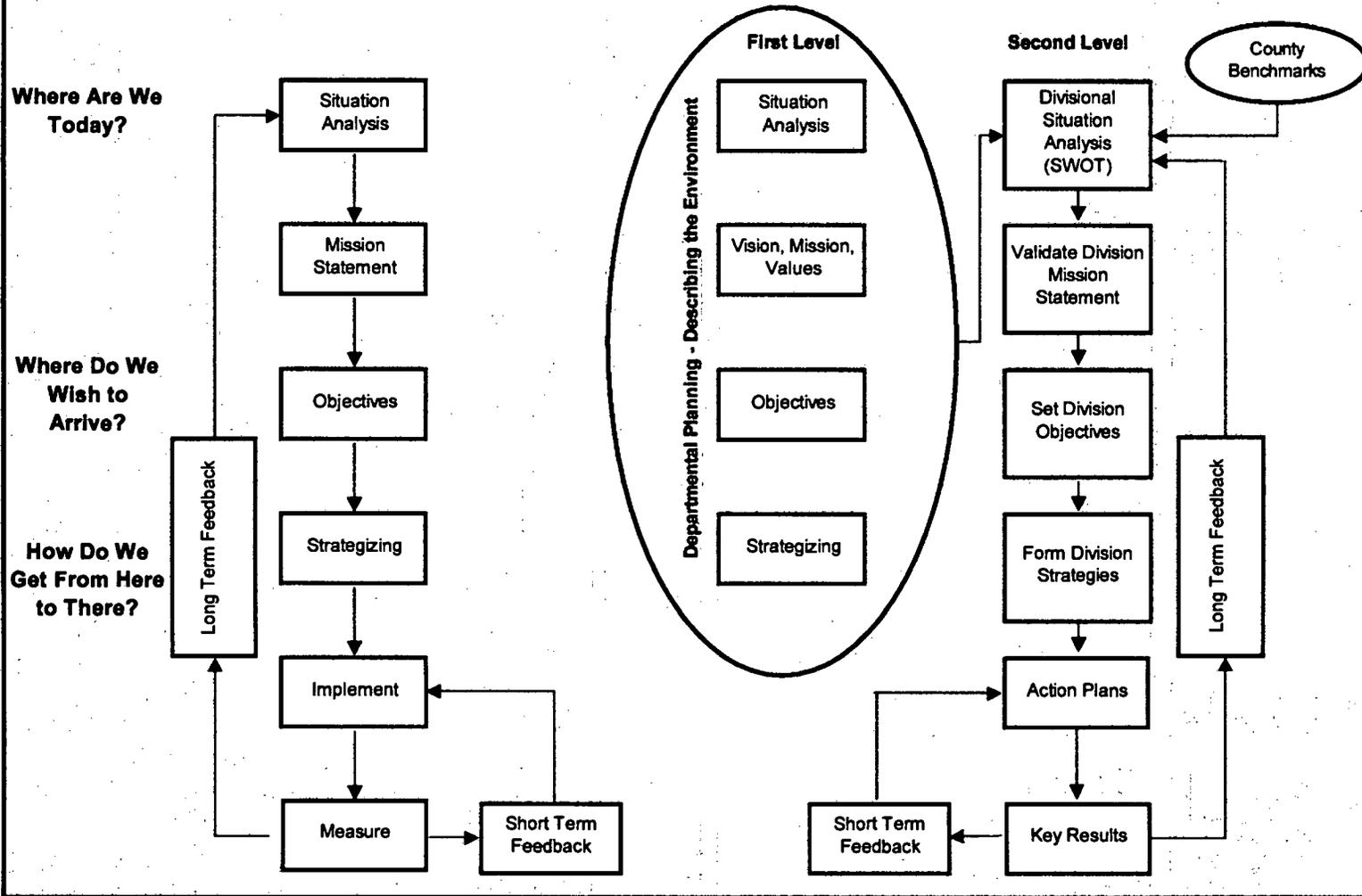
This strategic planning process is illustrated in the flow chart on the following page.

Strategic Planning Models

The Questions

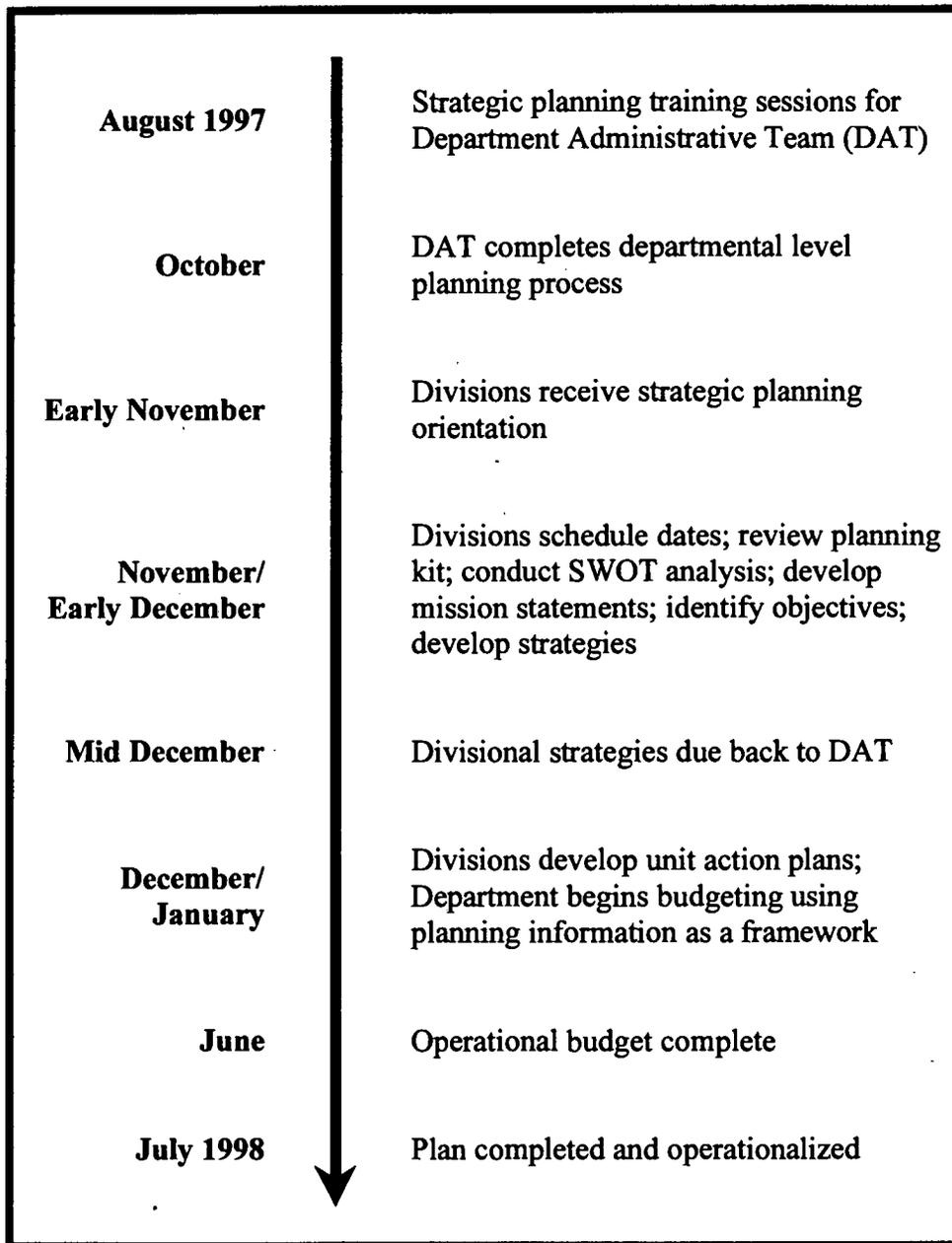
The AMA Model

As Applied to MCHD



Timeline

In the fall of 1997, the Health Department undertook an ambitious timeline for strategic plan development that called for completion of a three-year plan to begin July 1, 1998. In addition, the Department Administrative Team (DAT) wanted the strategic plan to assist in the development of the budget framework for the Fiscal Year 1998-99 budget (July 1998 to June 1999). With these goals in mind, the following timeline was developed:



**STRATEGIC
PLAN
OVERVIEW**

Strategic Plan Overview

Our Strategic Plan is laid out on the following pages. The first two tables provide an overview of the department-wide framework. Following them is a detailed description of each department objective and the related implementation plans for each operating division. Below is a guide to reading this plan.

Table 1: Summary of Strategic Directions, Objectives, and Strategies

The first level of the planning process, completed by the Department Administrative Team (DAT), established a department-wide framework. This framework was then used to guide more detailed planning at the divisional level. The framework consisted of three tiers: Strategic Directions, Objectives, and Strategies.

1. **Strategic Directions.** The three strategic directions describe three broad approaches the Health Department is taking to accomplish its mission.
2. **Measurable Objectives.** Under each strategic direction, there are specific, quantifiable objectives which describe what we are trying to achieve. These eight objectives are measures of how well we're doing at achieving our strategic directions.
3. **Strategies.** In establishing a planning framework for the divisions, some specific strategies for meeting the Department's objectives were identified.

The table on Page 10 displays the relationship between these three tiers, with an abbreviated description of each item. For example, at the top right of the table is Strategic Direction 3, "Improve our infrastructure to allow us to achieve our mission." One of two objectives we will use to measure our success in accomplishing this goal is Objective 3.1, "Assure that our services reflect departmental values." In turn, one of four strategies supporting Objective 3.1 is Strategy 3.1A, "Increase the department's capacity to base program decisions on community assessments, health measures, and outcome data."

Table 2: Strategic Plan Matrix With Benchmarks and Lead Roles

The second table (Page 11) is a detailed matrix providing the full text of each Strategic Direction, Objective, and Strategy. It also lists the County benchmarks addressed by each Health Department objective, demonstrating how the Health Department's activities contribute to the County's larger goals. In addition, it indicates which Health Department divisions are responsible for contributing to efforts to achieve each objective. The letter "L" indicates that the division has been assigned the lead role for that objective or strategy, while the letter "P" indicates a participatory role. These designations were used in developing the plan and will continue to be used in feedback and realignment loops as the plan is implemented.

Table 1: Summary of Strategic Directions, Objectives, and Strategies

<p>Strategic Directions</p>	<p>Improve key community health indicators (Direction No.1)</p>	<p>Assure dignified access to needed care (Direction No.2)</p>	<p>Improve infrastructure to achieve mission (Direction No.3)</p>	
<p>Objectives</p>	<p>Communicable Diseases (1.1)</p> <p>Teen Pregnancy (1.2)</p> <p>Tobacco Use (1.3)</p> <p>Healthy Birth Outcomes (1.4)</p> <p>Abusive Partners (1.5)</p>	<p>Assure 100% access to needed health care (2.1)</p>	<p>Assures services reflect departmental values (3.1)</p>	<p>Identify best business practices (3.2)</p>
<p>Strategies</p>		<p>Be part of the safety net by providing services to individuals (2.1A)</p> <p>Shape the safety net through leadership, policy development, and system design (2.1B)</p>	<p>Base decisions on data and outcomes (3.1A)</p> <p>Increase cultural competence (3.1B)</p> <p>Hold ourselves and our staff accountable (3.1C)</p> <p>Integrate quality management (3.1D)</p>	<p>Modernize billing/accounts receivable (3.2A)</p> <p>Define policy for interpretive services (3.2B)</p> <p>Integrate managed care practices (3.2C)</p> <p>Hire the best people (3.2D)</p> <p>Communicate well externally and internally (3.2E)</p>

Table 2: Strategic Plan Matrix With Benchmarks and Lead Roles

Strategic Directions, Objectives, and Strategies	Benchmarks Addressed (Number and Name)	Disease Control	Neighborhood Health	Primary Care	Dental Services	Support Services	Business Services	Corrections Health	Director/P&D/OOD
1. Improve key community health indicators as measured by specific risk factor, morbidity and mortality rates.									
Objective 1.1—Control and reduce the incidence of the following communicable diseases: vaccine-preventable diseases of children; hepatitis A, B, and C; tuberculosis; HIV infection and disease; and gonorrhea and chlamydia.	4, 5, 6, 7, 8, 9	Immunizations; Teen's STD; HIV and AIDS; Adult STD; TB; Hepatitis	L	P	P	P	P	P	P
Objective 1.2—Annually reduce the teen pregnancy rate, as measured by the number of pregnancies per 1,000 females aged 10 to 17 in Multnomah County as reported by the Oregon Health Division vital statistics data.	1, 38	Teen Pregnancy; High School Completion		P	P				L
Objective 1.3—By the year 2002, reduce the rate of teens reporting tobacco use, as measured by the Youth Risk Behavior Survey and the Office of Alcohol & Drug Abuse Prevention Survey, and reduce the rate of adults reporting tobacco use, as measured by the Behavioral Risk Factor Surveillance System.	30	Student Drug Usage	P	P	P	P			L
Objective 1.4—Increase the proportion of babies born healthy, as measured by low birth weight and infant mortality rates for Multnomah County and within specific ethnic and geographic communities.	2, 3, 40	Prenatal Care; Drug Free Babies; Early Childhood Development		P	P			P	L
Objective 1.5—Increase the Health Department's ability to identify clients who are in abusive partner relationships, and strengthen the community's capacity to provide appropriate interventions.	46	Spousal Abuse	D	D	D	D	D	D	L
2. Assure dignified access to needed care.									
Objective 2.1—Assure 100% access to needed health care.	10	Health Care Access/Economic	P	P	L	P	P	P	P
Strategy A - Be part of the safety net by providing services to individuals.			P	P	L	P	P	P	P
Strategy B - Shape the safety net through leadership, policy development, and system design.			P	P	L	P	P	P	P
3. Improve infrastructure to achieve mission.									
Objective 3.1—Assure through annual review that Health Department services reflect departmental values.	80, 84, 85	Citizen Satisfaction; Diversity; Government Accountability	P	P	P	P	P	P	L
Strategy A - Increase departmental capacity to base program decisions on community assessments, health measures, and outcome data.									L
Strategy B - Increase the cultural competence of staff and work units as measured by implementation of the MC3 (Managers of Cultural Competence Committee) Plan.			P	P	P	P	P	P	L
Strategy C - Establish staff competencies for each classification and measure through employee performance evaluations.								L	
Strategy D - Fully integrate Quality Management into service delivery and planning.			P	P	P	P	P	P	L
Objective 3.2—Identify best business practices by January 1999.	10, 11, 76, 80, 85	Health Care Access/Economic and Geographic; Cost of Government; Citizen Satisfaction; Government Accountability						L	
Strategy A - Successfully modernize accounts receivable management practices to achieve identified targets.								L	
Strategy B - Determine policy directions for interpretive services by June 1999.							L		
Strategy C - Fully integrate managed care practices into the operation of Health Department clinics.					P			P	
Strategy D - Implement recruiting and hiring as a direct departmental responsibility by January 1999.								L	
Strategy E - Develop and implement a communications plan which addresses both internal and external communications.									L

L--Lead division for this activity, P--Participating division, D--Participate in plan development, no objective required

**DIVISIONAL
IMPLEMENTATION
PLANS**

Divisional Implementation Plans

Following is the actual body of the Health Department's Strategic Plan. Each Department Objective is listed with the following:

- A planning statement which more fully describes the department's intentions.
- Identification of the lead division responsible for activities related to accomplishing the objective.
- A list of the County benchmarks the objective addresses.
- Divisional implementation plans and projected completion dates, detailed by work unit.

Objective 1.1 - Overview

Objective

Control and reduce the incidence of the following communicable diseases: vaccine-preventable diseases of children; hepatitis A, B, and C; tuberculosis; HIV infection and disease; gonorrhea and chlamydia.

Planning Statement

In addition to ongoing efforts to control the incidence of communicable diseases in our community, the Health Department will use surveillance, epidemiological, service and cost data to implement targeted disease prevention strategies and educate populations at risk.

Lead Division

Disease Prevention & Control

County Benchmarks Addressed

- Percentage of two-year-olds who are adequately immunized.
- Rate of sexually transmitted disease per 1,000 population for youth aged 10 to 19 years old.
- Rate of sexually transmitted disease for adults aged 20 to 44 years old.
- Annual percentage/number of HIV cases with an early diagnosis.
- Incidence of tuberculosis per 1,000 population.
- Incidence of hepatitis B per 1,000 population.

Objective 1.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Corrections Health Division	All work units	Collect data on prevalence of chlamydia in young adult male inmates.	Dec-1998
	All work units	Screen for TB (tuberculosis) 85% of inmates incarcerated 4 to 11 days.	Feb-1999
Director's Office	Planning & Development	Provide data support to Disease Prevention & Control Division for development of disease indicators and for ongoing monitoring and display of these indicators.	Jun-1999
Disease Prevention & Control Division	Communicable Disease Program	Develop new intervention strategies for hepatitis A, B, and C.	Dec-1999
	Division Director	Study cost effectiveness of mandatory TB (tuberculosis) screening for foreign born students.	Mar-1999
	HIV Health Services Center	Determine whether medication adherence among new HIV Health Services Center clients improves after they receive the new client module of education and services.	Jun-1999
	HIV Prevention Program	Develop revised HIV prevention plan based on best practices and local epidemiology data.	Jun-1999
	Immunizations	Increase by 25% the number of children under age 13 in Multnomah County who have received the hepatitis B vaccine series.	Apr-1999
	Immunizations	Develop a plan for improving immunization rates for children in Multnomah County based on assessment of immunization data provided through the Immunization Alert Program.	Jun-1999
	STD Clinic	Using epidemiological data, develop program for prevention, early detection, and treatment of gonorrhea and chlamydia.	Dec-1998

Objective 1.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Disease Prevention & Control Division	STD Clinic	Increase efficiency and quality of STD (sexually transmitted disease) Clinic services as measured by client satisfaction and increased productivity indicators.	Jun-1999
	TB Clinic	Increase community awareness of TB (tuberculosis) Clinic services in at-risk populations.	Jun-1999
	Vector Control	Develop and maintain a surveillance program to determine the carrier species within the mosquito population and the baseline prevalence of encephalitis in that population.	Jun-1999
Neighborhood Health Division	Field Services	Conduct targeted outreach to at-risk youth served by other community agencies and schools to provide information on the prevention of sexually transmitted infection and HIV. Analyze feedback from youth and staff regarding the value and/or effectiveness of the service.	Jun-1999
	Field Services	Conduct workshops at community-based agencies to educate parents about immunizations. Track the number of participants and information provided by participants about access problems they experience in completing their children's immunizations.	Jun-1999
	School-Based Health Centers	Ensure that at least 90% of School-Based Health Center (SBHC) clients who remain in SBHC care have their health/social history forms updated every two years.	Jun-1999

Objective 1.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Neighborhood Health Division	School-Based Health Centers	Ensure that at least 90% of School-Based Health Center (SBHC) clients have a completed and reviewed health/social history form by their third visit to a high school SBHC or Neighborhood Health SBHC site, or by their fifth visit to a middle/elementary school SBHC. A care plan will be developed for identified problems.	Jun-1999
	WIC Program	Increase staff knowledge of immunization protocols in WIC (Women, Infants and Children) Clinics by coordinating with the Immunization Program to present an in-service training for WIC service providers, including Nutritionists and Nutrition Assistants.	Mar-1999
Primary Care Division	All Primary Care Clinics	Reduce chlamydia carrier pool by testing asymptomatic, sexually active young men aged 19 and under who visit Primary Care Clinics.	Jun-1999
	All Primary Care Clinics	Ensure that at least 92% of children aged 24 to 35 months seen in Primary Care clinics for Well Child visits during the previous year are up to date on their immunizations.	Jun-1999
Support Services Division	Lab	Enhance Lab Information System to maximize support for clinical identification of communicable diseases.	Jul-1999
	Pharmacy	Create new Clinical Pharmacist position to work directly with clinical staff at the HIV Health Services Center.	Jul-1999

Objective 1.2 - Overview

Objective

Annually reduce the teen pregnancy rate, as measured by the rate of pregnancies per 1,000 females aged 10 to 17 in Multnomah County as reported by the Oregon Health Division.

Planning Statement

Integrate teen pregnancy prevention interventions into the delivery of services throughout the Health Department.

Lead Division

Director's Office/Teen Pregnancy Prevention Program

County Benchmarks Addressed

- Pregnancy rate per 1,000 females aged 10 to 17 years old. [By ethnicity]
- Percentage of students completing high school or an equivalent program. [By ethnicity]

Objective 1.2 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Director's Office	Teen Pregnancy Prevention Program	Establish a monitoring/feedback system for the progress of the Teen Pregnancy Prevention Strategic Plan.	Oct-1998
	Teen Pregnancy Prevention Program	Fully implement the Teen Pregnancy Prevention Strategic Plan by the year 2000.	Jun-2000
Disease Prevention & Control Division	Communicable Disease Program	Ensure that 100% of teen mothers reported to the Perinatal Hepatitis B Coordinator receive information and resources for prevention of a future pregnancy.	Jun-2000
	HIV Health Services Center	Develop teen pregnancy interventions and integrate them into current programs.	Jun-1999
	HIV Prevention Program	Develop teen pregnancy interventions and integrate them into current programs.	Jun-1999
	STD Clinic	Develop teen pregnancy interventions and integrate them into current programs.	Jun-1999
Neighborhood Health Division	Brentwood Darlington	Increase self esteem in at-risk adolescent girls in Brentwood Darlington neighborhood using Neuromuscular Integrative Action holistic fitness classes as part of the Girls Leadership & Development Program; measure effectiveness by changes in pre and post self esteem assessments.	Jun-1999
	Field Services	Conduct targeted outreach to at-risk youth served by other community agencies and schools to provide information on the availability of family planning services and the prevention of sexually transmitted infection and HIV. Analyze feedback from youth and staff regarding the value and/or effectiveness of the service.	Jun-1999

Objective 1.2 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Neighborhood Health Division	School-Based Health Centers	Annually increase the percentage of 15- to 17-year-old female family planning clients who do not get pregnant during the year.	Jun-1999
	STARS Program	Ensure that 80% of school districts have a plan for fully integrating the STARS curriculum (Students Today Aren't Ready for Sex) into established high schools and middle schools.	Jul-1999
	WIC Program	Seek funding for the provision of condoms in all WIC (Women, Infants and Children) counseling rooms.	Jun-1999
	WYN Program	Increase by 20% the number of teen mothers in Multnomah County completing the WYN (Waiting for Your Next) Program.	Jul-1999
Primary Care Division	All Primary Care Clinics	Reduce the number of births and abortions by Primary Care clients aged 10 to 17 as measured by the rate of teen pregnancies.	Jun-1999

Objective 1.3 - Overview

Objective

By the year 2002, reduce the rate of teens reporting tobacco use, as measured by the Youth Risk Behavior Survey and the Office of Alcohol and Drug Abuse Prevention Survey; and reduce the rate of adults reporting tobacco use, as measured by the Behavioral Risk Factor Surveillance System.

Planning Statement

Provide leadership in the community in developing population-based strategies to reduce the marketing and sale of tobacco to youth, increase smoke-free environments, and reduce tobacco advertising.

Lead Division

Director's Office/Tobacco Prevention Program

County Benchmarks Addressed

- Percentage of students free of involvement with illicit drugs in the previous month. [At 8th and 11th grades]

Objective 1.3 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Director's Office	Tobacco Prevention Program	Increase the percentage of smoke-free restaurants in Multnomah County from 60% to 80%.	Jan-2000
	Tobacco Prevention Program	Provide retailer education regarding tobacco sales to minors to all merchants within a one-mile radius of a Multnomah County high school.	Jan-2000
	Tobacco Prevention Program	Ensure that each school district in Multnomah County implements and enforces an effective policy prohibiting tobacco use on school grounds and at school-sponsored events.	Jan-2000
	Tobacco Prevention Program	Eliminate all tobacco billboards and decrease the amount of tobacco advertising in retail outlets.	Jan-2000
Disease Prevention & Control Division	Environmental Health	Develop a database to track the smoking status of licensed restaurants.	Mar-1999
	Environmental Health	Increase the number of smoke-free restaurants in Multnomah County.	Jun-2000
Dental Services Division	All Dental Clinics	Develop and implement a tobacco cessation plan for the dental clinics.	Jan-1999
	Dental Administration	Promote tobacco cessation reimbursement as part of dental benefits coverage with business purchasers and private dental providers.	Feb-1999
Neighborhood Health Division	School-Based Health Centers	Develop a plan to reduce tobacco use among the population served at School-Based Health Centers and Neighborhood Health Centers.	Jun-1999
Primary Care Division	All Primary Care Clinics	Reduce the percentage of clients under age 18 reporting tobacco use at Primary Care visits.	Jun-1999

Objective 1.4 - Overview

Objective

Increase the proportion of babies born healthy, as measured by low birth weight and infant mortality rates for Multnomah County and within specific ethnic and geographic communities.

Planning Statement

Identify populations and behaviors that are linked with low birth weight, and target resources and interventions to reduce the risk of low birth weight and the incidence of high risk behaviors.

Lead Division

Director's Office/Office of Planning and Development

County Benchmarks Addressed

- Percentage of babies whose mothers received adequate prenatal care beginning in the first trimester.
- Percentage of infants whose mothers did not use illicit drugs, alcohol, or tobacco during pregnancy.
- Percentage of children entering kindergarten meeting specific developmental standards for their age.

Objective 1.4 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Corrections Health Division	All work units	Provide prenatal care for 80% of pregnant female inmates.	Jun-1999
Director's Office	Planning & Development	Establish a staff position to coordinate program development and monitoring of maternal child health services provided by the Health Department and the community.	Sep-1999
Neighborhood Health Division	Field Services/ WIC Program	Reduce the risks of SIDS (Sudden Infant Death Syndrome) through development and implementation of Back to Sleep educational campaign. Measure success by change in knowledge of program participants.	Jun-1999
	Healthy Start	Serve 90 high-risk, pregnant African-American women and 40 high-risk, pregnant Hispanic women from north and northeast Portland with intensive case management services.	Jun-1999
	WIC Program	Increase by 200 the number of pregnant women within the WIC (Women, Infants and Children) Program's current caseload of 17,000.	Jun-1999
Primary Care Division	All Primary Care Clinics	Reduce the percentage of low birth weight babies (less than 2500 grams--approximately 5.5 pounds) born to Primary Care clients.	Jun-1999

Objective 1.5 - Overview

Objective

Increase the Health Department's ability to identify clients who are in abusive partner relationships, and strengthen the community's capacity to provide appropriate intervention.

Planning Statement

Develop capacity within the Health Department to identify victims of partner abuse..

Lead Division

Director's Office/Violence Prevention Program

County Benchmarks Addressed

- Number of domestic violence calls per 1,000 households.

Objective 1.5 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Director's Office	Violence Prevention Program	Establish an inter-divisional task force that will formulate a plan for implementation of universal screening for partner violence among Health Department clients.	Jun-1999
	Violence Prevention Program	Implement universal screening for partner violence among clients receiving health care services from the Health Department.	Jun-2001

Objective 2.1 - Overview

Objective

Assure 100% access to needed health care.

- Strategy A: Be part of the safety net by providing services to individuals.
- Strategy B: Shape the safety net through leadership, policy development, and system design.

Planning Statement

The Health Department will continue to promote access to quality health care for all county residents through provision of direct services and leadership in policy design.

Lead Division

Primary Care

County Benchmarks Addressed

- Percentage of population with economic access to health care. [By ethnicity]

Objective 2.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy A			
Business Services Division	Medicaid Enrollment Project	Increase by 20% the proportion of all Health Department clinical and field services clients screened for Oregon Health Plan coverage.	Jun-2001
Corrections Health Division	All work units	Assure access to care for all inmates during expansion and relocation of Multnomah County inmates, accommodating a 33% increase in clients. Measure success through customer satisfaction surveys.	Jun-1999
	All work units	Develop a plan to reduce recidivism of mentally ill offenders.	Jan-2000
Director's Office	Planning & Development	In Fiscal Year 98-99, secure funding for 50% of all new grant applications for the Department, and 85% of all grant funds requested through grants written by Planning & Development staff.	Jun-1999
	Planning & Development	Submit a minimum of two new grant applications seeking additional resources for Health Department service programs during Fiscal Year 98-99.	Jun-1999
Disease Prevention & Control Division	CLEARCorps	Integrate referrals to Oregon Health Plan eligibility screening services in CLEARCorps (Community Lead Hazard Reduction Project) operations.	Jun-1999
	Communicable Disease Program	Integrate referrals to Oregon Health Plan eligibility screening services into operations of Communicable Disease Program.	Jun-1999
	Environmental Health	Survey the health insurance status of food handler card applicants and use results to develop a referral system to facilitate access to care.	Jun-1999

Objective 2.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy A			
Disease Prevention & Control Division	HIV Prevention Program	Survey 200 clients from needle exchange, outreach, and counseling and testing services regarding their access to health care and use the results to develop and implement a referral system to facilitate access to care.	Jun-1999
Dental Services Division	All Dental Clinics	Develop clinical access plan for Dental Services Division.	Dec-1998
	Dental Access Program	Promote and expand Dental Access Program to meet goal of 250 patients accessed to care per month.	Dec-1999
Neighborhood Health Division	Breast & Cervical Cancer Program	Provide breast and cervical cancer screening for 950 uninsured women aged 50 and older during Fiscal Year 98-99.	Jun-1999
	Brentwood Darlington	Provide monthly screening for Oregon Health Plan eligibility at the Brentwood Darlington Community Center.	Jun-1999
	Community Health Worker Program	Increase the number of Health Department clients receiving health care and education by hiring additional Community Health Workers and providing them with appropriate training and supervision.	May-1999
	Neighborhood Access Site	Develop written plans for the direction and definition of neighborhood health access sites.	Jun-1999
	School-Based Health Centers	Reduce by 10% the number of School-Based Health Center users for whom there is no insurance information in the Health Information System.	Sep-1999

Objective 2.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy A			
Primary Care Division	All Primary Care Clinics	Participate in the efforts of the Medicaid Enrollment Project (Business Services Division) to increase by 20% the proportion of all Health Department clinical and field services clients screened for Oregon Health Plan coverage.	Jun-2001
	Primary Care Administration	Construct new facilities to replace leased and/or deteriorating clinics in North Portland and East County	Jun-2001
Support Services Division	Information & Referral	Schedule all eligibility screening appointments to support access to health care provider.	Jun-1999
Strategy B			
All Divisions	Health Department Administrative Team	Maintain a position statement describing the Department's role in assuring and providing necessary and dignified health care. (All divisions)	Jan-1999
	Health Department Administrative Team	Continue interaction and development of strategies with Oregon Health Systems in Collaboration (OHSIC) to progress toward universal access to necessary and dignified health care. (All divisions)	Jul-2000
	Health Department Administrative Team	Facilitate through political and policy activities the continuation of safety net funding beyond the 1998-2000 biennium. (All divisions)	Jul-2000
	Health Department Administrative Team	Continue development of CareOregon (a fully capitated health plan targeting Medicaid and other low-income residents) to maximize the effectiveness of the Oregon Health Plan in improving the health of the community, and to continue to advocate for financing care for persons without health care coverage. (All divisions)	Jul-2000

Objective 3.1 - Overview

Objective

Assure through annual review that Health Department services reflect departmental values.

- Strategy A: Increase departmental capacity to base program decisions on community assessments, health measures, and outcome data.
- Strategy B: Increase the cultural competence of staff and work units as measured by implementation of the MC3 (Managers of Cultural Competence Committee) Plan.
- Strategy C: Establish staff competencies for each classification and measure through employee performance evaluations.
- Strategy D: Fully integrate quality management into service delivery and planning.

Planning Statement

The Health Department will review service design and delivery to assure adherence to department values, including public health principles, cultural competence, employee competence, and quality management.

Lead Divisions

Director's Office, Business Services

County Benchmarks Addressed

- Percentage of citizens who are satisfied that County services are necessary, responsive, and cost-effective. [By type of service]
- Percentage of minorities and women presently employed by the County or its contracted service providers versus percentage presently available within the local labor market.
- Percentage of agencies that employ results-oriented performance measures.

Objective 3.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy A			
Director's Office	Planning & Development	Develop and implement an education program for managers to increase their skills in using community health measures and outcome data in making program decisions.	Jun-1999
	Planning & Development	Measure increase in program managers' understanding of community health measures and outcome data by analyzing changes in the types of data they request from Planning & Development.	Jul-1999
Strategy B			
All Divisions	All work units	Develop and implement a plan for increasing the cultural competence of managers and staff, including the linkage of manager performance appraisal with completion of MC3 orientation and identification of at least one performance objective that addresses cultural competence. (All divisions and work units)	Jun-1999
Director's Office	Office of Organizational Development	Conduct a cultural competency assessment based upon MC3 Plan implementation, the Organization Climate Survey, and customer satisfaction results.	Jun-1999
Neighborhood Health Division	Community Health Worker Program	Increase staff diversity in the Health Department to better reflect the ethnicity and experiences of clients we serve through the active recruitment of new community health workers from the communities we serve.	May-1999
Strategy C			
Business Services Division	Human Resources	Implement a revised Performance Appraisal System for Health Department employees.	Jul-1999

Objective 3.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy C			
Business Services Division	Human Resources	Implement the use of a human resources management tool as part of an Integrated Enterprise Solution.	Oct-1999
Strategy D			
All Divisions	All work units	Improve customer satisfaction by collecting customer satisfaction input, analyzing findings, and making appropriate changes in operations to continually improve the quality of services provided to both internal and external customers. (All divisions and work units)	Jun-1999
Business Services Division	All work units	Develop and implement a quality assurance information loop with Health Department staff regarding billing issues.	Jul-1998
	All work units	Ensure that 90% of all Health Department managers rate the services provided by the Business Services Division as displaying a high level of professional competency.	Nov-1998
Corrections Health Division	All work units	Develop and implement an effective internal communications plan.	Dec-1999
	Quality Management Team	Guide program planning and service delivery as measured by annual accreditation audits by NCCHC.	Dec-1998
Director's Office	Office of Organizational Development	Develop a framework for quality management plans based on the results and analysis of the Oregon Quality Award self-assessment, and facilitate implementation throughout the department.	Jun-1999
Disease Prevention & Control Division	All work units	Fully implement coordinated Division policy and procedures for fee collection and billing practices.	Jul-1999

Objective 3.1 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy D			
Dental Services Division	MultiCare Dental Administration	Develop a client education plan for MultiCare Dental DCO (Dental Care Organization) enrollees.	Jan-1999
Neighborhood Health Division	Field Services	Establish quality management standards to enhance productivity of Field Services staff.	Dec-1999
	STARS Program	Support 40% of 1998-99 STARS Program budget with monetary and in-kind contributions from sources outside the County General Fund, or increase the number of community partners supporting the STARS Program (Students Today Aren't Ready for Sex) in Multnomah County.	Jun-1999
Primary Care Division	All Primary Care Clinics	Increase the percentage of clients who are up to date for diabetic eye exams to meet or exceed the CareOregon standard of 80%.	Jun-2001
	All Primary Care Clinics	Increase the percentage of clients who are up to date for mammogram exams to meet or exceed the CareOregon standard of 80%.	Jun-2001
	All Primary Care Clinics	Increase the percentage of children under 15 months of age who are up to date for well child exams to meet or exceed the CareOregon standard of 80%.	Jun-2001
	All work units	Successfully complete accreditation by JCAHO (Joint Commission on Accreditation of Healthcare Organizations).	Dec-1999

Objective 3.2 - Overview

Objective

Identify best business practices by January 1999.

- Strategy A: Successfully modernize accounts receivable management practices to achieve identified targets.
- Strategy B: Determine policy direction for interpretive services by June 1999.
- Strategy C: Fully integrate managed care practices into the operation of Health Department clinics.
- Strategy D: Implement recruiting and hiring as a direct departmental responsibility by January 1999.
- Strategy E: Develop and implement a communications plan which addresses both internal and external communications.

Planning Statement

While the Health Department has long been identified as one of the nation's leading local public health agencies, this effort to improve business practices assumes standards higher than those normally associated with a health department. The Department is targeting a level of excellence that compares favorably with any health care system, public or private. These five objectives are a sample of our efforts; they do not represent the total effort.

Lead Divisions

Business Services, Support Services, Director's Office

County Benchmarks Addressed

- Percentage of population with economic access to health care. [By ethnicity]
- Percentage of citizens who have geographic access to basic health care.
- Per capita cost of government.
- Percentage of citizens who are satisfied that County services are necessary, responsive, and cost-effective. [By type of service]
- Percentage of agencies that employ results-oriented performance measures.

Objective 3.2 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy A			
Business Services Division	Accounts Receivable	Successfully modernize accounts receivable management practices to achieve identified targets.	Jun-1998
Corrections Health Division	All work units	Develop ability to identify outstanding accounts payable on a monthly basis through review and revision of the Division's internal accounting system.	Jun-1999
Disease Prevention & Control Division	All work units	Fully implement coordinated Division policy and procedures for fee collection and billing practices.	Jul-1999
Primary Care Division	All Primary Care Clinics	Improve collection of self-pay and third-party revenues to the Primary Care Division. Identify percent improvement at each budget cycle.	Jun-1999
	All Primary Care Clinics	Achieve federal Bureau of Primary Health Care targets in key indicators for cost of care and productivity.	Jun-2001
Strategy B			
Support Services Division	Language Services	Assess current levels of interpretation services and associated costs and make recommendations to the Department Administrative Team for Fiscal Year 1999-2000 interpretive services policy directions.	Feb-1999
Strategy C			
Business Services Division	All work units	Build capacity of Business Services Division to support integration of managed care practices in other direct service divisions.	Jun-1999
Corrections Health Division	All work units	Complete external and internal review of Corrections Health program as measured by a written document describing a five-year plan.	Jan-2000

Objective 3.2 - Divisional Implementation Plans

<i>Division</i>	<i>Program/Work Unit</i>	<i>Implementation Plans</i>	<i>Completion Date</i>
Strategy C			
Primary Care Division	All Primary Care Clinics	Know and track Primary Care costs.	Jun-1999
	All Primary Care Clinics	Establish and achieve a productivity target for each provider based on RVU's (relative value units), and ensure that the Primary Care Division meets the minimum productivity standards required by Primary Care grant.	Jun-1999
	All Primary Care Clinics	Identify and fully integrate managed care practices into the operations of the Primary Care Clinics.	Jun-2001
	Primary Care Administration	Identify and implement a best delivery system for behavioral health care in a Primary Care setting.	Jun-2001
Strategy D			
Business Services Division	Human Resources	Implement recruiting and hiring as a direct departmental responsibility.	Jan-1999
Strategy E			
Director's Office	Offices of Planning & Development and Organizational Development	Develop and implement an internal communications plan which identifies a clear organizational structure regarding the dissemination of information within the Health Department.	Jun-2000
	Offices of Planning & Development and Organizational Development	Take the lead in developing and implementing a departmental external communications plan which addresses both community and media perceptions.	Sep-2000

Thu, Mar 19, 1998

INITIAL ADHD WORK-UP

Multnomah County Health Department

Patient presents in clinic with behavioral concerns

Within 1-2 P.C. clinic visits:

1. Take behavioral, social, medical history
2. Perform PE; include vision, hearing, Hgb; other labs as indicated.
3. Obtain ROI for previous M.H. evals, medical records, school testing or telephone discussion with school teacher.
4. Explain data gathering to parent; send home with forms.
5. Review returned data.

COMMENTS / TOOLS

1. Pediatric Health and Social History (POR 116) or Adolescent Personal & Family Health and Social History (POR 112).
2. Health Maintenance Flow Sheets (POR 219, 220, 221)
3. ROI (321)
4. a. Forms developed by ADHD workgroup (obtain additional supply by calling Ward Evans 26967):
 1. * "Evaluation of Behavior and School Concerns" (informational letter to parents)
 2. * "Parent Questionnaire" . . . for assessment of developmental, learning, and behavioral concerns of school-aged children.
 3. * "School Questionnaire" . . . for assessment of developmental, learning, and behavioral characteristics of school-aged children.
- b. "Conners" or ADDES Rating Scales
5. Place completed forms in "Mental Health" section of chart; chart assessment/plan in progress notes.

Probable ADHD or emotional problem

NO → Appropriate counseling, reassurance, monitoring

YES

+ Schedule appt. with mental health consultant at MC Primary Care Clinic site.

+ If not CORE or Medicaid covered, consult with M.H. consultant regarding resources for evaluation.

Prior to appt., M.H. consultant confers with referring provider and reviews medical chart, may score Connors.

To page 2

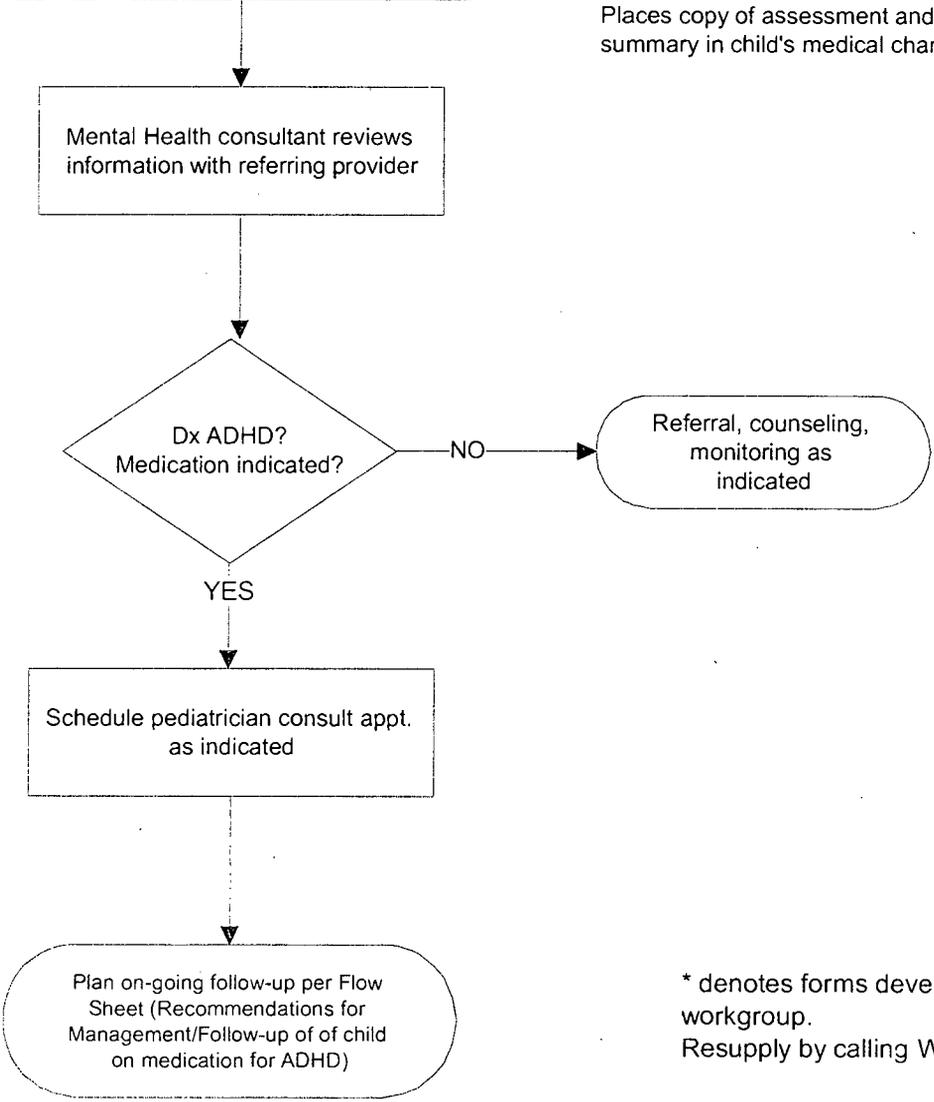
Page 1

M. H. consultant visit:
 M.H. consultant completes mental health assessment:
 1. Interview with child and parent(s)
 2. Mental status exam
 3. Determines DSM IV differential diagnosis.
 4. Treatment recommendations discussed with parent.
 5. Makes community M.H. provider agency appt. if clinically appropriate.
 6. Obtains additional signed releases as indicated for future and reciprocal communication. (Track down previous M. H evaluations, school academic and psychological testing.)
 7. Health/Mental Health communique, M.H. consultant maintain contact with Community Mental Health Clinic.

COMMENTS / TOOLS

Achenbach Child Behavior Checklist for ages 4 - 18
 Review school & parent completed questionnaire
 .Review Connor or "ADDES" questionnaire.

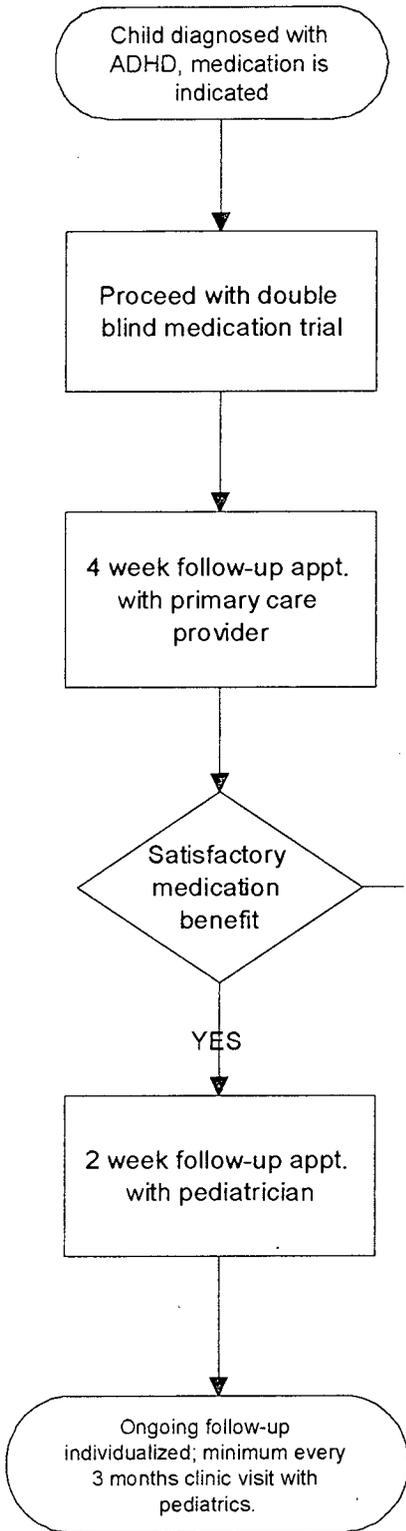
Places copy of assessment and Achenbach results summary in child's medical chart in (Mental Health).



* denotes forms developed by ADHD workgroup.
 Resupply by calling Ward Evans x26967

RECOMMENDATION FOR MANAGEMENT FOLLOW-UP OF CHILD ON MEDICATION FOR ADHD

Multnomah County Health Department



COMMENTS / TOOLS

1. Baseline wt./bp
2. Handouts/Tools:
 - * "Medications used to treat ADHD (Hyperactivity)"
 - * "Double Blind Trial Handout"
 - * "Parent Report...ADHD medication effectiveness"
 - * "Teacher Report...ADHD medication effectiveness"

1. WT/BP
2. Assess for side affects, concerns, interpret med trial results. Explain treatment options.
3. Score medication effectiveness sheets from school and parents.
4. Explain treatment options.
5. Follow-up with M.H. recommendation.

Per telephone consult with pediatrician adjust med. dosage

1. WT. / BP
2. Monitor as above
- 3.* "ADHD Management Contract"
- 4.* Resources for parents

1. Refills of medication are documented on med sheet during interim
2. Give medication effectiveness sheets for parent and teacher for return at next visit.
3. Maintains communication with MCHD M.H. consultant for follow-up.

* Denotes forms developed by ADHD workgroup (resupply by calling Ward Evans x26967)

PROBLEM: Immunization rate for two-year-olds in Multnomah County Health Clinics falls short of the State's bench mark of 90%.

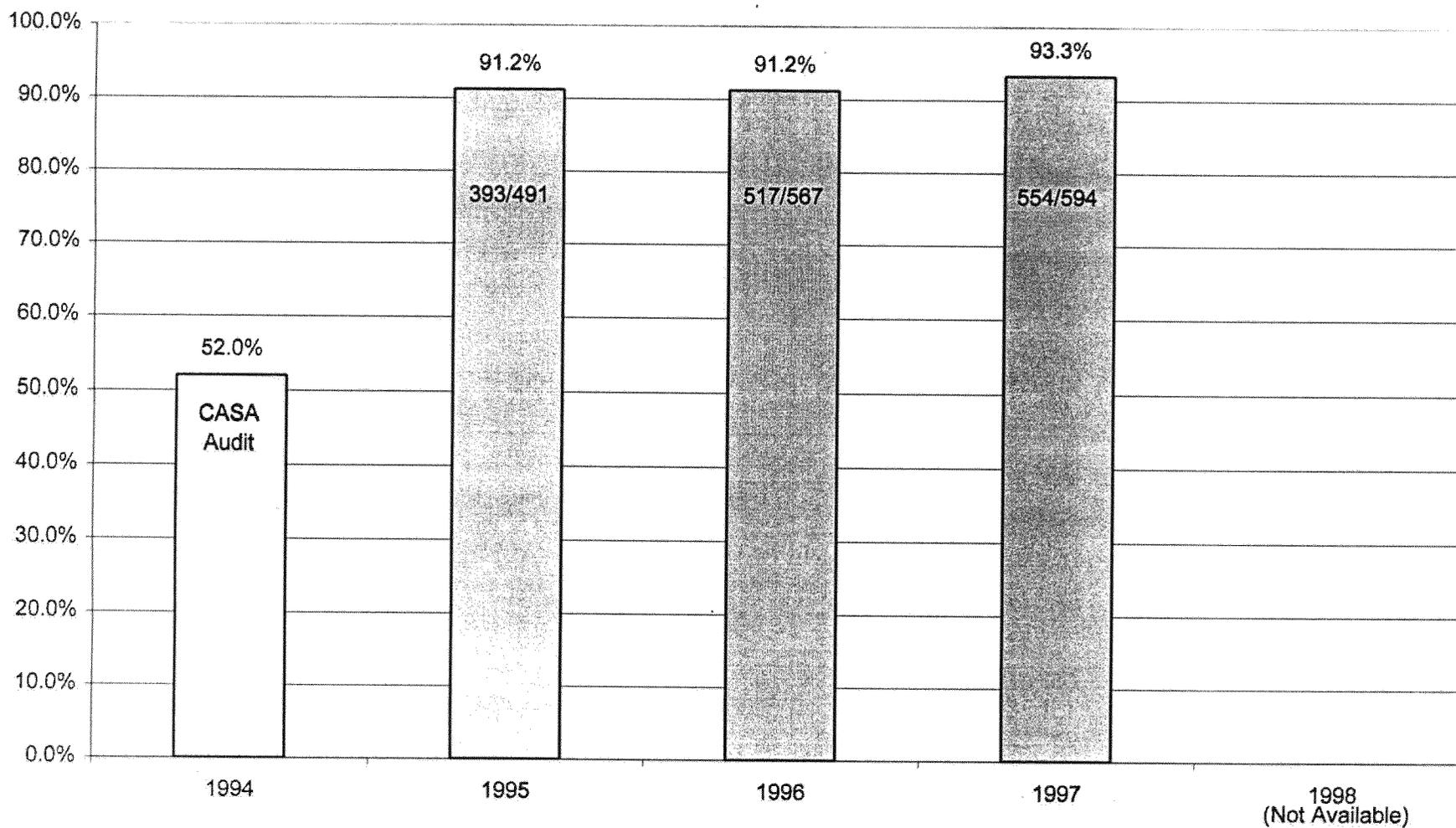
GOAL: Increase the immunization rate of two-year-olds receiving well child care at MCHD to at least 90%.

ACTION PLAN:

- * Formation of a steering committee comprised of representatives from each clinic.
- * Choose one data source (ITARS) for tracking.
- * Continuous updating of computer immunization dates.
- * Quarterly compliance reports to individual clinics.
- * Contact families not up-to-date by mail.
- * Inservice to providers and nursing staff.
- * Individual on site QA immunization focus work groups.
- * Encourage competition between clinics.
- * Recognition and rewards to warranted individuals and clinics.

**4:3:1* Immunization Rates of MCHD Patients 24-36 Months Old
With at Least One WCC Since Birth and
One Primary Care Visit in the Preceding Twelve Months**

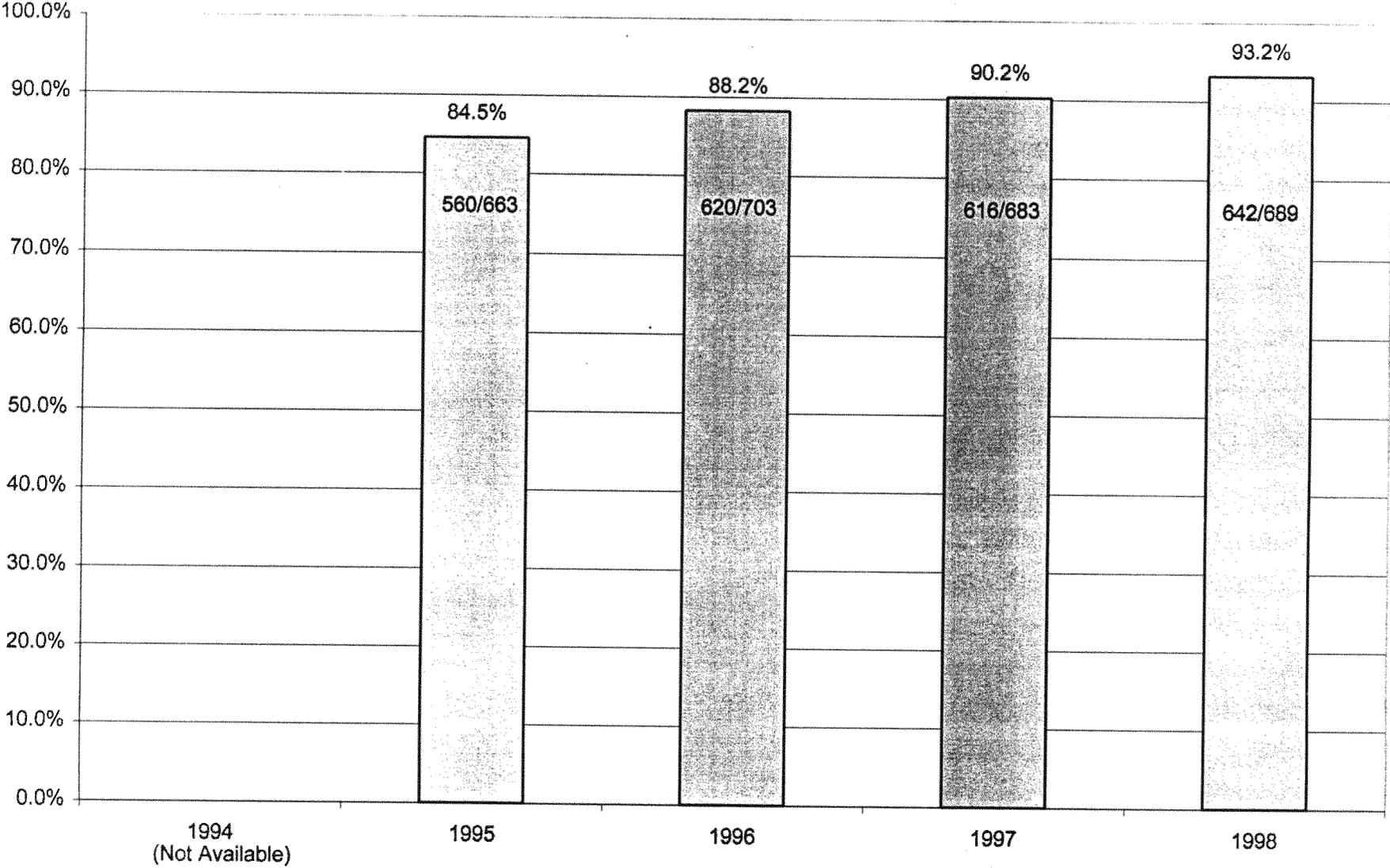
*4 DPT, 3 OPV, 1 MMR



Data Source:
MCHD HIS System

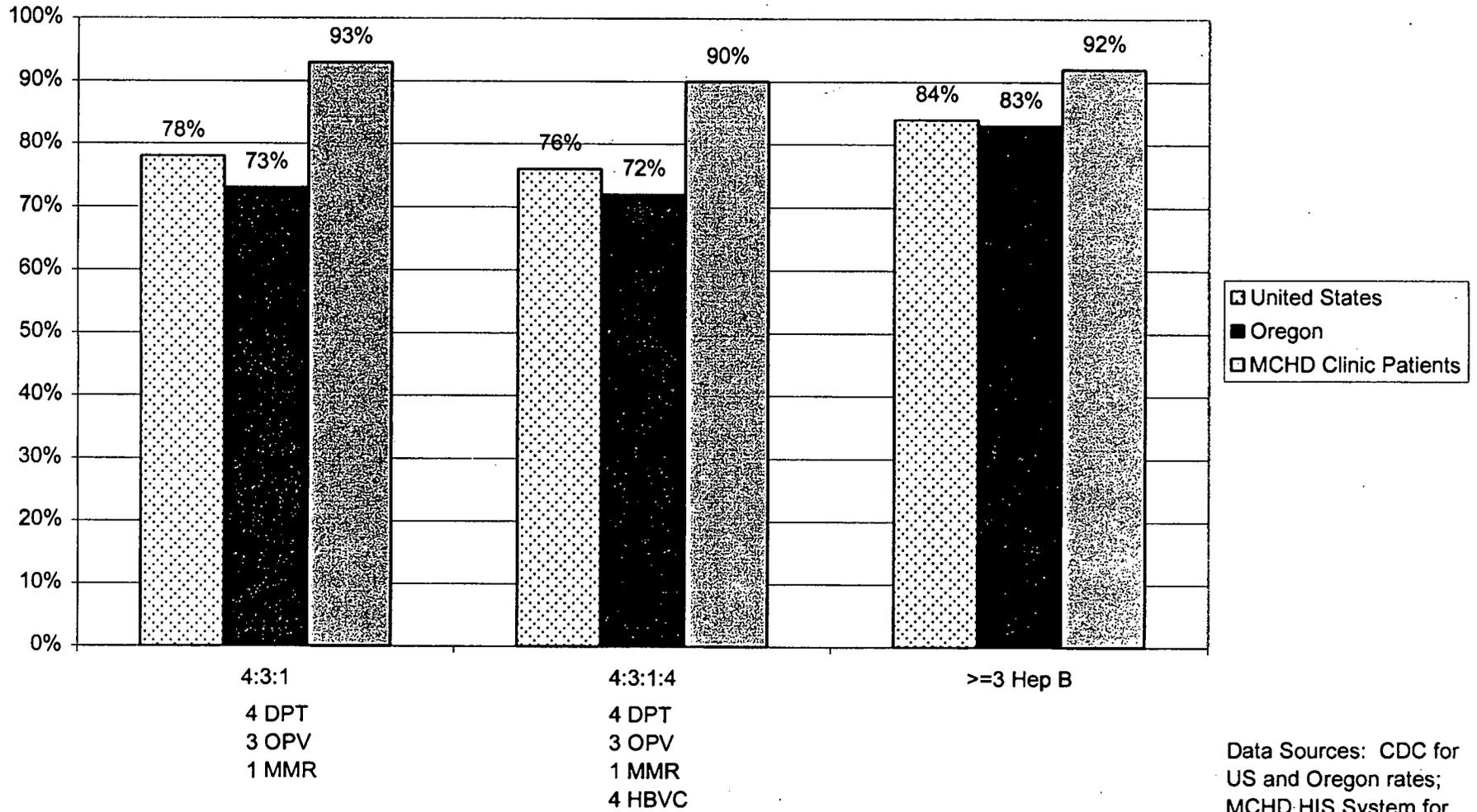
**4:3:1* Immunization Rates of MCHD Patients 24-36 Months Old
Seen in Primary Care Clinics in the Preceding Twelve Months**

*4 DPT, 3 OPV, 1 MMR



Data Source:
MCHD HIS System

1997 Immunization Rates for Children 24-36 Months Old



Data Sources: CDC for US and Oregon rates; MCHD HIS System for MCHD Clinics

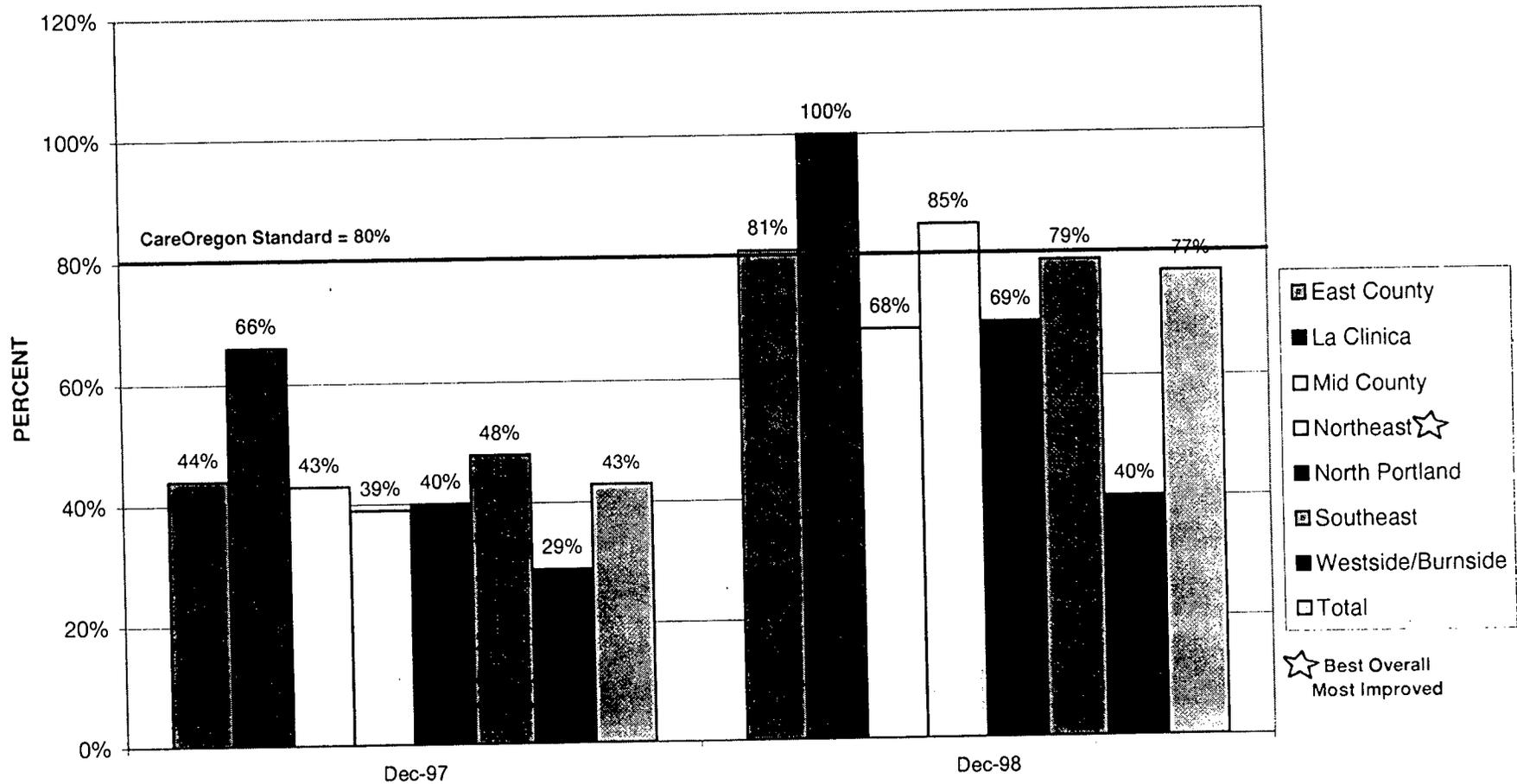
PROBLEM: Low WCC compliance rate of 7-11 month olds enrolled in MCHD primary care clinics.

GOAL: Increase the rate of 7-11 month olds receiving at least three WCC visits.

ACTION PLAN:

- * Formation of a steering committee comprised of representatives from each clinic.
- * Collaborate with OHSU to schedule newborns' first appointment before leaving the hospital.
- * Centralized Appointments develops a "tickler file" for children due for upcoming WCC visit.
- * Centralized Appointments calls and schedules appointments for children due for a WCC visit.
- * Centralized Appointments calls and reminds parents 24 hours prior to their children's scheduled WCC visit.
- * Health Information Services (HIS) generates monthly reports on children delinquent in WCC visits and distributes them to each clinic.
- * Each clinic sends reminder post cards to parents on the delinquent list.
- * HIS generates and distributes quarterly WCC compliance rates for each clinic.
- * Each steering committee member is the facilitator for his/her clinic's WCC QA work group.
- * Encourage competition between clinics.
- * Recognition and rewards to warranted individuals and clinics.

CareOregon 7-11 Month Olds Up-to-Date for Well Child Visits (3 visits)



Clinic	# of Clients in 1997
East County	64
La Clinica	3
Mid County	76
Northeast	74
North Portland	30
Southeast	69
Westside/Burnside	14
Total	330

Clinic	# of Clients in 1998
East County	63
La Clinica	1
Mid County	40
Northeast	40
North Portland	22
Southeast	39
Westside/Burnside	5
Total	210

REACH OUT AND READ

Overview

Multnomah County Health Department and Multnomah County Library's Early Childhood Resources will establish a *Reach Out and Read* pilot project at the Northeast Health Clinic and the East County Health Clinic. *Reach Out and Read* is a national early literacy program started by a team of pediatricians and early childhood educators in 1989 at the Boston City Hospital. The program encourages reading to children as a way to: stimulate brain development, foster the development of early literacy skills, help parents help their children acquire language and help children grow up with a love of books. For many families, pediatric primary care providers are the only consistent professionals with continuous involvement in the lives of their infants and young children. Because of their acceptance as an authority, pediatricians and nurse practitioners have a unique opportunity to positively influence early language and literacy behaviors. The goals of the project support MCCF goals and strategies (1.2.1, 1.3.1).

Description

At the two month well-baby visit parents will view the Library's *Born To Succeed* video or its Spanish language counterpart, *La Llave del Exito*. Parents will receive a packet of materials including library information, library card registration form, a free book for the baby and *Read To Your Bunny*, a special "children's" book written for parents encouraging them to read with their child. During well-baby visits at 4,6,9,12,15,18, 24, 30, and 36 months the pediatrician or nurse practitioner will incorporate language and literacy development assessment into the exam and encourage parents to talk, sing and read with their child. The parents then receive a "prescription" for a new book redeemed before leaving. Each book will contain a bookmark prepared by the Library suggesting additional books appropriate to the child's age. The program will not be limited to only children entering the system at two months. Books will be distributed and literacy promotion given at all 1800 well baby visits during the year. *Children from birth to 3 years old*

All medical staff involved in the project will attend a training provided by the Health Department and the Library to establish a clear, cohesive message to parents and guidelines for assessing language/literacy development. The library will prepare all printed materials and will order and process the books. The Health Department will conduct an evaluation at 12 and 24 months to assess change in literacy behaviors in families that began the program at the two month exam. The Library will track use of library cards associated with the program.

Future plans include volunteers reading books in clinic waiting rooms. With success of the pilot, additional funding will be sought to expand the program to additional Health Department clinics. The Library is also pursuing *Reach Out and Read* programs with area hospitals. Additional funding will be sought to continue providing books at the two pilot sites beyond the project year and to expand the program.

REACH OUT AND READ: Budget Year 1**BOOKS:**

2000 children's picture and board books	\$8,000
<u>50,000</u> <i>Read To Your Bunny</i> (Special purchase through Scholastic Publishing requires minimum order)	5,000

PRINTING:

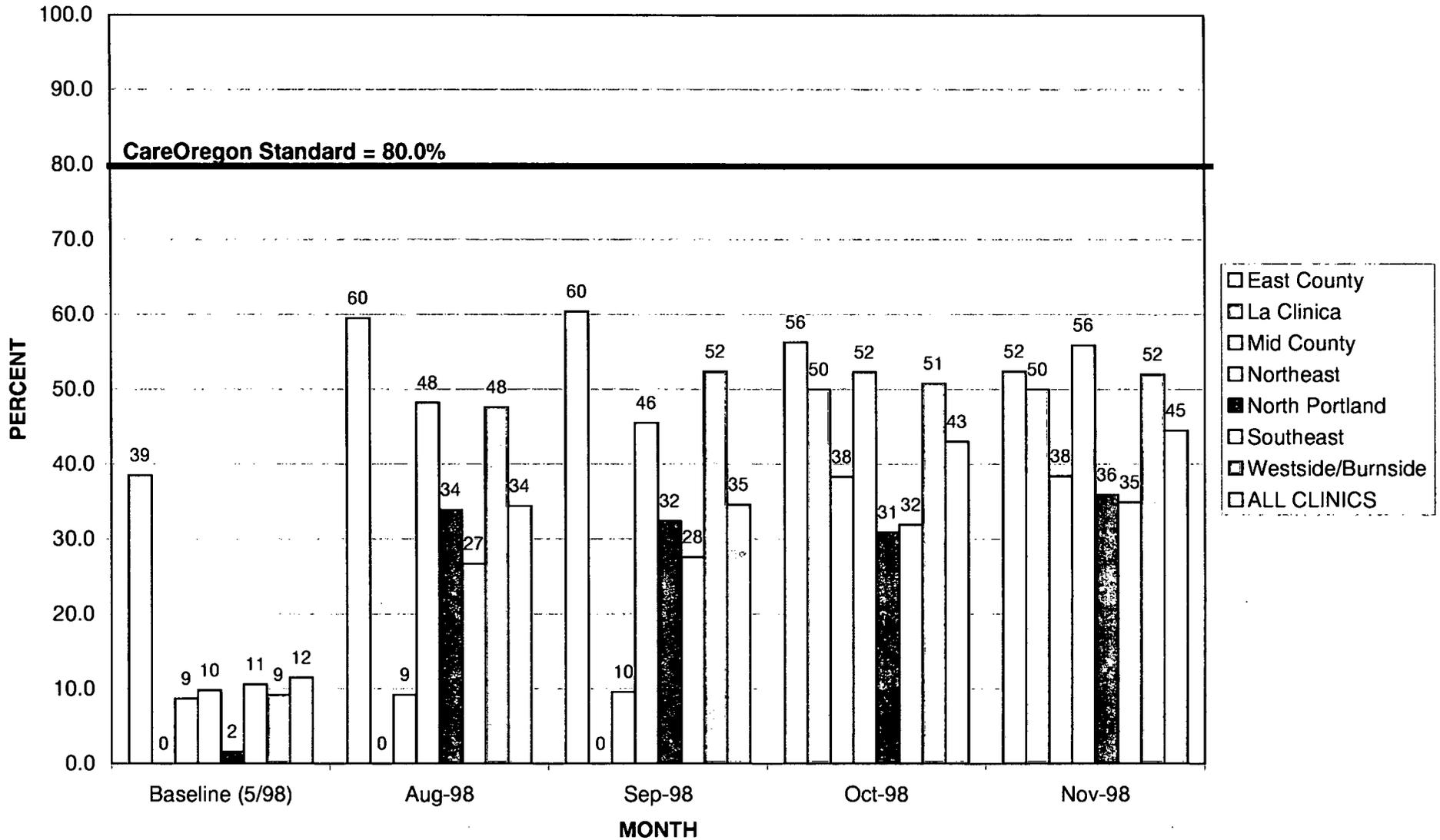
(To reduce print costs, runs will cover materials beyond Year 1)

Design (one-time only)	1,000
5000 book labels	400
5000 flyers	400
5000 prescriptions	400
5000 bookmarks	<u>1,600</u>

PROJECT TOTAL**\$16,800**

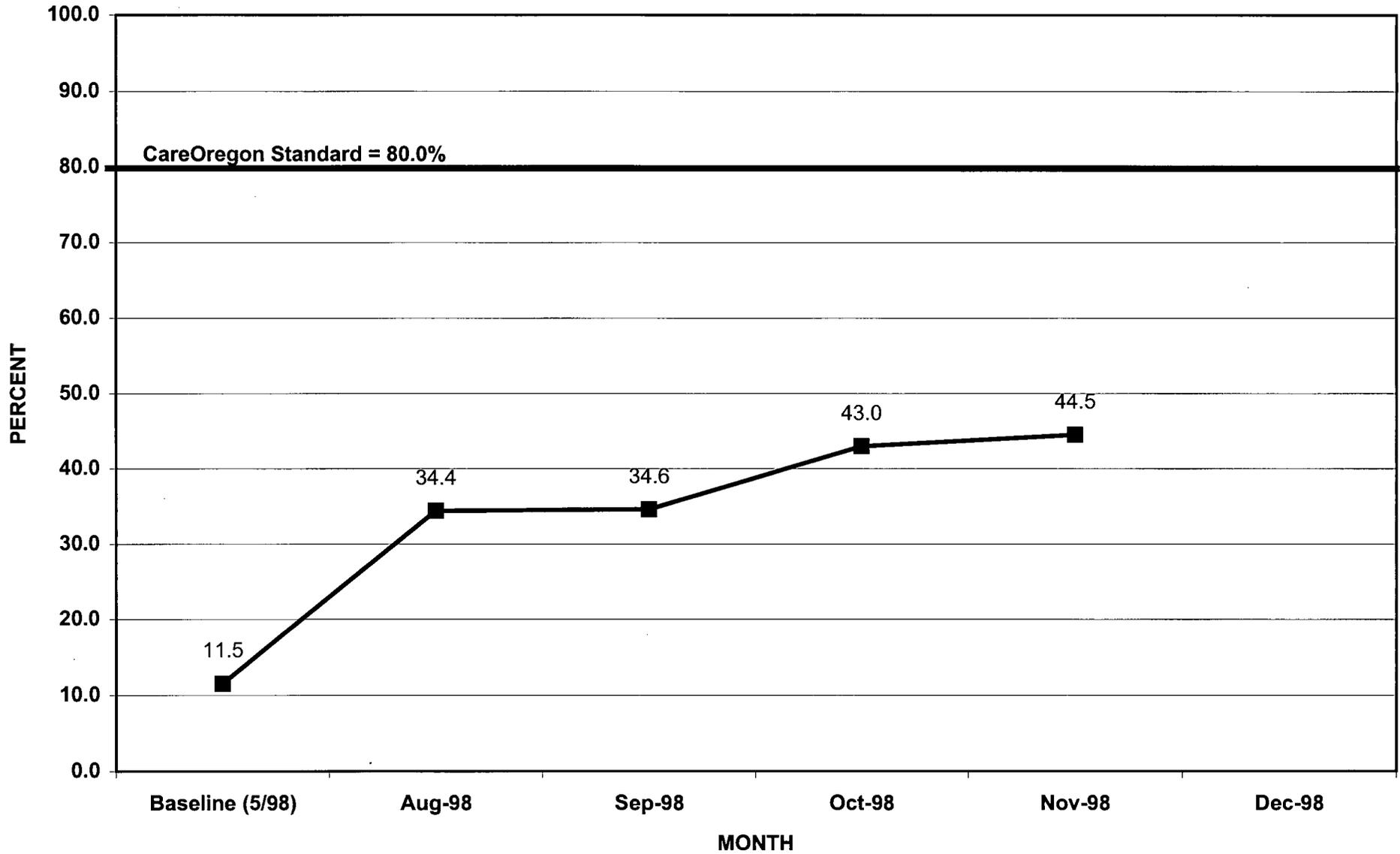
Diabetic Retinal Exam Up-To-Date Rate* By Clinic By Month

*Percentage of diabetic clients who have had a retinal exam within the past year.



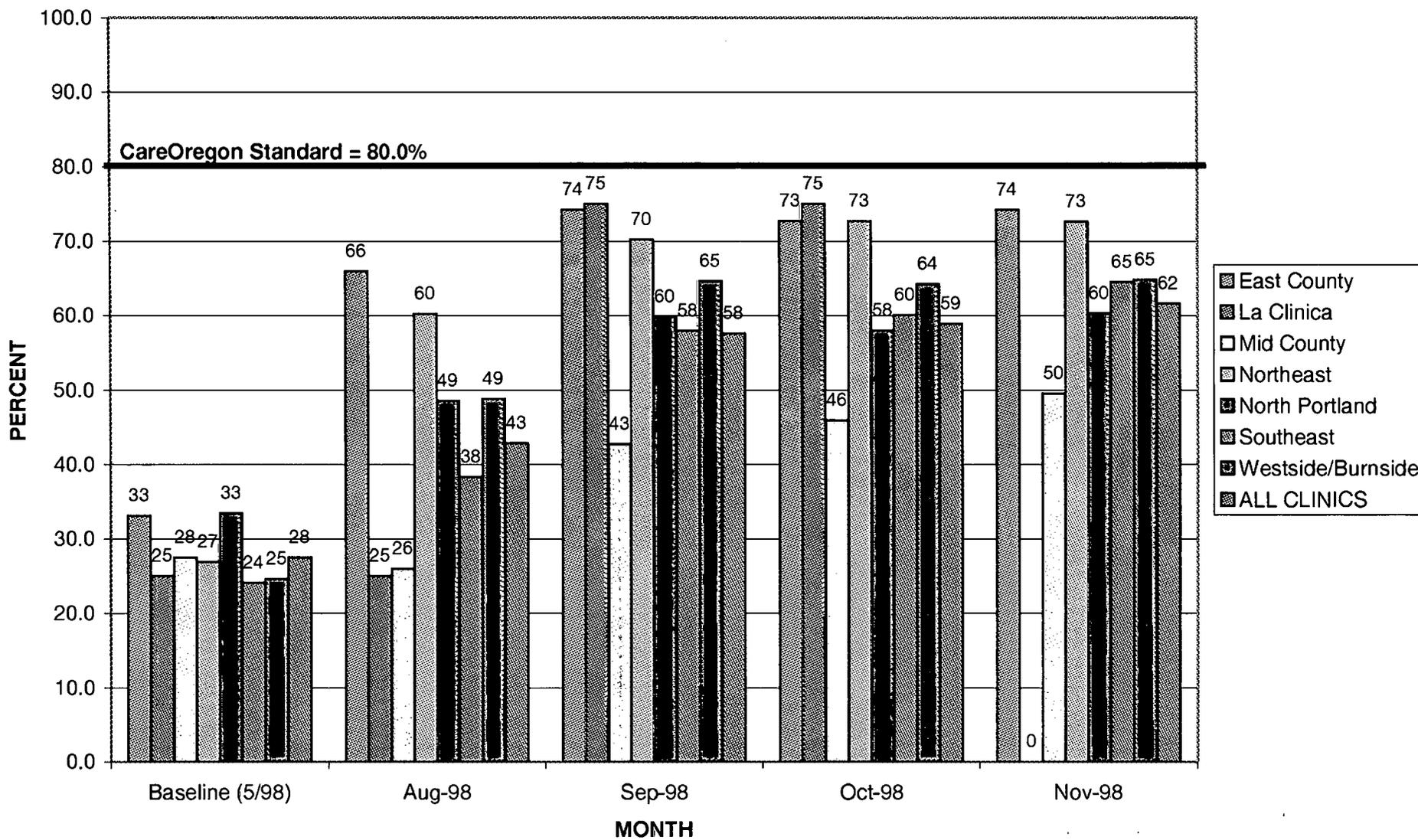
Diabetic Retinal Exam Up-to-Date Rate* All Primary Care Clinics

*Percentage of diabetic clients who have had a retinal exam within the past year.



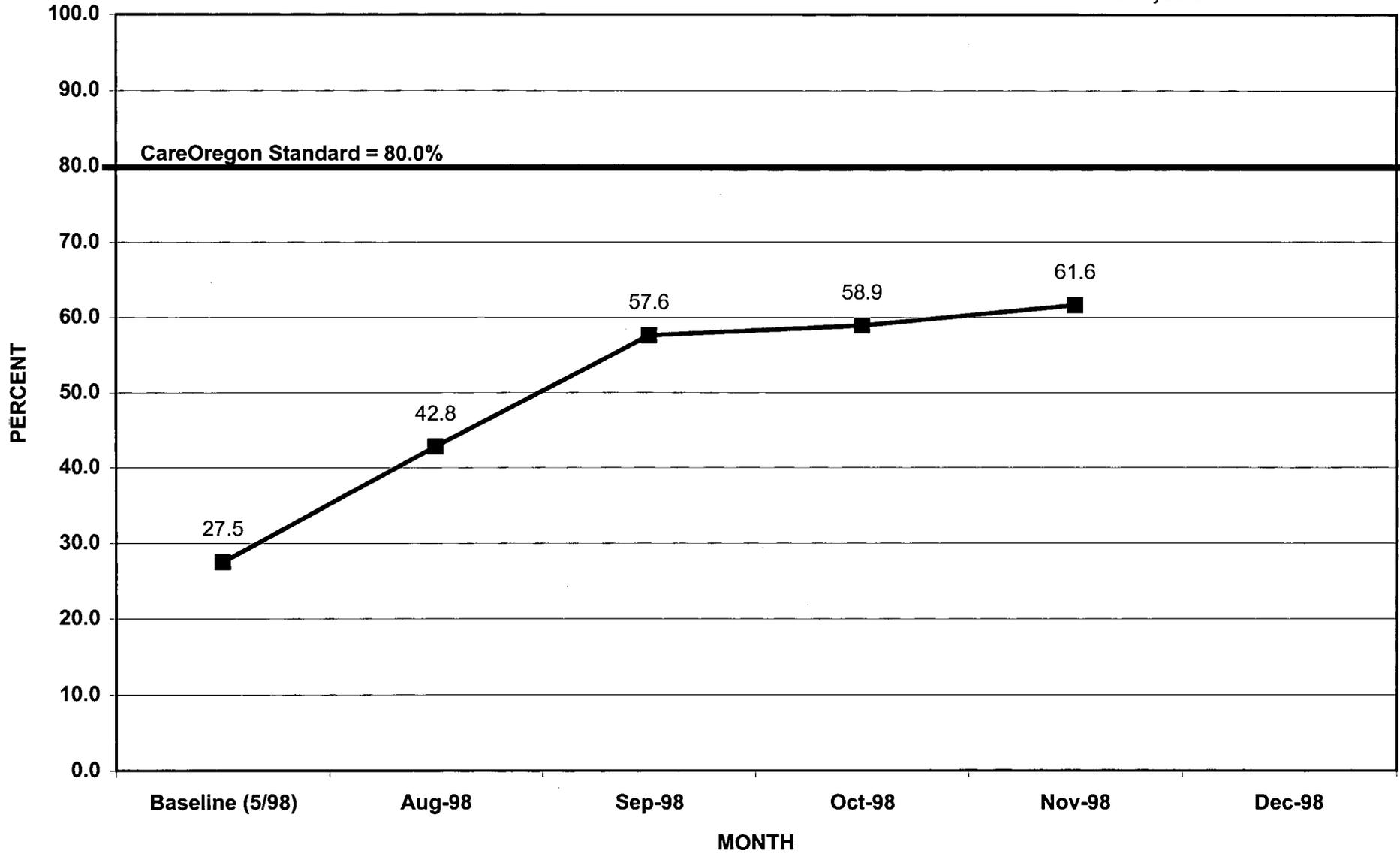
Mammogram Up-To-Date Rate* By Clinic By Month

*Percentage of women 51 and older who have had a mammogram within the last two years.

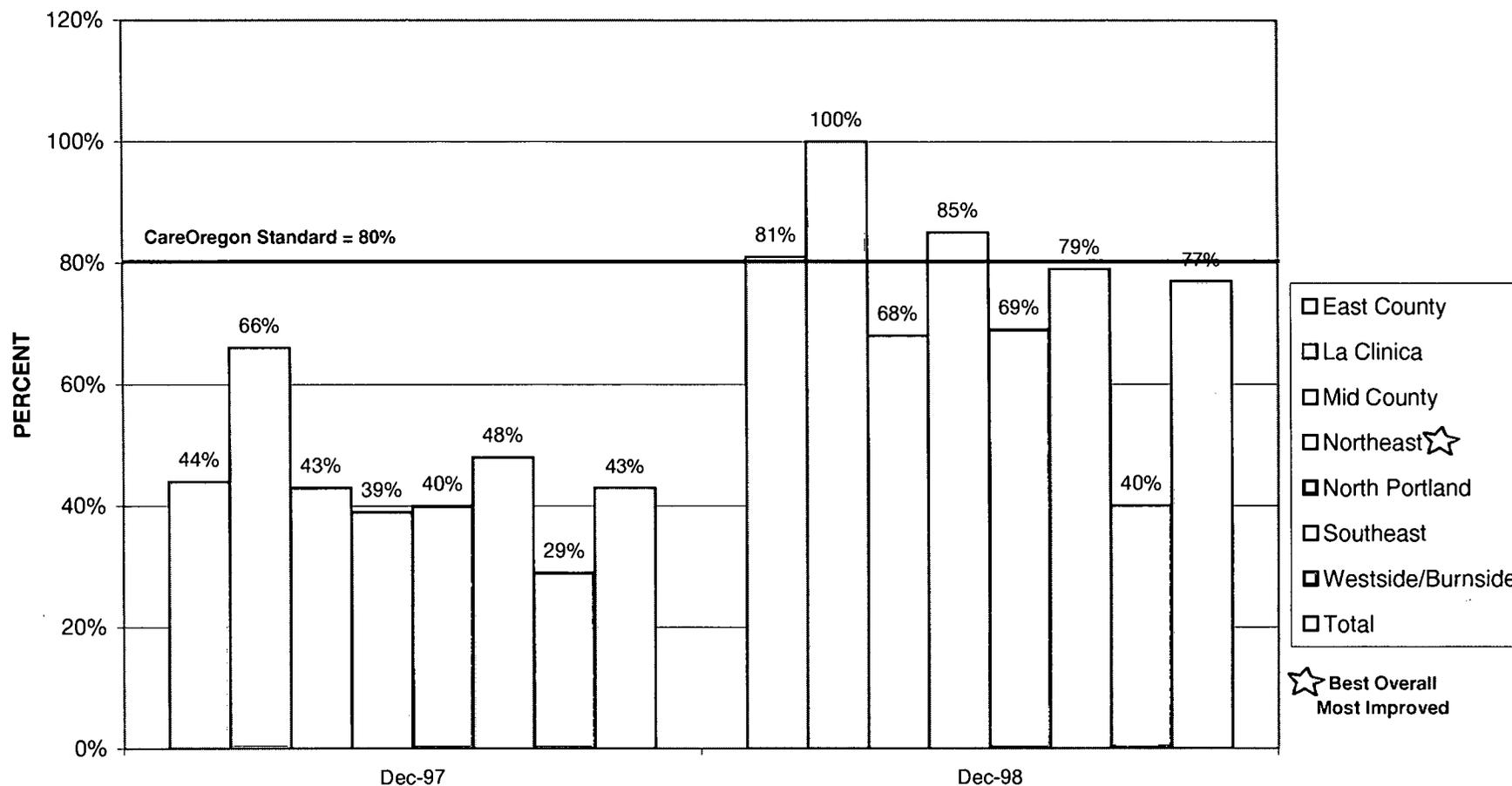


Mammogram Up-to-Date Rate* All Primary Care Clinics

*Percentage of women 51 and older who have had a mammogram within the last two years.



CareOregon 7-11 Month Olds Up-to-Date for Well Child Visits (3 visits)



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Multnomah County Health Department Immunization Steering Committee

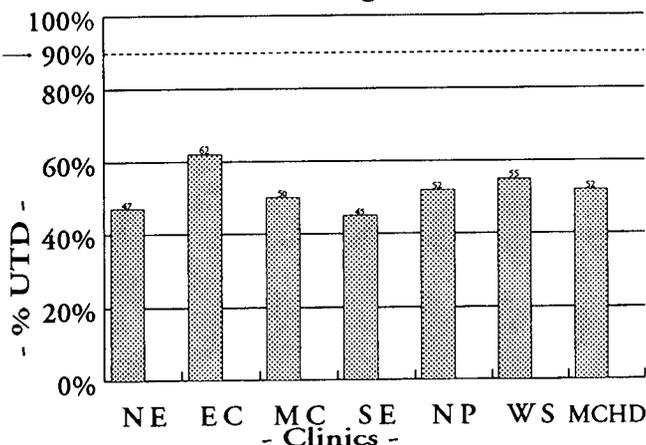
EAM MEMBERS

Yuen Chan MD - NEHC
 Marilee Dea PNP - ECC
 Connie Guist CHN - Field
 Peggy Hillman HEd - McCoy
 Karen Hoque CHN - WSC
 Heidi Lang MA - MID
 Jackie Nitz LPN - SE
 Steve Parker LPN - MID
 Jan Poujade CHN - CD
 Margaret Zebroski PA - NP

PROBLEM STATEMENT

Immunization rate for two-year-olds in Multnomah County Health Clinics falls short of the State's bench mark ($\geq 90\%$).

UTD Immunization Rates for Multnomah County Clinics During 1994.



GOAL

To increase the immunization rate of two-year-olds receiving well child care at MCHD to $\geq 90\%$.

BARRIERS TO ACHIEVING GOAL

- Inaccurate documentation of immunizations.
- Lack of parental knowledge.
- Missed opportunities to immunize.
- Insufficient staff "buy in".
- Lack of reinforcements/rewards.

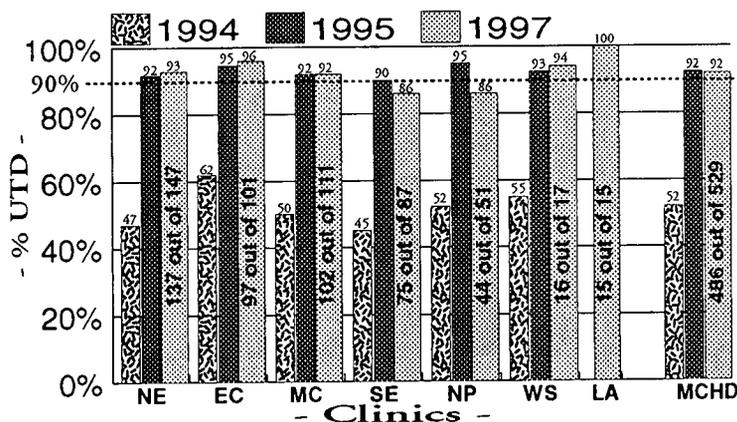
ACTION PLAN

- Choose one data source (ITARS) for tracking.
- Continuous updating of computer immunization dates.
- Periodic compliance reports to individual clinics.
- Contact families not up-to-date by mail.
- Inservice to providers and nursing staff.
- Individual on site CQI immunization focus teams.
- Encourage competition between clinics with rewards.

RESULTS

Multnomah County Immunization Rate Reaches $\geq 90\%$ For All Clinics.

UTD Immunization Rates for Multnomah County Clinics During 1994, 1995, 1997.



UTD immunization rates for all children between 24 and 35 months, who have 1) been seen in our primary care clinics within the last year, and 2) had at least one well child visit.

FUTURE ACTIONS

- Drop well child visit criteria.
- Monitor all two-year-olds enrolled in Multnomah County Clinics.
- Continue annual clinic competition for highest immunization rate.



MEETING DATE: December 15, 1998

AGENDA #: _____

ESTIMATED START TIME: _____

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Rockwood Project

BOARD BRIEFING: DATE REQUESTED: December 15, 1998
REQUESTED BY Commissioner Kelley

AM

REGULAR MEETING:
DATE REQUESTED _____
AMOUNT OF TIME NEEDED: 15 minutes

DEPARTMENT: non-dept

DIVISION: Commissioner Kelley

CONTACT: Carolyn Marks Bax

TELEPHONE #: x22738

BLDG/ROOM #: 106/1500

PERSON(S) MAKING PRESENTATION: Maria Lisa Johnson, Carolyn Marks Bax, additional County Staff

ACTION REQUESTED:

INFORMATIONAL ONLY POLICY DIRECTION APPROVAL OTHER

SUGGESTED AGENDA TITLE:

Update on Rockwood Project

SIGNATURES REQUIRED:

ELECTED OFFICIAL: *Sharon Kelley*
(OR)
DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions: Call the Board Clerk @ 248-3277

November 5, 1998

To: Sharron Kelley

From: Beverly Stein

Re: Rockwood Focus

I appreciate the shared commitment from the Board to improve the services to the Rockwood neighborhood. I am especially grateful that your advocacy and that of Commissioner Hansen will give us an opportunity to address the needs of the Rockwood area.

Rockwood was one of six county sites chosen for special attention as part of the community building effort. The library has been identified through the branch renovation plan as deserving of significant site improvements. However, in addition to completing an inventory of current services, the county should develop and fund specific services targeted to Rockwood.

Following conversations with you and other Board members, I have concluded that it would be very appropriate to explore additional early prevention and intervention services for the children and families in the Rockwood area and develop executive budget proposals accordingly.

The Direct Report Managers can assess different inter and intradepartmental options for improved services, depending upon the priorities of the Board and the residents of Rockwood. For example, Rockwood should be considered for a neighborhood access clinic within the Health Department. Bill Farver will be your contact for this budget development process.

I have also asked my staff assistant Maria Lisa Johnson to work with Bill and your office to coordinate the County response. We should be sure to get input and feedback about funding proposals from the following groups:

1. The Rockwood Community Building Group. Sue Larsen from Community and Family Services is the staff contact person.
2. The East County Caring Community. Lorena Campbell is the contact person.
3. The Latino Network. Rey España from CFS is the staff contact to this group of Hispanic advocates and service providers.
4. The anti-poverty planning effort underway in CFS and the Department of Support Services Education Research Unit. Iris Bell and Van Le can be of assistance.
5. Denise Chuckovich can serve as a staff contact for early childhood efforts growing out of Kathryn Nichols' report for the Progress Board.

I have asked Maria Lisa to work with your office in presenting a status report to the Board at the conclusion of the Health Budget Session scheduled for December 15. I cannot judge at this point how far along they will be in the process, but I can assure you that specific steps to address the community's needs will be under active consideration during my Executive Budget process.

Multnomah County should also assist the Rockwood community through an active role in the implementation of the Rockwood Action Plan of the City of Gresham (attached). The Plan assigns several tasks to the County and its social service agencies, and the County should commit to address the tasks identified.

While anything we propose will need to be put into the larger budget context this spring, I think this is a very constructive first step to address some of the needs raised during the facilities discussion.

attachment

- c. Board of County Commissioners
- c. Maria Lisa Johnson
- c. Sue Larsen
- c. Rey España
- c. Direct Report Managers
- c. Iris Bell
- c. Greg DiLoreto
- c. Van Le
- c. Lorena Campbell

ROCKWOOD PROJECT: going forward

1. Background

Rockwood was one of six county sites chosen for special attention as part of the community building effort. The Board of County Commissioners is aware of that Rockwood has a high level of need for a broad range of services and commissioners have expressed a commitment to consider opportunities to address these needs. Commissioner Kelley has assumed responsibility for gathering a general inventory of current services and convening a planning process to develop and fund specific services targeted to Rockwood.

A comprehensive approach to services, partnerships and community building efforts will be critical to bring about long - term improvements. Commissioner Kelley is working with county staff, community partners, the Reynold's School District and other stakeholders to begin the process of developing a vision for Rockwood ^{that} furthers County benchmarks and is linked to County initiatives. Partners have voiced an initial agreement to *prioritize early prevention and intervention services for children and families in this year's budget process.*

Specifically, participants agree that the approach to services in Rockwood should begin with a neighborhood-access health clinic co-located with Headstart. The design of the Rockwood access clinic will provide the infrastructure for long-term community building efforts such as improved community access to services within a community center or community school model.

Representatives from the following organizations are participating in the planning process: Health Department, Community and Family Services, Juvenile Justice, Reynolds's School District, the Rockwood Neighborhood, El Programo Hispana, Human Solutions, and the Caring Community. The process will include continued identification of stakeholders and broadened community outreach. Health Department staff, Linda Doyle, Jan Sinclair, Carol Cole and Tom Fronk are identifying data, service/access needs and potential resources. Marialisa Johnson, Chair's office, and Van Le, Support Services Evaluation/Research unit, are assisting in data collection, development of measurable objectives and coordination with major County initiatives.

2. Vision Statement

An informal committee of these representatives developed a draft mission statement based on the County's long term benchmarks.

- Reduce Children Living in Poverty
- Increase School Completion with Live Skills Equivalency
- Reduce Crime

To be successful in addressing these benchmarks the Rockwood Project will need to develop both community-based assets (i.e. access to services, community resources) and the assets of individual and families living in Rockwood (life skills, parenting). The following draft vision statement summarizes the desired outcomes defined by committee members.

Residents of Rockwood are proud of the growing sense of safety and empowerment in their community. They are invested in the community and value the resources, programs and partnerships that help to stabilize families and support the development of children. This is evidenced by the increased community support for schools and parent involvement in their children's education. The business community and local economy are healthy and mirror the diversity and sense of community that makes Rockwood a place where families choose to live.

3. Benchmark Linkage

We will use some of the Breakthrough benchmarks as objectives for the Rockwood Project in measuring the impact of the project and its partnerships. (See Appendix 1.)

- Increase Readiness for School: Meeting Developmental Milestones
- Reduce Teen Pregnancy
- Assure a Competent, Loving Adult for Each Child
- Reduce Domestic Violence
- Reduce Juvenile Crime

4. Best Practices Underlying Initiative

At this point, we have not finalized the activities that form the Rockwood Project. However, the following three goals are considered fundamental to the project:

- (i) **work with young children.** Research showing fiscal and societal importance of quality childhood development (Robin Karr-Morse, 1998).
- (ii) **increase system effectiveness.** Inter-departmental coordination and community partnerships will help us refine our approach to the community access clinic. Research showing that service delivery system effectiveness affects client outcomes (Lisbeth Schorr, 1997).
- (iii) **reduce teen pregnancy.** Research showing that teen motherhood is highly correlated with reduced assets and increased risks for the family and the mother so reducing teenage pregnancy is a major long term goal. (Maynard, 1997)

5. Other Major County Initiatives Connection to Rockwood Project

The Rockwood Project's vision and objectives are connected to several county-wide initiatives. Many of these efforts are in their initial stages. The Rockwood Project will work with County departments and community partners to bring a Rockwood focus to the following initiatives:

1. Community Schools
2. Child Poverty Reduction
3. School to Work
4. School Attendance
5. Early Childhood/Readiness to Learn

6. Evaluation

In terms of project outcomes, the following evaluation questions are proposed for each of the three project goals:

A. Increase Readiness to Learn

- ❖ Did Rockwood Project advocate for readiness to learn?
- ❖ Are there more children in perinatal care?
- ❖ Are children more ready to learn?

B. Decrease Teen Pregnancy

- ❖ Did the Rockwood Project have an impact on the teen pregnancy rate, over time?

C. Increase System Effectiveness

After accessing Rockwood Project services, do clients report that:

- ❖ they were treated respectfully?
- ❖ their situation improved?
- ❖ staff went beyond what was expected to assist them?
- ❖ Do staff feel that they are able to coordinate resources on behalf of clients?

D. Advocate for Rockwood residents

Rockwood Project realizes that there are many issues associated with the three goals. As domestic violence, juvenile crime, child poverty and community building are also important aims for Rockwood, the project intends to continue working as an advocate for Rockwood residents. The evaluation questions associated with these goals are:

- ❖ Did Rockwood Project advocate for services to reduce domestic violence in Rockwood?
- ❖ Did Rockwood Project advocate for services to reduce juvenile crime in Rockwood?
- ❖ Did Rockwood Project advocate for efforts to reduce child poverty in Rockwood?
- ❖ Did Rockwood Project advocate for efforts to build natural leaders in Rockwood?

7. Next Steps

- ❖ Continue gathering input from Rockwood Project Team
- ❖ Identifying activities connected with each goal
- ❖ Involve general community in decision making.
- ❖ Begin coordination with other major county initiatives. Monitor new initiatives to make sure there is not overlap or gaps.
- ❖ Collect baseline data for the indicators approved by the Rockwood Project Team.
- ❖ Prepare a proposal for the 99-00 budget cycle.

APPENDIX 1: ROCKWOOD PROJECT PLANNING CHART

GOALS	ACTIVITIES	DATA COLLECTION	BASELINE
*Increase Readiness to Learn		<i>Health Dept client data Kindergarten teacher survey, Oregon Department of Education</i>	<i>Data exists for Rockwood schools.</i>
*Reduce Teen Pregnancy		<i>Oregon Health Division Multnomah Co. Health Dept – Linda Doyle</i>	<i>Check</i>
*Increase System strength		<i>New data collection from Rockwood Project clients and staff</i>	<i>Still to collect; 1997 Housing Audit provides some baseline</i>
**Domestic Violence		<i>Barbara Porter, Police Bureau; Chiquita Rollins, Community & Family Services</i>	<i>Data exists for Rockwood</i>
**Juvenile Crime		<i>Jimmy Brown, Juvenile Community Justice</i>	<i>Data exists for Rockwood</i>
**Children Living in Poverty		<i>School by school lunch program eligibility</i>	<i>Data exists for Rockwood</i>
**Natural Leaders		<i>Programa Hispano, Community Building survey</i>	<i>Data available 1/99</i>

* Project will be accountable to these measures.

**Project will track these measures and assume an advocacy role.