



Multnomah County Oregon

Board of Commissioners & Agenda

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BOARD OF COMMISSIONERS

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APRIL 3 & 5, 2007 BOARD MEETINGS FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Executive Session
Pg 2	9:30 a.m. Tuesday Briefing on Streams of Offenders in the Criminal Justice System
Pg 2	1:30 p.m. Tuesday Transportation Briefing
Pg 3	9:00 a.m. Thursday Audit Presentation
Pg 3	9:15 a.m. Thursday Proclaiming Child Abuse Prevention Month
Pg 3	9:30 a.m. Thursday Public Comment
Pg 3	9:30 a.m. Thursday Health Department Trans Fat Strategic Plan Report to the Board
Pg 4	10:30 a.m. Thursday Electronic Health Record Implementation Update
Pg 4	11:00 a.m. Thursday Public Health Awareness Week and Public Health Heroes Celebration

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, 9:30 AM, (LIVE) Channel 30
Saturday, 10:00 AM, Channel 29
Sunday, 11:00 AM, Channel 30
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or: <http://www.mctv.org>

Tuesday, April 3, 2007 - 9:00 AM
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

- E-1 The Multnomah County Board of Commissioners will meet in Executive Session Pursuant to ORS 192.660(2)(d),(e) and/or (h). Only Representatives of the News Media and Designated Staff are allowed to attend. News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Session. No Final Decision will be made in the Session. Presented by County Attorney Agnes Sowle. 15-30 MINUTES REQUESTED.
-

Tuesday, April 3, 2007 - 9:30 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

- B-1 Briefing on Streams of Offenders in the Criminal Justice System. Presented by District Attorney Mike Schrunk, Sheriff Bernie Giusto, Judge Dale Koch, Chief Rosie Sizer, Chief Carla Piluso, Metro Public Defender Director Jim Hennings, Gayle Burrows, Steve Liday, Bill Farver and Invited Others. 2 HOURS REQUESTED.
-

Tuesday, April 3, 2007 - 1:30 PM
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

BOARD BRIEFING

- B-2 Briefing on Transportation Finance and the 223rd Railroad Undercrossing Project. Presented by Cecilia Johnson, Ed Abrahamson, Kim Peoples, Ian Cannon and Jerry Elliott. 90 MINUTES REQUESTED.

Thursday, April 5, 2007 - 9:00 AM
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

REGULAR MEETING

REGULAR AGENDA

AUDITOR'S OFFICE - 9:00 AM

- R-1 Program Offer Performance Measure Audit - Pilot Project. Presented by LaVonne Griffin-Valade. 15 MINUTES REQUESTED.

NON-DEPARTMENTAL - 9:15 AM

- R-2 PROCLAMATION Proclaiming April 2007 Child Abuse Prevention Month in Multnomah County, Oregon

DEPARTMENT OF HEALTH - 9:20 AM

- R-3 NOTICE OF INTENT to Apply for Grant Funding through CareOregon's Care Support and System Innovation Program
- R-4 NOTICE OF INTENT to Apply for Grant Funding from the Northwest Health Foundation to Support Optimization of Electronic Health Records

PUBLIC COMMENT - 9:30 AM

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

DEPARTMENT OF HEALTH - 9:30 AM

- R-5 Report of the Multnomah County Health Department on a strategic plan to educate the public about the health hazards associated with consuming artificial trans fats; and regarding the disclosure of trans fats served in restaurants; and to involve the local school districts in the public outreach process regarding trans fats in foods served in school cafeterias. Presented by Lillian Shirley, Director, Multnomah County Health Dept.; Gary Oxman, M.D., M.P.H., Multnomah County Health Officer; Debe Nagy-Nero, Director of Quality Assurance, Nutrition and Safety, Burgerville; Meir Stampfer, M.D., Dr. P.H., Professor of Nutrition and Epidemiology,

Department of Epidemiology, Harvard School of Public Health; and Invited Others. 60 MINUTES REQUESTED.

R-6 Electronic Health Record Implementation Update, Financing Plan and Primary Care Financial Forecast. Presented by Lillian Shirley, Vanetta Abdellatif, Wendy Lear and Susan Kirchoff. 30 MINUTES REQUESTED.

R-7 PROCLAMATION Proclaiming April 2nd through April 8th, 2007 Public Health Awareness Week in Multnomah County, Oregon; and Presentation of Multnomah County's Seventh Annual Public Health Heroes Celebration. Presented by Lillian Shirley and Invited Others. 60 MINUTES REQUESTED. Brief reception to follow.

MULTNOMAH COUNTY 2007-2008 BUDGET WORK SESSIONS AND HEARINGS

ALL MEETINGS ARE OPEN TO THE PUBLIC

Public testimony will be taken at the public hearings listed in red (*italic*) below. Unless otherwise noted, all sessions will be held in the Multnomah Building, First Floor Commissioners Boardroom 100, 501 SE Hawthorne, Portland. Contact Board Clerk Deb Bogstad 503 988-3277 for further information.

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Thu, April 12
9:30 a.m.

**Third Quarter Financial Report and General Fund
Forecast Update**

CABLE PLAYBACK INFO:

Thursday, April 12 - 9:30 AM LIVE Channel 30
Saturday, April 14 - 10:00 AM Channel 29
Sunday, April 15 - 11:00 AM Channel 30
Tuesday, April 17 - 8:00 PM Channel 29

Thu, April 19
9:30 a.m. to 12:00 p.m.

***Chair Ted Wheeler's 2007-2008 Executive Budget
Message***
***Public Hearing and Consideration of Resolution
Approving 2007-2008 Executive Budget for
Submission to Tax Supervising and Conservation
Commission***

CABLE PLAYBACK INFO:

Thursday, April 19 - 9:30 AM LIVE Channel 30
Saturday, April 21 - 10:00 AM Channel 29
Sunday, April 22 - 11:00 AM Channel 30
Tuesday, April 24 - 8:00 PM Channel 29

Tue, April 24
9:30 a.m. to 12:00 p.m.

Budget Work Session if needed

CABLE PLAYBACK INFO:

Tuesday, April 24 - 9:30 AM LIVE Channel 29
Friday, April 27 - 8:00 PM Channel 29

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Saturday, April 28 - 2:00 PM Channel 29

Sunday, April 29 - 11:00 AM Channel 29

Tue, April 24

6:00 p.m. to 8:00 p.m.

Public Hearing on the 2007-2008 Multnomah County Budget - Multnomah County East Building, Sharron Kelley Conference Room, 600 NE 8th, Gresham

CABLE PLAYBACK INFO:

Tuesday, April 24 - 6:00 PM LIVE Channel 29

Friday, April 27 - 10:30 PM Channel 29

Saturday, April 28 - 4:30 PM Channel 29

Sunday, April 29 - 1:30 PM Channel 29

Thu, April 26

9:30 a.m.

Public Hearing and Consideration of Approval of the 2007-2008 Dunthorpe Riverdale Sanitary Service District No. 1 Proposed Budget for Submittal to Tax Supervising and Conservation Commission

Public Hearing and Consideration of Approval the 2007-2008 Mid-County Street Lighting Service District No. 14 Proposed Budget for Submittal to Tax Supervising and Conservation Commission

CABLE PLAYBACK INFO:

Thursday, April 26 - 9:30 AM LIVE Channel 30

Saturday, April 28 - 10:00 AM Channel 29

Sunday, April 29 - 11:00 AM Channel 30

Tuesday, May 1 - 8:00 PM Channel 29

MULTNOMAH COUNTY 2007-2008 BUDGET WORK SESSIONS AND HEARINGS

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Tue, May 1

9:30 a.m. to 11:00 a.m.

**Fiscal Year 2008 Facilities and Transportation Capital
Program Briefing**

CABLE PLAYBACK INFO:

Tuesday, May 1 - 9:30 AM LIVE Channel 29

Friday, May 4 - 8:00 PM Channel 29

Saturday, May 5 - 2:00 PM Channel 29

Sunday, May 6 - 11:00 AM Channel 29

Tue, May 8

6:00 p.m. to 8:00 p.m.

***Public Hearing on the 2007-2008 Multnomah County
Budget - North Portland Library Conference Room,
512 N Killingsworth, Portland***

CABLE PLAYBACK INFO:

(No Live Coverage)

Friday, May 11 - 10:30 PM Channel 29

Saturday, May 12 - 4:30 PM Channel 29

Sunday, May 13 - 1:30 PM Channel 29

Tue, May 15

9:30 a.m. to 12:00 p.m.

**Budget Work Session on Results of Round 1 Board
Program Offer Selection**

CABLE PLAYBACK INFO:

Tuesday, May 15 - 9:30 AM LIVE Channel 29

Friday, May 18 - 8:00 PM Channel 29

Saturday, May 19 - 2:00 PM Channel 29

Sunday, May 20 - 11:00 AM Channel 29

MULTNOMAH COUNTY 2007-2008 BUDGET WORK SESSIONS AND HEARINGS

ALL MEETINGS ARE OPEN TO THE PUBLIC

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Mon, May 21

9:30 a.m. to 11:30 a.m.

Budget Work Session if needed

CABLE PLAYBACK INFO:

Tuesday, May 21 - 9:30 AM LIVE Channel 29

Thursday, May 24 - 8:00 PM Channel 29

Saturday, May 26 - 9:00 PM Channel 29

Sunday, May 27 - 9:00 AM Channel 29

Mon, May 21

1:00 p.m. to 3:00 p.m.

Budget Work Session if needed

CABLE PLAYBACK INFO:

Tuesday, May 21 - 1:00 PM LIVE Channel 29

Thursday, May 24 - 10:00 PM Channel 29

Sunday, May 27 - 6:00 PM Channel 29

Tuesday, May 29 - 8:00 PM Channel 29

Tue, May 22

9:30 a.m. to 12:00 p.m.

**Budget Work Session on Results of Round 2 Board
Program Offer Selection**

CABLE PLAYBACK INFO:

Tuesday, May 22 - 9:30 AM LIVE Channel 29

Friday, May 25 - 8:00 PM Channel 29

Saturday, May 26 - 2:00 PM Channel 29

Sunday, May 27 - 11:00 AM Channel 29

MULTNOMAH COUNTY 2007-2008 BUDGET WORK SESSIONS AND HEARINGS

ALL MEETINGS ARE OPEN TO THE PUBLIC

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Tue, May 22

6:00 p.m. to 8:00 p.m.

Public Hearing on the 2007-2008 Multnomah County Budget - Multnomah Building, Commissioners Boardroom 100, 501 SE Hawthorne, Portland

CABLE PLAYBACK INFO:

Tuesday, May 22 - 6:00 PM LIVE Channel 29

Friday, May 25 - 10:30 PM Channel 29

Saturday, May 26 - 4:30 PM Channel 29

Sunday, May 27 - 1:30 PM Channel 29

Wed, May 23

9:30 a.m. to 12:00 p.m.

Budget Work Session if needed

CABLE PLAYBACK INFO:

Wednesday, May 23 - 9:30 AM LIVE Channel 29

Saturday, May 26 - 6:30 PM Channel 29

Sunday, May 27 - 3:30 PM Channel 29

Monday, May 28 - 8:00 PM Channel 29

Tue, May 29

9:30 a.m. to 12:00 p.m.

Budget Work Session if needed

CABLE PLAYBACK INFO:

Tuesday, May 29 - 9:30 AM LIVE Channel 29

Friday, June 1 - 8:00 PM Channel 29

Saturday, June 2 - 2:00 PM Channel 29

Sunday, June 3 - 11:00 AM Channel 29

MULTNOMAH COUNTY 2007-2008 BUDGET WORK SESSIONS AND HEARINGS

ALL MEETINGS ARE OPEN TO THE PUBLIC

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***Thu, Jun 7
9:30 a.m.***

***Public Hearing and Resolution Adopting the 2007-2008 Budget for Dunthorpe Riverdale Sanitary Service District No. 1 and Making Appropriations
Public Hearing and Resolution Adopting the 2007-2008 Budget for Mid-County Street Lighting Service District No. 14 and Making Appropriations***

***Thu, Jun 7
10:00 a.m.***

***Tax Supervising and Conservation Commission
Public Hearing on the Multnomah County 2007-2008 Budget***

***Thu, Jun 7
10:30 a.m. to 12:00 p.m.***

Public Hearing and Resolution Adopting the 2007-2008 Budget for Multnomah County Pursuant to ORS 294

CABLE PLAYBACK INFO:

**Thursday, June 7 - 9:30 AM LIVE Channel 30
Saturday, June 9 - 10:00 AM Channel 29
Sunday, June 10 - 11:00 AM Channel 30
Tuesday, June 12 - 8:00 PM Channel 29**

BOGSTAD Deborah L

From: LIEUALLEN Matt
Sent: Wednesday, April 04, 2007 12:58 PM
To: WHEELER Ted; ROJO DE STEFFEY Maria; COGEN Jeff; NAITO Lisa H; ROBERTS Lonnie J
Cc: BOGSTAD Deborah L
Subject: FYI for Thursday

Commissioners (and Deb),

At tomorrow's Board meeting Commissioner Naito has invited Tracy Caraluzzi, 10 years old, to attend and sit with her as a mentorship opportunity. So it looks like we'll need an extra chair!

Thank you,

Matthew

Matthew R. Lieuallen, JD
Office of Commissioner Lisa Naito
501 SE Hawthorne Blvd., Suite 600
Portland, OR 97214
Phone: (503) 988-5217
Fax: (503) 988-5262



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 04/05/07
 Agenda Item #: R-1
 Est. Start Time: 9:00 AM
 Date Submitted: 03/28/07

Agenda Title: Report on Program Offer – Performance Measure Audit

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

Requested Meeting Date: April 5, 2007 Amount of Time Needed: 15 minutes
 Department: Non Departmental Division: Auditors Office
 Contact(s): Judy Rosenberger
 Phone: 503 988-3320 Ext. 83320 I/O Address: 503/601
 Presenter(s): LaVonne Griffin-Valade, Multnomah County Auditor

General Information

- 1. What action are you requesting from the Board?**
 Board Briefing on Moss Adams, the outside financial auditors, report on findings.
- 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**
 Report on Program Offer – Performance Measure Audit
- 3. Explain the fiscal impact (current year and ongoing).**
- 4. Explain any legal and/or policy issues involved.**
- 5. Explain any citizen and/or other government participation that has or will take place.**

Required Signature

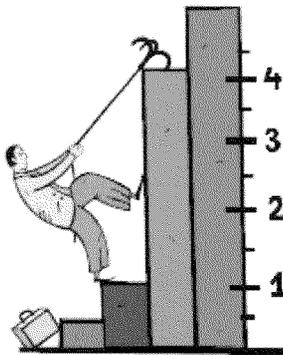
Elected Official or
 Department/
 Agency Director:

Date: March 28, 2007

Program Offer Performance Measure Audit – Pilot Project

**Multnomah County Auditor's Office
Board Briefing
April 5, 2007**

LaVonne Griffin-Valade, County Auditor



Audit Staff
Sarah Landis
Mark Ulanowicz
Craig Hunt
Fran Davison
Joanna Hixson
Judith DeVilliers

The purpose of the pilot project audit was to provide independent, objective information to departments that would help them improve the quality of performance measures, as well as provide information to decision-makers about the quality of the measures in the offers they review.

Outcome Teams from the County's budget priority areas referred a total of 30 program offers for audit consideration. Sixteen offers were selected, and we audited some or all of the measures reported in those offers. Altogether, we audited 41 performance measures. With the exception of the Library, performance measures from every department were included in the audit.

Measures could "pass with no qualifications," "pass with qualifications," or not pass the audit. Overall, five (12%) of the measures audited passed with no qualifications, 36 (88%) passed with qualifications, and no measures were judged as not passing the audit.

We used criteria included in the Budget Office's FY2008 Performance Measurement Manual and consistent with best practice to assess the quality of measures. The following primary criteria were considered the most significant indicators of the quality of performance measures:

PRIMARY CRITERIA

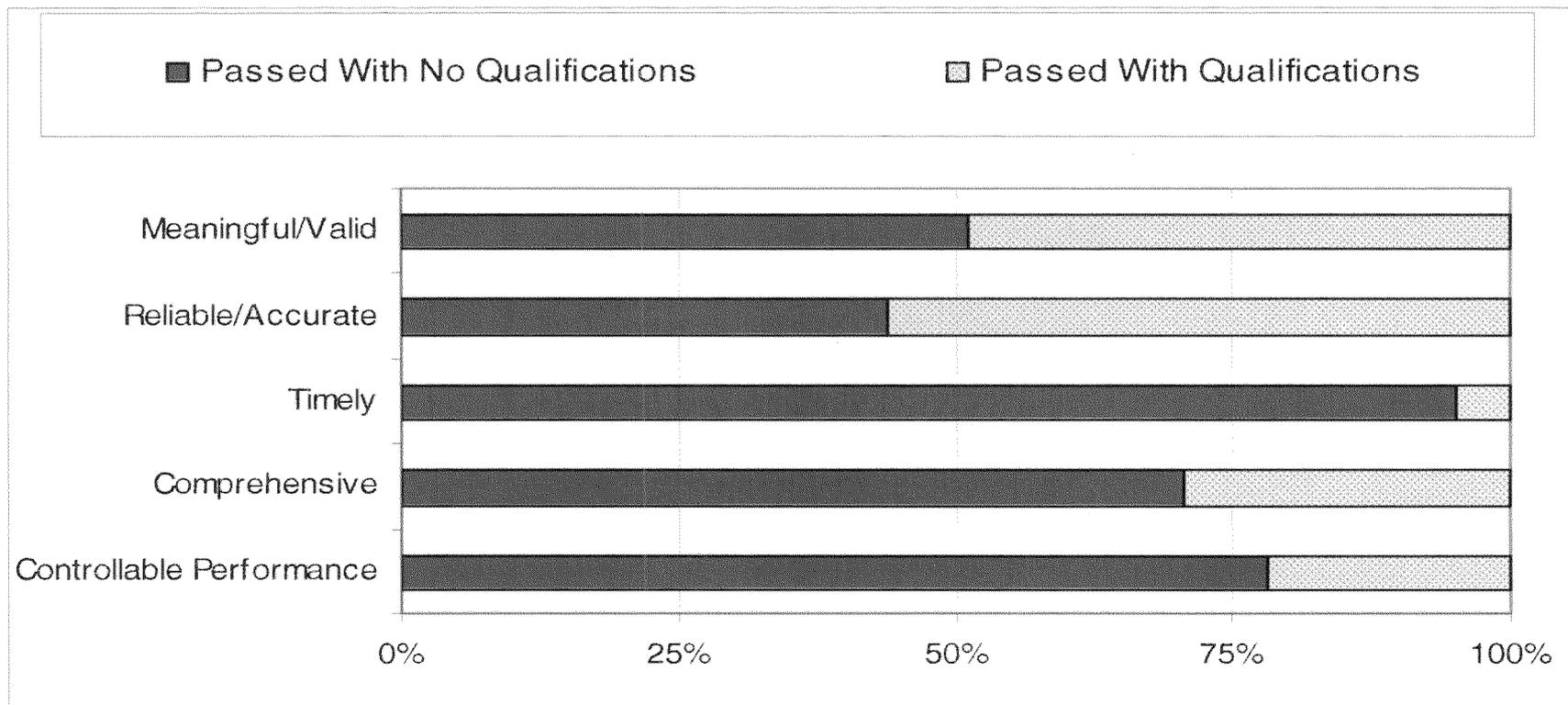
- **Meaningful/Valid** – a measure is meaningful if addresses the primary portion of an offer's stated scope of work. A measure is valid if it actually measures what it says it measures.
- **Reliable/Accurate** – a reliable measure is one where the results are accurate, consistent, and repeatable.
- **Timely Reporting** – a measure is timely if it includes data from the current fiscal year and is available in a timely fashion.
- **Comprehensive** – a comprehensive measure or group of measures is one that captures the primary or most important aspects of an offer's goals.
- **Focused on Controllable Facets of Performance** – a measure is focused on controllable facets of performance if it relates to something the department or program can affect and would not also involve so many other mitigating or aggravating factors that would render the County's contribution impossible to judge.

To pass the audit *with no qualifications* (highest rating) – measures had to meet all primary and secondary criteria. To pass the audit *with qualifications* – each of the primary criteria had to be rated as “pass with qualifications,” at a minimum.

Rating of Performance Measures by Primary Criteria

Reliable/Accurate – 56% of measures passed with qualifications

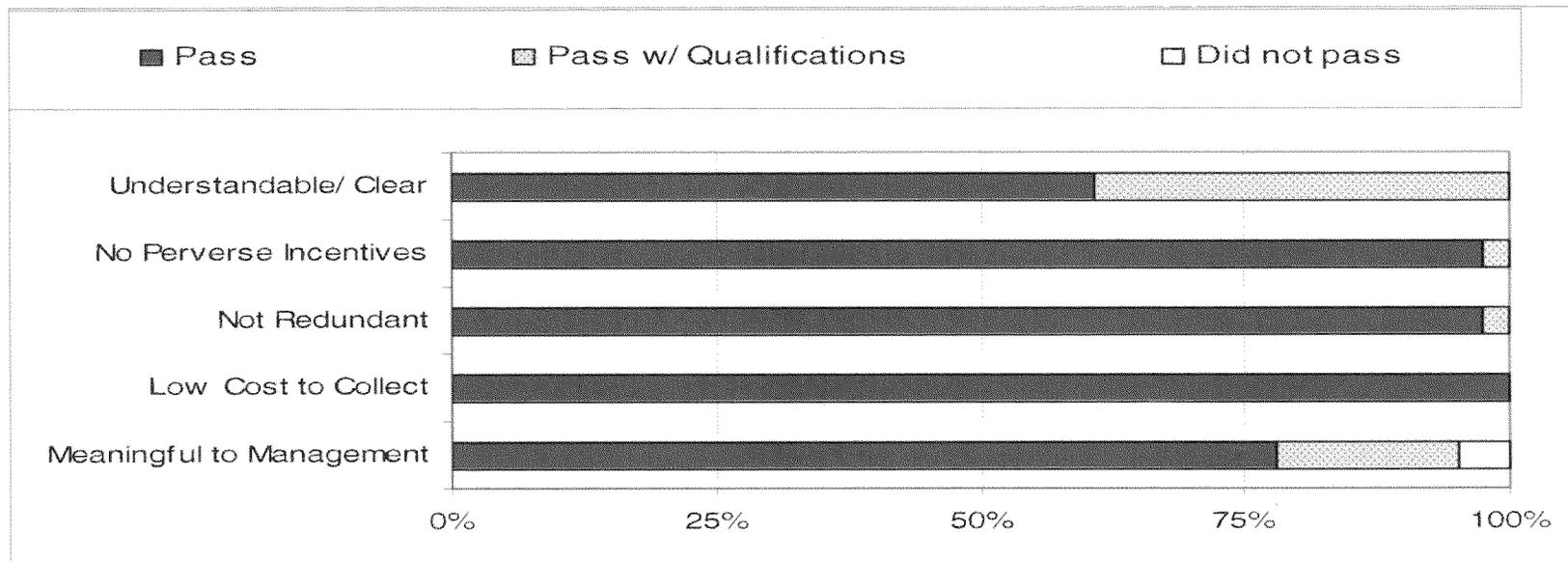
Meaningful/Valid – 49% of measures passed with qualifications



SECONDARY CRITERIA

- **Understandable/Clear** – a measure is clear and understandable if it is simply stated, is free of jargon, and could be understood easily by someone outside of the program.
- **Perverse Incentives** – a measure that is free of perverse incentives if it does not induce its participants (clients, staff, or contractors) to act in ways that run counter to the best interests of the County or the program.
- **Not redundant** – a measure is redundant if its purpose is wholly or mostly encompassed by a different measure.
- **Cost to Collect Data** – the implementation of new performance measures and data collections systems should not represent an enormous cost burden to departments.
- **Meaningful to Management** – a measure would be considered meaningful management if it is used by management and decision makers in running the program, division, or department.

Rating of Performance Measures by Secondary Criteria



Audit results

We view the general level of cooperation and positive response from departments as an indication that departments are working to develop stronger performance measurement systems. However, we did find a number of areas where improvement is needed, and we conclude that the viability of performance measurement in the County may depend in large part on concerted efforts to improve in these areas.

OVERALL OBSERVATIONS:

- In some cases, processes to investigate data anomalies, test accuracy of data sources, or reconcile data from various sources were limited.
- In some cases, measures used data that were inconsistent with other data reporting systems, or supporting documentation was weak, or there were no processes to verify that all data were included in reported totals.
- Many measures classified as “outcome measures” did not gauge the effectiveness of programs by providing a sense of scale or significance to the numbers reported or clearly demonstrate the results and value of the work being carried out.
- Some measures did not reflect a significant portion of a program’s responsibility.
- Some departments had difficulty developing meaningful, understandable performance measures, and many have limited capacity for such efforts.
- Most programs did not use the performance measure templates recommended for demonstrating data sources, rationale for measures, and calculations; some programs indicated that they did not find this tool to be useful.

AUDIT PROCESS

✓ Departments submitted initial program offers by February 9th

Outcome Teams sent us lists of at least 4 offers to consider for audit on February 14th and 15th

We completed audit fieldwork between February 15th and February 22nd

We sent interim technical memoranda to departments with our preliminary assessments by Feb. 23rd

Many programs revised measures prior to the final deadline as a result of audit recommendations

We completed internal quality control review and developed our final report

We notified departments of any modifications to our preliminary assessments

We will conduct a follow-up within six to nine months on all measures that passed with qualifications

AVAILABLE IN THE FULL REPORT:

- Responses from the Chair and departments

Summaries of the findings and recommendations submitted to departments

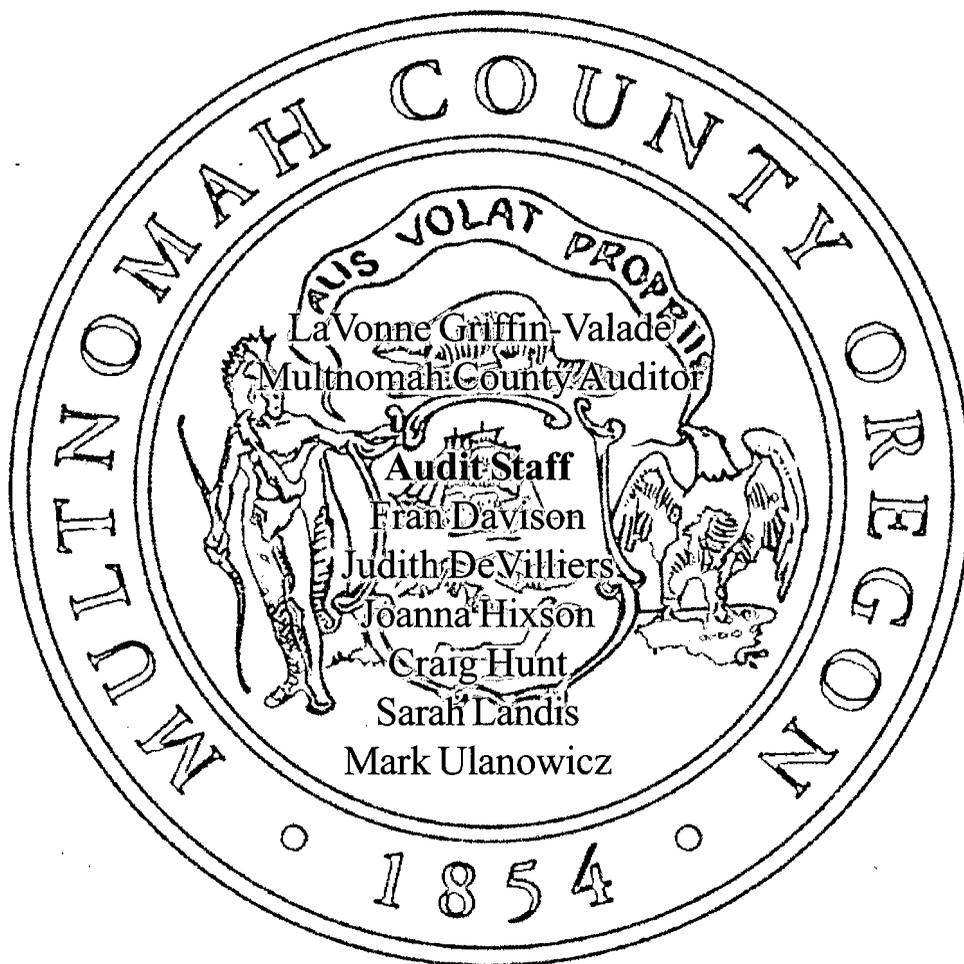
Listing of all program offers submitted to us by Outcome Teams

The full report is available at the Auditor's website: www.co.multnomah.or.us/auditor or by request from the Multnomah County Auditor's Office, 501 Hawthorne BLVD, Room 601, Portland Oregon 97214 (503-988-3320).

Program Offer Performance Measure Audit

Pilot Project

April 2007





LaVonne Griffin-Valade Multnomah County Auditor

501 SE Hawthorne Room 601
Portland, Oregon 97214
Phone: (503) 988-3320

MEMORANDUM

Date: April 5, 2007

To: Ted Wheeler, Multnomah County Chair
Maria Rojo de Steffey, Commissioner, District 1
Jeff Cogen, Commissioner, District 2
Lisa Naito, Commissioner, District 3
Lonnie Roberts, Commissioner, District 4

From: LaVonne Griffin-Valade, Multnomah County Auditor

Subject: Program Offer Performance Measure Audit – Pilot Project

The attached report covers our pilot project audit of program offer performance measures. The Budget Office requested that we audit selected program offer performance measures during the FY08 budget cycle. We agreed to conduct a pilot project to provide independent, objective information to departments that would help them improve the quality of performance measures, as well as provide information to decision makers about the quality of measures in the offers they review.

This audit occurred in a very compressed time period and required timely cooperation and assistance from departments participating in the audit. We appreciate the willingness of program staff to meet with us and provide us with detailed information on short notice. As a result of discussions during the audit or in response to the preliminary assessments shared with programs, many measures were revised during the audit or prior to submitting final program offers. We commend departments for their efforts.

We did find a number of areas where improvement is needed. Further, we conclude that the viability of performance measurement in the County may depend in large part on efforts to improve the quality of data, systems to capture data, performance measurement processes, and use of performance data.

We would like to acknowledge and thank the management and staff throughout the County who assisted us in completing this audit.

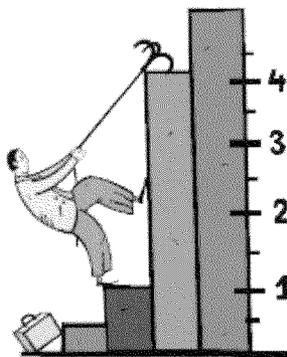
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Program Offer Performance Measure Audit – Pilot Project

**Multnomah County Auditor's Office
Board Briefing
April 5, 2007**

LaVonne Griffin-Valade, County Auditor



Audit Staff
Sarah Landis
Mark Ulanowicz
Craig Hunt
Fran Davison
Joanna Hixson
Judith DeVilliers

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Measures could "pass with no qualifications," "pass with qualifications," or not pass the audit. Overall, five (12%) of the measures audited passed with no qualifications, 36 (88%) passed with qualifications, and no measures were judged as not passing the audit.

We used criteria included in the Budget Office's FY2008 Performance Measurement Manual and consistent with best practice to assess the quality of measures. The following primary criteria were considered the most significant indicators of the quality of performance measures:

*Go Beyond
Scrub*

PRIMARY CRITERIA

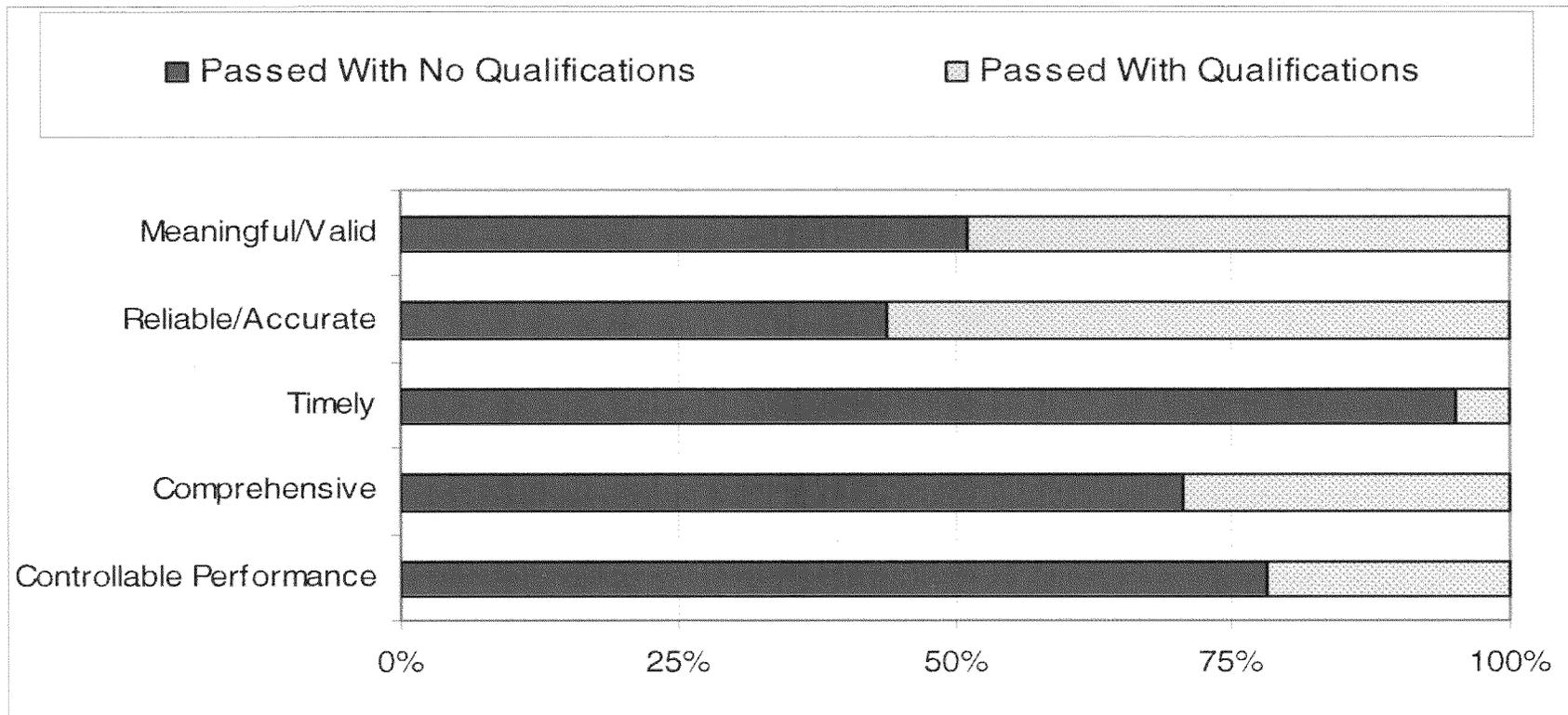
- **Meaningful/Valid** – a measure is meaningful if addresses the primary portion of an offer's stated scope of work. A measure is valid if it actually measures what it says it measures.
- **Reliable/Accurate** – a reliable measure is one where the results are accurate, consistent, and repeatable.
- **Timely Reporting** – a measure is timely if it includes data from the current fiscal year and is available in a timely fashion.
- **Comprehensive** – a comprehensive measure or group of measures is one that captures the primary or most important aspects of an offer's goals.
- **Focused on Controllable Facets of Performance** – a measure is focused on controllable facets of performance if it relates to something the department or program can affect and would not also involve so many other mitigating or aggravating factors that would render the County's contribution impossible to judge.

To pass the audit *with no qualifications* (highest rating) – measures had to meet all primary and secondary criteria. To pass the audit *with qualifications* – each of the primary criteria had to be rated as “pass with qualifications,” at a minimum.

Rating of Performance Measures by Primary Criteria

Reliable/Accurate – 56% of measures passed with qualifications

Meaningful/Valid – 49% of measures passed with qualifications

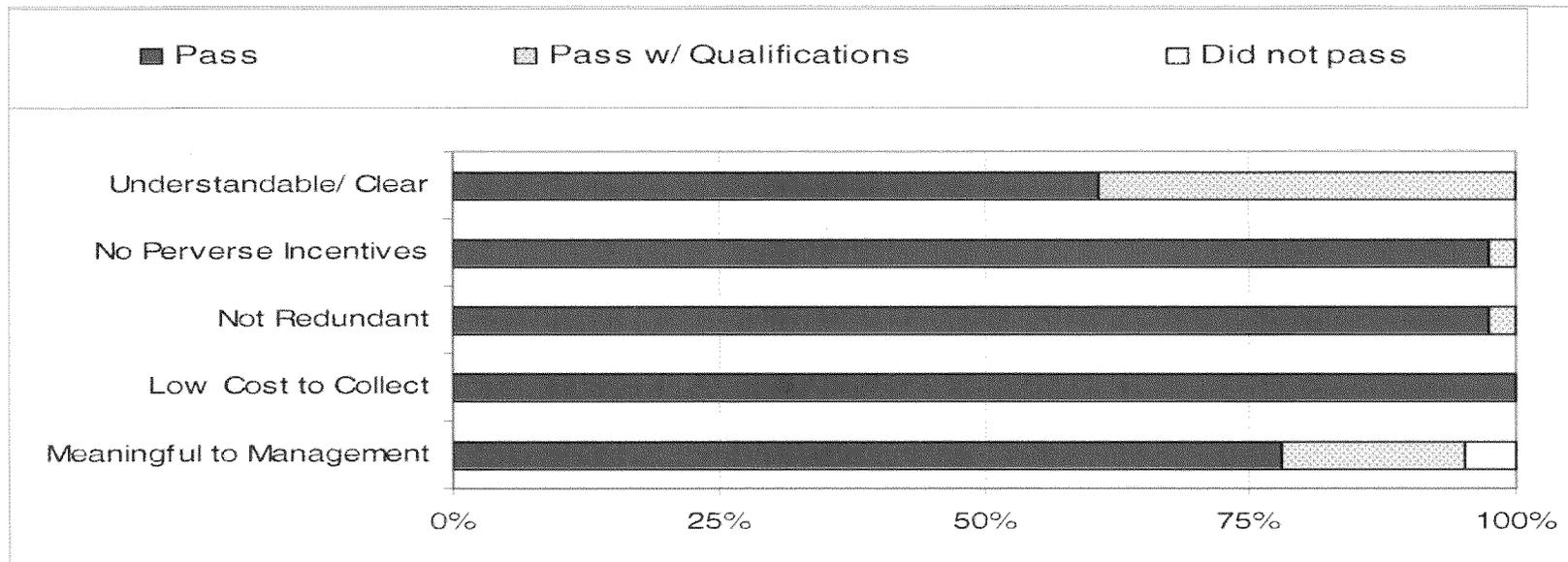


SECONDARY CRITERIA

- **Understandable/Clear** – a measure is clear and understandable if it is simply stated, is free of jargon, and could be understood easily by someone outside of the program.
- **Perverse Incentives** – a measure that is free of perverse incentives if it does not induce its participants (clients, staff, or contractors) to act in ways that run counter to the best interests of the County or the program.
- **Not redundant** – a measure is redundant if its purpose is wholly or mostly encompassed by a different measure.
- **Cost to Collect Data** – the implementation of new performance measures and data collections systems should not represent an enormous cost burden to departments.
- **Meaningful to Management** – a measure would be considered meaningful management if it is used by management and decision makers in running the program, division, or department.

Secondary

Rating of Performance Measures by Secondary Criteria



- Commit to Accountability
- Focus on PPS

Audit results

We view the general level of cooperation and positive response from departments as an indication that departments are working to develop stronger performance measurement systems. However, we did find a number of areas where improvement is needed, and we conclude that the viability of performance measurement in the County may depend in large part on concerted efforts to improve in these areas.

- Done w/ University

- Heard by Comt of OT & Depts.

OVERALL OBSERVATIONS:

- In some cases, processes to investigate data anomalies, test accuracy of data sources, or reconcile data from various sources were limited.
- In some cases, measures used data that were inconsistent with other data reporting systems, or supporting documentation was weak, or there were no processes to verify that all data were included in reported totals.
- Many measures classified as "outcome measures" did not gauge the effectiveness of programs by providing a sense of scale or significance to the numbers reported or clearly demonstrate the results and value of the work being carried out.
- Some measures did not reflect a significant portion of a program's responsibility.
- Some departments had difficulty developing meaningful, understandable performance measures, and many have limited capacity for such efforts.
- Most programs did not use the performance measure templates recommended for demonstrating data sources, rationale for measures, and calculations; some programs indicated that they did not find this tool to be useful.

How large capacity

AUDIT PROCESS

✓ Departments submitted initial program offers by February 9th
Outcome Teams sent us lists of at least 4 offers to consider for audit on
February 14th and 15th

We completed audit fieldwork between February 15th and February 22nd

We sent interim technical memoranda to departments with our preliminary
assessments by Feb. 23rd

Many programs revised measures prior to the final deadline as a result of audit
recommendations

We completed internal quality control review and developed our final report

We notified departments of any modifications to our preliminary assessments

We will conduct a follow-up within six to nine months on all measures that
passed with qualifications

AVAILABLE IN THE FULL REPORT:

- Responses from the Chair and departments
- Summaries of the findings and recommendations submitted to departments
- Listing of all program offers submitted to us by Outcome Teams

The full report is available at the Auditor's website: www.co.multnomah.or.us/auditor or by request from the Multnomah
County Auditor's Office, 501 Hawthorne BLVD, Room 601, Portland Oregon 97214 (503-988-3320).

INTRODUCTION & BACKGROUND

Multnomah County implemented priority-based budgeting in Fiscal Year 2005 (FY05), requiring departments to submit program offers (budget proposals) that aligned with one of these six budget priority areas: Accountability, Basic Living Needs, Education, Safety, Thriving Economy, and Vibrant Communities. As part of their program offers, departments now report at least one output measure to demonstrate workload and one outcome measure to demonstrate the results of work carried out. Departments can report up to four performance measures in their program offers, including input, efficiency, and quality measures.

For the FY08 budget cycle, the Auditor's Office was asked by the Budget Office to initiate a pilot project to audit selected program offer performance measures. The Auditor's Office conducts performance audits that examine program performance and makes recommendations for change. Auditors also work to improve data quality by routinely assessing the reliability and accuracy of reported data and by making suggestions to improve the quality of performance measures. However, auditing program offer performance measures is a service that has not previously been provided by the Auditor's Office.

Objectives: The objectives of this pilot project were:

1. To provide independent, objective information to departments that would help them improve the quality of the performance measures they submit with their program offers for the budget;
2. To add an overall component of quality assurance to the program offer performance measures;
3. To provide information to decision makers about the quality of performance measures in the offers they are reviewing; and
4. To make a determination about the future of the Auditor's Office's involvement in performance measure audits based on experiences from this pilot project.

Selection for Audit: Departments were required to submit program offers to the Budget Office by February 9, 2007. Outcome Teams associated with each priority area then developed a list of program offers for the Auditor's Office to consider for audits and sent those lists to us on February 14th and 15th. Our goal was to complete audit fieldwork and provide input to departments for possible revision of measures before the February 23rd deadline for final submission of revised program offers. The audit fieldwork period occurred between February 15th and February 23rd. Due to the very short time frame, it was not possible to audit all performance measures submitted to us by the Teams.

We asked Outcome Teams to refer between one and four program offers for audit consideration and to rank order these offers according to which they believed would most benefit from an audit. (See Appendix B for the full list submitted by Outcome Teams.) All Teams submitted at least four offers, and three Teams submitted more than four. Primarily using the Teams' priority rankings as guidance, we then selected the performance measures to be audited. We also considered other factors in the selection

process, such as the dollar amount, profile of the program, and significance to its associated priority area.

We selected some or all of the performance measures in at least two of the program offers referred to us by each Team. We audited performance measures from all departments except the Library. The Vibrant Communities Outcome Team did refer one of the Library's program offers to us, but it was not selected for the audit due to time constraints.

Prior to the audit, we assisted in training departments and Outcome Teams, providing information about how to appropriately document performance measures and what to expect in the event their program offers were selected for an audit.

SCOPE

The scope of the audits in this pilot project was limited to the performance measures included in the program offers we reviewed. The audit included at least one measure per priority area. Auditors did not audit the quality of program offers, but used the information in each offer to provide background and context for the measures. The audit of measures was also not an audit of the program itself – auditors did not make any assessment of program effectiveness or efficiency.

Auditors did review controls over the data reported to assess the risk for inaccuracy, but time did not allow direct testing of data accuracy.

This audit was performed in accordance with generally accepted government auditing standards.

AUDIT RESULTS

We commend the departments whose program offer performance measures we audited as part of this pilot project. Most staff members were very open, and they made themselves available on short notice. In many cases, departments responded to our suggestions for improvement by revising measures where we found problems. We view the general level of cooperation and positive response as indications that departments are working to develop stronger performance measurement systems. However, we did find a number of areas where improvement is needed, and we conclude that the viability of performance measurement in the County may depend in large part on concerted efforts to improve in these areas.

The six Outcome Teams submitted a total of 30 program offers for consideration. Of those, we audited some or all of the performance measures included in 16 program offers, for a total of 41 audited performance measures.

Audit Criteria: We used the criteria listed below to assess the quality of performance measures. These criteria were included in the Budget Office's FY2008 Performance Measurement Manual and are consistent with performance measure best practice literature. We considered primary criteria the most significant indicators of quality measures.

Primary Criteria:

- Meaningful/Valid – a measure is meaningful if it addresses the primary portion of an offer's stated scope of work. A measure is valid if it actually measures what it says it measures.
- Reliable/Accurate – a reliable measure is one where the results are accurate, consistent, and repeatable.
- Timely Reporting – a measure is timely if it includes data from the current fiscal year and is available in a timely fashion.
- Comprehensive – a comprehensive measure or group of measures is one that captures the primary or most important aspects of an offer's goals.
- Focused on Controllable Facets of Performance – a measure is focused on controllable facets of performance if it relates to something the department or program can affect and would not also involve so many other mitigating or aggravating factors that would render the County's contribution impossible to judge.

Secondary Criteria:

- Understandable/Clear – a measure is clear and understandable if it is simply stated, is free of jargon, and could be understood easily by someone outside of the program. This criterion also refers to clearly defining changes and unexpected results in trends.
- Perverse Incentives – a measure that is free of perverse incentives does not induce its participants (clients, staff, or contractors) to act in ways that run counter to the best interests of the County or the program.

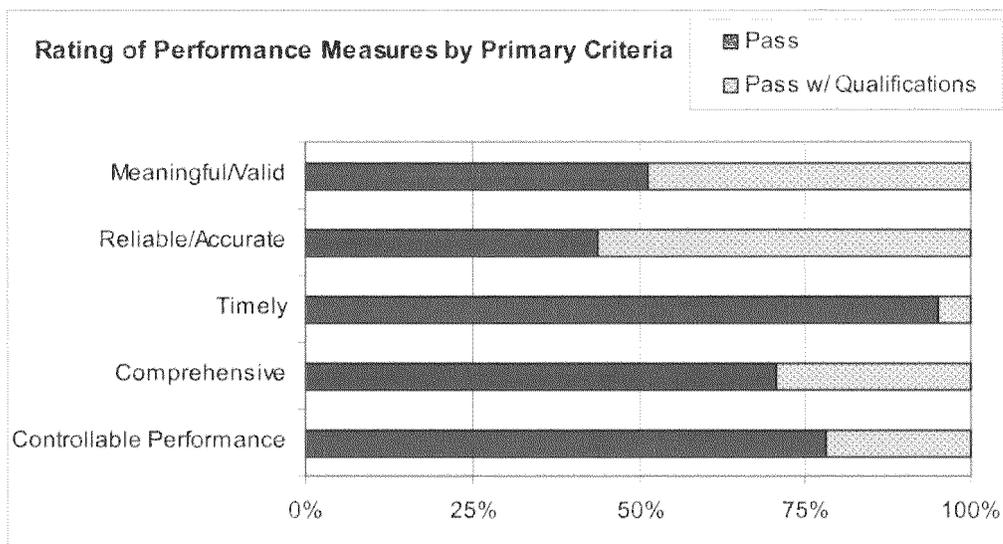
- Not Redundant – a measure is redundant if its purpose is wholly or mostly encompassed by a different measure.
- Cost to Collect Data – the implementation of new performance measures and data collection systems should not represent an enormous cost burden to the departments.
- Meaningful to Management – a measure would be considered meaningful to management if it is used by management and decision makers in running the program, division, or department.

In order to pass the audit with no qualifications (the highest rating), performance measures had to meet all primary and secondary criteria. For measures to pass the audit with qualifications, each of the primary criteria had to be rated as “pass with qualifications,” at a minimum. Overall, 12% of measures audited passed with no qualifications, 88% passed with qualifications, and no measures were judged as not passing the audit. For those measures that passed with qualifications, we plan to conduct an audit follow-up in six to nine months.

Rating of Performance Measures:

In addition to an overall rating, performance measures were also rated for each audit criterion. We found that in rating by primary criteria, performance measures were less likely to be assessed as reliable and accurate, with 56% of performance measures rated as having passed with qualifications in that criterion. In addition, 49% of the measures were rated as having passed with qualifications for the meaningful and valid criterion. These criteria are essential elements of good performance measures. Exhibit 1 below compares the rating of performance measures by primary criteria.

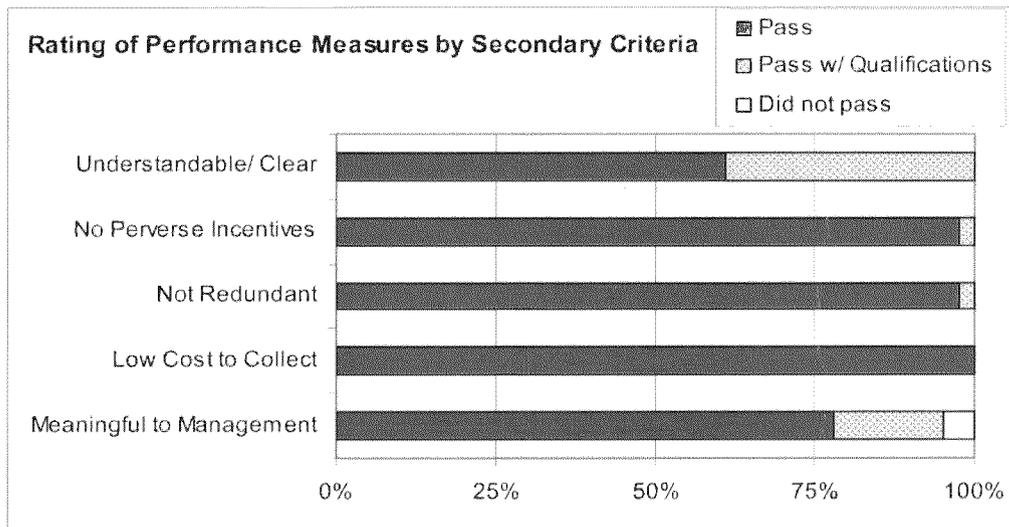
Exhibit 1



We found that in the rating of performance measures by secondary criteria, 61% of measures passed with no qualifications in the understandable/clear criterion, and 78%

were found to be meaningful to management. Fundamental to any performance measure is that it clearly conveys what is being measured and that it is used in management decisions; otherwise it is of little value. Exhibit 2 below compares the rating of performance measures by secondary criteria.

Exhibit 2



Overall observations:

- In many cases, efforts to control for the quality of data were limited, often because there were no processes to investigate data anomalies, test accuracy of data sources, or reconcile data from various sources. We also found that some measures reported data that were inconsistent with other data reporting systems, and we saw cases where supporting documentation was weak. In other examples, there were no processes to verify that all data were included in reported totals.
- Auditors encountered several measures that departments had inaccurately labeled as outcome measures. In these cases, measures did not gauge the effectiveness of programs by providing a sense of scale or significance to the numbers reported. We recommended that departments work to develop outcome measures that clearly show the results and value of their work.
- We found that some reported measures did not reflect a significant portion of a program's work, in part because of a very broad spectrum of a program's goals, disparate populations being served, or inability to aggregate information from different segments of the program.
- We observed that some departments have difficulty developing meaningful, understandable performance measures. Many programs have limited capacity for such efforts.
- Most programs did not use the Budget Office's performance measure templates which were recommended for demonstrating data sources, rationale for measures, and calculations. Some departments did not find this tool to be useful in the development of performance measures.

Interim reporting to Departments: Once audit fieldwork was completed, we developed preliminary assessments of the quality of performance measures and notified departments about the results of those assessments through interim memoranda. We stipulated in the memoranda that the assessments were preliminary and subject to change based on our internal quality control review process. During the period of internal quality review, departments were notified of any modifications to the preliminary assessments.

The results of our audits of each performance measure, as well as the recommendations and suggestions for improvement, are summarized in Appendix A. In many cases, departments revised measures during the audit period or prior to the February 23rd deadline for final program offers as a result of questions that came up in the audit and/or because of changes recommended in the interim memoranda.

Formal responses from Chair Wheeler and departments can be viewed in the Audit Response section that follows.

Responses



Ted Wheeler, Multnomah County Chair

501 SE Hawthorne Blvd., Suite 600
Portland, Oregon 97214
Phone: (503) 988-3308
Email: mult.chair@co.multnomah.or.us

TO: LaVonne Griffin-Valade, Auditor

FROM: Ted Wheeler, Chair 

DATE: April 2, 2007

SUBJECT: Program Offer Performance Measure Pilot Program Audit Results
and Chair's Response

Thank you to the Auditor's Office for the excellent work that you have completed in a very compressed timeline when auditing selected performance measures for the FY2008 budget process. Your office is in a unique position to provide County programs with a robust and independent evaluation of the reliability of their data and processes. We believe that the discussions during the audits and the resulting recommendations and responses from staff vastly improved the quality of performance measures which in turn improves the quality of the overall budget process. The more thoughtful and accurate the performance measures, the more confident the Board can be in purchasing results for each budgeted dollar.

To recap the process:

1. Outcome teams reviewed offers and within two days, selected 1-4 measures they would like to have audited. Teams could select measures for any reason, two common reasons being either that the team questioned the reliability of the measure or that the measure represented a large amount of budget dollars.
2. On February 15, each team submitted performance measures from program offers to be audited, and included comments about why they were chosen. 30 total measures from the six priority areas were submitted.
3. The Auditor's Office reviewed the submitted measures and had four days to audit at least one from each priority area. Seven individual auditors conducted independent reviews, totaling 16 program offers whose measures were audited.
4. The Auditor's Office distributed preliminary comments to Department heads, and department heads responded during the first two weeks of March.
5. The final Auditor's Office report will be issued in April.

We were very pleased with the outcome of the audit. Of the 41 measures, 5 passed without any qualifications, and the remaining 36 passed with some qualifications. No measures failed the audit. Department heads made several immediate changes based on the Auditor's recommendations, and program offers have been resubmitted in time for the final rankings and purchasing. Some of the Auditor's recommendations will take time to implement, and departments have noted the discussions they will be having over the following year to implement these suggestions and further improve the quality of the measures.

Some of the recommendations involved the differentiation between output measures and outcome measures. While there is acceptable overlap in these types of measures in a few cases, in general we believe that more education needs to be done about the difference, and our staff will be working on this for next year's budget training cycle.

Again, I appreciate all of the hard work and countless hours by all of the auditors. We feel that the role the Auditor's Office plays in providing independent assessment for County programs is pivotal for the County to be accountable for its performance. This audit has improved the quality of the performance measures and will continue to have an impact on the accuracy and transparency of Multnomah County's budgeting process throughout the next fiscal year.



Michael D. Schrunk, District Attorney

1021 SW Fourth Avenue, Room 600
Portland, OR 97204-1193
Phone: 503-988-3162 Fax: 503-988-3643
www.co.multnomah.or.us/da/

March 7, 2007

RESPONSE TO AUDIT OF PERFORMANCE MEASURES

To: LaVonne Griffin-Valade, County Auditor
501 S. E. Hawthorne, Room 601
Portland, Oregon 97214

From: Michael D. Schrunk, District Attorney

I wish to express my appreciation to you and your staff for the professional manner in which you have performed the task of auditing performance measures that have been submitted as part of the fiscal year 2007/2008 budget process. It is important that the Board of County Commissioners and the public get accurate and relevant information regarding the services provided by their County government programs.

At the request of the Safety Outcome Team you audited performance measures submitted with program offer 15016 Child Abuse Team-MDT. Those measures include an Output measure-Number of Dependency Cases, and an Outcome measure- Number of Children Served on Dependency Cases.

I am pleased that you have determined that the Output measure, Number of Dependency Cases, will pass the audit "with no qualifications". I am also pleased that the Outcome measure, Number of Children Served on Dependency Cases, has also passed and I understand that determination has qualifications. It is in regard to this Outcome Measure that I believe further discussion is appropriate.

A dependency case is generated when a child is in a dangerous situation which necessitates court intervention and protection. No dependency case is closed without assurance that the child has been placed in a situation where the child is safe. In some situations a case is dismissed because the parents have ameliorated the circumstances which brought the child to the attention of the court in the first place. In others, the case is fully litigated either by admissions from the parents or a judicial ruling following a trial. In all cases the children involved are protected by the decision of the court and the resolution of the case.

Because the end result of our dependency work is a child or children being protected, we believe that the number of children protected is an appropriate Outcome Measure for this type of service. In order to make the Outcome measure more reflective of the work accomplished we have changed the description and name of the Outcome measure to read Number of Children Protected on Dependency Cases.

Page 2

March 7, 2007

As always, I welcome further discussion on this topic and appreciate your acknowledgement of the critical work this unit does to protect children.

Very truly yours,

A handwritten signature in black ink that reads "Mike Schrunk". The signature is written in a cursive, slightly slanted style.

MICHAEL D. SCHRUNK
District Attorney

MDS:plc



MULTNOMAH COUNTY SHERIFF'S OFFICE
501 SE HAWTHORNE BLVD., SUITE 350 • PORTLAND, OR 97214

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SHERIFF

503 988-4300 PHONE
503 988-4500 TTY
www.sheriff-mcso.org

MEMORANDUM

TO: LaVonne Griffin-Valade, Multnomah County Auditor
Joanne Hixson, Senior Auditor

FROM: Bernie Giusto, Multnomah County Sheriff

DATE: March 12, 2007

RE: Performance Measure Audit
Program Offer 60045 Special Investigation Unit

This memo is in response to the February 22, 2007 Preliminary Assessment of Program Offer Performance Measures for the Special Investigations Unit. My staff and I appreciate this opportunity to participate in the Auditor's Office pilot project to review program offer measures. Your comments help strengthen our measures which contribute to better program management and service delivery.

I am pleased to learn that the Multnomah County Sheriff's Office program offer 60045, Special Investigations Unit, performance measurements all successfully passed the audit with some qualifications. The Auditors comments are in *italics* followed by the Sheriff's Office reply.

The following Performance Measures were audited:

1. Special Investigations unit drug cases
2. Dollar value of drugs seized
3. Number of searches
4. percent of searches resulting in arrest

1. Performance Measure - **Special Investigation Unit Drug Cases**

"Efforts to control for the reliability /accuracy of the data were somewhat limited. Management should devise a process for reliable and accurate counting of drug cases. In addition, management should keep the monthly count of current investigations and reconcile these types of reports with the Activity Case logs. . . "

The Sheriff's Office is working to improve the reliability and accuracy of the data. Our research and analysis unit (RAU) will work closely with Law Enforcement staff to institute a number of

changes that will reduce data errors. This includes converting manual data entry to electronic data entry where possible.

“Activity Case logs are manually counted, but are not placed in number order to all for any easy count. To Reduce the potential for error during manual counts, we suggest that case logs be numbered and consistently organized, possibly by investigator or by the month.”

The Sheriff's Office is working to resolve this issue with an electronic form that will automate the counting and help organize the cases.

“There is no systematic process to verify that all cases have been entered in the Activity Case log.”

The Sheriff's Office RAU will work with Law Enforcement staff to put in place the proper controls for log entry and to verify that all cases are entered.

2. Performance Measure - For dollar value of drugs seized,

This measure has been removed and will not be submitted to the Multnomah County Budget Office.

3. Performance Measure - **For number of searches** and

4. Performance Measure - **Percent of Searches Resulting in Arrest**

“Efforts to control for the reliability /accuracy of the data were somewhat limited.” Management should devise a process for reliable and accurate counting of searches, instead of hand counts from the Activity Case Log. In addition, management should reconcile monthly reports of executed searches with Activity Caselogs if the latter is used as a reliable support for the performance measures.”

The Sheriff's Office RAU will work with LE Staff to put in place the necessary controls including electronic data entry. The electronic system will allow for reconciliation between the Activity case log and the monthly reports.

Summary

MCSO appreciates the work of the Auditors Office and will make all necessary changes and improvements to increase our data reliability. We look forward to your next assessment in six months.



Department of County Management

MULTNOMAH COUNTY OREGON

501 SE Hawthorne, Suite 531

Portland, Oregon 97214

(503) 988-3312 phone

(503) 988-3292 fax

MEMORANDUM

To: LaVonne Griffin-Valade, County Auditor
From: Carol Ford, Department of County Management Director
Date: March 5, 2007
Re: Assessment of Program Offers Performance Measures Response

We received your memo dated February 22, 2007 regarding the preliminary assessment of the measures for Assessment and Taxation program offer 72035. Below is our response.

1. New Taxable Exception Value

Assessment: *"The valuations are subject to appeal – and a reversal of a valuation or a decrease in the value of the change would affect the total amount of exception value actually captured by the County. Reductions based on appeals are not captured by the measure and the extent to which the total value of appeals that are accepted affects the measure value is important to the reliability of the measure. **A&T staff told us the number of appeals due to exception appraisals is small and would not significantly change the total. However, no analysis has been done and a review of this aspect of the measure would be helpful.**"*

Response: Analysis has been completed and we can provide a report upon request; loss in exception value due to appeals is \$3.5 million dollars, or less than one-half of one percent of the value reported in the measure.

Assessment: *"**There is a general incentive to bias appraisals upward because high appraisals yield more revenue for the County.** The independent appeals process and COD compliance act as a check on this incentive in the aggregate; however, the measure would benefit from a systematic review of appraisal outliers."*

Response: Bias can work either way. Salaries are not based on performance and lower values may result in fewer unhappy taxpayers for appraisers to deal with. During the audit meeting, the only form of bias discussed was the tendency to under-value property. Employees

could just as easily identify more closely with their clients than with their employer.

2. Percentage of Neighborhoods with COD compliance

Assessment: "As we understand the measure, it is a gauge of the accuracy of the automated appraisal system – the description in the program offer is not particularly clear on that point."

Response: This is not a complete assessment of the COD measurement. It is a measure of the appraisers following their studies by applying appropriate adjustments, making good judgment decisions in the field in regards to inventory, quality, and condition.

Adequately describing performance measures within the limited space provided by the budget tool is a challenge. If the desire is to have a more detailed description the web tool may need to be redesigned to include additional space in that section.

Thank you for your assistance. I believe that the performance audit process has helped to enhance the information that will be used in the priority based budgeting process and in DCM operations management.

I also want to thank Kathy Tuneberg and the A&T staff for their fast response to the preliminary assessment.

cc: Kathy Tuneberg, A&T
Randy Walruff, A&T
Mark Ulanowicz, Auditor's Office



Department of County Management

MULTNOMAH COUNTY OREGON

501 SE Hawthorne, Suite 531

Portland, Oregon 97214

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MEMORANDUM

To: LaVonne Griffin-Valade, County Auditor
From: Carol Ford, Department of County Management Director
Date: March 8, 2007
Re: Assessment of Program Offers Performance Measures Response

We received your email dated March 5, 2007, updating the language for the final draft of the summary audit report for Central Human Resources – Central HR Services program offer 72084. Below is our response.

1. "Number of positions reviewed as a result of class/comp studies"
Management has taken steps to improve data processes and performance measures, but these efforts are relatively recent and untested. We learned that the data tracking system changed between FY 06 and FY 07 due to turnover of staff, and that the new class/comp manager and team are in the process of formalizing procedures to increase data integrity. In addition, we discovered a small error in the number of positions being counted for FY07. The error turned out to be an anomaly that was immediately corrected; nevertheless, it is an indication that further review during audit follow-up is warranted

Response: The internal quality control review of the data found that 8 positions listed as reviewed for one study when actually 6 positions were reviewed. Class Comp staff reconfirmed the accuracy of the other positions reviewed for the studies completed to date in FY 07. The Class/Comp database/log tracking system has been in existence for several years. The unit had a 100% staff turnover last year, so we cannot confirm that the tracking process was consistent from FY 06 to FY 07. With the strong leadership of a new Class Comp manager, the current tracking process and weekly reporting is formalized and applied consistently.

2. "Percent of total positions reclassified, revised, updated"
 - ◆ The percent of positions subjected to reclassification studies is not entirely up to the control of the Human Resources Unit – as stated in the program offer, some studies are required by contracts and others are requested by individuals. In addition, the Board of County Commissioners makes the ultimate decision in many cases whether or not to act on a classification study.
 - ◆ If the goal is to raise compensation levels across the County, that is ultimately not within your control. And if you do not have control over the implementation decision, then the current outcome measure may not be the most appropriate

measure to report. If however, the goal is provide information to the Board for better decision-making, that is different, and the current outcome measure may be the most appropriate.

- ♦ The measure, as stated, does not indicate what a realistic target would be in terms of percent of County positions revised, re-classed, or updated. Again, because your control over the initiation and implementation of studies is limited, a more appropriate outcome measure would reflect some facet of the work over which you have greater control – such as the time it takes to complete studies.

Response: It is not the role of the Class Comp Unit to control the selection of studies, nor to raise compensation levels. Position reviews are initiated in two ways, individual requests by an employee or supervisor, or by a classification or compensation study (affecting groups of positions) negotiated by labor agreement or determined by County senior management. Compensation increases impacting represented positions are generally handled in the bargaining process and those impacting non-represented positions addressed by County senior management.

Class Comp provides expert consultation, infrastructure tools and systems necessary for County senior leaders to have up-to-date employment market information to inform decisions regarding competitive strategic compensation position – leading, lagging, mid-ground. Additionally, up-to-date job classifications are essential for successful recruitment, retention and succession planning. Well-defined job families and career ladders identify knowledge, skills and training requirements necessary to attract qualified job applicants, manage workload and clarify career progression. The measure, “Percent of total positions reclassified, revised or updated” indicates County alignment with these important job market and employment factors.

Current resources dedicated to Class Comp functions results in 16-17% of all job positions reviewed annually. This means approximately a five to six year cycle to update the 4800+ job positions. Various drivers in the employment market, such as technology expansion, will cause some positions to be updated more or less frequently. A broad-based industry goal is a five to seven year cycle time for updated job families.

The time it takes to complete studies is highly variable due to size and complexity and may not be a reliable measure as suggested above. We will continue to review the measures to best reflect outcomes achieved from performance.

Thank you for your assistance. I believe that the performance audit process has helped to enhance the information that will be used in the priority based budgeting process and in DCM operations management.

I also want to thank Travis Graves and the Central HR staff for their quick and thorough response to provide additional information and data requested by the Auditor and their efforts to revise and strengthen the HR performance measures.

cc: Travis Graves, HR Director



Department of County Human Services

**MULTNOMAH COUNTY
OREGON**

Joanne Fuller, Director

421 SW Oak Street, Suite 620
Portland, Oregon 97204-1817

(503) 988-3691 Phone

(503) 988-3379 Fax

MEMORANDUM

TO: LaVonne Griffin-Valade
County Auditor

FROM: Joanne Fuller, MSW, Director
Department of County Human Services

DATE: March 12, 2007

SUBJECT: Response to FY2007-2008 Performance Measure Audit

The Department of County Human Services (DCHS) welcomes the Multnomah County Auditor's assessment of fiscal year 2007-2008 program offer performance measures from four of the 100+ DCHS program offers. I appreciate the audit's recommendations for ways to improve on the performance measures and ultimately improve the information we are able to track regarding outcomes resulting from the services the Department funds and/or provides.

For program offer 25076 School Based Mental Health Services

To address the suggested improvements in tracking "number of team client contacts" we plan to develop a process to summarize each client's progress during treatment that results in the reported outcome listed on the Termination Summary.

We agree with the remaining recommendations included in the audit, as we are keenly aware that improved information technology and infrastructure would increase the accuracy and analysis of our data.

For program offer 25081A Addiction Services Outreach Team

We look forward to working to implement the suggestions, most of which were about the data we collect and how it is collected, and then quality checked and analyzed. The system reflects our current abilities and staffing levels in that area.

For program offers 25145A (SUN Community Schools) and 25147A (SUN Services System - Touchstone) -

There are 3 issues we surmised from qualifications noted in the preliminary letter:

- Participants/Regular Participants;
- Data Accuracy; and
- Attendance as an Outcome

In response to the Measures Passed with Qualifications, the Department offers the following responses:

Participants/Regular Participants

We have amended the Performance Measures for attendance, reading scores, and behavior (the teacher survey) to clarify that outcomes refer only to regularly participating students (30 days for SUN CS; 45 days for SSES and Touchstone), not to the total number of students served.

Data Accuracy

This response relates to the measures "percent who improve state test scores in reading" and "percent of school days attended".

Data accuracy is a function of the report run from the districts' database. Data is not manually entered into the lists of regularly participating students returned to School and Community Partnerships by the districts. The data is a report that pulls electronic records on each student. The Department has made attempts in the past to access to statewide eSIS data, however school district reluctance and confidentiality concerns have prevented success of these attempts. Perhaps as the SUN Service System Coordinating Council begins its work, a discussion on how best to pursue gaining access to the data would be appropriate.

Attendance as an Outcome

This issue relates to "percent of school days attended"

Our approach has been to track program and system wide changes in average daily attendance year to year as opposed to individual increases, although the larger goal with attendance is to show increases year to year. Where districts provide Average Daily Attendance for 2 consecutive years, we can show changes to individual students' attendance, but illness, family disruptions, and the overall high mobility of our districts can make this a challenging measure to follow at the individual student level. This is why we can allow for those changes with the program and system wide comparisons.

We agree with your assessment that the current measure, absent comparative data, is an output rather than an outcome measure. In the next fiscal year, the Department commits to include comparative attendance data.

The Department of County Human Services is committed to improving our performance measures so that the information provided is helpful to decision makers as they assess the value and contribution of DCHS services toward the County's priorities, and as they allocate County resources for the coming fiscal year. We will utilize the recommendations in this audit to guide the next steps to meet our goals.



Department of Community Justice
MULTNOMAH COUNTY OREGON
Office of the Director

501 SE Hawthorne Boulevard, Suite 250
Portland, Oregon 97214
(503) 988-3701 phone
(503) 988-3990 fax

March 20, 2007

LaVonne Griffin-Valade
Multnomah County Auditor
501 SE Hawthorne Blvd
Portland, OR 97214

Dear LaVonne:

We appreciate the Auditor's review of performance measures and specifically that of our Recognizance Program. The Department of Community Justice is a data driven organization and your feedback is welcomed on how to set higher quality measures that will assist in providing consistent, clear, and comprehensive information.

The recommendations for needed changes will be made and these adjustments will assist our county to enhance public safety by making sure the right defendants are housed and/or released in the most appropriate and efficient manner.

Thank you,

Steve Liday, Interim Director
Department of Community Justice



Health Department

MULTNOMAH COUNTY OREGON

426 SW Stark, 8th Floor
Portland, Oregon 97204
(503) 988-3674 phone
(503) 988-4117 fax

March 02, 2007

To: LaVonne Griffin-Valade, County Auditor
Multnomah County Auditor's Office

From: Lillian Shirley, RN, MPH, MPA
Director Multnomah County Health Department

Subject: Audit of #40023, #40022, and #40019 Program Offer Performance Measures

Thank you and your staff in helping us clarify and strengthen our performance measures. Per the suggestions of your office, we have made the following changes.

- The immunization rate performance has been changed on these three program offers to clinic specific results.
- The methodology for measuring days to appointment for new client at each clinic will be changed per recommendation to when the appointment was available not when the client was actually appointed.

Regarding the discrepancy in immunization rates between the internal Epic-care rates and the information distributed to us from the state system: We are aware of this problem and have been meeting with the state to find a solution that would not require staff to record the information in two separate systems for each administration of the vaccine. Our current reporting requirements are very susceptible to human error. We are working toward a solution that would utilize interoperability to allow for electronic transfer of information between the individual clinics and the state system.

Please let me know if further work is needed. Thank you.

Copy: Vanetta Abdellatif
Karyne Dargan
Wendy Lear
Mark Ulanowicz



Department of Community Services

MULTNOMAH COUNTY OREGON

Director's Office
1600 SE 190th Ave; Suite 224
Portland, Oregon 97233-5910
(503) 988-5000 phone
(503) 988-3048 fax

Road Engineering & Operations (Revised Program Offer#91013)

“Permits issued to be in/use the right of way” – pass with no qualifications

“Road vacation studies completed” – pass with qualifications

- This should be shown as an output measure, not as an outcome measure since it measures workload. This was changed to “Number of road vacation studies completed within four months of initial inquiry”. This new measure is listed as an output measure, but is actually an outcome measure. The designation will be changed at the next opportunity.
- Because the numbers are so low, we question the usefulness to management. What may be of more use to management, decision-makers, and the public would the length of time it takes to complete a study (if that is under control of the program). Agree

“Projects completed on time and on budget,” was revised to “percent of projects completed on time and on budget” - pass with qualifications

- This measure as revised should be classified as an outcome measure rather than output measure. This was changed to “percentage of capital projects completed on budget and on time in the fiscal year” and it is listed as an outcome measure on the 2/23/07 version of the program offer.
- The time period needs to be clarified by adding “completed in the fiscal year” to the description. This is important since the measurement period is different from the period used by Bridge Engineering. Also, the department might add “capital projects” to the description. Changed; see comment above

“Development reviews completed” – time did not permit review of re-submitted documentation.

Bridge Engineering (#91016)

“Dollar Value of Capital Improvements” – pass with no qualifications. This was changed to pass with qualifications in an email sent by LaVonne Griffin-Valade on 2/28/07. The reason for the change in assessment was the opinion of the Auditors that the Bridge projects span multiple fiscal years the performance measure description should indicate the time period being measured. This is very easy to correct and will be change at the next opportunity.

It is our intent that all Department of Community Services measures record goals and results that take place in the current fiscal year, unless otherwise stated. The exception was the Road Engineering measures reference in the next bullet. These were noted and correct.

“Percent of project milestones met” – pass with qualifications

- Add “--- met in this year” to clarify the time period since these are lengthy projects that may cover several years and since the measurement period is different from the period used by Road Engineering. See comment above.

“Percent of cost growth” – pass with qualifications

- This should be an outcome measure, not a quality measure as it assesses the results of project management for Bridge Engineering. This was listed as a quality measure because it was felt that it reflects the effectiveness in meeting the expectation of customers and stakeholders. One of the primary expectations our customers have of our project management is that it control costs. It seemed to fit with this classification better than the outcome classification.
- We suggest that you change the measure to indicate the measurement period for the same reasons noted above for milestones met. For example, the measure could be changed to “Percent of cost growth approved this year,” or “Percent of project budget increase approved this year,” or a similar measure. See comment regarding time period above.

Land Use Planning (#91020A)

We have reviewed the following measures for Land Use Planning:

1. # land use/enforcement inquiries
2. # land use/enforcement actions taken
3. % enforcement cases resolved voluntarily

Our preliminary assessment is that **all measures will pass the audit with some qualifications for each.**

For “# land use/ enforcement inquiries,” the following areas need attention:

- Although the output measure provided is meaningful, it does not address the primary scope of work of the department. This measure provides indication of the workload of this program. Virtually all work done by this program begins as an inquiry of some type.
- The auditor observed an anomaly in the number of incoming calls for FY06 which could not be explained. Management should devise a process to investigate anomalies in the data, such as a spike in number of incoming calls. In the spring of 2006 the program began tracking this measure on a monthly basis. The anomaly occurred when performance for the fiscal year-to-date data was compiled. Shortly after that time an automated telephone answering system was implemented and it is able to accurately report the number of incoming calls. This system has been in use for the past year and works well.
- We observed that there may be an undercount in ‘walk-in customers assisted’ and recommend that written procedures be developed to mitigate the possibility of staff inadvertently neglecting to count walk-in customers. Noted

- We question the usefulness of this measure to management and suggest that its significance to management be clarified. This measures the workload of this program by means of the number of inquiries handled during the year. This will be clarified on the program offer at the next opportunity.

For “# land use/enforcement actions taken,” we have these preliminary comments:

- In our opinion, the measure is not technically an outcome measure. It does not gauge the effectiveness of the program by providing a sense of scale or significance to the number. We suggest the current outcome measure be relabeled as an output measure and the department identify appropriate measures to show the results of their work. Please refer to pages 14-15 of the Performance Measurement Manual for FY 2008 and/or enlist the assistance of the Budget Office Evaluation Unit for guidance on developing performance measures. Programs that are regulatory in nature present special challenges in the development of objective outcome performance measures. The objective of this program is solely to interpret and implement land use rules that are developed by legislative groups. There is no real goal to make things better because we don't have that option, the only thing we can do is to operate efficiently within the parameters provided by statute. We have looked at pages 14 and 15 in the Performance Measurement Manual and sought guidance from the Budget Office. We will be glad to work with anyone who can give assistance in developing more meaningful measures.
- The auditor learned that some or all ‘preliminary meetings held’ are required by statute. We believe the measure would be more transparent if the requirement was mentioned in the description. Noted

For “% enforcement cases resolved voluntarily,” the following areas need attention:

- Although the quality described by this measure is noteworthy, in our opinion, it is narrow in scope and does not reflect the primary work of the department. We will look at other measures. This particular measure was chosen because it is the culmination of many of the function of this program. It includes planning, research and interpretation of code, negotiations and corrective actions. These combine to produce compliance with the rules with the least impact to the landowner.
- Because ‘voluntary compliance’ for code compliance is Board policy and the goal is consistently at or near 100%, we question the usefulness of this measure to management. We suggest mentioning the goal in text, freeing up space for another more meaningful measure. We will look at other measures.

Code Compliance Program (#91020B)

We have reviewed the following measures for Code Compliance Program:

1. Number of unresolved compliance inquiries
2. Additional compliance cases closed

3. % enforcement cases resolved voluntarily

Our preliminary assessment is that **all measures will pass the audit with some qualifications.**

For each measure mentioned in this program offer, the following needs attention:

- To provide context to the measures, we suggest including FY06 data and FY07 amount purchased and estimated. This is a scaled program offer and our intent is to separate prior years and measure the affect that this program offer on a 'stand alone' basis. This will clearly show readers of this offer what the additional FTE will 'buy'.

FY06 and FY07 results will be added where data is available.

For "Additional compliance cases closed," we note the following:

- (Same as for "# of land use/enforcement actions taken" above). In our opinion, the measure is not technically an outcome measure. It does not gauge the effectiveness of the program by providing a sense of scale or significance to the number. We suggest the current outcome measure be relabeled as an output measure and replaced with an outcome measure. See comment above under "# of land use/enforcement actions taken"
- We believe the description: "The outcome measure will change with an additional person. We will be able to close 50 compliance cases with an additional FTE," is somewhat unclear. This is meant to show the anticipated affect of this scaled program offer which is that one additional FTE will allow the program to close 50 more compliance cases than with the baseline staff.

Similar to "% enforcement cases resolved voluntarily" in Land Use Planning above, the following needs attention:

- Because 'voluntary compliance' for code compliance is Board policy and the goal is consistently at or near 100%, we question the usefulness to management. We suggest mentioning the goal in text, which would provide the department an opportunity to include another measure. We will look at other measures.

Appendix

APPENDIX A

Measures and Ratings

The following briefly summarizes the results of our audit of each performance measure. These results are organized by priority area.

Accountability Priority Area Measures and Ratings

Department of County Management

Assessment and Taxation – Property Assessment – Residential (Offer #72035):

MEASURE – “New taxable exception value” *passed the audit with qualifications*

- Reductions based on appeals are not captured – review and analysis of this aspect of the measure would be helpful
- Not a true “outcome” measure – a significant slowdown in remodeling projects or home sales will cause the dollar amount to fall, regardless of A&T’s efforts
- Measure would benefit from a systematic review of appraisal outliers to test the general incentive to bias appraisals upward because high appraisals yield more revenue for the County

MEASURE – “Percent of neighborhoods with Coefficient of Dispersion (COD) compliance” *passed the audit with qualifications*

- Description in the program offer should make it clear that the measure is a gauge of the accuracy of the automated appraisal system

Department of County Management

Central Human Resources – Central HR Services (Offer #72084):

MEASURE – “Number of positions reviewed as a result of class/comp studies” *passed the audit with qualifications*

- Steps taken to improve data processes and performance measures are relatively recent and untested – a small error discovered during the audit indicates that further review is warranted

MEASURE – “Percent of total positions reclassified, revised, updated” *passed the audit with qualifications*

- Percent of positions subjected to reclassification studies is not entirely up to the control of HR
- If the goal is to raise compensation levels across the County, that is not within the control of HR
- The measure does not indicate a realistic target in terms of percent of County positions revised, re-classed, or updated
- Because HR’s control over the initiation and implementation of studies is limited, a more appropriate outcome measure would reflect work over which HR has greater control (possible example: time to complete studies)

NOTE: These measures were revised and improved during the audit period. We acknowledge the effort undertaken to develop a more meaningful outcome measure, but we would also encourage HR to consider further refinement based on the comments above.

Basic Living Needs Priority Area Measures and Ratings

Department of Human Services

Mental Health & Addiction Services – Addiction Services Outreach Team (Offer #25081A):

MEASURE – “Number of team client contacts” ***passed the audit with qualifications***

- Recommend management develop a process for investigating any anomalies in the data, such as very high or low number of contacts
- More thorough explanation of trends is needed
- Replace or supplement number of contacts with number of clients, as capacity to track individual clients grows

MEASURE – “Number transitioned into treatment or housing” ***passed the audit with qualifications***

- Current outcome measure more appropriately labeled as an output measure
- Measure should cover only one type of program goal (treatment OR housing) instead of two
- More thorough explanation of trends is needed
- Replace or supplement number of contacts with number of clients, as capacity to track individual clients grows

Health Department

North Portland, Mid County, and East County Health Clinics (Offer #40019, #40022, and #40023):

MEASURE – “Percentage of children who are up to date on immunizations at 35 months of age” ***passed the audit with qualifications***

- Measures originally reflected performance for the entire clinic system, rather than for individual clinics
- There was some inconsistency between the measure as reported by the state and the measure as reported by EPIC, the Health Department's data system

NOTE: For the final revised Program Offers #40019, #40022, and #40023 submitted for FY08, the measures were revised to align with the individual clinics. The Health Department had begun to address the issues identified here prior to the audit period, and we commend their efforts to improve the measure. We would further encourage the Health Department to resolve inconsistencies with state data.

MEASURE – “Number of days for a new patient appointment” *passed the audit with qualifications*

- Measure may overstate the waiting time for access to care – recommend measuring the time from a request for an appointment to the first available appointment

Education Priority Area Measures and Ratings

Department of Human Services

School and Community Services – SUN Community Schools (Offer #25145A) and Touchstone (Offer #25147A):

MEASURE – “Number of children (ages 5-18) served” (SUN) *passed the audit with no qualifications*

MEASURE – “Percent who improved classroom behavior” (SUN) *passed the audit with no qualifications*

MEASURE – “Number of families served by case management” (Touchstone) *passed the audit with no qualifications*

MEASURE – “Percent who improve state test scores in reading” (SUN & Touchstone) *passed the audit with qualifications*

- Department does not have the ability to perform checks on the accuracy of data submitted by school districts
- Confidentiality concerns have prevented Department staff from getting access to the statewide electronic student information system (eSIS), but we recommend the Department pursue access to eSIS or work directly with the state to generate the necessary reports

MEASURE – “Percent of school days attended” (SUN & Touchstone) *passed the audit with qualifications*

- Current outcome measure more appropriately labeled as an output measure
- Measure is essentially a different way of expressing the number of days students attended school

Department of Human Services

Mental Health & Addiction Services – School-Based Mental Health Services (Offer #25076):

MEASURE – “Total unduplicated clients receiving direct mental health services” *passed the audit with qualifications*

- Devise a formal process to reconcile data from the various data sources
- To reduce the potential for error, develop a uniform system for all staff to enter data into a single electronic system

MEASURE – “Percent of children receiving direct services with improved school behavior” *passed the audit with qualifications*

- Develop a process to summarize the mental health assessments for each client that ultimately result in the reported outcome – such documentation would demonstrate how the program determined behavior data

Safety Priority Area Measures and Ratings

Department of Community Justice

Adult Community Justice – Adult Recognizance (Recog) Program (Offer #50027A):

MEASURE – “Average number of interviews conducted annually” *passed the audit with qualifications*

- Measure should include cases where a full interview is conducted, as well as cases that were expedited; the wording of the measure should be changed to reflect this
- A report should be developed for the number of expedited cases
- To ensure accuracy, significant future variances in the measure should be investigated internally prior to submission of the program offer

NOTE: The measure was revised and improved during the audit period. For the final revised Program Offer #50027A submitted for FY08, the measure was revised to “Average number of release decisions conducted annually.” We acknowledge the responsiveness of DCJ and their efforts to improve the measure.

MEASURE – “Percent of defendants released on their own recognizance who appear at first hearing” *passed the audit with qualifications*

- Wording should be changed to reflect that the measure is currently derived from cases where a full interview is conducted
- The “next year offer” column should be changed to 61%
- The 78% figure in the “current year purchased” column should be explained in the offer
- Need a validation study of the interview tool to enable CJAC and the Adult Recog Program to influence the appearance rate
- To ensure accuracy, significant future variances in the measure should be investigated internally prior to submission of the program offer

NOTE: For the final revised Program Offer #50027A submitted for FY08, the measure was revised to “Percent of interviewed defendants released on own recog who return to court.”

Sheriff's Office

MSCO Special Investigations (Offer #60045):

MEASURE – “Special Investigations Unit (SIU) drug cases” *passed the audit with qualifications*

- Devise process for reliable and accurate counting of drug cases

- Recommend that management keep the monthly count of current investigations and reconcile these types of reports with the Activity Caselogs – demonstrates how SIU calculates performance and provides supporting documentation
- Recommend that Activity Caselogs be numbered and consistently organized to reduce the potential for error during manual counts
- Need a systematic process to verify that all cases have been entered in the Activity Caselogs

MEASURE – “Dollar value of drugs seized as a result of dangerous drug investigations” *passed the audit with qualifications*

- Recommend that management make every effort to ensure the consistency of results reported in the measure
- It is not clear how the measure relates to the program's mission and goals or demonstrate the impact on community safety and livability
- Offer identifies methamphetamine as a growing problem, so “methamphetamine as a percent of seized drugs” might be an alternative measure

NOTE: For the final revised Program Offer #60045 submitted for FY08, the Sheriff's Office revised the outcome measure noted above to read, “Percent of SIU drug cases that are methamphetamine.” We acknowledge the responsiveness of the Sheriff's Office and commend their efforts to improve the measure, but we would also encourage them to consider further refinement based on the comments above.

MEASURE – “Number of searches executed” and “Percent of searches ending in an arrest” *passed the audit with qualifications*

- Recommend that management devise a process for reliable and accurate counting of searches, instead of hand counts from the Activity Caselogs
- Recommend that management reconcile monthly reports of executed searches with Activity Caselogs – demonstrates how performance is calculated and provides supporting documentation

District Attorney's Office

Child Abuse Team – Multi-Disciplinary Team (Offer #15016):

MEASURE – “Number of dependency cases” *passed the audit with no qualifications*

MEASURE – “Number of children served on dependency cases” *passed the audit with qualifications*

- Data are useful and demonstrate the number of children protected, but the measure does not gauge the effectiveness of the efforts of the Child Abuse/MDT by providing a sense of scale or significance to the number
- The measure basically re-states the same workload information as the associated output measure

NOTE: For the final revised Program Offer #15016 submitted for FY08, the DA's Office revised the outcome measure noted above to read, “Number of children *protected* on

dependency cases.” We commend the efforts of the DA’s Office to further clarify and improve this measure, but we would also encourage them to consider further refinement based on the comments above.

Thriving Economy Priority Area Measures and Ratings

Department of Community Services

Bridge Engineering (Offer #91016):

MEASURE – “Dollar value of Capital improvements” *passed the audit with qualifications*

- The measurement time period should be included because projects may extend over several years
- For clarity, we recommend changing the measure to “Dollar value of Capital projects for current period,” or similar wording

NOTE: The assessment information for this measure was not included in the interim memorandum submitted to the department. This prevented the department from having the opportunity to consider our recommendations for improving the measure prior to the deadline for submitting their final program offer revisions on February 23rd. We regret this error.

MEASURE – “Percent of project milestones met” *passed the audit with qualifications*

- We recommend adding “...met in this year” to clarify the time period since projects may cover several years

MEASURE – “Percent of cost growth” *passed the audit with qualifications*

- This should be reclassified as an outcome measure because it assesses the results of project management
- Recommend changing the measure to indicate the measurement period

Department of Community Services

Road Engineering and Operations (Offer #91013):

MEASURE – “Permits issued to be in/use the right of way” *passed the audit with no qualifications*

MEASURE – “Road vacation studies completed” *passed the audit with qualifications*

- This is an output measure, not an outcome measure, as it demonstrates workload
- The numbers are low, and we question the usefulness to management
- Length of time it takes to complete a study may be of more use to management, decision-makers, and the public

NOTE: For the final revised Program Offer #91013 submitted for FY08, the Department of Community Services reclassified the measure noted above as an output measure and revised it to read, “Number of road vacation studies completed within four months of

initial inquiry." We commend the efforts of the Department of Community Services to further clarify this measure.

MEASURE – "Projects completed on time and on budget" was revised to "percent of projects completed on time and on budget" during the period of our audit. *passed the audit with qualifications*

- Revised measure is an outcome measure rather than output measure
- Time period should be clarified by adding "completed in the fiscal year" to the description

NOTE: For the final revised Program Offer #91013 submitted for FY08, the Department of Community Services reclassified the measure noted above as an outcome measure and revised it to read, "Percent of *capital* projects completed on budget and on time *in the fiscal year.*" We acknowledge the responsiveness of the Department of Community Services and commend their efforts to improve the measure. The measure has now *passed with no qualifications*, and no follow-up is required.

Vibrant Communities Measures and Ratings

Department of Community Services

Land Use Planning (Offer #91020A):

MEASURE – "The number of land use/enforcement inquiries" *passed the audit with qualifications*

- Current output measure does not address the primary scope of work of the program
- Devise a process to investigate anomalies in the data, such as a spike in number of incoming calls
- Develop written procedures to mitigate the possibility of staff inadvertently neglecting to count walk-in customers
- Clarify the usefulness of this measure to management

NOTE: The measure was revised and improved during the audit period. For the final revised Program Offer #91020A submitted for FY08, the measure was changed to "The number of land use/**compliance** inquiries." We commend the Department of Community Services for its efforts and responsiveness.

MEASURE – "The number of land use/enforcement actions taken" *passed the audit with qualifications*

- The measure should be reclassified as an output measure
- To be more transparent, explain in the measure description that preliminary meetings are required by statute

NOTE: The measure was revised during the audit. For the final revised Program Offer #91020A submitted for FY08, the measure was changed to "The number of land use/**compliance** actions taken."

MEASURE – “The percent of enforcement cases resolved voluntarily” *passed the audit with qualifications*

- The quality described in the measure is noteworthy, but does not reflect the primary work of the program
- We question the usefulness of this measure to management – voluntary compliance is Board policy, so the percentage remains at or near 100%

NOTE: For the final revised Program Offer #91020A submitted for FY08, the measure was revised to “The percent of **compliance** cases resolved voluntarily.”

Department of Community Services

Land Use Planning – Code Compliance Program (Offer #91020B):

MEASURE – “The number of unresolved enforcement complaints” *passed the audit with qualifications*

- Include FY06 data and FY07 amount purchased and estimated to provide context to measure

NOTE: The measure was improved during the audit period. For the final revised Program Offer #91020B submitted for FY08, the measure was changed to “The number of unresolved **compliance inquiries**.” We acknowledge the Department of Community Services’ efforts to clarify and improve the quality of measures.

MEASURE – “The number of land use/enforcement actions taken” *passed the audit with qualifications*

- Current outcome measure more appropriately described as an output measure
- Clarify the description: “The outcome measure will change with an additional person. We will be able to close 50 compliance cases with an additional FTE”
- Include FY06 data and FY07 amount purchased and estimated to provide context to measure

NOTE: For the final revised Program Offer #91020B submitted for FY08, the measure was changed to “Additional compliance cases closed.”

MEASURE – “Percent of enforcement cases resolved voluntarily” *passed the audit with qualifications*

- We question the usefulness of this measure to management – voluntary compliance is Board policy, so the percentage remains at or near 100%
- Include FY06 data and FY07 amount purchased and estimated to provide context to measure

APPENDIX B**SUBMITTED PROGRAM OFFERS & MEASURES SELECTED FOR AUDIT**

The following table lists the program offers submitted by Outcome Teams for audit. The table indicates when program offers were selected for audit, as well as the measures that were audited. Some audited measures were revised after the audit, and the revised versions appear in final program offers. The list is organized by priority area, and program offers appear in the rank order stipulated by Teams.

<i>Program Offers Submitted</i>	<i>Selected for Audit</i>	<i>Measures Audited</i>
ACCOUNTABILITY		
#72035 – A&T Property Assessment – Residential (DCM)	Yes	New taxable exception value in millions Percent of neighborhoods with Coefficient of Dispersion (COD) compliance
#91012 – County Surveyor's Office (DCS)	No	
#72084 – Central HR Division – Central HR Services (DCM)	Yes	Number of positions reviewed as a result of class/comp studies Percent of total positions reclassified, revised, updated
#72085 – Central HR Division – Labor Relations (DCM)	No	
#72086 – Central HR Division – Unemployment Insurance (DCM)	No	
#72074 – IT – WAN (DCM)	No	
BASIC LIVING NEEDS		
#25081A – Addictions Services Outreach Team (DCHS)	Yes	Number of team client contacts Number transitioned into treatment or housing
#40019 – North Portland Health Clinic (Health Department)	Yes	Percentage of children who are up to date on immunizations at 35 months of age Number of days for a new patient appointment
#40022 – Mid County Health Clinic (Health Department)	Yes	Percentage of children who are up to date on immunizations at 35 months of age Number of days for a new patient appointment
#40023 – East County Health Clinic (Health Department)	Yes	Percentage of children who are up to date on immunizations at 35 months of age Number of days for a new patient appointment
#25156 – Bienestar Community Services (DCHS)	No	

#25078A – Culturally Specific Mental Health Services (DCHS)	No	
#25094 – Addictions Services Youth Residential Treatment (DCHS)	No	
EDUCATION		
#25145A – SUN Community Schools (DCHS)	Yes	Number of children (ages 5-18) served Percent who improve state test scores in reading Percent of school days attended Percent who improved classroom behavior
#25076 – School Based Mental Health Services (DCHS)	Yes	Total unduplicated children receiving direct mental health services Percent of children receiving direct services with improved school behavior
#25147A – SUN Schools – Touchstone (DCHS)	Yes	Number of families served by case management Percent who improve state test scores in reading Percent of school days attended
#40025 – STARS Program (Health Department)	No	
SAFETY		
#50027A – Adult Recog Program (DCJ)	Yes	Average number of interviews conducted annually Percent of defendants released on their own recog who appear at first hearing
#60045 – Special Investigations (Sheriff)	Yes	Special Investigations Unit drug cases Dollar value of drugs seized as a result of dangerous drug investigations Number of searches executed Percent of searches ending in an arrest
#15016 – Child Abuse Team – MDT (District Attorney)	Yes	Number of Dependency cases Number of children served on Dependency cases
#25136A – Homeless Youth System (DCHS)	No	

THRIVING ECONOMY		
#91016 – Bridge Engineering	Yes	Dollar value of Capital Improvements Percent of project milestones met Percent of cost growth
#91013 – Road Engineering & Operations	Yes	Permits issued to be in/use the right of way Road vacation studies completed Projects completed on time and on budget
#10034 – OR Science & Tech Partnership Pass-Through	No	
#10015 – Family Economic Security	No	
VIBRANT COMMUNITIES		
#91020A – Land Use Planning	Yes	Number of land use/enforcement inquiries Number of land use/enforcement actions taken Percent of enforcement cases resolved voluntarily
#91020B Code Compliance Program (Land Use)	Yes	Number of unresolved enforcement complaints Number of land use/enforcement actions taken Percent of enforcement cases resolved voluntarily
#91005 – Tax Title	No	
#72003 – Sustainability Prog.	No	
#80024 – Target Language Services (Library)	No	



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 04/05/07
 Agenda Item #: R-2
 Est. Start Time: 9:15 AM
 Date Submitted: 03/27/07

Agenda Title: PROCLAMATION Proclaiming April 2007 Child Abuse Prevention Month in Multnomah County, Oregon

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

Requested Meeting Date: April 5, 2007 Amount of Time Needed: 5 mins
 Department: Non-Departmental Division: Commissioner District 3
 Contact(s): Matthew Lieuallen / Terri Naito
 Phone: 503 988-5217 Ext. 85217 I/O Address: 503/6
 Presenter(s): Commissioner Lisa Naito and invited others

General Information

1. What action are you requesting from the Board?
 Approval of Proclamation
2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.
 Child abuse is increasing in Multnomah County. Proclamation underscores need for citizens to increase efforts to prevent child abuse; also thanks County staff for efforts to reduce child abuse by providing services.
3. Explain the fiscal impact (current year and ongoing).
 NA
4. Explain any legal and/or policy issues involved.
 NA
5. Explain any citizen and/or other government participation that has or will take place.
 NA

Required Signature

Elected Official or
 Department/
 Agency Director:

Lisa Naito

Date: 3/27/07

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. _____

Proclaiming April 2007 Child Abuse Prevention Month in Multnomah County, Oregon

The Multnomah County Board of Commissioners Finds:

- a. Child abuse is *increasing* in Multnomah County. Oregon's Department of Human Services estimates that from 2003 to 2005, the number of abused children rose from less than 1600 to over 2200 in Multnomah County, an increase of 28% in just two years.
- b. Child abuse is entirely preventable in an engaged and supportive community. With the efforts of each and every citizen in Multnomah County, the pain of abused children need not go unnoticed and unreported.
- c. Multnomah County is actively dedicated to protecting abused and neglected children, and to helping parents become responsible for their children's health and well-being.
 - i. The Multnomah County Commission on Children, Families and Community (CCFC) convenes the Child Youth and Family Network. The purpose of the Network is to promote comprehensive, collaborative, and coordinated prevention and intervention services and supports to improve the safety and well being of children. The CCFC helps to fund several child abuse prevention and intervention services, including Healthy Start, Family and Community Alliance, CASA, and two local relief nurseries.
 - ii. Under the auspices of the Multnomah County Health Department, the Family Services Unit provides and coordinates supervision, intervention and treatment for parents on probation, parole and post-prison supervision with their primary focus on child safety. Also under the Health Department, the Children's Assessment Service provides physical assessment, referrals to other services and health education for children in custody for abuse and neglect.
 - iii. Multnomah County houses the Children's Receiving Center which provides 24-hour service and care for abused and neglected children through the Christie School. This program provides a neutral and friendly environment for children who have been removed from their homes. Respite foster care is also available, and all children are accepted so as not to separate siblings.
 - iv. The Multnomah County District Attorney's office also plays an integral role in child abuse prevention through the Child Abuse Team which reviews and processes cases and reports involving child abuse in a domestic setting or by child care providers. Using an integrated team of prosecutors, child specialists, and police investigators, the team reviews, coordinates and investigates cases, making an informed decision on how to proceed.
- d. Citizens also have a role in helping prevent child abuse by understanding and becoming aware of the factors that lead to abuse. Each of us can reach out to a parent experiencing stress – a factor that can lead to abuse – by offering something as simple as baby-sitting or running errands. We can all learn that, while child abuse occurs in every segment of

society, the risks are greater in families that may be isolated from friends and relatives, and that are experiencing economic hardships or have substance abuse problems. By learning the warning signs of child abuse – including nervousness around adults, aggression, frequent or unexplained bruises and injuries, and low self-esteem – we can make it our duty to report suspected abuse by calling the 24-hour Child Abuse Reporting Hotline at (503) 731-3100.

- e. All citizens of Multnomah County must work together to provide our children the love, guidance, and protection they need in order to protect them from abuse and give them the opportunity to achieve their dreams.

The Multnomah County Board of Commissioners Proclaims:

1. The month of April 2007 as Child Abuse Prevention Month in Multnomah County, Oregon to underscore our strong commitment to preventing child abuse and neglect.
2. The Board of County Commissioners calls upon all citizens to increase their participation in the effort to prevent child abuse in order to ensure that all children have the opportunity to grow up in a safe and nurturing environment. The Board encourages citizens to participate in events planned for the month of April to raise awareness of child abuse.
3. The Board of County Commissioners recognizes the hard work performed by Multnomah County departments and staff to reduce child abuse in our community by providing the important services to those children who are victims of abuse and to prevent further tragedy.

ADOPTED this 5th day of April, 2007.

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

Ted Wheeler, County Chair

Maria Rojo de Steffey,
Commissioner District 1

Jeff Cogan,
Commissioner District 2

Lisa Naito,
Commissioner District 3

Lonnie Roberts,
Commissioner District 4

SUBMITTED BY Commissioner Lisa Naito

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. 07-047

Proclaiming April 2007 Child Abuse Prevention Month in Multnomah County, Oregon

The Multnomah County Board of Commissioners Finds:

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society, the risks are greater in families that may be isolated from friends and relatives, and that are experiencing economic hardships or have substance abuse problems. By learning the warning signs of child abuse – including nervousness around adults, aggression, frequent or unexplained bruises and injuries, and low self-esteem – we can make it our duty to report suspected abuse by calling the 24-hour Child Abuse Reporting Hotline at (503) 731-3100.

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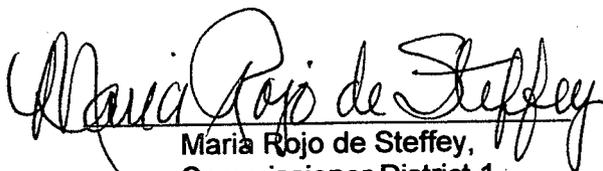
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FOR MULTNOMAH COUNTY, OREGON**


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Commissioner District 1


Jeff Cogan,
Commissioner District 2


Lisa Naito,
Commissioner District 3


Lonnie Roberts,
Commissioner District 4



SUBMITTED BY Commissioner Lisa Naito



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-3 DATE 04-05-07
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only	
Meeting Date:	<u>04/05/07</u>
Agenda Item #:	<u>R-3</u>
Est. Start Time:	<u>9:20 AM</u>
Date Submitted:	<u>03/23/07</u>

Agenda Title:	NOTICE OF INTENT to Apply for Grant Funding through CareOregon's Care Support and System Innovation Program
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Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date:	<u>April 5, 2007</u>	Amount of Time Needed:	<u>5 minutes</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Kim Tierney, Tom Waltz</u>		
Phone:	<u>503-988-3674</u>	Ext.:	<u>22850</u>
Presenter(s):	<u>Kim Tierney</u>	I/O Address:	<u>160/8</u>

General Information

1. What action are you requesting from the Board?

Authorize the Director of the Health Department to apply for grant funding through CareOregon's Care Support and System Innovation Program to maintain current staffing for Homeless Program outreach nursing support.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.
 In September 2003, the Multnomah County Health Department, in partnership with Central City Concern, received a grant from the Health Resources and Services Administration to deliver health care to approximately 100 chronically homeless residents with dually diagnosed conditions. This three year grant was part of a funding package from multiple federal agencies to provide supportive housing, health care and services to chronically homeless adults using an Assertive Community Treatment (ACT) Team model. This team included a Community Health Nurse to provide outreach nursing services to address the health care needs of the target population. The Community Health Nurse has improved the health of homeless persons, and saved the CareOregon thousands of dollars as a result of intensive in-home nursing services.

Federal grant funding for the Community Health Nurse will soon end, and outreach nursing

services are not eligible for cost reimbursement through Medicaid. As a result we are turning to CareOregon's Care Support and System Innovation Program as a means of funding the position in order to continue to make these important services available.

Program offers that may be associated with this request include 40021A - Westside Health Clinic. This is the anchor healthcare and mental health program for Multnomah County's (MC) homeless. The Westside Health Center (WSHC) and its outreach programs are the primary hub, providing comprehensive medical, behavioral, and addictions (A&D) healthcare, access to medications, social services and nutrition counseling. Offer is linked to the Outreach Program: two Satellite Clinics, a Mobile Medical Van for Homeless, as well as a Respite Program for uninsured homeless leaving hospitals too sick to enter shelters.

Funds associated with this grant will not supplant County funding (the proposed position is not a part of a program offer).

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

The Health Department will request \$90,385 from CareOregon to fund the position for one year.

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

None known.

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

The proposed grant will enable the Health Department to continue to provide outreach nursing services to homeless persons. This effort is coordinated with Central City Concern, and the project will engage CareOregon as a funding partner.

ATTACHMENT A

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

CareOregon

- **Specify grant (matching, reporting and other) requirements and goals.**

No match is required for this project. The CareOregon Care Support and System Innovation Program was established to assist CareOregon providers (like Multnomah County Health Department) to respond to the Institute of Medicine's call to action to improve the American health care delivery system. The goal of the CSSI Program is to foster a culture of evidence-based practice and continuous improvement in CareOregon provider organizations, helping to empower providers over time with the skills, knowledge and resources to be able to create the substantial change necessary to meet the Institute of Medicine's goals.

- **Explain grant funding detail – is this a one time only or long term commitment?**

The Care Support and System Innovation Program is a multi-year grant program that has supported change initiatives in the Health Department since 2005.

- **What are the estimated filing timelines?**

There is no filing deadline associated with this request.

- **If a grant, what period does the grant cover?**

One year following grant approval (May 2007).

- **When the grant expires, what are funding plans?**

Continuation funding through CareOregon will be requested.

- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**

These costs will be covered by the grant.

ATTACHMENT B

Required Signatures

**Elected Official or
Department/
Agency Director:**

Lillian Shirley

KJ
Date: 03/21/07

Budget Analyst:

Debra

Date: 03/22/07

Department HR:

Date:

Countywide HR:

Date:



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (long form)

APPROVED : MULTNOMAH COUNTY
 BOARD OF COMMISSIONERS
 AGENDA # R-4 DATE 04.05.07
 DEBORAH L. BOGSTAD, BOARD CLERK

Board Clerk Use Only	
Meeting Date:	<u>04/05/07</u>
Agenda Item #:	<u>R-4</u>
Est. Start Time:	<u>9:25 AM</u>
Date Submitted:	<u>03/23/07</u>

Agenda Title: NOTICE OF INTENT to Apply for Grant Funding from the Northwest Health Foundation to Support Optimization of Electronic Health Records

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

Requested Meeting Date:	<u>April 5, 2007</u>	Amount of Time Needed:	<u>5 minutes</u>
Department:	<u>Health</u>	Division:	<u>Integrated Clinical Services</u>
Contact(s):	<u>Vanetta Abdellatif, Susan Kirchoff, Tom Waltz</u>		
Phone:	<u>503-988-3674</u>	Ext.:	<u>22670</u>
		I/O Address:	<u>160/8</u>
Presenter(s):	<u>Vanetta Abdellatif, Susan Kirchoff</u>		

General Information

1. What action are you requesting from the Board?

Authorize the Director of the Health Department to apply for \$100,000 of grant funding from the Northwest Health Foundation to support optimization of Electronic Health Records (EHR).

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

Each year the Health Department's Integrated Clinical Services division provides nearly 250,000 visits for more than 54,000 patients. The Health Department is the largest safety net provider in Oregon, providing direct access to primary care and wrap-around services at seven JCAHO-certified health centers.

The Department initiated the establishment of an electronic health records system (EHR) during 2004 with a readiness assessment that addressed the needs for infrastructure improvements, new equipment, staff training, and other activities associated with the conversion of paper medical records to electronic health records. As of December 2006, five of the Department's seven primary care clinics have completed the conversion to EHR, and

in February 2007, the Department began implementing EHR at its school based health service sites. Once all the records systems for the primary care clinics have been converted to EHR, the Department will focus its attention on its specialty clinics and programs including HIV/AIDS Health Services Center, Dental Services and the Early Childhood Services Program.

Implementing EHR across the Department's primary care clinics, service sites and programs continues to be the key focus of the Integrated Clinical Services division, and this focus has enabled the Department to realize a successful EHR implementation. An evaluation of the EHR system's effectiveness was conducted by PSU during 2006. The PSU Evaluation Team cited numerous examples that support their conclusion that EHR has resulted in improved quality of patient care. For example providers and staff reported that they had experienced improved accessibility with patients' medical information; improved legibility of patients' health records; and improved processes for patient follow-up, event tracking, patient referrals, ordering and accessibility of lab results. Patients involved in focus groups and surveys reported that they are now able to make appointments faster, wait times for seeing providers has been decreased, and prescriptions are being filled faster. The Department's successes and challenges associated with the North Portland Health Center EHR are documented in a 2006 report prepared by an independent evaluation team from Portland State University (Gelmon, et. al., 2006).

While the implementation of Epic EHR has been successful, systemic changes of this nature invariably reveal unanticipated challenges that only become apparent after the system has been fully adopted. The proposed EHR Optimization Initiative will enable the Department to address some of these challenges, for example:

- The most common concern was "provision of ongoing training to stay current with improvements and modifications" followed by "training new staff" and "continuing need to develop customized applications to meet our own needs.
- Concerns were expressed frequently about the need for modification of the EHR software to respond to the specific needs and patient populations of safety net clinics, and the adaptability of the templates embedded in the software to meet users' needs.
- Staff expressed that they received sufficient advance training prior to "go-live" and are appreciative of the ongoing availability of technical assistance, but did identify a strong need for ongoing support and problem-solving.

Program offers associated with this proposal include the following:

40019, North Portland Clinic; 40020, Northeast Health Clinic; 40021A, Westside Health Clinic; 40022, Mid County Health Clinic; 40023, East County Health Clinic; 40024A, School Based Health Centers-High Schools; 40024B, School Based Health Centers-Middle & Elementary Schools. This project will not supplant local funding associated with any of these Program Offers (i.e., these grant fund would be in addition to local funding).

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

The proposed project will have an indirect fiscal impact by improving the Department's utilization of the EHR system. The Department will request \$100,000 to pay for an IT consultant to implement project components (EHR content management and systems sustainability strategies).

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

None. The project will continue to follow all laws, regulations and policies concerning the protection of personal health records.

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

None. This is an internal system designed to improve the utilization and effectiveness of protected personal health records.

ATTACHMENT A

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**
Northwest Health Foundation
- **Specify grant (matching, reporting and other) requirements and goals.**
No local match is required for this \$100,000 grant. The implementation of EHR is strongly supported by the Foundation through its Kaiser Community Fund for Health Information Technology. The Fund was established at the Foundation to advance the health of the communities served by Kaiser Permanente Northwest. The fund intends to achieve this goal by addressing those factors in the social, policy, and physical environment that impact community health. KPCF seeks to support local efforts to enhance social supports that promote health equity, and eliminate factors that contribute to health disparities.
- **Explain grant funding detail – is this a one time only or long term commitment?**
This is one time funding.
- **What are the estimated filing timelines?**
Filing is open (no date is specified).
- **If a grant, what period does the grant cover?**
The grant will cover an 18 month period beginning in May 2007.
- **When the grant expires, what are funding plans?**
This is one time funding.
- **How will the county indirect, central finance and human resources and departmental overhead costs be covered?**
Administrative expenses are allowed.

ATTACHMENT B

Required Signatures

**Elected Official or
Department/
Agency Director:**

Lillian Shirley

**KJ
Date: 03/23/07**

Budget Analyst:

Debra

Date: 03/23/07

Department HR:

Date: _____

Countywide HR:

Date: _____

#1

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 4-3-07

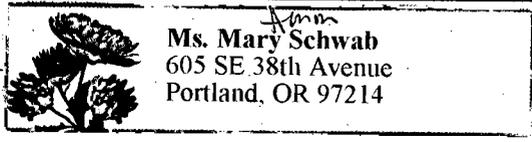
SUBJECT: H.B. 2535

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: _____

ADDRESS: _____



CITY/STATE/ZIP: _____

PHONE: DAYS (503) 236-3522 EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: see attached

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

April 3, 2007

Multnomah County Oregon

Board of Commissioners... connecting citizens with information and services comes with a huge price tag, particularly for those who continue to abuse alcohol and drugs...meth.

Two days ago, you were briefed on Streams of Offenders in the Criminal Justice System; and the lack of funding. It is my understanding that \$900 million of Oregon State general funds are paid into human services each year because of alcohol and other drug problems. As of yesterday, Oregon traffic fatalities reached 100 of which 40% were alcohol related. Yes, it is time the beer industry pays its fair share of the social and economic cost of its product.

Commissioners in your quest for state and federal funding, please be mindful that the Oregon's beer tax has been frozen at less than a penny per drink since 1977; bringing \$6.5 million to the state general fund. A 10.1-cent-per-drink increase could provide more than \$60 million a year in targeted funds for substance abuse prevention, treatment and recovery, and law enforcement programs. Yet, when I contacted the Auditors serving the City of Portland, Multnomah County and the State of Oregon, asking for the beer tax collected in Multnomah County, to compare that figure with the Multnomah County Income Tax recently, not one could respond. It is my hope the League of Women's Voters will review how the Oregon Liquor Control Commission administration is funded, and how the Beer and Wine Distributors continue to influence the House and the Senate in the near future.

Make your voices hear tonight! How should the state spend \$15 billion? We're invited to share our funding priorities with the Ways and Means Chairwoman Mary Nolan, D-Portland, who wants to hear from real people. She believes that testimony from real people carries weight that hired Salem lobbyists, while polished, can't muster. People who come tonight will be allowed two minutes each to talk about their priorities.

The time has come for Multnomah County Citizens to support Representative Jackie Dingfielder and Senator Bill Morrsettee in passage of H.B. 2535 Malt Beverage Cost Recovery.

Make your voice heard!

Mary Ann Schwab, Retired High School Secretary
605 SE 38th Avenue
Portland, OR 97214
503.236.3522



Senator Bill Morrisette

D-District 6

S-309, State Capitol

Salem, OR 97301

(503) 986-1706

Malt Beverage Cost Recovery Fee Figures – HB 2535

A fee of \$32 per barrel -- or approximately 10.1 cents per 12-ounce bottle or can -- assessed on large breweries that sell more than 125,000 barrels annually in Oregon. (No Oregon brewery would pay the fee.)

Amount raised per biennium -- \$121.6 million by OLCC estimate

How the money would be spent:

- **\$42.025 million to counties for addiction prevention and treatment, divided on the basis of population**
- **\$12.16 million to counties for addiction prevention and treatment, divided equally**
- **\$8.43 million to cities for law enforcement related to addiction and mental health, divided on the basis of population**
- **\$8.43 million to counties for law enforcement related to addiction and mental health, divided on the basis of population**
- **\$8.43 million for a statewide addiction prevention program**
- **\$8.43 million to counties for local prevention programs, divided on the basis of population**
- **\$8.43 million to Department of Human Services for statewide chemical dependency and mental health residential treatment**
- **\$8.43 million to counties for public health programs related to alcohol and drug abuse, divided on the basis of population**
- **\$8.43 million for drug courts**
- **\$8.43 million for drug-free housing**

April 5, 2007

TO THE MULTNOMAH COUNTY COMMISSIONERS

Greetings:

What started out as a single appearance before this Board, has since become an annual pilgrimage! It's Federal tax time again and we are back to present to Multnomah County another check for \$3,500.

This is an amount that, according to our computations on IRS Form 1040, we are supposed to be sending to the U.S. Government, based on our income received during 2006.

Because we will not, as a matter of conscience, participate in enabling the U.S. Government's addiction to violence, secrecy, deception, world-domination, and the erosion of civil liberties, we have refused to turn this amount over to the Internal Revenue Service.

We are particularly disturbed that our president and Congress are continuing to drain the resources of the people of the United States in order to finance a preemptive, immoral and illegal occupation of the nation of Iraq, resulting in a devastating loss of human life, and unrelenting human suffering. And we are even more distressed at reports that the Administration is now contemplating preemptive air strikes against the nation of Iran.

We cannot in good conscience pray for peace, while paying for war and other forms of state-sanctioned violence.

At the same time, not wishing to retain for our own private benefit, money that rightly belongs to the people, we have chosen to give the money to this government body instead. For we appreciate that you, the members of the Multnomah County Commission, are at least attempting to promote the general welfare, and support the common good of the people under your jurisdiction, in ways that put the Federal government to shame by comparison.

We include with this check a copy of an open letter to President George W. Bush explaining to him this action on our part.

We thank you for allowing us to redirect our federal tax payment in this way.

Respectfully,



Pat and John Schwiebert

April 5, 2007

An Open Letter to President George W. Bush

*Ah! City of bloodshed,
utterly deceitful, full of booty—
no end to the plunder!*

*Your shepherds are asleep,
O king of [America];
your nobles slumber.
Your peoples are scattered on the mountains
with no one to gather them.
There is no assuaging your hurt,
your wound is mortal.
All who hear the news about you
clap their hands over you.
For who has ever escaped
your endless cruelty?*

--Nahum 3:1,18-19 [NRSV]

Mr. President, it is a deep source of grief and shame for us that, with but with a simple change of a name, these words from a Hebrew prophet can so clearly describe what the country we love has become under your Administration.

Current, blatant examples of injustice practiced by you, your vice president, and members of your cabinet include:

- The pre-emptive, immoral and illegal invasion and occupation of Iraq, resulting in a devastating loss of human life, and unrelenting human suffering.
- Violation of international treaties and domestic laws regarding the conduct of war, treatment of prisoners, rights of citizens; the use of kidnapping and torture;
- Tax, fiscal and trade policies that favor the wealthy, reduce services and benefits for the poor, and degrade the rights and opportunities of workers at home and abroad;
- Refusal to participate in international agreements on the environment, or to change policies and practices that perpetuate ongoing degradation of the environment;
- Deteriorating opportunities to access quality education and health care, especially for the poor, and increasingly, for the middle class;
- Increasingly restrictive and punitive policies toward immigrants;
- Refusal to take responsibility for an ever-increasing national debt, which will be a devastating burden left for our children and grandchildren.

Although the U.S. Congress has so far voted to authorize and pay for carrying out these gross injustices, we simply refuse, as a matter of conscience, to participate in the process. (*over please*)

Therefore we are letting you know, by means of this letter, that we have chosen not to send to the Internal Revenue Service the amount of Federal Income Tax we estimate that we owe for the year 2006. Nor have we retained this amount for our personal benefit. Instead we have given this amount (\$3,500) to our local Multnomah County government (see acknowledgment enclosed)

This action is consistent with similar actions we have taken regarding Federal Tax owed for the years 2002, 2003, 2004 and 2005.

In short we are taking money destined for government-sanctioned destruction of human life and redirecting it toward the funding of government efforts to address human need and public good.

In our personal lives if a family member chose to destroy his own life and to bring heartache to those around him, by abusing metamphetamines, alcohol, or cocaine, we might not be able to stop him from doing so. But at least we can refuse to help him finance the purchase of these addictive substances, even as we plead with him to change his ways.

In the same way, sir, the two of us are saying that we will not help finance the addition of your Administration to violence, secrecy, deception, world domination, and other blatant manifestations of injustice.

Call it tough love, if you will.

And, If we were eligible to be drafted into service in the armed forces, we would most certainly apply for "alternative service" under the conscientious objector classification that the Selective Service System has provided for those who demonstrate a serious commitment to non-violence. In the absence of an official policy concerning conscientious objection to the expropriation of personal income for the destruction of human life, we are asking you, and the Internal Revenue Service, to consider our payment to Multnomah County as a form of "alternative service" to our country.

Given that we have thus paid in full the amount we owe, however in this unconventional way, please request that the IRS not attempt additional collection by the usual means at its disposal. This will free up IRS staff time to focus on collection of taxes from corporations and individuals who are attempting, by secrecy and fraud, to avoid their civic duty.

We pray and hope for the day when your administration, along with the people of the of the United States, will repent of our national commitment to pre-emptive violence and be delivered from the spirit of idolatrous nationalism and the pride of empire that sustains that commitment.

That will be the day when we will again be able, with clear conscience, to direct our income tax to the federal government through the Internal Revenue Service.

With all due respect,

Pat and John Schwiebert

BOGSTAD Deborah L

From: HARRIS Mindy L
Sent: Tuesday, May 01, 2007 6:33 PM
To: BOGSTAD Deborah L
Subject: FW: Oregon Couple Protests War by Deducting Money from Taxes

Thought you might be interested in this if you haven't already seen it.

-----Original Message-----

From: MARTINEZ Edna
Sent: Friday, April 27, 2007 1:40 PM
To: TUNEBERG Kathleen A; BUTLER Douglas E - FPM; DARGAN Karyne A; DURANT Sarah; ELKIN Christian; FORD Carol M; GRAVES Travis R; GUINEY Tom M; HARRIS Mindy L; HAY Ching L; JASPIN Michael D; NATH Satish; NEBURKA Julie Z; NICE Matt L; PORTER Rebecca L; QUIGLEY Arnold R; SULLIVAN Theresa A; SWIFT Richard F; THOMAS Bob C
Subject: Oregon Couple Protests War by Deducting Money from Taxes

Via Google alerts...

Oregon Couple Protests War by Deducting Money from Taxes

By Nancy Haught
 Religion News Service

 PRINT PAGE

SEND TO A FRIEND

Portland, Ore. - The Rev. John Schwiebert, 68, and his wife, Pat, 62, are conscientious objectors to war. As such, they have refused to support the U.S. military by withholding all or part of their federal income tax since 1977. They do not object to paying taxes, however, and for the past several years have paid the amount they think they would owe in federal taxes to Multnomah County, Ore., instead.

But this year, the Schwieberts face another challenge: In December 2006, the Internal Revenue Service asked the General Board of Pension and Health Benefits for the United Methodist Church to pay an income tax levy against the pension that Schwiebert receives as a retired, but still active, Methodist minister.

After meeting this April, the board decided to pay the levy but pay it under protest, according to a statement.

"The General Board is preparing a letter for the IRS, expressing strong feelings that this levy forces it to be a collection agent for the IRS in a dispute between the federal government and a Church member who is acting out of conscience and with regard for long-standing Church teaching," the April 26 statement said.

It's difficult to know how many Americans withhold all or part of their taxes because they object to war. Those active in Portland tax-resistance groups estimate that about two dozen area residents take some steps to limit or reallocate their taxes.

The national figure may be between 8,000 and 10,000, says Ruth Benn, coordinator of the National War Tax Resistance Coordinating Committee. "That includes people who still withhold the federal excise tax on local phone service, to people who refuse to pay 100 percent of taxes due, and those who consciously choose to live at a low income so as not to pay for war," she says.

The IRS does not tabulate the numbers of Americans who withhold part or all of their taxes, says Dan Wardlaw, an agency spokesman in Seattle. But IRS rules state that "liability for federal taxes does not depend on whether the taxpayer agrees with the government programs or policies that are funded with tax receipts." Court cases have upheld the same principle.

For the Schwieberts, the IRS levy against his pension is the latest in a series of challenges that they are determined to overcome. Their commitment to nonviolence is longstanding, and their refusal to support the military by paying taxes has had a profound effect on their lives.

"We are real conscientious objectors to war," John Schwiebert says. The couple is too old to be drafted -- if there was a draft -- and "noncooperation is the only way we can object."

Pat Schwiebert, a nurse who counsels parents whose children have died, puts her and her husband's objection in personal terms.

"I have seen what death does to a family, how they have to rebuild their lives around such a loss," she says. She cannot bear the thought that her taxes "would allow someone else to kill another child" in her name.

"We are prepared, in any way, to resolve conflict by any peaceful means," she says. "Living in community has taught us that conflict is inevitable and that there are ways to resolve that conflict peacefully."

The Schwieberts live simply. They do not own a house, living in a community of nine adults at the 18th Avenue Peace House in Northeast Portland, a ministry of Metanoia Peace Community United Methodist Church. They have worked, not for full salaries, but for reduced stipends that are below taxable limits. They do not have checking or savings accounts and are careful not to own property that may be seized by the government.

For many years they managed to live without earning enough money to owe federal taxes. But that changed in 2002, when John Schwiebert's pension kicked in. Their solution has been to calculate the amount they owed, according to the IRS 1040 form, and present that money to Multnomah County. This year, on April 5, they presented \$3,500 to the Board of County Commissioners.

"Not wishing to retain for our own private benefit money that rightly belongs to the people, we have chosen to give the money to this government body instead," they wrote in a letter that accompanied their donation.

They included a copy of their letter to President Bush, explaining their objections and asking if their payment of their full federal income tax to Multnomah County could be considered "alternative service," as it is understood when conscientious objectors refuse to serve in the military but agree to serve in other ways.

For many years, the Schwieberts have supported the National Campaign for a Peace Tax Fund. On April 18, Rep. John Lewis D-Ga., reintroduced the Religious Freedom Peace Tax Fund bill. The proposed legislation, some form of which has been debated in Congress since 1972, would enable conscientious objectors to have their federal income taxes directed to a fund used for non-military purposes.

The Schwieberts, who have the unofficial support of the Methodist Federation for Social Action, have long argued that the social principles of their church protect their right to follow their consciences when it comes to nonviolence and a refusal to support war.

Indeed, the Social Principles of the United Methodist Church 2005-08 state: "We recognize the right of individuals to dissent when acting under the constraint of conscience and, after having exhausted all legal recourse, to resist or disobey laws that they deem to be unjust or that are discriminately enforced."

Under the heading "Military Service," the principles say, "We deplore war and urge the peaceful settlement of all disputes among nations. ... Some of us believe that war, and other acts of violence, are never acceptable to Christians."

The Schwieberts recognize the concerns of the General Board to protect the church's pension funds and to follow the law. They also know that not all Methodists, or all Christians, are opposed to war, as they have been for 30 years.

From their perspective, the Schwieberts say, fear is a factor: fear of not obeying the law, fear of terrorism, fear of facing a world without a standing army.

"The government is trying to keep us afraid," Pat Schwiebert says. But their protest, despite its challenges,

has given her and her husband a sense of peace.

"We live with a cloud of knowledge that we are vulnerable," she says, "but we don't live in fear."

#4

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 4-5-07

SUBJECT: MC B17 TAX
Public Comment

AGENDA NUMBER OR TOPIC: NOT KNOWN

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: ROBERT BULLER

ADDRESS: 824 SW 18th AVE

CITY/STATE/ZIP: FOREMAN, OR 97205

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: Mc B17 TAX REFORM

WRITTEN TESTIMONY:

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

November 21, 2006 Resolution For CAR' Endorsement to the Oregon Legislature

"Required local government taxes imposed on or measured by income to be imposed on or measured by taxable income as determined for state personal income tax purposes or Oregon taxable income as determined for state corporate excise or income tax purposes."

Impact: This eliminates the subsidy of large employers by small employers in Multnomah County Income Tax and City of Portland License Tax. In the example the given, the small employer's tax would be reduced from a 18.60% tax bracket to 4.25% bracket and the large employer's tax bracket would increase from 3.65% to about 4.25% (the same for both) such that the over all effect is revenue neutral.

Portland's income tax scares VCs

BY ALSA EARNSHAW
BUSINESS JOURNAL STAFF WRITER

Gordon Hoffman and Bill Newman are getting ready to move their seed capital firm, Northwest Technology Ventures LLC, out of downtown Portland to suburban Beaverton.

It's not that the partners don't like being downtown. They've shared office space with venture capital firm SmartForest Ventures LLC and another early-stage capital investment firm, Copybara Ventures LLC, for several years — an arrangement that has made it easy for the three firms to share deals and incubate new companies.

Hoffman and Newman are doing what other Portland-area venture capitalists have done before them: taking their investors' money out of Multnomah County and the city of Portland to avoid a combined tax of 3.65 percent on net income.

The effect of the tax on limited partnerships isn't just driving local VCs to offices in Lake Oswego, Beaverton or other cities outside Multnomah County.

"We've heard that no new fund will set up in Portland," said Newman. That could keep the level of investment capital available for new companies lower than Portland would like it to be.

That's not an effect anyone should be looking for from the business income tax,



Hoffman



Newman

B
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PROPOSED CODE

EXAMPLE OF THE TAX PREJUDICE AGAINST SMALL EMPLOYERS

ASSUME TWO PORTLAND COMPANIES EACH HAVE SAME \$25,000 NET INCOME ON THEIR STATE TAX RETURNS FOR TAX YEAR 2007

SUMMARY: RESULTANT TAX BRACKETS (Portland & Multnomah Cty. combined)

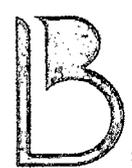
	MULT/PORTL	OREGON COMPARISON	FEDERAL COMPARISON
LARGE EMPLOYER	3.65%	6.6%	15%
	↑ ↓		
SMALL EMPLOYER	13.87%	6.6%	15%

MULT/PORTL CALCULATION DETAILS:

LARGE EMPL.

SMALL EMPL.

NUMBER OWNERS COMPENSATED WITH OVER 5% OF THE COMPANY OWNERSHIP	-0-	-1-
OWNERS COMPENSATION	\$200,000	\$150,000
LID ON EACH OWNERS COMPENSATION (effects owners over 5% ownership)	(N/A)	\$80,000 #
PHANTOM PROFIT (owners compensation over \$60,000 added back)	(0)	\$70,000
NET INCOME PER STATE RETURN	<u>\$25,000</u>	<u>\$25,000</u>
TAXABLE INCOME (sub total phantom + ni)	\$25,000	\$ 95,000
TAX AT 3.65% COMBINED RATE (Portland 2.20% Multnomah Cty 1.45%)	\$912	\$3,467
SCHOOL SURCHARGE (0.14%)	\$ 35	\$157
	\$ 947	\$4,245
EFFECTIVE TAX BRACKET (\$25,000 NOI)	3.65%	13.87%



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INC.**

Estm. adjusted base rate without phantom tax income to remain revenue neutral is 4.25% Vs 3.65% if both large and small had same rate (i.e. no prejudice) per Mult. Cty. Fin. Dept. (Just Mult. 1.69% Vs 1.45%)

City Council passes ordinance Jan. 2007, that the "lid" be \$80,000 in year 2008.

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MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 04/05/07
Agenda Item #: R-5
Est. Start Time: 9:30 AM
Date Submitted: 03/28/07

Agenda Title: **Report of the Multnomah County Health Department on a strategic plan to educate the public about the health hazards associated with consuming artificial trans fats; and regarding the disclosure of trans fats served in restaurants; and to involve the local school districts in the public outreach process regarding trans fats in foods served in school cafeterias**

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

Requested Meeting Date: April 5, 2007 **Amount of Time Needed:** 1 hour
Department: Non-Departmental **Division:** Commissioner District 3
Contact(s): Matthew Lieuallen / Terri Naito
Phone: 503 988-5217 **Ext.** 85217 **I/O Address:** 503/600

Presenter(s): Lillian Shirley, Director, Multnomah County Health Dept.; Gary Oxman, M.D., M.P.H., Multnomah County Health Officer; Debe Nagy-Nero, Director of Quality Assurance, Nutrition and Safety, Burgerville; Meir Stampfer, M.D., Dr.P.H., Professor of Nutrition and Epidemiology, Department of Epidemiology, Harvard School of Public Health; and invited others.

General Information

- 1. What action are you requesting from the Board?**
 No action, briefing only.
- 2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**
 Trans fats are a known health hazard. Multnomah County is charged with protecting the health of the public. The Multnomah County Health Department will report on a strategic plan to educate the public about the health hazards associated with consuming artificial trans fats; report on their public involvement and community outreach process regarding the disclosure of trans fats served in restaurants; and report on involving the local school districts in a public outreach process regarding

trans fats in foods served in school cafeterias. This report is intended to be a first step in the County's efforts to address the serious health hazard posed by trans fat. The Board may direct the Health Department to take further action.

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

None.

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

None.

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

In preparing the report, the Health Department implemented a series of public involvement and community outreach meetings and is described in the report.

Required Signature

**Elected Official or
Department/
Agency Director:**



Date: 3/28/07

Higher Trans Fat Levels in Blood Associated With Elevated Risk of Heart Disease

For immediate release: Tuesday, March 27, 2007

Boston, MA -- High consumption of trans fat, found mainly in partially hydrogenated vegetable oils and widely used by the food industry, has been linked to an increased risk of coronary heart disease (CHD). New York and Philadelphia have passed measures eliminating its use in restaurants, and other cities are considering similar bans. A new study from the Harvard School of Public Health (HSPH) provides the strongest association to date between trans fat and heart disease. It found that women in the U.S. with the highest levels of trans fat in their blood had three times the risk of CHD as those with the lowest levels. The study was published online on March 26, 2007, and will appear in the April 10, 2007 print issue of *Circulation: Journal of the American Heart Association*.

“The strength of this study is that the amount of trans fatty acid levels was measured in blood samples from the study population. Because humans cannot synthesize trans fatty acids, the amount of trans fat in red blood cells is an excellent biomarker of trans fat intake,” said senior author Frank Hu, associate professor of nutrition and epidemiology at HSPH.

Clinical trials have shown that trans fatty acids increase LDL cholesterol and lower HDL cholesterol, making them the only class of fatty acids, which includes saturated fat, to have this dual effect. HDL (high-density lipoprotein) is considered a “good” cholesterol; LDL (low-density lipoprotein) a “bad” cholesterol.

The researchers, led by Hu and lead author Qi Sun, a graduate research assistant at HSPH, set out to test the assumption that higher trans fatty acid levels in erythrocytes—red blood cells—were associated with a higher risk of heart disease among U.S. women. Blood samples collected in 1989 and 1990 from 32,826 participants in the Brigham and Women’s Hospital-based Nurses’ Health Study were examined. During six years of follow-up, 166 cases of CHD were diagnosed and matched with 327 controls for age, smoking status, fasting status and date of blood drawing.

After adjusting for age, smoking status and other dietary and lifestyle cardiovascular risk factors, the researchers found that a higher level of trans fatty acids in red blood cells was associated with an elevated risk of CHD. The risk among women in the top quartile of trans fat levels was triple that of the lowest quartile. “Positive associations have been shown in earlier studies based on dietary data provided by the participants, but the use of biomarkers of trans fatty acids is believed to be more reliable than self-reports. This is probably the reason why we see an even stronger association between blood levels of trans fat and risk of CHD in this study,” said Sun.

“These data provide further justifications for current efforts to remove trans fat from foods and restaurant meals,” said Hu. “Trans fat intake in the U.S. is still high. Reducing trans fat intake should remain an important public health priority.”

The study was supported by the National Institutes of Health.

“A Prospective Study of Trans Fatty Acids in Erythrocytes and Risk of Coronary Heart Disease,” Qi Sun, Jing Ma, Hannia Campos, Susan E. Hankinson, JoAnn E. Manson, Meir J. Stampfer, Kathryn M. Rexrode, Walter C. Willett, Frank B. Hu, *Circulation*, April 10, 2007.

For more information, contact:

Todd Datz

tdatz@hsph.harvard.edu

617-432-3952

Harvard School of Public Health is dedicated to advancing the public's health through learning, discovery, and communication. More than 300 faculty members are engaged in teaching and training the 900-plus student body in a broad spectrum of disciplines crucial to the health and well being of individuals and populations around the world. Programs and projects range from the molecular biology of AIDS vaccines to the epidemiology of cancer; from risk analysis to violence prevention; from maternal and children's health to quality of care measurement; from health care management to international health and human rights.

Multnomah County Health Department
Lillian M. Shirley, RN, MPH, MPA
Director

Report to the Board of County Commissioners on Resolution 07-022
Directing the Health Department to Prepare a Strategic Plan
to Educate the Public on the Health Hazards of Consuming Artificial Trans Fat

Prepared by:
The Office of the County Health Officer
The Chronic Disease Prevention Program

March 28, 2007

EXECUTIVE SUMMARY

Resolution 07-022 directed the Health Department to prepare a strategic plan to educate the public on the health risks associated with consuming artificial trans fat. In preparing this initial report, the Health Department 1) reviewed key scientific research on the health effects of trans fat, 2) sought input from involved and knowledgeable local stakeholders, 3) reviewed emerging best practices from across the nation, and 4) developed action options for the Board of County Commissioners to consider.

The Health Department's approach confirmed the importance of trans fat as an important contributing cause of heart disease among county residents. Assuming that Multnomah County would experience benefits similar to those estimated nationally, the elimination of trans fat with substitution of un-hydrogenated unsaturated fats would save an estimated 100-180 lives per year.

The Department implemented a focused community engagement process to inform this report to the Board. We sought input from representatives of the food service industry, public health partners, schools, advocacy organizations, and others. Some of the key themes that emerged included:

1. Multnomah County has an opportunity to provide leadership to champion the health of our community. The county can help keep trans fat and other healthy eating issues at the forefront of the public's attention.
2. Trans fat needs to be addressed in the broader context of healthy eating and physical activity. There is a danger that focusing on trans fats will distract attention and resources from the broader set of nutritional factors that contribute to overweight/obesity, heart disease and other chronic diseases.
3. Market forces are leading the food industry to respond to the issue of trans fat. The County can play an important role by helping to maintain the public awareness that creates and focuses these market forces.
4. When it comes to healthy eating, public education is important, but it doesn't result in behavior change by itself. The public is already confused about what to eat and how to make sense of nutritional information. People need easy-to-understand tools to help them make informed choices. Also, because behavior change is a complex process, awareness and knowledge alone are not sufficient to change behavior. The environment has an enormous impact on the choices individuals make about food. Therefore, a wide range of strategies is needed to promote and support healthy eating and physical activity.
5. Intake of trans fat and other nutrients that contribute to overweight and chronic illness is especially relevant when consumers eat out. It is difficult for people to know the nutritional content foods they eat away from home. To make health choices, people need to know what they are ordering.
6. While regulation is a legitimate tool, there was general agreement that a trans fat ban in Multnomah County is not necessary or desirable at this time.

In reviewing emerging best practices from across the nation, the Health Department found that the nation is in a period of experimentation on how to best address healthy eating. As one of our stakeholders expressed it, the healthy eating movement is where the tobacco prevention movement was 15 or 20 years ago. Implementing sensible theory-based programs coupled with rigorous evaluation will identify the most promising practices.

The Health Department identified four main Action Options that Multnomah County could undertake:

1. Partner with the food service industry to promote voluntary efforts to give the people information they need to make healthy choices for where and what to eat when dining out.
2. With the food service industry, explore the effectiveness and feasibility of “point of purchase” menu nutrition labeling.
3. Partner with public and private sector organizations to promote and support healthy eating policies and “healthy weight friendly” worksite environments.
4. Adopt a comprehensive approach to promote healthy eating and active living in Multnomah County.

These Action Options and their benefits and rationale are presented in more detail in the attached table.

Action Option	Possible Action Steps	Public Health Benefits	Community Stakeholder Views	Basis
<p>1. Partner with the food service industry to promote voluntary efforts to give the people information they need to make healthy choices for where and what to eat.</p> <p>a) Recognize and endorse dining venues that identify and promote healthy meal items.</p> <p>b) Provide technical assistance to develop healthy menu items.</p> <p>c) Increase consumer demand for healthy food items eating away from home through marketing tools and local promotions.</p>	<ul style="list-style-type: none"> ○ Establish a voluntary healthy eating program that uses a credible and easily recognized nutrition guidance tool (e.g., a consistent logo) to identify healthy food items. ○ Implement a pilot project with one or more participating restaurants. ○ Expand the participation of Multnomah County restaurants in the national <i>HealthyDiningFinder.com</i> program. 	<ul style="list-style-type: none"> ○ Gives consumers greater choices for healthy places to eat out, and useful tools to guide healthy menu item choices. 	<ul style="list-style-type: none"> ○ Trans fat consumption is especially relevant when consumers eat out, and may not know that they are consuming trans fat. ○ The food service industry is already responding to the issue of trans fat, and we need to reach out to local food service industry to collaborate with us to make dining out a more healthful experience. ○ The general public is already confused and receives mixed messages about what to eat. Consumers need easy to understand tools to help them make informed choices. 	<ul style="list-style-type: none"> ○ National trends show that Americans are dining out more. ○ When eating out, people consume more calories than at home. ○ According to the National Restaurant Association, 72% of adults say they are trying to eat healthier now at restaurants than they did two years ago. ○ Though a range of meals is usually available, it is difficult to compare food options and make informed choices.
<p>2. With the food service industry, explore the effectiveness and feasibility of “point</p>	<ul style="list-style-type: none"> ○ Develop options for providing voluntary, standardized, simple, and understandable nutrition information (including 	<ul style="list-style-type: none"> ○ Gives consumers knowledge to make informed 	<ul style="list-style-type: none"> ○ The public has a need and right to know what they are eating so they can make informed choices. ○ Current per-serving 	<ul style="list-style-type: none"> ○ Studies show that it is difficult for consumers to estimate the calorie and fat

<p>of purchase” menu nutrition labeling.</p>	<p>calories) at the point-of-sale.</p> <ul style="list-style-type: none"> ○ Develop a pilot program to implement these approaches ○ Rigorously evaluate results to determine whether larger scale implementation is effective and feasible. 	<p>meal choices.</p> <ul style="list-style-type: none"> ○ Provides an impetus for reformulating menus and introducing healthier offerings. 	<p>displays of trans fat are open to interpretation and can be manipulated.</p> <ul style="list-style-type: none"> ○ Information for consumers should be provided in context, so consumers know what the nutritional information means. ○ Public education needs to reduce confusion and provide clear messages about what to eat. We need easy-to-understand tools that help consumers make informed choices. 	<p>content of restaurant foods.</p> <ul style="list-style-type: none"> ○ Restaurant foods are often high in calories, saturated and trans fat, and sodium, served in large portions, and priced in a way that makes larger serving sizes more appealing. ○ Even when it is available, nutrition information is often not easily accessible.
<p>3. Partner with public and private sector organizations to promote and support healthy eating policies and “healthy weight friendly” worksite environments.</p>	<ul style="list-style-type: none"> ○ Establish model policies, procedures, and practices to promote healthy eating, demonstrate how healthy eating can be promoted in workplaces, and make county environments healthier for clients, partners and employees. ○ Develop a pilot project with an institutional partner to show how changes in policies and practices can impact eating behavior. ○ Provide technical assistance to private sector partners to 	<ul style="list-style-type: none"> ○ Creates <i>systems</i> to promote healthier behaviors. ○ Normalizes healthier behaviors. 	<ul style="list-style-type: none"> ○ The issue of trans fat has provided the county with an opportunity to enhance its role as champion for a healthy community. ○ The county can help to keep the issue of trans fat and healthy eating at the forefront as trends shift the attention of the media and the food industry to other issues. ○ Start with the county itself; it is a large employer and could model how to “walk the talk.” 	<ul style="list-style-type: none"> ○ A majority of Multnomah County adults work outside the home. Worksites provide good settings to support healthy lifestyle choices and manage risks for chronic diseases.

	<p>encourage the adoption of standards to increase the availability of healthy foods served at worksite cafeterias, vending machines, and snack stands,</p> <ul style="list-style-type: none"> ○ Create a recognition program for worksites that promote and support “healthy weight friendly” worksite environments. 			
<p>4. Adopt a comprehensive approach to promote healthy eating and active living in Multnomah County.</p>	<ul style="list-style-type: none"> ○ Pass a Multnomah County Healthy Eating Active Living resolution to signify the Board’s commitment. ○ Adopt a Multnomah County Healthy Eating Active Living Plan as a call to action. ○ Enhance the Health Department’s capacity to implement the Healthy Eating Active Living Plan. 	<ul style="list-style-type: none"> ○ Gives individuals greater choices and opportunities to eat healthy foods and be active. 	<ul style="list-style-type: none"> ○ Efforts to educate the public about trans fat should be done in the context of a comprehensive approach to healthy eating. ○ The county should consider a wide range of strategies – from health education to policy and environmental changes – to increase community awareness, change behavior, and address barriers that limit healthy eating and physical activity. ○ The county can play a valuable role in addressing access to nutritious, affordable food by low-income communities. 	<ul style="list-style-type: none"> ○ Lessons from the tobacco movement suggest that multi-faceted approaches are more effective. ○ Both health education and policy changes are necessary to make healthy choices the easy choices.

FULL REPORT

INTRODUCTION

Through Resolution 07-022, the Multnomah County Board of County Commissioners directed the Health Department to prepare a strategic plan to educate the public on the health risks associated with consuming artificial trans fat. This Health Department report consists of three components: 1) a review of the scientific research on trans fat, 2) a summary of what we learned from input from local stakeholders and a review of emerging best practices across the nation, and 3) options for future action in Multnomah county. Given the short time frame to respond to the resolution, the Health Department submits this as an initial report for the Board to consider and to provide further direction to the Department.

The language of Resolution 07-022 focused on the Health Department identifying ways to educate the public about the dangers of trans fats. The Board's discussion also recognized that the trans fat issue is embedded in a larger set of issues around healthy eating, and that there are a variety of potential voluntary and regulatory approaches to decreasing trans fat consumption. In light of the Board's conversation, the Health Department looked at a broad range of input and ideas in crafting this initial report.

TRANS FAT: BACKGROUND & RESEARCH

Energy is stored in the body mostly in the form of fat. Both animal and plant-derived foods and food products contain fat. When eaten in moderation, fat is important for proper growth and development, and maintenance of good health. As a food ingredient, fat provides taste, consistency, and stability, and helps us to feel full. Fats are an especially important source of calories and nutrients for infants and toddlers, who have the highest energy needs per unit of body weight of any age group.

Trans fatty acids ("trans fat") are a specific type of fat. A small amount of trans fat is found naturally, primarily in animal-based foods (milk, butter, and meats). Most trans fat ("artificial trans fat") is formed when liquid food oils are converted into solid fats like shortening and hard margarine through the process of hydrogenation. Trans fats are attractive to the food industry because of their long shelf life, their stability during deep-frying, and their semi-solidity. Trans fats can be customized to enhance the taste and texture of baked goods and sweets. Most Americans consume the bulk of their trans fat in processed pre-packaged foods such as cookies, chips, crackers, cereals and in restaurant foods cooked with or in hydrogenated oils.

Before 1980, there was little concern about the trend of increased consumption of hydrogenated fat in the U.S. diet, especially when hydrogenated fats displaced fats relatively high in saturated fat. Since the 1990's, research has raised concerns about the adverse health effects of trans fatty acids, linking consumption of artificial trans fat to coronary heart disease. Many communities across the country are developing strategies to reduce consumption of trans fat to improve health and reduce health care costs.

Adverse Health Effects of Trans Fat

Research has found that consumption of trans fats increases the risk of coronary heart disease. This results primarily from changes in fat metabolism. Consumption of trans fats raises levels of LDL (“bad”) cholesterol, lowers levels of HDL (“good”) cholesterol, and increases the ratio of total cholesterol to HDL cholesterol, a predictor of coronary heart disease.

Trans fat consumption may also increase risk of cardiovascular diseases through other biological mechanisms. These include raising levels of triglycerides, promoting systemic inflammation, and causing blood vessel dysfunction. Further research is needed to clarify the importance of these mechanisms and to fully understand the effects of trans fat on human health.

In 2002, the Institute of Medicine concluded that there is a “...positive linear trend between trans fatty acid intake and total and LDL (“bad”) cholesterol concentration, and therefore increased risk of cardiovascular heart disease”. Furthermore, it recommended “that trans fatty acid consumption be as low as possible while consuming a nutritionally adequate diet”ⁱ. In 2006, Mozaffarian and his colleagues from the Harvard School of Public Health published *Trans Fatty Acids and Cardiovascular Disease* in the *New England Journal of Medicine*. This article summarized the evidence that consumption of trans fatty acids increases the risk of coronary heart disease, and concluded that eliminating trans fats from American diets could prevent up to 50,000 cardiac deaths each year.ⁱⁱ Some other studies suggest that trans fatty may have other health impacts, including diabetes, sudden cardiac death, and cancer.

All projections of the potential value of prevention efforts are based on a number of assumptions, and are subject to uncertainty. Assuming that Multnomah County would experience benefits similar to those estimated nationally, the elimination of trans fat with substitution of unhydrogenated unsaturated fats could prevent an estimated 100-180 deaths from heart disease each year.

Governmental Actions to Address Trans Fatty Acids

Effective January 1, 2006, the U.S. Food and Drug Administration ruled that nutritional labels for all conventional foods and supplements must indicate the content of trans fat. This ruling was the first substantive change to food labeling since the requirement for the listing of basic per-serving nutritional information was added in 1990. The FDA rules apply to foods ultimately sold to consumers through groceries and other retail outlets (not restaurants). The FDA gave food manufacturers two and a half years to retool their labels and reformulate their recipes. According to the FDA, this change will help Americans curb their risk of cardiovascular disease, and conservatively, it could save an estimated \$900 million to \$1.8 billion a year in medical costs, lost productivity, and pain and sufferingⁱⁱⁱ. Labeling has created an incentive for food manufacturers to reduce or eliminate trans fat, and the market has responded with food offerings that are much lower in trans fat than even a year ago.

In addition, the U.S. Department of Agriculture changed its food pyramid guideline to include a recommendation that trans fat consumption be limited. The change occurred after the Dietary Guidelines Advisory Committee issued a recommendation that consumption of trans fat be kept to below 1 percent of total energy intake.

Beyond Federal actions to change the food pyramid and require labeling of trans fat, local communities across the country are considering strategies to reduce and eliminate industrially

produced trans fats from food supplies. For example, New York City and Philadelphia have both passed local legislation to eliminate artificial trans fat in all restaurants and other food service establishments. Some communities including Boston are implementing voluntary healthy eating programs in cooperation with the local food service industry.

LOCAL STAKEHOLDER INPUT AND EMERGING BEST PRACTICES

Local Community Involvement Process

Given the relatively short time to report back to the Board in response to Resolution 07-022, the Health Department implemented a focused community engagement process to inform this initial strategic plan. In order to hear a range of perspectives on the issue of trans fat, nutrition policy, and public education, we identified diverse stakeholders. These represented the food service industry, local and state government partners, public health, school nutrition services, hunger relief organizations, advocacy organizations, university and research partners, and nutrition professionals. We invited input from people who are involved in providing food services in restaurants and schools as well as members of established Multnomah County advisory groups, specifically the Multnomah County Food Service Advisory Committee and the Portland Multnomah Food Policy Council.

We used three primary methods to gather community input. These included group meetings, key informant interviews, and email communication. We asked a range of questions to stimulate a broad conversation and gather perspectives on the relative importance of artificial trans fat and possible strategies to effectively educate the public about the health risks of consuming artificial trans fat. In light of the Board's discussion, we also specifically asked about the benefits and challenges of implementing a ban on trans fats in food service establishments. We analyzed stakeholder input by categorizing input into key themes, identifying issues where there was consensus or disparate opinion. We also derived ideas for potential county actions.

The richness of the conversations demonstrates that our local stakeholders have carefully considered the complexities of addressing trans fat, and possess substantial knowledge and expertise. We found a sincere commitment to collaborate with the county to promote the health of the community. There was a surprising amount of consensus from the stakeholders we talked to, from restaurant owners to public health advocates.

The Health Department found several prominent themes in the stakeholder input:

7. **Relative Importance of Trans Fat:** Trans fat is important because it contributes to heart disease. It is one of many nutrition factors, in addition to calories, total fat, portion size, that we should be concerned about. We need to address trans fat in the broader context of healthy eating and physical activity and promote positive messages about what to eat (e.g., increasing consumption of fruits and vegetables). There was a concern that by addressing only one nutritional factor – trans fats – we risk simplifying a very complex situation and focusing on only one of the many nutritional factors that results in overweight/obesity, heart disease and other chronic diseases.
8. **Industry Response to Trans Fat:** The food industry is responding to the issue of trans fat. Requirements by the FDA to label pre-packaged food items has resulted in healthier food products at the supermarket. Increased public awareness has created market forces

motivating food service establishments (such as KFC, Burgerville, and Starbucks) to reformulate their menus to reduce or eliminate trans fat.

9. **Comprehensive Approach:** When it comes to healthy eating, public education is important, but it doesn't result in behavior change by itself. Behavior change is a complex process involving multiple stages. The awareness and knowledge that results from education is rarely sufficient to change behavior. Also, while individuals ultimately make choices about food and physical activity, the environment in which we live has an enormous impact on how easy those choices really are. Unfortunately, current conditions present at least as many barriers as opportunities for healthy eating and daily physical activity. Therefore, the county should consider a wide range of strategies – from health education to policy changes – to increase community awareness, change behavior, and address barriers that limit healthy eating and daily physical activity.
10. **Dining Out:** The issue of trans fat specifically is most relevant when consumers are eating out, and they may not know that they are consuming trans fat. The food service industry is already responding to the issue of trans fat. There is also an opportunity to reach out to local food service industry and collaborate to make dining out a more healthful experience.
11. **Schools:** Representatives from public schools highlighted that schools are already moving to trans fat-free products as more of these products become available. They also felt that focusing on only one component of nutrition in schools (i.e., trans fat) neglects the broader opportunity schools have to improve nutrition among youth. Moreover, school nutritional standards are already regulated by entities beyond the county including the federal government.
12. **Meaningful Tools:** A public education campaign would need to take into account that the general public is already confused about what to eat and how to make sense of nutritional information. We need easy-to-understand tools that help consumers make informed choices.
13. **Nutritional Labels:** There was a consensus that the public has a need and right to know what they are eating so they can make informed choices. Unfortunately, the current per-serving approach to informing consumers about foods' trans fat content is inadequate. Serving size is open to interpretation and can be manipulated. Also, disclosure can be confusing because information about specific nutrients (including trans fat) is out of context, and the general public does not have adequate information to know what the content of these nutrients means.
14. **Multnomah County's Role:** The issue of trans fat has provided the county with leadership opportunity to enhance its role as a champion of a healthy community. The county can help keep the issue of trans fat and healthy eating at the forefront as the attention of the media, the public and the food industry shifts to other issues.

The Issue of Regulation

The issue of regulation was discussed at each stakeholder meeting. Stakeholders acknowledged that regulation is a legitimate tool, but there was general agreement that a trans fat ban in Multnomah County is not necessary or desirable at this time for a number of reasons: a) the food

industry is already responding to this issue, b) the challenges and costs of implementation and enforcement would be significant, c) it addresses only one of many important nutritional factors, d) it would not guarantee healthier products, and e) there are many other more important public health issues that should be the focus for our limited resources

Emerging Best Practices in Promoting Healthy Eating

As one of our stakeholders expressed it, the healthy eating movement today is where the tobacco prevention movement was 15 or 20 years ago. The nation is in a phase of experimentation; ongoing and future evaluation will identify the most promising practices.

Disclosure of Nutritional Content

According to the Center for Science in the Public Interest, three-fourths of adults report using food labels. Further, people who read nutrition labels are more likely to have a diet lower in fat and cholesterol, and higher in vitamin C.^{iv} Some research has demonstrated that labeling can help to reduce certain risk factors for disease including lower intakes of total fat, saturated fat, and cholesterol.^v Additionally, labels have assisted people with food allergies to determine the safety of food (e.g., peanuts, milk). It can also help patients such as those with high cholesterol who look for saturated fat and cholesterol on labels.^{vi}

On the other hand, it also appears that the availability of nutritional information on food packages has yet to positively impact the obesity crisis. In a review published in the journal *Public Health Nutrition*, the authors looked at 103 research papers that focused on food nutrition labeling. They concluded that consumers' "...reported use of nutrition labels is high but more objective measures suggest that *actual use* of nutrition labeling during food purchase may be much lower"^{vii} [emphasis added]. The authors also found that labels might be difficult to use. Consumers seem able to extract simple information from the labels and make simple calculations and comparisons. However, when they need to make complex comparisons and calculations, consumers' ability to use and interpret label information decreases.

There are limited studies specific to nutrition information on foods eaten away from home, and results of these studies have been mixed. An example is a published review of "point-of-purchase" interventions - i.e., giving consumers nutritional information at the time they order a meal. This review found that: "Overall, simply providing information in the restaurant setting appears to be associated with increased purchase of targeted items"^{viii} (i.e., healthier food). However, the researchers cautioned that taste and cost are the most important components of food choice, not nutritional concerns. This speaks to the importance of multi-strategy interventions; providing only nutritional information without offering healthier and tasty low-price options may not be effective.

There are varying perspectives on the issue of menu labeling, as reflected in our discussions with stakeholders as well as in a brief review of the research. Some stakeholders shared the perspective of the FDA's Obesity Working Group; point-of-purchase nutritional information could have a positive impact on healthier eating and potentially reduce the risk factors that cause obesity. In contrast, critics cited increased costs related to labeling, including those arising from analysis needed to determine the nutrient contents, and reformulation costs (e.g., changing menu items and their preparation, revising menus/menu boards, printing, and updating web sites).

New York City recently changed its city health code to require some restaurants to post calorie information on their menus and menu boards. This regulation applies to only the ten percent of restaurants that already made calorie content publicly available on or after March 2, 2007. Dr. Lynn Silver, Assistant Commissioner of the Chronic Disease Prevention and Control Program, anticipates that labeling will have a positive impact through two mechanisms: 1) enabling consumers to make informed choices, whether that means choosing healthy foods or not, and 2) creating an impetus for restaurants to reformulate their menus and introduce healthier offerings.

Regulation of Trans Fat

Several U.S. cities and states are considering proposals to phase out trans fat from restaurants and require food establishments to inform consumers as to the trans fat content of their products. These include Connecticut, Maryland, Cleveland, Chicago, Los Angeles, and Boca Raton, Florida. In February, Philadelphia's City Council voted to bar restaurants in the city from using trans fat. New York City's Board of Health recently changed its city code to phase out trans fat in restaurants. Boston has been actively working with restaurants to eliminate trans fat as a part of its BestBites Program, though the city's health officials are considering regulatory action. The American Public Health Association adopted a policy in 2006 supporting trans fat bans. Other health advocacy organizations have been more reserved in their support for trans fat bans. The American Heart Association, for example, has expressed concern that banning trans fat will lead to substitution of other unhealthy fats.

Comprehensive Approaches to Healthy Eating

Much of the research suggests that a community-centered multi-faceted "ecological" approach to healthy eating will likely be the best approach reducing obesity and chronic diseases caused by poor nutrition. Such an approach is analogous to current tobacco prevention/use reduction activities. Specific strategies could include regulating how certain foods are marketed to children, taxes or restrictions on food or beverages that are harmful or have minimal nutritional value, health insurance coverage for obesity prevention and treatment, mandated physical education in schools, nutrition standards in schools, enhancing exercise participation through improving the built environment (parks, playgrounds, safe streets), and public education (through nutrition labeling and other means).

ACTION OPTIONS FOR THE BOARD TO CONSIDER

The Health Department has identified four Action Options for the Board to consider in order to address the health risks associated with consuming trans fat. We developed the Action Options through a process that involved reviewing the science research on trans fat, drawing on input from community stakeholders, taking into account the innovative strategies being implemented in other communities, and integrating best practices in health education.

Summary of Action Options:

- Partner with the food service industry to promote voluntary efforts to give the people information they need to make healthy choices for where and what to eat when dining out.
- With the food service industry, explore the effectiveness and feasibility of "point of purchase" menu nutrition labeling.

- Partner with public and private sector organizations to promote and support healthy eating policies and “healthy weight friendly” worksite environments.
- Adopt a comprehensive approach to promote healthy eating and active living in Multnomah County.

Action Option 1: Partner with food service industry to promote voluntary efforts to give the people information they need to make healthy choices for where and what to eat when dining out.

Background/Discussion

National trends show that Americans are dining out more. In 1970, Americans spent just 26% of their food dollars on restaurant meals and other foods prepared outside their homes. By 2003, Americans were spending almost half (46%) of their food dollars on away-from-home foods^{ix}. When eating out, calorie consumption tends to be higher than eating at home.

According to the National Restaurant Association, 72% of adults say they are trying to eat healthier now at restaurants than they did two years ago^x. Though a range of meals is usually available, it is difficult to compare food options and make informed choices without nutrition information. Most restaurants do not have nutritional information for their menu items available for consumers. Even if they do have the information available, it is often not presented in ways that do not immediately influence consumers’ decisions about what to eat. For example, a single fast food meal can contain nearly 70 grams of fat, including more than 10 grams of trans fat^{xi}. Restaurant customers rarely have practical ways to know these nutritional contents at the time they order their meal.

Community stakeholders emphasized that restaurants are a major source of trans fat, and consumers need to know what they are eating when they are dining out. They advised us to collaborate with food service industry to provide consumers with easy-to-understand tools to compare menu options and make informed, wise choices. Working with the food service industry, the county can encourage, support, and promote voluntary efforts to give the public information on menu items by 1) recognizing and promoting dining venues that identify and promote healthy meal items, 2) providing technical assistance to develop healthy menu items, and 3) increasing consumer demand for healthy food items eating away from home with marketing tools and local promotions.

Action Steps to Consider:

1. Establish a voluntary healthy eating program that uses a credible and easily recognized nutritional guidance tool, such as a consistent logo, to identify healthy food items anywhere people eat away from home.

For example, the Boston Public Health Commission established *Boston BestBites: Food on the Lighter Side*, a program that helps local restaurants to identify menu items meeting the latest nutritional guidelines^{xii}. The designations provide customers with valuable information, helping them choose healthier, trans fat free, low calorie menu items. In the program, restaurants sign up, proposing menu items that they believe will qualify as BestBites and providing specific instructions for preparation. Nutritionists from the Boston Public Health Commission and Women’s Hospital Department of Nutrition then work with

restaurant owners and chefs to make healthy modifications to the recipe. Menu items that meet the criteria are awarded a Boston BestBites award, and participating restaurants receive window decals, table tents, and other promotional materials and share in advertising opportunities connected to the program. North Carolina's NC Prevention Partner's Winner's Circle Dining Program is a similar program that uses a consistent logo to identify healthy food items^{xiii}.

2. Implement a pilot project with participating restaurants to develop and promote healthy menus

For example, Junnoon, a restaurant in Palo Alto has teamed up with El Camino Hospital's South Asian Heart Center to create complete menu that is heart-healthy, from drinks to dessert. This collaboration is an innovative approach to addressing health disparities by focusing on restaurants frequented by community members disproportionately affected by heart disease, and the center "hopes to partner with more restaurants in Silicon Valley on healthy menus to accent its screening and personalized prevention programs".^{xiv}

3. Work with the Oregon Restaurant Association to expand the participation of Multnomah County restaurants in the national *HealthyDiningFinder.com* program.

The HealthyDiningFinder.com program lists restaurants with at least four menu items that meet healthy nutrition criteria. Currently, fewer than 20 Portland-area restaurants are listed on the website (there are more than 2,600 licensed restaurants in Multnomah County). The County could support and encourage participation by local restaurants by providing technical assistance to meet the healthy criteria and implementing a social marketing campaign to encourage consumers to visit the website. However, focusing on only an internet campaign will limit the reach of the program across our community.

The efforts described above would require an investment of county resources, for example to hire staff to establishment partnerships, provide technical assistance to food service industry, and to develop social marketing tools.

Action Option 2: With the food service industry, explore the effectiveness and feasibility of "point of purchase" menu nutrition labeling.

Background/Discussion

Studies have shown that it is difficult for the consumer to estimate the calorie and fat content of restaurant foods. Restaurant foods are often high in calories, saturated and trans fat, and sodium, served in large portions, and priced in a way that makes larger serving sizes more appealing^{xv}. While many restaurants with standardized menu items and portion sizes make nutrition information available, it is typically not easily accessible. Instead, information tends to be listed on a website or on food wrappers that customers see *after* they make a purchase. Calorie information is rarely displayed on menus or menu boards where it can help people make healthier, more informed choices. Currently, nutrition information is required for restaurant food only if a nutrient content or health claim, such as "low-fat" or "low-carb", is made for a menu item.^{xvi}

Action Steps to Consider

1. Work with the local food service industry to develop options for providing voluntary, standardized, simple, and understandable nutrition information to consumers at the point-of-sale in restaurants. This would include the calorie contents of menu items, and perhaps other information (e.g., fat content). This approach should consider incentives that would enhance voluntary industry participation.
2. Develop a pilot program to implement chosen options in a limited number of restaurants, and evaluate results to determine whether larger scale implementation is feasible and desirable.

Action Option 3: Partner with public and private sector organizations to promote and support healthy eating policies and “healthy weight friendly” worksite environments.

Background/Discussion

A majority of adult Multnomah County residents work outside the home. Community stakeholders highlighted that the county itself is a large employer and could establish “model” policies, procedures, and practices that promote healthy eating.

Worksites provide a good setting to support healthy lifestyle choices, and to help people manage risks for chronic diseases including heart disease. According to the *American Journal of Preventive Medicine*, research shows that over a two- to five-year period employers can yield a \$3-\$6 “return on investment” (ROI) for each dollar invested in improving employee heart health. This ROI assumes investment in comprehensive worksite health promotion and choosing health plans that provide adequate coverage and support for essential preventive services^{xvii}. The county can play a leadership role by demonstrating the practicality of such an approach, and by assisting public and private sector partners in implementing similar approaches.

Action Steps to Consider

1. Establish model Multnomah County policies, procedures, and practices that promote healthy eating. The intent is for the county to demonstrate how healthy eating can be promoted in workplaces as well as to make county environments healthier for our clients, partners and employees.

Policies could include:

- a) setting nutrition standards for food available through vending machines, food served at county-hosted community meetings, and food purchased for county services, including meals served at county jails,
 - b) enhancing worksite wellness programs to include activities that promote healthy weight, such as walking groups and on-site weight loss programs, and
 - c) strengthening policies and procedures to support employees throughout the organization who are breast feeding mothers.
2. Develop a pilot project with an institutional partner to study how changes in policies and practices can impact eating behavior. An example is collaborating with public schools to evaluate the impact of establishing the school nutrition standards (such as those proposed in HB 2650).

3. Provide technical assistance to private sector partners to encourage the adoption of standards to increase the availability of healthy foods served at worksite cafeterias, vending machines, and snack stands.
4. Create a recognition program for worksites that promote and support “healthy weight friendly” worksite environments, such as offering and promoting healthful food.

Action Option 4: Adopt a comprehensive approach to promote healthy eating and active living in Multnomah County

Community stakeholders told us that any effort to educate the public about the health risks of consuming trans fat should be done in the context of a comprehensive approach to address the broader issue of healthy eating. Such efforts should address factors in the community environment that make healthy choices difficult. The county can play a valuable role in identifying and addressing barriers in the community, and particularly addressing access to nutritious, affordable food by low-income communities.

Action Steps to Consider

1. Pass a Multnomah County Healthy Eating Active Living resolution

Such a resolution would signify the Board’s understanding that a broad, comprehensive approach is needed to create a healthy vibrant community in which Multnomah County residents can eat well and be active. For example, in 2005, King County Board of Health adopted a resolution “...recommending a comprehensive strategy to promote healthy eating and active living in King County.” The resolution highlighted the impact of chronic diseases such as heart disease and diabetes in reducing quality of life and increasing health care costs. The resolution included a ten-point strategy to promote healthy eating and active living.

2. Adopt a Multnomah County Healthy Eating Active Living Plan

Drawing from the Statewide Public Health Nutrition Plan, the core of a Multnomah County Healthy Eating Active Living Plan should focus on developing vibrant communities where the healthy choices are the easy choices – where county residents can safely walk and bike for commuting, errands, and recreation, and where adults and children have easy access to fresh fruits, vegetables, and other healthy foods at school, work, and when eating out.

Achieving these changes will require involvement of a wide variety of partners: policy makers, transportation officials, the food service industry, public health, schools, parks and recreation, universities, business sector, employers, voluntary health organizations, health care providers, and citizen groups. A comprehensive Multnomah County Healthy Eating Active Living Plan would serve as a call to action for all who can have an impact on promoting healthy eating and physical activity to improve the health of Multnomah County residents.

3. Enhance the capacity of the Health Department to implement the Multnomah County Healthy Eating Active Living Plan.

The Health Department’s current capacity to address risk factors for chronic disease or to implement more comprehensive approaches to healthy nutrition and activity is limited.

There are modest opportunities for external support (e.g., the healthy eating active living strategy in North Portland supported by the Northwest Health Foundation, and potential for enhanced state funding). Even with this external backing, the Department has minimal core capacity to support broader community-level efforts to improve nutrition and active living. In addition to investing county funds, the county can advocate at state and national levels for increased funding for programs dedicated to nutrition and physical activity.

CLOSING

Too many Multnomah County residents have an unhealthy diet and lead sedentary lives. Inactivity and poor diet contribute significantly to the development of obesity, high blood pressure, heart disease, cancer, and diabetes, which are leading causes of illness, disability and death among county residents. Fully one-third of premature deaths can be attributed to poor diet and lack of physical activity. Only tobacco use kills more people. The current epidemic of obesity in the U.S. has hit Oregon particularly hard. Twenty-two percent (22%) of Oregonians are obese, giving our state has the highest prevalence of adult obesity of any state west of the Rockies.

Discussions of the adverse health effects of trans fat has provided a catalyst for a broader discussion on healthy eating, nutrition policy, increased physical activity, and the role the county in these issues. In our discussions with community stakeholders, we learned that public interest in nutrition and healthy living is high. This is an opportunity for thoughtful consideration about the long-term benefits of investing in prevention and the role that the county can play in helping people to make healthier choices.

Footnotes

ⁱ Letter Report on Dietary Reference Intakes for Trans Fatty Acids, drawn from the Report on Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Food and Nutrition Board, Institute of Medicine. 2002, National Academy of Sciences

ⁱⁱ Mozaffarian, Dariush; Katan, Martijn B.; Ascherio, Alberto; Stampfer, Meir J.; Willett, Walter C. 2006. *Trans Fatty Acids* and Cardiovascular Disease. *New England Journal of Medicine*, 354(15): 1601-1613.

ⁱⁱⁱ U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition Office of Nutritional Products, Labeling, and Dietary Supplements, 2006: Questions and Answers about Trans Fat Nutrition Labeling

^{iv} Myth Vs. Reality: Nutrition Labeling at Fast-Food and Other Chain Restaurants, Center for Science in the Public Interest.

^v Studies include: Marietta AB et al. Knowledge, attitudes, and behaviors of college students regarding the 1990 Nutrition Labeling Education Act food labels. Lin CT et al. Do dietary intakes affect search for nutrient information on food labels? *Soc Sci Med*. 2004 Nov;59(9):1955-67.

^{vi} Kreuter et al. Do nutrition label readers eat healthier diets? Behavioral correlates of adults' use of food labels.

^{vii} Cowburn G, Stockley L. Consumer understanding and use of nutrition labeling: a systematic review: *Public Health Nutr*. 2005 Feb; 8(1)21:8. Review.

^{viii} Seymour JD et al. Impact of nutrition environmental interventions on point of purchase behavior of adults: a review. *Prev Med*. 2004 Sep;39 Suppl 2:S108-36. Review.

^{ix} National Restaurant Association, 2002. Also Center for Science in the Public Interest, *Anyone's Guess*, November 2003.

^x National Restaurant Association, October 2005. As presented by B. Hudson Riehle, Senior Vice President, Research and Information Services, National Restaurant Association. Oregon Restaurant Association and Oregon Lodging Association's Leadership Conference September 18, 2006

^{xi} www.mcdonalds.com reports that a large order of French Fries contains 8 grams of trans fat, a strawberry shake contains 1 gram of trans fat, and a quarter pounder with cheese contains 1.5 grams of trans fat, for a meal total of 10.5 grams of trans fat. This meal includes a total of 69 grams of total fat and 26 grams saturated fat.

^{xii} www.bphc.org

^{xiii} www.winnercirclehealthydining.com

^{xiv} Palo Alto Daily News, February 13 2007, quote by Ashish Mathur, Executive Director, South Asian Heart Center
^{xv} Center for Science in the Public Interest. *Anyone's Guess*. November 2003.

^{xvi} Published in the Aug. 2, 1996, Federal Register, apply the Nutrition Labeling and Education Act (NLEA) of 1990 to restaurant menu items that carry a claim about the food's nutritional content or health benefits.

^{xvii} American Journal of Preventive Medicine, 2005, as reported in Oregon Department of Human Service's *Oregon's Statewide Plan for Heart Disease and Stroke Prevention and Care*, 2005.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 4/5/07

SUBJECT: Public Health: Trans fats

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Tracy Allen Caraluzzi CARALUZZI

ADDRESS: PO Box 8770 / 109 Corrock Drive

CITY/STATE/ZIP: Ketchum Idaho 83340

PHONE: 208 DAYS: 726-7707 EVES: _____

EMAIL: nomsg7@msn.com FAX: 208-727-2110

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Board Clerk Use Only

Meeting Date: 04/05/07
Agenda Item #: R-6
Est. Start Time: 10:30 AM
Date Submitted: 03/29/07

Agenda Title: **Electronic Health Record Implementation Update, Financing Plan and Primary Care Financial Forecast**

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

Requested Meeting Date: April 5, 2007 **Amount of Time Needed:** 30 minutes
Department: Health Department **Division:** Business Services and Integrated Clinical Services
Contact(s): Wendy Lear
Phone: 503-988-3663 **Ext.** 27574 **I/O Address:** 167/210
Presenter(s): Vanetta Abdellatif, Wendy Lear, Susan Kirchoff

General Information

1. What action are you requesting from the Board?

No action is requested. The Health Department would like to brief the Board on a few issues related to our Electronic Medical or Health Record (EMR or EHR) System implementation and Primary Care revenue for FY07. In January, the Board requested an update on how the EMR implementation was going. Alignment with the Budget process and our need for a Supplemental Budget in late spring, make the timing of this briefing important.

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

We would like to update the Board on:

- (1) Progress to date and the conclusion of the EMR implementation for Primary Care
- (2) How the EMR budget compares to the actual costs, now that we are near completion
- (3) Update on Primary Care budget for FY07, resulting in a revenue gap this year and our plans for FY08 and beyond.

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

Briefing only, no action requested.

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

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

Required Signature

**Elected Official or
Department/
Agency Director:**

Lillian Shirley

**Date: KJ
03-29-07**

Multnomah County Health Department

Briefing to the Board of County Commissioners

April 5, 2007

Update on Electronic Health Record (EHR) Implementation and the
Primary Care System

The Health Department assures, promotes, and protects the health
of the people of Multnomah County

Assure
Assure access to
necessary and
dignified health
care

Promote
Promote the health
of all County
residents

Protect
Protect the health
of all County
residents

Overview

1. Status of Electronic Health Record (EHR) System Implementation
2. EHR Financing – Budget/Plan Compared To Actual
3. Primary Care Revenue Forecast For FY07
4. Financing History
5. Plan For Closing The Gap for FY07 and the future
6. Funding Options and Recommendations
7. Next Steps

Status of Electronic Health Record (EHR) System Implementation

- First go-live was at North Portland Primary Care in October 2005
- Implemented EHR at North, Northeast, LaClinica in FY06
- In FY07, we implemented East County, MidCounty (our largest clinic), and all 12 School-Based Health Clinic sites.
- Implementation will be complete with the go-live of Westside and the HIV Health clinics, (date TBD)

EHR Financing – Budget/Plan Compared To Actual

- The financing plan for EPIC EHR (formerly called EMR) estimated a \$4.5 million cost to implement and operate the system for the first two-years. (See Appendix 1)
- Actual implementation costs have been closer to \$3.6 million, but a “full cost of ownership” will be done, once implementation is complete
- We did not receive a federal appropriation, nor have we reached agreement with the State for a Medicaid match
- There is just under \$1 million in Medicaid match earmarked for EHR and another \$2.2 million in Medicaid “wrap around” collections which could be used to close out the project
- The good news is we have more resources for EHR than expenses

Primary Care Revenue Forecast For FY07

- ↗ In FY07 we have paid \$850,000 in EHR implementation fees out of our operating budget
- ↗ With three implementation in this fiscal year--East, MidCounty and SBHC—we have had a short term loss of productivity while the clinics went onto the system, resulting in an estimate \$1 million less in revenue
- ↗ More uninsured clients in our Primary Care system also means less Medicaid revenue than anticipated
- ↗ Mid Year changes in the Federal Family Planning Expansion Project (FPEP) program revenue means FPEP will no longer pay for services that were included in the program last year and the visit rate is half of what it was in FY06
- ↗ The resulting revenue gap for Primary Care will be between \$3-5 million in FY07

Primary Care Financing History

- In FY04, the Oregon Health Plan (OHP) dropped 20,000 people in Multnomah County from “OHP Standard” coverage
- In a short time Primary Care went from 30% uninsured to 60% uninsured
- This resulted in a \$1 million shortfall in FY04, the closure of Southeast Primary Care clinic, downsizing staff and team size to cut \$3 million from FY05 Primary Care budget. (Process referred to as “ROCS” Reconfiguration of Clinical Services)
- FY05 and FY06 Primary Care sustained the changes from ROCS and increased the percentage of insured clients, allowing the Health Department to return \$1.5 million in unspent CGF
- By the end of FY06 and into FY07 the percentage of uninsured in our system began creeping upward, as enrollment in the OHP declined across the State

Plan for Closing the Gap in FY07 and the Future

➤ In December Department wide strategies employed to address revenue gap in Primary Care-

- ✗ Hiring chill positions held vacant, where possible without effecting revenue generation or critical service delivery
- ✗ Grant revenue maximized

➤ Primary Care is-

- ✗ Implementing strategies to increase access for OHP clients
- ✗ Increasing use of group visits
- ✗ Launching Building Better Care project

Plan for Closing the Gap in FY07 and the Future Continued...

- FY08 Budget, build on current patient mix and percentage of uninsured
- Increased pharmacy revenue means no significant change in CGF for Primary Care
- Building Better Care project will improve services and enhance revenue:
 - ✗ Patients assigned a care team with responsibility for addressing all health care needs = improved outcomes and decreased cost
 - ✗ Focus is on designing a care delivery model that maximizes the use of the care team and frees providers from non-essential activities enabling them to see more clients
 - ✗ Improve new patient intake process to improve eligibility screening for OHP and other coverage
 - ✗ Incorporates integration of behavioral health and physical health services to eliminate duplication and reduce gaps in care

Funding Options and Recommendations

- The \$2.2 million in Medicaid “wrap around” revenue could be used to close this gap
- What do we have an increase in “wrap around “ revenue? (See Appendices 2 and 3)
- The terms of the Primary Care 330 grant require that “program income,” which is what this is, be folded back into the program
- The previous Board informally agreed that wrap around revenue should go back into the Primary Care system
- However the Board has options—such as swap it with County General Fund supporting the clinics

Recommendation: Allow the Health Department to use the excess revenue to close the revenue gap this year

Next Steps

- Health Department will work with the Budget Office to prepare a Supplemental Budget request and Budget Modification in the spring to move the \$2.2 million in Medicaid Wrap Around revenue and the \$900,000 in Medicaid Match earmarked for EMR into the Health Department budget
- We are watching the revenue closely but it is too soon to tell if this will be enough to close the gap for this fiscal year, a contingency request could occur before year end



Health Department

MULTNOMAH COUNTY OREGON

Electronic Medical Record (EMR) Implementation Plan Update Multnomah County

Background

The Health Department is in the final phase of upgrading its information technology. SAP replaced the Department's financial and human resource systems in 2000. The second phase, removed all Health Department applications from the mainframe. By the end of 2003, the EPIC Practice Management system had replaced the Health Information System (HIS) patient scheduling and billing systems. The implementation of the EMR system is the final phase. This will complete the replacement of the HIS and it will replace our paper medical records system.

EMR Implementation Plan

North Portland clinic was selected as OCHIN's beta site. "Go-live" was in November 2005. After the successful implementation at North Portland, the other primary care clinics are scheduled, one approximately every few months. EMR will eventually be rolled out to all the primary care clinics, specialty clinics, and school-based health clinics. The implementations were expected to span 2 years and are on schedule.

Business Plan

The total implementation cost to Multnomah County is estimated to be \$4.5 million and will be funded jointly through the Oregon Community Health Information Network (OCHIN), CareOregon, county, state, federal and clinical resources. The 2-year costs have increased by \$250k to reflect an increase in the negotiated start-up and buy-in costs with OCHIN. If OCHIN is able to secure additional federal or private foundation grants it will lower the cost of buy-in for us and the other OCHIN partners. The financial plan covers a one-time system buy-in cost, hardware infrastructure cost, training and the loss of clinical revenues during the implementation process. Ongoing costs will be built into future business plans as operating costs for the clinical services.

Financing Plan

The financing plan on page 2 details the funding needed for the 2-year business plan, while also keeping resources in reserve as a hedge against a potential Medicaid audit. The Health Department believes in being prudent with our resources now, while we continue to pursue grants, foundation and other support for EMR. This will insure we have adequate capital to complete the implementation by the middle of FY08.

Financing Plan-detail

Source	Description	Plan Resources	Actual	Action Needed
Trust Fund	The Board approved the creation of the trust fund, the source of the trust fund revenue, and the use of the trust fund for audit and EMR in Oct '03.	\$1,500,000 made up of IGT Practice Management claims net of payments for OCHIN spin-off. The spin-off is complete, so no additional payments are expected. Small amounts of Practice Management IGT continue to come into this fund.	<i>\$1,632,827 was moved by Board action to the capital project fund, for EMR</i>	None, the source of funds and use has not changed. Should clarify that IGT generated from EMR claims will go into this fund.
Medicaid Wrap-around revenue	Reinvestment of program income, from accrued wrap around income.	\$700,000 was received in May 2005 from wrap around revenue for the FY03 period when we transitioned off of HIS system to EPIC Practice Management.	<i>\$0</i>	Change in accounting treatment of Wrap Around revenue accruals.
FY06 Operating Budget	The Health Department will make the first payment for EMR start-up from the current operating budget, rather than take it out of the Trust account.	\$1,250,000 million from current operating income.	<i>\$1,250,000 plus lost productivity costs in FY06 covered by other Operating revenue</i>	None. This will allow us to continue to hold money in trust as an audit contingency.
Northwest Health Foundation Grant	This foundation funded by Kaiser Permanente is considering a funding proposal for North Portland EMR.	\$500,000	<i>Received \$418,000 in FY06 from Northwest Health Foundation (NWHF) the donor arm of Kaiser</i>	None at this time. Budget Modification would be required if an award is made.
Federal appropriation request	An appropriation request has been made through the PAO.	\$500,000	<i>\$0</i>	None at this time.
Intergovernmental Transfer (IGT) Medicaid revenue for EMR	Approximately 25 percent of the implementation costs will be recovered through Medicaid IGT claiming.	\$300,000 will be generated from the first \$1.25 million payment, if the payment is made from current operations.	<i>\$0</i>	None at this time. The IGT contract for EMR is still in draft form at the State.

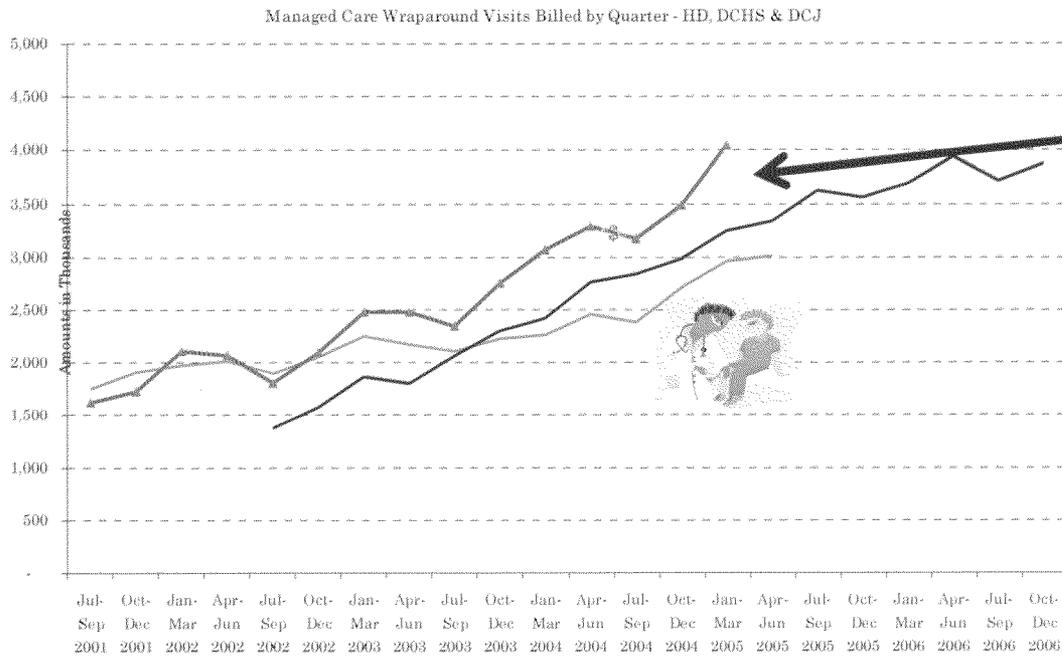
Appendix 2

Managed Care Wraparound Visits Billed by Quarter - HD, DCHS & DCJ



	Jul-Sep 2001	Oct-Dec 2001	Jan-Mar 2002	Apr-Jun 2002	Jul-Sep 2002	Oct-Dec 2002	Jan-Mar 2003	Apr-Jun 2003	Jul-Sep 2003	Oct-Dec 2003	Jan-Mar 2004	Apr-Jun 2004	Jul-Sep 2004	Oct-Dec 2004	Jan-Mar 2005	Apr-Jun 2005	Jul-Sep 2005	Oct-Dec 2005	Jan-Mar 2006	Apr-Jun 2006	Jul-Sep 2006	Oct-Dec 2006	
Total Encounters-10	1,757	1,917	1,980	2,019	1,902	2,059	2,246	2,173	2,101	2,219	2,259	2,467	2,383	2,704	2,958	3,015							
PPS Amt Paid in 1000's	1,624	1,730	2,108	2,066	1,804	2,097	2,478	2,472	2,337	2,752	3,065	3,285	3,167	3,481	4,051								
PPS Amt Billed in 1000's	1,676	1,812	2,171	2,128	1,843	2,164	2,658	2,664	2,588	2,842	3,140	3,411	3,230	3,521	4,081	4,109							
Accrual(Net) in 1000s					1,374	1,798	2,444	1,615	2,409	2,754	2,885	2,974	2,772	3,332	3,911	3,313	3,944	3,056	4,460	4,274	3,064	3,685	

Appendix 3



It is this gap, between what we estimate and what we actually collect that results in "excess" wrap around revenue

Are we behind in billing? Yes, but we will be current by November 2007. By contract we cannot bill the State for FQHC "wrap around" revenue until a quarter has been closed for 9-months. Since we bill in quarterly blocks; can only bill a quarter once (no going back if we find more claims for a quarter); and we have to bill and collect from every other payer first, then 9-months is a reasonable time before submitting a wrap around claim. Waiting will maximize how much we collect by assuring a complete and accurate claim. The soonest we could bill for the quarter ending March 31, 2007 is January 2008.

Are we losing money or at risk for not collecting these revenues? No, Despite this lag between when revenue is estimated and when it is collected we have a strong collection rate even in the instance where the claim was several years old.

When we get caught up, will we get behind in billing again? Getting behind by more than the required nine months, as we did in FY05 won't happen again without Health and County Business Services making a joint recommendation to do so.



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

Board Clerk Use Only

Meeting Date: 04/05/07
 Agenda Item #: R-7
 Est. Start Time: 11:00 AM
 Date Submitted: 03/27/07

Agenda Title: PROCLAMATION Proclaiming April 2nd through April 8th, 2007 Public Health Awareness Week in Multnomah County, Oregon; and Presentation of Multnomah County's Seventh Annual Public Health Heroes Celebration

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

Date Requested: April 5, 2007 **Time Requested:** 60 minutes
Department: Health **Division:** _____
Contact(s): Kate Yen
Phone: (503) 988-3674 **Ext.** 26113 **I/O Address:** 160/8
Presenter(s): Lillian Shirley and Invited Others

General Information

1. What action are you requesting from the Board?

The Health Department is requesting Board approval of a PROCLAMATION Proclaiming April 2nd through April 8th, 2007 Public Health Awareness Week in Multnomah County, Oregon, and that the Board honor Multnomah County Public Health Heroes and celebrate the ways that health professionals and community members promote the health and wellbeing of Multnomah County. We are requesting that the Board, along with Lillian Shirley, acknowledge the 2007 Public Health Heroes.

2. Please provide sufficient background information for the Board and the public to understand this issue.

National Public Health Week was established by the American Public Health Association in 1995 as a way to recognize the contributions of public health and prevention services to America's wellbeing. For the past several years, Multnomah County Health Department, with the support of the Board of County Commissioners, has recognized and celebrated our local public health heroes. Over forty community members, organizations, businesses, youth, county employees, and policy makers have been given the distinguished honor of Public Health Hero to honor their efforts to promote the health and wellbeing of Multnomah County. The recognition of numerous community partners has been a public acknowledgement of the many diverse ways that everyday citizens, as well as highly trained professionals contribute to the overall health of Multnomah County.

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

There is no fiscal impact – the budget for this recognition is minimal

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

There are no legal or policy issues involved

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

Citizens participate as nominators, nominees, and heroes in the Public Health Heroes celebration.

Required Signatures

**Department/
Agency Director:**



A handwritten signature in cursive script, appearing to read "Lillian Shuly", is written over a horizontal line.

Date: 03/27/07

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. _____

Proclaiming April 2nd through April 8th, 2007 Public Health Awareness Week in Multnomah County, Oregon

The Multnomah County Board of Commissioners Finds:

- a. The Multnomah County Board of Commissioners recognize the contributions of community members and health professionals who promote the health and well being of the citizens of Multnomah County. The contributions of these dedicated individuals help achieve ten essential services of public health in communities:
- Monitor health status to identify community health problems
 - Diagnose and investigate health problems and health hazards in the community
 - Inform, educate and empower people about health issues
 - Mobilize community partnerships to identify and solve health problems
 - Develop policies and plans that support individual and community health efforts
 - Enforce laws and regulations that protect health and ensure safety
 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable
 - Assure a competent public health and personal health care workforce
 - Evaluate effectiveness, accessibility and quality of personal and population-based health services
 - Research for new insights and innovative solutions to health problems

The Multnomah County Board of Commissioners Proclaims:

The Week of April 2nd through April 8th, 2007 as Public Health Awareness Week in Multnomah County, Oregon, where working in partnership with diverse communities promotes Healthy People in Healthy Communities.

ADOPTED this 5th day of April, 2007.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY OREGON

Ted Wheeler, County Chair

Maria Rojo de Steffey,
Commissioner District 1

Jeff Cogen,
Commissioner District 2

Lisa Naito,
Commissioner District 3

Lonnie Roberts,
Commissioner District 4

BOGSTAD Deborah L

From: YEN Kate
Sent: Monday, March 26, 2007 11:06 AM
To: #MULTNOMAH COUNTY ALL EMPLOYEES
Subject: 2007 Public Health Hero winners
Follow Up Flag: Read
Due By: Tuesday, April 03, 2007 12:00 AM
Flag Status: Flagged

The Multnomah County Health Department is pleased to announce the winners of this year's Public Health Hero awards. We received 76 nominations this year in six categories. Please join us in congratulating all the individuals and groups who were nominated on **Thursday, April 5th from 11:00am – 12:00pm** for the 2007 Public Health Heroes Celebration at 501 SE Hawthorne Street, 1st floor in the Boardroom.

For all of their tireless hours in pursuit of better health and living standards for all people in our community, we salute our 2007 Public Health Heroes:

Josiah Hill Community Leadership Award:

Garland Brown – Garland Brown has been a personal fitness trainer in the African American community in Portland for over 10 years. Over this time he has supported hundreds of African Americans in starting and pursuing exercise and personal fitness. A great trainer who works with people of every age and physical ability, including children and elderly, he has trained others who have become fitness trainers - so his influence on the health of the African American community extends well beyond himself.

Rick Seifert – A community organizer, teacher and journalist, he is founder of the Southwest Community Connection newspaper. He has written extensively on the health of the Hillsdale community and helped organize a variety of projects that makes the community healthier: safe routes to schools for kids; creation of the Hillsdale farmer's market; pushing for the development of a town plaza; advocating for affordable housing for the elderly; and a is founding member of the Northwest Media Literacy Center which promotes healthier lifestyles for children and their families.

Katie Jeans – Gail Award for Young Heroes:

Tiara Orr, Victoria Hoang, Alena Lam, Katie Sanders and Cynthia Cervantes – This group of Benson High School students recognized a need for school based health center (SBHC) within their school. They wanted to ensure their classmates would be able to access SBHCs if and when services or health care is needed. They did outreach to teachers, arranged class time for presentations, prepared visual materials to assist with their presentation, posted posters around school promoting the health centers, and have been great advocates for SBHCs in general. Their classmates now recognize them as students familiar with SBHC program and services. By promoting SBHCs, this group is promoting public health via teen health care and needed treatment.

Community Based Organization Award:

Loaves & Fishes Centers, Inc. – known as the “Meals on Wheels” people by serving 750,000 meals per year to 6,500 Multnomah County seniors and people with disabilities, Loaves & Fishes do so much more. In 2006 they began Living Well with Chronic Disease and Enhance Fitness, two evidence-based exercise classes and classes for persons with chronic disorders and began building a \$3.5 million state of the art kitchen that expanded their capacity, reduced their cost per meal, and positioned them to respond to the aging “baby boomers.” Further, they are a recognized leader and fundraiser, expanding their services when others are retrenching, recruiting and motivating more than 7400 volunteers. This large number of volunteers is vital to provision of public health benefits within our community, as it would not be possible to provide nutritional meals, socialization opportunities, and wellness classes to our senior population without their on-going efforts.

BOGSTAD Deborah L

From: YEN Kate
Sent: Monday, February 05, 2007 1:33 PM
To: #MULTNOMAH COUNTY ALL EMPLOYEES
Subject: seeking nominations for 2007 Public Helath Hero Awards
Importance: High
Follow Up Flag: Follow up
Due By: Wednesday, February 28, 2007 9:30 AM
Flag Status: Flagged

PLEASE forward to your networks for wide distribution! Thanks!

The Multnomah County Health Department is now accepting nominations for the 2007 Public Health Hero Awards until **Friday, March 2nd**! Online nomination form and information about the 2007 Public Health Heroes Celebration is available at www.mchealth.org/phh or you can contact Kate at ext. 26113. Nominations are sought in the following categories:

- **The Josiah Hill Award** – this award is for outstanding community leaders dedicated to fighting for social, racial, health and environmental justice.
- **Multnomah County Employee** – for current Multnomah County employees who demonstrate outstanding service to the public.
- **Business** – recognizes a business that promotes public health through their business practices.
- **Community-Based Organization** – this award is for a community agency.
- **Katie Jeans-Gail Award for Young Heroes** –for a youth or youth-related group who inspires or promotes other young people to make healthy lifestyle choices.
- **Governor John Kitzhaber Public Health Leadership** – for outstanding policy leaders (individual or organization) who work to influence policy solutions that have improved the public health environment for all members of our community in Multnomah County and the state of Oregon

Please help us in identifying individuals, organizations, and businesses that embody the spirit and achievements of a Public Health Hero! For more information, please contact Kate Yen at kate.yen@co.multnomah.or.us or at (503) 988-3674 ext. 26113. Thank you.

Kate Yen

Community Health Council Manager
& Community Health Communications Liaison
interoffice: 160/8
ext. 26113
work cell: (503) 519-3084

Now is the time to nominate a Public Health Hero! Fill out a nomination form at www.mchealth.org/phh

2/7/2007

John Kitzhaber Policy Leadership Award:

American Lung Association of Oregon (ALAO) – exemplifies the spectrum of public health approaches--from individual services, to community organizing, to policy advocacy. Although they work throughout the state, the ALAO has been a particularly important partner of the County's Tobacco Prevention Program. They have helped promote the passage of smokefree playgrounds for the City of Portland, smokefree transit shelters with TriMet, tobacco free schools, and have partnered on a major project to promote smokefree apartment housing. They have been an important part of the effort to pass 100% smokefree workplace legislation, as well as raising the tobacco tax and restoring full funding for the statewide Tobacco Prevention Program.

Business/Corporation Award:

Alliance of Portland Neighborhood Business Associations (APNBA) – a collective of all the business district associations located in neighborhoods, industrial sanctuaries, town centers, and main streets in Portland, Oregon. A Business District Association is a group of businesses organized to support and promote the commercial area where they operate. Since business district associations are often the glue that holds neighborhoods together, giving them the distinctive identities that characterize Portland, planning with these associations is essential to a meaningful recovery from a public health emergency. APNBA has gone above and beyond civic and APNBA-related responsibilities to ensure that neighborhood businesses are part of public health emergency planning and recovery, allowing the Health Department to reach smaller and medium sized businesses, tailor important planning communications to these businesses and provide general support and input on the overall engagement process.

Multnomah County Employee Award:

Glea Livingston – Glea is the only nurse in the Community Engagement Team, a joint venture with Central City Concern, in which multidisciplinary teams provide intensive case management and other services to 89 chronically homeless, dual diagnosis clients. Glea provides home visits and engages with her clients anywhere she can find them, on the street, in shelters, jail, hospitals, etc. Literally hundreds of people over the last 3 years have relied on her medical support. That support reaches from regularly filling up pill boxes for medication compliance to calling 911 as she spots a medical crisis at a client's apartment. Glea plays a unique, yet integral role in the participant's lives, as she provides them with in-home health care, medication management, wound care, and other medical services that most participants haven't received in years. Most importantly, Glea connects people to valuable resources, in a time of resource scarcity. Both in and outside of work, Glea fosters relationships with churches, organizations, and groups of people wanting to help.

The award ceremony on **Thursday, April 5th** begins at 11:00am followed by a brief reception. For more information on the Public Health Heroes Celebration or to see a complete list on nominees, please visit www.mchealth.org/phh

Please get approval from your supervisor if attending during work hours. **RSVP by Tuesday, April 3rd** to Kate at ext. 26113 or via e-mail to kate.yen@co.multnomah.or.us

Kate Yen

Community Health Council Manager
& Community Health Communications Liaison
interoffice: 160/8
ext. 26113
work cell: (503) 519-3084

Save the date: Thursday, April 5th from 10:30am - 11:30am for the 2007 Public Health Heroes Celebration!
Need more information? www.mchealth.org/phh



MULTNOMAH COUNTY OREGON

March 29, 2007

Contact: Kate Yen, Multnomah County Health Department
503-988-3674 Ext. 26113, Cell 503-519-3084

**Multnomah County Health Department announces 2007
Public Health Heroes**

Multnomah County Health Department's seventh annual Public Health Heroes award celebration recognizes the contributions that community members make through their work or volunteerism to protect and promote the health of all of us in Multnomah County.

Public Health Hero awards are given in six categories (listed with winners on the second page) three of which have been named for individuals who have made outstanding contributions to public health. Multnomah County established the **Josiah Hill Community Leadership Award** to honor his legacy as a powerful and dedicated champion in the fight for social, racial, health, and environmental justice. The **Governor John Kitzhaber Public Health Leadership Award** honors those in our community who have worked unceasingly to create policy solutions that assure, promote, and protect health for every member of the community. The **Katharine Jeans-Gail Award for Youth Heroes** memorializes a young woman who was a champion for public health. She worked both locally and internationally to assure that the most vulnerable in our world could be healthy.

Multnomah County Health Department will celebrate the contribution of local health heroes at the seventh annual Public Health Heroes award ceremony:

**Thursday, April 5, 2007
11:00 a.m. to 12:00 p.m.
Multnomah Building Board Room
501 SE Hawthorne Blvd.
Portland, Oregon 97214**

"The public health system's ability to serve the working poor, uninsured, and medically under-served depends on the commitment of an extensive network of community organizations and individuals, or 'Public Health Heroes.' We're honoring those who work to make Multnomah County a healthier place to live," states Health Department Director Lillian Shirley RN, MPH, MPA.

-More-

2007 Public Health Hero Awardees

Josiah Hill Award for Community Member

Garland Brown has been a personal fitness trainer in Portland's African American community for over 10 years. He has supported hundreds of African Americans in starting and pursuing exercise and personal fitness. Brown is respected as a great trainer who works with people of every age and physical ability, including children and elderly. He has trained others who have become fitness trainers, so his influence on the health of the African American community extends well beyond himself.

Rick Seifert is a community organizer, teacher and journalist and founder of the Southwest Community Connection newspaper. He has written extensively on the health of the Hillsdale community and helped organize a variety of projects that make the community healthier: safe routes to schools for kids; creation of the Hillsdale farmer's market; pushing for the development of a town plaza; advocating for affordable housing for the elderly. Seifert is also a founding member of the Northwest Media Literacy Center which promotes healthier lifestyles for children and their families.

Governor John Kitzhaber Public Health Leadership

American Lung Association of Oregon (ALAO) exemplifies the spectrum of public health approaches: from individual services, to community organizing, to policy advocacy. Although they work throughout the state, ALAO has been an important partner of Multnomah County's Tobacco Prevention Program. They have helped promote the passage of smokefree playgrounds for the City of Portland, smokefree transit shelters with TriMet, tobacco-free schools, and have partnered on a major project to promote smoke-free apartment housing. They have been an important part of the effort to pass 100% smoke-free workplace legislation, as well as raising the tobacco tax and restoring full funding for the statewide Tobacco Prevention Program.

Multnomah County Employee

Glea Livingston is the only nurse in the Community Engagement Team, a joint venture with Central City Concern which provides intensive case management and other services to 89 chronically homeless, dual diagnosis clients. She provides home visits and engages with her clients anywhere she can find them, on the street, in shelters, jail, or hospitals. Hundreds of people over the last 3 years have relied on her medical support. Livingston provides them with in-home health care, medication management, wound care, and other medical services that most participants haven't received in years. Both in and outside of work, Glea fosters relationships with churches, organizations, and groups of people wanting to help.

Business

Alliance of Portland Neighborhood Business Associations (APNBA) is a collective of all the business district associations located in neighborhoods, industrial sanctuaries, town centers, and main streets in Portland, Oregon. A Business District Association is a group of businesses organized to support and promote the commercial area where they operate. Since business district associations are often the glue that holds neighborhoods together, planning with these associations is essential to a meaningful recovery from a public health emergency. APNBA worked to ensure that neighborhood businesses are part of public health emergency planning and recovery.

Community-Based Organization

Loaves & Fishes Centers, Inc., known as "Meals on Wheels," serves 750,000 meals per year to 6,500 Multnomah County seniors and people with disabilities. In 2006 they began Living Well with Chronic Disease and Enhance Fitness, two evidence-based exercise classes and classes for persons with chronic disorders. Loaves and Fishes has recruited and motivated more than 7400 volunteers. This large number of volunteers is vital to the health of our community, as it would not be possible to provide nutritional meals, socialization opportunities, and wellness classes to our senior population without their ongoing efforts.

Katie Jeans-Gail Award for Young Heroes

Tiara Orr, Victoria Hoang, Alena Lam, Katie Sanders and Cynthia Cervantes – This group of Benson High School students recognized a need for a school based health center (SBHC) within their school. They wanted to ensure their classmates would be able to access SBHCs if and when services or health care is needed. They did outreach to teachers, arranged class time for presentations, prepared visual materials to assist with their presentation, and distributed posters around school promoting the health centers.

###

BOGSTAD Deborah L

From: YEN Kate

Sent: Wednesday, April 04, 2007 12:15 PM

To: warden@lungoregon.org; hleung@ahscpdx.org; rebecca.weaver@heart.org; sen.avelgordly@state.or.us; sen.margaretcarter@state.or.us; Tina.D.Edlund@state.or.us; Bob Mackay; corlissm@aahc-portland.org; fordd@careoregon.org; dchuckovich@orpca.org; gloriawiggins@hotmail.com; narajam@aol.com; MASON James; jeanene.smith@state.or.us; leec@mail.irco.org; Lupita@NWHF.org; marialisa@comcast.net; Marylou@communityhealthpartnership.org; mmundy@ulpdx.org; pferrari@haciendacdc.org; rhernandez@haciendacdc.org; sokhomt@mail.irco.org; thomas@nwhf.org; yugenr@lifeworksnw.org; alivingston@bufor.org; Baruti.Artharee@providence.org; chrysalisministries1@hotmail.com; colquitt@ohsu.edu; dlevine1@pps.k12.or.us; farquhar@pdx.edu; genitagilmore@aol.com; harrisj@nwrel.org; highlandph@aol.com; knightri@ohsu.edu; ksaadat@cascadeaids.org; learyj@pdx.edu; lwendt@ci.portland.or.us; mharper@ci.portland.or.us; millefre@ohsu.edu; millnerd@pdx.edu; njeri.karanja@kp.org; sistahmidwife@msn.com; sstoudam@lhs.org; #MULTNOMAH COUNTY ALL EMPLOYEES; kdempsey@aahc-portland.org; Patricia Bollin; tmaier@lfcpx.org; jhigh@orpca.org; danitah@mail.irco.org; Stacy Moe-Kean; Women With Disabilities Health Equity Coalition; African American Health Coalition ; Alliance of Portland Business Associations ; American Lung Association ; Clackamas Women's Services; Community Cycling Center; Community Health Partnership; Courtesy Vending; Freedom House Ministries; Hahn & Associates; SMITH Joan; New Seasons Market; Oregon Primary Care Association; Providence Health System; Providence Health System; Quest Center for Integrative Health; Radio Cab Company; Rahab's Sisters; SPOFFORD Cathy C; Union Gospel Mission of Portland; Sherrie Smith; Ann Kasper; Courtney Bailey; DELAUNAY Janine; Jenn Brenner; Joanne Gavin; Liz Weber; Mel Radar; Mellani Calvin; Patricia Backlar; Rebecca Landau

Subject: 2007 Public Health Heroes Celebration

Follow Up Flag: Follow up

Due By: Thursday, April 05, 2007 9:00 AM

Flag Status: Flagged

FYI:

The Multnomah County Health Department is pleased to announce the winners of this year's Public Health Hero awards. Please join us in congratulating all the individuals and groups who were nominated on **Thursday, April 5th from 11:00am – 12:00pm** for the 2007 Public Health Heroes Celebration at **501 SE Hawthorne Street, 1st floor in the Boardroom.**

For all of their tireless hours in pursuit of better health and living standards for all people in our community, we salute our 2007 Public Health Heroes:

Josiah Hill Community Leadership Award:**Garland Brown and Rick Seifert****Katie Jeans – Gail Award for Young Heroes:****Tiara Orr, Victoria Hoang, Alena Lam, Katie Sanders and Cynthia Cervantes****Community Based Organization Award:****Loaves & Fishes Centers, Inc.****John Kitzhaber Policy Leadership Award:****American Lung Association of Oregon (ALAO)**

4/5/2007

Business/Corporation Award:

Alliance of Portland Neighborhood Business Associations (APNBA)

Multnomah County Employee Award:

Glea Livingston

Learn more about our awardees and all our nominees at the awards ceremony on **Thursday, April 5th** which begins at 11:00am followed by a brief reception. If you are a County employee, please obtain approval from your supervisor if attending during work hours.

For more information on the Public Health Heroes Celebration or to see a complete list on nominees, please visit www.mchealth.org/phh

Kate Yen

Community Health Council Manager
& Community Health Communications Liaison
Multnomah County Health Department
426 SW Stark St., 8th floor
Portland, Oregon 97204

work: (503) 988-3674 ext. 26113

cell: (503) 519-3084

www.mchealth.org/chc

Save the date: **Thursday, April 5th** from 11:00am - 12:00pm for the 2007 Public Health Heroes Celebration!

Need more information? www.mchealth.org/phh

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

PROCLAMATION NO. 07-050

Proclaiming April 2nd through April 8th, 2007 Public Health Awareness Week in Multnomah County, Oregon

The Multnomah County Board of Commissioners Finds:

a. The Multnomah County Board of Commissioners recognize the contributions of community members and health professionals who promote the health and well being of the citizens of Multnomah County. The contributions of these dedicated individuals help achieve ten essential services of public health in communities:

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

The Multnomah County Board of Commissioners Proclaims:

The Week of April 2nd through April 8th, 2007 as Public Health Awareness Week in Multnomah County, Oregon, where working in partnership with diverse communities promotes Healthy People in Healthy Communities.

ADOPTED this 5th day of April, 2007.

BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY OREGON

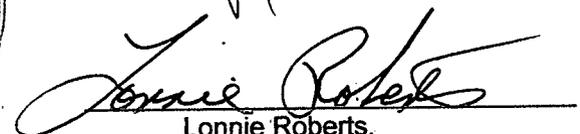

Ted Wheeler, County Chair


Maria Rojo de Steffey,
Commissioner District 1


Lisa Naito,
Commissioner District 3




Jeff Cogen,
Commissioner District 2


Lonnie Roberts,
Commissioner District 4



Special thanks to the following individuals for their time and assistance:

Alleh Lindquist	Harold Odbiambo	Jonathan Potkin
Althea Milechman	Jill Holden	Kevin Kitamura
Bonnie Yan	Jon Marquardt	Leisa Vandehey
Esther Leckie	Daryl Ma	Pam Hiller
Deb Bogstad	Tracy Trathen	Kate Yen



The Multnomah County Health Department is pleased to honor all the deserving nominees for their compassion and dedication to making Multnomah County a healthier place to live:

African American Health Coalition	Radio Cab Company	Kate Yen
Alliance of Portland Business Associations	Rahab's Sisters	Diane Drum
American Lung Association	Union Gospel Mission of Portland	Kim Tierney
Benson High School Students – Health Occupations Program	Women with Disabilities Health Equity Coalition	Lorenzo Poe, Jr.
Bienestar De La Familia Caldera	Athena Bettger	Lora Goode
Central City Concern – Recuperation Care Program	Avel Gordly	Loriann McNeill
Clackamas Woman's Services	Bruce Goldberg	Lorna Loomis
Community Cycling Center	Carla Radcliffe	Maria Kosmetatos
Community Health Partnership	Charlesetta Holcomb – Levias	Marsha Brumbaugh
Courtesy Vending	Christine Khamvongsa	Mary Jo Thomas
Freedom House Ministries	David Watson	Michael Kilday
Hahn & Associates	Dee Scoles	Mobile Medical Van Staff
Loaves & Fishes, Inc.	Donna Louie	Monica Balbontin
Multnomah County Mobile Medical Van	Garland Brown	Nabil Zaghoul
New Seasons Market	Glea Livingston	Natalie Ballard
Oregon Primary Care Association	Graham Harriman	Noelle Wiggins
Providence Health System	Harriet Homan	Pam Waldman
Quest Center for Integrative Health	Jeannie Chesney	Patsy Kullberg
	Jennifer Tujo	Perry Cabot
	Jim Spitzer	Richard Brown
	Jim Thayer	Rick Seifert
	Joice Taylor	Roy Kallas
	Jon Schrotzberger	Sharlene Rivers
	Juan Mendez	Sharon Todd
	Karen Mayfield	Sonja Hendrix
		Steve Bullock

Celebrating Our Public Health Heroes



MULTNOMAH
COUNTY
Health Department



Public Health
Prevent. Promote. Protect.

April is Public Health Month

**Multnomah County Health Department
Public Health Heroes Awards**

April 5th, 2007 • 11 a.m. – Noon



*Honoring Our Public Health Heroes
In Celebration of Public Health Week 2007*

Josiah Hill Community Leadership Award

Multnomah County lost a powerful and dedicated champion in the fight for social, racial, health, and environmental justice when Josiah Hill III passed away October 12, 2000. To honor his legacy, the Health Department has established the Josiah Hill Community Leadership Award to be presented annually to outstanding community members.



Garland Brown – Garland Brown has been a personal fitness trainer in the African American community in Portland for over 10 years. Over this time he has supported hundreds of African Americans in starting and pursuing exercise and personal fitness. A great trainer who works with people of every age and physical ability, including children and elderly, he has trained others who have become fitness trainers - so his influence on the health of the African American community extends well beyond himself.

Rick Seifert – A community organizer, teacher and journalist, he is founder of the Southwest Community Connection newspaper. He has written extensively on the health of the Hillsdale community and helped organize a variety of projects that makes the community healthier: safe routes to schools for kids; creation of the Hillsdale farmer's market; pushing for the development of a town plaza; advocating for affordable housing for the elderly; and is founding member of the Northwest Media Literacy Center which promotes healthier lifestyles for children and their families.



Katie Jeans-Gail Award for Young Heroes

Katharine Jeans-Gail lived a life driven by a service to people in need. She worked with Mother Theresa in Calcutta, India and helped build a clinic in Morocco. Our community lost a young public health hero in December 2003. The Health Department has named this award the "Katie Jeans-Gail Award for Young Heroes" to honor her life and acknowledge the way she inspired others to promote health in our community. This award will be presented annually to young public health heroes.



Cynthia Cervantes, Alena Lam, Victoria Hoang, Tiara Orr, and Katie Sanders – This group of Benson High School students wanted to ensure that their classmates would be able to access SBHCs if and when services or health care is needed because their school does not have a health center. They did outreach to teachers, arranged class time for presentations, prepared visual materials, created posters promoting the health centers and have been great advocates for SBHCs in general. By promoting SBHCs, this group is promoting public health via teen health care and needed treatment.

Community Based Organization Award

This award is given to a community based organization that promotes extraordinary health and wellness throughout Multnomah County through the services they provide.



Loaves & Fishes Centers, Inc. – Known as the "meals on wheels" people by serving 750,000 meals per year to 6,500 Multnomah County seniors and people living with disabilities, Loaves and Fishes does so much more. In 2006 they began Living Well with Chronic Disease, an evidence based class for people living with chronic disorders and EnhanceFitness, an exercise class. The 7,400 volunteers they recruit and motivate each year are vital to the provision of public health benefits within our community, as it would not be possible to provide nutritional meals, socialization opportunities, and wellness classes to the senior population without them.

Governor John Kitzhaber Policy Leadership Award

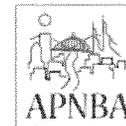
Former Governor John Kitzhaber leveraged his medical school education and political influence into significant policy solutions that have improved the public health environment for Multnomah County and Oregon. To honor his contributions, the Health Department established the Governor John Kitzhaber Policy Leadership Award to be presented to outstanding policy leaders/organizations that work to influence policy solutions that have improved the public health environment for Multnomah County and Oregon.



American Lung Association of Oregon (ALAO) – exemplifies the spectrum of public health approaches – from individual services, to community organizing, to policy advocacy. Although they work throughout the state, the ALAO has been a particularly important partner of the County's Tobacco Prevention Program. They have helped promote the passage of smokefree playgrounds for the City of Portland, smokefree transit shelters with TriMet, tobacco free schools, and have partnered on a major project to promote smokefree apartment housing. They have been an important part of the effort to pass 100% smokefree workplace legislation, as well as raising the tobacco tax and restoring full funding for the statewide Tobacco Prevention Program.

Business / Corporation Award

This award is given to businesses/corporations that promote public health through their business practices.



Alliance of Portland Neighborhood Business Associations (APNBA) – a collective of all the business district associations located in neighborhoods, industrial sanctuaries, town centers, and main streets in Portland, Oregon. A Business District Association is a group of businesses organized to support and promote the commercial area where they operate. Since business district associations are often the glue that holds neighborhoods together, giving them the distinctive identities that characterize Portland, planning with these associations is essential to a meaningful recovery from a public health emergency. APNBA has gone above and beyond civic and APNBA-related responsibilities to ensure that neighborhood businesses are part of public health emergency planning and recovery, allowing the Health Department to reach smaller and medium sized businesses, tailor important planning communications to these businesses, and provide general support and input on the overall engagement process.

Multnomah County Employee Award

Everyday Multnomah County employees work tirelessly to serve the community with compassion and outstanding service. The award was established to recognize the best of the best.



Glea Livingston – Glea is the only nurse in the Community Engagement Team, a joint venture with Central City Concern, in which multidisciplinary teams provide intensive case management and other services to 89 chronically homeless, dual diagnosis clients. Glea provides home visits and engages with her clients anywhere she can find them, on the street, in shelters, jail, hospitals, etc. Literally hundreds of people over the last three years have relied on her for medical support. That support ranges from regularly filling up pill boxes for medication compliance to calling 911 as she spots a medical crisis at a client's apartment. Glea plays a unique, yet integral role in the participant's lives, as she provides them with in-home health care, medication management, wound care, and other medical services that most participants haven't received in years. Most importantly, Glea connects people to valuable resources in a time of resource scarcity. Both in and outside of work, Glea fosters relationships with churches, organizations, and groups of people wanting to help.