



Multnomah County Oregon

Board of Commissioners & Agenda
connecting citizens with information and services

BUDGET WORK SESSION & PUBLIC HEARING AGENDAS

*Unless otherwise noted, meetings held at
501 SE Hawthorne Blvd. Portland
Multnomah Building, Commissioners Board Room 100 off main lobby*

WEDNESDAY, MAY 26TH – 9:00 AM – 3:00 PM

BOARD BUDGET WORK SESSION # 4

POLICY & OPERATIONAL CHALLENGES & ISSUES

WS-1	9:00 am	GENERAL FUND FORECAST UPDATE FOR THE THIRD QUARTER
WS-2	9:45 am	HEALTH DEPARTMENT
	11:45 am	Lunch Break

CABLE PLAYBACK INFORMATION:

May 26th 9:00 am - 12:00 pm – Live on Channel 30 East
Replays - Ch. 30 East: May 29th : 9:00 am - 12:00 pm

WS-3	1:00 pm	INFORMATION TECHNOLOGY
WS-4	2:00 pm	CAPITAL
	3:00 pm	Adjourn

CABLE PLAYBACK INFORMATION:

May 26th 1:00 – 3:00 pm – Live on Channel 30 East
Replays - Ch. 30 East: May 29th : 12:00 – 2:00 pm

Work Sessions are open to the public but no public testimony will be taken.

MULTNOMAH COUNTY OREGON

May 18th and 19th, 2010



FY 2011 Budget Worksession

Issues/Discussions/Findings
Department of County Human Services
Follow- Up - Department to provide a schematic of the "Safety Net" at the next worksession.
Follow- Up - Department to address what their "core services" are at the next worksession.
Provide on-going information on how PO 25065 Mental Health Peer Clubhouse will link to workforce development efforts already underway (i.e. City of Portland). Also, provide information about State Funding for employment services – how much?
BOARD BRIEFING – PO 25124 East County Homeless Outreach during the coming year report back to on the progress
BUDGET NOTE (Willer) – <i>(specific language tbd)</i> SUN contracts all require innovation around fee collection. DCHS will provide a report to the Board regarding the status of fees and collection. The report will detail out the information by school including the demographics for each individual school. Report will be presented to the Board within 2 months of FY 2011 budget adoption.
Health Department
Follow-Up – provide an overlay of clients served onto the FTE graphic.
Continued understanding of how national healthcare reform will impact the Health Department and the County's health costs.
Follow-Up – provide a client grid by service FY 2010 to FY 2011 at the next worksession.
Follow-Up – provide detailed budget information (similar to DCHS budget presentation).
County Management
Follow-Up – information on the progress of the Management Class Comp study.
Follow-Up – information on the contracts redesign and business process re-engineering implementation.
Community Services
BOARD BRIEFING – October 2010, Animal Services Briefing on programmatic changes.
Information Technology
Follow-up – cost benefit analysis of the new space configuration for the Multnomah Building 4 th floor.
Community Justice
Follow-up – at the next worksession discuss the program offers funded with OTO funds.
Sheriff's Office
Follow-up – at the next worksession discuss the impact of the data analyst in Business Services.
Countywide
Follow-up – Budget Office will provide year over year comparison, by department, fund and FTE.



MULTNOMAH COUNTY

AGENDA PLACEMENT REQUEST – short form

Board Clerk Use Only

Meeting Date: 05-26-2010
Agenda Item #: WS-1 thru
Est. Start Time: WS-4
Date Submitted: 9 am - 3 pm

Agenda Title: FY 2011 Budget Worksession on Policy and Operational Challenges and Issues – County Human Services, Health, Library, Community Justice, Sheriff, District Attorney, Community Services, Non-Departmental, County Management, Information Technology and the Facilities Capital Plan.

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

Requested Meeting Date: May 25, 26 and 27 if necessary **Amount of Time Needed:** 11.5 hrs. (9:00-4:30 p.m.)
And (9:00-3:00 p.m.)
Department: County Management **Division:** Budget Office
Contact(s): Karyne Kieta, Budget Director
Phone: 503-988-3312 **Ext.** 22457 **I/O Address:** 503/5/531
Presenter(s): Karyne Kieta, Department Heads and invited staff

General Information

1. What action are you requesting from the Board?

After the Chair's Proposed Budget is approved for submission to the Tax Supervising & Conservation Commission (TSCC), the Board may begin deliberations on it. These worksessions are the second opportunity for the Board to hear from the departments. The Board will have the opportunity to ask clarifying questions and to deliberate on the approved budgets. There are no decisions to be made at this point in the process. Board members may propose budget notes or amendments at anytime in the process during a public worksession.

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.

Last week, the Board had the first wave of worksessions where departments presented budget overviews regarding what changed from the FY 2010 Adopted Budget to the FY 2011 Proposed Budget. We are now moving into the second wave, where the Board will hear about the policy and operational challenges and issues that the department will be facing in the upcoming fiscal year. The

Board will also hear from each department's CBAC on its recommendations. The second wave of worksessions is scheduled for a full day on May 25th, most of the day on May 26th, and a follow-up worksession on May 27th, if needed. May 25th and 26th worksessions are broken down into a morning and afternoon sessions. The first morning session will begin with the Department of County Human Services, the Health Department and the Library. The afternoon session will begin with the Community Justice, Sheriff, District Attorney and then Community Services. May 26th will begin the morning with Non-Departmental, and County Management. Information Technology will kick off the afternoon and then we will hear about the Capital Plan from Facilities. A follow-up session is scheduled for May 27th in the afternoon if needed. Below is a detailed schedule for the second wave.

May-10		
	25	BOARD WORKSESSION: Policy & Operational Challenges & Issues
9:00		DCHS
10:00		Health
11:00		Library
Noon		LUNCH Break
1:00		DCJ
2:00		MCSO
3:00		DA
3:45		CS
4:30		Adjourn
6:00-8:00		PUBLIC HEARING - IRCO, 10301 NE Glisan
9:00	26	General Fund Forecast Update - 3rd Quarter
		BOARD WORKSESSION (cont): Policy & Operational Challenges & Issues
9:45		Non-Departmental
10:30		DCM
11:30		LUNCH Break
1:00		IT
2:00		Capital
3:00		Adjourn
1:00-3:00	27	Follow-Up Worksession, If needed
6:00-8:00		PUBLIC HEARING - East County - 600 NE 8th Street, Gresham
	31	HOLIDAY - MEMORIAL DAY

During the FY 2010 budget debrief (July, August 2009), members of the Board and their staffs expressed their desire for a different format for the FY 2011 budget worksessions. District 1 staff, the Chair's Office, and the Budget Office proposed several alternative formats that Board staff reviewed with their Commissioners. Consensus was reached to focus and streamline the worksession formats. This first "wave" of worksessions focused on what changed from the FY 2010 Adopted Budget to the FY 2011 Proposed Budget. The second wave will focus on Policy and Operational Challenges and Issues for FY 2011. A general agenda was developed for all departments to follow. This high-level agenda will allow them the greatest flexibility in their presentations respecting the uniqueness of each department. The agenda for the second wave is as follows:

FY 2011 Department Agenda Format

WAVE 2 – Policy and Operational Challenges & Issues

1. Agenda Overview/Introductions
2. CBAC
3. Challenges & Issues
 - a. Policy
 - b. Organizational & Operational
 - c. Other

4. Follow-Up

The third wave is the evening public hearings where testimony is taken and overlaps with the second wave. The TSCC hearing is scheduled for June 9th and the budget is scheduled to be adopted on June 10th.

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

N/A—Board work session only.

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

N/A—Board work session only.

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

The Chair's Proposed Budget included significant public participation. Several community forums have been held to date, and additional public hearings and community forums have been scheduled at various times during the upcoming weeks.

Required Signatures

Elected Official or
Department/
Agency Director:



Date: 5/6/2010



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST (revised 09/22/08)

Board Clerk Use Only

Meeting Date: 5/26/2010
Agenda Item #: WS-1
Est. Start Time: 9:00 am
Date Submitted: BudgetWorkSession

Agenda Title: **General Fund Revenue Forecast Update**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>5-26-2010</u>	Amount of Time Needed:	<u>30 minutes</u>
Department:	<u>County Management</u>	Division:	<u>Budget Office</u>
Contact(s):	<u>Karyne Kieta, Budget Director</u>		
Phone:	<u>503-988-3312</u>	Ext.	<u>22457</u>
Presenter(s):	<u>Mike Jaspin</u>		
I/O Address:	<u>503/501</u>		

General Information

1. What action are you requesting from the Board?

Attend a briefing session to hear an update of the County's General Fund revenue forecast. No decisions will be made; this is an information 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.

County Financial Policies recognize the importance of developing and maintaining a five-year financial forecast for the General Fund in order for the Board to be able to assess the long-term financial implications of current and proposed policies and programs.

The forecast presentation will provide an update of available funding for FY 10, FY 11 and beyond; provide context for evaluating financial risk and for assessing the County's ability to sustain services; and identify key variables that might change the level of revenues or expenditures.

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

N/A—briefing only.

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

N/A—briefing only.

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

N/A—briefing only.

Required Signature

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

Mindy Harris

Date: 5/12/10

FY 2011 General
Fund 5-Year Forecast Update
*Presentation to the Board of County
Commissioners*

Multnomah County Budget Office
May 26, 2010

Introduction

- Economic Overview
- FY 2010 Revenue Review
 - BIT
- FY 2010 One-Time-Only Funds for FY 2011
- General Fund Reserve & Contingency for FY 2011
- Estimated Ongoing FY 2012 Revenue/Expenditure Gap
 - FY 2011 Actions
 - FY 2011 Ongoing Programs w/OTO
 - FY 2012 New/Annualized Costs
 - FY 2012-2015 Gap
 - Assumptions
- Forecast Risks & Issues
- Summary & Questions



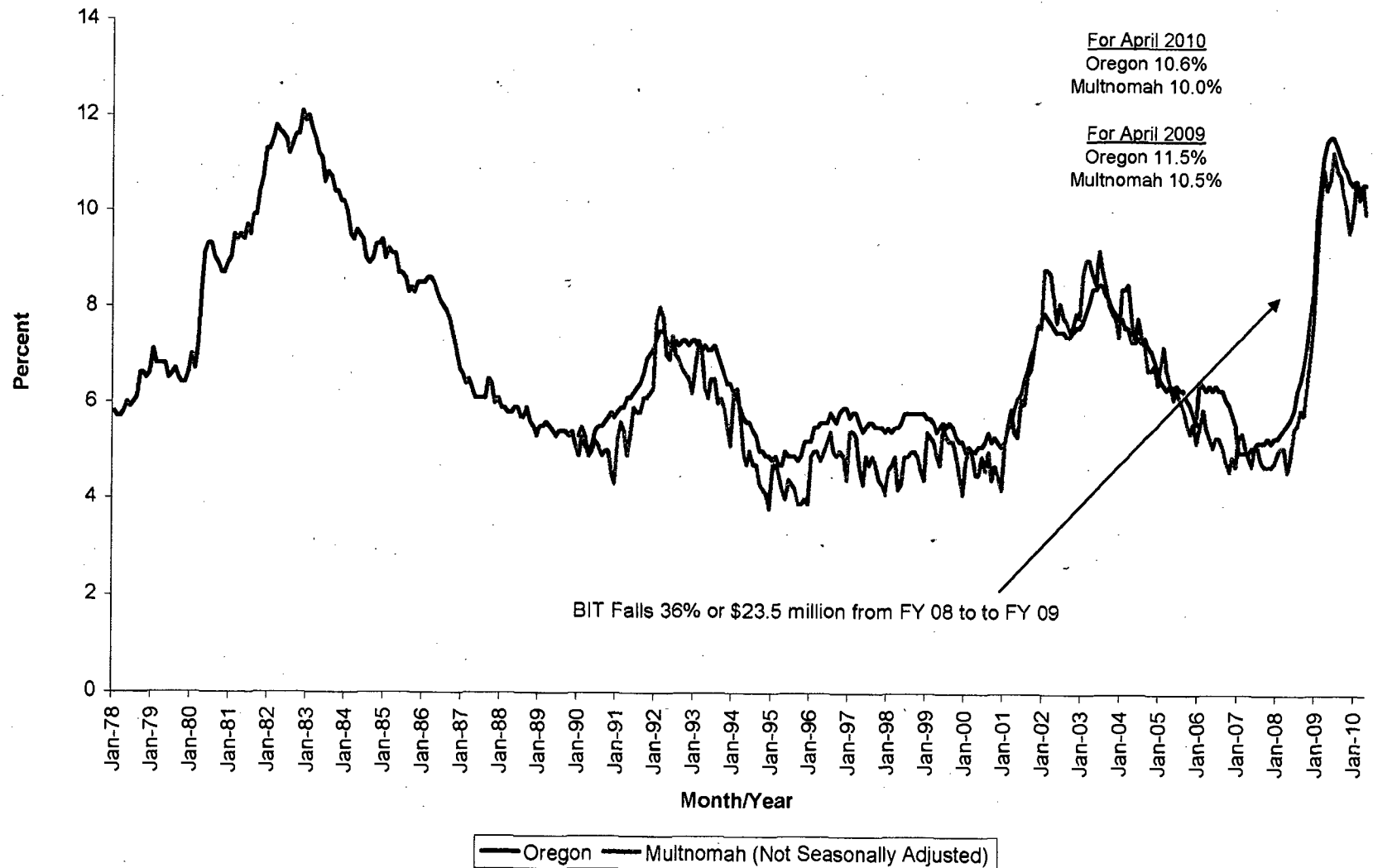
Economic Overview

- Stabilizing economy with technical end of recession in 2009.
 - U.S. GDP – 3 consecutive quarters of growth: 2009 Q3 = 2.2%, Q4 = 5.6%, and 2010 Q1 = 3.2%
 - ✓ But... expect weaker second half of 2010
 - ✓ Decline in Federal stimulus spending, end of inventory adjustment cycle, and weak residential investment.
 - Labor Markets – Employment, unemployment, work week, etc.
 - Housing
- Some recent trends...
 - Oregon Exports are up 41.2% for Q1 on a year over year basis. Computer & Electronics up 67.8% and accounts for 45.7% of total. Exports to China up 109.4% and Malaysia 169.3%. These two countries account for 40.2% of all exports.
 - New Home sales for March were 38,000 w/ seasonally adjusted annual rate of 411,000 (distorted # due to tax credit)... At peak, was 1.3 million. (Census Bureau)
 - National Health Expenditures are expected to be 17.3% of GDP in 2009 vs. 16.2% in 2008 and nearly 2 and half times as much than other developed OECD countries on a per capita basis in 2007. (Center for Medicare & Medicaid Services, pre-reform legislation, post-ARRA; OECD)
 - Weekly Unemployment Claims – 4-week moving average @ 453,500, which is down from 600,000 plus, but still near peak levels seen in the last two recession.
- Forecast continues to assume a stabilizing national and local economy with a protracted and uneven recovery.



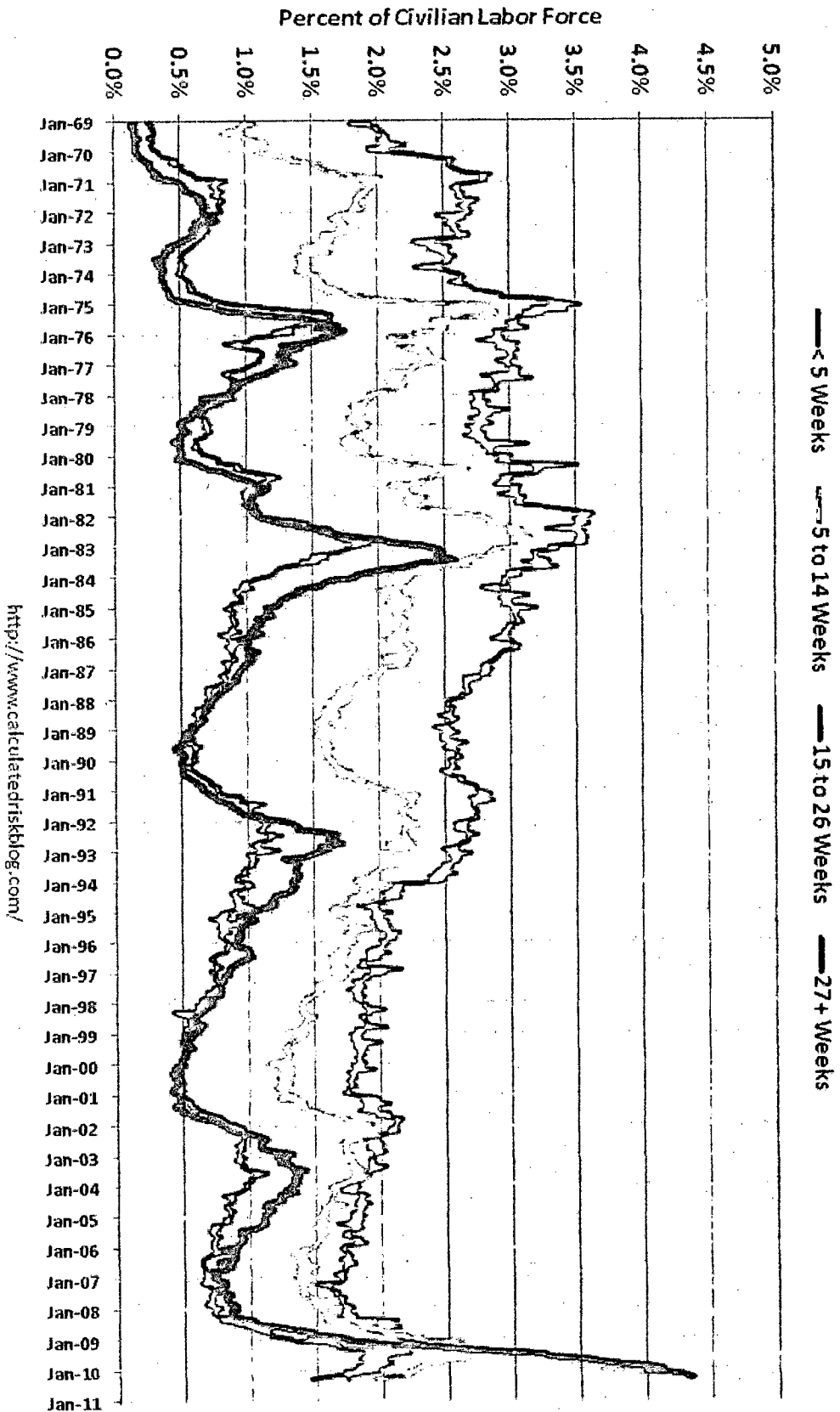
Economic Overview

Oregon & Multnomah County Unemployment Rates



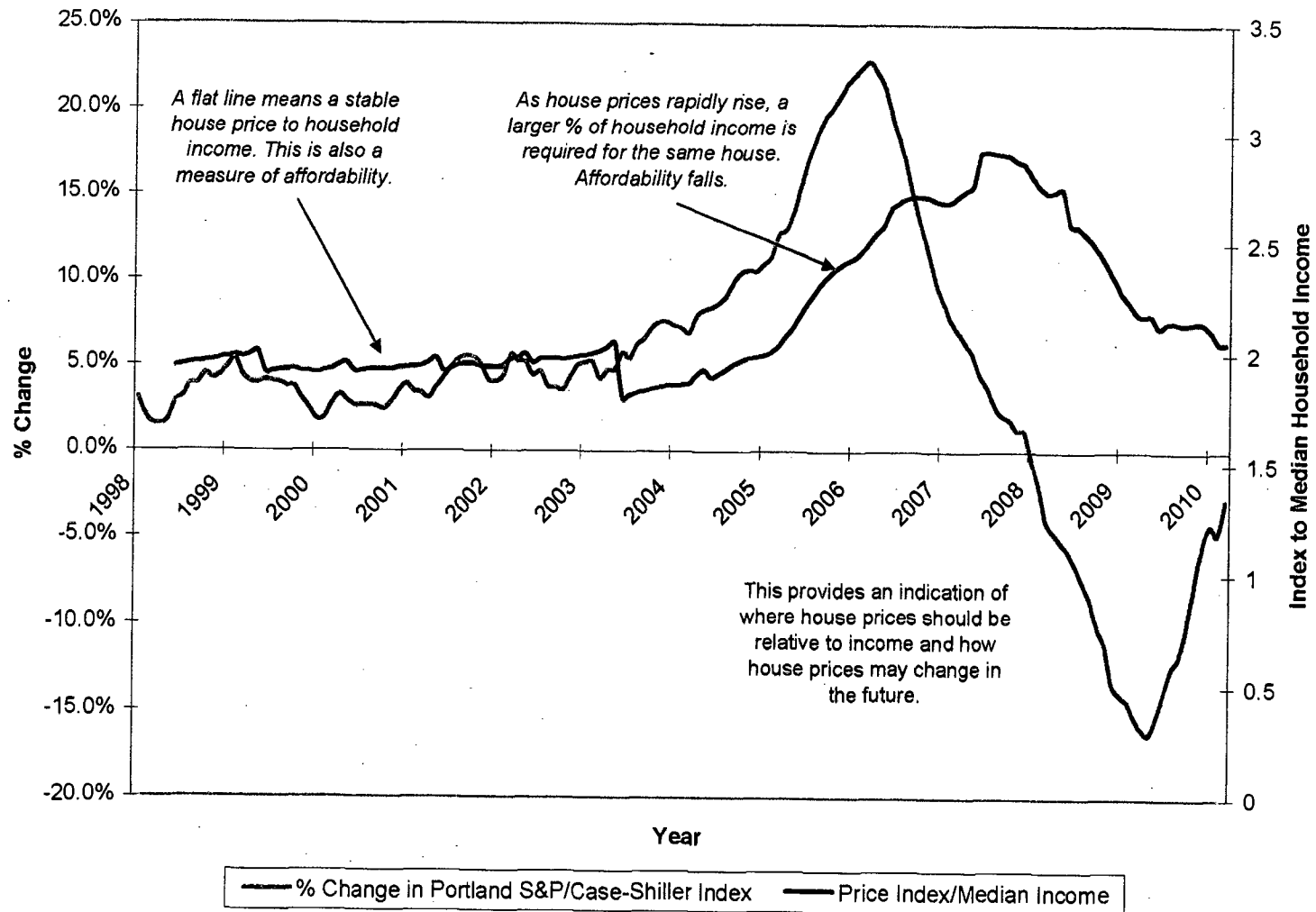
Economic Overview

Unemployed by Duration, as percent of civilian labor force, April 2010



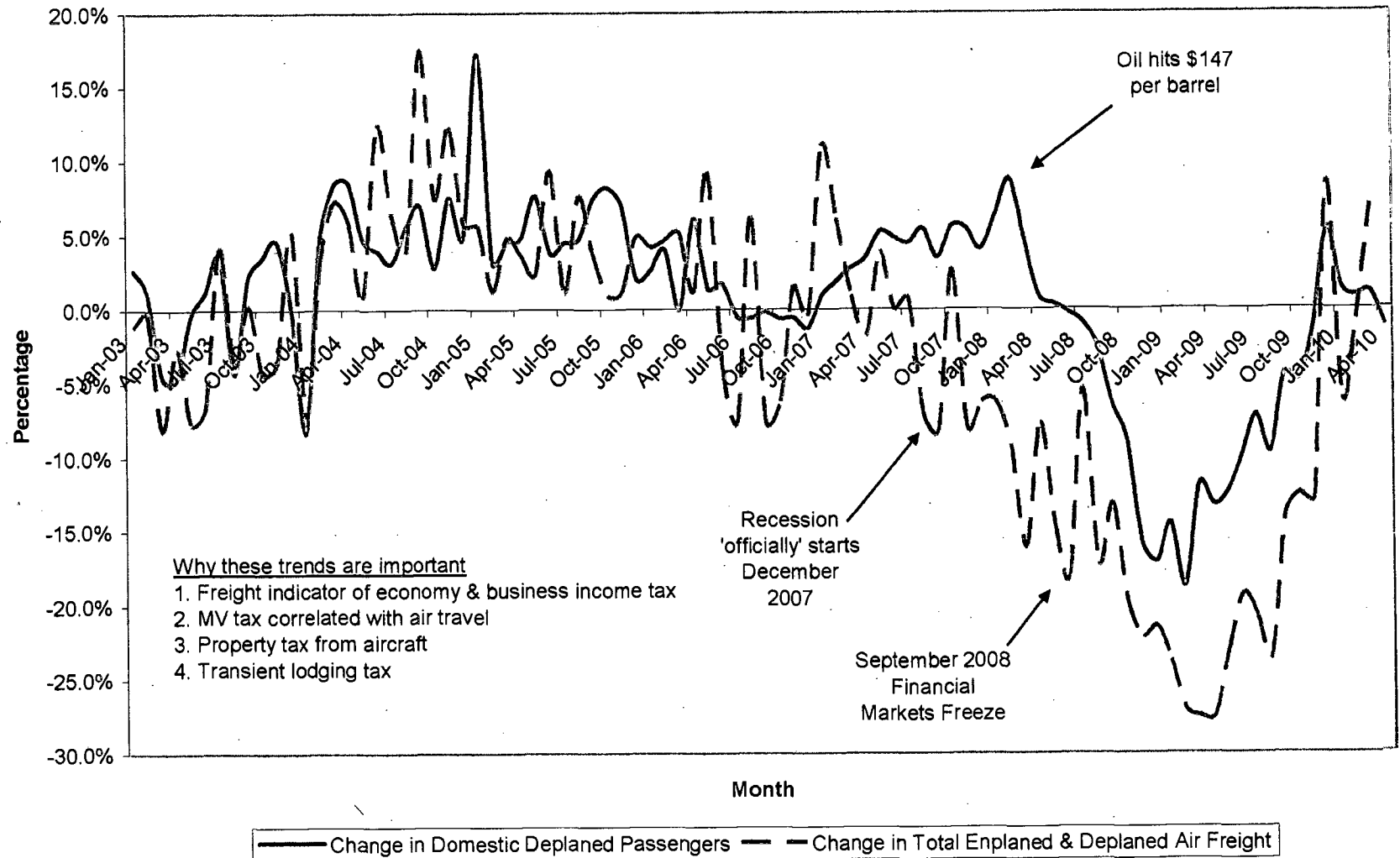
Economic Overview

**% Change in Portland S&P/Case-Shiller House Price Index and
Index to Median Household Income (Thru March)**



Economic Overview

Year-Over-Year Change in Passengers & Freight at PDX (Thru April)



FY 2010 Revenue Review & OTO Funds

	Adopted ¹	October Forecast Change	February Forecast Change	May Forecast Change	Net Change From Adopted
Property Taxes	221,248,041	1,572,323	1,929,152	0	3,501,475
Business Income Taxes	42,528,000	0	(265,000)	0	(265,000)
Motor Vehicle Rental Taxes	17,412,540	0	0	0	0
US Marshal	9,225,000	(2,098,750)	0	0	(2,098,750)
State Shared					0
Video Lottery	5,559,535	0	(1,659,535)	0	(1,659,535)
Liquor	2,637,935	456,920	(289,855)	0	167,065
Cigarette	900,000	(140,276)		0	(140,276)
Amusement	100,000	75,000	0	0	75,000
Recording Fees/CAFFA Grant	7,242,500	250,000	0	0	250,000
City of Portland	1,170,678	(228,000)		0	(228,000)
Indirect					0
Departmental	8,721,000	0	0	0	0
Central Indirect/Svc Reimburse	7,548,132	0	(400,000)	0	(400,000)
Elections	1,173,750	(124,000)	0	0	(124,000)
All Other	15,019,735	0	0	(400,000)	(400,000)
FY 10 Revenue Adjustments ²	340,486,846	(236,783)	(685,238)	(400,000)	(1,322,021)
% of Revenue		-0.07%	-0.20%	-0.12%	-0.39%

1. Excludes BWC, ITAX Revenue, and General Reserve Fund Cash Transfer into General Fund.

2. Not adjusted for revenue adjustments directly offset by expenditure changes.



FY 2010 Revenue Review & OTO Funds

BIT Collections Fiscal Year-to-Date Through April

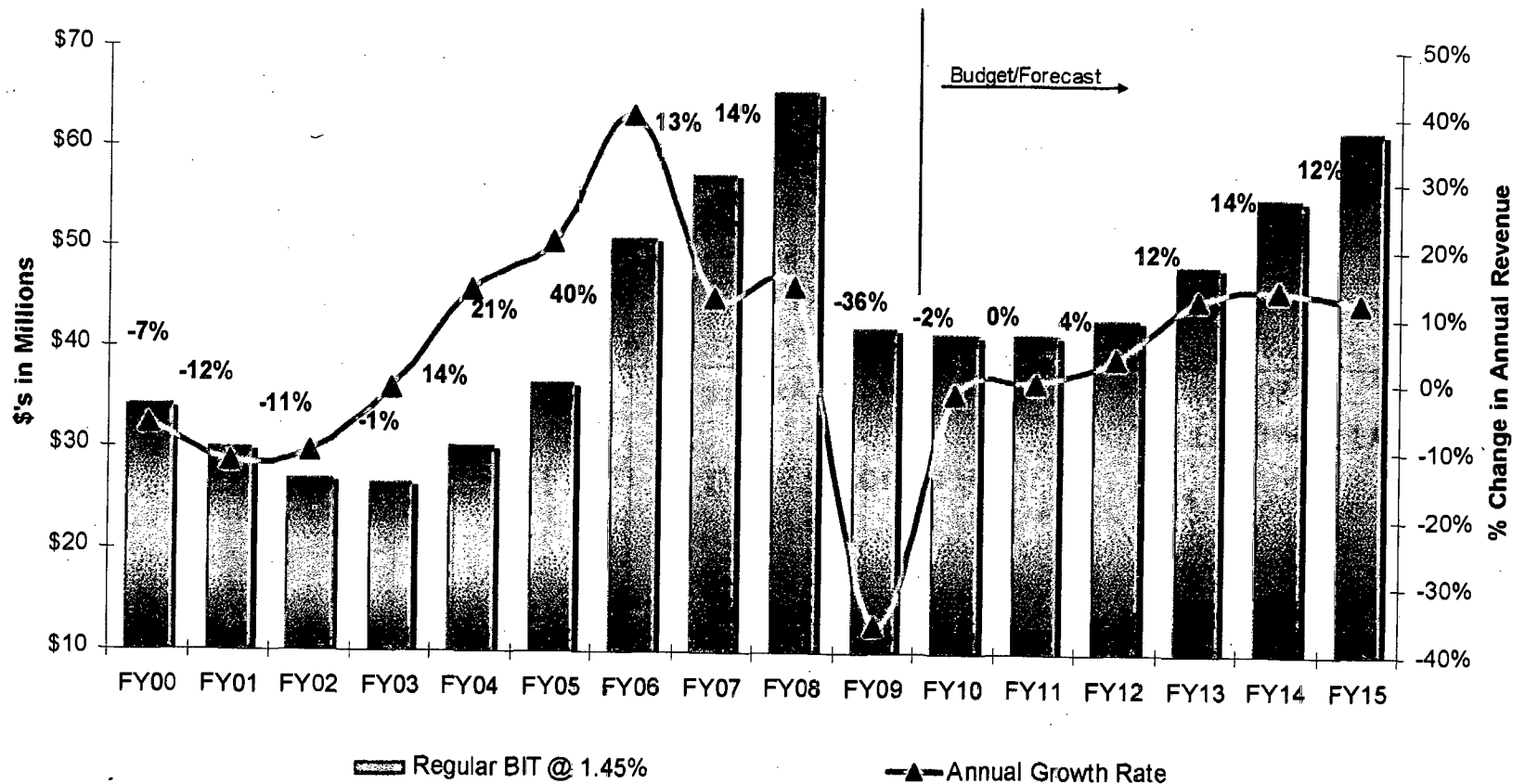
	FY 08	FY 09	FY 10	FY 10 vs. FY 08	FY 10 vs. FY 09
Quarterly	26,719,905	24,137,164	20,891,819	-21.8%	-13.4%
Yearly	29,167,734	17,350,855	19,660,911	-32.6%	13.3%
Refund/Interest	3,668,895	5,527,628	6,376,732	73.8%	15.4%
NSF Check	76,746	72,283	91,923	19.8%	27.2%
Total	52,141,997	35,888,109	34,084,075	-34.6%	-5.0%
Actual or Budget	65,650,000	42,900,000	42,263,000		



FY 2010 Revenue Review & OTO Funds

Annual BIT Collections

(FY 2000 to FY 2009 Actuals; FY 2010 Budget; FY 2011 to FY 2015 Forecast)



FY 2010 Revenue Review & OTO Funds

Sources of OTO Funds in Proposed from FY 2010

Higher BWC (ending balance from FY 09)	8,243,991
Unappropriated above 10% Reserve	3,598,319
FY 2010 Revenue Shortfalls thru February/March Forecast	(922,021)
Less 10% Revenue Reserve Increase	<u>(620,847)</u>
OTO funds available for FY 2011 in March Forecast ¹	10,299,442
Additional FY 2011 OTO from not using FY 2010 BIT Reserve <i>(\$4 million used for FY 2011 Reserve & \$2 million used for OTO expenditures)</i>	6,000,000
DCM/DART FY 2010 Underspending for A&T System & Class Comp Study	<u>1,200,000</u>
Total OTO Funds from FY 2010 in Proposed Budget ²	17,499,442

Sources of OTO Funds NOT in Proposed from FY 2010

Reduced Interest Income from May Forecast Update	(400,000)
FY 2010 Departmental Underspending of 1.6% to 2.1% or \$5.4 to \$7.1 million	

Net Additional OTO Funds for FY 2011 Based on current revenue and expenditure trends: \$5 to \$6.7 million

1. Required addition to Revenue Reserve Reduced by \$157,824 from October forecast.
2. Doesn't include ITAX, SIP, and final balancing.



General Fund Reserve & Contingency

General Fund Reserves and Contingencies for the FY 2011 Proposed Budget

Contingency

General Fund 'Regular' Contingency	1,250,000
Pet Adoption Center	75,000
'Saved' ongoing	70,915
'Saved' one-time-only	430,387
BIT Reserve (in General Fund Contingency)	4,000,000
	<u>5,826,302</u>

Unappropriated (Reserve)

Unappropriated Revenue Reserve @ 10%	29,885,452
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Estimated Ongoing FY 2012 Rev/Exp Gap

FY 2012 Ongoing Gap Per March Forecast

11,246,072

Plus Gap based on Requested FY 2011 Budgets & Preliminary Policy Decisions

Lower US Marshal (140 beds vs. 150)	463,550
Lower Central Indirect Rate Collection	1,704,558
Lower Recording Fees	250,000
Increase Library Reimbursement for MCSO services	(149,378)
Lower Health Department Revenue	125,000
MCSO - SWD	511,651
MCSO - ORPAT	132,000
MCSO - CERT	140,000
Animal Shelter OTO Restoration from FY 10	584,171
Additional COLA for Contractors (2.0% vs 1.5%)	211,000
Other & Inflation on above list	488,900

4,461,452

15,707,524

Gap Reduced in FY 2011

Add Indirect Revenue From Fund 3002	713,644
Assume lower central indirect collection OTO not ongoing	1,700,000
Increase pet license fees	517,000
Add Environmental Health Fee Revenue	329,344
Add revenues associated with 91005b (Animal Control)	228,000

3,487,988

Amount Addressed via net reductions/reallocations in FY 2011

6,279,243

Amount of Gap Closed before OTO spending...

9,767,231

or... remaining FY 12 Gap

5,940,293



Estimated Ongoing FY 2012 Rev/Exp Gap

Add Ongoing Programs supported with OTO

10038D/72073 - Recycling Coordination	88,877
95x10 - CGF Contingency for Offer 91203 Pet Adoption	75,000
25020B - Multnomah Project Impendence - Reduced	246,642
25020C - Multnomah Project Independence - Fully Restore	215,771
25091B - Sobering scale-up	150,000
25114B - Bridges to Housing - Scale	228,000
25123B - Youth Gang Prevention - Scale	937,878
40029B - Rockwood Health Clinic Scaled Offer	222,897
500029 - Mead Building Security	99,054
50040B - Adult DV Treatment - Batters Intervention Contract	137,663
50048B - Adult Housing Restoration	552,630
60065B - MCSO River Patrol Restoration	140,863
60068B - MCSO Warrant Task Force Restoration	221,393
60076B - MCSO DV Enhanced Response Team Backfill	55,753
10038C/72003D - Multnomah Community Food Policy Coordination	166,564
91006B - Animal Services Field Ops - Enhanced	181,796
91007B - Animal Services Shelter - Restore & Enhance	168,674
91024 - Animal Services Fund Raising Development	80,000

3,969,455

Plus... new costs for FY 2012

East County Courts operation	430,000
Annualized Crisis Assessment & Treatment Center (Assumes \$1.1 million w/ no City Support)	905,000

Total Ongoing w/OTO and new costs

5,304,455

... Plus cost growth @ 5%

265,223

Net addition to FY 2012 Gap

5,569,678



Estimated Ongoing FY 2012 Rev/Exp Gap

FY 2012 Gap before OTO Spending, New Costs, & Annualizations	5,940,293
Net Addition due to OTO Spending, New Costs, & Annualizations	5,569,678

Total FY 2012 Gap Based on FY 2011 Proposed Budget	11,509,971
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Amount of FY 2012 Gap Closed thru FY 2011 budget	4,197,553
<i>Thru Revenue</i>	3,487,988
<i>Thru Expenditures</i>	709,565

Other Considerations...

Lower Indirect Rate is not all a OTO issue...	750,000
New Local 88 Class Comp MOA (est.)	200,000
Other (i.e., Management Class/Comp, ongoing from contingency., etc.)	800,000
	<u>1,750,000</u>

Estimate for FY 2012 Gap in practice	13,259,971
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OTO funding for programs marked as OTO that could continue

10011B - Comprehensive Family Economic Security	97,120
10033 - Working Smart Initiative	217,907
25040C - DV Safe Start Collaboration	163,024
25124 - East County Homeless Outreach	75,000
25147 - Child & Family Hunger Relief	235,000
50032B - Employment Services for Gang Members	50,000
60033B - MCSO Gresham Temp Hold	138,437
	<u>976,488</u>

FY 2012 Estimated Ongoing Revenue/Expenditure GAP: \$11.5 to \$14.2 million



Estimated Ongoing FY 2012 Rev/Exp Gap

- FY 2012 to FY 2015 Estimate Assumes:
 - ✓ No ongoing backfill of state programs
 - ✓ No new or expanded General Fund programs, other than:
 - East County Court Facilities (\$750,000 debt service, \$430,000 ops)
 - Crisis Assessment & Treatment Center (\$1.1 million for ops)
 - ✓ No structural changes in revenues (i.e., tax law changes, new legislation, or additional property tax levies)
 - ✓ Total labor costs increase between 4.75% to 5.50%
 - ✓ 'Normal' Inflation
- The actual operating deficit will certainly be different



Forecast Risks & Issues

- Economy does not continue to stabilize and recover
 - ✓ BIT
 - ✓ Commercial real estate
 - ✓ Property Tax Compression
- China Bubble and Euro Zone
- State Budget/Economy
 - ✓ ~~January Election~~
 - ✓ ~~Federal Reserve Ramp Down~~
 - ✓ Stimulus Expiration
 - ✓ State of Oregon Budgetary Issues (current Biennium and next)
- Internal/Local Issues
 - ✓ New & Replacement Structures and Operating Costs (East County Courts, Crisis Assessment & Treatment Center, Downtown Courthouse, etc.)
 - ✓ Retiree Benefits Liability
 - ✓ Health Care and Health Costs



Summary

- FY 2010 General Fund ongoing revenues in-line with Adopted Budget – down \$1.3 million or 0.39% of planned revenues.
- \$5 to \$6.7 million of additional OTO funds from FY 2010 (on top of planned \$17.5 million). Derived from departmental under spending and current revenue & expenditure trends.
- FY 2011 Proposed General Fund balanced with fully funded reserves (\$29.9 million) and a \$5.8 million General Fund contingency, which includes a \$4 million BIT reserve.
- FY 2012 operating deficit is estimated at \$11.5 million to \$14.2 million based on the FY 2011 Proposed budget.
- FY 2012 to FY 2015 – annual operating deficit stabilizes at \$11.5 to \$14.6 million (roughly 3% to 4% of expenditures).
- Questions?
- More Info: www.co.multnomah.or.us/budget



Multnomah County Health Department

Briefing to the Board of County Commissioners
Approved Budget FY2011
Policy and Operational Challenges and Issues

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

Assure
access to
necessary and
dignified health
care

Promote
the health of all
County residents

Protect
the health of all
County
residents



Health Department Budget Presentation

- ❖ Introductions
- ❖ Citizen Budget Advisory Board / Community Health Council





Budget Summary & Significant Changes

Guiding Principles and Budget Development

- ❖ Maintain key investments in our public health infrastructure and core services
- ❖ Prioritize vulnerable families and communities
- ❖ Support innovations in prevention and policy to increase health of families and communities
- ❖ Create funding avenues to relieve the pressure on County General Fund, expanding the resources wherever possible to achieve the County's goals including new partnership models





Budget Summary & Significant Changes

Guiding Principles and Budget Development

- ❖ Use recommendations from staff budget retreats, health equity community listening sessions and quality improvement recommendations
- ❖ Only one new program offer—Rockwood, with a small one-time-only general fund request
- ❖ Submit a budget constructed within our financial constraints

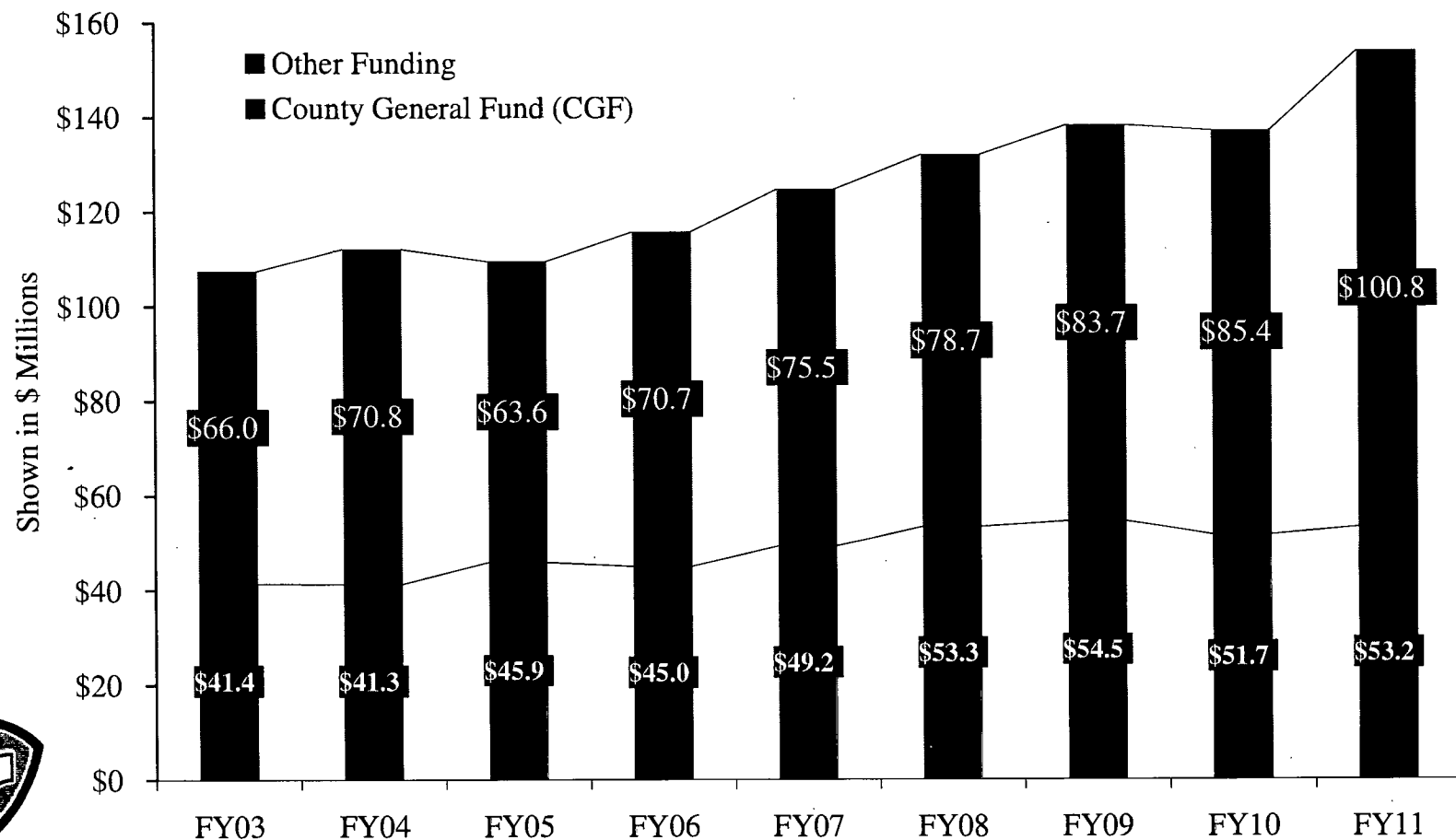




MULTNOMAH
COUNTY
Health Department

Adopted Budget Comparison

Adopted Budget Comparison



Public Health
Prevent. Promote. Protect.

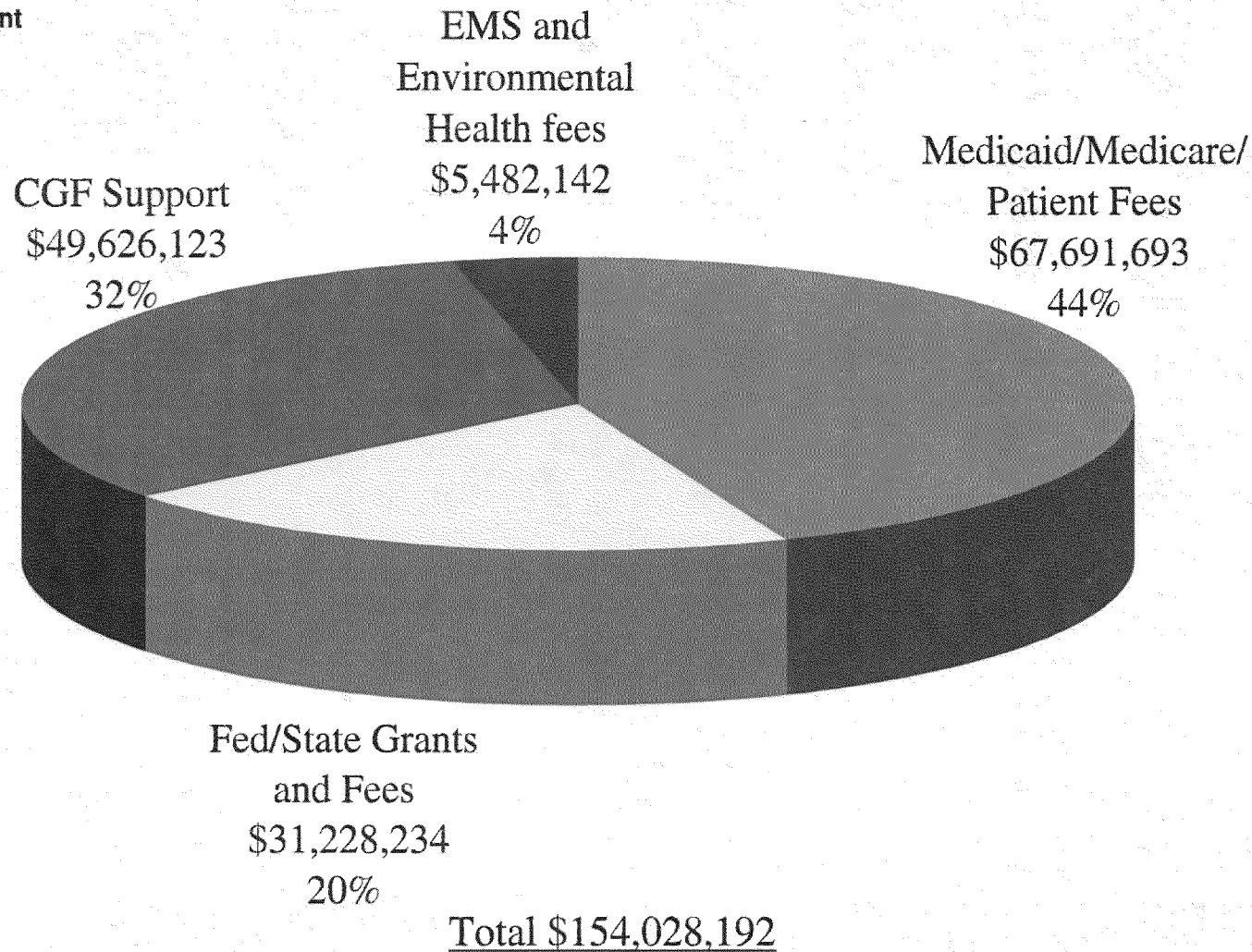
Budget Presentation May 26, 2010

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MULTNOMAH
COUNTY
Health Department

Total Budget by Revenue Type

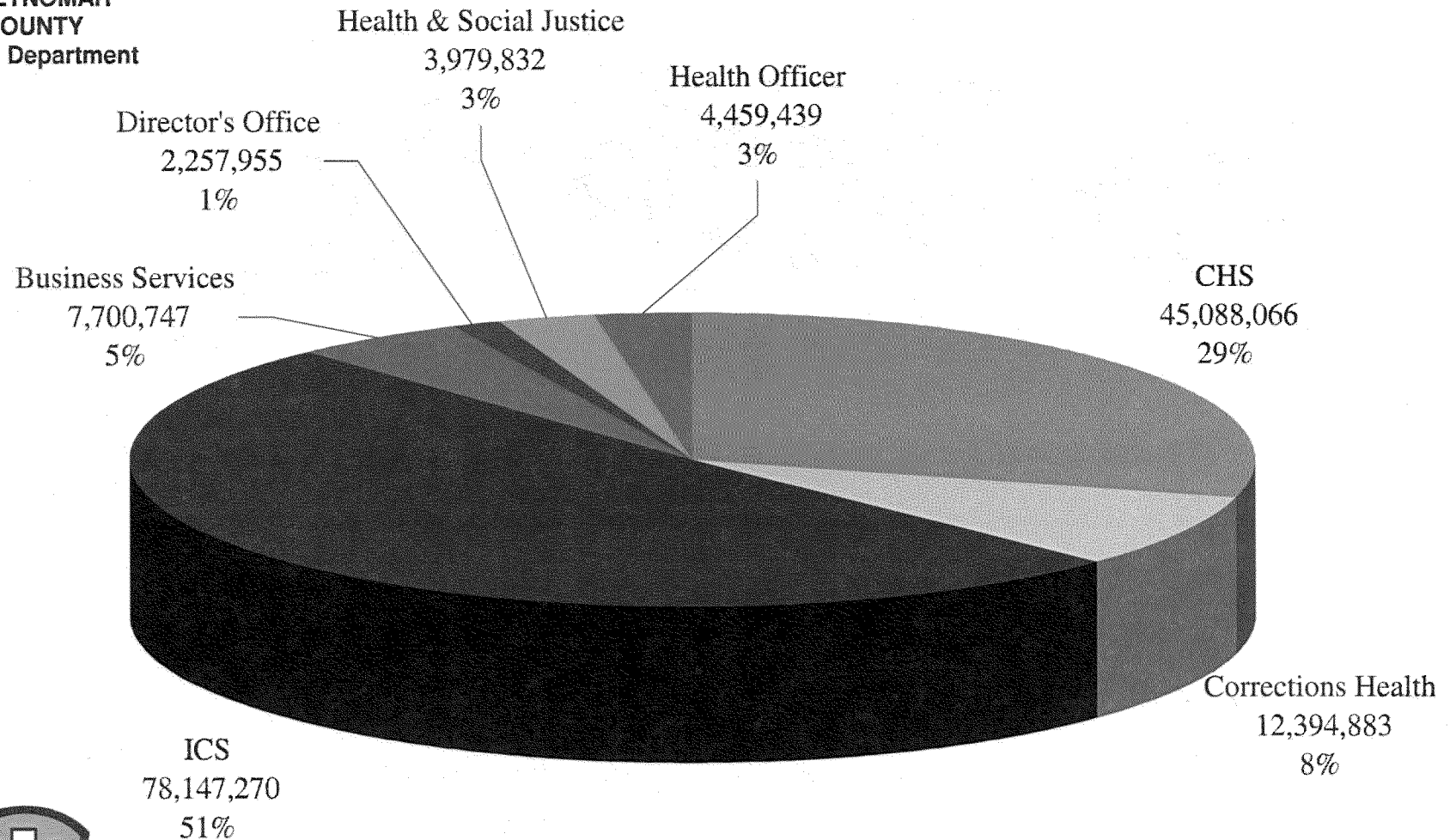


Public Health
Prevent. Promote. Protect.

Budget Presentation May 26, 2010

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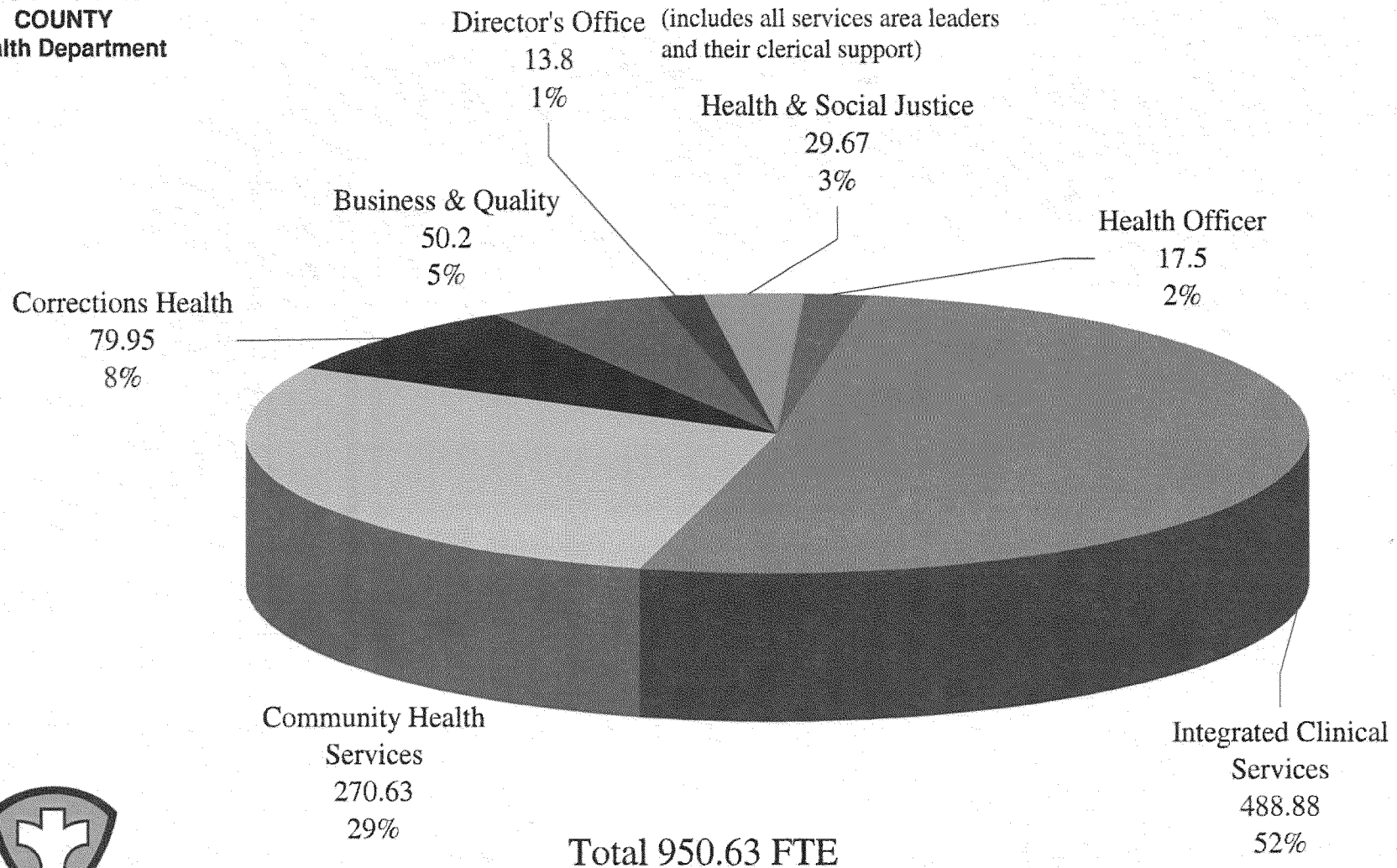
Budget by Service Area





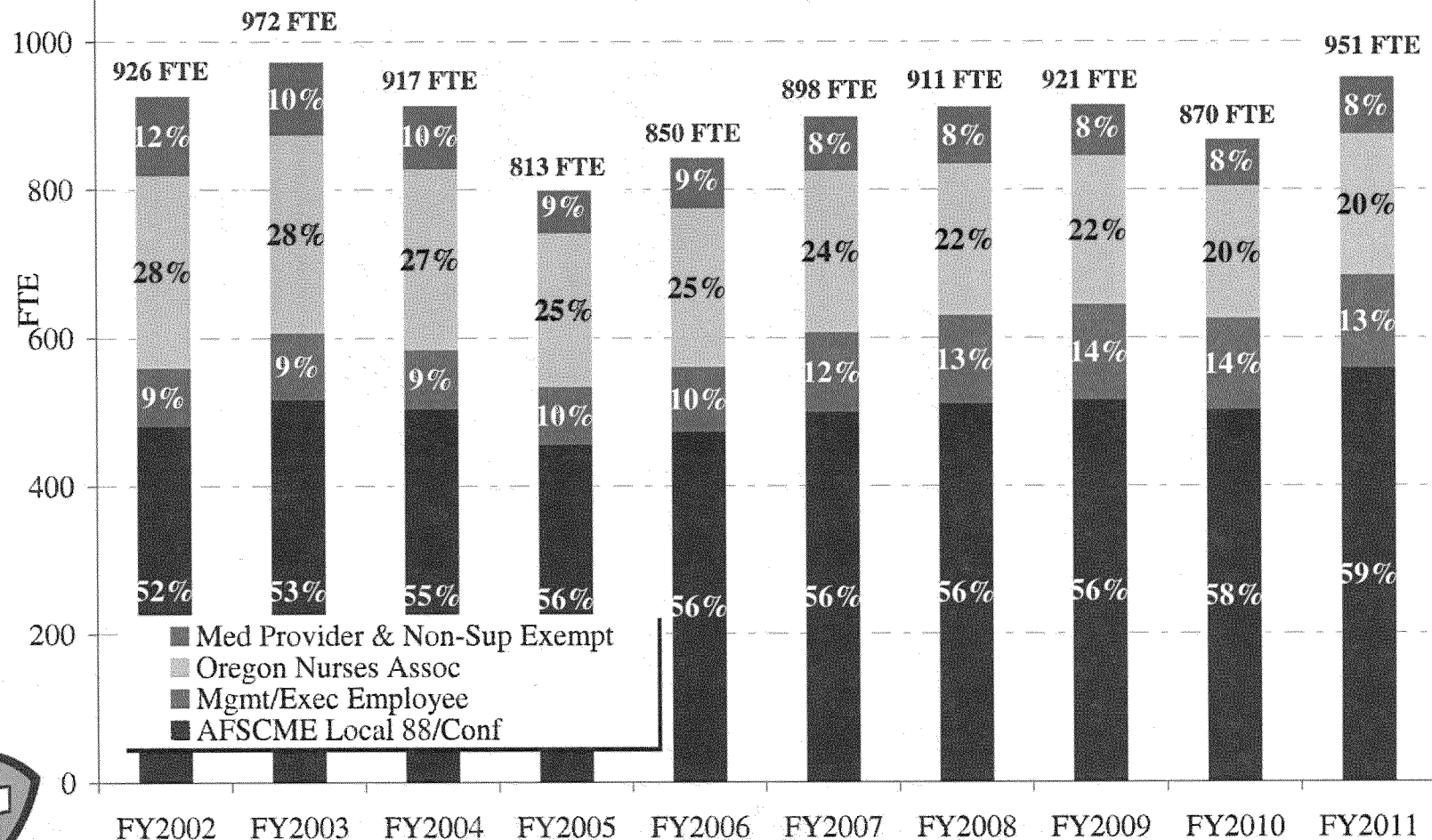
MULTNOMAH
COUNTY
Health Department

FTE by Service Area



Public Health
Prevent. Promote. Protect.

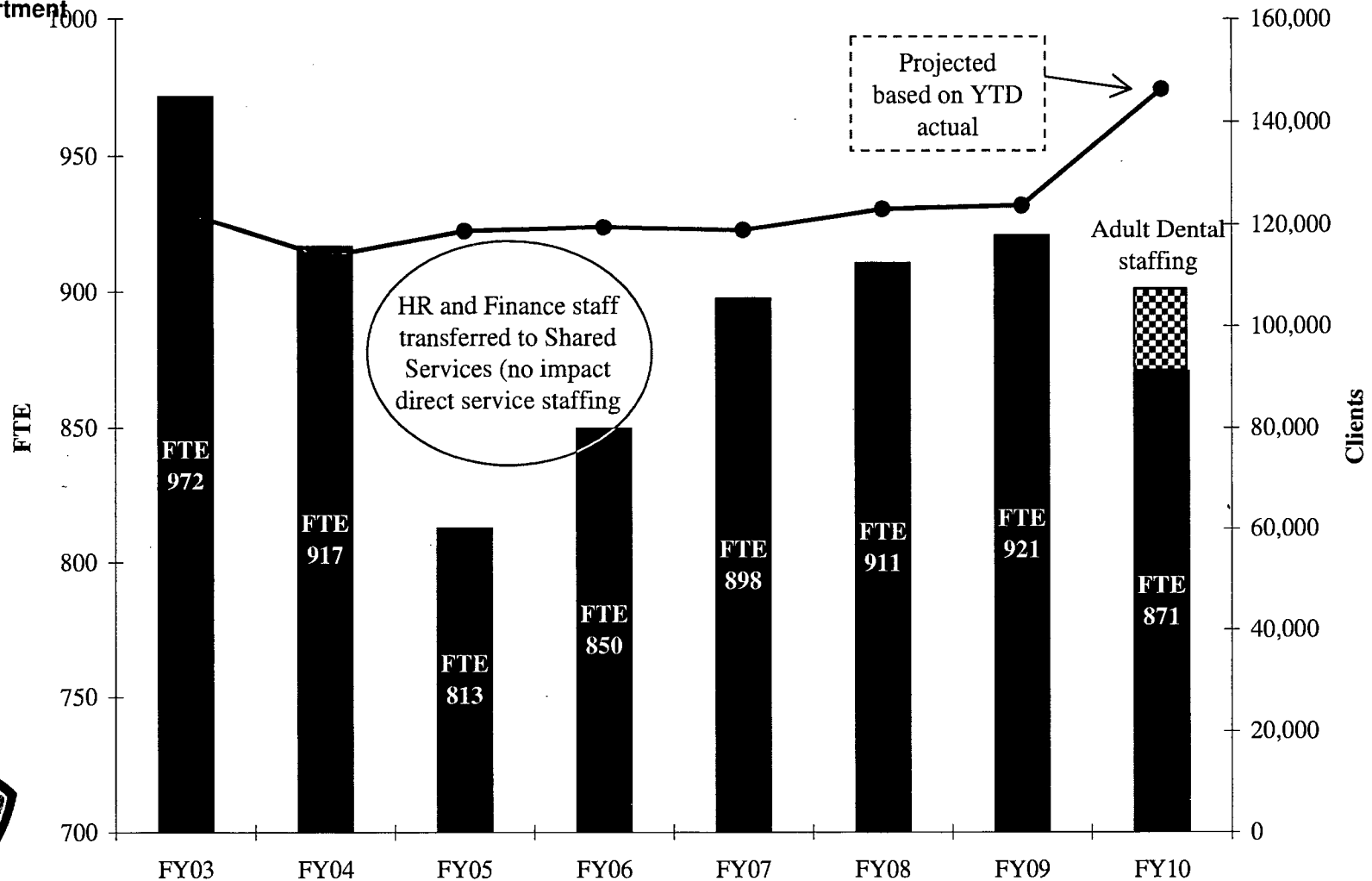
FTE Adopted Totals by Classification





MULTNOMAH
COUNTY
Health Department

FTE in Adopted Budget Compared to Client Counts

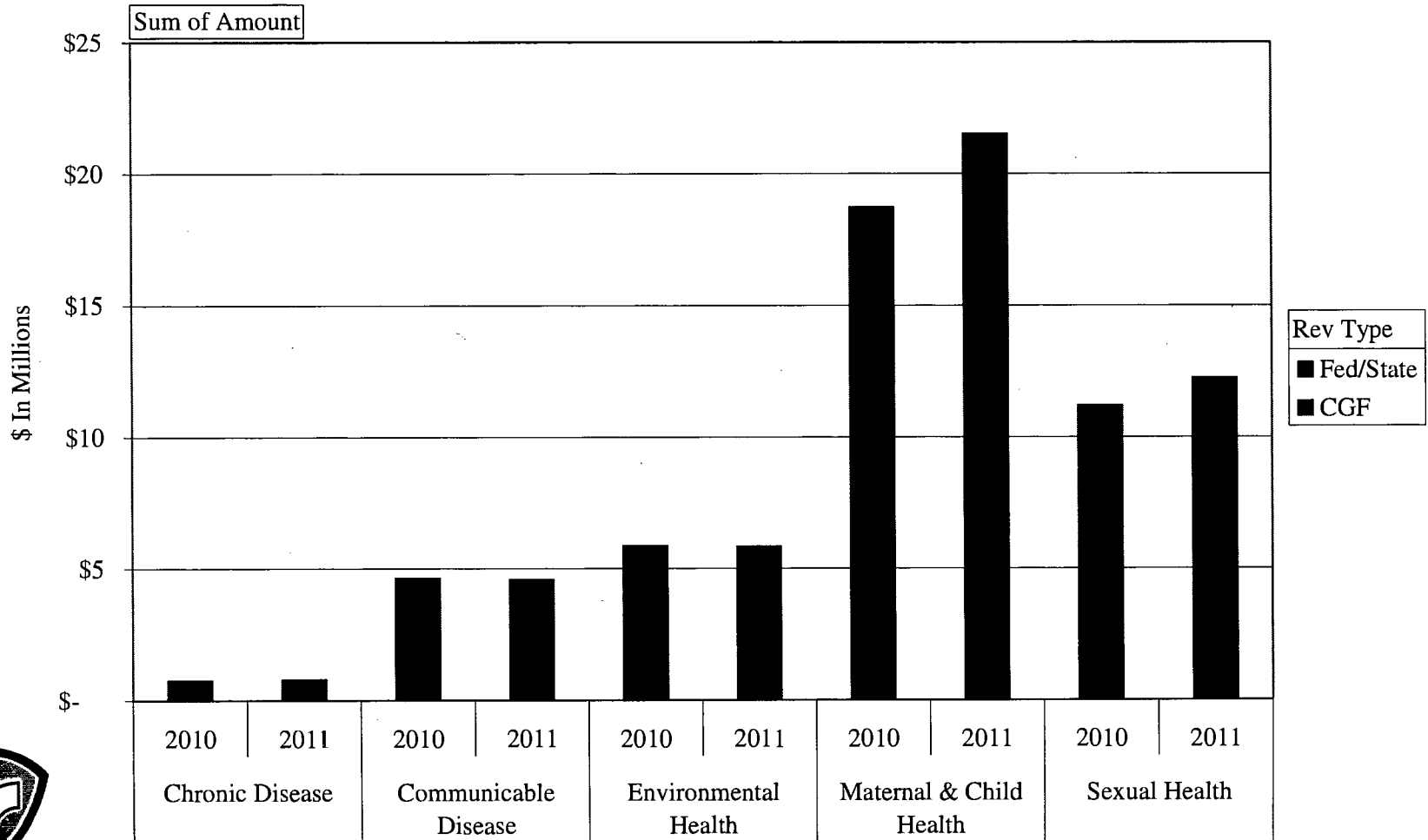


Public Health
Prevent. Promote. Protect.



MULTNOMAH
COUNTY
Health Department

Significant Changes in Community Health Services



Public Health
Prevent. Promote. Protect.



Significant Changes in Community Health Services

Chronic Disease PO#40047 no significant net change in the total budget. Note CDC grant was awarded after the budget was submitted, it will be added by amendment

Communicable Disease PO#40010 -\$200,000 reduced as a result of TB and HCV grants ending. Travelers clinic and Occupational Health are experiencing lower demand resulting in lower fee collection (Currently evaluating structural changes due to above.)



Significant Changes in Community Health Services

Maternal Child Health

Early Childhood PO# 40013A-B no significant net change in total budget. Significant operational and programmatic changes

- ❖ Scale back the number of general field teams
- ❖ Increasing the number of best practice Nurse Family Partnership teams
- ❖ Increase community partnerships where significant disparities in outcomes exist -- breastfeeding, teen pregnancy and infant morbidity (e.g. low birth weight babies.)





Significant Changes in Community Health Services

Early Childhood PO# 40013A-B

Revenue changes:

- ❖ CGF increased by \$1.4 million will mitigate staffing loss occurring with end of 5-year CDC grant
(-\$378,700)
- ❖ Reductions in State Healthy Start funding
(-\$211,842)
- ❖ Declining Medicaid revenue for general field visits
(-\$75,778.)





Significant Changes in Community Health Services

Early Childhood PO# 40013A-B

- ❖ Staff reduced by -3.4 FTE within program area
- ❖ Increased in other Maternal Child Health programs
- ❖ The staffing details include:

Office Assistant	1.00 FTE
Proj Mgr	(2.75) FTE
Com Health Nurse	(5.35) FTE
Nursing Supervisor	1.50 FTE
Nutritionist	1.00 FTE
A dozen other small changes	1.20 FTE
	<hr/> (3.40)





Significant Changes in Community Health Services

Maternal Child Health Continued...

WIC #40018 +994,551

- ❖ Add 3.85 FTE to cover more families (185% of FPL)

Immunization #40014 +\$1.3 million

- ❖ Increased value of the State supplied vaccines. (This is an accounting transaction to record the in-kind vaccine value)





Significant Changes in Community Health Services

Maternal Child Health Client Impact

- ❖ Early Childhood Services serves 9,500 clients with over 30,000 visits per year
- ❖ Expected decrease of -265 clients as a result of staffing changes

Services Provided:

- ♦ Growth monitoring to age 5 and health screenings
- ♦ Health Assessment and Referrals to community resources (i.e. primary care)
- ♦ Individualized health and nutrition education
- ♦ Development of client service plan for ongoing case management where indicated





Significant Changes in Community Health Services

Maternal Child Health Client Impact

- ❖ Woman, Infants and Children (WIC) serves 31,000 clients with over 69,000 visits per year
- ❖ Client caseload expected to increase +1,900 clients
- ❖ Peer counseling for breastfeeding to + 740 additional clients

Services Provided:

- ♦ Monthly vouchers and counseling for nutritious foods
- ♦ Nutrition education
- ♦ Growth monitoring to age 5
- ♦ Health Assessment and Referrals to community resources (i.e. primary care)
- ♦ Obesity prevention through promotion of breastfeeding, healthy eating and activity promotion from birth to age 5





Significant Changes in Community Health Services

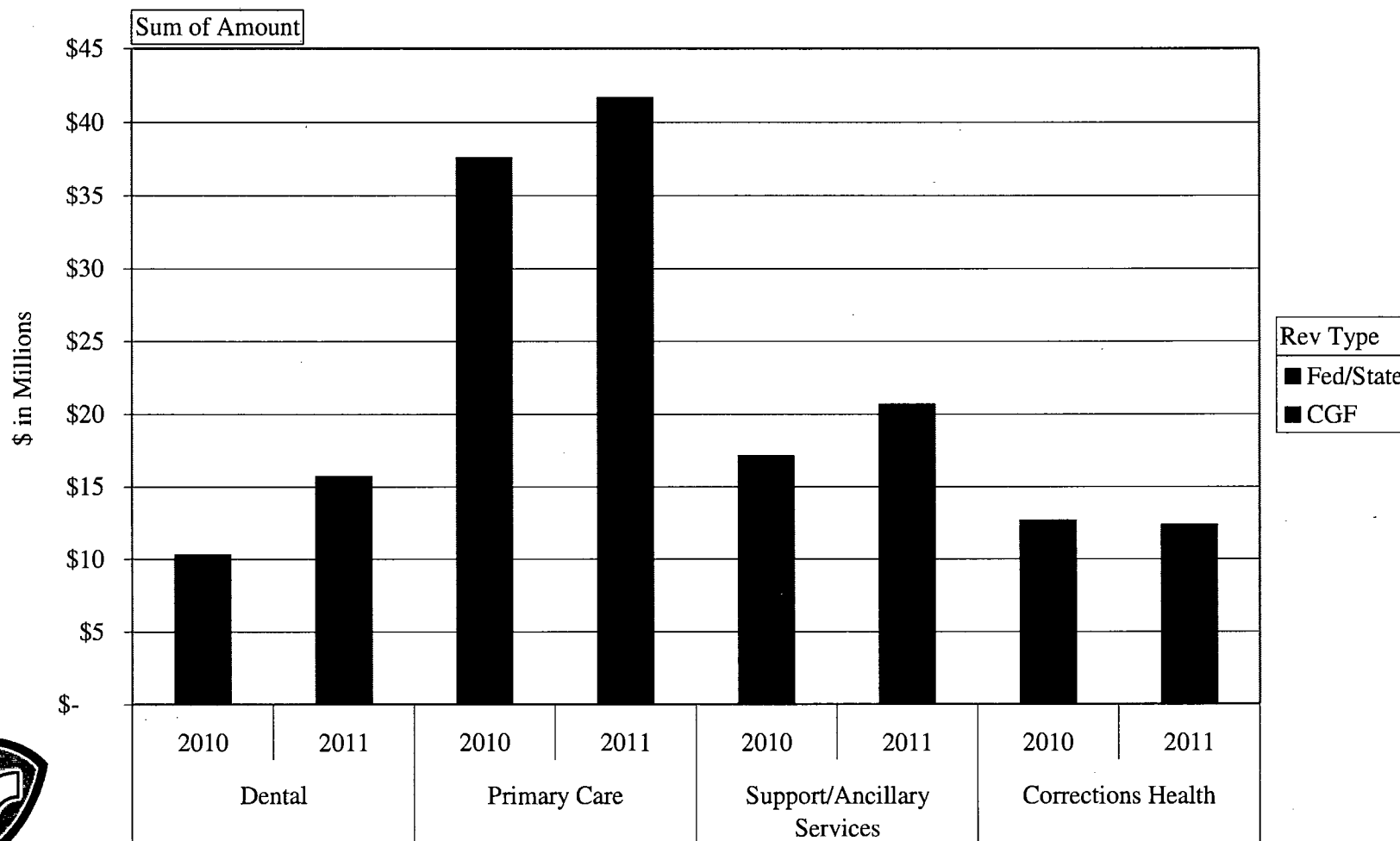
Sexual Health

STD/HIV/ Hep C #40011 +\$380,755 new federal grant for STD testing and follow-up for 500 clients with STDs.

Services for Persons living with HIV #40012 +\$614,395 federal funding adds 4.9 FTE who will increase visits by 750 in the first year.



Significant Changes in Integrated Clinical Services





Significant Changes in Integrated Clinical Services

Dental #40017 + \$5.4 million in Fed/State funding

- ❖ \$3.5 million and 25.0 FTE for Adult Dental restored after the budget was adopted in FY10
- ◆ The State had adult services on their cut list until late June 2009; they never actually removed the benefit so clients did not experience any gap in coverage.





Significant Changes in Integrated Clinical Services

Dental #40017

- ❖ \$506,471 Rockwood dental clinic, +4.38 FTE 1,100 clients in the first year.
- ❖ \$1.4 million is additional visits and Medicaid fees at all dental clinic sites.





Significant Changes in Integrated Clinical Services

Dental #40017

- ❖ In 2009, dental users increased 10 percent over the previous year totaling 22,017 clients; a 22 percent increase in the number of visits overall
- ❖ Clinic staff focused on increasing coordination between dental services and medical services so that our clients, particularly children and pregnant women, receive the full range of services needed to help them maintain their health.





Significant Changes in Integrated Clinical Services

Primary Care

Rockwood PO#40029A&B +\$2.3 million and 15 FTE
expected to serve 3,300 clients in the first year
(7,100 clients and 24,200 visits annually by third year)

MidCounty PO#40022 +\$904,664 and 4.45 FTE from
Medicaid fees No increase in CGF was needed at this
site.





Significant Changes in Integrated Clinical Services

Primary Care Increased Access

- ❖ Between 2007 and 2009, prior to ARRA funded expansion, improvements and quality initiatives like Building Better Care have resulted in a 19 percent growth in the number of clients and 26 percent growth in the number of visits overall with no corresponding increase in CGF expense.





Significant Changes in Integrated Clinical Services

Primary Care

School Based Health Clinic PO#40024 -\$264,936
CGF / +\$503,099 state funding

❖ Moving Lincoln Park Elementary to David
Douglas





Significant Changes in Integrated Clinical Services

Support and Ancillary Services

Pharmacy PO#40031 +\$2.3 million State and Federal reimbursement for Rx services at Rockwood and small increases across the whole system

Medicaid Eligibility PO#40016 -\$180,193 was scaled back because of lower reimbursements by the State. (Awaiting word on State grant to maintain current staffing.)





Significant Changes in Integrated Clinical Services

Corrections Health

MCIJ and MCDC Adult Jail PO#40050-51

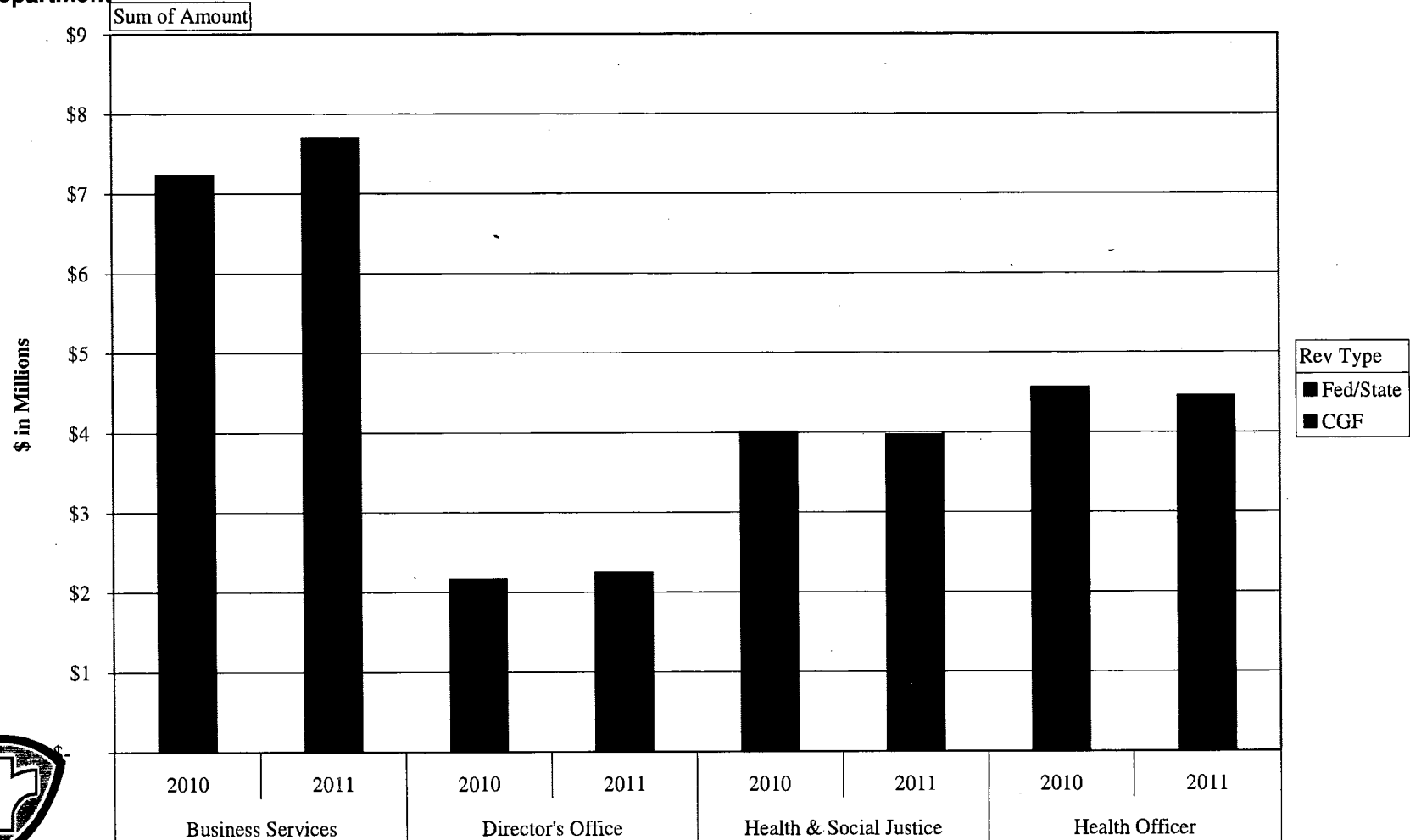
-\$113,785 reduced its budget by increasing staffing by 1.05 FTE and reducing the frequency of outside medical referrals.

- ❖ Private hospital and provider (e.g. dialysis) contract renegotiation in FY11 will aid in lowering outside medical care costs.





Director's Office, Business Services & Health Officer





Director's Office, Business Services & Health Officer

Business Services

Accounting and Financial Services PO#40040
+\$252,545 2.4 FTE grant accounting, facility and inventory coordination, and financial services support.

Health Officer

Public Health and Regional Health Systems
Emergency Preparedness PO#40005 -\$328,000
Health Preparedness grant ending. The work is complete so there is no service impact.





Policy and Operational Issues and Challenges



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MULTNOMAH
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Health Department

Overarching Policy Issues

❖ Oregon Health Reform

- ◆ Continue using public health principles as a platform to impact health reform policies
- ◆ Health information exchange— incorporate health outcomes in data reporting, must be usable by community members

❖ Changing Demographics-as reported to Board

- ❖ How do we think about space and real estate to meet the challenges of shifting demographics and following populations while being aware of our carbon footprint



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Overarching Operational Challenges

- ❖ Structural changes made in FY10 to meet constraint are being evaluated for effectiveness in FY11
- ❖ We have implemented regional policies (for example Tri-County Health Officer); next do we create cross jurisdictional operations to address disease outbreaks and surveillance?





Integrated Clinical Services

Issues and Challenges

Strategies Employed

- ❖ ARRA funding was used to build **capacity** that became self supporting --when the ARRA goes away medical fee income continues to support the expanded services, including services to the uninsured
- ❖ Building Better Care (BBC)/Patient center care (e.g. medical home) focuses on improving quality, reducing errors, partnering with patients to improve access and good health outcomes





Integrated Clinical Services Issues and Challenges

Policy Issues

- ❖ Do we continue to expand? Do we encourage other partners to expand?
 - ◆ More people will be insured but will they have access to the right providers for their health needs? If not where will the gaps exist?





Integrated Clinical Services Issues and Challenges

Policy Issues continued...

- ❖ Will what we learned in quality improvements allow us to lead and shape payment reform?
- ❖ Can we get tertiary prevention into regular payment structures (example: once you are a diabetic how are you preventing secondary diseases.)
- ❖ Need to clarify which populations we continue to serve and which populations could be better served by other providers, i.e. our partnership with Outside In and other downtown homeless providers





Integrated Clinical Services Issues and Challenges

Policy Questions Continued...

- ❖ Adult dental is still at risk as the State struggles to balance its budget. This uncertainty makes it difficult to plan and build services, at the same time our partners are urging us to expand in this area





Integrated Clinical Services Issues and Challenges

Operational Challenges

- ❖ Rockwood will require close monitoring to see that we meet our business plan goals
- ❖ Pharmacy program will implement software and equipment that will increase quality and efficiency





School Based Health Clinic Policy Issues

- ❖ In Multnomah County there is broad support from school boards and the community for a new site in East County.
- ❖ Federal reform increases SBHC funding and kids have coverage in Oregon, however payment rates do not cover the cost of small clinics. Even with federal reform it is likely to require local financial support. (For example, an appropriations request is outstanding and would, if funded, require a County contribution of 20 percent.)





Corrections Health Issues and Challenges

Policy Issue

- ❖ Seeking re-accreditation with National Commission on Correctional Health Care (NCCHC) expected to improve reporting and quality documentation



Corrections Health Issues and Challenges

Operational Challenges

- ❖ Newly implemented Health Information Technology (HIT) system for pharmacy services with an outside contractor will require continued evaluation initiated in FY10
- ❖ EHR for all other health services in the jail must be compatible with MCHD and other clinic systems (i.e. emergency rooms, hospitals) for improved quality and reduce costs—planning continues with County IT





Health Equity Issues and Challenges

Policy Issue

- ❖ Define public health's role in impacting social determinates of health such as, affordable housing, incarceration rates, school completion, affordable childcare, legal same-sex marriage, immigration reform

Operational Challenges

- ❖ Develop a health equity tool to apply to resource allocation to see if they are aimed at reducing disparities and how to measure outcomes





Communicable Disease Policy Issues

- ❖ Climate change and the changes in communicable disease patterns and impact on emergency operations
- ❖ Integrating public health and primary care practice to achieve population based health outcomes, for example expedited partner therapy for clinic clients with an STD (in all medical practices not just County clinics.)





Communicable Disease Policy Issues Continued...

- ❖ Addressing the stigma associated with STD/HIV/HCV
- ❖ Advocating for federal rule shift to allow expedited partner therapy (EPT) coverage as part of emerging evidence-based practice



Community Wellness Issues and Challenges

Policy Issues

- ❖ Influencing the education system as a key partner, while operating in an environment of declining resources
- ❖ Affordable local foods reduces carbon emissions, bolsters local economy and creates healthy eating choices

Operational Challenges

- ❖ Sustain the learning from the 2-year CDC grant, how it influences the type of work we do and how we staff our work when the grant ends





Maternal Child Health Issues and Challenges

Policy Issues

- ❖ Create an MCH framework based on local epidemiology, quality improvement, health promotion and equity to have all interventions integrated for common outcomes
- ❖ Work with State and Federal partners to raise the poverty level guidelines, specifically for WIC



Maternal Child Health Issues and Challenges

Policy Issues continued...

- ❖ Expand community engagement for those who experience disparities in outcomes such as breastfeeding, teen birth rates, and infant morbidity.

Operational Challenges

- ❖ Economic downturn and increase in working poor has increased the caseload and demand for WIC services. Staffing needs to keep pace to ensure access to full range of nutrition services. Local investment on frontend increases # of families served. Investment is recouped by federal formula rewarding increased number of clients





Environmental Health Issues and Challenges

Policy Issues

- ❖ Environmental health is tightly linked with environmental justice. The list of policy issues range from far reaching like climate change, reduced carbon footprint, toxin laden products, to local issues like illegal dumping, air quality, housing policy, and vector control



Environmental Health Issues and Challenges

Policy Issues

- ❖ Need to establish causal health outcomes for changing environmental conditions, for example
 - ◆ Land use and built environment—Urban tree canopy—has been directly connected to violence prevention and better maternal child health outcomes
 - ◆ Water policy
 - ◆ Cancer rates in the community





Environmental Health Issues and Challenges

Operational Suggestions

- ❖ Convene a summit of Multnomah County stakeholders to identify and prioritize issues and create sustainable multi-divisional, multi-departmental initiatives on one or two critical environmental health issues



Environmental Health Issues and Challenges

Other Operational Challenges

- ❖ Multi department efforts on environmental policy issues like sustainability, climate change, indoor air quality, water, pharmaceuticals in the water, purchasing practices, etc –coordination needs funding to prevent gaps or duplication of effort
- ❖ Staffing efforts to change no cause eviction—bringing together landlords and tenants—to increase ways for people to have safe and healthy communities





Health Department Issues and Challenges

Closing Thoughts or Questions?



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**MULTNOMAH
COUNTY**
Health Department

Appendix

Number of MCHD Clients and Encounters Fiscal Year 2010

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Number of MCHD Clients and Encounters Calendar Year 2009

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EPIC Clients and Encounters by Program Calendar Year 2004-2009*

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(Please note earlier slide with client count compared to FTE was by Fiscal Year so it was comparable to the FTE count)

Community Health Services Clients Served 2009 (in detail)

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Health Department

Number of MCHD Clients and Encounters
Fiscal Year 2010 to Date*

	Clients 2010	Encounters 2010
Epic Data**	66,171	320,750
Corrections Health total (adult and juvenile)	21,068	80,526
Women, Infants, and Children Sites – WIC (3 sites)	29,662	64,098
Occupational Health		2,136
Travelers Clinic		1,321
Community Immunization Program		4,986
TB Prevention and Control***		3,142
HIV Care Services Program (Ryan White)	2,569	42,076
Other Program Measures		Total #
Total Prescriptions Dispensed		267,264
Blood Lead Level Screenings		455
STD/HIV/HCV education classes at jails and Hooper		62 classes/ 690 individuals
# of HIV tests through HIV Prevention Program		721
# of syringe exchange contacts		2,901
# of STD cases investigated		1,351
# of AASHEP**** contacts		2,440
# of Communicable Disease cases investigated		2,678
Environmental Health Inspections		10,489
# of Healthy Homes Families		71
4REAL (4 Relationship Education and Lifeskills) Participants		7,429

*Varies from April to May 15th depending on availability of data

**Includes clients/encounters from Epic Practice Management System/Health Information System only. Includes: Primary Care, TB, STD, HIV, School-Based Health Centers, Dental, Early Childhood home nursing encounters, x-ray, pharmacy, lab, and telephone. Epic clients are unduplicated across all program areas.

***Non-Epic visits including contacts to cases, shelter screenings, chronic disease prevention training encounters

**** AASHEP: African American Sexual Health Equity Program.



Health Department

Number of MCHD Clients and Encounters Calendar Year 2009

	Clients 2009	Encounters 2009
Epic Data*	70,080	364,129
Corrections Health total (adult and juvenile)	22,940	96,530
Women, Infants, and Children Sites – WIC (3 sites)	31,101	69,147
Occupational Health	1,217	3,011
Travelers Clinic	1,250	1,519
Community Immunization Program		5,504
TB Prevention and Control**		3,590
HIV Care Services Program (Ryan White)	2,578	51,503
Other Program Measures		Total #
Total Prescriptions Dispensed		300,009
Blood Lead Level Screenings		503
STD/HIV/HCV education classes at jails and Hooper		86 classes/ 1,109 individuals
# of HIV tests through HIV Prevention Program		1,123
# of syringe exchange contacts		3,669
# of STD cases investigated		1,302
# of AASHEP*** contacts		1,159
# of Communicable Disease cases investigated		3,004
Environmental Health Inspections		11,873
# of Healthy Homes Families		75
4REAL (4 Relationship Education and Lifeskills) Participants		15,094

*Includes clients/encounters from Epic Practice Management System/Health Information System only. Includes: Primary Care, TB, STD, HIV, School-Based Health Centers, Dental, Early Childhood home nursing encounters, x-ray, pharmacy, lab, and telephone. Epic clients are unduplicated across all program areas.

**Non-Epic visits including contacts to cases, shelter screenings, chronic disease prevention training encounters.

***AASHEP: African American Sexual Health Equity Program.



MCHD Encounters from Epic by Calendar Year* by Location

Health Department

	2004		2005		2006		2007		2008		2009	
	PTS	VISITS	PTS	VISITS	PTS	VISITS	PTS	VISITS	PTS	VISITS	PTS	VISITS
Total	58,294	281,736	61,065	291,623	62,574	306,823	66,051	332,512	68,369	335,577	70,080	364,129
DENTAL	16,349	45,478	17,974	46,963	18,584	52,347	20,542	55,106	21,945	54,637	23,763	60,784
EARLY CHILDHOOD SER SECTION	8,653	31,479	8,296	29,806	9,299	29,568	9,790	30,263	9,489	30,293	9,720	30,934
HSC HLTH SVC CTR	661	7,026	773	8,505	807	10,292	903	11,713	984	12,226	1,013	14,323
MULTICARE DENTAL	370	633	437	760	444	736	485	817	532	908	793	1,387
PRIMARY CARE	29,061	152,496	29,744	164,125	29,549	177,406	33,033	201,446	34,380	200,783	35,262	221,650
SCHOOL BASED HEALTH CENTERS	6,927	25,043	6,774	22,901	6,685	21,376	6,311	19,617	7,041	21,072	6,980	21,547
STD PROGRAM	4,701	8,560	6,276	8,199	6,230	7,899	5,988	7,549	6,415	8,208	6,255	7,924
TB PROGRAM	2,349	11,321	1,853	10,364	1,662	7,199	1,454	6,506	1,722	7,450	1,427	5,580

HSC HLTH SVC CTR= HIV Clinic at McCoy

MULTICARE DENTAL= data is for Dental clinic clients who need to be seen by specialty Dentists in the community. The referral and payment is made by Multicare.



Community Health Services

Clients Served in 2009

Communicable Disease

Population served: 724,680

Total number of clients served: This program involves both direct and population-based services to the community.

Direct Client Services: 13,058

Homeless TB shelter clients served: 3,243

Community Immunization Program number of immunization doses provided to children 0-18 years of age: 7,348

Occupational Health Office number of employees served: 1,217

Travel clients served: 1,250

Population-based Services (each item involves multiple contacts, tracking and follow-up):

Number of Communicable Disease cases investigated: 3,004

Number of Communicable Disease Outbreaks: 280

Number of TB contacts to cases investigated: 668

STD/HIV/HCV

The program focuses its efforts on those at highest risk for HIV, Hepatitis C, and STDs in order to protect the health of all 724,680 Multnomah County residents and residents of neighboring communities. Outreach, education, and promotion efforts directly reach approximately 8,000 individuals annually, and countless others are reached through social marketing and media messaging. Clinical services are provided to approximately 12,000 clients yearly.





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Community Health Services

Clients Served in 2009

Early Childhood Services

Population served: Total: 193,831

Number of childbearing women: 157,224 (females ages 15-44)

Number of children 0-5: 26,330

Number of births in 1 year: 10,277

Clients served by Healthy Start contractors (Insights Teen Parent Program, IRCO and Impact NW) in the most recent 12 month period: 700 first birth families served (1,400 babies and mother and/or fathers). 9,450 visits made to these families

Childbirth Classes: 143 Spanish speaking clients and 86 English speaking clients.

Active clients: 9,500

Environmental Health

Population served: 724,680

100 – 150 media messages per year are received in the Portland Metro Area projected to reach 1.5 million people. The Environmental Health Department influences public policy at the state and local level to improve public health by developing and engaging public policy makers and elected officials, staffing coalitions and convening partners; this function has the ability to influence a target population of 3 million.

Active clients: 4,347 licensed facilities, 237 schools, 276 child care centers, 2,857 Leadline referrals, 400 housing inspections, 38 Healthy Homes families, 50 Drinking Water Systems, 1,500 rodent and nuisance investigations, and surveillance and treatment of hundreds of acres of mosquito breeding sites. The Environmental Health Department enforces state and local statutes and ordinances related to public health safety and sanitation, and provides education and technical assistance to all of the above in addition to development of public education and outreach related to emerging public health issues: global climate change, housing guidance for landlords and tenants, and mediation with various community members and industry.



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Community Health Services

Clients Served in 2009

WIC (Women, Infants and Children) Program

Total clients served: 31,101

Total client visits: 69,147

4 RELATIONSHIP EDUCATION AND LIFESKILLS (4REAL)

This program provides age appropriate sexuality education and relationship skills to youth and parents within our schools and community with the goal of supporting the development of healthy adults and the prevention of unwanted pregnancy and sexually transmitted infection/disease. The 4REAL program currently consists of 4 components: 1) a school-based intervention for middle school students; 2) a school-based intervention for high school students; 3) a community-based intervention for high risk youth and their parents with a focus on African American and Hispanic communities; and 4) a targeted intervention for pregnant or parenting teens.

The 4REAL program collects data according to its grant cycle, from October through September. During the 2008-2009 year, the 4REAL program served 10,133 middle school students in over 50 schools; 3,822 high school students; 715 youth and 408 parents in the community; and 16 pregnant or parenting teens. From October 2009 through March 2010, the program served 5,397 middle school youth in over 60 schools; 1,801 high school students; 97 youth and 82 adults in the community; and 52 pregnant or parenting teens. At the completion of the 2009-2010 year, the total number of people served should exceed the total for the previous year.





Multnomah County Community Health Council 2011 Citizen Budget Advisory Committee

Process: The Multnomah County Community Health Council serves as the Health Department's community advisory board and CBAC. It is also the federally-mandated governing body of Multnomah County's health center. The mission of the Community Health Council is to provide input and direction for community health center activities (including primary care, dental, early childhood services, nursing, school based, pharmacy and diagnostic imaging services) and advise the Department on current and emerging matters in public health, including program reviews, policy development and budget recommendations. It is an appointed group, including members of the community with an interest in public health, representatives from local health and social service organizations and most importantly, consumer members who utilize the Health Department's clinical services. One of our most important functions as a Council is to review and monitor Health Department's annual budget.

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

Major Changes:

- Federal Stimulus money (ARRA) has enabled us to renovate at several sites, increase staff to increase the number of patients we can serve
- Opening of the Rockwood Health Center
- Moving Lincoln Park SBHC to David Douglas High School
- Quest Diagnostics billing directly to patients for lab services
- Patient Account Statement Payment Plan Project

Recommendations/Concerns: We believe that Multnomah County's most significant priority should be to ensure the health and well-being of all county residents. Adequately funding to sustain the County's current clinical health system is critical in order to do this. The County's primary care clinics are the front line in supporting our most vulnerable neighbors. As the income gap

continues to grow, exacerbating health disparities, our County health clinics become an even more indispensable resource for the community at large.

The Health Department is not facing significant cuts or reductions in service thanks to growth in other revenues. We have only one request for additional County general fund and that is \$200,000 for the Rockwood Health Center. Most of the clinic costs are covered by other grant and fee revenue but we need an additional \$200,000 in FY 2011 to cover operating costs for this new site. In three years the clinic should be self supporting and not need this additional general fund. The Rockwood Clinic is expected to open in June 2010.

ARRA funding has been very helpful in updating our aging facilities and thus increasing our capacity during a difficult economic plan, the additional dollars are currently a temporary increase (for additional provider teams). There are activities to encourage the federal government to make these increases permanent and that would be helpful to the residents we serve in Multnomah County.

Emerging Issues:

- Facilities – The McCoy Building's clinical space and administration. The current County facilities plan shows McCoy Building sub-standard and a liability for the County. Where and how to relocate services downtown will be addressed in FY 11.
- Corrections Health – How to best serve the inmate population.

Community Health Council Members:

Harold Odhiambo, Chair

Amy Anderson, Vice Chair

Nafisa Fai, Secretary/Treasurer

Veronica Rodriguez, Member at Large

Donna Sather, Consumer Member

Ruth Duran, Consumer Member

Bonnie Malone, Consumer Member

Martin Davidson, Consumer Member

Dan Pierce, Community Member

Barry Mattern, Consumer Member

Sami Jarrah, Community Member

Cheri Slack, Consumer Member

2010-2011 Fiscal Year Budget Recommendations Central Citizens Budget Advisory Committee May 2010

The Central Citizen's Budget Advisory Committee (CCBAC) has members from each of the department Citizen's Budget Advisory Committees (CBACs) and is chaired by a member of the Multnomah County Citizen Involvement Committee. The CCBAC met several times with Chair Wheeler to share possible savings ideas as well as Interim Chair Jana McLellan and Marissa Madrigal from Chair Cogen's Office. Many of these have been included in the Executive Budget. A briefing on the Administrative Review and Business Reengineering Project was also included in the committee's schedule.

All of the CBACs have worked hard this year advising their departments on how to provide solid services with much less. CBACs will be sharing their individual committee recommendations with you during the scheduled work sessions. Their written reports have been forwarded to you and are also posted on the Citizen Involvement Committee (CIC) web site.

As the CCBAC we are focused on providing county-wide recommendations to you. We recommend the following.

- Due to the sad state of the economy our residents need more services and the numbers of those without basic needs are increasing. We need to place more emphasis on helping clients help themselves:
 - Encourage cooperation between departments, business, community organizations and faith-based groups to do this
 - Have specific guidelines in place to insure the proper intent and outcome
 - Look at creating a centralized position in the county to promote these partnerships.
 - Include the county in teaching ways our residents could help themselves
 - Healthcare, alternative healing classes, weight loss support groups
 - Self-sustainable practices such as: gardening, canning, budgeting, sewing, cooking classes, etc.
 - Coupon clipping and saving money
 - Libraries, health clinics, all public access points that the county has should be stocked with this kind of information
 - Create PSAs to get the word out about where to find such information.
 - Look for ways to increase access to food
- Encourage the sense of community:
 - Consider a community wide forum to discuss needs and resources.
 - Encourage neighbors to meet neighbors, barbecues, etc.
 - Encourage Big-Sister, Big-Brother, and Adopt-a-Grandparent relationships

- Taking a percentage across the board is not going to work for much longer. Look at what is mandated and fund those items first. We need to take care of our core services.
 - Make sure the programs that are funded are ones that actually have proven results – what is the return on investment?
 - Encourage or reward those who “think outside the box” to streamline, cut costs or create ways to preserve or replace services.
- Encourage revenue opportunities rather than just providing services.
- Speed up the planning process for business so they start contributing sooner.
- Look for ways to change the environment in the community so that our offenders are not punished forever.
- Continue to encourage volunteering with the County.
 - Retirees are a great resource
 - Use volunteer experts to teach the classes noted above.
- Let’s get the East County Justice Center moving.

Several of our recommendations from last year still stand. These include:

- 1) All measures that will save jobs and programs should be seriously considered. These include: a) wage freezes across the board; b) furloughs - one day a month or more if necessary; c) getting out of underused buildings; d) commend local 88 for stepping up - encourage the remaining unions to do the same; and e) early retirement incentives.
- 2) Continue to encourage cross-jurisdictional co-operation and responsibility. The CCBAC would like to see more of this.
- 3) Support the analysis of internal services cost model/structure --- put an end to the surprise increases just as budgets are almost due --- there has to be a better method
- 4) Continue to look for cross-departmental cooperation and connections.

I’d like to thank the CBAC committee members, especially the Central CBAC representatives who put in double duty, for all the time and care they put into this effort. We all thank you for the opportunity to participate and provide our recommendations on behalf of the citizenry. Our thanks as well to the department representatives and the Citizen Involvement staff who keep us afloat through the annual budget process.

Sincerely,



Brad McLean, Chair, Central CBAC

DRAFT Nondepartmental Budget Work Session Agenda for Thursday, May 27th, 2010

Item/Agency	Presenter	Time
Central CBAC	Brad McLean	1:00
Nond CBAC	Sherry Willmschen	1:05
CIC	Brad McLean	1:10
Nond overview	Julie Neburka	1:15
<i>Year-over-year budget changes</i>		
<i>FTE changes</i>		
<i>Notes on the debt service/dedicated funds</i>		
<i>NACo Fundraising program offer</i>		
<i>Other questions</i>		
Chair's Office Initiatives:	Chair's Office Staff	1:25
Working Smart		
Government Relations Office		
Office of Equity & Diversity		
Office of Sustainability		
Auditor's Office	Steve March	1:55
Public Affairs Office	Althea Milechman	2:05
Emergency Management	Dave Houghton	2:15
LPSCC	Peter Ozanne	2:25
County Attorney's Office	Agnes Sowle	2:35
Regional Arts & Culture Council	Eloise Damrosch	2:40
Follow-up		2:45
Scheduled June 1st		
CCFC		
Optional		
TSCC		



Multnomah County Information Technology

**BCC Work Session: Policy and Operational
Challenges and Issues**

May 26, 2010



Agenda

IT Policy and Operational Challenges and Issues

- Overview of IT Services
- Policy Challenges and Issues
- Operational Challenges and Issues
- IT Capital and Projects



IT Services Overview

- Application Services
- Infrastructure Services
- Planning, Projects, and Portfolio Management
- Administrative Services



Current Landscape

- Staff: 164
- Active Service Requests: 113
- Helpdesk Tickets: 3,000/month
- Circuits: 113
- PCs and Laptops: 4,293
- Servers: 217
- Business Apps: 184 + SAP
- Customers: 4,500
- Locations: 104

● ○ ○ | Policy Challenges and Issues

- Social Media and Collaboration
- Mobile Devices
- Security and Privacy
- E-mail Records Retention

● ○ ○ | Operational Challenges and Issues

- Institutionalize New Culture
- Focus on Priority Projects
- Recruit and Retain Staff
- Train and Support Multi-generational Workforce
- Maximize Investments in New Technologies

● ○ ○ | Institutionalize New Culture

- Mission, Vision, and Values
- Organizational Development Work Sessions
- IT Excellence Training

● ○ ○ | Focus on Priority Projects

- Strategic Plan
- Top 40 List
- Quarterly Assessment and Updates

● ○ ○ | Recruit and Retain Staff

- New Employee Orientation
- Diversity Initiative
- Training Framework
- Recruitment Strategies



Train and Support Multi-generational Workforce

- Partnering with Talent Development
- Dedicating Technical Training Resources
- Expanding Learning Options



Maximize Investments in New Technologies

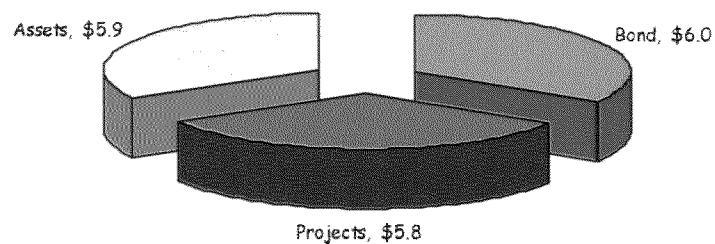
- Positioning for the Future
- Leveraging IT Industry Expertise
- On-going Training and Support

● ○ ○ | IT Capital and Projects

- Asset Replacement
- Bond Funds
- Projects



Capital and Projects



Bond Funds		\$ 6.0
Projects		
ITIIF	\$4.4	
Other	1.4	5.8
Asset Replacement		
Desktop Hardware	\$2.8	
Software	1.8	
Infrastructure Assets	1.3	5.9
		<u>\$17.7</u>



IT Innovation and Investment Fund

- Oversight and Governance
- Number of Projects Approved
- Project Status
- Fund Status

● ○ ○ | ITIIF: Oversight and Governance

- IT Advisory Board
- County-wide Representation
- Formal Evaluation Criteria

● ○ ○ | ITIIF: Approved Projects

○ Executive Budget

○ DCM—SAP Upgrade and Archival	\$1.0 M
○ DCS—LUP System Replacement	\$200 K
○ IT—Disaster Recovery	\$700 K
○ DCM—Facilities Mobile Assets Pilot	\$200 K
○ DCM—A&T Helion System	\$200 K
○ MCHD—Corrections Health EMR	\$1.3 M
○ CO—External Website Redesign	\$400 K

● ○ ○ | ITIIF: Approved Projects


○ ITAB Approved Projects

○ DCHS—Client Case Management & Billing	\$1.1 M
○ DCHS—Find-a-Home Website	\$ 75 K
○ DCJ—JJIS Supplemental Information System	\$950 K
○ DCJ—Defendants' Supervision Kiosks	\$100 K
○ MCDA—Content & Document Management	\$360 K
○ DCM—Procurement for Public Sector	\$540 K
○ DCM/DCJ/MCL—Adobe Connect Pilot	\$ 60 K

● ○ ○ | Projects Implemented

- DCM—SAP Upgrade
- CO—External Website Redesign
- DCM—A&T Helion System
- DCHS—Find-a-Home Website
- DCS—Land Use Planning System
- DCM/DCJ/MCL—Adobe Connect Pilot

Find a Home: Home Page and Search

**Multnomah County, Oregon**
multco.us

Login

Skip Navigation

→ HOW DO I? ←

home residents business visitors health justice government contact employees

Find a Home
Home Page
What is Find a Home?
What is an Adult Care Home?
How to Use This Site
Search Homes
Level of Care Worksheet
Adult Care Home Registry
Tips for Talking about Long-Term Services
Checklist for touring homes


Welcome to Find a Home
Your guide to selecting an Adult Care Home in Multnomah County

What is Find a Home?
Find a Home provides information essential to anyone who wants to determine whether or not an Adult Care Home is a possible care option for themselves, a family member, a friend, or anyone who can no longer live independently and needs assistance. The user can learn what an Adult Care Home is, when an Adult Care Home is an appropriate care option, and what the advantages of an Adult Care Home might be. [more...](#)

How to use this site
In order to use the search feature effectively, you will need to know the needs of the person needing care so that you can select appropriate search criteria for Find a Home. [more...](#)

I would like to learn more about the other choices available besides Adult Care Homes. Where can I find the information I need?
Please go to the Multnomah County Network of Care at the following link:
<http://www.multnomah.or.networkofcare.org/aging/home/index.cfm>

How do I find a home for someone with developmental, mental, or emotional disabilities?
Find a Home cannot accommodate a search for Adult Care Homes which serve the Developmentally Disabled or persons with mental illness.
If you are searching for homes to place persons who are Mentally and Emotionally Disabled (MED), please contact Multnomah County Adult Mental Health at 503-988-4888.
If you are searching for homes to place persons who are Developmentally Disabled (DD), please contact Multnomah County Developmental Disabilities Services Division at 503-988-3658

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Login

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home residents business visitors health justice government contact employees

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Search for a Home
Search
Search: ☒ Only Homes With Vacancies ☐ All Homes
Location
To limit your search, click on one or more of the zip code boxes below. Otherwise Find a Home will search all zip codes.

<input type="checkbox"/> 97019	<input type="checkbox"/> 97024	<input type="checkbox"/> 97030	<input type="checkbox"/> 97060	<input type="checkbox"/> 97080	<input type="checkbox"/> 97202	<input type="checkbox"/> 97203	<input type="checkbox"/> 97206	<input type="checkbox"/> 97210
<input type="checkbox"/> 97211	<input type="checkbox"/> 97212	<input type="checkbox"/> 97213	<input type="checkbox"/> 97214	<input type="checkbox"/> 97215	<input type="checkbox"/> 97216	<input type="checkbox"/> 97217	<input type="checkbox"/> 97218	<input type="checkbox"/> 97219
<input type="checkbox"/> 97220	<input type="checkbox"/> 97221	<input type="checkbox"/> 97227	<input type="checkbox"/> 97230	<input type="checkbox"/> 97232	<input type="checkbox"/> 97233	<input type="checkbox"/> 97236	<input type="checkbox"/> 97239	<input type="checkbox"/> 97266

Primary Home Characteristics

	Want	Don't Want	Don't Care		Want	Don't Want	Don't Care
Private resident bathroom	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Private resident bedroom	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pets in home	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Will consider resident pet	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Smoking allowed	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Alcohol allowed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Children in home	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Medicaid / Private pay	<input type="text" value="Any"/>		
				Level of Care	<input type="text" value="Any"/>		

[Advanced Search](#)
Search

Find a Home: Home Locator and Summary

Multnomah County, Oregon
multco.us

Home residents business visitors health justice government contact employees

Find a Home

Home Page
What is Find a Home?
What is an Adult Care Home?
How to Use This Site
Search Homes
Level of Care Worksheet
Adult Care Home Registry
Tips for Talking about Long-Term Services
Checklist for touring homes

Search Results

List View | Map View

Click the address for more information about the home.

Search Results with Vacancies

2220 SE STEPHENS ST PORTLAND OR 97215
Operator: DANIELA SERBAN-FREGUI Ph: (503) 773-2385 Licensed since: 3/2005 Vacancies: 2

Search Results with no Reported Vacancies

1480 NE KANE DR GRESHAM OR 97030
Operator: TEDOR CRISTUREAN Ph: (503) 666-3727 Licensed since: 4/1991

175 NE OLIVER CT GRESHAM OR 97030
Operator: GREGORY FRAZIER Ph: (503) 328-6076 Licensed since: 3/2005

18430 SE TIBBETTS CT GRESHAM OR 97030

Home Map Location

1480 NE KANE DR, GRESHAM OR 97030 [Map It](#) [Get Directions](#)

Ph: (503) 666-3727 | Licensed since 1991 | [Home Summary](#) | [Home Detail](#)
Email: cristurean@comcast.net
home.comcast.net/~cristurean/site/

To find services near the home, enter a search term (e.g. pharmacy) and press Search

pharmacy

powered by Google

Google

Street level view

Multnomah County, Oregon
multco.us

Home residents business visitors health justice government contact employees

Find a Home

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Home Summary

[Back to search results](#)

1480 NE KANE DR, GRESHAM OR 97030 [Map It](#) [Get Directions](#)

Ph: (503) 666-3727 | Licensed since 1991 | [Home Summary](#) | [Home Detail](#)
Email: cristurean@comcast.net
home.comcast.net/~cristurean/site/

Vacancy

Type	#	Earliest Available Date
Male	0	
Female	0	
Either	0	
Shared	0	

Description

Cristurean's Foster Care is a Place Like Home, which has been operating & providing care for nearly 20 years. We are committed to providing a home-like environment to our residents and quality care, while meeting the special needs of each individual. Our Mission: Residents are our highest priority and the focus of our services. We believe in the preservation of dignity, self-respect, and human rights in a loving and caring environment. In this resident-centered approach to care, where the total health, well being, and needs of the residents are met. Our work is rooted in the Christian ethic and that our obedience to God is best measured by our service to others. Five Private rooms, with bathrooms are provided and are wheelchair accessible. Centrally located activity and dining room, and a secured courtyard & multiple porch areas are available to the residents and their families year-round. Rooms are kept clean, freshly painted in soft colors throughout the home. Housekeeping and laundry are provided daily. We encourage residents to pursue interests and activities that allow them to maintain meaningful & fulfilling lives. Indoor recreational activities are available, such as: music, television, movies, games, socialization, arts, and crafts. Outdoor Activities, including: trips to the park, walks, and others can be arranged. A variety of needs and preferences are recognized and met, you need only to ask.



Adobe Connect: Meeting Host

My Home Page - Windows Internet Explorer

https://admin.na4.adobe.com/admin/home/homepage?account-id=844234492&principal-id=845126886&showNotif=true

File Edit View Favorites Tools Help Links Google Remedy PlanView PRNavigator - QAT PRNavigator - PRD

My Home Page

ADOBE ACROBAT CONNECT PRO

My Profile | Help | Logout: Larry Bartasavich

Home | Content | Meetings | Reports | Administration

Create New: MEETING CONTENT

My Calendar My Meetings Resources

My Meetings View

Name	S...	R...
05-14-10 ...	Open	0... H...
05-07-10 ...	Open	0... H...
PRNaviat...	Open	0... H...
Larry	Open	0... H...
PRNaviat...	Open	0... H...
test 03-2...	Open	0... H...
PRNaviat...	Open	0... H...
Dan's Test	Open	0... P...
03-19-10 ...	Open	0... H...
PRNaviat...	Open	0... H...

05-14-10 PRNavigator Meeting

Overview

Name 05-14-10 PRNavigator Meeting

URL <http://multnomah.na4.adobe.com/r75705093/>

Summary

Start Time 05/14/2010 2:00 PM

Duration 01:30

Language English

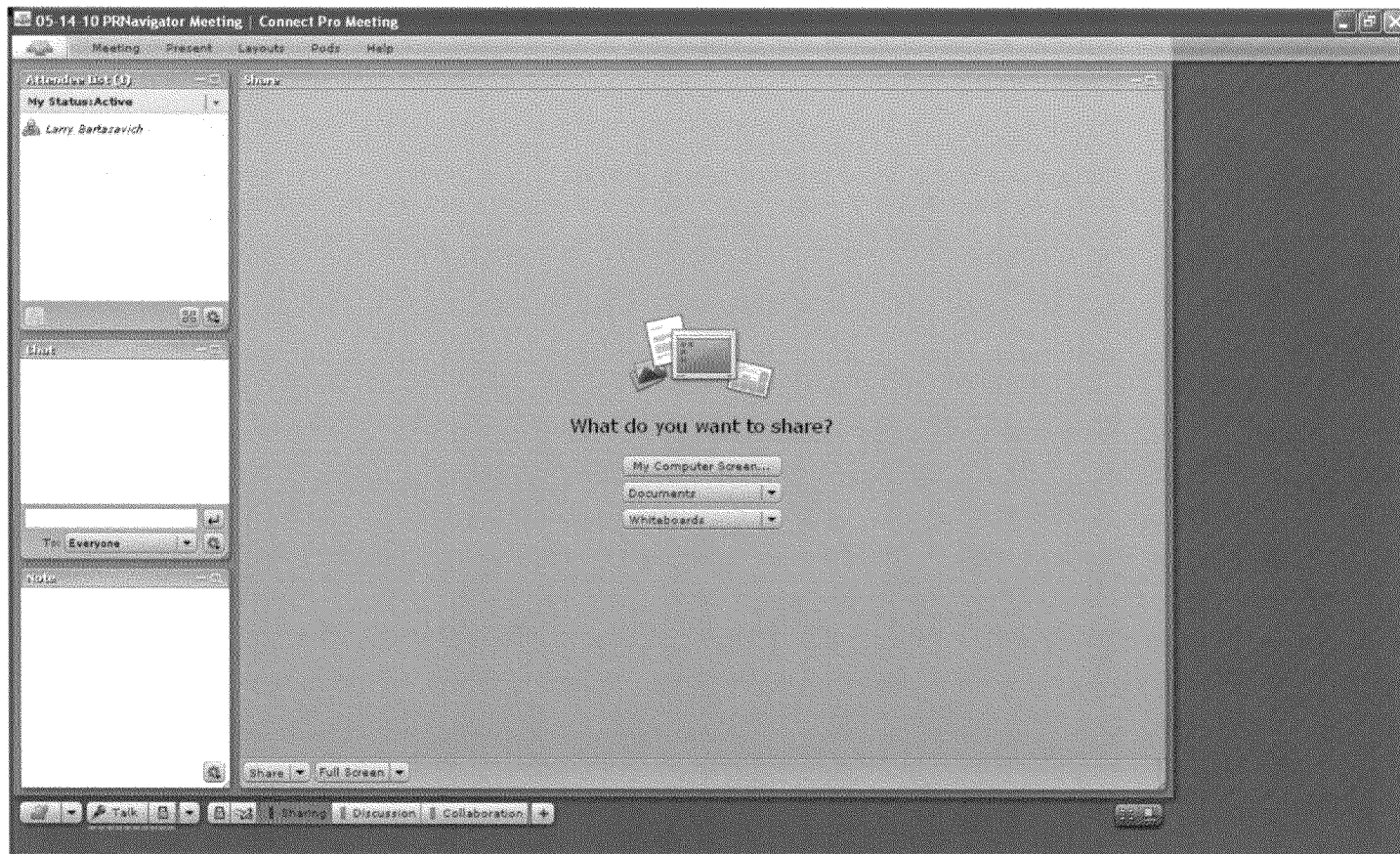
Conference Numbers:

Participant Code:

Internet 100%



Adobe Connect: Share Desktops



Land Use Planning: Case Detail with Map

Case Detail - Mozilla Firefox

http://lupprddb18080/apex/f?p=128:250:7205301566068866::NO:250:P250_S_ROWID:605914

Most Visited Getting Started Latest Headlines PRNavigator - QAT OracleAS MapViewer PRNavigator PRODUC...

McAfee SiteAdvisor

Case Detail

PRNavigator/Workbench

consult
www.dataconsult.com
SPECIALIST LAND INFORMATION
SOLUTIONS AND SERVICES

Main Reports Reports(2) My Reports Map Viewer Administration

(BARTASL) Help Print Logout

Home Cases Reports Reports(2) My Reports Map Viewer Administration

Case Query Case Detail

Land Use Case Detail (Read Only) Cancel Cover Page Edit Case

Case Number T2-09-062
Case Entry Date 10-21-2009
Receive Date 10-21-2009
Case Type T2
Proposal NSA permit for accessory building in GSF-40 zone.
Legacy Planner Value KC
Planner Kevin Cook
Jurisdiction MULTNOMAH COUNTY
Compliance Case ? NO
Transportation Impact ? Unknown
Review Status Active

Progress Information: Days since Receipt = 208
Day 180 04-19-2010
Determination []
Determination Date
Require Conditions ? NO
Conditions Recorded Date
Case Closed Date
Appeal Deadline

S Migrationref 5476
S Rowmigrated Y
Key 605914

Bigger Map

200 ft

50 ft

Show All Hide All

Participants (Migrated)

Permits

Permits (Migrated)

Contacts by Case

Case Parcels (Migrated)

AST Case Parcels

Done

Land Use Planning: Permit Search

Permits Mozilla Firefox

http://supprddb080/apex/f?p=128:600:7205301546048966::NO

PRNavigator/Workbench

consult

www.consult.com
SPECIALTY LAND INFORMATION
SOLUTIONS AND SERVICES
(BARTLEY) | Help | Print | Logout

Main Reports Reports23 No Reports Map Viewer Administration

Rows: 15 Go

Filter

Column Operator Expression

Permit Entry Date >

Cancel Apply

	Permit Entry Date	Est# Number	Exp Ref#	Permit Type	Permit Number	Determination
detail	08-06-1997	NSA 28-96	-	NSA	-	Approved
detail	08-06-1997	HR 1-96	-	HR	-	Approved
detail	08-06-1997	HV 16-96	-	HV	-	Approved
detail	08-06-1997	DR 8-96	-	DR	-	Approved
detail	08-06-1997	NSA 19-96	-	NSA	-	Approved
detail	08-06-1997	TP 6-96	-	TP	-	Approved
detail	08-06-1997	NSA 20-96	-	NSA	-	Approved
detail	08-06-1997	NSA 21-96	-	NSA	-	Approved
detail	08-06-1997	SEC 17-96	-	SEC	-	Approved
detail	08-06-1997	HV 12-96	-	HV	-	Approved
detail	08-06-1997	SEC 19-96	-	SEC	-	Approved
detail	08-06-1997	TP 7-96	-	TP	-	Approved
detail	08-06-1997	NSA 22-96	-	NSA	-	Approved
detail	08-06-1997	CS 4-96	-	CS	-	Other
detail	08-06-1997	CU 10-96	-	CU	-	Approved

1 - 15 of 17100

Done



Projects in Process

- DCJ—Juvenile Justice Information System (JuST)
- MCDA—Document Management System
- IT/SAP—SAP Archiving
- DCM—Facilities Mobile Assets Pilot
- DCM—Procurement for Public Sector
- DCHS—Mental Health Client Case Management and Billing

JuST: Clinical Supervisor Log in

JuST

Logged in as Corso, Deena
 JCC Caseload
 Clinical Supervisor Caseload
 Clinician Caseload
 Search
 [Help/Log out](#)

Clinical Supervisor Caseload for Corso, Deena

Referred by JCC (3)
 Agency ATYF

Name	Age	Risk	Referred	Service	JCC	Status	Assign to a Clinician
	16	High (8.0)	05/17/2010	Clinical Assessment	Fritz, Larry	Referred (0)	Select a clinician...
	16	Medium (7)	05/17/2010	Treatment (A&D)	Aguilar-Montes, Sylvia	Referred (0)	Select a clinician...
	16	Medium (7)	05/17/2010	Fire Assessment	Aguilar-Montes, Sylvia	Referred (0)	Select a clinician...

Clinician Caseload (3)
 Caseload for All

Name	Age	Risk	Assigned	Service	JCC	Status	Clinician
	15	Medium (10.0)	05/17/2010	Clinical Assessment	Banks, Ralph	Enrolled (0)	Corso, Deena
	16	High (30.0)	05/17/2010	Clinical Assessment	Banks, Ralph	Enrolled (0)	McDaniel, Cecilia
	19	High (23.0)	05/17/2010	Fire Assessment	de la Torre, Jan	Enrolled (0)	Corso, Deena

JuST: Version 1.0.3789.15132
 Done
 Local intranet
 100%

JuST: Youth Treatment Record

JuST

Logged in as Corso, Deena
JCC Caseload
Clinical Supervisor Caseload
Clinician Caseload
Search
Impersonate

Probation End Date: N/A
Risk Level: Medium (7)
Age: 16
Gender: F
JCC: Aguilar-Montes, Sylvia

Treatment History

Youth Information

Intensive Outpatient (A&D)
05/17/2010
Referred

ATYF

Treatment Referral
05/17/2010

Clinical Assessment
05/17/2010
Exit

ATYF

Corso, Deena

Assessment Referral
05/17/2010

Intake
05/17/2010

Exit
05/17/2010

Outpatient (A&D)
05/17/2010
Exit

ATYF

Corso, Deena

Treatment Referral
05/17/2010

Intake
05/17/2010

View Referral Document
Change Status
Print
Edit

Referral Information

Referral Type
Assessment

Referral Status
Referred

Referral Date
05/17/2010

Receiving Agency
ATYF

Authorized to Exchange and Disclose Health Information
Yes

Service Class
Fire Assessment

Assigned Workers

Referring Worker
Corso, Deena

OYA Worker

DHS Worker

Name

Phone

Email

MCDA Content and Document Management

Access to Alfresco via icon in CRIMES (case tracking system)

The screenshot displays the CRIMES case tracking system interface. The main window shows case details for incident 45, including the date 03/14/2007 and status Open. A sidebar on the left lists various case components like Incident Information, Prosecutor Staff Information, and Referral. A 'Case Viewer' window is open, displaying an 'INVESTIGATION REPORT' from the PORTLAND POLICE BUREAU. The report includes fields for Case Number, Date/Time Reported, Date/Time Occurred, and Location of Occurrence. A text box at the bottom of the report contains the following information:

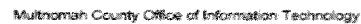
PERSONS	
NAME	DOB
NAME	DOB
NAME	DOB

Below the report, there are tabs for Referral, Defendants, Case Persons, Charges, Case Flags, Case Facts & Notes, Events, Sentencing, and Summary. The status bar at the bottom shows the date 5-19-10 9:44:37 and the time 9:45 AM.

Takes user directly to documents related to that specific case

● ○ ○ | Projects in Transition

- DCJ—Supervision Kiosks
- MCHD—Corrections Health EMR
- IT—Disaster Recovery





ITIIF Fund Analysis

► Funding

Funding Source	Amount *
2008 Executive Budget	\$4.0
2009 Program Offer	\$3.0
Departmental Funds (ITAR)	\$0.5
2010 Program Offer--scaled	\$0.6
Total Funding	\$8.1

► Spending

Description	Amount*
Total Funding	\$8.1
Project Spending to Date (FY 2011 Submitted)	\$3.7
ITIIF Carry Forward-FY 2011 Submitted Budget	\$4.4

► Available

Description	Amount*
ITIIF Carry Forward-FY 2011 Submitted Budget	\$4.4
Project Commitments-FY 2011 Submitted Budget	\$3.3
Funds Available for New Projects	\$1.1

* In Millions

● ○ ○ | New Project List

- DCM—Electronic Benefits
- IT/SAP/DCM—Electronic Timesheets
- DCM—Budget Software Replacement
- DCJ—JuST Phase 3
- LPSCC—DSSJ Upgrade

● ○ ○ | Closing

Questions & Answers

FY2011 Approved Budget Capital Briefing



May 26, 2010

FY2011 Capital Briefing

AGENDA

1. **Introduction** – Mindy Harris
2. **Financial Policy Overview** – Mindy Harris
3. **Bond Status, Debt Update** – Mark Campbell
4. **Facilities Capital** – Bob Thomas & John Lindenthal

Financial Policies

Financial Policy Goals

- Preserve capital through prudent budgeting and financial management
- Achieve most productive use of resources
- Ensure financial activities meet GAAP
- Achieve balance between revenues & ongoing commitments
- Leverage local dollars with external revenue
- Provide accountable form of government

Financial Policies

Short-Term and Long-Term Debt Policies

- Describes types of debt County may issue
- Describes conditions under which debt considered appropriate
- County policy on issuing debt is more restrictive than state statute allows
- Debt **NOT** issued to support operations

Financial Policies

Types of Capital Debt

- Short Term
 - Line of Credit
- Long Term
 - Full Faith & Credit
 - General Obligation Bonds
- Revenue Bonds
- Capital Lease Purchase Agreements

Financial Policies

Capital Asset Management Policies

- Directs development of 5 Year Capital Improvement Plan – updated annually
- Defines buildings as Tier I, Tier II, Tier III
- Outlines funding sources and priorities, including components of internal service rates
- Provides guidelines for asset disposition

Debt Overview

Summary and Status of Existing Debt

- Capital Bond Memo – Attached
- General Obligation Bonds
- Revenue Bonds
- Full Faith & Credit Obligations
- Existing General Fund Supported Debt Well Within Limits Outlined in Policy
- Additional Capacity – Uses in FY 2011

Debt Overview

Summary of Capital Bond Memo

- FY 2011 projects funded w/ debt proceeds
 - Road Fund – 223rd Avenue underpass
 - Bridge Fund – Sellwood Bridge replacement
 - CIP Fund – East County Courthouse
- Statutory and policy debt limits
- Review estimated capacity under existing financial policy

Debt Overview

General Obligation (GO) Bonds

- Voter approval required
- No new GO debt issued since FY 1997
- March, 2010 – Refinanced \$49.7 Million existing GO bond debt
- Debt retired by FY 2017
- Savings to taxpayers - \$5.2 Million

Debt Overview

Revenue Bonds

- Finance projects that can be supported by dedicated resources
- Two existing revenue bonds
 - Oregon Food Bank
 - Port City
- Existing debt retired by FY 2016
- Sellwood Bridge likely to be financed by revenue bonds

Debt Overview

Full Faith & Credit Obligations (FFCO)

- Subject to 5% Financial Policy limitation
- Approximately \$68 Million outstanding debt
 - Recent sale – March, 2010 - \$9.8 Million
- All Existing FFCO debt retired by FY 2020
- Budget for FY 2011 includes FFCO issue for East County Courthouse
 - Resolution 2010-048

Facilities Management

Facilities Capital Mission

- *Extend the life of County buildings, optimize the performance of building systems, and create accessible, functional, and energy efficient facilities that meet County program needs.*

Capital Focus

- Reduce long term facilities cost to the County
- Prioritize projects to prolong life of assets and upgrade building infrastructure and equipment
- Improve functionality and usefulness for programs
- Increase flexibility of space
- Achieve a sustainable balance between facility maintenance and capital funding

Definitions

- **Tier I Asset Preservation (AP)**
 - Retain Good building for long term use
 - Provide scheduled maintenance from Asset Preservation Fund 2509
- **Tier II Capital Improvement Program (CIP)**
 - Retain and Improve Fair buildings needing Capital improvement
 - Schedule improvements to bring up to Tier 1 status from Capital Improvement Fund 2507
- **Tier III Capital Improvement Program (CIP)**
 - Maintain Functionality
 - Minimal Capital investment pending decision of retention or disposition

FY2011 to FY2015 Tier I Buildings

5 Year Asset Preservation Fund Projects

Fund 2509 Tier I	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	5-Year Total
Juvenile Justice	\$ 377,179	\$ -	\$ 250,000	\$2,500,000	\$ -	\$ 3,127,179
Inverness Jail	\$ -	\$ 320,000	\$1,750,000	\$ 400,000	\$ 850,000	\$ 3,320,000
North Portland Health	\$ 25,000	\$ 12,000	\$ -	\$ -	\$ 40,000	\$ 77,000
Gresham Probation	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ 10,000
Elections	\$ 72,586	\$ 200,000	\$ -	\$ -	\$ 250,000	\$ 522,586
Southeast Health	\$ 303,215	\$ -	\$ -	\$ -	\$ 50,000	\$ 353,215
Mid-County Health	\$ 558,197	\$ -	\$ -	\$ -	\$ 50,000	\$ 608,197
MCE	\$ 56,000	\$ -	\$ -	\$ -	\$ -	\$ 56,000
Yeon Annex	\$ 55,000	\$ -	\$ -	\$ -	\$ -	\$ 55,000
TMB	\$ 821,547	\$ 945,000	\$ -	\$ -	\$ -	\$ 1,766,547
TMB Garage	\$ 479,866	\$ -	\$ -	\$ -	\$ -	\$ 479,866
Central Library	\$ 484,107	\$ -	\$ -	\$ -	\$ -	\$ 484,107
Belmont Library	\$ 51,055	\$ -	\$ -	\$ -	\$ -	\$ 51,055
Gregory Heights Library	\$ 38,385	\$ -	\$ -	\$ -	\$ -	\$ 38,385
Gresham Library	\$ -	\$ 100,000	\$ 50,000	\$ -	\$ -	\$ 150,000
Midland Library	\$ -	\$ 50,000	\$ 300,000	\$ 18,000	\$ 60,000	\$ 428,000
North Portland Library	\$ 15,000	\$ -	\$ -	\$ -	\$ -	\$ 15,000
Rockwood Library	\$ 402,342	\$ -	\$ -	\$ -	\$ -	\$ 402,342
St Johns Library	\$ 40,000	\$ -	\$ -	\$ -	\$ -	\$ 40,000
Woodstock Library	\$ 80,000	\$ -	\$ -	\$ -	\$ -	\$ 80,000
Hollywood Library	\$ 120,000	\$ -	\$ -	\$ -	\$ -	\$ 120,000
Hillsdale Library	\$ -	\$ -	\$ -	\$ -	\$ 60,000	\$ 60,000
Mini Funds & UB	\$1,438,386	\$1,705,000	\$1,330,000	\$1,030,001	\$2,980,000	\$ 8,483,387
	\$5,427,865	\$3,332,000	\$3,680,000	\$3,948,001	\$4,340,000	\$ 20,727,866

FY2011 to FY2015 Tiers II & III Buildings

5 Year CIP Fund Projects

Bldg Name	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Court House	\$ 1,078,515	\$ 575,000	\$ 65,000	\$ 250,000	\$ 300,000
Justice Center	\$ 1,173,312	\$ 330,000	\$ 850,000	\$ 700,000	\$ 455,000
McCoy	\$ 1,155,271	\$ 290,000	\$ -	\$ 850,000	\$1,100,000
Mead	\$ 414,214	\$ -	\$ 250,000	\$ 125,000	\$ -
New DT Court House	\$ 9,081,206	\$ -	\$ -	\$ -	\$ -
Hansen	\$ 264,996	\$ 330,000	\$ 125,000	\$ -	\$ -
Inverness Jail	\$ 3,455,732	\$ -	\$ -	\$ -	\$ -
Library Administration	\$ 87,000	\$ -	\$ 100,000	\$ -	\$ -
Inverness Jail Laundry	\$ 718,884	\$ -	\$ -	\$ -	\$ -
Walnut Park	\$ 187,150	\$ 100,000	\$ 250,000	\$ -	\$ -
Animal Services	\$ 95,710	\$ -	\$ 400,000	\$ -	\$ -
Kelly Building	\$ 2,030,000	\$ -	\$ -	\$ -	\$ -
Animal Services Modular Office	\$ 460,695	\$ -	\$ -	\$ -	\$ -
Yeon Shops	\$ 260,900	\$ 230,000	\$ -	\$ 200,000	\$1,425,000
Springdale Road Shop	\$ -	\$ -	\$ -	\$ -	\$ 20,000
Bridge Shops	\$ 35,000	\$ 200,000	\$ 200,000	\$ 60,000	\$ -
GCC Residential Bldg	\$ 570,279	\$ -	\$ -	\$ -	\$ -
Skyline Road Shop Garage	\$ 14,755	\$ -	\$ -	\$ -	\$ -
Wikman Building	\$ 14,948	\$ -	\$ -	\$ -	\$ -
Central Office	\$ 34,844	\$ -	\$ 100,000	\$ 400,000	\$ -
East County Courts - Proposed	\$21,454,782	\$ -	\$ -	\$ -	\$ -
Central Library	\$ 155,994	\$ -	\$ -	\$ -	\$ -
Title Wave	\$ 88,409	\$ 100,000	\$ -	\$ -	\$ -
Edgefield Property	\$ 7,570	\$ -	\$ -	\$ -	\$ -
Mini Funds	\$ 4,810,935	\$1,400,000	\$1,650,000	\$1,550,000	\$1,300,000
ARRA Projects	\$ 1,656,000	\$ -	\$ -	\$ -	\$ -
Grand Total	\$49,307,100	\$3,555,000	\$3,990,000	\$4,135,000	\$4,600,000

Deferred Maintenance

FY2011 total \$ 21.3 *million*

FY2011 AP and CIP fees are \$2.75 per owned square foot

Prioritization ~ Project Rating Order

- Fire, Life, Safety
- Building Envelope including Roof
- Compliance
- Major Systems
- Outside Funding
- Non-critical Systems
- Operational Savings
- Combined Project
- Workplace Environment

Reducing Deferred Maintenance

Requested by Former Chair McLellan at 3/30 Briefing: Strategies to Reduce Deferred Maintenance

- Countywide Business Line Planning to set overall customer need and establish Board priorities
- Aggressive Countywide management of assignment for space
- Aggressive disposition based on County space requirements
- Adopt sustainable Facilities & Property Management Program

Further Analysis

Requested by Commissioner Shiprack at 3/30 Briefing:

- 1. Provide a three year history of maintenance/capital costs of each County building**
 - This information is being sorted out for analysis to identify trends for each tier, information regarding the leased/owned portfolio and how to use this information in future planning
- 2. Impact of borrowing \$90 million now to aid our deferred maintenance?**
 - FPM doesn't recommend this large amount if we don't have a firm forecast of the overall adopted business needs of the County and its clients
 - Any recommendation would be based solely on building condition, not long term use of buildings

Seismic Assessment

Resolution 03-094 directs:

- Required to address annual assessment of earthquake risk for County owned and occupied structures
- Transportation and Facilities & Property Management to address earthquake mitigation as part of budget process
- Include in the capital budget presentation a detailed statement of all potential earthquake damage and mitigation that is *NOT* included in the Capital Improvement Plan

Summary of Seismic Evaluations of County Owned Buildings

Bldg #	Bldg Name	Rounded up to nearest 100 thousand	Bldg #	Bldg Name	Rounded up to nearest 100 thousand
101	County Court House	\$ 57,000,000	446	Bridge Shops	\$ 1,000,000
119	Justice Center	\$ 40,400,000	448	Gateway Services Building	\$ 400,000
160	Gladys McCoy Building	\$ 13,000,000	452	Wapato Facility	\$ 110,000
161	Mead Building	\$ 10,000,000	455	John B Yeon Annex	\$ 150,000
311	Juvenile Justice Complex	\$ 4,200,000	465	Wikman Building	\$ 120,000
314	Inverness Jail	\$ 2,200,000	481	Central Office	\$ 1,100,000
317	Library Administration	\$ 3,500,000	503	Multnomah Building	\$ 26,000,000
320	Inverness Jail Laundry	\$ 80,000	504	Multnomah Building Garage	\$ 8,500,000
321	Inverness Jail Storage	\$ 100,000	601	Central Library	\$ 10,100,000
322	Walnut Park	\$ 2,400,000	603	Belmont Library	\$ 130,000
324	Animal Services	\$ 230,000	605	Capital Hill Library	\$ 300,000
325	North Portland Health Clinic	\$ 170,000	606	Gregory Heights Library	\$ 260,000
327	Penumbra Kelly Building	\$ 4,500,000	607	Gresham Library	\$ 230,000
407	Gresham Probation	\$ 300,000	609	Holgate Library	\$ 340,000
414	Elections Building	\$ 500,000	611	Midland Library	\$ 410,000
420	Southeast Health Clinic	\$ 1,100,000	612	North Portland Library	\$ 1,400,000
425	John B Yeon Facility	\$ 15,000,000	614	Rockwood Library	\$ 160,000
427	Skyline Road Shop	\$ 200,000	615	St. Johns Library	\$ 300,000
430	Mid-County Health Center	\$ 460,000	617	Title Wave Book Store	\$ 1,000,000
432	Springdale Road Shop	\$ 170,000	618	Woodstock Library	\$ 70,000
439	Gateway MDT Building	\$ 1,500,000	623	Hillsdale Library	\$ 240,000
	Sub Total	157,010,000		Sub Total	\$ 52,320,000
				Grand Total	209,330,000

Unfunded Seismic Needs

- No seismic damage or mitigation projects are scheduled in FY2011
- Current report total more than \$209 million
- Seismic issues are portfolio wide
- Difficult to address in occupied buildings due to invasive nature of upgrade work

FY2011 Capital Budget

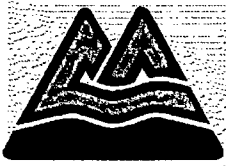
- Total FY11 Tier I AP revenue is \$2.5 million
- Total FY11 Tier II & III CIP revenue is \$3.3 million
- Revenue constraints cause severe competition among prioritized projects
- Non routine projects
 1. New Downtown Courthouse
 - \$9 million in dedicated funds (PDC)
 2. East County Courts
 - Approx \$4.5 million in carryover from net sale proceeds
 - \$16.4 million in financing proceeds shown in program offer

Key Issues

Ongoing Funding Gap

- Inadequate Maintenance Funding leads to ongoing deferred maintenance gap
- Capital is currently funded at about .6% of replacement value, instead of 2% as in Financial Policy

Questions ?



Department of County Management
MULTNOMAH COUNTY OREGON
Finance & Risk Management Division

TO: Board of County Commissioners

FROM: Mark Campbell, Interim Director of Finance & Risk Management

DATE: May 18, 2010

SUBJECT: Capital Budget for Full Faith and Credit Bonds/Debt Capacity

This memo offers an overview of the County's outstanding debt obligations that are anticipated as of July 1, 2010. It also provides an analysis of the County's estimated debt capacity based on current Financial Policies.

Summary of Debt Obligations

The FY 2011 Approved Budget includes bond proceeds from the sale of two debt offerings and one loan agreement between the County and the State of Oregon. All projects to be supported by these funds are reflected in program offers purchased by the County Chair. Debt payments for existing obligations are budgeted according to established schedules.

There are two statutory limits on County borrowing as well as the internal County policy on outstanding debt limits. The more restrictive, the County's internal policy, would provide for additional long term borrowing of up to approximately \$108 million. Planned borrowing in the FY 2011 Approved Budget could use as much as \$16.4 million of that estimated capacity.

Debt proceeds budgeted in the FY 2011 Approved Budget include the following:

FUND 1501 – ROAD FUND. PROGRAM OFFER # 91018

- Continuing Project – 223rd Avenue Underpass – \$1,200,000

This represents a drawdown of funds from a loan agreement the County entered into with the Oregon Transportation Infrastructure Bank (OTIB). The loan finances the upgrade and reconstruction of the 223rd Avenue railroad undercrossing. This project has been identified as one that will help improve traffic safety and will also speed the movement of rail freight within the region. The County may borrow up to \$4.6 million from the OTIB.

FUND 1509 – BRIDGE FUND – PROGRAM OFFER # 91017

- New Project – Sellwood Bridge Replacement - \$150,000,000

The budget for this project in FY 2011 represents an amount that would fund approximately 45% of the estimated \$330 million to replace the existing Sellwood Bridge. The FY 2011 efforts will be focused on bridge design and right of way acquisition. These are estimated to require bond financing of up to \$50 million.

We do not expect to issue more than \$50 million in FY 2011. However, we felt it prudent to budget a greater share of the total project cost in the event the project progresses faster than anticipated and/or to take advantage of low interest rates. It should be noted that bonds may only be issued up to the level that can be supported by pledged revenue sources.

The bonds are supported by a combination of sources including local vehicle registration fees, the City of Portland, the Oregon Department of Transportation, and the Federal Highway Administration.

FUND 2507 – CAPITAL IMPROVEMENT PROGRAM FUND – PROGRAM OFFER # 72071

- New Project – East County Courthouse - \$16,400,000

On April 22, 2010 the Board passed resolution 2010-048 which directed staff to proceed with plans to design and finance a courthouse that will serve the residents of East Multnomah County.

The Board accepted the staff recommendation to plan for a 37,500 square foot building that will house three courtrooms with the potential for future expansion. It is anticipated the project will be financed through a combination of existing funds and bond proceeds.

The FY 2011 budget includes debt proceeds of \$16.4 million from the sale of a Full Faith & Credit Obligation (FFCO). Based on preliminary cost estimates presented in April it is likely the project will require no more than \$15 million of debt financing.

Outstanding Debt and Additional Debt Capacity

There are two statutory limits on local government borrowing and an internal financial policy that establishes limits on debt service payments. The most restrictive, the County's internal policy, would allow for additional borrowing of approximately \$108 million in FY 2011.

ORS 287A.100 provides a debt limit on voter approved general obligation (GO) bonds of 2% of the real market value of all taxable property within the County's boundaries. The following table represents the GO debt capacity at July 1, 2010.

Real Market Value 2009 - 2010	\$105,010,709,583
Debt limit at 2%	2,100,214,912
Outstanding Debt (7/1/2010)	(45,175,000)
Legal Debt Margin	\$2,055,039,192

ORS 287A.105 provides a debt limit on non-voter approved debt of 1% of the real market value of all taxable property within the County's boundaries. The following table represents the estimated debt capacity at July 1, 2010.

Real Market Value 2009-2010	\$105,010,709,583
Debt limit at 1%	1,027,519,596
Outstanding Debt (7/1/2010)	(71,509,000)
Legal Debt Margin	\$956,010,596

In addition to statutory debt limits, the County's internal *Financial Policies*, adopted by the Board, further limit our debt on non-voter approved debt to annual payments that will not exceed 5% of General Fund budgeted revenues. As of July 1, 2010, the County will have an estimated \$68.7 million in outstanding debt subject to the limit established by policy

The County could authorize up to a total of approximately \$177 million of General Fund supported debt - assuming a 20 year payback at 4.5% annual interest - which would provide for the issuance of approximately \$108 million in additional debt after deducting the existing outstanding obligations.

The real issue when considering the issuance of debt has to do with ability to pay. The General Fund is heavily reliant on two revenue sources - Property Tax and Business Income Tax. One source, Property Tax, is limited by state constitution. The other is highly volatile and tends to follow changes in the economy. Given the mix of revenues in the General Fund the issuance of additional debt should be viewed in terms of how it may limit the ability of the County to support ongoing programs and operations.

Capital Briefing Memo

May 18, 2010

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The following table highlights the County's outstanding debt and debt limit calculation, per the internal policy, as of July 1, 2010:

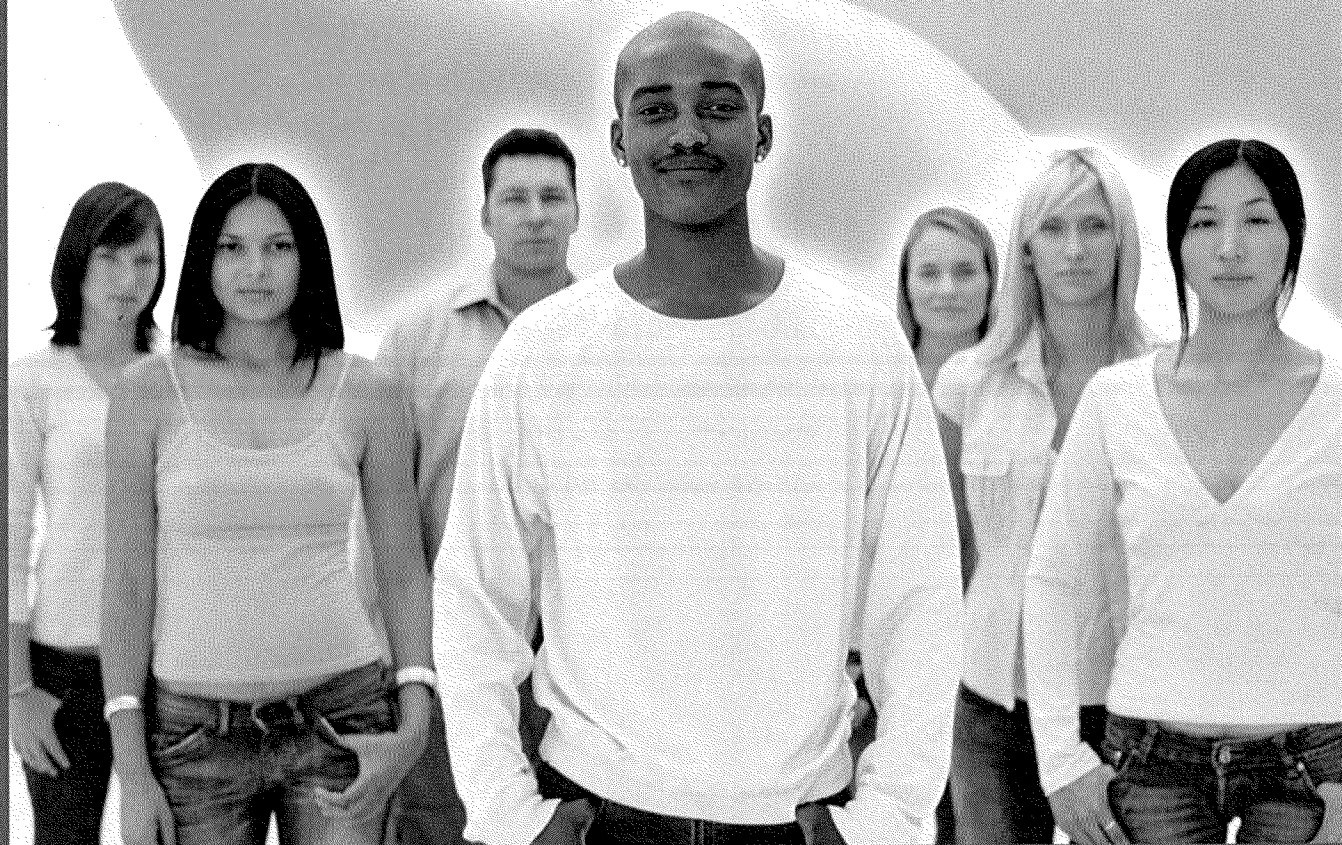
Description	Credit Rating	Dated	Maturity Date	Amount Issued	Principal Outstanding	2010-11 Prin & Int Payment
General Obligation Bonds	Aa1	3/31/2010	10/1/2016	\$ 45,175	\$ 45,175	\$ 8,474
<u>Revenue Bonds</u>						
Port City (Revenue Bond/2000A)	Aaa	11/1/2000	11/1/2015	\$ 2,000	\$ 1,030	\$ 198
Oregon Food Bank (Revenue Bond/2000B)	Aaa	11/1/2000	11/1/2015	3,500	1,815	350
				\$ 5,500	\$ 2,845	\$ 548
<u>Limited Pension Obligation Bonds</u>						
Pension Obligation Bonds	Aa2	12/1/1999	6/1/2030	\$ 184,548	\$ 151,373	\$ 15,202
<u>Full Faith and Credit Obligations</u>						
Series 2003 Full Faith & Credit	Aa2	7/1/2000	7/1/2013	\$ 9,615	\$ 4,175	\$ 1,216
Series 2004 Full Faith & Credit	Aa2	10/1/2004	8/1/2019	54,235	53,670	7,878
Series 2010 Full Faith & Credit	AA	3/31/2010	6/1/2017	9,800	9,800	1,638
				\$ 73,650	\$ 67,645	\$ 10,733
<u>Capital Leases</u>						
Sellwood Lofts Capital Lease	N/A	1/1/2002	1/1/2032	\$ 1,093	\$ 1,019	\$ 118
Total FFFCO and Capital Leases					\$ 68,664	\$ 10,851
Less Non General Fund Supported Debt						
Road Fund (Series 2000A/Series 2004 FFCO)					(1,327)	(288)
Library Fund (Sellwood Lofts)					(1,019)	(118)
IT Fund (Series 2010 FFCO)					(6,000)	(963)
Facilities Fund (Series 2010 FFCO)					(3,000)	(450)
Total General Fund Obligations					\$ 57,318	\$ 9,031
(Less) Annual Payment From Prior Year's Debt Buydown						(3,111)
Net General Fund Obligation						\$ 5,920
REMAINING BORROWING CAPACITY						
Debt Capacity (Supported by General Government Fund Types Only)						
2009-2010 General Fund Revenues (Excluding ITAX and BWC)					\$	345,000
Policy Limitation (5% of GF Revenues)					x	5.00%
5% Policy Limit Dollar Amount					\$	17,250
Lease/Debt Capacity Used (Total General Fund Obligations)						(9,031)
Annual Payment Available					\$	8,219
Estimated Principal Value Available					\$	108,000

Note: \$'s are Expressed in \$1,000's



Public Health
Prevent. Promote. Protect.

EQUITY AND EMPOWERMENT LENS





INTRODUCTION

The Multnomah County Health Department's Health Equity Initiative strives to eliminate the root causes of social injustices leading to racial and ethnic health inequities.

To aid us in our efforts we have developed a set of Equity and Empowerment Assessment Questions that make up our Health Equity and Empowerment Lens, hereafter referred to as the Lens. The purpose of the questions is to provide a structure within which managers and their teams at the Health Department can assess and reflect on the potential impact a program or project has on racial and ethnic communities most affected by health inequities, so that negative impacts can be mitigated and positive impacts can be enhanced. In addition, using the Lens provides an opportunity to increase our awareness about how we can use empowerment strategies to address the social determinants of health in all areas of our work in order to promote health equity.

Starting in 2010, HEI will be testing the lens in various areas of decision-making and service provision in the department, evaluating and making refinements and improvements as we go.

DEFINITIONS

To ensure a common understanding of some of the key concepts central to the health equity lens, we offer the following definitions.

HEALTH EQUITY: All persons have access to the resources and power they need to attain their full health potential.

HEALTH INEQUITIES: Systemic, avoidable, unfair, and unjust differences in health status and mortality rates, as well as in the distribution of disease and illness across population groups.¹

ROOT CAUSES: The experiences of racial and ethnic populations that are the underlying cause of health inequities including,

- Inequities in living and working conditions
- Racism, classism, and other forms of discrimination (sexism, ageism, homophobia, ableism, etc.)

RACISM: Conduct, words, or practices which advantage or disadvantage people because of their culture, ethnic origin, or color. It is just as damaging in obvious forms as it is in less obvious and subtle forms, and is still called racism whether intentional or unintentional.²

EMPOWERMENT: "A social-action process in which individuals and groups act to gain mastery over their lives in the context of changing their social and political environment".³



VALUES & ASSUMPTIONS

The Lens is based on principles of social justice. Such a perspective “explicitly analyzes who benefits from—and who is harmed by—economic exploitation, oppression, discrimination, inequality, and degradation of natural resources.”⁴ In order to eliminate root causes of social injustices, organizations must identify and eliminate oppression and discrimination. Values and beliefs shape discrimination; the decision to create a more just society is, at heart, a choice over values. Values that support social justice and health equity include honesty, inclusion, innovation, solidarity, and humility.

The following guiding assumptions provide the necessary framework for successful use of the Lens and sustainability of health equity efforts:

- Health equity requires analysis and policy change both internal and external to organizations. In order to address inequities at the community level, we must also address inequities within our own organization. Promoting equity within the Health Department strengthens and sustains our efforts to promote equity in the community.
- Racism functions to maintain structural inequities that are to the disadvantage of people of color.⁵
- Cultural humility is vital to identify and eliminate social injustices, and is defined as maintaining a lifelong commitment to self-reflection and an openness to learning, focusing on understanding one’s own assumptions and beliefs in practice.⁶
- Health is a “state of complete physical, mental, and social wellbeing, not merely the absence of disease or infirmity.”⁷



EQUITY & EMPOWERMENT LENS

THE E&E LENS ASSESSMENT QUESTIONS

1. What is the title and purpose of the project?
2. Describe the groups that will be most affected by this project, paying particular attention to groups that experience racial and ethnic health inequities.

How will these groups be affected? (use additional paper if necessary)

GROUP AFFECTED	POTENTIAL POSITIVE IMPACTS	POTENTIAL NEGATIVE IMPACTS

THE E&E LENS ASSESSMENT QUESTIONS CONT'D

3. Only by addressing the social determinants of health can we hope to eliminate health inequities. Will this project address any of the following social determinants of health and if so, how?

SOCIAL DETERMINANT OF HEALTH	POTENTIAL POSITIVE IMPACT OF PROJECT ON THIS DETERMINANT	POTENTIAL NEGATIVE IMPACT OF PROJECT ON THIS DETERMINANT
Socioeconomic status		
Employment		
Education		
Housing		
Early childhood development		
Transportation		
Physical environment		
Respect and dignity		
Empowerment		
Social support/ social networks		
Public safety		
Food safety and security		
Access to culturally appropriate activities and services		



EQUITY & EMPOWERMENT LENS

THE E&E LENS ASSESSMENT QUESTIONS CONT'D

4. How are you equitably involving staff in the development of the project? Are you intentionally involving team members who are also members of the community/ies affected by the project? (Examples of ways of equitably involving staff in the development of the project include: Rotating agenda-setting and facilitation in meetings, ensuring that team members of color are part of initial planning and decision-making efforts, intentionally requesting staff feedback and reporting on how it was used.)

5. How are you engaging community members who are not Health Department staff in the development of the project?

6. Does this project build capacity in communities affected by health inequities and if so, how?

7. Now that you have completed this assessment, what could you do differently, additionally, or better so that this project will have a greater positive impact on communities most affected by racial and ethnic health inequities?

RESOURCES

For more information or background on the the health equity and empowerment lens or the Health Equity Initiative check out these articles and reports:

1. Read the following documents: MCHD Equity and Empowerment Lens (full version), the MCHD Report Card on Racial /Ethnic Health Disparities (<http://www.mchealth.org/hra/reports/reportcard.pdf>), and the MCHD Health Promotion Framework (http://www.mchealth.org/capacitation/documents/health_framework.pdf).

2. Review the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), provided as an appendix at the end of the E & E LENS. The CLAS Standards were issued by the US Department of Health and Human Services in 2001 as a way to help health care organizations identify and address inequities in the delivery of health care services. Pay particular attention to Standards 2, 11, and 12, which have particularly powerful implications for promoting health equity in our organization.

3. Think about what your team is already doing to promote racial/ethnic health equity. You may have already addressed this question. To refresh your memory, you may want to consult the report, "MCHD Programs and Activities to Address Health Inequities," available on the MINT at: (http://www.co.multnomah.or.us/health/hra/reports/addressing_inequities_2009.pdf).

ENDNOTES

- 1 Hofrichter, R. (ed.), (2006). Tackling Health Inequities in Public Health Practice: A Handbook for Action. Washington, DC: NACCHO.
- 2 From United Nations general reports as well as Learning and Teaching Scotland (www.ltscotland.org.uk/raceequality/)
- 3 Wallerstein, 1994, p. 142
- 4 Krieger, Nancy. "A Glossary for Social Epidemiology," 55 Journal of Epidemiology and Community Health (2001): 693-700, as cited in Tackling Health Inequities by Richard Hofrichter (Tackling Health Inequities through Public Health Practice, 2010)
- 5 National Association of Social Workers. www.socialworkers.org/pressroom/events/911/racism.asp:
- 6 Tervalon, M., Murray-Garcia, J. "Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education." J Health Care Poor Underserved. 1998 May;9(2):117-25.
- 7 World Health Organization [WHO], 1978

HEALTH EQUITY/BUSINESS SERVICE PROJECT PLAN

Vision: In support of our strategic plan goal 2.1 (Reduce Health Inequities) this project will give the Health Department a tool that reinforces racial equity in our budget and resource decision making.

