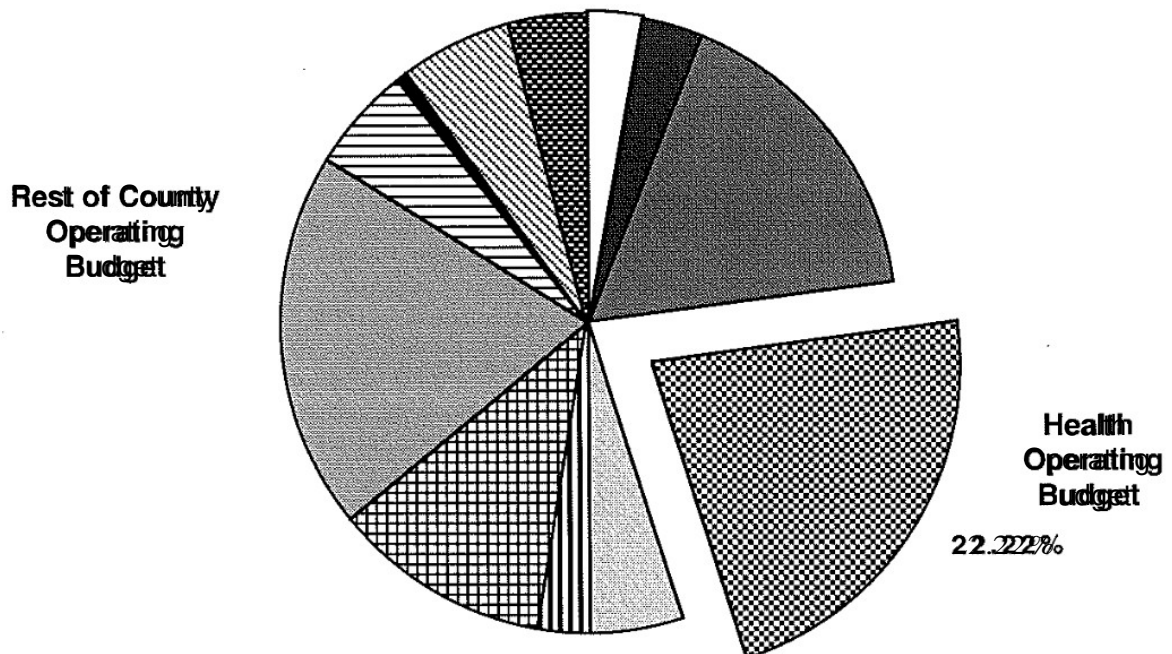
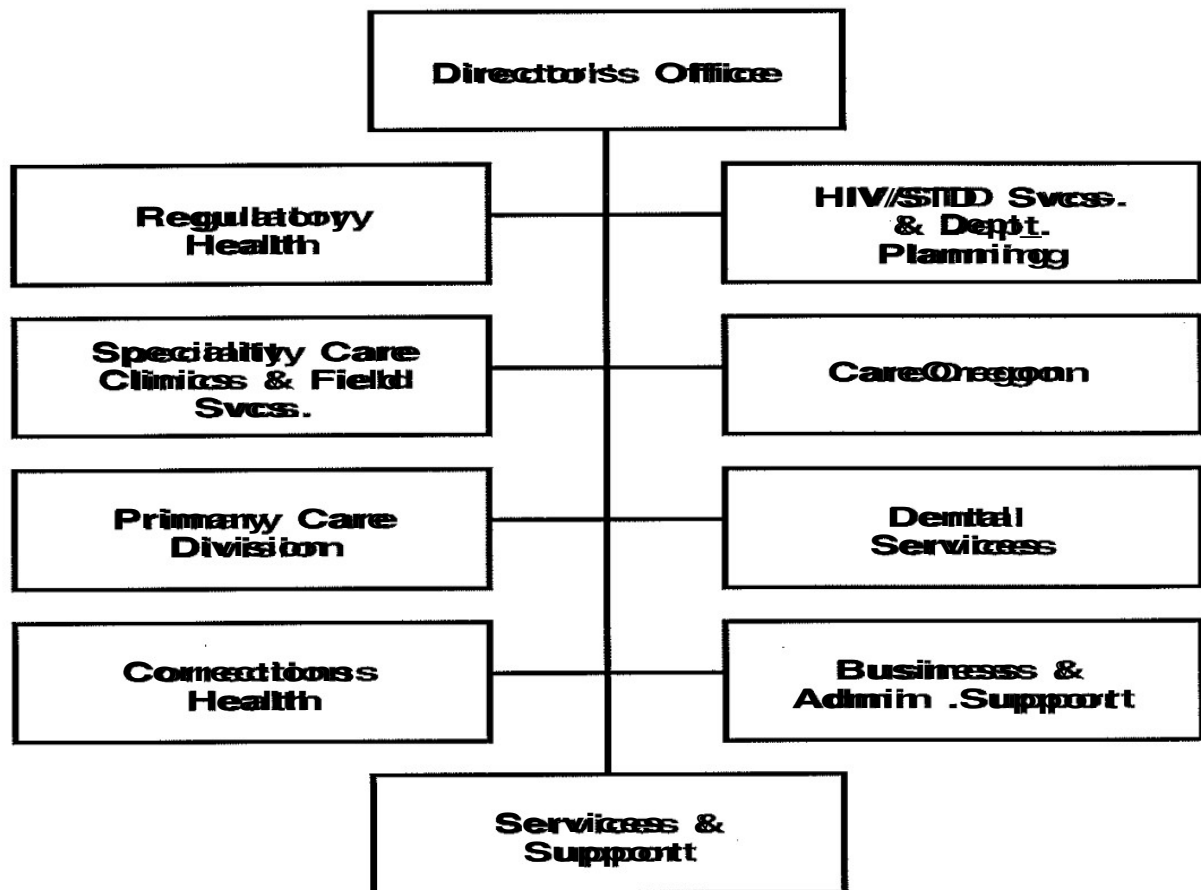


# Health Department



# Health Department

Departmental .....	1... 1
Department Services .....	2... 2
Performance Trends .....	3... 3
Budget Highlights .....	8... 8
Source of Funds .....	11
Budget Trends .....	12... 12
Issues and Opportunities .....	13... 13
Director's Office .....	20... 20
Regulatory Health .....	22... 22
Division Management .....	24... 24
Medical Examiner .....	25... 25
Emergency Medical Services .....	26... 26
Health Inspections .....	27... 27
Vector Control .....	28... 28
Oregon Childhood Lead Poisoning Prevention Program .....	29... 29
HIV/ STD Services & Department Planning .....	30
HIV Education & Field Research .....	36
Drug Treatment Center-based Clinics/Linkage .....	37... 37
HIV Women's Project .....	38... 38
Drug User Risk Reduction/NIDA .....	39... 39
Homeless Persons Risk Reduction/CSSAT .....	40... 40
Sexually Transmitted Disease Clinic .....	41
STD/HIV Epidemiology .....	42... 42
HIV Clinic .....	43... 43
HIV Home Care .....	44... 44
Specialty Care Clinics And Field Services .....	45... 45
Division Management .....	49... 49
International Health Center .....	50
Tuberculosis Clinic .....	51
Communicable Diseases .....	52
Occupational Health .....	53
School-based Clinics .....	54
Field Services Management .....	55... 55
Field Service Teams .....	56
Teen Family Support .....	57
Family Service Center .....	58
Care Oregon .....	59
Primary Care Division .....	61
Primary Care Division Management .....	64... 64
Medical Director .....	65... 65
Medicaid/Medicaid Eligibility .....	66... 66
Homeless Children Project .....	67... 67
Primary Care Clinics .....	68... 68
Burnside Health Center .....	69... 69
Coalition Clinics .....	70... 70
Dental Services .....	71
Division Management .....	74
School & Community Dental Services .....	75

# Health Department

Dental Clinics.....	76
Services and Support.....	77. 77
Division Management and Admin Services.....	80 80
Pharmacy Services.....	81
Laboratory Services.....	82. 82
Information and Referral Services.....	83
Health Education.....	84. 84
Language Services.....	85
Business & Administrative Services.....	86. 86
Division Management.....	89. 89
Grants Management & Accounting.....	90 90
Medical Claims Processing.....	91
Medical Billings & Receivables.....	92
Human Resources.....	93
Health Information Systems.....	94. 94
Corrections Health.....	95. 95
Clinical Services.....	98. 98
Mental Health Care.....	99. 99

# Health Department

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## Vision

By the year 2015, county citizens and leaders will look back with pride on the accomplishments of the community in improving its health since the mid 1990's. In the broadest sense of the word, the health of our citizens is improved.

Most of the problems our citizens faced in accessing basic medical care have been resolved as a result of state and federal reforms, and continued County advocacy and service delivery. The role of the Health Department in direct medical care delivery has gradually evolved. Beyond its role in medical access service delivery, the Health Department has assumed greater responsibility for doing the assuring and providing special services for populations at risk of identified priority health problems. The Department has also assumed a stronger role in the community of health providers as a convener, partner, and participant in comprehensive community-wide efforts emphasizing health promotion, prevention, and early intervention.

Objective measures of our community's health status have improved markedly.

The first wave of the AIDS epidemic has passed, leaving a legacy of human and public health tragedy that was met with compassionate care and effective prevention. Thanks to the lessons of the first wave, the impact of the second wave of the epidemic continues to be mild compared with that of other communities.

Rates of low birth weight and infant mortality have dropped significantly, largely as the result of reducing the disparities in birth outcomes among children poor and among our diverse racial and ethnic populations. Teen pregnancy rates have also dropped, as have rates of abortion. Overwhelmingly, babies are born healthy and into homes where they are wanted, loved, and well cared for.

The Health Department has also grown in becoming better connected with consumers, citizens in general, and the range of health and social service providers in the community. The Department continues to carry out activities and provide services which it is uniquely positioned and qualified to do. It also fills a broader leadership role. In partnership with citizens, other governmental agencies, the private sector, and many others, the Department actively helps to identify priority community health concerns, shapes sensible policy responses, assures that efficiently delivered services are available to address priority concerns, and analyzes the effectiveness of the community's policies and responses.



# Health Department

	1992-93	1993-94	1993-94	1994-95
<b>Budget Overview</b>	<b>Actual</b>	<b>Adopted</b>	<b>Revised</b>	<b>Budget</b>
Staffing FTEE	620.94	709.82	726.31	770.54
Departmental Costs	\$48,989,537	\$53,190,164	\$66,059,754	\$112,120,883
Program Revenues	\$27,417,254	\$32,032,803	\$41,212,706	\$83,844,461

## Department Services

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

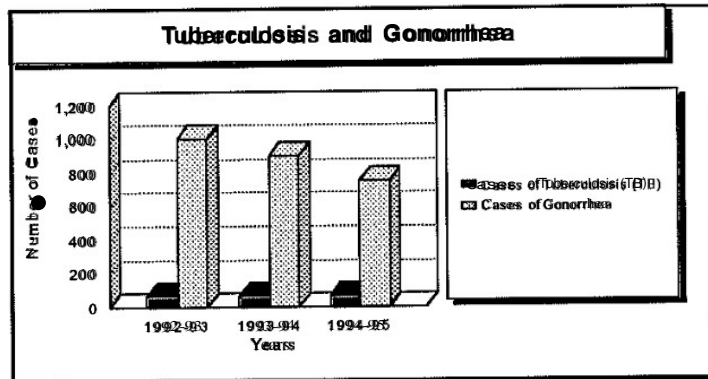
- Primary health care services for 90,500 users of medical and dental services at primary care centers, dental clinics, school based health centers, and correctional facilities;
- 32,000 home visits to high risk families, offering child abuse prevention, parenting skills training, and health education;
- the prevention and treatment of communicable diseases, such as tuberculosis, sexually transmitted diseases, hepatitis, and HIV;
- the inspection and regulation of certain businesses and public services including ancillary health care services such as ambulance services and death investigation;
- advocacy for the improved health of the community particularly the medically underserved and disenfranchised.

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

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

# Health Department

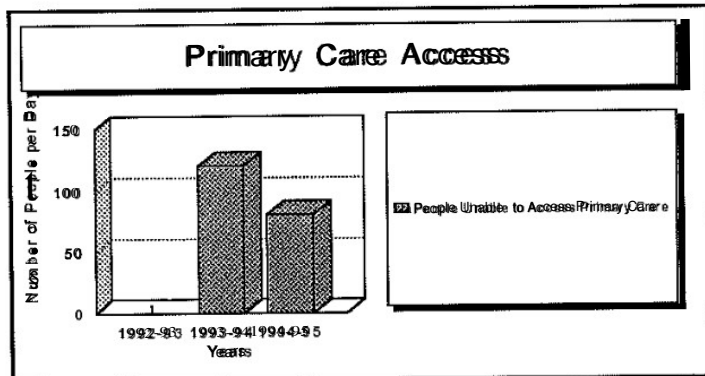
## Performance Trends



Number of cases reported for each of the following diseases:

Pulmonary Tuberculosis (TB) among county residents per year.

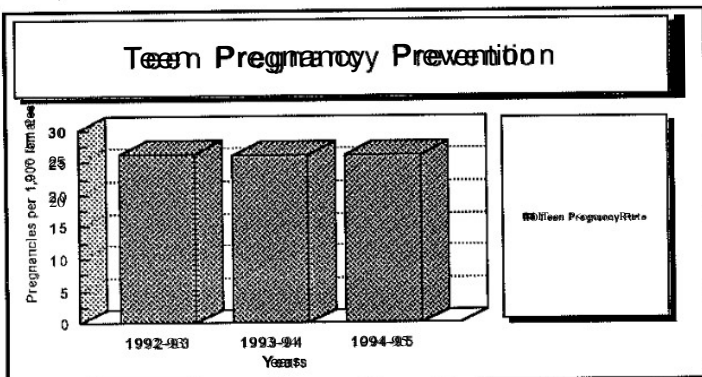
Gonorrhea among county residents per year.



Health Department Primary Care Access for Medical and Dental Services

Number of people (per day) unable to access primary medical or dental services.

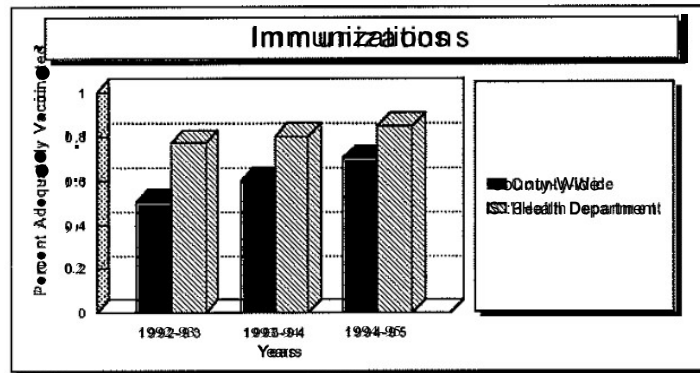
(data not available for 1992-93)



Health Department Teen Pregnancy Prevention

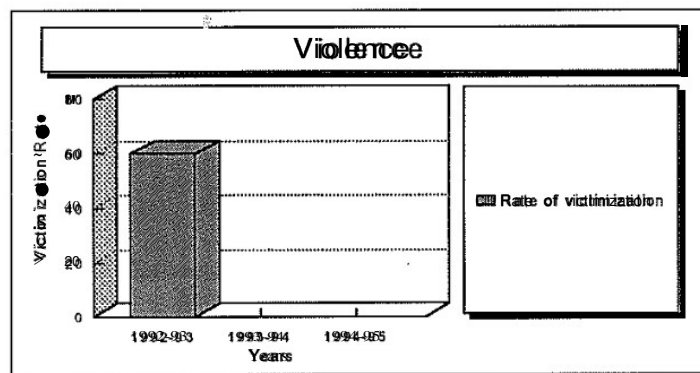
Teen Pregnancy Rate (for female county residents 10-17 years old) expressed as the total number of live births and abortions divided by the number of female county residents in this age group. This is expressed as the number of pregnancies per 1,000 women between 10 and 17 years of age.

# Health Department



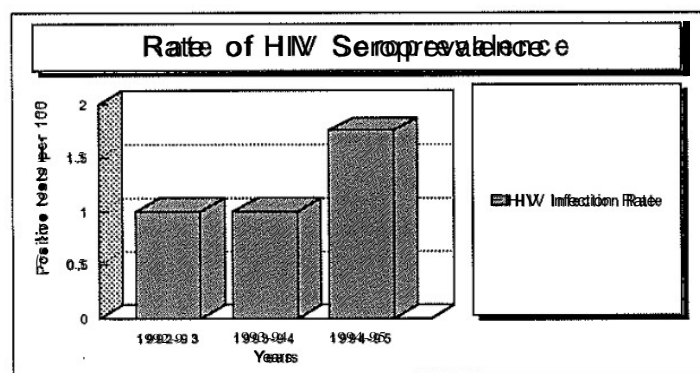
Percent of two-year-olds adequately immunized

Percent of two-year-olds receiving clinical services from the county Health Department who have received all recommended vaccinations against preventable diseases.



Rate of Child Abuse

Number of individual children identified by Children's Services Division as victims of child abuse in Multnomah County divided by the total population of children under the age of 18 in the county.

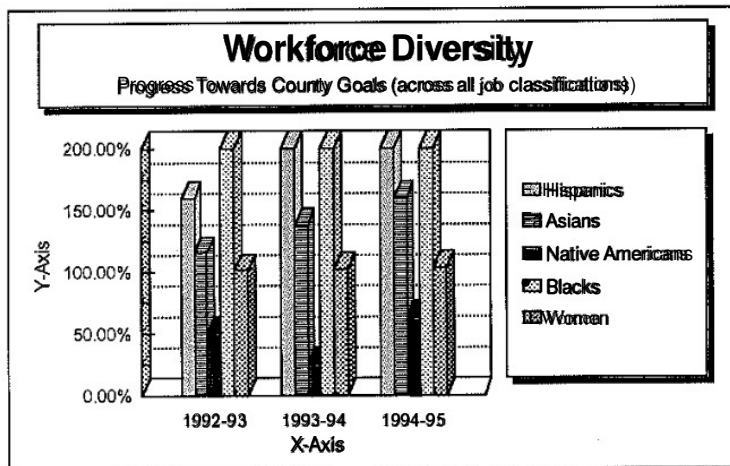


HIV Infection Rate

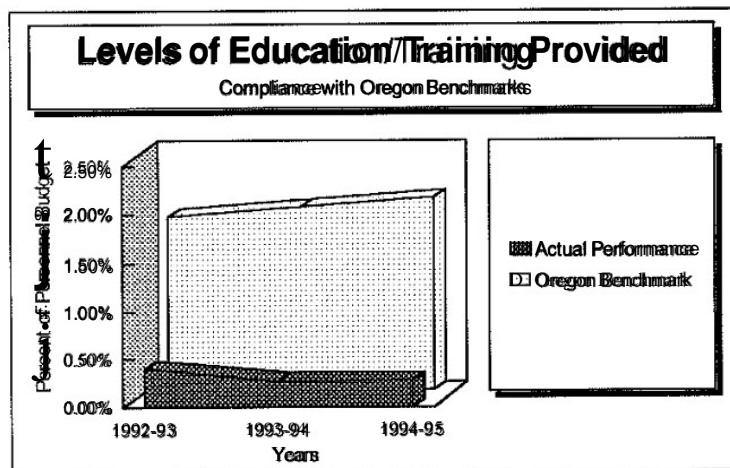
Total number of HIV positive tests obtained through testing in County operated clinics divided by the total number of tests performed. Expressed as the number of positive tests per 100 tests performed.

# Health Department

## Performance Trends



Commitment to Workforce Diversity has led to good results in meeting established goals in the Health Department. Actual hires meet or exceed Affirmative Action goals for Hispanics, Asians, Blacks, and Women, while the rate of success has dropped for Native Americans. Strategic plans are in place to improve these statistics during the next year.



Underinvestment in workforce training is a continuing problem for Multnomah County.

Productivity decreases when needed education and training are unavailable. The Oregon Benchmarks establish an investment goal for the percent of personnel costs spent on training; by the year 2000, the goal is 2.5%

# Health Department

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## Recent Accomplishments

- Positioned the County and the Health Department to continue as a major provider of health care, and local leader in shaping health care reform.
- Designed and implemented a multi-county fully capitalized health care plan taking the leadership role and coordinating the efforts of counties, non profit health care providers, and the University Hospital System.
- Designed and implemented Multi-Care Data a capitalized data base organization, in response to the Oregon Health Plan.
- Successfully developed a strategy for improving the data processing options for the Department, allowing the possibility of greatly improved health information and clinical management systems both within the County and within the entire health care continuum. Plans are underway for transferring the Health Information system to OHSU.
- Developed and implemented the Teen Parent Network, a consortium of public and private not for profit agencies committed to improving services for teenagers. The County, in collaboration with the Teen Parent Network, has initiated a redesigned service delivery system for clients known as "Teen Connections."
- Progressed toward the implementation of a continuous quality improvement process throughout the Department.
- Continued efforts to enhance the Department's capacity to evaluate the services it delivers, and to conduct limited research to measure the relationship between programs and outcomes.
- Adopted and implemented a management strategy for interpretive services, designed to satisfy the need for a range appropriate services in the most efficient manner possible. This has included taking an aggressive position regarding improving the bilingual capabilities of Departmental staff.

1994-1995		1995-1996		1996-1997		1997-1998		1998-1999		1999-2000		2000-2001		2001-2002		2002-2003		2003-2004		2004-2005		2005-2006		2006-2007		2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018		2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025		2025-2026		2026-2027		2027-2028		2028-2029		2029-2030		2030-2031		2031-2032		2032-2033		2033-2034		2034-2035		2035-2036		2036-2037		2037-2038		2038-2039		2039-2040		2040-2041		2041-2042		2042-2043		2043-2044		2044-2045		2045-2046		2046-2047		2047-2048		2048-2049		2049-2050		2050-2051		2051-2052		2052-2053		2053-2054		2054-2055		2055-2056		2056-2057		2057-2058		2058-2059		2059-2060		2060-2061		2061-2062		2062-2063		2063-2064		2064-2065		2065-2066		2066-2067		2067-2068		2068-2069		2069-2070		2070-2071		2071-2072		2072-2073		2073-2074		2074-2075		2075-2076		2076-2077		2077-2078		2078-2079		2079-2080		2080-2081		2081-2082		2082-2083		2083-2084		2084-2085		2085-2086		2086-2087		2087-2088		2088-2089		2089-2090		2090-2091		2091-2092		2092-2093		2093-2094		2094-2095		2095-2096		2096-2097		2097-2098		2098-2099		2099-2100		2100-2101		2101-2102		2102-2103		2103-2104		2104-2105		2105-2106		2106-2107		2107-2108		2108-2109		2109-2110		2110-2111		2111-2112		2112-2113		2113-2114		2114-2115		2115-2116		2116-2117		2117-2118		2118-2119		2119-2120		2120-2121		2121-2122		2122-2123		2123-2124		2124-2125		2125-2126		2126-2127		2127-2128		2128-2129		2129-2130		2130-2131		2131-2132		2132-2133		2133-2134		2134-2135		2135-2136		2136-2137		2137-2138		2138-2139		2139-2140		2140-2141		2141-2142		2142-2143		2143-2144		2144-2145		2145-2146		2146-2147		2147-2148		2148-2149		2149-2150		2150-2151		2151-2152		2152-2153		2153-2154		2154-2155		2155-2156		2156-2157		2157-2158		2158-2159		2159-2160		2160-2161		2161-2162		2162-2163		2163-2164		2164-2165		2165-2166		2166-2167		2167-2168		2168-2169		2169-2170		2170-2171		2171-2172		2172-2173		2173-2174		2174-2175		2175-2176		2176-2177		2177-2178		2178-2179		2179-2180		2180-2181		2181-2182		2182-2183		2183-2184		2184-2185		2185-2186		2186-2187		2187-2188		2188-2189		2189-2190		2190-2191		2191-2192		2192-2193		2193-2194		2194-2195		2195-2196		2196-2197		2197-2198		2198-2199		2199-2200		2200-2201		2201-2202		2202-2203		2203-2204		2204-2205		2205-2206		2206-2207		2207-2208		2208-2209		2209-2210		2210-2211		2211-2212		2212-2213		2213-2214		2214-2215		2215-2216		2216-2217		2217-2218		2218-2219		2219-2220		2220-2221	
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# Health Department

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## Budget Highlights

- CareOregon is a multi-county fully capitated health plan formed in collaboration with Clackamas County, Oregon Health Sciences University and Oregon Primary Care Association in response to the Oregon Health Plan. The CareOregon Office, funded wholly with Oregon Health Plan revenues, consists of a direct budget of \$2,812,027 and includes over 23 employees involved in Medical Direction, Member Relations, Provider Relations, Financial Management, and Contract Administration.
- An estimated \$53,127,000 of capitated revenue, assuming 38,756 enrollees, is added. A new Division, CareOregon, is created. A full year of operations in the new CareOregon Fund, Fund 390, is budgeted.
- The Department currently receives \$76 million of Medicaid revenue on a fee-for-service basis or through the ADOC capitation agreement. Next year, the bulk of the Department's Medicaid collections will be through CareOregon. The Department will receive these funds via a Service Reimbursement from the CareOregon fund. The Department will also receive some payments on a fee for service basis, and will continue to be reimbursed for Medicaid outpatient activities. In addition, the Department will receive capitation revenues directly from OMA as a Direct Care Organization (DCO).
- The amount of revenues received in 1995 will depend on many variables: number of clients currently ineligible for Medicaid that will gain eligibility, number of these that will choose CareOregon and Multnomah County as the primary care provider (PCP), number of visits eligible for fee-for-service billing prior to a client's assignment to a PCP, the final capitation rates, and the amount of services billable to CareOregon as consultant or ancillary care, etc.
- We have projected \$8 million of total Medicaid revenues in 1995. To achieve this amount we will need an average of 15,000 enrollees for the year. Actual data will need to be reviewed quarterly and budget adjustments made if indicated.

# Health Department

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- School based clinics will be opened at George Washington Park and the middle school and service expanded at Roosevelt High School. The specific site selection of the Roosevelt cluster was made jointly with Portland Public Schools. This proposal is consistent with State and County benchmarks and the integrated service sites. The success of this proposal requires collaboration with Portland Public Schools, the Roosevelt Family Resource Center and other service providers. It will improve chances of securing a Robert Wood Johnson grant to replicate this service at other sites.
- Improving birth outcomes and reducing substance abuse during pregnancy are high priorities for the Health Department. It is necessary to 1) improve early identification of substance use in prenatal clinics; 2) enhance the linkages between prenatal medical services, treatment services, and other social services; 3) support pregnant women in efforts to stay in treatment and continue with aftercare. A Nurse, a Health Information Specialist, and .5 Intervention Specialist are added to the Health Department budget costing \$37,991 to provide enhanced services in a clinic site. The A&D Intervention Specialist will be part of the intake system being developed by the Alcohol & Drug Program Targeted Cities project.
- The Health Department has been the provider of primary care services to newly arrived refugees since 1983-86. These services are provided on a prepaid, capitated basis (REEP). The capitation amount is \$207 per client per month. A client brings eight months of eligibility when they are assigned to us. Most services are provided through the International Health Center, with other services provided through the Dental Program, the optometric clinic, and throughout the primary care system. Arrival rates are over this year than last. REEP revenues are projected to drop by \$811,000 between budget years. Consultant contracts are reduced by \$466,000, and over twelve staff positions are eliminated. The budget assumes continuation of REEP at the current rate level (\$22.6 million in revenue). The REEP program may be eliminated and its eligible population added to the Oregon Health Plan. If this occurs the County will receive about 53% as much for REEP population clients and the budget will have to be reduced.
- The state has enhanced its arrangement with the County for hotline services by almost a quarter million in 1995. Funding from the State has increased by \$285,000 (\$205,000 net of the Medicaid debate). A Community Information Specialist is added. A Program Development Specialist is reclassified to Community Information Specialist, and increases to full time. Funds for advertising are increased. Funds for telecommunication and database hardware are increased.



# Health Department

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- An increase in WIC caseload, WIC funding, and nutritional and clerical positions, budgeted. The WIC grant is expected to increase \$215,000. Almost 5 positions are added.
- Corrections Health services are increased. The rate of funding is enhanced with 11.5 additional FTE and 655 FTE are added to mental health services. Also two new revenues are added. The Department of Community Corrections reimbursement for MCRC adds half a nurse and half a clerk. The Target Cities grant adds a Mental Health Nurse and half a mid-level Nurse Practitioner.

# Health Department

Revenue Sources	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
<b>TOTAL GENERAL FUND</b>	<b>\$24,307,965</b>	<b>\$26,340,359</b>	<b>\$26,704,632</b>	<b>\$30,329,937</b>
<b>PROGRAM REVENUES - GENERAL FUND:</b>				
Licenses and Permits	1,023,441	1,064,972	1,064,972	1,095,739
Service Charges	600,000	685,152	792,612	957,796
<b>Subtotal General Fund Program Revenues</b>	<b>\$1,623,441</b>	<b>\$1,750,124</b>	<b>\$1,857,584</b>	<b>\$2,053,535</b>
<b>PROGRAM REVENUES - OTHER FUNDS:</b>				
Federal State Fund	\$24,086,252	\$25,563,901	\$26,395,365	\$27,356,813
Inverness Fund	1,245,368	1,285,904	1,285,904	1,454,103
Care Oregon Fund	0	0	11,673,653	52,980,000
<b>Subtotal Other Funds Program Revenues</b>	<b>\$25,331,620</b>	<b>\$26,849,805</b>	<b>\$39,355,122</b>	<b>\$81,790,916</b>
<b>TOTAL PROGRAM REVENUES</b>	<b>\$26,955,061</b>	<b>\$28,599,929</b>	<b>\$41,212,706</b>	<b>\$83,844,451</b>
<b>ADDITIONAL GENERAL FUND SUPPORT REQUIRED</b>	<b>\$21,416,892</b>	<b>\$24,590,235</b>	<b>\$24,847,048</b>	<b>\$28,276,402</b>
<b>TOTAL REVENUE REQUIRED</b>	<b>\$48,371,953</b>	<b>\$53,190,164</b>	<b>\$66,059,754</b>	<b>\$112,120,853</b>

# Health Department

	1992-93	1993-94	1993-94	1994-95
<b>Budget Trends</b>	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Staffing Levels	655.57	709.82	726.31	770.54
Personal Services	\$31,982,230	\$34,500,181	\$35,687,245	\$39,848,457
Contractual Services	5,392,354	5,712,187	10,952,367	51,435,569
Materials & Supplies	10,862,889	12,838,443	19,205,474	20,363,388
Capital Outlay	134,480	139,353	214,668	473,439
<b>Total Costs</b>	<b>\$48,371,953</b>	<b>\$53,190,164</b>	<b>\$66,059,753</b>	<b>\$112,120,853</b>
Program Revenues	\$26,955,061	\$28,502,772	\$41,212,706	\$83,844,451
Net Revenues Required	\$21,416,892	\$24,687,392	\$24,847,048	\$28,276,402

	1992-93	1993-94	1993-94	1994-95
<b>Costs by Division</b>	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Director's Office				\$505,391
Regulatory Health	2,333,509	\$2,561,420	\$2,650,693	3,033,113
HIV Clinics	5,255,631	2,734,704	5,926,154	7,106,167
Specialty Care Clinics	6,293,095	11,190,698	8,288,447	6,548,778
Care Oregon			11,673,653	53,029,649
Primary Care Clinics	15,527,889	15,888,269	16,177,125	16,660,275
Field Services	4,140,731	5,104,699	4,760,919	5,059,365
Dental Services	2,413,432	2,737,700	2,812,700	4,015,455
Services & Support	5,322,584	6,511,042	7,252,109	7,672,635
Business Services	2,475,664	1,523,189	1,579,511	2,667,478
Corrections Health	4,609,418	4,938,443	4,938,443	5,822,347
<b>Total Costs</b>	<b>\$48,371,953</b>	<b>\$53,190,164</b>	<b>\$66,059,754</b>	<b>\$112,120,853</b>

	1992-93	1993-94	1993-94	1994-95
<b>Staffing by Division</b>	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Director's Office			4.30	4.20
Regulatory Health	40.06	43.58	43.58	48.00
HIV Clinics	32.81	33.17	80.67	88.95
Specialty Care Clinics	130.65	163.37	115.98	85.65
Care Oregon			9.63	22.40
Primary Care Clinics	209.78	215.75	220.80	246.30
Field Services	62.18	72.05	71.30	67.51
Dental Services	36.64	35.80	35.80	47.53
Services & Support	60.57	56.70	52.65	57.00
Business Services	19.02	23.30	25.50	26.50
Corrections Health	63.86	66.10	66.10	76.50
<b>Total Staffing</b>	<b>655.57</b>	<b>709.82</b>	<b>726.31</b>	<b>770.54</b>

# Health Department

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## Issues and Opportunities

### 1. CareOregon

The Oregon Health Plan (OHP), which began February 1, 1994 is changing the way health care services are provided to low income Oregonians. A number of health plans are now competing for clients who have traditionally been served by County Health Clinics and other safety net clinics. It is important for these providers to continue to operate because they make up a significant share of the total primary care capacity in the community and without them Oregon Health Plan eligible clients might not have access to health care despite having a membership card. These providers also have expertise providing culturally competent health care to low income, migrant and non-English speaking patients. CareOregon is the vehicle that allows these providers to continue providing services to their traditional clients by providing a way to continue to receive Medicaid support. Oregon Health Sciences University has contractually accepted risk for all inpatient care; and for specialty and ancillary for patients residing outside Multnomah County. Due to the difficulty of predicting growth in health care, the revenue picture is uncertain and monitoring will be necessary.

#### Major Alternatives:

If the County did not participate in CareOregon and instead scaled down its primary care capacity, there would be reduced capacity to serve the eligible population. Clients would choose other private plans. Clients would be served by providers less familiar with their cultural and social service needs, possibly leading to less effective treatment. Alternatively, if Medicaid eligible were not absorbed into the private market, the public sector might be allowed to focus on additional preventive public health functions aimed at the health of the community, rather than the treatment of individuals. Many OHP eligibles have historically been public or non-profit patients because the remuneration offered by Medicaid was less than customary and usual medical charges, and Medicaid eligibles were often refused by private providers.

The formation of CareOregon allows public and non-profit providers to continue serving to their traditional clients. This gives clients access to a broader set of social services, i.e. case management linked to integrated family services. A possible problem with CareOregon is that clients with relatively more expensive needs (HIV, REEP population) might press Multnomah County Clinics for increased subsidy with local public revenues.

# Health Department

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## Board Action:

Multnomah County will vigorously participate in Care Oregon. The proposed budget assumes a total enrollment of 35,000 and \$5,700 of fees will be from Multnomah County clinic clients. The Primary Care Clinics have budgeted about the same amount of Medicaid fees as 93/94. The primary care teams are continued at the current level and urgency care has been added. The enrollment level for Care Oregon and Multnomah County clinics and revenue projections should be monitored.

## 2. Dental Care Organization

The Oregon Health Plan (OHP) Medicaid demonstration project which began February 1, 1994 includes dental benefits for both adults and children. The plan mandated the delivery of care through a managed dental care organization. The Multnomah County Dental Division, which has been providing managed care to children through Multicare PCO, applied and received certification as a Dental Care Organization (DCO) under the OHP. The DCO is named Multicare Dental. It consists of three County clinics and the Russell Street Dental Clinic (a community health center in North Portland). Multicare Dental will provide access to dental care for OHP enrollees. The funding for OHP enrollees will adequately fund care delivered.

## Major Alternatives:

If a DCO was not formed, enrollees would select providers from private market providers. This would reduce access to current needy and chronically sick and aging clients who seek care at County Clinics. The OHP is experiencing problems with lack of access to dental services because private dentists claim that the reimbursement paid under OHP is low.

Forming a DCO is best serves the public interest by meeting the need by providing dental care to disadvantaged clients.

## Board Action

The DCO initiated in 93/94 will be continued and \$511,000 and \$68,375 are added to provide services required by the DCO enrollees and funded with OHP revenues. Also \$83,000 is budgeted to enhance the telephone system to meet the demands of the DCO. As with Care Oregon it will be necessary to monitor enrollment and reimbursement levels.

# Health Department

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## 3. Refugee Early Employment Program

Newly arriving refugees have traditionally been eligible for the State's Medicaid program and have instead been eligible for a federally funded program of health, employment training, and baggage education called REEP. The health component has been provided through the Multnomah County Health Department for many years. Oregon's implementation of the Oregon Health Plan (OHP) has raised the issue of having a separate health program for refugees. The Office of Refugee Resettlement, HICFA (Federal) and State OMA and Refugee Program are considering the option of discontinuing the REEP program and merging the clients into the OHP. The cost of delivering services to refugees is unusually high because of untreated problems and language interpretation costs. The reimbursement for delivering services to clients under OHP is about half what it is under REEP. Therefore if REEP is folded into OHP, the County will recover about half the costs of services from Medicaid (about 1 million less than is budgeted for the International Health Center for 94/95/95). Service would have to be cut or subsidized with local funds. Because this group is expensive to serve, other private OHP plans might motivate to make these services attractive to refugees.

### Major Alternatives:

Multnomah County could maintain the effort of the past years to become knowledgeable, culturally competent health care providers, and to continue to provide services designed to meet the needs of the REEP population, and initial public health screens even if the REEP program is discontinued.

Alternatively, the County could reduce services to the REEP population.

### Board Action:

The REEP program has been reduced by \$800,000 because of reduced numbers of refugees. However, the budget assumes continuation of the REEP program and the current level of services to the reduced number of refugees is maintained. The State and Federal levels have not yet determined the legal status of the REEP program and until it's status is settled, it is assumed that REEP will continue. Funding is budgeted at the REEP level.

# Health Department

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## 4. Corrections Health and Corrections Mental Health

Because of the increase in the number and the acuity of persons booked into Multnomah County Detention Center, additional nurse positions are needed at booking. The number of persons booked has continued to increase each year (1985, 18,725; 1993, 37,856). Of those booked, 455 present trauma and/or acute or chronic psychiatric or mental problems. There is not sufficient staff in MCDC to provide adequate time to document the screening of persons with trauma and/or acute and chronic medical or psychological problems, and to provide the treatment plans.

The Corrections Mental Health Services work group was formed to review current service and recommend more effective ways of serving persons in the criminal justice system who have mental health problems. With the mental health system reducing institutional bed space, persons with mental illness who are released from jail do not receive appropriate mental health treatment in the community. Because of the sheer numbers involved many of the persons with mental illness who are incarcerated do not receive assessments or stabilization during their incarceration nor are they linked with follow-up services upon release from custody. Persons released from custody without treatment are more likely to repeat offenses. The present service developed is adequate.

### Major Alternatives:

Continue the current of staffing the position through overtime. This is not cost effective but offers flexibility.

To develop a continuum of mental health services that would provide assessment, stabilization, and community linkage for persons in custody; add to Corrections booking staff and add to Corrections Mental Health staff to identify persons in need of mental health services; release persons from custody on appropriate medication and link released persons to services in the community.

### Board Action:

Expansion of Corrections Mental Health has the proposal developed in conjunction with The District Attorney's Office, the Public Defender's Office and the County Board. The Corrections Health budget includes a total of \$35,583 and .5 FTE to handle increased booking at MCDC; and an additional \$38,966 and .5 FTE are added to Corrections Mental Health.

# Health Department

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## 5. Drug Free Babies

Improving birth outcomes and reducing substance abuse during pregnancy are high priorities for the Health Department. It is necessary to 1) improve early identification of substance use in prenatal clinics; 2) enhance the linkages between prenatal medical services, treatment services, and other social services; 3) support pregnant women in efforts to stay in treatment and continue with aftercare. According to birth certificate data, 5.6% of Multnomah County women giving birth admitted to substance use during pregnancy.

### Major Alternatives:

Implement urine drug tests for all prenatal clients in County clinics followed by referrals to drug/alcohol treatment if indicated. Urine testing may discourage prenatal care use by the target population and is a flawed tool. Also referral without coordination and advocacy are unlikely to produce results.

Creating a substance abuse treatment program at prenatal clinics would be costly.

Using existing prenatal care services and substance abuse services in building a substance abuse intervention specialist at the prenatal site, ongoing case management services through a community health nurse, and an outreach worker is more likely to succeed. The enhanced intervention model would provide screens for substance use to all prenatal clients. If indicated, a referral to an on site Alcohol & Drug Intervention Specialist would do more detailed assessment with follow up designed to meet the reaction of the patient (cooperative/less cooperative).

### Board Action:

A Nurse, a Health Information Specialist and 5.5 Intervention Specialist are added to the Health Department budget costing \$32,799 to provide enhanced services in a clinic site. The A&D Intervention Specialist will be part of the intake system being developed by the Alcohol & Drug Program Targeted Cities project.



# Health Department

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## 6. School Based Health Clinics

The County currently operates seven health clinics in high schools, but middle schools need services. Students ages 11-14 are at a vulnerable stage of development where experimentation with health-risking behaviors become habits. These are prime years for making successful health interventions with these students and their families. Expanding services to this group would permit early identification of health problems when intervention is more likely to be successful in reducing risk of premature sexual activity, pregnancy, STD, HIV, substance abuse and other physical and mental problems that can lead to school failure. Current evaluation of the school clinics indicate that sexual activity often begins in middle school.

The North Portland community is one of the most medically underserved areas in our community. The Roosevelt community via the Leaders Roundtable process was the first to identify the lack of health services for middle schools. There is more demand for services at Roosevelt than can be met with current resources. The primary care providers in the area (Emanuel, Bass Kaiser, North Portland Health Center) are at capacity.

### Major Alternatives:

Do not add to clinic capacity which leaves the area underserved

Expand services in the Roosevelt cluster by adding services in Portsmouth and George Middle Schools and at Roosevelt High in order to reduce teen pregnancy rates and increase graduation rates. Specific health needs of students/families will be identified and services designed to address them.

### Board Action:

Clinics will be opened at George and Portsmouth middle schools and service expanded at Roosevelt High School. The School Clinic budget includes an addition of \$237,272 and 4.5 FTE for this clinic expansion. The specific site selection of the Roosevelt cluster was made jointly with Portland Public Schools. This proposal is consistent with State and County benchmarks and integrated service sites. The success of this proposal requires collaboration with Portland Public Schools, the Roosevelt Family Resource Center, and local service providers. It will improve chances of securing a Robert Wood Johnson grant to replicate this service in other sites.

# Health Department

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## 7. Immunizations

Immunizations are a basic public health service yet numerous barriers to immunizations have resulted in low immunization levels statewide and in Oregon and Multnomah County. Two factors associated with low immunization rates are: 1) difficulty in the coordination at all levels between public and private sector organizations and 2) lack of a central record keeping device to track immunization status and monitor immunization rates accurately, and 3) lack of a major coordinated effort. During the past two years increased emphasis has been placed on immunizations with the organization of the Oregon Professional Immunization Consortium of which Multnomah County is on the executive committee. Recent assessments show that only 32% of Multnomah County children in general and 68% of children receiving vaccines as of July 1st are up to date.

Enhancing the Health Department delivery system by expanding hours and adding staff will not change immunization rates especially for children in clinics. The school immunization law has adequately provided 98% immunization levels for school age children, but has had limited effect on immunization levels for children under the age of two. Another type of delivery mode and outreach may be necessary in order to effect change.

### Board Action

Continue the role of private and public providers working together on networking, education, and outreach in developing a centralized system of immunization record keeping. The role of volunteers available through service organizations, church groups, and professional organizations should be expanded to provide neighborhood contact with families. This approach would be particularly useful with minority groups. Service clubs are currently sponsoring the NW Medical Team Health Fair to provide immunizations in the community. It is necessary to continue to evaluate this model and others to find the most effective service system regarding immunizations. Without major outreach efforts and educational interventions, people will not come in for services. Utilize an outreach worker to follow up on children who are late to place data to improve immunization rates and to identify potential barriers to service. An Outreach Coordinator position (\$22,394) is added to the health budget.

# Director's Office

# Health Department

## Description

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

## Action Plan

- By the end of the 1994-95 fiscal year, develop a comprehensive strategic plan to reduce teen pregnancy emphasizing problem identification, coordination of governmental and community based interventions, and defining future interventions and resource needs. Many parties are interested and involved in addressing this issue; the Health Department will act as a catalyst bringing the parties together.
- To increase the percentage of children (2 months to 24 months) in Multnomah County Clinics who are up to date with their immunizations. Additional grant funds have been received that allow for increased immunization program coordination and outreach each worker to: 1) improve computer tracking and recall of children who are not up to date, 2) ensure that staff are available to provide immunizations during all community clinic hours, 3) provide these immunizations at no cost for children under 24 months in clinics, 4) coordinate closely with community outlets (Kaiser, Rotary, American Legion), 5) canvass the community, 6) provide outreach, 7) expand availability of special clinics in the community
- Develop a comprehensive strategy to decrease the incidence of drug affected infants in Multnomah County. A number of current activities are in place such as CHN case management, nursing services in the home of chemically dependent pregnant women, targeted efforts in drug treatment agencies and health assessments of alcohol and drug affected women for pregnancies and substance abuse. A concerted leadership effort to strengthen cross agency planning and collaboration should target resources more effectively.

## Explanation of Changes

Explanation of Changes	FTE's	Dollars
Increased Building Management charges for Department		\$212,000
.4 Public Relations Assistant added, .5 OA moved	(.10)	24,500
Increased Indirect		36,574
General Inflation		10,507
<b>Total Expenditure Change</b>	<b>(.10)</b>	<b>\$283,591</b>

# Director's Office

# Health Department

		<b>1993-94</b>	<b>1994-95</b>	
<b>Budget Changes</b>		<b><u>Adopted</u></b>	<b><u>Budget</u></b>	<b><u>Change</u></b>
Staffing Levels		4.30	4.20	(.10)
Costs		\$222,000	\$505,591	\$283,591
Program Revenue		<u>0</u>	<u>0</u>	<u>0</u>
Net Revenue Required		\$222,000	\$505,591	\$283,591
		<b>1992-93</b>	<b>1993-94</b>	<b>1993-94</b>
<b>Budget Trends</b>		<b><u>Actual</u></b>	<b><u>Adopted</u></b>	<b><u>Revised</u></b>
Staffing Levels			4.30	4.30
Personal Services	na	\$222,000	\$222,000	\$234,682
Contractual Services		0	0	0
Materials & Supplies		0	0	269,909
Capital Outlay		<u>0</u>	<u>0</u>	<u>0</u>
Total Costs		\$222,000	\$222,000	\$505,591
Program Revenues				
Net Revenue Required		\$222,000	\$222,000	\$505,591

# Regulatory Health

# Health Department

## Description

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

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

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

## Action Plan

The Division plans to implement a new ambulance service system but because the March 1994 petition was not approved by voters, implementation will be delayed and depends on the alternative chosen by the Board of County Commissioners.

## Explanation of Changes

Funding for two Pathology Assistants		\$77,531
Assistant Health Officer/Medical Director	1.00	127,921
Two vital statistics positions are transferred from Health Data Systems and 1/2 sanitarian is added	2.50	86,155
Building Management charges are shown		101,920
Hand held printers for field sanitarians		7,150
Increase in Local Mileage and supplies to level of actual cost		8,546
Addition nuisance abatement specialist	.92	41,029
An Office Assistant position is reduced .5 and a Sanitarian increased		11,875
Reimbursement to Aging is eliminated		(51,750)
General Inflation		61,316
Total Expenditure/FTTE Change	4.42	\$471,693
Increased Autopsy Fee		\$8,410
Increased Ambulance Fees		161,992
Increased Inspection Fees		42,276
Increased Sewer Fees		39,550
Decreased Service Reimbursement		48,042
Total Revenue Change	0.00	\$204,186

# Regulatory Health

# Health Department

<b>Budget Changes</b>	<b>1993-94 Adopted</b>	<b>1994-95 Budget</b>	<b>Change</b>
Staffing Levels	43.58	48.00	4.42
Costs	\$2,561,420	\$3,033,113	\$471,693
Less Program Revenue	1,710,297	1,914,483	204,186
Net Revenue Required	\$851,123	\$1,118,630	\$267,507

<b>Budget Trends</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Staffing Levels	40.28	43.58	43.58	48.00
Personal Services	\$1,974,645	\$2,113,382	\$2,202,635	\$2,528,648
Contractual Services	36,627	136,450	37,200	41,839
Materials & Supplies	318,070	311,598	410,888	454,076
Capital Outlay	4,167	0	0	8,550
Total Costs	\$2,333,509	\$2,561,420	\$2,650,693	\$3,033,113
Program Revenue	\$1,472,070	\$1,710,297	\$1,754,757	\$1,914,483
Net Revenue Required	\$861,439	\$851,123	\$895,936	\$1,118,630

<b>Costs by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Division Administration	\$262,005	\$211,722	\$211,722	\$218,435
Health Inspections	927,775	1,155,295	1,155,295	1,318,555
Vector Control	311,432	290,796	290,796	331,825
Medical Examiner	555,421	456,383	545,656	594,957
Emergency Medical	239,944	256,941	256,941	418,953
Lead Screening	36,912	190,283	190,283	150,408
Total Costs	\$2,333,509	\$2,561,420	\$2,650,693	\$3,033,113

<b>Staffing by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Division Administration	2.00	3.00	3.00	3.00
Health Inspections	17.21	20.00	20.00	22.50
Vector Control	6.00	5.08	5.08	6.00
Medical Examiner	9.95	9.50	9.50	9.50
Emergency Medical	4.00	4.00	4.00	5.00
Lead Screening	.90	12.00	2.00	12.00
Total Staffing	40.06	43.58	43.58	48.00

# Division Management

## Regulatory Health Health Department

### Description

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

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

### Explanation of Changes

General Inflation

FTE's

Dollars

\$6,713

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	3.00	3.00	0.00
Costs	\$211,722	\$218,435	\$6,713
Less Program Revenue	0	0	0
Net Revenue Required	\$211,722	\$218,435	\$6,713

# Medical Examiner

## Regulatory Health Health Department

### Description

The mission of the Medical Examiner Office is to determine the cause of death of county residents who die under special circumstances, including accidents, violence, drug involvement, employment, and other specified situations. The Office is responsible for establishing the cause and manner of death, notifying the next of kin and protecting the property of the deceased person until a personal representative can take charge. Program staff investigate the circumstances of death, direct the disposition of the deceased's remains, interview witnesses, obtain personal and medical histories and write reports of findings for a forensic pathologist, who certifies the cause of death.

Approximately 3,500 of the County's 5,700 deaths each year fall into categories which must be reported and investigated by the Medical Examiner Office. These numbers are generally increasing due to population growth and increasing rates of violent death.

Local discretion is limited by the mandates and State Medical Examiner supervisor authority arising from ORS 11465.

During 93/94 the Board approved a \$44,400 increase in autopsy fees to help fund Pathology Assistants.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Reported Cases Handled by Investigator FTE	364	376	376	389

### Explanation of Changes

	FTE's	Dollars
Funding for two Pathology Assistants		\$77,531
Building Management charges shown		52,633
General Inflation	0.00	8,410
Total Expenditure Change	0.00	\$138,574
Increase in Autopsy Fees	0.00	\$8,410
Total Revenue Change		\$8,410

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.50	9.50	0
Costs	\$456,383	\$594,957	\$138,574
Less Program Revenue	38,800	47,210	8,410
Net Revenue Required	\$417,583	\$547,747	\$130,164



# Emergency Medical Services

Regulatory Health  
Health Department

## Description

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

The program addresses the need for an effective and efficient response to the county's 42,000 requests for emergency medical response each year. This problem is slowly increasing with the growth and aging of the county's population.

State statutes limit the discretion of the County Commissioners in some aspects of ambulance service policy development, and service requirements.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Eight minute response time percentage	85%	90%	90%	90%

Explanation of Changes	FTE's	Dollars
Assistant Health Officer/Medical Director	1.00	\$127,921
Building Management charges shown		22,195
General Inflation		11,876
Total Expenditure Change	1.00	\$161,992
Increased Ambulance Fees		\$161,992
Total Revenue Change		\$161,992

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4.00	5.00	1.00
Costs	\$256,941	\$418,933	\$161,992
Less Program Revenue	256,941	418,933	161,992
Net Revenue Required	\$0	\$0	\$0

# Health Inspections

## Regulatory Health Health Department

### Description

The mission of the Health Inspections Program is to improve the public health through promoting a healthful environment and protecting the community from environmental health hazards. It is responsible for analyzing community environmental health problems, regulating specified businesses and accommodations, and enforcing state and local environmental health laws and rules. The Program inspects restaurants, swimming pools, day centers, and other facilities for compliance with health and safety standards; enforces the state, city and county health codes; assures identification of young children with lead poisoning; surveys small community water systems; and responds to public concerns regarding licensed facilities and other environmental health problems and issues.

Discretion of the County Board is limited by state and local laws and regulations

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of restaurant food handlers with County food handler certificates	88.6%	88%	88%	90%

### Explanation of Changes

Two vital statistics positions are transferred from Health Data Systems and 1/2 sanitarian is added  
Building Management changes are shown  
Hand held printers for field sanitarians  
Increase in Local Mileage and supplies to level off actual cost  
General Inflation

FTE's  
2.50  
Dollars  
\$86,155

Total Expenditure Change	2.50	\$163,260
Increased inspection fees		\$42,276
Total Revenue Change	0.00	\$42,276

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	20.00	22.50	2.50
Costs	\$1,155,295	\$1,318,555	\$163,260
Less Program Revenue	1,155,295	1,197,571	42,276
Net Revenue Required	\$0	\$120,984	\$120,984

# Vector Control

## Regulatory Health Health Department

### Description

The mission of Vector Control is to protect the health and enhance the quality of the community through control of rodent and insect populations, and the investigation and abatement of nuisance conditions. The program is responsible for control of rats and mosquitoes, and enforcement of nuisance and illegal dumping codes. It assists citizens in controlling rats by providing advice and control services, controls rats in municipal sewer systems, monitors and controls sources of mosquitoes, and enforces the nuisance and illegal dumping codes in unincorporated Multnomah County, Fairview, and Troutdale.

The program is intended to minimize the hazards and discomforts associated with rat and mosquito infestations, as well as those associated with nuisance conditions. These problems are stable in the long term, with significant short-term fluctuations caused by natural conditions and in the case of nuisance and dumping problems, changing economic conditions.

Local discretion is limited by state statutes pertaining to vector control by county (ORS Chapter 452) and pesticide use (ORS 634).

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Rat complaints per 1,000 County residents	3.4	3.4	3.4	3.4

Explanation of Changes	FTE's	Dollars
Addition nuisance abatement specialist	.92	\$41,029
Total Expenditure Change	.92	\$41,029
Portland Sewer Fees		\$39,550
Total Revenue Change	0.00	\$39,550

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.08	6.00	.92
Costs	\$290,796	\$331,825	\$41,029
Less Program Revenue	59,543	99,093	39,550
Net Revenue Required	\$231,253	\$232,732	\$479

# Oregon Childhood Lead Poisoning Prevention Program

Regulatory Health  
Health Department

## Description

The Oregon Childhood Lead Poisoning Prevention Program (OCLPPP) is charged with discovering children aged six months to six years who have elevated blood lead levels (BLLs), providing treatment to those that do, and working to prevent elevated BLLs in those who do not. OCLPPP is responsible for seeing that blood lead screening is carried on in Multnomah County and that the public is educated about preventing childhood lead poisoning. OCLPPP does blood lead testing at the primary care and International Health Clinic, provides environmental followup and case management for children with elevated BLLs, and does lead poisoning prevention education.

The decrease in the budget is due to a change in budgeting for inspection services provided to Aging services during 93/94 making a service reimbursement budgeted in 93/94 no longer appropriate. The reimbursement was budgeted here because it was necessary to use a Federal State fund appropriation for indirect cost purposes.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Per cent of children receiving basic lead poisoning prevention services	na	na	20%	30%

## Explanation of Changes

An Office Assistant position is reduced .5 and a Sanitarian increased  
Reimbursement to Aging is eliminated

FTE's

Dollars

\$11,875

(51,750)

Total Expenditure Change

-----'0"-0.000... (\$39,875)

Reimbursement from Aging is reduced

(41,283)

Total Revenue Change

0.000... (\$41,283)

## Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	2.00	2.00	0.00
Costs	\$190,283	\$150,408	(\$39,875)
Less Program Revenue	190,283	149,000	(41,283)
Net Revenue Required	\$0	\$1,408	\$1,408

# HIV Programs

## Health Department

### Description

This Division has two primary purposes: preventing and treating HIV and other sexually transmitted diseases (STDs) and conducting Department wide planning and designing strategies to fill gaps in service delivery. Responsibilities include assessment of need, project planning and resource development. Activities conducted with the Division are community and individual education, delivery of clinical services, community wide planning processes, and grant writing.

This program addresses the need to provide early diagnosis and treatment of HIV and other STDs (Oregon Benchmarks) and the need for public health plans designed through citizen input. Specific public health problems change over time, and ongoing strategic planning is vital to a proactive approach to protecting the public health.

Oregon public health and communicable diseases statutes are well as grant resources place limitations on this program.

### Action Plan

- Conduct a community health assessment in each of the service districts and prepare a Community Health Plan for the Department based on staff, customer, and community recommendations. This process will be coordinated with other processes currently underway in the County.
- Develop a community based HIV prevention plan by September 1994. Involve all community shareholders and stakeholders including broad representation of consumers. This action will improve service delivery by designing a community system based on client need. Community planning demands careful sensitivity to potential issues, special interest groups, and visionary process. This objective related to a state registered benchmark.

### Explanation of Changes

During 93/94 Sexually Transmitted Disease Epidemiology, HIV Clinic/HIV and Care programs were moved to this Division as the chart on page 33 shows. The adopted budgets for these programs totaled \$2,901,951 and 425 FTE and shown in Specialty Care for 93/94. These figures should be added to the adopted budget for Specialty Care for 93/94 for comparison with 94/95.

Continued on following page

# HIV Programs

# Health Department

Explanation of Changes/	FTE's	Dollars
Half a clerk is added with Block Grant funds/Admin	0.50	\$16,000
The needle exchange program is increased to \$40,000/Admin		40,000
Program Development Specialist/Planning	1.00	50,267
.5 Program Development Spec added for evaluation/Planning	0.50	30,200
.5 Human Serv Administrator is added with Family Planning Grant funds for Teen Pregnancy Prevention/Planning	0.50	30,964
Health Information Specialist is added/HIV Block Grant	1.00	40,500
State and Federally funded contracts are increased/Block Grant		335,988
1.69 CHN, 1.0 Nurse Practitioner, 1 Social Worker, .75 Health Admin, .75 Office Assistant added/Linkage Grant	5.19	532,231
.75 Program Development Spec/HIV/Women's Project	0.75	35,797
Cut Health Information Spec/Add Program Dev Spec/HIV/Women's		8,000
Increased Supplies/HIV/Women's Project		24,000
1 Data Analyst, 1 Prim. Investigator/ Added during 93/94/NIDA	2.00	94,359
2.05 Health Information Spec/NIDA	2.05	84,000
Positions added during 93/94 are annualized/NIDA		64,000
Contracts increased/NIDA		30,000
.2 Health Information Spec/CSAT Homeless Grant	0.20	15,786
Building Management Costs/STD		15,700
(.2) Office Assistant/STD	(0.20)	(6,400)
A Health Services Administrator is no longer budgeted here, Health Information Spec FTE and CA 2 FTE increase/STD Epidemiology		(70,844)
CHN Clinical staff is increased/HIV Clinic	2.00	98,124
On call coverage is added/HIV Clinic		23,854
2.5 HIV Home Care nurses are cut as Medicaid revenues are less	(2.50)	(112,462)
Medicaid match is reduced/HIV Home Care		(59,800)
Increased Indirect		75,778
General Inflation		73,740
Programs Shifted to HIV from Specialty care Division, STD, Epidemiology, HIV Clinic, HIV Home care	42.79	2,901,951
<b>Total Expenditure Change</b>	<b>55.78</b>	<b>\$4,371,463</b>
Increased HIV Grant Revenue/Admin		\$123,545
Increased HIV Grant Revenue/Planning		2,692
Increased HIV Block Grant Education		393,447
Increased Primary Care Substance Abuse Linkage Grant		522,433
Increased HIV Women's Project Grant		147,602
Increased NIDA Grant		311,327
Increased CSAT Homeless Grant		23,202
Decreased Public Health Support/HIV Seroprevalence/STD		(162,158)
Increased Seroprevalence Epidemiology/STD Epidemiology		13,074
Increased Primary Care HIV Treatment/HIV Clinic		269,940
Decreased Medicaid case Management/HIV Home Care		(158,361)
Grant Support shifted to HIV from Specialty Division		1,539,121
<b>Total Revenue Change</b>	<b>0.00</b>	<b>\$3,025,864...</b>

# HIV Programs

# Health Department

<b>Budget Changes</b>	<b>1993-94 Adopted</b>	<b>1994-95 Budget</b>	<b>Change</b>
Staffing Levels	33.17	88.95	55.78
Costs	\$2,734,704	\$7,106,167	\$4,371,463
Program Revenue	<u>2,258,414</u>	<u>5,284,278</u>	<u>3,025,864</u>
Net Revenue Required	\$476,290	\$1,821,889	\$1,345,599)

<b>Budget Trends</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Staffing Levels	32.80	33.17	80.67	88.95
Personal Services	\$1,567,346	\$1,529,992	\$3,946,379	\$4,548,232
Contractual Services	542,155	644,488	762,755	1,317,810
Materials & Supplies	509,030	560,224	1,211,760	1,234,582
Capital Outlay	<u>\$8,812</u>	<u>0</u>	<u>\$5,260</u>	<u>\$5,523</u>
Total Costs	\$2,627,343	\$2,734,704	\$5,926,154	\$7,106,167
Program Revenues	\$2,129,127	\$2,258,414	\$4,061,183	\$5,284,278
Net Revenue Required	\$498,216	\$476,290	\$1,864,971	\$1,821,889

<b>Costs by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Division Management	\$305,428	\$143,898	\$169,073	\$204,310
Planning & Development	114,336	310,245	310,245	457,896
HIV Education/Blood Grant	619,233	504,796	487,166	895,492
Clinic Prim. Care/Substance Abuse/Linkage	413,583	162,693	162,693	694,924
HIV in Women	457,691	609,311	724,707	705,174
Risk Reduction Project/NDA	386,605	585,493	752,051	887,274
Homeless Risk Reduction/CSAT	121,182	418,268	418,268	434,054
Sexually Transmitted Disease	0	0	1,023,927	1,062,844
STD/HIV/Epidemiology	0	0	616,500	536,968
HIV Clinic	0	0	869,656	1,007,625
HIV Homecare	<u>0</u>	<u>0</u>	<u>391,868</u>	<u>219,606</u>
Total Costs	\$2,627,342	\$2,734,704	\$5,926,154	\$7,106,167

# HIV Programs

## Health Department

	1992-93	1993-94	1993-94	1994-95
Staffing by Activity/Service	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Division Management	3.16	1.25	1.25	1.75
Planning & Development	2.13	4.30	4.30	6.30
HIV Education/Blood Grant	6.04	3.00	3.00	4.00
Prim. Care/Substance				
Abuse/Linkage	6.78	1.81	1.81	7.00
HIV in Women	6.55	8.00	10.15	8.75
Risk Reduction Project/MNDA	6.10	8.00	10.54	12.05
Homeless Risk				
Reduction/CSAT	2.04	6.80	6.80	7.00
STD	0.00	0.00	16.10	15.90
STD/HIV Epidemiology	0.00	0.00	9.50	9.50
HIV Clinic	0.00	0.00	11.90	13.90
HIV Homecare	0.00	0.00	5.30	2.80
Total Staffing	32.80	33.17	80.67	88.95



# Division Management

## HIV/STD Services & Dept Planning Health Department

### Description

The main responsibility for this section is to set direction for the division. This is accomplished through establishment of policies and procedures, and conducting on-going evaluation of Division goals and objectives.

This program is intended to assure that services delivered to both preventive and clinical meet community standards and are cost efficient. The prevalence of HIV disease is increasing, STDs are primarily stable and other unwanted public health problems such as domestic violence, poor pregnancy outcomes and lack of preventive services to special populations are increasing.

Oregon public health and communicable disease statutes as well as grant assurances place limitations on the program.

During 93/94 the Board added \$25,000 for the needle exchange program at Outside In.

### Explanation of Changes

	FTE's	Dollars
Half a clerk is added with Block Grant funds	0.50	\$16,000
The needle exchange program is increased to \$40,000		40,000
General Inflation		\$4,412
Total Expenditures Change	0.50	\$60,412
Increased HIV Grant Revenue		\$123,545
Total Revenue Change	0.00	\$123,545

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	1.25	1.75	0.50
Costs	\$143,898	\$204,310	\$60,412
Less Program Revenue	25,003	148,548	123,545
Net Revenue Required	\$118,895	\$55,762	(\$63,133)

# HIV/STD Services & Dept Planning

## Planning & Grants Development      Health Department

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### Description

The Planning and Development Unit was formed in 1991 to coordinate program planning, grant writing, and grants management of the Health Department. This unit is responsible for identifying community health needs as well as developing strategies and resources to address these needs. Planning and Development conducts internal and external needs assessments, coordinates and leads the department's Total Quality Management Program, assembles, analyzes, and disseminates community health data; and writes and monitors grants.

This program helps address the community's and department's need for a statistically efficient approach to addressing important community health problems through data analysis, planning, and resource development. This need is increasing, particularly given the increasing complexity of community health problems, limited resources, and the need to evaluate the impact of managed care (Oregon Health Plan) on the health status of the community.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of potential grant dollars obtained	na	50%	76%	50%

Explanation of Changes	FTE's	Dollars
Program Development Specialist	1.00	\$50,267
.5 Program Development Specialist for evaluation	0.50	\$30,200
.5 Human Serv Administrator added with Family Planning Grant	0.50	\$30,964
funds for Teen Pregnancy Prevention		
Increased indirect		\$16,820
General Inflation		\$19,400
Total Expenditure Change	-----C= 2.00-----C=	\$147,651
Increased HIV Grant Revenue		\$2,692
Total Revenue Change	-----' 0.00-----'	\$2,692

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4.30	6.30	2.00
Costs	\$310,245	\$457,896	\$147,651
Less Program Revenue	28,272	30,964	2,692
Net Revenue Required	\$281,973	\$426,932	\$144,959

# HIV/STD Services & Dept Planning

## HIV Education & Field Research      Health Department

### Description

The HIV/Community Education Program provides HIV education and infection control for Multnomah County employees, Health Department contract agencies and the community at large. Activities of the program include: health department staff updates on HIV educational materials, provision of HIV education to employees of community organizations, drug treatment agencies, and businesses, provision of HIV education and policy development for public and private schools, including colleges, outreach and prevention activities to gay bars, adult bookstores, and public parks, outreach to high-risk youth.

In the state of Oregon, there were 2,283 diagnosed AIDS cases as of 8/31/93 (1,491 in Multnomah County). The Oregon Health Division projects that there are 1,000 HIV infected individuals in the state. HIV education is the only tool we currently have to prevent this projected figure from growing.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Per cent of persons who demonstrate an improved knowledge base following an HIV education session	na	na	na	95%

Explanation of Changes	FTE's	Dollars
Health Information Specialists added	1.00	\$40,500
Several State and Federally funded contracts are increased		335,988
Increased indirect		6,838
General Inflation		7,506
<b>Total Expenditure Change</b>	<b>1.00</b>	<b>\$390,832</b>
Increased HIV Grant Revenue		\$393,447
<b>Total Revenue Change</b>	<b>0.00</b>	<b>\$393,447</b>

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	3.00	4.00	1.00
Costs	\$504,796	\$895,492	\$390,832
Less Program Revenue	501,192	894,639	393,447
Net Revenue Required	\$3,604	\$853	(\$2,751)

## HIV/STD Services & Dept Planning Health

# Drug Treatment Center-based Clinics/LINKAGE

### Description

The purpose of this program is to provide a continuum of linked primary health care, drug treatment, and mental health services to decrease the incidence of HIV infection in chemically dependent individuals and their sexual partners; increase drug and alcohol treatment compliance; and to link clients with identified mental health needs to appropriate mental health services. The program has responsibility for the delivery of primary health care, HIV/AIDS, alcohol and drug treatment, and mental health services to chemically dependent persons enrolled at four local treatment sites.

In September, 1990 HIV seroprevalence among clients entering drug treatment in Multnomah County was 1.8%; in June, 1992 that rate had risen to 23%. This rate has remained fairly stable.

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

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of Primary Health Visits to Substance Abusers, their Families, and Sex Partners per provider FTE	446	1,260	1,260	1,386

### Explanation of Changes

1.7 CHN, 1.0 Nurse Practitioner, 11 Social Worker, .75 Health Admin, .75 Office Assistant added

FTE's      Dollars

5.19      \$532,231

Total Expenditure Change -----5'-1'-5'-19-"\$-53,223-1---

Increased Primary Care/ Substance Abuse linkage Grant

\$522,433

Total Revenue Change -----"\$:::52:::2::: \$522,433

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	1.81	7.00	5.19
Costs	\$162,693	\$694,924	\$532,231
Less Program Revenue	159,567	682,000	522,433
Net Revenue Required	\$3,126	\$12,924	\$9,798

# HIV Women's Project

## HIV/STD Services & Dept Planning Health Department

### Description

The purpose of the Women's Project is to help women take responsibility for protecting themselves from HIV and other sexually transmitted diseases and from unwanted pregnancies. Attempts are made to: promote changes in condom use behavior through peer supported HIV education sessions; and through distribution of appropriate media materials which are specific to this population of women. The Health Department contracts with the Oregon Health Division to conduct a comprehensive outcome evaluation of this project. Project staff collect outcome evaluation data.

In August 1992 reported AIDS cases in women in the State of Oregon represented 2% of the total cases. A year later in August 1993, that percentage had increased to 3%. HIV prevention services are critical to this population.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Women in project neighborhood who Are Practicing Safer Sex (available by Aug. 94)	na	na	40%	50%

Explanation of Changes	FTE's	Dollars
0.75 Program Development Spec	0.75	\$35,797
Cut Health Information Spec, Add Program Dev Spec		8,000
Increased Indirect		9,939
Increased Supplies		24,000
General inflation		18,127
Total Expenditure Change	0.75	\$60,412
Increased HIV/Women's Project Grant Revenue		\$147,602
Total Revenue Change	0.00	\$147,602

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	8.00	8.75	0.75
Costs	\$609,311	\$705,174	\$95,863
Less Program Revenue	557,572	705,174	147,602
Net Revenue Required	\$51,739	0	(\$51,739)

# HIV/STD Services & Dept Planning

## Drug User Risk Reduction/NIDA Health Department

### Description

The goal of the Risk Behavior Intervention Project (RBIP) is to prevent the further spread of HIV infection among injection drug users (IDUs) and their sexual partners. The two primary responsibilities and activities of RBIP are to establish a system for monitoring HIV related risk taking behavior and to assess the efficacy of interventions in reducing drug and sexual risk taking behaviors among IDUs and their sexual partners. The activities performed by RBIP include data collection, delivery of substance abuse and HIV/AIDS prevention interventions, and HIV counseling and testing (Oregon Benchmarks for HIV early diagnosis).

RBIP is intended to address the spread of HIV among IDUs and their sexual partners. This is an increasing problem. Of IDUs entering drug treatment in Multnomah County in 1991, 1.8 % were HIV positive and in 1992, 2.3% were HIV positive.

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

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Injection Drug Users who Engage in Safe Drug Use Behaviors	na	na	50%	60%

### Explanation of Changes

	FTE's	Dollars
1 Data Analyst, 11 Principal Investigator Added during 93/94	2.00	\$94,359
2.05 Health Information Spec	2.05	84,000
Positions added during 93/94 are annualized		64,000
Contracts increased		30,000
Indirect increased		29,422
Total Expenditure Change	4.05	\$301,781
Increased NIDA Grant Revenue		\$311,327
Total Revenue Change	0.00	\$311,327

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	8.00	12.05	4.05
Costs	\$585,493	\$887,274	\$301,781
Less Program Revenue	575,947	887,274	311,327
Net Revenue Required	\$9,456	\$0	(\$9,456)

# HIV/STD Services & Dept Planning

## Homeless Persons Risk Reduction/CSSAT Health

### Description

The mission of the program is to promote positive sexual and drug behavioral changes among injection drug users and their sexual partners. It is responsible for reducing HIV, STD and TB risk among homeless county residents. Activities include street outreach services, distribution of bleach and condoms, education, assessment of risk, measuring behavioral changes, providing HIV/STD, TB testing, and referral of clients to services.

There are an estimated 19,000 homeless people in Multnomah County, an increase of 80% in the last three years. The homeless population is at extreme risk for HIV disease due to behaviors such as selling sex for drugs, needle sharing, and unprotected sex. Homelessness, drug use, untreated mental illness, and drug use are increasing each year in Multnomah County.

The federal funding source assurances as well as federal, state, and local law restrict the activities of this project.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Maintain or decrease the % of homeless persons testing positive for HIV virus in the Health Dept. system	na	na	2.5%	2.5%

### Explanation of Changes

.2 Health Information Spec

	FTE's	Dollars
	0.20	\$15,786
Total Expenditure Change	0.20:0.....	\$15,786
Increased CSSAT Grant Revenue		\$23,202
Total Revenue Change	0.00:0.....	\$23,202

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.80	7.00	.20
Costs	\$418,268	\$434,054	\$15,786
Less Program Revenue	410.852	434.054	23.202
Net Revenue Required	\$7,416	\$0	(\$7,416)

# HIV/STD Services & Dept Planning

## Sexually Transmitted Disease Clinic

### Health

#### Description

The purpose of the Sexually Transmitted Disease Clinic is the prevention and control of sexually transmitted diseases within Multnomah County. The clinic is responsible for the diagnosis and treatment of sexually transmitted diseases (STD). Activities include active partner notification, disease surveillance which provides information on community trends and high risk populations, consultation and/or training to health professionals, and HIV counseling and testing which is part of the routine STD visit.

The Sexually Transmitted Disease Clinic and Community Test Site address the need for diagnosis and treatment for anyone who believes/s/he has been exposed to a sexually transmitted disease or HIV. The need for testing for STDs is currently stable, however as public education about the correct test for chlamydia, the need will increase. The demand for HIV counseling and testing is increasing.

#### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Maintain or reduce the number of gonorrhea cases per 100,000 county residents between 15 and 44 years of age.	321	na	300	290

#### Explanation of Changes

	FTE's	Dollars
Building Management Costs		\$15,700
(.2) Office Assistant	(0.20)	(6,400)
Increased Indirect		4,878
General Inflation		24,739
<b>Total Expenditure Change</b>	<b>--- = (0.20) ---</b>	<b>\$38,917</b>
Decreased Public Health Support, HIV Support, and Grant		(\$162,158)
<b>Total Revenue Change</b>	<b>----- = 0.00 -----</b>	<b>(\$162,158)</b>

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	16.10	15.90	(0.20)
Costs	\$1,023,927	\$1,062,844	\$38,917
Less Program Revenue	539,775	377,617	(162,158)
Net Revenue Required	\$484,152	\$685,227	\$201,075



# STD/HIV Epidemiology

## HIV/STD Services & Dept Planning Health Department

### Description

The goal of the STD/HIV Epidemiology program is to detect the spread of sexually transmitted diseases and HIV. The responsibilities include detection of disease and preventative education to decrease the level of reported diseases. Activities include: conducting interviews and completing case investigations on reported cases of gonorrhea, syphilis, chlamydia and HIV; providing individual counseling and education, assisting in notification of sexual contacts of their exposure and need for medical diagnosis and treatment; providing information on prevention and identification of STDs through community education.

The STD/HIV Epidemiology program addresses the need to prevent and control STDs and HIV. Currently, the number of cases of gonorrhea and syphilis are stable; chlamydia, for which there has been minimal previous active disease intervention by the Health Department, is an increasing problem. Follow-up on all chlamydia cases in Multnomah County will be undertaken by staff.

Limitations on this program include State Statutes governing HIV and confidentiality of medical records.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Reported Cases of the Following STDs Interviewed by County Disease Intervention Specialists for Contacts				
Gonorrhea	80%	82%	82%	85%
Syphilis	95%	95%	95%	95%
Chlamydia	25%	40%	40%	80%

Explanation of Changes	FTE's	Dollars
A Health Services Administrator is a health information Spec		(\$70,844)
FTE and O&A FTE increase		
Decreased Indirect		(8,688)
Total Expenditure Change	0.00	(\$79,532)
Increased HIV Surveillance Grants		\$13,074
Total Revenue Change	0.00	\$13,074

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	09.5	09.5	0.00
Costs	\$616,500	\$536,968	(\$79,532)
Less Program Revenue	243,675	256,749	13,074
Net Revenue Required	\$372,825	\$280,219	(\$92,606)

## HIV/STD Services & Dept Planning

# HIV Clinic

## Health Department

### Description

The mission of this clinic is to provide high quality primary health care to HIV infected persons who have no other source of care. The program is responsible for delivery of quality care in both the clinic and the home setting and for referral to ancillary services such as dental care, mental health treatment and social support. Primary activities include health assessment, development of a care plan, appropriate treatment and referral, home assessment and client and home caregiver education and support to avoid unnecessary institutionalization.

This program addresses the increasing need for cost effective, quality primary care for medically indigent persons with HIV disease. The need is growing, but will hopefully decrease as the Oregon Health Plan reduces barriers to care.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of potential clients who receive clinical services within 3 weeks of initial contact	na	na	10%	50%

### Explanation of Changes

	FTE's	Dollars
CHN Clinical staff is increased	2.00	\$98,124
On call coverage is added		23,854
Increased Indirect		15,991
Total Expenditure Change	2.00	\$137,969
Increased Primary Care HIV Treatment Grants		\$269,940
Total Revenue Change	0.00	\$269,940

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	11.90	13.90	2.00
Costs	\$869,656	\$1,007,625	\$137,969
Less Program Revenue	531,096	801,036	269,940
Net Revenue Required	\$338,560	\$206,589	(\$111,070)

# HIV Home Care

## HIV/STD Services & Dept Planning

## Health Department

### Description

The purpose of the Seropositive/Wellness Program is to increase the length and quality of life for newly diagnosed HIV positive persons identified through Multnomah County services and to prevent the transmission of HIV. This program is responsible for the enrollment of clients, and providing assistance to those clients in making behavioral changes associated with maintaining good health and reducing risk behaviors. This is accomplished through a variety of services including providing outreach to assist the client to enter the health care system early, nutrition counseling, psychiatric assessment for depression, HIV education, stress reduction, immunization, and screening for diseases, including tuberculosis, hepatitis, and syphilis.

The Seropositive/Wellness Program addresses the need for assistance to newly diagnosed HIV positive clients in maintaining good health and reducing the risk of transmission of HIV. This is a need that is increasing, due to both diversity and number of clients and because of expanding the program to include referrals from other diagnosing physicians and health care agencies.

Limitations on this program include state statutes governing HIV and confidentiality of medical records.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of clients enrolled in Seropositive/Wellness Program who are participating high risk behaviors and show a reduction in risk behavior between initial and follow up counseling sessions Available July 1 1994	na	na	na	na

### Explanation of Changes

2.5 HIV Home Care nurses are dual as Medicaid revenue are less  
Medicaid match is reduced

	FTE's	Dollars
Total Expenditure Change	(2.50)	(\$112,462)
Medicaid Case Management and Primary Care Grant reduced		(59,800)
Total Revenue Change	0.00	(\$158,361)

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.30	2.80	(2.50)
Costs	\$391,868	\$219,606	(\$172,262)
Less Program Revenue	224,584	66,223	(158,361)
Net Revenue Required	\$167,284	\$153,383	(\$9,370)

# Specialty Care Clinics

# Health Department

## Description

The purpose of the Specialty Services Division is to meet the health prevention and treatment service needs of specific populations and/or targeted groups in Multnomah County. The Division is designed to protect and improve the health of the community. Activities performed by the Division are the Communicable Disease Office and Tuberculosis Control Program investigate, monitor, track, evaluate and treat disease to protect the public health of county residents; the International Health Center and School Based Health Centers provide health prevention, promotion, screening and treatment to specific populations, refugees and adolescents; Occupational Health provides health prevention and treatment services for blood borne pathogens to all County City Metro and Port of Portland employees; Field Services serve clients and families with multiple and complex health needs by visiting clients in homes, schools and other community locations and providing the services of assessment, screening, teaching, advocating, counseling and linking clients and families with community resources.

The Specialty Services Division is intended to address communicable disease prevention and the special health needs of targeted high risk populations in Multnomah County. The problems associated with these services are increasing (adolescent oral health needs, Oregon Health and Safety Act requirements regarding blood borne pathogen transmission and employer TB screening requirements and interpretation services), with the exception of Communicable Diseases and the TB case rate which are relatively stable. The demand for International Health Services has historically grown at 22%, but currently refugees seek treatment patterns have helped to stabilize emergency volume.

## Action Plan

- 1. Expand school based services into a middle school and at least one more high school. the program plans to apply for a portion of a Robert Wood Johnson grant which has been awarded to the State Health Division. If accepted, the program would use resources to open a health center in a middle school in January, 1995.

## Explanation of Changes

During 93/94 Sexually Transmitted Diseases, Epidemiology, HIV Clinic, and HIV Home Care programs were moved from this Division to HIV Division, as the chart on page 47 shows. The adopted budgets for these programs totaled \$2,901,951 and 42.8 FTE.. Health Education (\$298,989, 5.5 FTE in 93/94) has been moved to Support Services. Language Services (\$1,142,047, 24.4 FTE in 93/94) have been decentralized with management moved to Support Services and translators budgeted in the Primary Care clinics.

Continued on following page.

# Specialty Care Clinics

# Health Department

## Explanation of Changes

	FTE's	Dollars
An Office Assistant is cut/Admin	(1.00)	(\$20,535)
1 Health Services Specialist is added for anti-violence program/Admin	1.00	50,287
\$25,000 is added to pass through for anti-violence and \$5,000 supplies		30,000
2 clerks, 7 health assistants, 2.2 NPI, 9.9 CHN, 12 MDs cut/International Hlth	(12.30)	(462,000)
Medical Referrals are reduced/International Health		(447,410)
Temporary help cut/Communicable Disease		(10,346)
A office assistant and .16 Prog Dev Spec are cut/Occupational Health	(1.16)	(42,763)
Drugs are reduced due to decrease frequency of Hepatitis B/Occ. Health		(21,000)
1.25 CHN, .75 Nurse Prac, 11 Mental Health Consultant, 1.4 DOA	4.43	203,000
positions are added to new middle school clinics at Portsmouth &		
George and expanded service at Rosevelt & Sobbe Based Clinics		
Materials & Services are increased due to added clinics/School Clinics		42,366
Capital is added for new clinics/School Based Clinics		50,000
A Senior Health Manager is cut to add .67 OAA FTE added/Field Admin	(.33)	(50,312)
Professional Services is reduced/Field Admin		(12,000)
Early Intervention funds cut and STARR funds seedling, CANN & Child	(2.40)	(80,000)
Dev Spec cut/Field Service Teams		
GIFT grant added, 5.5 CHN/Field Service Teams	0.50	26,000
Building Management Costs increase/Field Service Teams		41,800
Medicaid match for high risk infants is increased/Field Service Teams		25,788
Equipment cut/Fee Family Support		(10,000)
0.90 CHN/Parent Child Dev Centers	0.90	48,000
2.80 CHNs added to Parent Child Dev Centers	3.80	240,998
Building Management increase/Parent Child Dev Centers		5,653
On Call added/Parent Child Dev Centers		10,800
Indirect increase		59,975
General Inflation		109,294
Programs shifted to other Health Divisions; STD Epidemiology, HIV		
Clinic, HIV/Home Care, Language Services, Health Education	(75.70)	(4,470,379)
<b>Total Expenditure Change</b>	<b>(82.26)</b>	<b>(\$4,687,254)</b>
Decreased RHEEP/Admin		(\$6,498)
Decreased RHEEP/International Health		(583,454)
Decreased State Health Grants/BB		(38,382)
Decreased State Public Health Support/Communicable Disease		(50,541)
Decreased Occupational Health Fees		(106,095)
Decreased Family Planning Grant & Medication/School Based Clinics		(92,600)
Decreased Babies First Case Mgmt & Early Intervention Grants/Field Ad		(60,347)
Decreased Maternal Child Health Grant/Field Teams		(14,946)
Increased Children & Families Commission Grant for Family Support		252
Increased CESS Grant/Family Service Center		39,862
Grants supporting Programs Shifted to other Health Divisions		(1,722,679)
<b>Total Revenue Change</b>	<b>0.00</b>	<b>(\$2,635,428)</b>

# Specialty Care Clinics

# Health Department

<b>Budget Changes</b>	<b>1993-94 Adopted</b>	<b>1994-95 Budget</b>	<b>Change</b>
Staffing Level	235.42	153.16	(82.26)
Costs	\$16,295,397	\$11,608,143	(\$4,687,254))
Less Program Revenue	7,012,473	4,377,045	(2,635,428))
Net Revenue Required	\$9,282,924	\$7,231,098	(\$2,051,826)

<b>Budget Trends</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Staffing Levels	192.36	235.42	186.37	153.16
Personal Services	\$9,913,803	\$11,228,467	\$12,117,148	\$7,884,007
Contractual Services	1,149,326	1,672,502	2,043,708	1,278,049
Materials & Supplies	2,355,432	3,347,434	3,592,725	2,396,087
Capital Outlay	18,133	47,004	57,004	50,000
<b>Total Costs</b>	<b>\$13,062,112</b>	<b>\$16,295,397</b>	<b>\$17,810,585</b>	<b>\$11,608,143</b>
Program Revenues	\$5,481,415	\$7,012,473	\$6,927,599	\$4,377,045
Net Revenues Required	\$7,580,697	\$9,282,924	\$10,882,986	\$7,231,098

<b>Costs by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Division Management	\$114,258	\$220,264	\$220,264	\$287,896
International Health Center	1,560,596	3,117,943	3,117,943	2,208,533
Language Services	803,605	1,142,047	1,142,047	0
Tuberculosis Mgmt Services	956,890	1,211,010	1,211,010	1,223,829
Sexually Transmitted Disease	884,223	1,023,927	0	0
Communicable Disease	731,739	542,151	542,151	542,065
Occupational Health	na	389,493	389,493	325,730
School Based Clinics	1,433,039	1,665,539	1,665,539	1,960,725
Epidemiology	548,640	616,500	0	0
HIV Clinic	942,127	869,656	0	0
HIV Homecare	253,298	391,868	0	0
Field Services Management	512,079	272,776	254,053	205,874
Field Service Teams	3,272,770	3,715,599	3,689,511	3,810,614
Teen Family Support	na	401,289	401,289	394,359
Family Service Center	118,865	288,654	288,654	409,414
Health Education	208,124	298,969	0	0
Child Development Center	0	127,412	127,412	239,104
<b>Total Costs</b>	<b>\$13,062,112</b>	<b>\$16,295,397</b>	<b>\$13,049,366</b>	<b>\$11,608,143</b>

# Specialty Care Clinics

## Health Department

<b>Staffing by Activity/Service</b>	<b>1992-93</b>	<b>1993-94</b>	<b>1993-94</b>	<b>1994-95</b>
	<b><u>Actual</u></b>	<b><u>Adopted</u></b>	<b><u>Revised</u></b>	<b><u>Budget</u></b>
Division Management	1.47	3.50	3.50	3.50
International Health Center	30.34	31.90	31.90	19.60
Language Services	2.17	24.40	24.40	0.00
Tuberculosis/Mgmt Services	17.82	19.50	19.50	19.50
Sexually Transmitted Disease	16.15	16.10	0.00	0.00
Communicable Disease	7.74	8.10	8.10	8.10
Occupational Health	3.34	5.56	5.56	4.40
School Based Clinics	24.06	26.13	26.13	30.56
Epidemiology	11.12	9.50	0.00	0.00
HIV Clinic	11.25	11.90	0.00	0.00
HIV Homecare	4.61	5.30	0.00	0.00
Field Services Management	1.75	2.50	2.25	2.17
Field Service Teams	54.77	56.45	55.95	54.54
Teen Family Support	0.00	0.50	0.50	0.50
Family Service Center	1.94	5.60	5.60	10.30
Health Education	3.83	5.50	0.00	0.00
Child Development Center	0.00	1.50	0.00	0.00
<b>Total Staffing</b>	<b>192.36</b>	<b>235.42</b>	<b>186.37</b>	<b>153.16</b>

# Division Management

## Specialty Care Clinics

## Health Department

### Description

The Specialty Services Division's purpose is to prevent the spread of communicable diseases and address the special health needs of targeted high risk populations in Multnomah County. Division management is responsible for facilitating coordinated services between Specialty Services and other health services within and outside the Health Department, recruitment, hiring, performance evaluation, professional development of all mid level providers in Specialty Services, and representing the Administration to the Professional Nursing Care Committee and in labor negotiations with the Oregon Nurses Association. The Division administrator provides direction, oversight and program development for Specialty Services programs as well as providing contract development and monitoring for statewide refugee health screening.

Specialty Care Services Division Management addresses the need to manage and coordinate an integrated service delivery system which prevents the spread of communicable disease and addresses the special health needs of targeted high risk populations. The need for the active coordination and management of these services remains stable but will increase in complexity as the Oregon Health Plan is implemented.

### Explanation of Changes

	FTE's	Dollars
An Office Assistant is out	(1.00)	(\$20,535)
1 Health Services Specialist is added for anti violence program	1.00	50,287
\$25,000 is added to pass through for anti violence and \$5,000 supplies		30,000
Increased indirect		7,880
<b>Total Expenditure Change</b>	<b>0.00</b>	<b>67,632</b>
Decreased IRREFFP		(6,498)
<b>Total Revenue Change</b>	<b>0.00</b>	<b>(\$6,498)</b>

	1993-94 Adopted	1994-95 Budget	Change
<b>Budget Changes</b>			
Staffing Level	3.50	3.50	0.00
Costs	\$220,264	\$287,896	\$67,632
Less Program Revenue	39,248	32,750	(6,498)
Net Revenue Required	\$181,016	\$255,146	\$74,130



# International Health Center

## Specialty Care Clinics

## Health Department

### Description

The International Health Center's mission is to provide culturally appropriate health services to newly arrived refugees. It is responsible for prompt refugee health screening to insure identification and treatment of communicable diseases which may be harmful to the individual and have the potential of harming others, and prompt health education which teaches refugees how to appropriately utilize Western medical services. The International Health Clinic provides cultural and medical interpretation, health screening and assessment, primary care services, referral services, and consultation on refugee health issues to others.

In 1992 the International Health Clinic served 2,954 new refugee clients with a total of 13,011 clinic visits, with a similar workload expected in 1993, and a slight decrease over the next couple of years.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Refugee Primary Care Visits per Provider FTE	2,860	2,900	2,900	3,080

### Explanation of Changes

2 clerks, 7 health assistants, 1.2 NRP, .9 OHN, .2 MD cut  
Medical Referrals are reduced

	FTE's	Dollars
	(12.30)	(\$462,000)
		(447,410)
Total Expenditure Change	(12.30)	\$909,410
Decreased REEP		(583,454)
Total Revenue Change	0.00	(\$583,454)

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	31.90	19.60	(12.30)
Costs	\$3,117,943	\$2,208,533	(\$909,410)
Less Program Revenue	<u>2,779,727</u>	<u>2,196,273</u>	(583,454)
Net Revenue Required	\$338,216	\$12,260	(\$325,956)

# Tuberculosis Clinic

## Specialty Care Clinics

## Health Department

### Description

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

TB Management Services addresses the problem of prevalence and spread of TB in Multnomah County. There were 66 cases of tuberculosis in Multnomah County in 1992 and more than 1/2 of all TB cases in Oregon occur in Multnomah County. After falling in 1991, tuberculosis case rates increased in Multnomah County in 1992.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Patients Who Complete a Course Of TB Treatment	64.5%	70%	70%	75%

### Explanation of Changes

	FTE's	Dollars
General inflation		\$12,819
Total Expenditure Change	0.00	\$12,819
Decreased State Health Grants		(\$38,382)
Total Revenue Change	0.00	(\$38,382)

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	19.50	19.50	0.00
Costs	\$1,211,010	\$1,223,829	\$12,819
Less Program Revenue	282,568	244,186	(38,382)
Net Revenue Required	\$928,442	\$979,643	\$51,201

# Communicable Diseases

## Specialty Care Clinics Health Department

### Description

The Communicable Diseases Office's purpose is to decrease the level of communicable diseases in Multnomah County. This office is responsible for investigation and implementation of control measures for all reportable communicable diseases (except for diseases investigated by the Tuberculosis and Sexually Transmitted Diseases programs). This office counsels each client diagnosed with a reportable communicable disease, advises appropriate control measures, refers, screens, and diagnoses clients who have no other source of medical care for hepatitis and other communicable diseases; assists in identification of exposed individuals so that appropriate treatment can be provided and the spread of the disease can be contained, provides prophylaxis as needed for exposed individuals; provides education to clients, staff and the medical community regarding communicable diseases; and provides surveillance and crisis intervention in outbreaks of communicable diseases in Multnomah County.

The goal of this program is to protect the public from the spread of communicable diseases. The rate per 100,000 population varies with each disease and is affected by availability of vaccinations, access to medical care, personal hygiene behaviors and the biology of each disease.

This program follows the Oregon Administrative Rules and the Oregon Health Division guidelines.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of preventable Hepatitis A cases transmitted by workers in high risk settings	5	0	0	0

Explanation of Changes	FTE's	Dollars (\$10,343)
Temporary help/out		10,260
General inflation		
Total Expenditure Change	0.00	(\$86)
Decreased State Public Health Support		(\$50,541)
Total Revenue Change	0.00	(\$50,541)

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	8.10	8.10	0.00
Costs	\$542,115	\$542,085	(\$86)
Less Program Revenue	175,420	124,879	(50,541)
Net Revenue Required	\$366,731	\$417,186	\$50,455

# Occupational Health

## Specialty Care Clinics

## Health Department

### Description

The Occupational Health Office provides the OSHA Bloodborne Pathogens program training for employers into compliance and to increase workplace safety for affected employees. The Office provides these services for Multnomah County employees and contracted agency employees. These services include development of an "exposure control plan" for each worksite, training given to employees within 10 days of assignment, annual training updates for employees, hepatitis B vaccination for all risk persons and bloodborne pathogen exposure consulting and follow-up. Follow-up includes assisting the employee in obtaining medical treatment as indicated. Confidential employee medical records consisting of training dates, immunizations and exposure incidents information are maintained in this office.

The goal of this program is to decrease the risk of an employee acquiring a bloodborne disease in the work setting. This mandate became effective for Oregon employers April 1992. Therefore, some affected employees may still be under served. The OHO is pursuing marketing this program beyond our current contracts currently serving the public employees.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Multnomah County Employees who have received bloodborne pathogen training	80%	90%	90%	95%

### Explanation of Changes

	FTE's	Dollars
A office assistant and 166 Prog Dev Specialists	(1.16)	(\$42,763)
Drugs are reduced due to decrease frequency of Hepatitis B		(21,000)
Total Expenditure Change	(1.16)	(\$63,763)
Decreased Occupational Health Fees		(\$106,095)
Total Revenue Change	0.00	(\$106,095)

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.56	4.40	(1.16)
Costs	\$389,493	\$325,730	(\$63,763)
Less Program Revenue	382,690	276,595	(106,095)
Net Revenue Required	\$6,803	\$49,135	\$42,332

# School-based Clinics

## Specialty Care Clinics

## Health Department

### Description

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

The School Based Health Center Program has two goals: To reduce the incidence of teen pregnancy in its client population and to increase access to primary care for adolescents without other accessible, affordable options. Both of these problems are increasing as adolescents become sexually active at earlier ages and as the underserved population increases.

The program is limited by restrictions placed by local school districts where clinics are sited. Restrictions usually occur around reproductive health services. Currently clinics do not have on site contraceptive dispensing.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Pregnancy Rate in School Clinics	52.1	<50	<50	<50

### Explanation of Changes

	FTE's	Dollars
1.25 CHN, .75 Nurse Pract, 1 Mental Health Consultant, 4 B. GAOA positions are added to new middle school clinics at Portsmouth & George and expanded services at Roosevelt	4.43	\$203,000
Materials & Services are increased due to added clinics		42,366
Capital is added for new clinics		\$50,000
Total Expenditure Change	4.43	\$295,366
Decreased Family Planning Grant & Medicaid		(\$92,600)
Total Revenue Change	0.00	(\$92,600)

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	26.13	30.56	4.43
Costs	\$1,665,359	\$1,960,725	\$295,366
Less Program Revenue	248,495	155,895	(92,600)
Net Revenue Required	\$1,416,864	\$1,804,830	\$387,966

# Specialty Care and Field Services

## Health Department

### Division Management

#### Description

The Field Services Division Administration provides direction, oversight, program development, evaluation, and resource development for long-term care, public health, field service teams and community outreach units. Program staff facilitate coordinated services between the Field Program and other community health and social service providers. This office seeks and obtains State, Federal and private resources to support effective community based programs. This office is continually assessing field service needs and looking for ways to establish linkages with the health and social service agencies and in some cases to provide the direct health services at the decentralized neighborhood level.

#### Explanation of Changes

A Senior Health Manager is cut, and .67 OA2 FTE added  
Professional Services is reduced  
Indirect is reduced

FTE's	Dollars
(0.33)	(\$50,312)
	(12,000)
	(\$4,590)

Total Expenditure Change	(0.33)	(\$66,902)
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Decreased Budget First Case Mgt & Early Intervention Grants

Total Revenue Change	0.00	(\$60,347)
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	1993-94 Adopted	1994-95 Budget	Change
<b>Budget Changes</b>			
Staffing Level	2.50	2.17	(0.33)
Costs	\$272,776	\$205,874	(\$66,902)
Less Program Revenue	60,347	0	(60,347)
Net Revenue Required	\$212,429	\$205,874	(\$6,555)

## Specialty Care and Field Services

# Field Service Teams

## Health Department

### Description

Field Service teams strive to protect and enhance the health of local neighborhoods. Each geographically based field service team is responsible for the identification, assessment and case management of vulnerable individuals, families and groups including victims of violence. Community Health Nurse assessment, intervention and case management targeted at high risk groups such as young pregnant and parenting families, low birth weight babies, formerly incarcerated pregnant women, homeless individuals and families, and families with complex health and social needs. Field services teams provide home visits, group teaching, information and referral, and community advocacy activities. Community health nurses are active participants in local area integration projects.

Field Service teams work with families with complex health and social needs, such as children with multiple health needs and delinquent parents, to access and utilize health and social services. Increases in teen parenting, teen pregnancy, child abuse, domestic violence and homelessness result in ever increasing demand for Field Services.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of 2 year olds who are adequately immunized against preventable disease Baseline to be established by FY 94/95	na	na	na	na

### Explanation of Changes

	FTE's	Dollars
Early Intervention funds cut and STAR Funds ending, CENN & Child Dev Spec cut	(2.40)	(\$80,000)
GIFT grant added, .55 CENN	0.50	26,000
Building W management Costs increase		41,800
Indirect increase		25,600
Medicaid match for high risk infants increased		25,788
General Inflation		55,827
Total Expenditure Change	(1.90)	95,015
Decreased W management Grant		(\$14,946)
Total Revenue Change		(\$14,946)

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	56.45	54.54	(1.90)
Costs	\$3,715,599	\$3,810,614	\$95,015
Less Program Revenue	979,888	964,942	(14,946)
Net Revenue Required	\$2,735,711	\$2,845,672	\$109,961

# Teen Family Support

## Specialty Care and Field Services

## Health Department

### Description

The Teen Family Support Program is a comprehensive system for delivering services to teen parents and their families. This program provides intake assessment, referral, and case management services to the approximately 1,100 teenagers giving birth this year in Multnomah County. This program includes three separate but coordinated elements.

assessment and referral to the appropriate case management agency, which is provided by a Community Health Nurse in the home or clinic or school before birth or at birth in the hospital.

case management, support groups and interactive parent education, which is provided by non-profit community agencies.

systems coordination implemented through the Teen Family Services Coordinator.

Teen parents and their children are at risk of health and social problems and need targeted services. By centrally tracking all teen parents, the program will reduce duplication of service. The number of teen parents has continued to rise in the county.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Teen Mothers Assessed for Health, Social, and Parenting Needs	50%	75%	75%	95%

### Explanation of Changes

	FTE's	Dollars (\$10,000)
Equipment cost		3,070
General Inflation		
Total Expenditure Change	-----'0.00-----	-----(\$6,930)-----
Increased Children & Families Commission Grant		\$252
Total Revenue Change	-----'0.00-----	-----\$252-----

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	0.50	0.50	0.00
Costs	\$401,289	\$394,359	(\$6,930)
Less Program Revenue	58,304	58,556	252
Net Revenue Required	\$342,985	\$335,803	(\$7,182)



## Specialty Care and Field Services

# Family Service Center

## Health Department

### Description

The purpose of the Family Service Center project is to develop a neighborhood based system of services addressing child health and maternity needs in the Brentwood-Darlington neighborhood. The program is responsible to develop a four year community plan, collaborate with Portland and to establish the community family center, and provide preventive clinical and obstetrical services to pregnant women and families with young children in the neighborhood. The services available through prenatal visits and clinics done by community health nurses and family health workers include well child screenings, immunizations, prenatal care, pregnancy testing, WIS services, basic support and health teaching, developmental screenings, and referral to other needed resources.

The goal of the project is to improve the health status of women and children by reducing perinatal mortality among infants born to families in the neighborhood and by reducing the incidence of inadequate prenatal care to women in Brentwood-Darlington. The rates of inadequate prenatal care and infant mortality have been higher in Brentwood-Darlington than in any other area.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Increase in rate of adequate prenatal care in the Brentwood-Darlington area	90.7%	90.4%	91%	93%

### Explanation of Changes

	FTE's	Dollars
Grant increase of funds 99 DNN	0.90	\$48,000
3.8 CHNs added for Parent Child Dev Centers	3.80	240,998
Building Management increase		5,653
On Call added		10,800
Indirect increase		27,085
General Inflation		27,328
Total Expenditure Change	4.70	\$359,864
Increased CISC Grant		\$39,862
Total Revenue Change	0.00	\$39,862

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.60	10.30	4.70
Costs	\$288,654	\$648,518	\$359,864
Less Program Revenue	283,107	322,969	39,862
Net Revenue Required	\$5,547	\$325,549	\$320,002

## Description

CareOregon is a collaborative partnership between Multnomah County Health Department, Oregon Health Sciences University, Clackamas County Health Department, and private non-profit Community and Migrant Health Centers across Oregon. Multnomah County Health Department is the administrative agent for this collaboratively managed managed health care option in 12 Oregon counties. CareOregon contracts with primary care clinics, specialty and ancillary health care providers and Oregon Health Sciences University for hospital and alternative to hospital care. CareOregon is responsible for assuring quality, cost effective managed care health services to eligible residents who enroll in CareOregon as an Oregon Health Plan option. CareOregon monitors providers' compliance with accreditation standards, member satisfaction, and overall financial solvency of the plan.

## Action Plan

- Implement CareOregon as a fully capitated managed care health plan reaching an enrollment of 35,000 members by June 30, 1995. Achievement of this objective requires that CareOregon staff continuously monitor provider effectiveness and quality, member satisfaction, and the plan's financial performance. Effective monitoring requires complex data collection and analysis, including client encounter, type of service, and of provider. The State's Medicaid agency's "prohibition" on plan's marketing to potential members presents a controversial issue which may impact CareOregon's ability to reach its enrollment target. This objective relates to Oregon Benchmarks for Quality of Life, access to health care.
- Assure that by June 30, 1995, CareOregon is either operating at a financial break even level or has a specific timetable for achieving this goal. Achievement of this goal requires monthly production, analysis and effective utilization of financial reports.

## Explanation of Changes

CareOregon began in February 1994 and is budgeted for a full year for 1994-95

FTE's	Dollars
23.2	53,029,649

<b>Budget Changes</b>	<b>1993-94 Adopted</b>	<b>1994-95 Budget</b>	<b>Change</b>
Staffing Levels	0	22.40	22.40
Costs	0	\$53,029,649	\$53,029,649
Less Program Revenue	0	<u>52,980,000</u>	<u>52,980,000</u>
Net Revenue Required	0	\$49,649	\$49,649

<b>Budget Trends</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Staffing Levels			9.63	22.40
Personal Services			\$488,384	\$1,121,739
Contractual Services			9,089,208	45,580,775
Materials & Supplies			2,031,061	6,321,135
Capital Outlay			<u>65,000</u>	<u>6,000</u>
Total Costs			\$11,673,653	\$53,029,649
Program Revenues			\$11,673,653	\$52,980,000
Net Revenue Required				\$49,649

<b>Costs by Activity/Service CareOregon</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
			\$11,673,653	\$53,029,649
Total Costs			\$11,673,653	\$53,029,649

<b>Staffing by Activity/Service CareOregon</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
			9.63	22.40
Total Staffing			9.63	22.40

# Primary Care Division

## Primary Care Division Health Department

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### Description

The Primary Care Division ensures availability and accessibility of preventive and primary medical care services to County residents who are unable to access appropriate care through private health care providers due to financial or other barriers. The Primary Care and Health Services Division is responsible for the prevention of illness, promotion of health (the protection of the community) through the provision of accessible health services. The Division provides primary health care services to 45,000 unduplicated residents annually in geographically dispersed sites throughout the county, screens and predetermines Medicaid eligibility for low income residents, and provides managed care for Oregon Health Plan enrollees.

80,000 to 100,000 Multnomah County residents lack economic access to basic health care. The demand for basic health care is increasing but will be eased through participation in the Oregon Health Plan.

### Action Plan

By January 1995, implement a change in the Primary Care Clinical System to include additional specialty services provided by Oregon Health Sciences University staff located in Multnomah County clinics. This will improve client satisfaction and coordination of care for Care Oregon and other Multnomah County residents.

By June 30, 1995 assess the need for client information system changes to improve our effectiveness in a managed care environment (i.e. medical records, patient tracking, and data systems)

Maintain the ability to provide intensive case management/nursing services to a number of chemically dependent pregnant women in the County in order to decrease the number of drug affected infants born in Multnomah County. The START grant will end in 1995 but 2.5 FTE have been funded with County funds to continue this effort

During 93/94 the medical teams were brought to full year funding adding 4 FTE at \$250,000.

Continued on next page

# Primary Care Division

Primary Care Division

Health Department

Explanation of Changes	FTE's	Dollars
2 Health Information Spec., 1 Health Administrator and part of a Nutritionist were moved to clinic budgets/Mgmt	(3.10)	(\$130,363)
Part of a lab tech and a Health Asst are cut/Medical Director	(1.20)	(48,000)
Health source referrals transferred from MULTICARE/Medical Director		140,000
Contract with OHSU for Ob/Gyn is added/Medical Director		32,260
Funds are Added to premium to increase MD's salary/Medical Director		129,000
General Inflation/Medical Director		11,027
An Eligibility worker and a unit Supervisor is added, part of an outreach FTE was cut during 93/94/Medicaid Eligibility	1.40	72,225
.65 Health Assistant/Homeless Children's Project	0.65	35,712
All permanent language translators are budgeted in assigned sites rather than Language Services in Specialty care/Primary Care Clinics	20.90	630,000
Positions transferred from Primary Care Admin/Primary Care Clinics	2.60	117,000
Call in coverage for sick, vacation relief ids increased to level of actual requirement/Primary Care Clinics		446,000
Building Management is increased/Primary Care Clinics		186,000
After hours urgency care added for CareOregon/Primary Care Clinics	5.20	250,405
3 nutritionists, 1.65 OA added with increase in WIC funding/Primary	4.65	215,000
After hours triage is from MULTICARE to the Urgency Clinic/Primary		87,000
Primary Care Team restored/Primary	4.05	265,000
Part of a social worker and a CHN were added in 93/94/Burnside	1.40	51,800
Increased temporary coverage/Burnside		20,800
General inflation/Burnside		21,051
.2 Program Development Specialist/Coalition	0.20	15,307
Pass through for Clinic support/Coalition		25,000
Increased indirect		295,380
Elimination of Primary Care Prepaid unit with CareOregon start	(6.20)	(2,062,848)
<b>Total Expenditure Change</b>	<b>30.55</b>	<b>\$772,006</b>
Decreased Medicaid/Primary Care Grant/Mgmt		(\$347,145)
Decreased Primary Care Grant/Medical Director		(163,533)
Increased Medicaid/Medicaid Eligibility		113,777
Increased Medicaid/Homeless Children		7,914
Increased Medicaid, WIC, Primary Care Grants/Primary Care Clinics		2,297,073
Decreased Medicaid/Burnside Clinic		(22,218)
Decreased Medicaid/Primary Care Prepaid Unit		(1,474,907)
<b>Total Revenue Change</b>	<b>0.00</b>	<b>\$410,966</b>

1993-94

1994-95

# Primary Care Division

## Primary Care Division

## Health Department

<b>Budget Changes</b>	<b><u>Adopted</u></b>	<b><u>Budget</u></b>	<b><u>Change</u></b>
Staffing Levels	215.75	246.30	30.55
Costs	\$15,888,269	\$16,660,275	\$772,006
Less Program Revenue	11,289,868	11,700,829	410,961
Net Revenue Required	\$4,598,401	\$4,959,446	\$361,045

<b>Budget Trends</b>	<b>1992-93 <u>Actual</u></b>	<b>1993-94 <u>Adopted</u></b>	<b>1993-94 <u>Revised</u></b>	<b>1994-95 <u>Budget</u></b>
Staffing Levels	209.77	215.75	220.80	246.3
Personal Services	\$9,900,600	\$10,360,910	\$10,578,509	\$12,461,135
Contractual Services	2,751,791	1,818,767	1,853,470	609,214
Materials & Supplies	2,873,453	3,708,592	3,745,146	3,547,406
Capital Outlay	2,044	0	0	42,500
Total Costs	\$15,527,889	\$15,888,269	\$16,177,125	\$16,660,275
Program Revenues	\$13,051,523	\$11,289,868	\$11,321,361	\$11,700,829
Net Revenue Required	\$2,476,366	\$4,598,401	\$4,855,764	\$4,959,446

<b>Costs by Activity/Service</b>	<b>1992-93 <u>Actual</u></b>	<b>1993-94 <u>Adopted</u></b>	<b>1993-94 <u>Revised</u></b>	<b>1994-95 <u>Budget</u></b>
Division Management	\$852,217	\$627,188	\$627,188	\$480,450
Medical Director	na	353,067	353,067	645,712
Medicaid/Medicare Eligibility	353,320	453,075	453,075	525,300
Primary Care Peppaid Program	485,443	2,062,848	2,062,848	0
Homeless Children Project	124,287	259,339	259,339	295,051
Coalition Clinics	na	97,203	97,203	141,857
Primary Care Clinics	12,899,732	11,316,247	11,546,691	13,746,652
Burnside Health Clinic	655,565	719,302	777,714	825,253
Total Costs	\$15,527,889	\$15,888,269	\$16,177,125	\$16,660,275

<b>Staffing by Activity/Service</b>	<b>1992-93 <u>Actual</u></b>	<b>1993-94 <u>Adopted</u></b>	<b>1993-94 <u>Revised</u></b>	<b>1994-95 <u>Budget</u></b>
Division Management	8.10	7.80	7.80	4.70
Medical Director	0.00	3.90	3.90	2.70
Medicaid/Medicare Eligibility	7.89	9.60	9.60	11.00
Primary Care Peppaid Program	5.59	6.20	6.20	0.00
Homeless Children Project	1.47	4.70	4.70	5.35
Coalition Clinics	0.00	0.60	0.60	0.80
Primary Care Clinics	177.29	173	177.05	210.40
Burnside Health Clinic	9.43	9.95	10.95	11.35
Total Staffing	209.77	215.75	220.80	246.30

# Primary Care Division

## Primary Care Division Health Department

### Description

Division Management is responsible for eight primary care sites, support to Coalition clinics, and direction to Medicaid/Medicare Eligibility Services. The Division management is focusing its efforts in the following areas: Quality Improvement and client satisfaction for diverse client populations, implementation of The Oregon Health Plan, improvement of productivity and client access.

### Explanation of Changes

2 Health Information Spec., 1 Health Administrator and part of a Nutritionist were moved to clinic budgets  
Decrease in indirect

FTE's  
(3.10)  
Dollars  
(\$130,363)

(16,375)

Total Expenditure Change

---(3.1 (3.10) <\$~1(\$146,738) 8)~

Decreased Medicaid Primary Care Grant

(347,145)

Total Revenue Change

0.00 (\$347,145)~

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	7.80	4.70	(3.10)
Costs	\$627,188	\$480,450	(\$146,738)
Less Program Revenue	396,463	49,318	(347,145)
Net Revenue Required	\$230,725	\$431,132	\$200,407

# Medical Director/Primary

## Primary Care Division

## Health Department

### Description

Medical Director is responsible for clinical oversight of the Primary Care Division and most of the Specialty Care Division. (HIV, STD and TB programs have their own Medical Directors).

The Medical Director's activities include: recruitment, hiring and clinical supervision of providers, management of in-house continuing education program, clinical oversight of outside specialty referrals, oversight of a quality assurance program, development, review and revision of clinical protocols and policies, coordination and oversight of in-house clinical teaching activities for providers, setting productivity standards, liaison to outside clinical affiliates and ensuring cultural appropriateness of clinical services.

### Explanation of Changes

	FTE's	Dollars
Part of a lab technician Health Assistant cut	(1.20)	(\$48,000)
Health source referrals are transferred from MUD/CARE		140,000
Contract with CHS Ltd. OLC is added		32,260
Funds are added to premium to increase MD's salary		129,000
Increased Indirect		28,358
General Inflation		11,027
Total Expenditure Change	-----(1.20)---	\$292,645
Decreased Primary Care Grant		(\$163,533)
Total Revenue Change	---0.00---	~(\$163,533)

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	3.90	2.70	(1.20)
Costs	\$353,067	\$645,712	\$292,645
Less Program Revenue	333,704	170,171	(163,533)
Net Revenue Required	\$19,363	\$561,541	\$542,178



# Medicaid/Medicare Eligibility

Primary Care Clinics

Health Department

## Description

The Medicaid/Medicare Eligibility Screening Unit works to increase access to benefits of clients who are entitled to them by informing and pre-determining clients' eligibility for Medicaid and Social Security Income resources. The unit is responsible for interviewing Health Department clients to assess eligibility for Medicaid, Poverty Level Medicaid, and Social Security Income prior to contacting Adult and Family Service. The eligibility screeners act as continuing advocates with Adult and Family Services on behalf of Health Department clients.

The program is intended to decrease the barriers clients experience in attempting to access entitled medical benefits. This problem will decrease as a higher percentage of clients are recognized as eligible for benefits, and as the Oregon Health Plan is implemented.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of clients potentially eligible for Medicaid screened for Medicaid eligibility	46%	58%	58%	65%

## Explanation of Changes

An Eligibility worker and a unit Supervisor is added, part of an outreach FTE was cut during 93/94

FTE's      Dollars

1.40      \$72,225

Total Expenditure Change      :16:40:00=---" \$72,225=

Increased Medicaid

\$113,777

Total Revenue Change      :0:00:00=-- \$113,777=

## Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.60	11.00	1.40
Costs	\$453,075	\$525,300	\$72,225
Less Program Revenue	411,523	525,300	113,777
Net Revenue Required	\$41,552	\$0	(\$41,552)

# Homeless Children Project

## Primary Care Clinics

## Health Department

### Description

The Homeless Children's Project ensures availability and access to preventive and primary health care for children and their families who are at risk of being homeless with a focus on Hispanic children and their families. It is responsible for two clinical sites; one is located at East County Health Center and the other at La Villa de Clara with apartments (Galaxy). It is also responsible for outreach education to clients and other agencies. The project also provides basic preventive, diagnostic and treatment services which include: well child checks, immunization, prenatal care, family planning, nutrition services, communicable disease screening (including STD and HIV), and care of acute and chronic medical conditions.

The Homeless Children's Project responds to the needs of homeless families for health care. The Homeless Children's project has experienced continual increase in demand for services since the opening of La Clinica de Buena Salud in March 1993.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of 2 Year Olds Who are appropriately Immunized	78%	80%	80%	82%

### Explanation of Changes

.65 Health Assistant

FTE's

Dollars

0.65

\$35,712

Total Expenditure Change

0.65 = \$35,712

Increased Medicaid

\$7,914

Total Revenue Change

0.00 = \$7,914

### Budget Changes

Staffing Level

1993-94  
Adopted

1994-95  
Budget

Change

4.70

5.35

0.65

Costs

\$259,339

\$295,051

\$35,712

Less Program Revenue

254,357

262,271

7,914

Net Revenue Required

\$4,982

\$32,780

\$27,798

# Primary Care Clinics

## Primary Care Clinics Health Department

### Description

The eight primary care clinics provide integrated primary health care to low-income county residents in geographically accessible locations throughout the County. Each primary care clinic serves as a major provider of health care to area residents. The clinics provide basic preventive, diagnostic and treatment services; e.g., family planning/birth control, prenatal care, immunizations, well child check-ups, nutrition services, communicable disease screening (including STD and HIV), and care of acute and chronic medical conditions.

The clinics target services to infants and children, women in need of prenatal and family planning services, in addition to providing general primary care to children and adults. The demand for basic health care is increasing but will be eased through our participation in the Oregon Health Plan.

The primary care clinics are influenced by Federal and State requirements as well as medical practice standards.

Funding for a Primary Care team was restored during 93/94 (4 FTE, \$250,000))

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Pregnant women in County Clinics who Receive Pre-Natal Care Beginning in First Tri-mester (Oregon Benchmark)	46%	63%	63%	80%

Explanation of Changes	FTE's	Dollars
All permanent language translators are budgeted in assigned sites rather than in Language Services in Support Services	20.90	\$630,000
Positions transferred from Primary Care Admin	2.60	117,000
Call in coverage for sick, vacation benefits increased due to actual requirement		446,000
Building Management is increased		186,000
Increased indirect		234,000
After hours urgency care added for Care Oregon	5.20	250,405
3 nutritionists, 1.65 OA added with increase in WIC funding	4.65	215,000
After hours triage is from MULTICARE to the Urgency Clinic		87,000
Primary Care Team restored	4.05	265,000
Total Expenditure Change	37.40	\$2,430,405
Increased Medicaid, WIC, MCH, Primary Care Grants		\$2,297,073
Total Revenue Change	0.00	\$2,297,073

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	173.00	210.40	37.40
Costs	\$11,316,247	\$13,746,652	\$2,430,405
Less Program Revenue	7,898,232	10,195,305	2,297,073
Net Revenue Required	\$3,418,015	\$3,551,347	\$133,332

# Burnside Clinic

## Primary Care Clinics Health Department

### Description

Burnside Health Center (BHC) provides integrated primary health care services to culturally diverse medically indigent, and homeless clients who reside in single room occupancy (SRO) hotels and on the streets in the West Burnside area of Portland. The clinic is responsible for prevention of illness, promotion of health, and the protection of the community through accessible health services. Burnside Health Center provides primary health care, mental health, and social work services to over 2,200 adult homeless clients with multiple problems including mental illness and drug/alcohol addictions annually.

Burnside Health Center increases community and geographic access to basic health care for homeless clients by providing ambulatory primary health care to social and medically underserved residents of the Old Town area, thereby increasing good health practices among this population. Although the number of homeless persons seeking medical care at Burnside Health Center is increasing, the advent of the Oregon Health Plan makes the stability of this problem difficult to determine.

Burnside Health Center is federally funded, therefore is responsible for grant specific guidelines including serving clients who fit the federal definition of homeless.

### Key Results

	1992-93	1993-94	1993-94	1994-95
	Actual	Adopted	Estimated	Projected
% of BHC clients immunized for Pertussis, Tetanus, and Tetanus	70%, 58%	80%, 80%	80%, 80%	85%, 80%

### Explanation of Changes

	FTE's	Dollars
Part of a social worker and a CHN were added in 93/94	1.40	\$51,800
Increased indirect		12,300
Increased temporary coverage		20,800
General inflation		21,051
Total Expenditure Change	1.40	\$105,951
Decreased Medicaid		(22,218)
Total Revenue Change	0.00	(22,218)

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.95	11.35	1.40
Costs	\$719,302	\$825,253	\$105,951
Program Revenue	520,682	498,464	(22,218)
Net Revenue Required	\$198,620	\$326,789	\$128,169

# Coalition Clinics

## Primary Care Clinics Health Department

### Description

The Coalition Clinics provide basic health care for medically indigent residents of Multnomah County. The Primary Care Division facilitates projects and shares resources between a network of participating volunteer clinics. With the Division's support, the Coalition Clinics provide free and low-cost medical services, prescriptions and specific referrals to county residents who are ineligible for other health care coverage.

The Coalition Clinics have experienced a dramatic increase in demand for services over the past two years, but with the implementation of the Oregon Health Plan, future demand is difficult to predict at this time.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Coalition Clinic 2 Year Aged Children Properly Immunized	50%	55%	55%	60%

Explanation of Changes	FTE's	Dollars
.2 Program Development Specialist	0.20	\$15,307
Pass through for Clinic support		25,000
Increased indirect		4,347
Total Expenditure Change	0.20	\$44,654

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	.60	.80	.20
Costs	\$97,203	\$141,857	\$44,654
Less Program Revenue	0	0	0
Net Revenue Required	\$97,203	\$141,857	\$44,654

# Dental Services

# Health Department

## Description

The Mission of the Dental Services Division is to improve the oral health and thereby the quality of life of Multnomah County residents. The Division is responsible for facilitating the delivery of dental services to County residents who are at risk of or who are at the under-served (including direct provision of dental services), providing primary preventive dental services, and monitoring the prevalence of oral disease among Multnomah County residents.

The Division addresses the following needs: (1) An estimate of 350,000 County residents are without dental insurance, and therefore have limited access to dental care (estimate determined by applying the national rate of 66% without dental insurance to County population). (2) Dental surveys conducted every three years show high rates of dental disease in both children and adults. Fifty-six percent of 6-8 year old Multnomah County elementary school children have a history of tooth decay and five percent require urgent care for relief of pain and infection--rates are higher for minority children. Fifty-six percent of 0-21 year old Multnomah County school children have experienced tooth decay in their permanent teeth--rates are higher for minority children. (3) Sixty-seven percent of underserved adults have active decay and seventy-nine percent need dental treatment.

Among Multnomah County children as a whole, rates of dental disease are decreasing, although among low income and minority children rates are staying the same. Rates of dental disease among adults are staying the same. Access to dental care for adults has worsened since the elimination of adult dental benefits for Medicaid recipients in 1991.

## Action Plan

- Explore specific technologies for the reduction of dental caries among Multnomah County children. This project will explore a number of basic preventive strategies or technologies that have been shown to reduce the incidence of dental caries (decay) in children. These preventive strategies will be prioritized based on their effectiveness in clinical and public health settings. This information will be used to direct the Division's activities in 1995 and beyond.
- Multnomah County Dental Division is assuming the role of administering a certified Dental Care Organization (DCO) under the Oregon Health Plan. The plan, called MultiCare Dental, will provide access to dental care for enrollees.

The Supplemental Budget passed in 93/94 instituting Care Oregon added 1136 FTE and \$72,800 to the Dental Division

Continued on next page.

# Dental Services

# Health Department

Explanation of Changes	FTE's	Dollars
Staff for DCO added, .80 A2, .8 PDS/Mgmt	1.60	\$57,600
Consulting Specialty Dentists/Mgmt		228,181
Supply budget increased for demand of DCO/Mgmt		116,023
Pass through Russell Street/Mgmt		30,000
.5 Health information Specialist/SCS & Community	0.50	20,000
4.23 dental assistants, 1144 Hygienist, 1 health assistant, 756 Operations Supervisor, and 2.25 dentists added to DCO/Dental Clinics	9.63	491,173
Professional Services, referrals/Dental Clinics		59,000
Increased Supplies/Dental Clinics		30,000
Increased Building Maintenance/Dental Clinics		29,000
Increased indirect		166,449
General Inflation		50,329
Total Expenditure Change	C: 11.73	\$1,277,735
Increased Primary Care Grant/Mgmt		\$152,483
Decreased Medicaid SSBold & Community		(14,589)
Increased Medicaid/Dental Clinics		826,635
Total Revenue Change	0.00	\$964,529

# Dental Services

# Health Department

<b>Budget Changes</b>	<b>1993-94 <u>Adopted</u></b>	<b>1994-95 <u>Budget</u></b>	<b><u>Change</u></b>
Staffing Levels	35.80	47.53	11.73
Costs	\$2,737,700	\$4,015,455	\$1,277,755
Less Program Revenue	\$1,421,627	\$2,386,156	\$964,529
Net Revenue Required	\$1,316,073	\$1,629,299	\$313,226

<b>Budget Trends</b>	<b>1992-93 <u>Actual</u></b>	<b>1993-94 <u>Adopted</u></b>	<b>1993-94 <u>Revised</u></b>	<b>1994-95 <u>Budget</u></b>
Staffing Levels	36.65	35.80	35.80	47.53
Personal Services	\$1,612,779	\$1,780,032	\$1,780,032	\$2,360,667
Contractual Services	300,128	327,769	402,248	648,053
Materials & Supplies	494,590	629,899	630,420	1,001,835
Capital Outlay	5,935	0	0	4,900
Total Costs	\$2,413,432	\$2,737,700	\$2,812,700	\$4,015,455
Program Revenues	\$575,845	\$1,421,627	\$1,524,380	\$2,386,156
Net Revenue Required	\$1,837,587	\$1,316,063	\$1,288,320	\$1,629,299

<b>Costs by Activity/Service</b>	<b>1992-93 <u>Actual</u></b>	<b>1993-94 <u>Adopted</u></b>	<b>1993-94 <u>Revised</u></b>	<b>1994-95 <u>Budget</u></b>
Dental Health Officer	\$408,006	\$432,760	\$507,760	\$939,564
Dental Clinics	1,708,705	1,946,541	1,946,541	2,688,446
Dental Outreach and Education	296,722	358,399	358,399	387,445
Total Costs	\$2,413,432	\$2,737,700	\$2,812,700	\$4,015,455

<b>Staffing by Activity/Service</b>	<b>1992-93 <u>Actual</u></b>	<b>1993-94 <u>Adopted</u></b>	<b>1993-94 <u>Revised</u></b>	<b>1994-95 <u>Budget</u></b>
Dental Health Officer	1.00	0.90	0.90	2.50
Dental Clinics	30.08	29.00	29.00	38.63
School & Community Dental	5.57	5.90	5.90	6.40
Total Staffing	36.65	35.80	35.80	47.53



# Division Management

## Dental Services Health Department

### Description

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

### Explanation of Changes

	FTE's	Dollars
Staff for DCO added, .8042, 88PBSS	1.60	\$57,600
Consulting Specialist Dentists		228,181
Supply budget increased for demand of DCO		116,023
Increased indirect		57,000
General Inflation		18,000
Pass through Resale Sheet		30,000
<b>Total Expenditure Change</b>	<b>1.60</b>	<b>\$506,804</b>
Increased Primary Care Grant		\$152,483
<b>Total Revenue Change</b>	<b>0.00</b>	<b>\$152,483</b>

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	.90	2.50	1.60
Costs	\$432,760	\$939,564	\$506,804
Less Program Revenue	279,000	431,483	152,483
Net Revenue Required	\$153,760	\$508,081	\$354,321

# Dental Services

## Health

# School & Community Dental Services

### Description

The School/Community Dental Services program mission is to improve the oral health of Multnomah County school age children and other at-risk county residents. The School/Community Dental Services program is responsible for providing primary preventive dental services to students in Multnomah County Elementary and Middle schools. The program provides oral screening, oral wellness education, fluoride supplements and dental sealants.

This program addresses the problem of dental disease, especially tooth decay, in County children by providing dental sealants, fluoride supplements, education and screening referral. The problem is dental decay in children in general is decreasing, however the rate among low-income and minority children is staying the same.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of 6-8 Year Olds Caries Free *survey conducted every three years	44%	na*		50%

Explanation of Changes	FTE's	Dollars
.5 Health information Spec added	0.50	\$20,000
Increased indirect		3,449
General Inflation		5,597
Total Expenditure Change	0.50	\$29,046
Decreased Medicaid		(\$14,589)
Total Revenue Change	0.00	(\$14,589)

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.90	6.40	0.50
Costs	\$358,399	\$387,445	\$29,046
Less Program Revenue	14,589	0	(14,589)
Net Revenue Required	\$343,810	\$387,445	\$43,635

# Dental Clinics

## Dental Services Health Department

### Description

The Dental Clinics mission is to reduce the level of untreated dental disease in low income and underserved Multnomah County residents. The Dental Clinics are responsible for providing access to urgent and routine dental care services to county residents who have no other access to dental care. The Dental Clinics provide urgent care services for adults and children (relief of pain, infection, bleeding and trauma; including diagnosis, extractions, fillings), and routine dental care to children and adults enrolled in the DCO (including diagnosis, preventive and restorative services).

Dental Clinics services address the problem of lack of access to dental care for low-income and uninsured (including Medicaid) County residents (an estimated 350,000 County residents have no dental insurance, and therefore limited access to care).

The problem of lack of access to dental care services for County residents has increased in the past decade; however, it is hoped the implementation of the Oregon Health Plan will improve this problem.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Dental Relative Value Units per Dentist	9,027	9,000	9,400	9,800

### Explanation of Changes

4.23 dental assistants, 1.4 Hygienist, 1 health assistant, .75 Operations Supervisor, and 2.25 dentist added due to DCO

FTE's      Dollars  
9.63      \$491,173

Professional Services, referrals      59,000  
Increased Supplies/DCO      30,000  
Increased Building Management      29,000  
Increased indirect      106,000  
General Inflation      26,732

Total Expenditure Change      9.63...3"      \$741,906...5"

Increased Medicaid      \$826,635

Total Revenue Change      0.00...0"      \$826,635...35"

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	29.00	38.63	9.63
Costs	\$1,946,541	\$2,688,446	\$741,905
Less Program Revenue	1,128,038	1,954,673	826,635
Net Revenue Required	\$818,503	\$733,773	(\$84,730)

# Services and Support

# Health Department

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## Description

The Support Services Division provides diagnostic, pharmaceutical and ancillary health services required to meet the health needs of the client population. This division is responsible for the operation of laboratory services, pharmacy services, medical supplies/forms/pamphlets, health education training and classes, baggage services, information and referral services, medical records management, staff training, and coordination of facilities management. Some activities include performing diagnostic laboratory testing, dispensing medication, providing health education to clients and operating a information and referral service.

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

Local discretion is hindered in the purchasing of medical supplies/equipment and professional services because of dollar thresholds for RFPs etc.

## Action Plan

- Implement automation into the laboratory and pharmacy services. Coordinate with OHSU and integrate the computer systems.
- Complete the remodeling project for the McCoy Building and the NE Health Center. Work with Children and Family Services to develop a strategy to relieve crowding in the McCoy Building
- Continue hiring bilingual staff into appropriate direct service positions to reduce dependence on interpreters.

During 93/94 Health Education (445 FTE, \$298,969) was moved to Support Services Division from Field Services while Health Information Systems (655 FTE, \$400,444) was moved from Support Services to Business Services Division. Also 1.3 clerical positions were transferred to other Divisions.

*Continued from next page*

# Services and Support

# Health Department

## Explanation of Changes

	FTE's	Dollars
1 Program Development Spec is added for outreach coordination plus \$15,000 of OCF grant match/Mgmt	1.00	\$82,934
.70 Program Dev Spec is added for training/Mgmt	0.70	41,113
2 Word Processing Operators transferred to other Departments/Mgmt	(2.00)	(66,000)
Rentals Funds budgeted pending completion of space planning/Mgmt		140,000
Capital for Roosevelt High School/Mgmt		45,000
Increased Space Cost/Mgmt		29,000
An OA2, a Fiscal Asst, and a Purchasing Spec are budgeted here (Health supply no longer a separate unit)/Pharmacy	3.00	115,000
Drug budget consolidated (no longer in Health Supply)/Pharmacy		600,000
1 lab tech cut during 93/94 due to determination of City water testing/Lab	(1.00)	(41,000)
Contract with Wellab is increased by \$57,000 as we are primary payor under OHP/Laboratory		57,000
X-ray reads and specialty tests added to volume/Laboratory		22,000
Building Management increased/Laboratory		22,700
1.10 Community Information Specialists is added to Information & Referral	1.10	64,000
Funds for advertising are increased to Information & Referral		46,150
Rebate of State share of Medicaid increases with increased State revenue/Information & Referral		80,000
Funds for telecommunications and database hardware increased/IR		21,000
Health Education Shifted to Support Services	5.50	298,969
1.00 Health Information Spec cut/Health Education	(1.00)	(42,000)
Temporary help funds are added/Health Education		39,000
Language Services Shifted to Support Services	24.40	1,142,047
All permanent translators are transferred from Language Services to an assigned direct service site	(20.40)	(596,960)
Increased Professional Services for evening language lines		9,800
Health Supply no longer budgeted as a separate unit	(4.50)	(808,856)
Information Services shifted to Business Services Division	(6.50)	(401,444)
Increased Indirect		116,425
General inflation		145,706
<b>Total Expenditure Change</b>	<b>0.30</b>	<b>\$1,161,593</b>
Decreased Medicaid Mgmt		(\$107,968)
Increased Family Planning Grant/Pharmacy		823,415
Increased Medicaid/Laboratory		136,879
Increased Maternal/Child Health Home Contract/Information & Referral		283,735
Increased Immunization Grant/Health Education		76,282
Increased Medicaid REEP Grant/Language Services		135,210
Grants supporting functions shifted to other divisions		(185,960)
<b>Total Revenue Change</b>	<b>0.00</b>	<b>\$1,161,593</b>

# Services and Support

# Health Department

	1993-94	1994-95	
<b>Budget Changes</b>	<u>Adopted</u>	<u>Budget</u>	<u>Change</u>
Staffing Levels	56.70	57.00	.30
Costs	\$6,511,042	\$7,672,635	\$1,161,593
Less Program Revenue	<u>2,930,357</u>	<u>3,719,513</u>	<u>789,156</u>
Net Revenue Required	\$3,580,685	\$3,953,122	\$372,437

	1992-93	1993-94	1993-94	1994-95
<b>Budget Trends</b>	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Staffing Levels	53.37	56.70	53.65	57.00
Personal Services	\$2,324,583	\$2,632,476	\$2,486,220	\$2,991,341,
Contractual Services	255,946	573,320	573,320	847,150
Materials & Supplies	2,690,655	3,218,842	3,176,550	3,673,970
Capital Outlay	<u>51,431</u>	<u>87,404</u>	<u>87,404</u>	<u>160,174</u>
Total Costs	\$5,322,615	\$6,511,042	\$6,323,494	\$7,672,635
Program Revenues	\$689,730	\$2,528,913	\$2,869,539	\$3,719,513
Net Revenue Required	\$4,632,885	\$3,580,685	\$3,453,955	\$3,953,122

	1992-93	1993-94	1993-94	1994-95
<b>Costs by Activity/Service</b>	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Division Management	\$1,402,995	\$1,173,309	\$1,123,666	\$1,504,144
Pharmacy	1,874,751	2,342,350	2,362,106	3,271,459
Laboratory	889,186	1,304,956	1,249,770	1,385,321
Information & Referral	475,044	480,127	480,127	705,985
Health Supply	680,301	808,856	808,856	0.00
Health Information Systems	0.00	401,444	0.00	0.00
Health Education	0.00	0.00	298,969	315,839
Language Services	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>489,887</u>
	\$5,322,615	\$6,511,042	\$6,323,494	\$7,672,635

	1992-93	1993-94	1993-94	1994-95
<b>Staffing by Activity/Service</b>	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
Division Management	17.78	12.50	11.12	12.20
Pharmacy	11.11	12.40	12.4	15.40
Laboratory	13.65	14.00	13.33	13.00
Information & Referral	6.82	6.80	6.80	7.90
Health Supply	4.01	4.50	4.50	0.00
Health Information Systems	0.00	6.50	0.00	0.00
Health Education	0.00	0.00	4.50	4.50
Language Services	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>4.00</u>
Total Staffing	53.37	56.70	52.65	57.00

# Division Management & Administrative Services

## Services and Support Health Department

### Description

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

Division Manager organizes available resources to meet 100% of the field and clinical support services needs in a timely, efficient, and cost effective manner. This manager has experienced an increasing demand for services for field and clinical programs, but also for infrastructure issues such as; purchasing, data systems, contracting, OSHA, risk management, safety, and facilities management.

Explanation of Changes	FTE's	Dollars
1 Program Development Spec is added for outreach coordination plus \$15,000 of OCF grant match	1.00	\$82,934
.70 Program Dev Spec is added for training	0.70	41,113
2 Word Processing Operators are transferred to the Department	(2.00)	(66,000)
Rentals Funds budgeted pending completion of space planning		140,000
Capital for Roosevelt High School		45,000
Increased Space Cost		29,000
Increased indirect		41,000
General inflation		17,788
<b>Total Expenditure Change</b>	<b>---(0.30)</b>	<b>~\$330,835</b>
<b>Decreased Medicaid</b>		<b>(\$107,968)</b>
<b>Total Revenue Change</b>	<b>0.00</b>	<b>~(\$-107,968)</b>

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	12.50	12.20	(0.30)
Costs	\$1,173,309	\$1,504,144	\$330,835
Less Program Revenue	464,727	356,759	(107,968)
Net Revenue Required	\$708,582	\$1,147,385	\$438,803

# Pharmacy Services

## Services and Support Health Department

### Description

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

Medications are an integral part of the total care of patients and with medications becoming increasingly expensive, patients are often unable to afford the drugs that treat their medical problems. As medication costs rise and new innovative (and generally more expensive) drugs are marketed, this is a problem in obtaining quality health care for many clients in that they cannot afford medical treatment in the form of prescription medication.

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

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Total cost per prescription dispensed to County clients	\$15.02	\$16.97	\$16.97	\$19.00

### Explanation of Changes

	FTE's	Dollars
An OAS, a Fiscal Asst, and a Purchasing Spec are budgeted here	3.00	\$115,000
(Health supply budgeted separately)		
Drug budget consolidated (not reported separately in Health Supply)		600,000
Increased indirect		106,025
General Inflation		108,084
Total Expenditure Change	-----3cc.0...0.00...\$...	\$929,109...
Increased Family Planning Grant		\$823,415
Total Revenue Change	-----0cc.0...0.00...\$...	\$823,415...15...

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	12.40	15.40	3.00
Costs	\$2,342,350	\$3,271,459	\$929,109
Less Program Revenue	747,866	1,571,281	823,415
Net Revenue Required	\$1,594,484	\$1,700,178	\$105,694



# Laboratory Services

## Services and Support Health Department

### Description

The Laboratory Section provides testing of client and environmental specimens for the Department. This section tests specimens for a variety of medical conditions as well as does environmental surveillance at known or actual problem areas (such as the Blue Lake Swim Center). This section also monitors many units (clinics) for quality assurance in their testing.

This section directly supports testing requirements from: clinics, the Communicable Disease Office, the Environmental Health Unit, the Health Officer, the State Health Division, and the Federal Government (CLIA -88 & EPA).

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Maintain or reduce unit cost of laboratory tests	\$7.26	\$8.37	\$8.37	\$8.37

### Explanation of Changes

	FTE's	Dollars
1 lab tech was cut during 93/94 due to termination of City water testing contract	(1.00)	(\$41,000)
Contract with Medical Billing increased by \$57,000 as we are primary payor under OHP		57,000
X-ray reads and specialty tests needed to volume		22,000
Building Management increase		22,700
Indirect increase		9,692
General inflation		9,964
<b>Total Expenditure Change</b>	<b>(1.00)</b>	<b>\$80,365.00</b>
Increased Medicaid		<b>\$136,879</b>
<b>Total Revenue Change</b>	<b>0.00</b>	<b>\$136,879.00</b>

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	14.00	13.00	(1.00)
Costs	\$1,304,956	\$1,385,321	\$80,365
Less Program Revenue	856,257	993,136	136,879
Net Revenue Required	\$448,699	\$392,185	(\$56,514)

# Information & Referral Services

## Services and Support Health Department

### Description

This service links County residents in need of human services to the existing resources in the community by giving information about and referrals to human services through a team of information and referral specialists. Additionally, this unit assesses what health care services are offered in the community with a focus on low income or uninsured persons.

This service exists to help residents locate human services that match their needs. During the year it also operates the Emergency Medications Project which assists residents in filling prescriptions for medications when they lack money to do so themselves. Also under contract with the State Health Division and the Office of Medical Assistance, this unit also operates a statewide health care referral service intended to help low income and Medicaid-eligible women, children and teenagers access health care services in their local communities.

The need for human services referrals is increasing while available resources are lagging behind or unavailable.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Human Service Referrals by telephone FTEE	6,955	7,132	7,350	7,940

### Explanation of Changes

1.10 Community Information Specialists added

FTE's  
1.10

Dollars  
\$64,000

Funds for advertising are increased

46,150

Rebate of State share of Medicaid increases with increased State revenue

80,000

Funds for telecommunications and database hardware increased

21,000

Indirect cost increased

14,788

Total Expenditure Change ---1-'.1'-1010 \$225,858

Increased Maternal Child Health Utilities Contract

\$283,735

Total Revenue Change ---0-'.0'-0000 \$283,735-5C-

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.80	7.90	1.10
Costs	\$480,127	\$705,985	\$225,858
Less Program Revenue	264,910	548,645	283,735
Net Revenue Required	\$215,217	\$157,340	(\$57,877)h

# Health Education

## Services and Support Health Department

### Description

Health issues will continue to become more and more complex and require more individual empowerment than before. The Health Education unit is responsible for ensuring that quality health educational and informational materials are available for all County residents seeking information and that this material conforms to all current standards of education and adult learning concepts. The Health Education unit enhances the skills and abilities of medical providers and other staff in providing health education and health information to clients in our clinics, increases the skills and abilities of clients by ensuring that educational materials are at the appropriate reading level, culturally sensitive and diverse. The unit provides the following services: consultation in teaching, presentations for various settings, interviews, focus groups, and developing new materials.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Contacts per month per FTE	1,800	1,800	1,800	1,800

Explanation of Changes	FTE's	Dollars
1.00 Health Information Specialist	(1.00)	(\$42,000)
Temporary help funds are added		39,000
Increased Indirect		10,000
General Inflation		9,870
Total Expenditure Change	(1.00)	\$16,870
Increased Immunization Grant		\$76,282
Total Revenue Change	0.00	\$76,282

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.50	4.50	(1.00)
Costs	\$298,969	\$315,839	\$16,870
Less Program Revenue	18,385	94,667	76,282
Net Revenue Required	\$280,584	\$221,172	(\$59,412)

# Language Services

## Specialty Care Clinics

## Health Department

### Description

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

The Health Department encounters over 620,000 non-English speaking clients in its primary over 20 different languages. Historically, the annual growth rate has been 22% but current refugee resettlement patterns have helped to stabilize encounter volume.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of non-English speaking clients receiving health care in their language or interpreted care	90%	92%	92%	96%

### Explanation of Changes

	FTE's	Dollars
All permanent translators are transferred to language services to an assigned direct services site	(20.40)	(\$596,960)
Decreased indirect		(65,000)
Increased Professional Services for evening language lines		9,800
Total Expenditure Change	----- (20.40) -----	----- (\$652,160) -----
Increased Medicaid/FREPC grant		\$135,210
Total Revenue Change	----- 0.00 -----	----- \$135,210 -----

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	24.4	4.00	(20.40)
Costs	\$1,142,047	\$489,887	(\$652,160)
Less Program Revenue	19,815	155,025	135,210
Net Revenue Required	\$1,122,232	\$334,862	(\$787,370)

**Description**

The Business Services Division is responsible for financial management, personnel and data processing support to the operational divisions of the Health Department. It accounts for grants; bills third party payers including Medicaid; pays charges resulting from referrals to specialists; does recruitment and payroll development and maintains computer applications providing needs management information and provides for special personnel needs of medical operations.

The Division tracks and reports on \$2.2 million of grant funds annually as well as collection of grant awards, bills for \$1.1 million of receivable and pays \$2.8 million of claims. It also provides required personnel services for 900 employees.

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

**Action Plan**

- Determine future health information system requirements for the Department and develop implementation plan for meeting those needs. The future MIS needs of the Department will depend on how the MIS needs of the County are met. The degree of third party involvement and the relationship with OHSIS computing center are key variables. The implementation plan will include coordination with other County social service agencies, particularly the Alcohol and Drug Program and the Child & Adolescent Mental Health Program who are at different points in developing unitary MIS systems.

Continued on next page.

# Business & Administrative Services

# Health

Explanation of Changes	FTE's	Dollars
Fiscal Specialist added Mgmt	1.00	\$56,062
Professional Services increased Mgmt		25,000
1 OA2 and .100 Operations Support added for REE Program Mgmt	1.10	35,328
.5 Fiscal Specialist is cut Grants	(0.50)	(21,256)
An Operations Supervisor is cut Claims Processing	(1.00)	(49,000)
.5 Fiscal Specialist is cut Claims Processing	(0.50)	(17,700)
Supervisory FTE cut/Medical Billings	(0.10)	(5,066)
Data processing changes shown in Data Systems/Medical Billings		(19,047)
.5 less Office Assistant is budgeted Human Resources	(0.50)	(16,000)
Funds for cross cultural training are budgeted Human Resources		22,500
Human Service Admin is increased from .5 to 1 while .5 less fiscal assistant is budgeted Human Resources		18,000
Data Systems shifted from Support Services Division	6.50	401,444
2 vital statistics positions transferred to Environmental Health Data	(2.00)	(63,000)
Funds for Dept RCM maintenance and support are budgeted Data		30,870
External Data Processing for OGIS Services budgeted Data Systems		380,996
System transfer support Data Systems		23,848
Network installation and purchase Data Systems		206,910
Three months interim data processing budgeted in Data Systems Data		225,460
General Inflation		73,828
Total Expenditure Change	----- 4.00 -	\$1,309,177
Increased Charges & Recoveries Mgmt		\$20,262
Increased Charges & Recoveries Grants Accounting		(5,634)
Decreased Medical Claims Processing		(179,620)
Increased Medical/Medical Billings		50,648
Decreased Medical/Human Resources		(25,399)
Increased Charges & Recoveries Data Systems		33,048
Total Revenue Change	----- 0.00 ,	..(\$106,695)

# Business & Administrative Services

# Health

<b>Budget Changes</b>	<b>1993-94 Adopted</b>	<b>1994-95 Budget</b>	<b>Change</b>
Staffing Levels	22.50	26.50	4.00
Costs	\$1,358,301	\$2,667,478	\$1,309,177
Less Program Revenue	494,896	388,201	(106,695)
Net Revenue Required	\$863,405	\$2,279,277	\$1,415,872

<b>Budget Trends</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Staffing Levels	27.37	23.30	29.80	25.40
Personal Services	\$835,976	\$911,242	\$1,386,787	\$1,307,565
Contractual Services	113	40,500	56,870	123,343
Materials & Supplies	189,707	401,714	494,475	1,044,978
Capital Outlay	6,146	4,945	4,945	191,592
Total Costs	\$1,031,942	\$1,358,401	\$1,943,077	\$2,667,478
Program Revenue	\$144,096	\$494,896	\$498,958	\$388,201
Net Revenue Required	\$887,846	\$863,505	\$1,444,119	\$2,279,277

<b>Costs by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Business Services	0.00	\$200,234	0.00	\$336,624
Grants Accounting	\$249,640	252,154	\$252,154	230,898
Accounts Payable	214,381	358,488	358,488	309,523
Accounts Receivable	186,118	287,303	287,303	263,190
Human Resources	171,437	260,122	260,122	302,715
Health Information Systems	1,443,691	0.00	401,444	1,224,528
Total Costs	\$2,265,267	\$1,358,301	\$1,579,511	\$2,667,478

<b>Staffing by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Administration	1.05	3.50	3.30	4.60
Grants Accounting	4.87	4.00	4.00	3.50
Accounts Payable	5.86	6.00	6.00	4.50
Accounts Receivable	4.774	5.00	5.00	4.90
Human Resources	4.40	5.00	5.00	4.50
Health Information Systems	6.412	0.00	6.50	4.50
Total Staffing	27.37	23.30	29.80	26.50

# Business & Administrative Services

## Division Management

# Health Department

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### Description

The Business Services Administration section is responsible for providing management and policy development for the Accounting Personnel Accounts Payable Accounts Receivable, Contracting and Information Services functions of the Health Department. The unit manages day to day operations and the development of operational improvements to the business functions that support the operational divisions of the Health Department.

Explanation of Changes	FTE's	Dollars
Fiscal Specialist added	1.00	\$56,062
Professional Services increased		25,000
1 OA2 and 100 Operations Supervisor added for REEP program	1.10	35,328
General Inflation		20,000
Total Expenditure Change	2.10	\$136,390
Increased Charges & Recoveries		\$20,262
Total Revenue Change	0.00	\$20,262

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	2.50	4.60	2.10
Costs	\$200,234	\$336,624	\$136,390
Less Program Revenue	68,846	89,108	20,262
Net Revenue Required	\$131,388	\$247,516	\$116,128



# Business & Administrative Services

## Grants Management & Accounting Health Department

### Description

The Grants Management and Accounting section is responsible for monitoring Federal and State grants; maximizing revenues collected; and specialized accounting systems in the Health Department. The unit tracks and matches grant revenues and expenditures; develops and prepares required reports to grantors; produces reports for managers; and develops accounting controls. Grants accounting reports on and collects \$12 million of Federal and State grants annually. The unit is responsible for collecting from 40 different Federal and State grantors.

Discretion is limited by accepted accounting procedures, Federal and State grant tracking and reporting requirements, and by OMB circulars A-87, A-113 (Federal audit requirements).

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Grant Awards Collected	96%	97%	97%	97%

### Explanation of Changes

	FTE's	Dollars
.5 Fiscal Specialist is out	(0.50)	(\$21,256)
Total Expenditure Change	---~<0~.5 (0.50)	~(\$21,256)~
Increased Charges & Recoveries		(\$5,634)
Total Revenue Change	---~0~.0000	~(\$5,634)~

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4.00	3.50	(0.50)
Costs	\$252,154	\$230,898	(\$21,256)
Less Program Revenue	37,619	31,985	(5,634)
Net Revenue Required	\$214,535	\$198,913	(\$15,622)

# Business & Administrative Services

## Medical Claims Processing      Health Department

### Description

Accounts Payable is responsible for processing claims for payment for services that medical specialists provided to County clients on a retainer basis. The unit receives, researches, and approves payment files PCO, REEP, and Health Source claims received from medical providers who serve Department clients, and records the Department's management information system to the County's GFS accounting system. The payables unit receives 638,000 claims annually totaling \$516 million in charges and approves 19,000 payments totaling \$2.8 billion. A decrease in volume is expected under Care Oregon with resources transferred to Medical Billings as needed.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of claims paid within 30 days	30%	40%	40%	45%

### Explanation of Changes

An Operations Supervisor is cut  
.5 Fiscal Spec is cut  
General inflation

FTE's	Dollars
(1.00)	(\$49,000)
(0.50)	(17,700)
	17,735

Total Expenditure Change	(1.50)	(\$48,965)
Decreased Medical		(\$179,620)
Total Revenue Change	0.00	(\$179,620)

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.00	4.50	(1.50)
Costs	\$358,488	\$309,523	(\$48,965)
Less Program Revenue	220,870	41,250	(179,620)
Net Revenue Required	\$137,618	\$268,273	\$130,655

# Business & Administrative Services

## Medical Billings & Receivables

### Health Department

#### Description

Accounts Receivable and Medical Billing is responsible for billings to patients, insurance companies, and Medicaid/Medicare, and for collections for the Department. The unit trains and assists clinic staff in the proper collection of fees and processing of cash, reconciles, codes, and deposits receipts daily, and coordinates with staff, patients and insurance companies to ensure the maximum collection of revenue. Accounts receivable bills for and collects \$11 million annually from billings to Medicaid/Medicare, to other third party payers (insurance), and directly to patients. Activities will increase under Care Oregon.

Funding for services provided with Federal and State grants requires active pursuit of payment for services provided from patients.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Medicaid and other 3rd party Bills Processed Within 30 Days	85%	90%	90%	90%

Explanation of Changes	FTE's	Dollars
Supervisory FTE cut	(0.10)	(\$5,066)
Data processing Charges shown in Data Systems		(19,047)
Total Expenditures Change	(0.10)	(\$24,113)
Increased Medicaid		\$50,648
Total Revenue Change	0.00	\$50,648

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.00	4.90	(0.10)
Costs	\$287,303	\$263,190	(\$24,113)
Less Program Revenue	98,389	149,037	50,648
Net Revenue Required	\$188,914	\$114,153	(\$74,761)

## Business & Administrative Services

# Human Resources

## Health Department

### Description

Human Resources is responsible for recruiting, examination, and position control functions for the Health Department. The program provides technical assistance and managers in dealing with employee problems; represents the Department at the County level on personnel issues; logs and corrects payroll expenditure codes for employees; analyzes vacant positions for proper classification, language, and FTE requirements; coordinates payroll with Department timekeepers, and sends transfer notices.

Human Resources manages the selection process for 100 positions annually, with the greatest volume in Nurses and Office Assistants. Personnel functions are provided in support of 900 total employees filling 740 positions (FTE). The number of Health employees has increased from 507 in 1990 to 900 currently.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Vacancies Posted within 1 Week of Notification by Hiring Authority	85%	87%	90%	90%

### Explanation of Changes

	FTE's	Dollars
.5 less Office Assistant is budgeted	(0.50)	(\$16,000)
Funds for cross cultural training are budgeted		22,500
Human Service Admin is increased from .5 to 1 while .5 less fiscal assistant is budgeted		18,000
Increased indirect		6,700
General inflation		11,393
<b>Total Expenditure Change</b>	<b>(0.50)</b>	<b>\$42,593</b>
Decreased Medicaid		(\$25,399)
<b>Total Revenue Change</b>	<b>0.00</b>	<b>(\$25,399)</b>

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.00	4.50	(0.50)
Costs	\$260,122	\$302,715	\$42,593
Less Program Revenue	25,399	0	(25,399)
Net Revenue Required	\$234,723	\$302,715	\$67,992

# Business & Administrative Services

## Health Information Systems      Health Department

### Description

This section is responsible for supporting the diverse data needs of all other sections and divisions of the Health Department. It maintains, enhances and operates the mainframe based health information System, supports the 3500 terminals, printers, and personal computers in the department, coordinates the activities of four programmer analysts, trains department staff, maintains user documentation and fills ad hoc data requests.

Studies have shown Medical applications to be more than four times as information intensive as financial applications. This, coupled with demands made by the Department's funding sources for expenditure data, results in 235285 work orders annually for information services. With the advent of Care Oregon and the Oregon Health Plan, plus the implementation of Clinton's health plan, these demands are likely to increase.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Program enhancements level per dept \$100,000 of costs	3.7	3.66	4.2	4.2

### Explanation of Changes

	FTE's	Dollars
2 vital statistics positions are transferred to Environmental Health	(2.00)	(\$63,000)
Funds for departmental IFC maintenance and support are budgeted		30,870
General inflation		18,000
External Data Processing for OHSU services budgeted		380,996
System transfers support		23,848
Network installation and purchase		206,910
Three months internal data processing budgeted in Data Systems		225,460
<b>Total Expenditure Change</b>	<b>----- (2.00) -----</b>	<b>\$823,084</b>
Increased Charges & Recoveries		\$33,048
<b>Total Revenue Change</b>	<b>0.00 =</b>	<b>----- \$33,048</b>

	1993-94 Adopted	1994-95 Budget	Change
<b>Budget Changes</b>			
Staffing Level	6.50	4.50	(2.00)
Costs	\$401,444	\$1,224,528	\$823,084
Less Program Revenue	43,773	76,821	33,048
Net Revenue Required	\$357,671	\$1,147,707	\$790,036

# Corrections Health

# Health Department

## Description

The Corrections Health Division provides health care to incarcerated adults and juveniles as mandated by ORS 169.076, 169.077, 169.078, 169.079, 169.080. The division is responsible for the provision of acute medical, dental and psychiatric services to the incarcerated population. These services include screening, assessment, triage, treatment, emergency response and health education.

The Corrections Health Division is the sole health care provider for the incarcerated population, the majority of whom have had minimal or no access to medical, psychiatric or dental services prior to arrest and present the staff with acute and chronic problems including communicable disease and substance abuse. As the crime incidence continues to grow, backgrounds have increased an average of 5% per year, with an even larger corresponding increase in identified health problems requiring intervention.

The Division is regulated by Oregon Statutes ORS 669.076, 669.077, 669.078, 669.079, 669.080 and professional licensure rules and regulations and is in compliance with national standards for correctional health services in jails and juvenile facilities.

## Action Plan

- To expand mental health services within the Multnomah County Correctional Facilities targeting early identification, evaluation, treatment and referral by July 1, 1994, in order to establish a continuum of care during the incarceration and into the community upon release. Without the continuum of mental health services in the correctional facilities, mentally ill offenders will continue to be released to the community with treatment and/or follow-up; this increases the likelihood of reoffending in the near future.
- To establish a Family Planning Education Program for juveniles in custody in order to provide knowledge and options to support their choice including the implementation of weekly family planning educational classes by August 1, 1994. This will impact the teen pregnancy rate by providing family planning options for pregnancy prevention.
- To identify pregnant females within two weeks of incarceration in order to provide education, prenatal care and referral upon release by July 1, 1994. This will include one to one and group education on the effects of drug/alcohol/tobacco on the developing fetus, in order to equip mothers to make educated choices.

# Corrections Health

# Health Department

Explanation of Changes	FTE's	Dollars
1.5 positions are added for intake screening/Clinical Services	1.50	\$82,583
Building Management increase/Clinical Services		40,200
Professional Services increase		46,000
DCC reimbursement for MCRC adds .5 nurse, .5 clerk while 2.70 nurses are shifted in Corrections Mental Health/Clinical Services	(1.70)	(105,000)
Drugs Increase/Clinical Services		6,000
1.5 nurse added with Target City Grant funds/Mental Health	1.50	102,250
3 nurses are moved from Corrections Health/Mental Health	3.00	175,200
Professional Services increase/Mental Health		30,000
5.1 nurses and an OA2 are added to enhance Corrections Mental Health/Mental Health	6.10	381,961
General Inflation		124,710
Total Expenditure/FEE Change	10.40	\$883,904
Increased Inpatient Revenue/Service reimbursement		\$20,310
Increased Inpatient Revenue/Service reimbursement		103,815
Total Revenue Change	0.00	\$124,125

# Corrections Health

# Health Department

<b>Budget Changes</b>	<b>1993-94 Adopted</b>	<b>1994-95 Budget</b>	<b>Change</b>
Staffing Levels	66.10	76.50	10.40
Costs	\$4,938,443	\$5,822,347	\$883,904
Less Program Revenue	1,798,150	1,922,275	124,125
Net Revenue Required	\$3,140,293	\$3,900,072	\$759,779

<b>Budget Trends</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Staffing Levels	63.85	66.1	66.10	76.50
Personal Services	\$3,479,259	\$3,779,021	\$3,779,021	\$4,410,381
Contractual Services	601,196	597,641	\$597,642	\$665,941
Materials & Supplies	492,270	561,781	\$561,781	\$741,825
Capital Outlay	36,214	0	0	\$4,200
Total Costs	\$4,609,418	\$4,938,443	\$4,938,443	\$5,822,347
Program Revenues	\$1,363,033	\$1,798,150	\$1,572,585	\$1,922,275
Net Revenues Required	\$3,246,385	\$3,140,293	\$3,365,848	\$3,900,072

<b>Costs by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Clinical Services	\$4,517,148	\$4,846,443	\$4,846,443	\$5,030,748
Mental Health	92,000	92,000	92,000	791,599
Total Costs	\$4,609,148	\$4,938,443	\$4,938,443	\$5,822,347

<b>Staffing by Activity/Service</b>	<b>1992-93 Actual</b>	<b>1993-94 Adopted</b>	<b>1993-94 Revised</b>	<b>1994-95 Budget</b>
Clinical Services	61.85	62.32	62.32	64.0
Mental Health	0.00	1.58	1.58	12.5
Division Management	2.00	2.20	2.20	0.00
Total Staffing	63.85	66.10	66.1	76.50



# Clinical Services

## Corrections Health Health Department

### Description

Clinical Services provides health care in incarcerated adults and juveniles, as mandated by Oregon law. The services provide acute medical and dental care to Multnomah County's incarcerated population. These services include communicable disease screening, medical and dental assessment, triage and treatment, emergency response and health education.

Clinical Services also addresses the need for detection and management of clients with communicable diseases (TB, STDs, HIV disease) for early prenatal screening and treatment and polysubstance drug detoxification. Comprehensive medical screening also identifies an increasing number of clients requiring complex medical interventions.

Local discretion is limited by OHSA; ADA; ORS 169.076, 169.077, 169.078, 169.079, 169.080; professional licensure rules and regulations; community and national standards of health care services in jails and juvenile facilities.

### Key Results

	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	80%	80%	80%	90%

### Explanation of Changes

	FTE's	Dollars
1.5 positions are added for intake screening	1.50	\$82,583
Building Management increase		40,200
Professional Services increase		46,000
DCC reimbursement for MCHC adds .5 nurse, .5 clerk while nurses are shifted in Corrections Mental Health	(1.70)	(105,000)
Drugs Increase		\$6,000
General inflation		114,522
<b>Total Expenditure Change</b>	<b>---(0.20)</b>	<b>---\$184,305</b>
Increased Inmate Services reimbursement		\$20,310
<b>Total Revenue Change</b>	<b>---0.00</b>	<b>---\$20,310</b>

### Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	64.2	64.0	(0.20)
Costs	\$4,846,443	\$5,030,748	\$184,305
Less Program Revenue	1,798,150	1,818,460	20,310
Net Revenue Required	\$3,048,293	\$3,212,288	\$(163,995)

# Mental Health Care

## Corrections Health Health Department

### Description

Mental Health Services provides psychiatric care to incarcerated adults and juveniles as mandated by Oregon law. The service is responsible for suicide prevention, crisis intervention and identification and treatment of acute and chronic mentally ill adults and juveniles incarcerated in Multnomah County. Activities include coordination with Probate Court for mental health commitments, community referrals, patient advocacy, liaison between courts, community mental health centers, families, client attorneys, and the District Attorney's Office, mediation management, intervention in crisis situations, and ongoing counseling for substance abuse, Post Traumatic Stress Disorder, depression, etc.

Mental Health Services are required to deal with adult and juvenile offenders who are often violent, frequently have suicidal thoughts and gestures, and who are locked into custody most often with chemical substances in their systems (80% according to the Duff Study). 15% of offenders have a diagnosed mental illness upon incarceration. These problems continue to increase, as community resources are diminishing.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Percent of incarcerated clients with known mental health needs who receive psychiatric interventions	15%	20%	20%	25%

Explanation of Changes	FTE's	Dollars
1.5 nurse added with Target City Grant funds	1.50	\$102,250
3 nurses are moved from Corrections Health Professional Services increased	3.00	175,200
5.1 nurses and an OA2 are added to enhance Corrections Mental Health	6.10	381,961
General Inflation		10,188
Total Expenditure Change	10.60	\$699,599
Increased Inmate Service Revenue/Service reimbursement		\$103,815
Total Revenue Change	0.00	\$103,815

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	1.90	12.50	10.60
Costs	\$92,000	\$791,599	\$699,599
Program Revenue	0	\$103,815	\$103,815
Net Revenue Required	\$92,000	\$582,784	\$490,784