

Health Department

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Health Department

Vision

Healthy People in Healthy Communities.

Mission

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

Department Strategic Directions

During Fiscal year 1998-99, the Department completed a Strategic Plan for the three year period ending in June, 2001. This plan is organized into three major strategic directions:

- a) Improve key community health indicators as measured by specific risk factors, morbidity and mortality rates.
- b) Assure dignified access to needed health care.
- c) Improve the Health Department's infrastructure to achieve mission.

Within these Strategic Directions, the Department identified eight objectives for the 1999-2001 planning period.

- a) Improve key community health indicators as measured by specific risk factors, morbidity and mortality rates.
 - 1. Controlling and reducing the incidence of communicable diseases such as the vaccine-preventable diseases of children, hepatitis A, B, and C; tuberculosis; HIV infection and disease; and gonorrhea and chlamydia
 - 2. Reducing the teen pregnancy rate
 - 3. Reducing the rate of teens reporting tobacco use
 - 4. Increasing the proportion of babies born healthy
 - 5. Increasing the department's ability to identify clients who are in abusive partner relationships
- b) Assure dignified access to needed health care.
 - 6. Assure 100% access to needed health care
- c) Improve the Health Department's infrastructure to achieve mission
 - 7. Assure that our services reflect our Departmental values
 - 8. Identify and implement best business practices

Health Department

Department Services

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

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

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

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

Budget Issues and Highlights

Service Increase at La Clinica de Buena Salud

La Clinica is one of the seven Primary Health Clinics and provides services to families who are at risk of homelessness and community members who are uninsured and do not qualify for the Oregon Health Plan. Currently Health is providing clinical services three days and nursing visits two days a week.

La Clinica de Buena Salud has worked collaboratively with Hacienda and the Department of Community and Family Services in the implementation of services. A new facility will be ready for occupancy by November 1999.

Board Action:

Provide \$175,435 to fund increased services at this clinic for 1/2 a year. This will provide clinical hours every weekday and provide the Cully neighborhood with outreach, dental and nutrition services.

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Neighborhood Access at Rockwood

In the early 90's the Health Department recognized the need to expand and modify service delivery to community populations most at risk for health problems of public health significance. Combining needs assessment and data with funding opportunities, the Neighborhood Access site at Brentwood-Darlington was established. Since then, Neighborhood Access sites have been established in North Portland with the Roosevelt School Based Community Evening Clinic, Parkrose School Based Community Evening Clinic, and Self Enhancement, Inc. in Northeast Portland.

Services may include clinical and home visit services to pregnant women and families with young children, immunizations, reproductive health, pregnancy testing, STD screening, lead screening and health triage and referral.

Board Action:

Provide \$309,000 to establish a neighborhood access site in the Rockwood Neighborhood.

Communicable Disease Funding

Federal and State funding for the County HIV prevention program has declined significantly over the past five years. FY 2000 funding from Oregon Health Division (OHD) is projected to be at its lowest level since FY 1994. In the STD program, a reduction in disease investigation funding from OHD further aggravates the situation. These reductions create gaps in prevention efforts to certain high-risk populations.

Board Action:

Restore \$188,000 to fund the following:

- Community Health Outreach Worker to provide HIV education, counseling and testing for persons at high risk for HIV.
- Contracts with community based organizations providing HIV prevention services and addressing the needs of emerging populations.
- Community Health Outreach Worker to provide services targeting the African American community, including testing services at a new NE Health Center test site.
- Nurse to provide written materials to support an expanded Hepatitis A vaccination program targeting gay/bi men at the STD clinic and Club Portland. The Hepatitis A vaccine program is seen as an effective way to involve at-risk gay/bi men in communicable disease prevention.
- Community Health Outreach Worker to increase HIV counseling and testing capacity to assure timely response within Corrections Health.

Safety Net Funding

The Primary Care Division is a major "safety net" provider of health services for the underinsured, uninsured, and those with barriers to access such as the chronically mentally ill, homeless, and migrant and seasonal workers. Since

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the onset of the Oregon Health Plan with its emphasis on capitated managed care, the Division has experienced a decline in Medicaid fee for service revenues of several million dollars.

Key Facts and Findings: The 1997 Legislature allocated \$3.1 million for safety net clinics. During the 97 Session, a coalition of public, private, and community-based providers stressed an appropriation of \$5 to \$7 million. Multnomah County worked with Oregon Health Systems in Collaboration (OHSIC) and our regional partners on a RFP to obtain \$1.3 million from the Department of Human Resources. Throughout the Legislative Interim, this coalition worked with DHR to ensure continued and additional resources. Early DHR budget documents shows Office of Medical Assistance Program (OMAP) identifying \$7.3 million for safety net clinics.

Neither the Governor's proposed budget nor the Senate President's Preliminary State Budget include continuation of State funding for safety net clinics.

Impact:

- State wide reduction of \$3.1 in revenues for the next Biennium
- Tri-County reduction of 170,000 Primary care visits
 - Reduction of \$1.3 million in revenues for the next biennium
- Primary Care Division reduction of just under \$500,000 in FY99-00 budget
 - Loss of two provider teams or 9.0 FTE's
 - Clients and visits decrease by 2,200 and 5,500 respectively

Impact - self pay client demographics as a percent of total visits

- Average of 2.5 visits/client/year
- 19% Family Planning
- 2% Well Child
- 19% Maternity Services
- 42% Primary Care
- 70% Hispanic
- 70% Female
- 61% of all visits under 100% poverty level
- 73% require interpretation and 91% of those are in Spanish

Board Action:

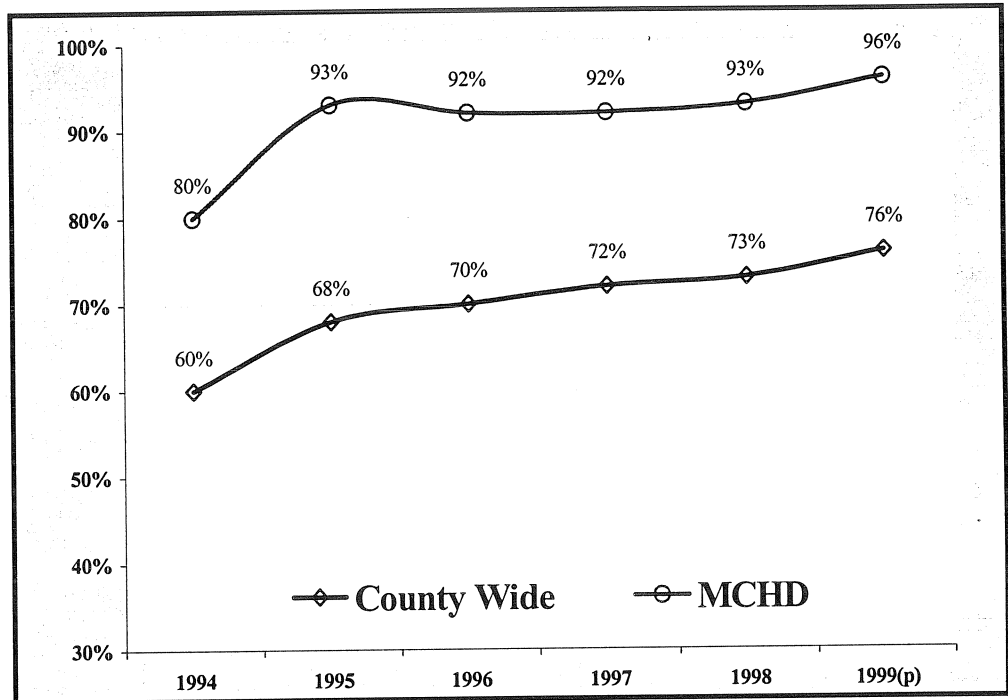
The Community Health Council, acting as the Department's CBAC, will issue a strong message regarding the need for the State to continue its role as a partner in supporting safety net clinics.

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Department Performance Trends

Immunized Two Year Olds

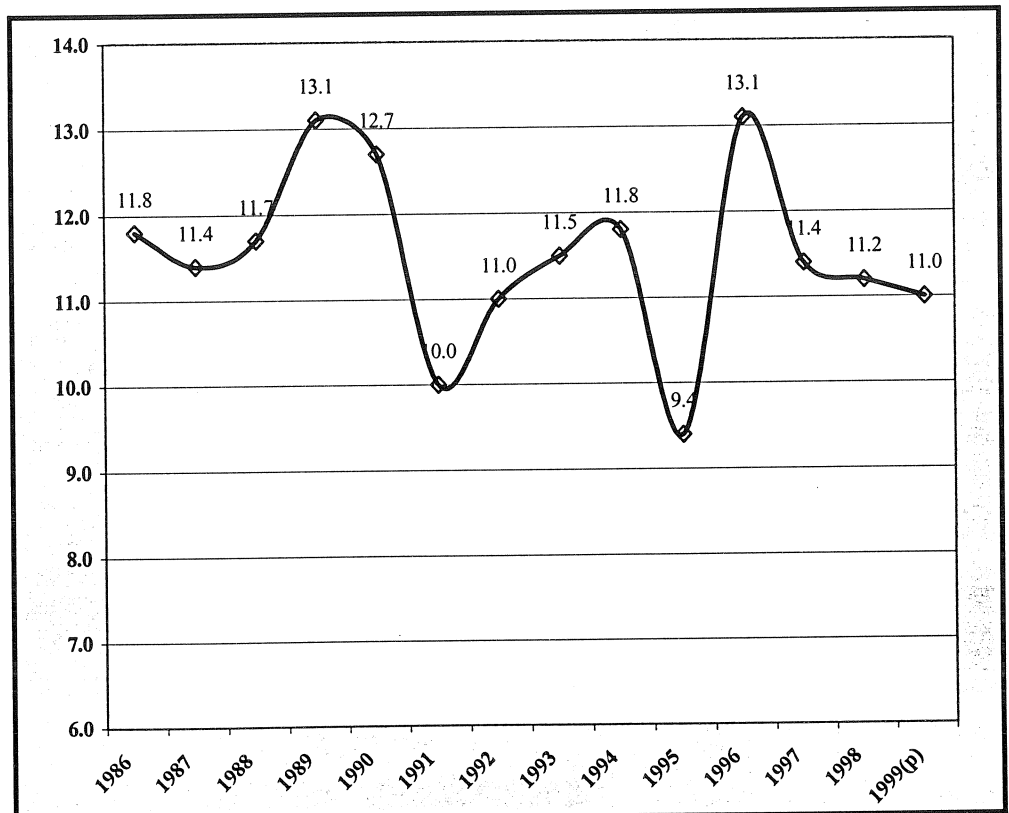
Objective 1.1--Control and reduce the incidence of the following communicable diseases: Vaccine-preventable diseases of children; Hepatitis A, B, and C; Tuberculosis; HIV infection and disease; and Gonorrhea and chlamydia



Tuberculosis Case Rates

Multnomah County, Cases per 100,000 Population

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

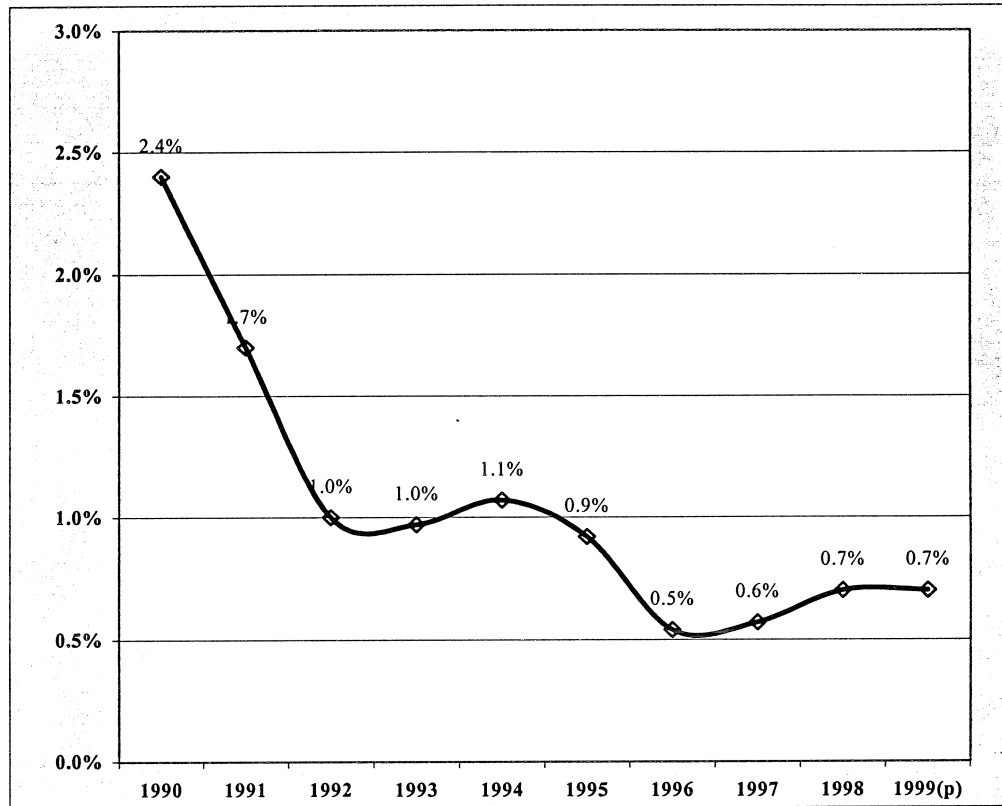


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HIV Positive Rates

*% of Tests performed at
Public Sector Sites
Returning Positive
Results*

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

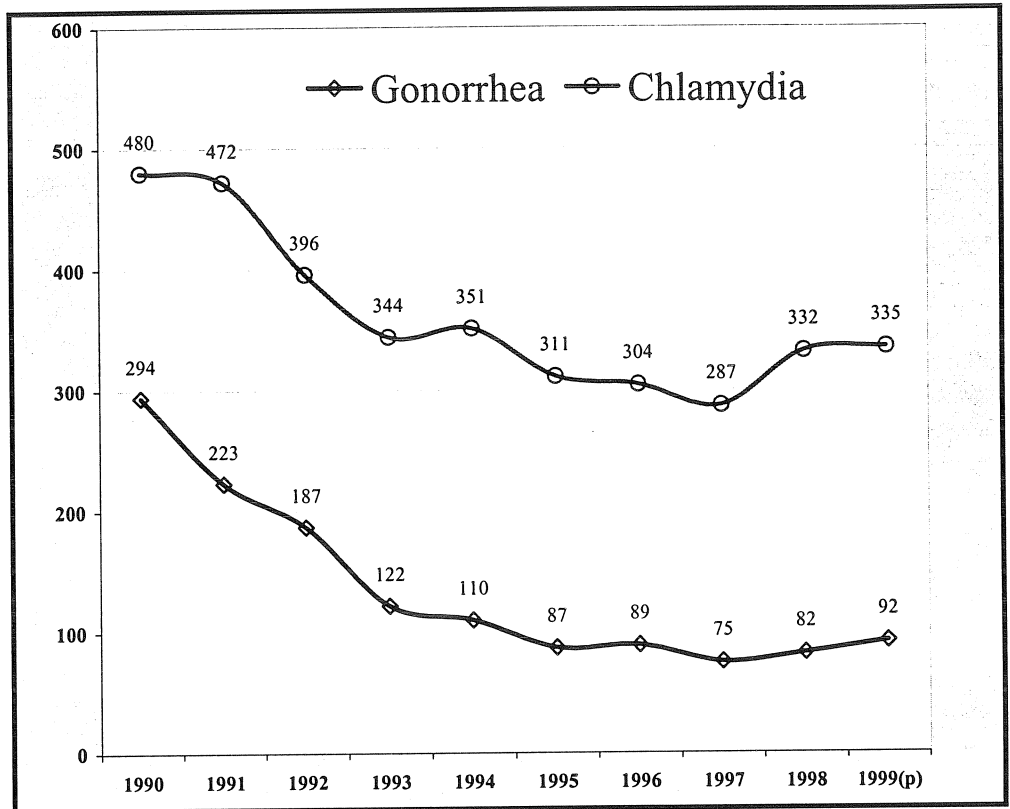


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Gonorrhea and Chlamydia

Multnomah County,
Cases per 100,000
Population

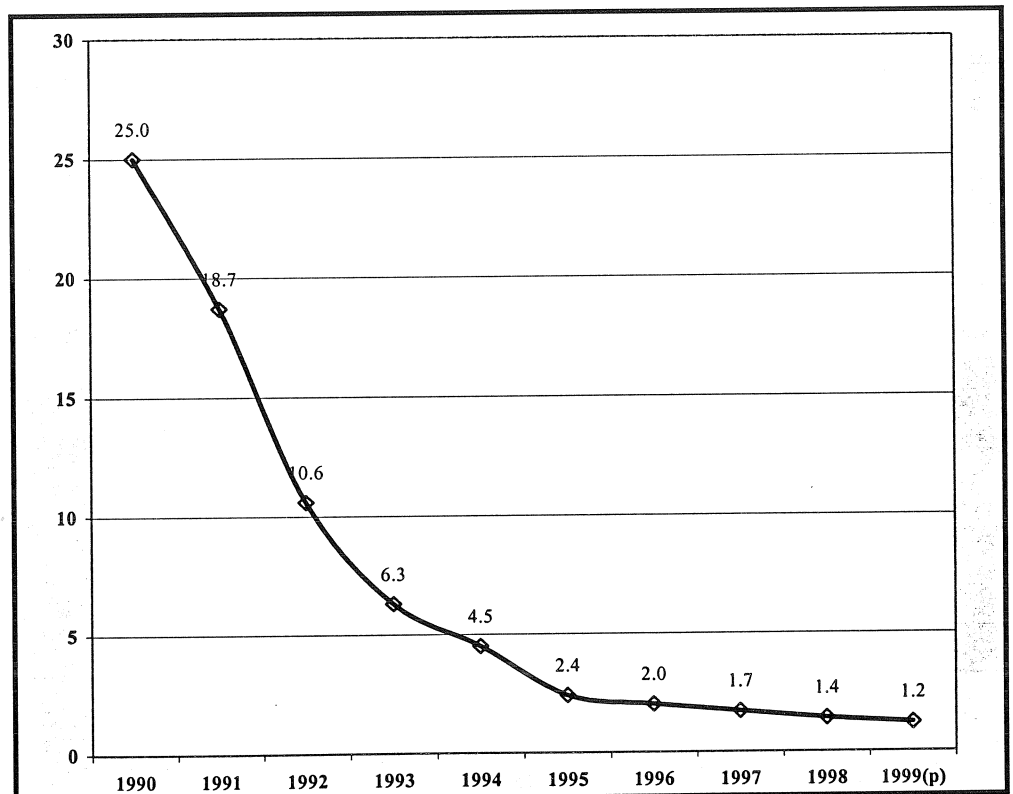
Objective 1.1--Control
and reduce the incidence
of the following
communicable diseases:
Vaccine-preventable
diseases of children;
Hepatitis A, B, and C;
Tuberculosis; HIV
infection and disease;
and Gonorrhea and
chlamydia



Syphilis

Multnomah County,
Cases per 100,000
Population

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

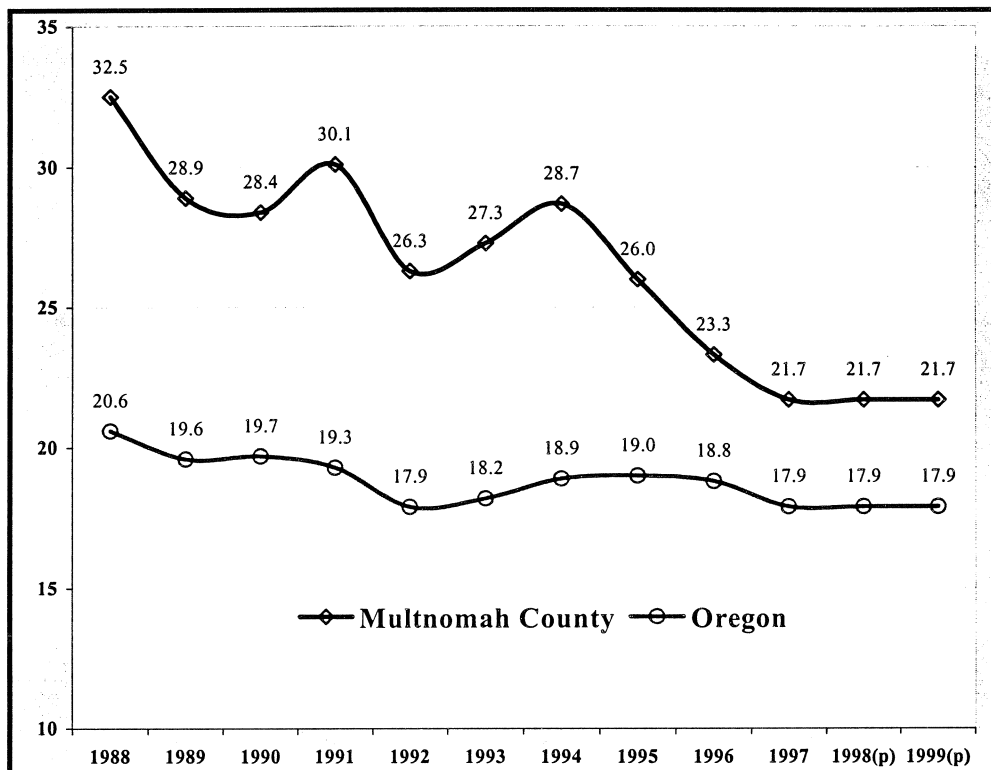


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Teen Pregnancy Rate

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

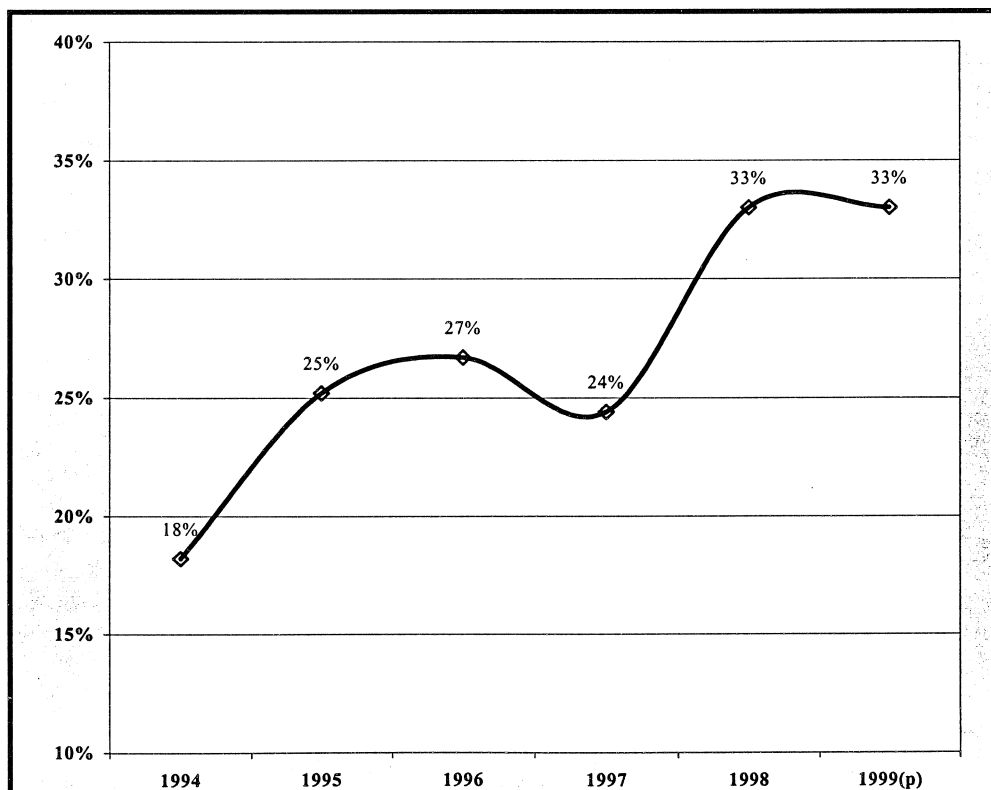
Objective 1.2 - The teen pregnancy rate for 10-17 year olds declines annually, as measured by rate of pregnancies per 1000 for this age group in Multnomah County as reported by the Oregon Health division vital statistics data.



Adolescent Tobacco Use Rates

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

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

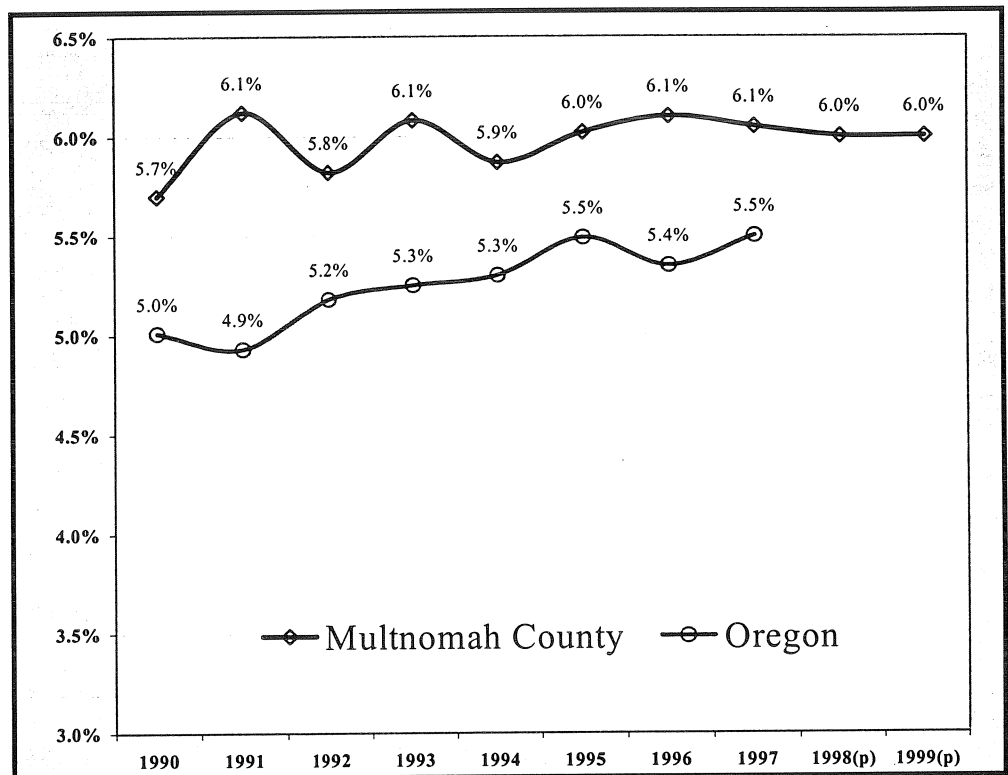


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Rates of Low Birthweight Births (< 2,500 grams)

Multnomah County and Oregon, rates per 1,000 births

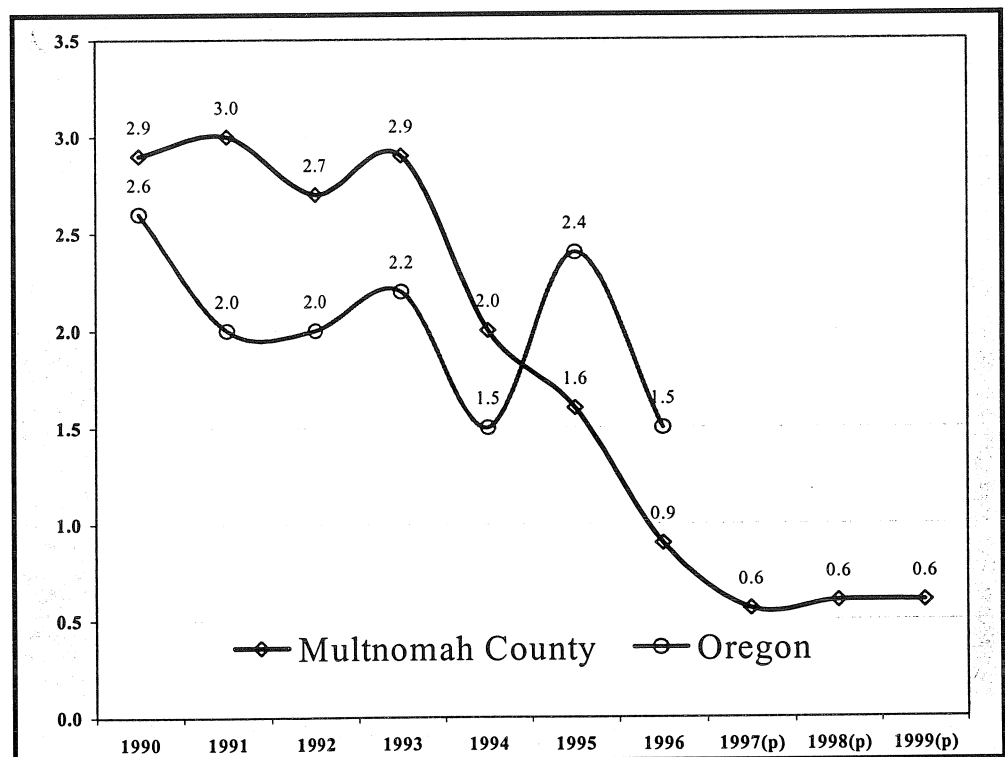
Objective 1.4--
Improvement in the number of babies that are born healthy as measured by rates of low birth weight and rates of infant mortality within the County and within specific ethnic and geographic communities.



SIDS

Multnomah County and Oregon, rates per 1,000 births

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

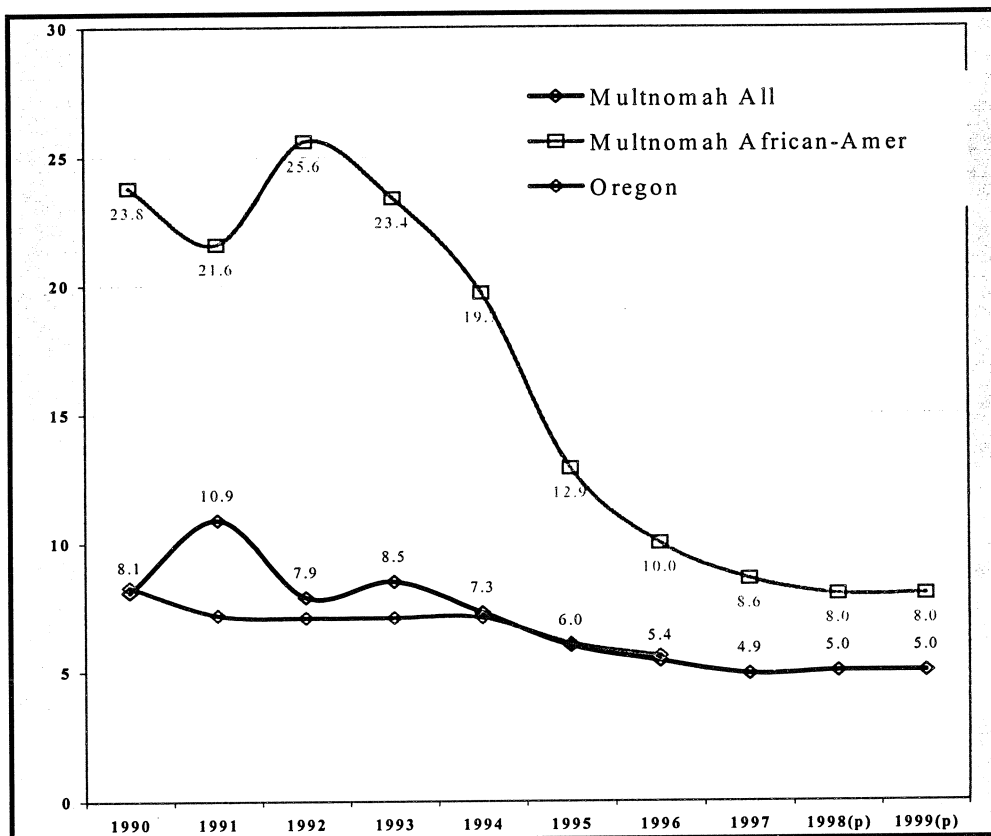


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Infant Mortality Rates

Multnomah County and Oregon, rates per 1,000 births

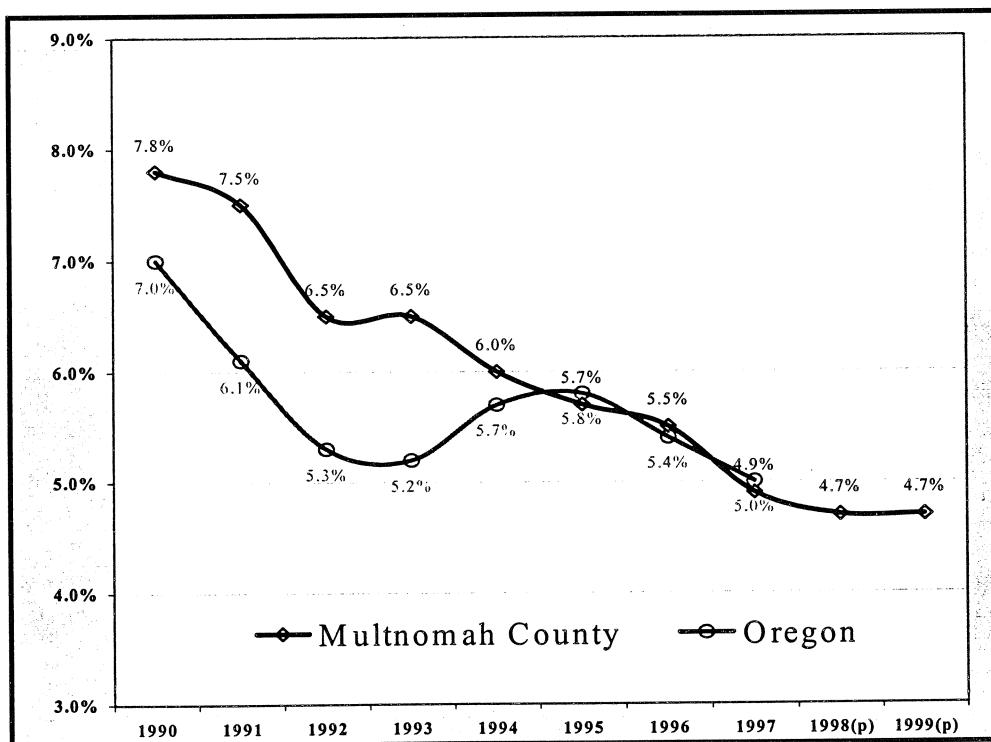
Objective 1.4--Improvement in the number of babies that are born healthy as measured by rates of low birth weight and rates of infant mortality within the County and within specific ethnic and geographic communities.



Rates of Inadequate Prenatal Care

Objective 2.1--Assure 100% access to needed health care

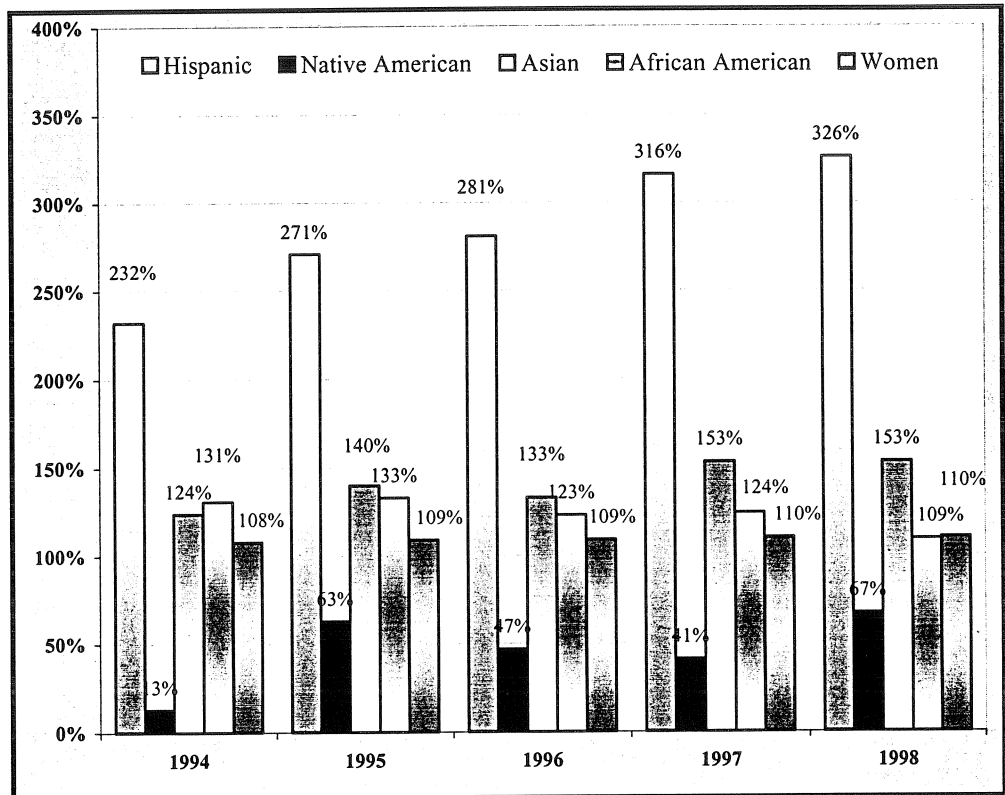
Multnomah County and Oregon, late entry or < 5 Prenatal visits



Health Department

Work Force Diversity - Success at meeting AA Goals

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



How the Department Delivers its services

The Department combined its quality and diversity efforts under the mentorship of the new Diversity & Quality Team. This group, along with the Department Administration Team, continues to focus on system wide quality improvement and integrating efforts into the department's strategic plan. This was evident in the department's participation in the Oregon Quality Award self-assessment in the fall of 1998.

In assessing the department's programs and services across the seven OQA categories, a number of opportunities for improvement were identified. These items were then prioritized and compared to items addressed in the department's strategic plan for action.

SUMMARY

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

Development of a framework to measure and track the department's quality improvement efforts. This area was identified in the OQA self-assessment as well as in the organizational climate survey. Framework will include OQA self-assessment, organization climate survey and customer satisfaction

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feedback. (Strategic Plan Strategy 3.1.D)

Development of a customer satisfaction measurement system. This will include gathering data/input, analyzing findings and making appropriate changes in operation to continually improve the quality of services provided to both internal and external customer. (Strategic Plan Strategy 3.1.D)

Development of a plan to increase the cultural competency of managers and staff. In addition to improved tracking of departmental efforts in this area will include the linkage of manager performance appraisal with completion of orientation to the department's managers cultural competency plan and identification of at least one performance objective that addresses cultural competency. (Strategic Plan Strategy 3.1.B)

Development of a communications plan. This area had been identified in the 1996 self-assessment and was added to the department's Strategic Plan. It entails development of the plan and dedication of resources to implement, which addresses both internal and external communications needs. (Strategic Plan Strategy 3.2.E)

Development of a process/system to recognize staff. This area was identified in the department's OQA self-assessment as well as the organizational climate survey. The department's Diversity and Quality Team will develop a plan for the department. (Strategic Plan Strategy 3.1)

Development of evaluation measures into all programs. This area was also identified in the self-assessment. The department's Office of Planning & Development will assist programs in developing their outcome evaluation measures. (Strategic Plan Strategy 3.1.A and 3.1.D)

Development of training for managers and staff on data use. This area was also selected from the self-assessment to address. The department has already begun development of a Public Health Academy, which will provide training to managers and staff on data use and public health methodology. (Strategic Plan Strategy 3.1.A)

Budget for FY 2000

The Department's FY 2000 budget is \$85,458,037. Changes are noted in the program pages that follow.

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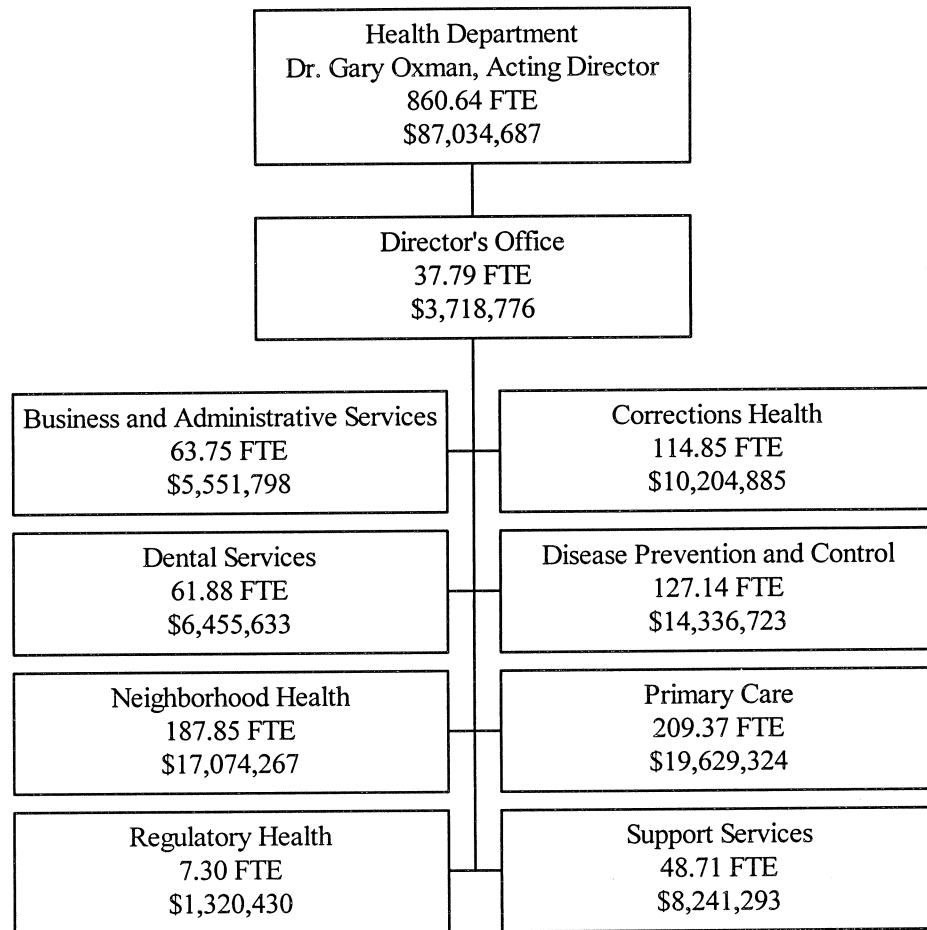
<u>Budget Trends</u>		1998-99	1998-99	1999-00	
	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	704.91	827.93	827.31	860.64	33.33
Personal Services	\$40,949,791	\$45,062,847	\$48,749,119	\$53,266,597	\$4,517,478
Contractual Services	\$9,386,806	\$10,231,998	\$10,630,872	\$11,249,660	\$618,788
Materials & Supplies	\$18,114,464	\$22,030,173	\$20,907,624	\$22,079,765	\$1,172,141
Capital Outlay	<u>\$456,969</u>	<u>\$595,618</u>	<u>\$581,238</u>	<u>\$438,665</u>	<u>(\$142,573)</u>
Total Costs	\$68,908,030	\$77,920,636	\$80,868,853	\$87,034,687	\$6,165,834
Program Revenues	\$37,692,485	\$36,933,060	\$42,616,629	\$43,948,695	\$1,332,066

<u>Costs by Division</u>		1998-99	1998-99	1999-00	
	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Director's Office	\$2,668,501	\$3,364,775	\$3,409,759	\$3,718,776	\$309,017
Regulatory Health	\$1,204,724	\$1,201,830	\$1,264,534	\$1,320,430	\$55,896
Disease Control	\$11,826,225	\$12,610,253	\$12,928,183	\$14,336,723	\$1,408,540
Neighborhood Health	\$12,727,177	\$14,428,849	\$15,435,832	\$17,074,267	\$1,638,435
CareOregon	\$712,861	\$515,130	\$772,729	\$0	(\$772,729)
Primary Care	\$16,366,559	\$17,125,284	\$18,551,893	\$19,629,324	\$1,077,431
Dental Services	\$5,584,602	\$5,893,560	\$6,093,210	\$6,455,633	\$362,423
Support Services	\$7,114,061	\$9,274,100	\$8,312,062	\$8,241,293	(\$70,769)
Business & Admin	\$3,727,362	\$4,586,656	\$5,001,505	\$5,551,798	\$550,293
Corrections Health	<u>\$6,975,958</u>	<u>\$8,920,199</u>	<u>\$9,099,146</u>	<u>\$10,706,443</u>	<u>\$1,607,297</u>
Total Costs	\$68,908,030	\$77,920,636	\$80,868,853	\$87,034,687	\$6,165,834

<u>Staffing by Division</u>		1998-99	1998-99	1999-00	
	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Director's Office	23.43	30.53	30.33	37.79	7.47
Regulatory Health	7.61	8.00	9.00	7.30	(1.70)
Disease Control	111.18	118.50	117.99	127.14	9.15
Neighborhood Health	151.36	179.68	180.07	187.85	7.78
CareOregon	12.57	11.00	14.00	0.00	(14.00)
Primary Care	181.72	209.13	207.83	209.37	1.54
Dental Services	54.30	60.50	60.00	61.88	1.88
Support Services	42.53	46.91	47.41	48.71	1.30
Business & Admin	39.00	58.83	58.83	63.75	4.92
Corrections Health	<u>81.21</u>	<u>104.85</u>	<u>101.85</u>	<u>116.85</u>	<u>15.00</u>
Total Staffing FTE's	704.91	827.93	827.31	860.64	33.33

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Department Organization



Office of the Director

The Office of the Director is responsible for ensuring that the Department provides quality services to achieve the mission. This office supervises the division managers, the Office of Planning and Development, the Office of Organization Development, 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 Plans:

- Implement fully Teen Pregnancy Prevention Strategic Plan by Year 2000.
- Complete planning/development process for screening for partner violence among all Health Department clients by June 2000.
- Increase program funding from Foundations by June 2000.
- Implement strategies to reduce marketing and sale of tobacco to youth by Jan 2000.

Director's Office		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	23.43	30.53	30.33	37.79	7.47
Personal Services	\$1,598,160	\$2,048,903	\$2,042,109	\$2,559,150	\$517,041
Contractual Services	\$486,654	\$532,740	\$648,652	\$345,459	(\$303,193)
Materials & Supplies	\$570,917	\$780,632	\$718,998	\$814,167	\$95,169
Capital Outlay	<u>\$12,770</u>	<u>\$2,500</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$2,668,501	\$3,364,775	\$3,409,759	\$3,718,776	\$309,017
Program Revenues	\$708,895	\$1,251,489	\$1,251,489	\$1,451,281	\$199,792

Office of the Director

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

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

FY 1999: 9.30FTE FY 2000: 9.91 FTE

Planning and Development

The Office of Planning and Development contains three program areas.

Program Planning/Development/Data Analysis provides:

- Assessment of public health needs through data collection, analysis, and dissemination;
- Assistance with development of programs/acquisition of resources to meet identified needs; grant writing and foundation contacts

Program Evaluation provides:

- Evaluation of the effectiveness of Health Department programs and activities;
- research of pertinent public health concerns;

Community Health Initiatives encourage health promotion by coordination of Health Department activities, and participation/collaboration in community-based activities. The following initiatives exist:

- Teen Pregnancy Prevention
- Tobacco Prevention
- Violence Prevention
- Mentor Program
- Maternal and Child Health

FY 1999: 21.03 FTE FY 2000: 27.88 FTE

Costs by Program	1997-98	1998-99	1999-00	
	Actual	Adopted Budget	Adopted Budget	Difference
Director's Office	\$1,163,391	\$1,284,184	\$1,096,832	(\$187,352)
Planning and Development	\$1,505,110	\$2,125,575	\$2,621,944	\$496,369
Total Costs	\$2,668,501	\$3,409,759	\$3,718,776	\$309,017

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Director's Office

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Add 0.50 FTE Communications Coordinator	<i>Director's Office</i>	0.50	\$22,500	
Administrative Secretary	<i>Director's Office</i>	0.10	\$4,300	
Transfer Coalition Support to Primary Care Division	<i>Director's Office</i>		(\$132,000)	
Office Assistant 2 funded by school attendance evaluation contract	<i>Planning and Development (P&D)</i>	0.25	\$7,000	\$7,000
Administrative Secretary	<i>P&D</i>	0.10	\$3,300	
Data Analyst for student attendance evaluation funding from JACJ	<i>P&D</i>	1.00	\$53,200	\$53,200
Health Educator transfer from Neighborhood Health Division	<i>P&D</i>	0.50	\$26,346	
Reclassifies 1.8 FTE Health Services Specialists to 1.6 FTE Health Services Administrator	<i>P&D</i>	(0.20)	\$9,800	
Budget Analyst Principal funded by Emerging Pathogens Evaluation Grant	<i>P&D</i>	0.40	\$35,000	
Contractual Services reduced to cover increased personnel and other costs	<i>P&D</i>		(\$71,000)	
Data Analyst Senior funded by Tobacco Evaluation and Sexual Assault funds	<i>P&D</i>	1.50	\$89,000	\$105,803
Lead evaluation transferred to Disease Prevention and Control Division including 0.40 FTE Principal Investigator and 0.80 FTE Program Development Technician	<i>P&D</i>	(1.20)	(\$173,000)	
Oregon Research Institute Grant for adolescent alcohol use study including 1.00 FTE each Budget Analyst Principal and Program Development Specialist, and 2.50 Health Information Specialist 2	<i>P&D</i>	4.50	\$273,365	\$273,365

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
% of merchants within a half-mile radius of a County high school that have received retailer education regarding tobacco sales to minors	<i>Planning and Development</i>	NA	NA	NA	65%	100%
% of County school districts that have implemented and are enforcing effective policies of no tobacco use on school grounds and at school-sponsored events	<i>Planning and Development</i>	NA	NA	NA	50%	80%
Number of Peace Action Zones created in Multnomah County through multi-agency collaboration	<i>Planning and Development</i>	NA	3	5	NA	20

Office of the County Health Officer

The mission of the Office of the County Health Officer is to protect and enhance public health by enforcing public health laws and regulations, regulating certain businesses, helping to analyze a wide range of community health problems, and providing leadership to address critical public health issues. The Office also provides consultation and support on community health issues to community groups, government agencies, and individual residents. The Office deals with health problems that are best addressed through "population based services," i.e., activities aimed primarily at communities rather than individuals. This body of problems is growing through recognition that population based services are often more appropriate and cost-effective than individual services.

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

Action Plans:

- Review the performance of the County's single emergency ambulance provider relative to contractual standards, and make a recommendation to the Board of Commissioners regarding contract extension.

Regulatory Health		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	7.61	8.00	9.00	7.30	(1.70)
Personal Services	\$752,499	\$747,526	\$783,444	\$667,570	(\$115,874)
Contractual Services	\$362,608	\$370,000	\$394,375	\$509,995	\$115,620
Materials & Supplies	\$82,777	\$84,304	\$86,715	\$142,865	\$56,150
Capital Outlay	<u>\$6,840</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$1,204,724	\$1,201,830	\$1,264,534	\$1,320,430	\$55,896
Program Revenues	\$696,087	\$861,445	\$894,445	\$933,609	\$39,164

Division Management

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. Oversees management of the Office's programs and staff, enforces public health laws, and provides public health consultation.

FY 1999: 4.30 FTE FY 2000: 3.30 FTE

Emergency Medical Service

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

The program addresses the need for an effective and efficient response to the county's 48,000 requests for emergency medical response each year. This problem is slowly increasing with the growth and aging of the county's population.

FY 1999: 4.70 FTE FY 2000: 4.00 FTE

Costs by Program	1997-98		1998-99	1999-00	Difference
	Actual	Budget	Adopted Budget	Adopted Budget	
Division Management	\$418,285	\$460,105	\$435,832	\$435,832	(\$24,273)
Emergency Medical Service	\$786,439	\$804,429	\$884,598	\$884,598	\$80,169
Total Costs	\$1,204,724	\$1,264,534	\$1,320,430	\$1,320,430	\$55,896

Health Department

Regulatory Health

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Emergency Medical Services Director is paid under contract rather than direct personnel costs	<i>Emergency Medical Services</i>	(0.70)		
Administrative Secretary moved to Primary Care	<i>Health Officer</i>	(1.00)	(\$46,000)	

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
Percent of Emergency Response Calls Served Within 8 Minutes	<i>Emergency Medical Service</i>	91.5%	92%	91.1%	90%	90%
20 minute rural response time percentage	<i>Emergency Medical Service</i>	NA	91.4%	90.2%	90%	90%

Business Services

The Business Services Division is responsible for providing financial management, human resources management, Medicaid enrollment, and data processing support to the operational divisions of the Health Department.

The Division:

- Provides Departmental budget management and cost accounting services for programs and grants;
- Bills third party payers for medical, dental, and other health services;
- Pays charges resulting from referrals to specialty medical, dental, and ancillary providers;
- Provides for the efficient execution of contracts;
- Manages employee selection, payroll, and personnel services;
- Develops and maintains computer applications providing needed management information;
- Screens clinical users and other clients for eligibility for the Oregon Health Plan.

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

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

Action Plans:

- Complete the modernization of the Department's medical and dental billing and accounts receivable management service.
- Complete the transfer of recruitment and selection services to the Department, building the internally provided service into one that provides manager's the highest quality applicant pool.
- Complete the purchase and install of a medical practice management system. Assist the county in completing purchase and initiating install of an integrated enterprise system. Begin construction of data warehouse and initial exploration of decision support system for physical health and public health data.
- Continue to reach out with Medicaid enrollment, battling current trends of worsening access to health insurance, particularly among children.

Business& Admin Services		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	39.00	58.83	58.83	63.75	4.92
Personal Services	\$2,188,070	\$2,781,008	\$3,038,919	\$3,535,794	\$496,875
Contractual Services	\$272,108	\$233,600	\$212,610	\$297,400	\$84,790
Materials & Supplies	\$1,259,345	\$1,523,654	\$1,701,582	\$1,686,104	(\$15,478)
Capital Outlay	<u>\$7,839</u>	<u>\$48,394</u>	<u>\$48,394</u>	<u>\$32,500</u>	<u>(\$15,894)</u>
Total Costs	\$3,727,362	\$4,586,656	\$5,001,505	\$5,551,798	\$550,293
Program Revenues	\$601,409	\$650,500	\$737,678	\$1,029,341	\$291,663

Division Management

The unit manages day to day operations and the development of operational improvements to the business functions that support the operational divisions of the Health Department. The Division also represents the Department's business interests to community partners, grantors, third party payers, clients, and other County agencies, and it provides leadership at the County level in improving administrative systems.

FY 1999: 4.50 FTE FY 2000: 4.00 FTE

Grants Management and Accounting

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

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

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

FY 1999: 5.50 FTE FY 2000: 4.00 FTE

Health Accounts Payable

The Accounts Payable unit is responsible for the processing and payment of claims for services provided by external medical specialists, on a referral basis, to County clients. This includes receiving, researching, authorizing payments, and processing Health Source claims. This unit is also responsible

for reconciling the Health Department's fiscal management information system to the County's LGFS accounting system, paying non-medical contracts, providing cash control, managing petty cash accounts and processing Health Department staff travel and training requests.

FY 1999: 13.00 FTE FY 2000: 6.50 FTE

Medical Accounts Receivable

The Accounts Receivable unit manages collections and billings to CareOregon, commercial insurance companies, Medicaid, and Medicare. This unit trains and assists clinic staff in the collection of fees, processing of cash, reconciliations, LGFS coding, and deposits receipts daily. It is responsible for coordinating the activities between clinic staff, clients and insurance companies to ensure the maximum collection of revenue, and serves as technical consultant to clinical staff involved in billing and account management at the point of service.

FY 1999: 0.00 FTE FY 2000: 8.00 FTE

Human Resources

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

FY 1999: 6.50 FTE FY 2000: 7.50 FTE

Health Information Systems

Data Systems is responsible for supporting the diverse data needs of the Health Department. This section maintains, enhances, and operates the mainframe-based Health Information System; supports the 600 terminals, printers, and personal computers in use by the department; coordinates and provides installation and support of the network; directs the activities of programmer analysts in support of practice management; trains department staff; coordinates access to external data systems and networks; maintains user documentation; and fills ad hoc data requests.

FY 1999: 13.83 FTE FY 2000: 18.25 FTE

Medicaid/ Medicare Eligibility

The Medicaid Eligibility Unit assumes responsibility for decreasing the uninsured population in Oregon. It works to strengthen access to health insurance benefits for clients through outreach, education and screening for the Oregon Health Plan, Medicaid, Medicare and other insurance subsidies. Eligibility Specialists target the Multnomah County uninsured population and advocates for access to medical services provided by Adult & Family Services, OMAP and other health insurance entities. By enhancing medical insurance enrollment, the Medicaid Unit continues to collaborate with

Health Department

Business Services

community agencies and Multnomah County Departments in effort to reduce social barriers when applying for medical benefits and increase universal access to health care services.

FY 1999: 15.50 FTE FY 2000: 15.50 FTE

Costs by Program	1997-98 Actual	1998-99 Adopted Budget	1999-00 Adopted Budget	Difference
Division Management	\$475,387	\$476,517	\$565,299	\$88,782
Grants Management & Accounting	\$229,463	\$332,966	\$254,241	(\$78,725)
Health Accounts Payable	\$536,089	\$754,714	\$365,652	(\$389,062)
Medical Accounts Receivable	\$0	\$0	\$666,584	\$666,584
Human Resources	\$223,970	\$399,777	\$517,089	\$117,312
Health Information Systems	\$1,729,711	\$2,154,555	\$2,249,638	\$95,083
Medicaid/Medicare Eligibility	<u>\$532,742</u>	<u>\$882,976</u>	<u>\$933,295</u>	<u>\$50,319</u>
Total Costs	\$3,727,362	\$5,001,505	\$5,551,798	\$550,293

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Program Development Specialist moved to Accounts Payable	<i>Division Management</i>	(1.00)	(\$41,500)	
Health Services Specialist moved from Accounts Payable	<i>Division Management</i>	0.50	\$32,427	
Fiscal Specialist 1 moved to Accounts Receivable	<i>Grants Management and Accounting</i>	(1.50)	(\$66,400)	
Medical Claims Processing is now divided into Accounts Payable and Receivable as a result of reorganization	<i>Accounts Payable</i>	(6.50)	(\$385,642)	
New program Accounts Receivable	<i>Accounts Receivable</i>	8.00	\$670,692	
Office Assistant Senior	<i>Human Resources</i>	1.00	\$39,000	
Move of information services from OHSU to ISD	<i>Health Information System</i>			
Office Assistant 2	<i>Health Information System</i>	0.50	\$18,800	
Changes in staffing due to Local Area Net roll out, Data Warehousing, move of OHSU Programmer Analyst from OHSU, and Information Technology reclassifications	<i>Health Information System</i>	3.92	\$227,000	
Program Development Specialist	<i>Medicaid/Medicare Eligibility</i>	1.00	\$47,000	
Health Operations Supervisor staffing for operational requirements	<i>Medicaid/Medicare Eligibility</i>	(1.00)	(\$50,613)	

Health Department

Business Services

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
% of respondents rating the Business Services Division services as highly competent	<i>Division Management</i>	NA	NA	NA	NA	75%
% of grant award amounts collected by the close of the grant period	<i>Grants Management</i>	94%	92.4%	95.2%	96%	96%
Number of findings and questioned costs in Single Audit Process	<i>Grants Management</i>	NA	3/\$0	1/\$0	1/\$0	0/\$0
Days in Accounts Receivable	<i>Accounts Receivable</i>	NA	NA	NA	NA	75
Payment as a percentage of adjusted charges	<i>Accounts Receivable</i>	NA	NA	NA	NA	80%
% of Vacancies Posted Within 1 Week of Notification by Hiring Authority	<i>Human Resources</i>	97%	99%	95%	97%	98%
% of internal customers describing the quality of their applicant pools as better than the previous year	<i>Human Resources</i>	NA	NA	NA	55%	80%
Ad Hoc Data Requests Fulfilled	<i>Data Systems</i>	280	379		500	250
% of supported hours that LAN servers are up and available to users	<i>Data Systems</i>	NA	NA	NA	NA	98%
Multnomah County's market share of total Oregon Health Plan enrollment	<i>Medicaid/Medicare Eligibility</i>	NA	NA	NA	NA	20%

CareOregon

CareOregon, a fully capitated health plan serving through contract with the Oregon Medical Assistance Program (OMAP), was initiated in February 1994. It became an independent not for profit agency in April 1997.

It is no longer budgeted. Information shown is historical.

CareOregon		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	Actual	Estimate	Budget	Budget	Difference
Staffing FTE	12.57	11.00	14.00	0.00	(14.00)
Personal Services	\$712,469	\$515,130	\$772,729	\$0	(\$772,729)
Contractual Services	\$0	\$0	\$0	\$0	\$0
Materials & Supplies	\$392	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$712,861	\$515,130	\$772,729	\$0	(\$772,729)
Program Revenues	\$731,837	\$515,130	\$768,465	\$0	(\$768,465)
General Fund Support	(\$18,976)	\$0	\$4,264	\$0	(\$4,264)

Corrections Health Division

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

The Division is responsible for covering six correctional facilities of various sizes and in various locations. The population has a higher incidence of health problems than the general population due to life style, social economic level, and neglect.

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

Action Plans:

- Implement fully the state Board of Pharmacy's adopted rules regulating the provision of pharmaceutical services in correctional facilities by December 1999.

Corrections Health	1997-98	1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	81.21	104.85	101.85	116.85	15.00
Personal Services	\$5,019,011	\$6,315,881	\$6,775,582	\$8,012,061	\$1,236,479
Contractual Services	\$647,727	\$770,000	\$715,392	\$807,576	\$92,184
Materials & Supplies	\$1,301,161	\$1,739,024	\$1,512,878	\$1,782,141	\$269,263
Capital Outlay	<u>\$8,059</u>	<u>\$95,294</u>	<u>\$95,294</u>	<u>\$104,665</u>	<u>\$9,371</u>
Total Costs	\$6,975,958	\$8,920,199	\$9,099,146	\$10,706,443	\$1,607,297
Program Revenues	\$945,831	\$152,500	\$2,033,657	\$1,805,697	(\$227,960)

Clinic Services

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

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

FY 1999: 90.15 FTE FY 2000: 103.45 FTE

Mental Health Services

Mental Health Services provide 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, medication management, counseling for substance abuse and depression and community linkage upon release.

Mental Health Services are required to deal with adults and juveniles who are often violent, frequently have suicidal thoughts, and often have chemical substances in their systems (80% according to the Duff study). Fifteen percent of offenders have a diagnosed mental illness upon incarceration. The number of mentally ill identified at booking has increased 41% since 1994. The number of persons in custody with mental illness is increasing as community resources are decreasing.

FY 1999: 11.70 FTE FY 2000: 13.40 FTE

Costs by Program	1997-98	1998-99	1999-00	Difference
	Actual	Adopted Budget	Adopted Budget	
Clinic Services	\$6,254,559	\$8,211,602	\$9,671,080	\$1,459,478
Mental Health Services	<u>\$721,399</u>	<u>\$887,544</u>	<u>\$1,035,363</u>	<u>\$147,819</u>
Total Costs	\$6,975,958	\$9,099,146	\$10,706,443	\$1,607,297

Health Department

Corrections Health

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Drugs increase to cover increased cost	<i>Clinic Services</i>		\$354,346	
Office Assistant 2	<i>Clinic Services</i>	3.04	\$94,000	
Office Assistant Senior	<i>Clinic Services</i>	(3.00)	(\$116,000)	
Office Assistant reclassified to Office Assistant Senior	<i>Clinic Services</i>		\$11,000	
Health Operations Supervisor	<i>Clinic Services</i>	2.00	\$88,000	
Health Information Specialist	<i>Clinic Services</i>	1.00	\$43,000	
Pharmacy Technician	<i>Clinic Services</i>	1.00	\$35,000	
Health Assistant	<i>Clinic Services</i>	0.75	\$23,000	
Licensed Community Practical Nurse	<i>Clinic Services</i>	2.00	\$78,000	
Nurse Practitioner	<i>Clinic Services</i>	(0.30)	(\$23,000)	
Medical Records Technician	<i>Clinic Services</i>	2.00	\$77,000	
Community Health Nurse	<i>Clinic Services</i>	0.61	\$37,000	
Dental Assistant/Receptionist	<i>Clinic Services</i>	(0.50)	(\$15,000)	
Health Educator	<i>Clinic Services</i>	(0.80)	(\$25,000)	
Pharmacist	<i>Clinic Services</i>	2.00	\$144,000	
Dentist	<i>Clinic Services</i>	(0.10)	(\$10,000)	
Physician	<i>Clinic Services</i>	0.60	\$81,000	
Health Operations Supervisor	<i>Clinic Services</i>	(1.00)	(\$57,000)	
Health Services Administrator	<i>Clinic Services</i>	1.00	\$80,500	
Operations Administrator	<i>Clinic Services</i>	1.00	\$62,000	
Office Assistant 2	<i>Mental Health</i>	0.50	\$16,000	
Nurse Practitioner	<i>Mental Health</i>	1.00	\$69,000	
Community Health Nurse	<i>Mental Health</i>	0.20	\$12,000	

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
Percent of Pregnant Females Receiving Prenatal Care While Incarcerated	<i>Clinic Services</i>	92%	89%	85%	50%	60%
Percent of incarcerated clients who receive psychiatric intervention	<i>Mental Health Services</i>	65%	56.2%	24%	10%	15%

Dental Services

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

The Division addresses the following needs:

- 1) Oregon pre-school and school age children have tooth decay rates that are higher than the national average. The data also indicate that minority children have much higher decay rates than the average child;
- 2) The Division's Dental Managed Care Organization (DCO), MultiCare, has responsibility for over 15,000 members who are insured under the Oregon Health Plan and have significant back log of dental needs.
- 3) An estimated 250,000 County residents without dental insurance, and therefore have limited access to dental care.

Action Plans:

- Evaluate the Early Childhood Caries prevention program currently operating within the Health Department Dental Clinics by December 1999.
- Evaluate Tobacco Cessation Project implemented within the Health Department clinics by December 1999. Results of this evaluation will establish baseline data for program monitoring and disease prevention activities.
- Develop a client education plan for MultiCare Dental DCO enrollees by September 1999. The education plan will improve customer satisfaction, increase access to dental services and provide valuable prevention information to clients.

Dental Services	1997-98	1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	54.30	60.50	60.00	61.88	1.88
Personal Services	\$2,947,577	\$3,134,787	\$3,312,334	\$3,644,037	\$331,703
Contractual Services	\$1,319,343	\$1,359,208	\$1,425,687	\$1,330,357	(\$95,330)
Materials & Supplies	\$1,237,327	\$1,399,565	\$1,355,189	\$1,476,239	\$121,050
Capital Outlay	<u>\$80,355</u>	<u>\$0</u>	<u>\$0</u>	<u>\$5,000</u>	<u>\$5,000</u>
Total Costs	\$5,584,602	\$5,893,560	\$6,093,210	\$6,455,633	\$362,423
Program Revenues	\$4,631,251	\$4,343,000	\$4,550,525	\$4,794,232	\$243,707

Division Management

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

FY 1999: 2.00 FTE FY 2000: 1.50 FTE

School and Community Dental Service

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

FY 1999: 6.60 FTE FY 2000: 7.18 FTE

Dental Clinics

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

Dental Clinic services help address the problem of lack of access to dental care for low-income and uninsured (including Medicaid) County residents (an estimated 250,000 County residents have no dental insurance, and therefore limited access to care).

FY 1999: 47.90 FTE FY 2000: 48.40 FTE

MultiCare Dental

MultiCare Managed Dental Care Organization (DCO) is responsible for access and delivery of dental services to plan-enrolled clients under the Oregon Health Plan. The DCO has over 15,000 enrollees, which represent approximately 20% of those eligible in Multnomah County.

MultiCare Dental is responsible for marketing, member relations, quality

assurance and coordination of benefits activities for the DCO.

FY 1999: 2.50 FTE FY 2000: 3.80 FTE

Dental Access Program

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

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

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

FY 1999: 1.00 FTE FY 2000: 1.00 FTE

Costs by Program	1997-98	1998-99	1999-00	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$597,576	\$612,426	\$603,333	(\$9,093)
School & Community Dental Service	\$436,147	\$481,662	\$547,967	\$66,305
Dental Clinics	\$3,959,722	\$3,850,280	\$4,169,672	\$319,392
MultiCare Dental	\$570,425	\$1,052,025	\$1,085,805	\$33,780
Dental Access Program	<u>\$20,732</u>	<u>\$96,817</u>	<u>\$48,856</u>	<u>(\$47,961)</u>
Total Costs	\$5,584,602	\$6,093,210	\$6,455,633	\$362,423

Health Department

Dental Services

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Dentist moved to Dental Clinic	<i>Division Management</i>	0.50	(\$50,200)	
Increased Dental Services at La Clinica	<i>School & Community</i>	0.19	\$23,875	
Health Services Specialist to full-time	<i>School & Community</i>	0.20	\$13,850	
Dental Assistant/Receptionist	<i>School & Community</i>	1.20	\$49,300	
Health Information Specialist	<i>School & Community</i>	(1.00)	(\$47,630)	
Staffing changes for increase enrollment	<i>Dental Clinics</i>	0.50	\$55,100	
Health Services Specialist for member relations quality coordination	<i>MultiCare Dental</i>	1.00	\$64,330	
Dental Assistant/Receptionist for centralized appointments and triage	<i>MultiCare Dental</i>	0.80	\$32,900	
Health Operations Supervisor	<i>MultiCare Dental</i>	(0.50)	(\$30,500)	

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
Number of dental clinic visits annually	<i>Dental Clinics</i>	NA	28,745	28,441	27,500	28,000
MultiCare Dental DCO monthly enrollment average	<i>Multicare Dental</i>	NA	13,500	14,480	15,042	15,000
Number of visits to volunteer dentists arranged by Dental Access Program	<i>Dental Access Program</i>	NA	NA	100	480	750

Disease Prevention and Control Division

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

Action Plans:

- By March 2000 develop an integrated communicable disease prevention service model, with a primary focus on HIV/AIDS and Sexually Transmitted Diseases (STD), and a secondary focus on Hepatitis and Tuberculosis.

Note: This action plan will be addressed by representatives from the Division who will attend the Department's Public Health Academy.

- Implement training for Division staff on public health principles, as a pilot for the Department, by June 2000.

Explanatory information: This action plan will draw from the course content of the Department's Public Health Academy as well as material from basic public health texts. Division representatives will work with the Department's training staff on this project.

Disease Control		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	111.18	118.50	117.99	127.14	9.15
Personal Services	\$6,008,440	\$6,664,688	\$6,776,196	\$7,744,934	\$968,738
Contractual Services	\$3,044,266	\$3,416,450	\$3,603,763	\$3,693,389	\$89,626
Materials & Supplies	\$2,703,117	\$2,468,035	\$2,499,024	\$2,853,800	\$354,776
Capital Outlay	<u>\$70,402</u>	<u>\$61,080</u>	<u>\$49,200</u>	<u>\$44,600</u>	<u>(\$4,600)</u>
Total Costs	\$11,826,225	\$12,610,253	\$12,928,183	\$14,336,723	\$1,408,540
Program Revenues	\$8,264,077	\$8,602,429	\$9,052,195	\$9,914,113	\$861,918

Division Management	<p>Division Management is responsible for defining the mission, establishing policies, and assuring the Division produces intended outcomes. The Division Director works with community representatives, community-based organizations, federal agencies, Oregon Health Division, the Conference of Local Health Officials (CLHO) and local governmental agencies on disease prevention and control issues.</p> <p>FY 1999: 1.00 FTE FY 2000: 2.75 FTE</p>
Immunization	<p>The Community Immunization Unit promotes childhood, adolescent, and adult immunizations throughout Multnomah County. The unit makes it possible for non-profit health organizations to provide free vaccines to their clients and coordinates several free immunization clinics each month at sites including schools, churches, health fairs, and stores. In addition, the unit monitors parents' and schools' compliance with immunization requirements.</p> <p>FY 1999: 2.00 FTE FY 2000: 2.00 FTE</p>
HIV Prevention	<p>The mission of this program is to prevent the further spread of HIV Infection among the most at-risk members of our community. This is done through direct services, and by collaborating and contracting with others providing HIV prevention. Activities include: street outreach services, distribution of prevention materials, HIV counseling and testing, needle exchange, group presentations, and convening and staffing of the county Community HIV Prevention Planning Team.</p> <p>FY 1999: 8.67 FTE FY 2000: 11.31 FTE</p>
Health Inspections	<p>The Health Inspections Program works to prevent communicable disease and injury by promoting a healthful environment. The program does this through enforcing state and local environmental health laws and rules, analyzing community environmental health problems, through restaurant and other facility inspections, and through education and investigations.</p> <p>FY 1999: 22.89 FTE FY 2000: 22.90 FTE</p>
Vector Control	<p>The purpose of Vector Control is to protect health and enhance livability through control of rat and mosquito populations, and serve as a resource for addressing public health vector problems that may arise. Program sections are Rodent Control, Mosquito Control, and Nuisance Control, which enforces some specific County and City of Portland codes.</p> <p>FY 1999: 5.50 FTE FY 2000: 6.85 FTE</p>
Home Lead Hazard Reduction	<p>The Home Lead Hazard Reduction Program works through CLEARCorps, to increase the numbers of "lead safer" housing units for low income children under six years of age. It carries out community education, and an in-home program providing education, minor home repairs, and intensive cleaning</p>

services.

Note: According to an EPA study, Multnomah County ranks 48 out of the nation's 3,000 counties for potential childhood lead exposure problems. This ranking is based on the size of the pre-1950 housing stock and the number of children living in these older units.

FY 1999: 5.75 FTE FY 2000: 8.00 FTE

STD Clinic & Epidemiology

The goal of the STD / Epidemiology program is to reduce the spread of sexually transmitted diseases and HIV among all county residents. STD clinical services are provided through comprehensive evaluation and treatment of STD's and urogenital disorders. Staff in the Epidemiology program conduct interviews and case investigations on reportable STD's and HIV. The HIV Community Test site offers anonymous and confidential HIV education and testing.

FY 1999: 17.90 FTE FY 2000: 17.30 FTE

HIV Care Services Planning and Administration

HIV Care Services Planning and Administration manages a federally funded program of health and support services for low income persons living with HIV in Clackamas, Clark, Columbia, Multnomah, Washington, and Yamhill counties. The HIV Services Planning Council develops a comprehensive plan for HIV services and sets the service priorities and funding for each service. This program provides administration for the council and contracts with health agencies and community-based organizations to deliver services to the program's clients. Major services include medical and dental care, counseling, case management, housing, and financial assistance.

FY 1999: 4.58 FTE FY 2000: 5.53 FTE

HIV Health Services Center

The HIV Health Services Center provides a full range of outpatient HIV/Primary Care services to HIV-positive individuals. Comprehensive personal health care services are provided comprehensively, combined with social, pharmacological, and other support services. This program must comply with Oregon State Statutes, which assure confidentiality to persons with HIV/AIDS diagnosis. In addition, the program must also be responsive to the assurances mandated by the Federal agency providing a significant share of the program's funding.

FY 1999: 18.95 FTE FY 2000: 19.65 FTE

Tuberculosis Clinic

The purpose of the TB Prevention and Treatment Center is to prevent the transmission of tuberculosis in Multnomah County. It is responsible for the investigation and control measures for tuberculosis within the County. The program's activities include screening, evaluating, treatment, interviewing case contacts to control the spread of TB, case management to assure that clients receive appropriate therapy, and educating the public on tuberculosis.

FY 1999: 19.50 FTE FY 2000: 19.50 FTE

Disease Control

The purpose of the Disease Control program is to protect the public from the spread of communicable diseases and to decrease the levels of communicable diseases in Multnomah County. The program is responsible for investigation and control measures for all reportable communicable diseases (except TB and STD). The program investigates, recommends control measures and counsels individual diagnosed with these diseases. Primary activities include surveillance and gathering statistical data. Screening, diagnosis, and referral are available for clients with no other source of medical care.

FY 1999: 8.40 FTE FY 2000: 9.24 FTE

Occupational Health

The goal of the Occupational Health Program is to reduce the risk of an employee or student/volunteer acquiring a communicable disease in the workplace. The Occupational Health program provides the OSHA Bloodborne Pathogens Program, Tuberculosis Program and Immunization to employees or students in order to increase workplace safety for Multnomah County. Other local employers and schools also purchase these services through contract from the Occupational Health Program.

FY 1999: 2.85 FTE FY 2000: 2.11 FTE

Costs by Program	1997-98 Actual	1998-99 Adopted Budget	1999-00 Adopted Budget	Difference
Division Management	\$178,538	\$129,766	\$401,781	\$272,015
Immunization	\$644,025	\$202,740	\$294,148	\$91,408
HIV Prevention	\$1,290,519	\$1,222,469	\$1,286,698	\$64,229
Health Inspections	\$1,513,545	\$1,631,572	\$1,634,157	\$2,585
Vector Control	\$347,557	\$366,943	\$494,026	\$127,083
Home Lead Hazard Reduction	\$367,999	\$752,326	\$915,965	\$163,639
STD Clinic & Epidemiology	\$1,236,689	\$1,367,647	\$1,436,566	\$68,919
HIV Care Services Planning & Admin	\$2,109,104	\$2,908,109	\$2,927,648	\$19,539
HIV Health Services Center	\$1,988,057	\$1,840,390	\$2,207,609	\$367,219
Tuberculosis Clinic	\$1,232,572	\$1,525,534	\$1,677,015	\$151,481
Disease Control	\$697,518	\$702,752	\$800,411	\$97,659
Occupational Health	<u>220,102</u>	<u>277,935</u>	<u>260,699</u>	<u>(17,236)</u>
Total Costs	\$11,826,225	\$12,928,183	\$14,336,723	\$1,408,540

Health Department

Disease Prevention and Control

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
1 FTE Program Development Technician, 0.15 FTE Sanitarian, and 0.6 FTE Principal Investigator increase, funded by increases to Brownfields and Lead Evaluation grants	<i>Division Management</i>	1.75	\$183,466	\$183,466
Increase in Oregon Health Division revenue to assist in meeting requirements for Hepatitis B and 2 nd MMRs for 7 th grade students	<i>Immunization</i>			\$71,252
Private grant for improving childhood immunizations	<i>Immunization</i>			\$24,000
Oregon Health Division revenue for HIV prevention services	<i>HIV Prevention</i>			(\$70,000)
Health Information Specialist	<i>HIV Prevention</i>	1.19	\$50,000	
Licensed Community Practical Nurse for outreach	<i>HIV Prevention</i>	0.50	\$18,000	
Reclassification of Health Services Specialist to Administrator	<i>HIV Prevention</i>		\$12,400	
Data Analyst Senior	<i>HIV Prevention</i>	0.15	\$10,533	
Reclassification of Health Services Manager to Administrator	<i>Health Inspectors</i>		(\$2,000)	
Several new contracts leading to 1 FTE Chemical Applicator Operator, 0.25 FTE Sanitarian, 0.10 FTE Health Services Administrator	<i>Vector Control</i>	1.35	\$88,847	\$88,847
Lead Hazard Grant	<i>Home Lead Hazard Reduction</i>			\$140,000
Health Information Specialist	<i>Lead Reduction</i>	1.00	\$41,400	
Program Development Technician	<i>Lead Reduction</i>	1.00	\$43,000	
Sanitarian	<i>Lead Reduction</i>	0.80	\$41,200	
Health Services Administrator	<i>Lead Reduction</i>	(0.50)	(\$41,000)	
Office Assistant 2	<i>STD Clinic and Epidemiology</i>	0.50	\$15,000	
Health Information Specialist	<i>STD Clinic</i>	(0.70)	(\$30,000)	
Health Information Specialist/Senior	<i>STD Clinic</i>	(1.50)	(\$82,000)	
Nurse Practitioner	<i>STD Clinic</i>	0.30	\$23,000	
Community Health Nurse	<i>STD Clinic</i>	(0.70)	(\$44,000)	
Physician Assistant	<i>STD Clinic</i>	0.50	\$34,000	
Health Services Specialist	<i>STD Clinic</i>	1.00	\$64,000	
Data Analyst Senior	<i>HIV Client Services</i>	0.95	\$53,000	
Various staffing changes for operational requirements	<i>Disease Control</i>	0.84	\$48,000	
Various staffing changes for operational requirements	<i>Occupational Health</i>	(0.74)	(\$46,000)	
Health Services Administrator to work on various HIV related issues	<i>HIV Treatment Clinic</i>	1.00	\$81,000	
Various Staffing changes for operational requirements	<i>HIV Treatment Clinic</i>	(0.55)	(\$40,000)	
Increased Care Consortium revenue	<i>HIV Treatment Clinic</i>			\$90,000
Reclassification and FTE increase of Pharmacist to Clinical Program Pharmacist	<i>HIV Treatment Clinic</i>	0.20	\$4,000	

Health Department

Disease Prevention and Control

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
Contacts/children served per month for immunization evaluation/vaccine	<i>Immunization</i>	2,100	2,560	1,130	1,200	1,300
% of 6 th grade children receiving 3-dose series of Hep B immunization	<i>Immunization</i>	NA	NA	NA	NA	50%
% of high risk persons testing at HIV community test sites	<i>HIV Prevention</i>	NA	NA	NA	NA	50%
Number of HIV reduction contacts with injection drug users	<i>HIV Prevention</i>	NA	NA	NA	NA	7,000
Number of Food Service Managers Who Have Received County-Sponsored Food Safety Training	<i>Health Inspections</i>	0	0	52	100	100
Percent of All Rat Complaints Related to Sewer Rates	<i>Vector Control</i>	NA	NA	34%	24%	24%
Number of housing units receiving lead remediation work and successfully passing post-work clearance testing	<i>Home Lead Hazard Reduction</i>	NA	NA	NA	NA	55
Percent of Reported Cases of the Following STDs Interviewed by County Disease Intervention Specialists for Contacts	<i>STD Clinic/ Epidemiology</i>					
1) Gonorrhea		89%	83%	90%	90%	90%
2) Syphilis		100%	100%	100%	95%	95%
3) Chlamydia		34%	74%	74%	50%	50%
Number of Cases per 100,000 Residents Between 15 and 44 Years of Age	<i>STD Clinic/ Epidemiology</i>					
1) Gonorrhea		210	172	140	210	200
2) Chlamydia		586	574	625	580	575
Percent of Funds Allocated for Health and Support Services to People Living with HIV/AIDS Within 60 Days Grant Award	<i>HIV Client Services</i>	NA	NA	97%	95%	95%
Percent of Ryan White contractors conducting client satisfaction surveys	<i>HIV Client Services</i>	NA	NA	NA	NA	90%
Percent of visits covered by health insurance	<i>HIV Treatment Clinic</i>	69%	73%	79%	80%	85%
Percent of TB patients who complete a course of TB Treatment (active TB)	<i>Tuberculosis Clinic</i>	84%	95%	92.4%	75%	90%
Number of Preventable Hepatitis A Cases transmitted by Workers in High Risk Settings	<i>Communicable Disease</i>	0	0	0	0	0
Number of Health Department employees documented to have a TB skin test conversion resulting from a workplace exposure	<i>Occupational Health</i>	NA	NA	1	NA	0

Neighborhood Health

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

Action Plans:

- Field Services – Continue implementation of Auditors recommendation with focus on developing Framework for Field Services and Productivity measurements.
- SBHC's – Add a new clinic through a request for proposed process. Continue focus on securing financial participation by health systems and insurers for services provided through SBHCs.
- Neighborhood Access – Develop new site in Rockwood area. Develop written Neighborhood Access Model for Department.
- WIC – Continue to satellite services in Neighborhood Access Sites.

Neighborhood Health		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	151.36	179.68	180.07	187.85	7.78
Personal Services	\$8,522,616	\$8,999,769	\$10,037,917	\$11,149,927	\$1,112,010
Contractual Services	\$1,423,710	\$1,800,000	\$1,907,679	\$2,231,791	\$324,112
Materials & Supplies	\$2,580,947	\$3,364,480	\$3,225,636	\$3,554,749	\$329,113
Capital Outlay	<u>\$199,904</u>	<u>\$264,600</u>	<u>\$264,600</u>	<u>\$137,800</u>	<u>(\$126,800)</u>
Total Costs	\$12,727,177	\$14,428,849	\$15,435,832	\$17,074,267	\$1,638,435
Program Revenues	\$5,723,599	\$5,377,639	\$6,954,969	\$7,582,245	\$627,276

Division Management

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

FY 1999: 2.00 FTE FY 2000: 2.00 FTE

School Based Clinics

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

FY 1999: 46.23 FTE FY 2000: 42.77 FTE

Field Teams

The goal of the Field Teams of community health nurses, community health workers and mental health consultants serve targeted population such as young, pregnant and/or parenting families, low birth weight babies, high risk children, families affected by alcohol and other drug and violence, and the aged. Staff deliver services through avenues such as consultation and coordination with community health providers, home visits and teaching classes. Staff participates in coordinated community-based services offered through schools, community agencies and integrated service projects.

FY 1999: 55.09 FTE FY 2000: 67.75 FTE

Teen Connections

The Connections Program for Young Parents is a comprehensive tracking system for delivering services to teen families. This program provides intake, assessment and referral services to the approximately 1,100 teens giving birth this year in Multnomah County. This program includes three elements.

1. Assessment and referral to the appropriate services.
2. Case management, support groups, and interactive parent education, for higher risk/need teen parents which is provided by non-profit community agencies; and
3. Systems coordination and evaluation implemented through the Connections Program Coordinator.

FY 1999: 1.40 FTE

FY 2000: 1.60 FTE

Neighborhood Access Sites

The goal of Neighborhood Health Access is to address the health care needs identified in a specific neighborhood or community through a neighborhood-based system of health related services, in collaboration with other community-based service providers.

Neighborhood Health Access has four services sites. They are Brentwood-Darlington Health Team, Roosevelt School Based Health Center, Parkrose School Based Health Center and Self-Enhancement Inc. Services may include clinical and home visit services to pregnant women and families with young children, immunizations, reproductive health, pregnancy testing, STD screening, lead screening and health triage and referral.

FY 1999: 25.45 FTE

FY 2000: 26.03 FTE

Field Program Management

The Field Countywide Program Management Unit provides direction, oversight, program development, evaluation and resource development for five geographically defined field teams, countywide field programs such as the Family Support and Preservation Program and other community outreach units. Field Countywide Program staff facilitate coordinated services between the Field Services programs, other health department divisions and the Oregon Health Division as well as other community health and social service providers and other community based services. The staff assesses Field Service needs, conducts program evaluations, maintains revenue agreements and establishes linkages with other health and social service agencies.

FY 1999: 7.70 FTE

FY 2000: 9.80 FTE

WIC

The mission of the federally funded WIC program is to improve the health of pregnant and breast feeding women and young children. The responsibilities of the program in Multnomah County are to assess participant eligibility, provide nutrition education, issue vouchers for specially chosen nutritious foods, and provide referral into health care. WIC services are offered in 3 Primary Care clinic sites and at 17 additional satellite sites in the community.

The WIC program is a prevention oriented program that addresses the issues of reducing rates of low birth weight infants, increasing duration of pregnancy, improving growth of at-risk infants and children, reducing rates of iron deficiency, and decreasing infant mortality.

FY 1999: 36.30 FTE

FY 2000: 35.10 FTE

Breast and Cervical Cancer

The purpose of this program is to increase the number of women 40 years of age and older who get regular Pap tests and mammograms by offering free breast and cervical cancer screening and diagnostic services to older, low-income, and uninsured women. The program is delivered through health department and community clinics that offer a Women's Health Check exam

which includes a referral for a mammogram. An outreach component includes recruitment and education efforts through presentations, posters in community sites, partnerships with other agencies, and media outreach.

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

FY 1999: 2.90 FTE FY 2000: 2.80 FTE

Costs by Program	1997-98	1998-99	1999-00	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$211,349	\$218,079	\$206,606	(\$11,473)
School-Based Clinics	\$3,466,151	\$3,848,317	\$3,772,171	(\$76,146)
Field Teams	\$4,344,715	\$4,882,320	\$6,008,541	\$1,126,221
Teen Connections	\$479,646	\$561,889	\$591,539	\$29,650
Neighborhood Access Sites	\$1,082,405	\$2,070,010	\$2,457,671	\$387,661
Field Program Management	\$970,069	\$1,434,240	\$1,609,927	\$175,687
WIC	\$1,913,480	\$2,032,383	\$2,084,616	\$52,233
Breast & Cervical Cancer	<u>\$259,362</u>	<u>\$388,594</u>	<u>\$343,196</u>	<u>(\$45,398)</u>
Total Costs	\$12,727,177	\$15,435,832	\$17,074,267	\$1,638,435

Health Department

Neighborhood Health

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Family Planning Expansion Revenue	<i>School Based</i>			\$385,000
Non CareOregon Health Plans	<i>School Based</i>			(\$282,000)
Robert Wood Johnson	<i>School Based</i>			(\$101,000)
Office Assistant Senior staffing for operational requirements	<i>School Based</i>	(0.16)	(\$7,100)	
Health Information Specialist, from Neighborhood Health	<i>School Based</i>	1.00	\$43,311	
Health Assistant Roosevelt School staffing for operational requirements	<i>School Based</i>	(1.00)	(\$45,071)	
Reduction of 0.32 FTE Licensed Community Practical Nurse, 0.65 FTE Nurse Practitioner & 0.92 FTE Community Health Nurse	<i>School Based</i>	(1.89)	(\$134,000)	
0.59 FTE Health Educator moved to Planning & Development	<i>School Based</i>	(0.59)	(\$31,116)	
Mental Health Consultant moved to Community & Family Services Department	<i>School Based</i>	(1.33)	(\$66,000)	
Health Services Administrator moved to Neighborhood Access	<i>School Based</i>	(1.00)	(\$86,883)	
Health Services Manager	<i>School Based</i>	1.00	\$84,858	
Health Services Specialist staffing for operational requirements	<i>School Based</i>	0.50	\$35,000	
Office Assistant 2 for Head Lice program	<i>Field Teams</i>	0.50	\$17,131	
Health Information Specialist 2, 3 of which are participating in the David Olds replication of home visiting to new mothers	<i>Field Teams</i>	5.50	\$235,000	
Health Information Specialist 1 staffing for operational requirements	<i>Field Teams</i>	2.00	\$38,427	
Community Health Nurse, part of the David Olds demonstration project	<i>Field Teams</i>	3.16	\$202,000	
Health Services Administrator for program administration	<i>Field Teams</i>	1.50	\$133,000	
Medicaid Collections	<i>Field Teams</i>			\$400,000
0.10 FTE reduction in Program Development Technician, and 0.30 FTE increase in Program Development Specialist	<i>Teen Connections</i>	0.20	\$11,663	
Family Planning Expansion revenue	<i>Neighborhood Access</i>			\$40,900
New Rockwood Neighborhood Access Clinic	<i>Neighborhood Access</i>	4.10	\$308,914	
Office Assistant 2	<i>Neighborhood Access</i>	0.50	\$16,000	
Health Information Specialist 2, 1 to School Based Clinic, 1 to Field Administration	<i>Neighborhood Access</i>	(2.00)	(\$85,000)	
Health Information Specialist 1	<i>Neighborhood Access</i>	1.00	\$47,700	
Program Development Specialist	<i>Neighborhood Access</i>	(1.00)	(\$48,000)	

Health Department

Neighborhood Health

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Word Processing Operator reclassified to Office Assistant Senior	<i>Neighborhood Access</i>		\$0	
Nurse Practitioner Roosevelt staffing for operational requirements	<i>Neighborhood Access</i>	0.10	\$8,314	
Community Health Nurse	<i>Neighborhood Access</i>	1.30	\$77,000	
Health Services Administrator for program administration	<i>Neighborhood Access</i>	0.50	\$45,500	
Health Services Specialist moved to Field Team Administration	<i>Neighborhood Access</i>	(1.00)	(\$57,300)	
Budget Analyst Principal for Program Evaluation	<i>Neighborhood Access</i>	0.33	\$28,743	
Principal Investigator African American Birth Outcomes no longer funded	<i>Neighborhood Access</i>	(0.25)	(\$25,900)	
Office Assistant 2 staffing for operational requirements	<i>Field Program Management</i>	0.20	\$18,514	
Program Development Specialist for data collection, assessment with field staff	<i>Field Program Management</i>	1.00	\$52,500	
Community Health Nurse moved to School Admin and field teams	<i>Field Program Management</i>	(1.30)	(\$85,400)	
Health Operations Supervisor staffing for operational requirements	<i>Field Program Management</i>	0.20	\$12,390	
Health Services Administrator, funded by Turning Point Grant from State Health Division.	<i>Field Program Management</i>	1.00	\$90,000	\$90,000
Health Services Specialist from Neighborhood Health	<i>Field Program Management</i>	1.00	\$57,300	
Office Assistant 2	<i>WIC</i>	0.20	\$7,698	
Nutritionist	<i>WIC</i>	0.20	\$11,700	
Nutrition Assistant	<i>WIC</i>	(0.60)	(\$22,000)	
Health Services Administrator to Field Administration	<i>WIC</i>	(1.00)	(\$90,900)	
Office Assistant 2	<i>Breast and Cervical Cancer</i>	(1.00)	(\$34,000)	
Program Development Specialist for operational requirements	<i>Breast and Cervical Cancer</i>	1.00	\$45,000	
Fiscal Assistant Senior staffing for operational requirements	<i>Breast and Cervical Cancer</i>	0.40	\$16,688	
Community Health Nurse staffing for operational requirements	<i>Breast and Cervical Cancer</i>	(0.50)	(\$32,400)	

Health Department

Neighborhood Health

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
% of 15 to 17 year old female family planning clients who do not get pregnant during the year	<i>School Based Health Centers</i>	91.7%	96.8%	96.2%	96.5%	96.5%
% of school districts with a plan for integrating the STARS curriculum into their high and middle schools	<i>School Based Health Centers</i>	NA	NA	15%	NA	80%
% of pregnant women referred for maternity case management who receive at least one home visit for assessment of need for field and/or community-based services	<i>Field Teams</i>	NA	52%	55%	NA	55%
% of families with newborns living in PCDS service area offered initial growth and developmental assessment and/or referral for health care and community based services	<i>Field Teams</i>	80%	85% est.	85%	85%	85%
% of Healthy Birth participants who initiate prenatal care in the 1 st trimester of pregnancy	<i>Field Teams</i>	NA	NA	NA	NA	85%
Percent of Teen Mothers Assessed for Health, Social, and Parenting Needs	<i>Teen Connections</i>	83%	83%	83%	82%	82%
Rate of adequate prenatal care in the Brentwood-Darlington area	<i>Neighborhood Access Sites</i>		72.8%		85%	
Average number of pregnant women served per month	<i>WIC Program</i>	NA	2,119	2,024	2,069	2,224
# of uninsured/underinsured women 50 years and older who receive health checks through this program	<i>Breast and Cervical Cancer Partnership</i>	NA	316		NA	800

Primary Care Division

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

Action Plans:

- Develop systems that support establishing and achieving a productivity target for each provider based on relative value units.
- Identify and develop infrastructure that facilitates decreasing the cost of clinic visits over the next two years to comply with the FQHC cost caps set forth by the Bureau of Primary Health Care.
- Integrate Quality Management by implementing strategies necessary to pass the survey by Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by FY 2000-2001.
- Pursue the development of a public-private partnership on a Tri-County regional basis to create a collaborative delivery model over the next five to ten years.
- Improve preventive care services delivered to patients as measured by increased mammography rates, diabetic retinal exams, well child exams, immunization rates and prenatal visits in first trimester.

Primary Care		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	Actual	Estimate	Budget	Budget	Difference
Staffing FTE	181.72	209.13	207.83	209.37	1.54
Personal Services	\$10,810,879	\$11,398,497	\$12,541,748	\$13,178,849	\$637,101
Contractual Services	\$1,530,256	\$950,000	\$887,060	\$1,155,507	\$268,447
Materials & Supplies	\$3,988,215	\$4,658,537	\$5,004,835	\$5,186,118	\$181,283
Capital Outlay	<u>\$37,209</u>	<u>\$118,250</u>	<u>\$118,250</u>	<u>\$108,850</u>	<u>(\$9,400)</u>
Total Costs	\$16,366,559	\$17,125,284	\$18,551,893	\$19,629,324	\$1,077,431
Program Revenues	\$10,933,054	\$11,121,046	\$11,074,048	\$11,671,237	\$597,189

Division Management Division Management is responsible for seven Primary Care sites, and provides financial and administrative support to the Coalition of Community Health Clinics. Two clinics are under construction by the County, with a third being relocated in partnership with the Community Building Initiative.
FY 1999: 11.00 FTE FY 2000: 8.50 FTE

Medical Director The Medical Director is responsible for clinical oversight of all activities within the Health Department including recruitment, hiring and clinical supervision of providers and development, and review and revision of clinical protocols and policies.
FY 1999: 3.80 FTE FY 2000: 3.40 FTE

Homeless Children Project The Homeless Children's project ensures availability and access to preventive and primary health care for children and their families who are at risk of being homeless with a focus on Latino children and their families. Clinical services including well child exams, immunizations, lead screenings, prenatal care, family planning, WIC, communicable disease screening, and care of acute or chronic medical conditions are delivered at La Clinica de Buena Salud located at La Villa de Clara Vista apartments. An outreach component also provides home visits to families. The project has experienced an increase in demand for services such that a new site in collaboration with the Community Building Initiative will be operational in FY '99-00.
FY 1999: 4.20 FTE FY 2000: 7.71 FTE

Primary Care Clinics Seven primary care clinics provide integrated primary health care to low-income and high-risk residents of the county. The clinics provide basic preventive, diagnostic and treatment for all ages. Services include family planning / birth control, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening, drug and alcohol screening, management of low risk TB patients, as well as care of acute and chronic medical conditions.

Demand increased last year with 95,951 visits excluding pharmacy and lab only visits. 55% of the patients required interpretation, 59% were minorities, 35% under age 18, 66% female, 46% were covered by OHP and 30% had no insurance coverage. Included in the count are 2,000 visits to homeless clients, generally provided at the West Side Health Center. These are medically indigent, homeless patients who rely on this clinic for health care.

The Primary Care clinics must meet Federal and State requirements as well as community practice standards. In 1999-2000, the Division plans to achieve JACHO accreditation of its clinical operations, benchmarking our services against medical care provided by private, mainstream health care providers.

Health Department

Primary Care

FY 1999: 188.78 FTE

FY 2000: 189.55 FTE

Linkage

The purpose of this program is to provide a continuum of linked primary care, drug treatment and mental health services for primary care clients, their partners and family members.

FY 1999: 0.05 FTE

FY 2000: 0.20 FTE

<u>Costs by Program</u>	1997-98	1998-99	1999-00	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$601,279	\$1,313,445	\$1,209,408	(\$104,037)
Medical Director	\$686,265	\$839,914	\$800,605	(\$39,309)
Homeless Children Project	\$269,296	\$310,876	\$603,259	\$292,383
Primary Care Clinics	\$13,773,774	\$16,060,605	\$16,990,295	\$929,690
LINKAGE	<u>\$1,035,945</u>	<u>\$27,053</u>	<u>\$25,757</u>	<u>(\$1,296)</u>
Total Costs	\$16,366,559	\$18,551,893	\$19,629,324	\$1,077,431

Health Department

Primary Care

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Office Assistant Senior from Medical Director's Office	<i>Division Management</i>	0.50	\$20,200	
Administrative Secretary from Regulatory Health	<i>Division Management</i>	1.00	\$46,000	
Fiscal Assistant moved to clinics to staff Patient Accounts and Services	<i>Division Management</i>	(4.50)	(\$157,560)	
Health Educator	<i>Division Management</i>	0.50		
Office Assistant Senior moved to Division Management	<i>Medical Director</i>	(0.50)	(\$20,200)	
Nurse Practitioner	<i>Medical Director</i>	0.10	\$8,200	
Expand clinical services at La Clinica to 5 days a week for 1/2 year	<i>Homeless Children</i>	3.51	\$184,000	
Changes in staffing mainly due to loss of State Safety Net grant	<i>Primary Care Clinics</i>	(3.03)	(\$400,000)	
Fiscal Assistant (4.5 FTE transferred from Division Management) to staff Patient Accounts and Services Offices	<i>Primary Care Clinics</i>	10.50	\$332,639	
Office Assistants cut to fund Fiscal Assistants	<i>Primary Care Clinics</i>	(6.70)	(\$212,000)	
Principal Investigator	<i>LINKAGE</i>	0.15	\$15,000	

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
Percent of 2 Year Olds Who Are Appropriately Immunized	<i>Homeless Children Project</i>	91%	100%	100%	100%	100%
Percent of Pregnant Women in County Clinics Who Receive Prenatal Care Beginning in the First Trimester	<i>Primary Care Clinics</i>	70%	71%	66%	80%	75%
Percent of revenues collected from self-pay clients and third-party payors	<i>Primary Care Clinics</i>	NA	NA	NA	74%	84%
% of qualifying children who are up to date on	<i>Primary Care Clinics</i>					
1) well child exams		NA	NA	31%	49%	60%
2) Diabetic eye exams		NA	NA	11.5%	47.8%	80%
3) mammogram exams		NA	NA	27.5%	60%	80%
Percent of 2 Year Olds Who Are Appropriately Immunized	<i>Primary Care Clinics</i>	NA	92%	92%	92%	90%

Support Services

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

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

Action Plans:

- Continue effort to acquire a laboratory information system by June 2000
- Complete implementation of new pharmacy information system.
- Expand web site to make health care information more accessible to the public

Support Services		1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	42.53	46.91	47.41	48.71	1.30
Personal Services	\$2,390,070	\$2,456,658	\$2,668,141	\$2,774,275	\$106,134
Contractual Services	\$300,134	\$800,000	\$835,654	\$878,186	\$42,532
Materials & Supplies	\$4,390,266	\$6,011,942	\$4,802,767	\$4,583,582	(\$219,185)
Capital Outlay	<u>\$33,591</u>	<u>\$5,500</u>	<u>\$5,500</u>	<u>\$5,250</u>	<u>(\$250)</u>
Total Costs	\$7,114,061	\$9,274,100	\$8,312,062	\$8,241,293	(\$70,769)
Program Revenues	\$4,456,445	\$4,057,882	\$5,299,158	\$4,766,940	(\$532,218)

Division Management

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

FY 1999: 2.50 FTE FY 2000: 2.50 FTE

Pharmacy Services

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.

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

FY 1999: 16.90 FTE FY 2000: 17.50 FTE

Laboratory Services

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

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

FY 1999: 12.30 FTE FY 2000: 13.30 FTE

Information and Referral Services

Information and Referral links County residents in need of health services to existing community resources. This unit researches what services are offered in the community with a focus on low income or uninsured persons.

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

FY 1999: 10.16 FTE FY 2000: 9.66 FTE

Language Services

Language Services ensures efficient delivery of culturally competent Health Department interpretation, translation and bilingual services. Services include: assignment of interpreters to client appointments or to support after hours medical advice services; translation of non-English patient material; implementation of bilingual hiring and decentralizing scheduling at multiple health care sites; and analysis of non-English encounter trends, related staffing patterns and control of interpreter costs.

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

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

FY 1999: 2.00 FTE FY 2000: 2.20 FTE

Communications

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

FY 1999: 3.55 FTE FY 2000: 3.55 FTE

<u>Costs by Program</u>	1997-98	1998-99	1999-00	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$324,885	\$451,131	\$446,265	(\$4,866)
Pharmacy Services	\$4,634,721	\$5,024,506	\$4,785,878	(\$238,628)
Laboratory Services	\$950,415	\$999,265	\$1,112,019	\$112,754
Information & Referral Services	\$723,266	\$1,425,329	\$1,456,880	\$31,551
Language Services	\$234,980	\$165,738	\$169,633	\$3,895
Communications	<u>\$245,794</u>	<u>\$246,093</u>	<u>\$270,618</u>	<u>\$24,525</u>
Total Costs	\$7,114,061	\$8,312,062	\$8,241,293	(\$70,769)

Health Department

Support Services

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Reclassification of Health Services Manager Senior to Health Services Manager	<i>Division Manager</i>		(\$30,000)	
Pharmacy Technician	<i>Pharmacy</i>	1.00	\$37,000	
Pharmacist	<i>Pharmacy</i>	(0.40)	(\$30,000)	
State Health Division Drug Purchasing	<i>Pharmacy</i>			(\$655,000)
X-Ray Technician to backfill others in various locations	<i>Laboratory</i>	1.00	\$45,700	
0.90 FTE Community Information Specialist cut and 0.40 FTE Health Information Specialist add	<i>Information and Referral</i>	(0.50)	(\$23,300)	
Health Assistant funded by reallocating funds from temporary services	<i>Language Services</i>	0.20	\$7,400	

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimate	FY 00 Estimate
Total Cost per Prescription Dispensed to County Clients	<i>Pharmacy Services</i>	\$16.04	\$16.67	\$21.81	\$19.80	\$28.90
Unit Cost of Laboratory Tests	<i>Laboratory Services</i>	\$8.08	\$8.86	\$11.47	\$9.25	\$14.95
Human Services Referral Calls Taken Per FTE	<i>Information and Referral</i>	7,515	11,409	11,247	8,000	10,000
Interpretation Cost per Visit	<i>Language Services</i>	\$18.30	\$16.76	\$16.56	\$16.76	\$16.76