ANNOTATED MINUTES

Tuesday, December 21, 1993 - 9:00 AM - 5:00 PM
Multnomah County Courthouse, Room 602

WORK SESSIONS

WS-1 *Program Measurements and Program Narrative for the Health Department.*

BILLI ODEGAARD, JOANNE DeHOFF, JEANNE GOULD, JAN SINCLAIR AND KAREN LAMB PRESENTATION AND RESPONSE TO BOARD QUESTIONS. SESSION TO BE CONTINUED NEXT WEEK.

WS-2 *Program Measurements and Program Narrative for the Department of Environmental Services.*

BETSY WILLIAMS, DAVE FLAGLER, JANICE DRUIAN, MIKE ZOLLITICH, VICKI ERVIN AND LARRY NICHOLAS PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

WS-3 *Program Measurements and Program Narrative for the Department of Environmental Services.*

BETSY WILLIAMS, MIKE ZOLLITICH, TOM GUINEY, JIM MUNZ, SCOTT PEMBLE AND WAYNE GEORGE PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

WS-4 *Program Measurements and Program Narrative for the Auditor's Office.*

GARY BLACKMER PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

WS-5 *Program Measurements and Program Narrative for Management Support Services.*

SESSION TO BE CONDUCTED NEXT WEEK.

Wednesday, December 22, 1993 - 8:30 AM - 5:00 PM
Multnomah County Courthouse, Room 602

WORK SESSIONS

WS-6 *Program Measurements and Program Narrative for Juvenile Justice Division.*

HAROLD OGBURN AND MEGANNE STEELE PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

WS-7 *Program Measurements and Program Narrative for Aging Services Division.*

JIM McCONNELL, KATHY GILLETTE, JUNE SCHUMANN, HOLLY BURMAN AND STEVE BALOG PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

WS-8 *Program Measurements and Program Narrative for Children and Families Services.*

MURIEL GOLDMAN, DOUGLAS MONTGOMERY, RAY ESPANA, CECILE PITTS, MARY LI, SUSAN CLARK AND HOWARD KLINK PRESENTATION AND RESPONSE TO BOARD QUESTIONS. SESSION TO BE CONTINUED NEXT WEEK.

WS-9 *Program Measurements and Program Narrative for the Multnomah County Sheriff's Office.*

JOHN SCHWEITZER, LARRY AAB AND DAVE WARREN PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

WS-10 *Program Measurements and Program Narrative for the Department of Community Corrections.*

TAMARA HOLDEN, WILLIAM DRAPEE, SUSAN KAESER, DAVE WARREN, WAYNE SALVO AND MEGANNE STEELE PRESENTATION AND RESPONSE TO BOARD QUESTIONS.

WS-11 *Overflow Program Measurements and Program Narrative for Various Departments as Needed.*

Thursday, December 23, 1993 - 9:30 AM
Multnomah County Courthouse, Room 602

REGULAR MEETING

Chair Beverly Stein convened the meeting at 9:34 a.m., with Vice-Chair Gary Hansen, Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.

CONSENT CALENDAR

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-11) WAS UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

C-1 *Package Store Liquor License Renewal Application Submitted by Sheriff's Office with Recommendation for Approval, for the POWELL SUNSHINE MARKET, 13580 SE POWELL, PORTLAND.*

C-2 *Restaurant Liquor License Renewal Application Submitted by Sheriff's Office with Recommendation for Approval, for the CHINA GATEWAY CO. INC., 11642 NE HALSEY, PORTLAND.*

C-3 *Retail Malt Beverage Liquor License Renewal Application Submitted by Sheriff's Office with Recommendation for Approval, for BOTTOMS UP!, 16900 NW ST. HELENS ROAD, PORTLAND.*

C-4 *Retail Malt Beverage Liquor License Renewal Application Submitted by Sheriff's Office with Recommendation for Approval, for DOTTY'S #004, 16353 SE DIVISION #116, PORTLAND.*

C-5 *Retail Malt Beverage Liquor License Renewal Application Submitted by Sheriff's Office with Recommendation for Approval, for SPRINGDALE TAVERN, 32302 EAST CROWN POINT HIGHWAY, CORBETT.*

CHILDREN AND FAMILIES SERVICES DIVISION

C-6 *Ratification of Amendment No. 1 to Intergovernmental Agreement Contract 103354 Between the City of Portland and Multnomah County, Adding $72,000 Emergency Shelter Grant Funds from the City in Order to Provide Emergency Shelter and Housing Services for Homeless People and Families, for the Period Upon Execution through June 30, 1994*

C-7 *Ratification of Intergovernmental Agreement Contract 104334 Between Multnomah County and the City of Cascade Locks, Providing a Payment Mechanism to Reimburse the City for Home Energy Supplied to Households Eligible for Low Income Home Energy Assistance Program (LIEAP) Benefits, for the Period Upon Execution through June 30, 1995*

C-8 *Ratification of Intergovernmental Agreement Contract 104344 Between Multnomah County and the Department of Veterans Affairs, Authorizing Home Energy Suppliers to Receive Low Income Home Energy Assistance Program (LIEAP) Payments for Energy Assistance Provided to Low Income Customers, for the Period Upon Execution through June 30, 1995*

DEPARTMENT OF ENVIRONMENTAL SERVICES

C-9 *ORDER in the Matter of the Execution of Deed D940973 Upon Complete Performance of a Contract to William J. Lambert and Jenny M. Lambert*

ORDER 93-391.

DEPARTMENT OF HEALTH

C-10 *Ratification of Amendment No. 1 to Intergovernmental Agreement Contract 201403 Between Multnomah County and the City of Portland, Extending the Bloodborne Pathogen Program Services Contract Termination Date from December 31, 1993 to March 31, 1994*

C-11 *Ratification of Amendment No. 2 to Intergovernmental Agreement Contract 201523 Between the Oregon Office of Medical Assistance Programs (OMAP) and Multnomah County, Extending the Contract from February 1, 1994 Until Implementation of the Oregon Basic Health Services Act (Senate Bill 27)*

REGULAR AGENDA

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-1 *PUBLIC HEARING and Consideration of an ORDER in the Matter of Offering to Surrender Jurisdiction to the City of Portland All County Roads within the Areas Annexed to the City of Portland Effective June 30, 1993*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-1. HEARING HELD, NO ONE WISHED TO TESTIFY. ORDER 93-392 UNANIMOUSLY APPROVED.

R-2 *ORDER in the Matter of Cancellation of Property Taxes on Certain Properties in Multnomah County [Upon Petition of Portland Community Reinvestment Initiatives, Inc.]*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-2. COMMISSIONER HANSEN EXPLANATION. ORDER 93-393 UNANIMOUSLY APPROVED.

R-3 *RESOLUTION in the Matter of the Approval of the Second Amendment to County Land Sale Contract 15522*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, RESOLUTION 93-394 WAS UNANIMOUSLY APPROVED.

R-4 *Budget Modification DES #8 Requesting Authorization to Reclassify One Custodian Position to a Facilities Maintenance Worker Position within the Facilities and Property Management Division*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-4. BOB KIETA EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF HEALTH

R-5 *Ratification of Intergovernmental Agreement Contract 201224 Between Multnomah County and Oregon Health Sciences University, to Provide Mainframe Computer Hardware Support for Department and to Maintain Operating and Additional Support Systems, for the Period Upon Execution through December 15, 1998*

UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, R-5 WAS UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

R-6 *Ratification of Intergovernmental Agreement Contract 800544 Between the City of Portland and Multnomah County, Providing Sheriff's Office Access to the 800 MHZ, Simulcast and Trunking Radio System (Continued from December 16, 1993)*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, R-6 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF COMMUNITY CORRECTIONS

R-7 *Budget Modification DCC #4 Requesting Authorization to Reduce Pass Through and Increase Personnel, Materials and Services, and Capital Equipment within the Mid-County District Budget*

COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-7. JOANNE FULLER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BOARD COMMENTS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

R-8 *RESOLUTION in the Matter of Multnomah County's Participation in a Cities/County Coordinating Committee (Continued from December 9 & 16, 1993)*

COMMISSIONER SALTZMAN MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-8. CHAIR STEIN DISCUSSED PROPOSED RESOLUTION AS AMENDED BY HER OFFICE. KAY DURTSCHI TESTIMONY IN SUPPORT OF AMENDED RESOLUTION. ANGEL OLSEN TESTIMONY IN OPPOSITION TO RESOLUTION. CHAIR STEIN RESPONSE TO MS. OLSEN, ADVISING CIC CHAIR DERRY JACKSON SUPPORTS AMENDED RESOLUTION. ROBERT SMITH AND PAUL THALHOFER TESTIMONY IN OPPOSITION TO RESOLUTION. CHAIR STEIN EXPLANATION AND COMMENTS IN SUPPORT OF HER AMENDED RESOLUTION. BOARD COMMENTS. COMMISSIONER KELLEY DISCUSSED HER PROPOSED AMENDMENTS TO RESOLUTION. COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF AMENDMENT NO. 1. BOARD COMMENTS. AMENDMENT NO. 1 APPROVED WITH COMMISSIONERS KELLEY, HANSEN AND COLLIER VOTING AYE AND COMMISSIONERS SALTZMAN AND

STEIN VOTING NO. COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF AMENDMENT NO. 2. BOARD COMMENTS. AMENDMENT NO. 2 APPROVED WITH COMMISSIONERS KELLEY, HANSEN AND COLLIER VOTING AYE AND COMMISSIONERS SALTZMAN AND STEIN VOTING NO. COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF AMENDMENT NO. 3. BOARD COMMENTS. AMENDMENT NO. 3 UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER HANSEN, RESOLUTION 93-395, AS AMENDED, WAS UNANIMOUSLY APPROVED.

R-9 *RESOLUTION in the Matter of Establishing a Task Force on Delinquency Prevention*

COMMISSIONER HANSEN MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-9. BOARD COMMENTS. RESOLUTION 93-396 UNANIMOUSLY APPROVED.

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract Review Board)

R-10 *ORDER in the Matter of an Exemption to Contract with Mighty Clean to Provide Custodial Services for the Justice Center*

COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-10. MR. KIETA EXPLANATION AND RESPONSE TO BOARD QUESTIONS. ORDER 93-397 UNANIMOUSLY APPROVED.

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER SALTZMAN, CONSIDERATION OF THE FOLLOWING UNANIMOUS CONSENT ITEM WAS UNANIMOUSLY APPROVED.

JUVENILE JUSTICE DIVISION

UC-1 *Ratification of Amendment No. 1 to Intergovernmental Agreement Contract 102304 Between Multnomah County and the State of Oregon, Children's Services Division, Providing Funding for the Second Half of FY 93-94 for Services in the Assessment Intervention Transition Program, the Gang Resource and Intervention Team, and Community Based Programs for Gang Impacted Youth, for the Period Upon Execution through June 30, 1994*

COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF UC-1. MARIE EIGHMEY EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.

PUBLIC COMMENT

R-11 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

There being no further business, the meeting was adjourned at 10:30 a.m.

OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON

Deborah L Bogstad

Deborah L. Bogstad

MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

DECEMBER 20, 1993 - DECEMBER 24, 1993

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Thursday, 10:00 PM, Channel 49 for Columbia Cable (Vancouver) subscribers
Friday, 6:00 PM, Channel 22 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 Noon, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222, OR MULTNOMAH COUNTY TDD PHONE 248-5040, FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, December 21, 1993 - 9:00 AM - 5:00 PM

Multnomah County Courthouse, Room 602

WORK SESSIONS

WS-1 *Program Measurements and Program Narrative for the Health Department. 9:00 AM TIME CERTAIN, 1 1/2 HOURS REQUESTED.*

WS-2 *Program Measurements and Program Narrative for the Department of Environmental Services. 10:30 AM TIME CERTAIN, 1 1/2 HOURS REQUESTED.*

WS-3 *Program Measurements and Program Narrative for the Department of Environmental Services. 2:00 PM TIME CERTAIN, 1 1/2 HOURS REQUESTED.*

WS-4 *Program Measurements and Program Narrative for the Auditor's Office. 3:30 PM TIME CERTAIN, 20 MINUTES REQUESTED.*

WS-5 *Program Measurements and Program Narrative for Management Support Services. 3:50 PM TIME CERTAIN, 1 HOUR, 10 MINUTES REQUESTED.*

Wednesday, December 22, 1993 - 8:30 AM - 5:00 PM

Multnomah County Courthouse, Room 602

WORK SESSIONS

WS-6 *Program Measurements and Program Narrative for Juvenile Justice Division. 8:30 AM TIME CERTAIN, 1 HOUR REQUESTED.*

WS-7 *Program Measurements and Program Narrative for Aging Services Division. 9:30 AM TIME CERTAIN, 1 HOUR REQUESTED.*

WS-8 *Program Measurements and Program Narrative for Children and Families Services. 10:30 AM TIME CERTAIN, 1 1/2 HOURS REQUESTED.*

WS-9 *Program Measurements and Program Narrative for the Multnomah County Sheriff's Office. (Continued from December 15, 1993) 1:15 PM TIME CERTAIN, 45 MINUTES REQUESTED.*

WS-10 *Program Measurements and Program Narrative for the Department of Community Corrections. 2:00 PM TIME CERTAIN, 1 1/2 HOURS REQUESTED.*

WS-11 *Overflow Program Measurements and Program Narrative for Various Departments as Needed. 3:30 PM TIME CERTAIN, 1 1/2 HOURS IF REQUESTED.*

Thursday, December 23, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

REGULAR MEETING

CONSENT CALENDAR

SHERIFF'S OFFICE

C-1 *Package Store Liquor License Renewal Application Submitted by Sheriff's Office with Recommendation for Approval, for the POWELL SUNSHINE MARKET, 13580 SE POWELL, PORTLAND.*

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DEPARTMENT OF ENVIRONMENTAL SERVICES

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DEPARTMENT OF HEALTH

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REGULAR AGENDA

DEPARTMENT OF ENVIRONMENTAL SERVICES

R-1 *PUBLIC HEARING and Consideration of an ORDER in the Matter of Offering to Surrender Jurisdiction to the City of Portland All County Roads within the Areas Annexed to the City of Portland Effective June 30, 1993. 9:30 AM TIME CERTAIN REQUESTED.*

R-2 *ORDER in the Matter of Cancellation of Property Taxes on Certain Properties in Multnomah County [Upon Petition of Portland Community Reinvestment Initiatives, Inc.]*

R-3 *RESOLUTION in the Matter of the Approval of the Second Amendment to County Land Sale Contract 15522*

R-4 *Budget Modification DES #8 Requesting Authorization to Reclassify One Custodian Position to a Facilities Maintenance Worker Position within the Facilities and Property Management Division*

DEPARTMENT OF HEALTH

R-5 *Ratification of Intergovernmental Agreement Contract 201224 Between Multnomah County and Oregon Health Sciences University, to Provide Mainframe Computer Hardware Support for Department and to Maintain Operating and Additional Support Systems, for the Period Upon Execution through December 15, 1998*

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DEPARTMENT OF COMMUNITY CORRECTIONS

R-7 *Budget Modification DCC #4 Requesting Authorization to Reduce Pass Through and Increase Personnel, Materials and Services, and Capital Equipment within the Mid-County District Budget*

NON-DEPARTMENTAL

R-8 *RESOLUTION in the Matter of Multnomah County's Participation in a Cities/County Coordinating Committee (Continued from December 9 & 16, 1993)*

R-9 *RESOLUTION in the Matter of Establishing a Task Force on Delinquency Prevention*

PUBLIC CONTRACT REVIEW BOARD

(Recess as the Board of County Commissioners and convene as the Public Contract Review Board)

R-10 *ORDER in the Matter of an Exemption to Contract with Mighty Clean to Provide Custodial Services for the Justice Center*

(Recess as the Public Contract Review Board and reconvene as the Board of County Commissioners)

PUBLIC COMMENT

R-11 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

1993-4.AGE/51-55/deb

GARY HANSEN
Multnomah County Commissioner
District 2

1120 S.W. Fifth Avenue, Suite 1500
Portland, Oregon 97204
(503) 248-5219

MEMORANDUM

TO: Board of County Commissioners
Clerk of the Board

FR: Gary Hansen

DATE: December 21, 1993

RE: Absent from Board Meeting

Due to illness, I missed Board meeting today, Tuesday, December 21, 1993.

MULTNOMAH COUNTY, OREGON

PLANNING & BUDGET
PORTLAND BUILDING
1120 S.W. FIFTH - ROOM 1400
P. O. BOX 14700
PORTLAND, OR 97214
PHONE (503)248-3883

TO: Board of County Commissioners

FROM: Dave Warren, Budget Manager DCW

TODAY'S DATE: December 14, 1993

REQUESTED PLACEMENT DATE: December 21 and December 22

SUBJECT: Review of Program Narratives and Key Results (performance measurements) for 1994-95 Budget

I. Recommendation / Action Requested:

The set of briefings is intended to give the Board two forms of information to react to prior to the 1994-95 budget process -- the program narratives for the programs that will be considered in the budget, and the performance measurements (key results) that departments will begin to track and include with their budget requests. This offers an opportunity for the Board to note improvements that would make the narrative descriptions more useful to Commissioners, and to suggest and discuss changes to the program measurements. It also offers a time for Commissioners and departments to begin to identify policy, service, and program issues that should be fleshed out during the budget process.

II. Background / Analysis:

In May, Planning & Budget and staff hired by the Board began the process of refining the program budget and preparing the format for the 1994-95 budget document. In August, the Board approved the skeleton of the budget format and the array of programs to build budget requests around. In September and October, department staff and Planning & Budget staff worked to build the narrative explanation of these programs and to prepare measurements that will track the "key results" of these programs. In November, Planning & Budget incorporated the proposed narrative and measurements into a unified document. That document is now available for the Board to review.

The budget preparation process parallels the Board's policy discussions that will establish urgent benchmarks to be addressed over time. Reacting to those benchmarks will be one of the tasks for departments in preparing their 1994-95 budget requests during January and February 1994.

This portion of the budget process identifies the ongoing expectations of County programs. The objectives for each program specific to 1994-95 will be identified as part of the budget preparation process in January / February 1994.

The 1994-95 budget preparation process will also attempt to identify and thoroughly discuss major issues for the County.

III. Financial Impact:

N/A

IV. Legal Issues:

N/A

V. Controversial Issues:

N/A

VI. Link to Current County Policies:

This set of hearings is part of the overall process directed by the Board in January 1993. Its goal is to reconfigure the budget process and document to give the Board more program and policy - related information.

VII. Citizen Participation:

In November, CBAC's began to review the proposed measurements. Each CBAC has been asked to comment on the measurements for their relevant departments. The CBAC comments will be available by December 15. CBAC members have been asked to present their suggestions to the Board at the scheduled briefings as well.

VIII. Other Government Participation:

N/A

Citizen Budget Advisory Committee Reports

Key Results/Program Measurements

December 14, 1993

Multnomah County Citizen Involvement Committee
2115 SE Morrison, Room 215 - 248-3450

MULTNOMAH COUNTY

Citizen Involvement Committee

2115 SE MORRISON PORTLAND, OREGON 97214 248-3450

December 13, 1993

Beverly Stein, Chair
Multnomah County
Board of County Commissioners

Re: Performance Measures Analysis
Central Citizen Budget Advisory Committee

Dear Chair Stein:

Attached please find the Summary Reports prepared by Citizen Budget Advisory Committees (CBACs) which reviewed Key Results/ Program Measurements as reqeusted by your office. First, I would like to report to you that this evaluation exercise has been useful in preparing CBACs to deal with the direction departments will be formulating with their budgets.

In review of the process established, it was clear that CBACs and programs benefited by participating in enhanced "give and take" discussions among the CBAC members and the managers that lead to more creative thinking and analysis. The costs are also as clear, the amount of time and effort put forth by citizens and County staff was extraordinary and it is the hope that this investment will offer payback as it is refined in the years to come. All participants should be congratulated for this extreme effort.

In summary, at the Central CBAC level it has been clear from our reports sent to the County Chair in recent years that the "performance measurement" of county programs, activities and results is critical and must be pursued if evaluation efforts are to be meaningful. We are looking forward to continuing the budget process and the schedule you have created for completing this year's budget.

Thank you for your support.

Jack Pessia

Jack Pessia, Chair
Central Citizen Budget Advisory Committee

Attachments

MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY CORRECTIONS
421 S.W. 5TH, SUITE 600
PORTLAND, OREGON 97204
(503) 248-3701
FAX (503) 248-5376

GLADYS McCOY
COUNTY CHAIR

December 9, 1993

Gloria Fisher
Office of Citizen Involvement
Citizen Involvement Committee
2115 SE Morrison
Portland, Oregon 97214

RE: Department of Community Corrections
Performance Measures

Dear Gloria,

The Department of Community Corrections Citizen Budget Advisory Committee has reviewed the department's "key results" and performance measures. The CBAC supports the department's key results with the following modifications:

- clarification of the department's mission and objectives and how each key result supports specific objectives including a tie to the department's and county's vision.
- include key results for each service/program not only successful completion but also measurement on post-service/program behavior change. Utilize a universal definition of "successful" completion.
- provision of a cost for service/per person/per slot for each program/service so that can be one of the tools used in comparing services/programs.
- utilize employment as one of the key results.
- have consistent key results between districts.

The CBAC further recommends the department and/or county be more proactive in taking advantage of new trends and innovative programs when dedicated resources are available.

Sincerely,

William Trappe
Acting Chair

DES CITIZENS BUDGET ADVISORY COMMITTEE

OUTLINE OF RECOMMENDATIONS

INTRODUCTION

The DES CBAC has reviewed the Key Results Inventory. Most of the key results are well thought out and should be useful in evaluating program efficiencies and effectiveness. We offer the following comments on some of the key results.

COUNTY FAIR AND EXPO

County Fair: Key results - fair admissions (numbers) and program costs vs. revenue generated (dollars).

Both key results are necessary, but they should be looked at together as they are interrelated. Improvement in growth should not be judged only in numbers, but also in retaining the interest of the community being served.

Admissions should also be related to population (percentage). These measurements should indicate whether the fair is keeping up with the current trends and keeping the community interested.

There should be a balance between profit and admissions.

Expo Center: Key results - Operational revenues to expenditures (dollars) and Administrative cost per division dollar (dollars).

Profit is an excellent key result and should be kept track of, however we feel that the days the center is used vs. unused (facility utilization) should also be considered as another important key result.

LAND USE PLANNING

Code violations resolved: Key Results - percent resolved.

In addition to percent resolved, there should be a qualitative approach to evaluating how violations are resolved. There is also a need to look at cost recovery overall as related to cost per case.

Key result - timeliness of applications reviewed - percent. This is another area where the cost recovery effort should be examined. The percent of expense recovered should be reported and used as a baseline for future comparison.

General: The area of urban area plans does not appear to be

When measuring percentage, excess capacity should be considered. The Committee likes average cost to assist in determining cost effectiveness, however we feel that availability, lack of or excess capacity, will help to balance the overall evaluation of this program.

Electronics: Key result - Detention Center return to service and Microwave system downtime. The value of response time should be considered and ranked. The quicker time to respond must come at a greater cost. Detention center return to service and microwave downtime should be high priorities. The number of repeat responses should be tracked to determine if replacement would be more efficient.

ANIMAL CONTROL

The committee felt the key results for Animal Control are more than adequate to evaluate the programs.

TRANSPORTATION

Road Maintenance: Key result - cost per lane\mile. This measurement will be a baseline for future comparison to determine if efficiency is increased. This is a good baseline measure for future comparison, but it probably cannot be compared to what other organizations use because the uncertainty of what they are including.

Traffic signs and signals: Key result - degree of intersection delay. The use of a weighted average may be more useful when evaluating the entire system. The number of users as well as delay is important. It is not only useful to know which "D" type of intersections are improved, but upgrading "C" and "B" should also be accounted for.

ASSESSMENT AND TAXATION

Most programs require meeting 100% compliance, therefore any measure should relate to the efficiency and effectiveness of the programs.

There should be a measurement for focusing on returning the foreclosure properties with the highest assessed values to the tax rolls sooner than properties that will generate minimal taxes.

A baseline should be established that indicates how much it costs to collect the various types of taxes so that improvement can be tracked and the County can focus on the

Glendoveer Golf Course: The Committee would like to see a key result that measures the return on asset value.

Natural Areas: We suggest a key result that measures the percent of targeted areas protected or preserved by the County.

COMMUNITY HEALTH COUNCIL
An Appointed Citizens' Board

MULTNOMAH COUNTY OREGON

HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

November 30, 1993

Beverly Stein
Chair
Multnomah County Board of Commissioners
1120 SW Fifth Avenue, Room 1410
Portland, Oregon 97204

Dear Ms. Stein:

The Multnomah County Community Health Council reviewed the Program Performance Based Budget the Health Department was asked to submit. We realize that your budget decisions will not be easy to make and there is no magic formula to provide the answers, especially where health care is concerned.

While reviewing the "key results" in the program budget for the various Health Department services, several comments and concerns were raised. Evaluation of health care services is indeed important, however, we would caution that we need to be realistic in evaluating outcomes. Evaluation cannot be oversimplified. Many of the outcomes seem unrealistic. Do not expect all babies to be born healthy and to put an end to teen pregnancy. Many circumstances like teen pregnancy, infant mortality and low birthweight are social problems with a medical consequence. No matter what services the Health Department offers it has no control over non-medical influences that determine these rates such as poverty, substance abuse, child abuse, poor nutrition, etc. When teen pregnancy and low birthweight are the issues, holding rates steady can be a success.

What we do expect the Health Department to do is to remove barriers to health care that they do have control over, such as personnel attitudes, appropriate business hours, translation services, etc. We would like to see appropriateness of services addressed as opposed to numerical outcomes. Our concern when numbers are the focus of evaluation is that patient satisfaction can be ignored.

DISTRICT ATTORNEY'S CITIZEN BUDGET ADVISORY COMMITTEE
MULTNOMAH COUNTY, OREGON

TO: Chair Beverly Stein
Multnomah County Board of Commissioners

FROM: Molly Weinstein, Chair Pro Tem
District Attorney's Citizen Budget Advisory Committee

DATE: December 7, 1993

SUBJECT: Review of Key Results Submitted
by District Attorney's Office

We are pleased to respond to your request that the Budget Advisory Committees' review and comment upon the draft performance measurement indicators prepared by County departments. The District Attorney's CBAC review was conducted during the months of October through December and represents the combined comments of all the members of the District Attorney's CBAC.

MW:je
Attachment

D. Investigations Unit:

Number of cases approved for financial investigations (FINVEST)

CBAC Comments: No change suggested

Number of cases accepted for prosecution by FINVEST project

CBAC Comments: No change suggested

Number of special investigations conducted during the fiscal year

CBAC Comments: No change suggested

E. Forfeiture Unit:

Percent of seizures forfeited to the State

CBAC Comment: Also include, if feasible, the average time it takes to process a case between siezure and disposition; the types of personal property forfeited as a percentage

The percent of cases presented to the District Attorney's Office that were issued.

CBAC Comment: Breakout % issued further by major misdemeanor category such as prostitution, theft, assault, DUII, other major traffic crimes, etc.; include gross conviction rates for each category; include % of cases going to trial; there should be some measure or indicator which provides an insight into the efficiency of DC Trial Unit.

II. District Court Division

A. Trial Unit:

Percent of cases presented to District Attorney's Office that were issued

CBAC Comment: No change suggested

C. Domestic Violence Unit:

Percent of cases issued

CBAC Comment: Percent of cases issued by a category of victims (i.e., elderly) in order to assess trends and DV abuses by subcategories.

Percent of defendants accepted in treatment and diversion program

CBAC Comment: No change suggested

D. Victim's Assistance:

Number of reported sexual assaults responded to by Victim Advocates

CBAC Comments: More information ought to be collected such as location, time of call and the time it took to respond, such as x% were responded to within an hour.

E. Child Abuse Team (MDT):

Number of cases reviewed

CBAC Comment: No change suggested

Ratio of children to cases reviewed

CBAC Comment: Also break out the number of cases that had 2 kids, 3 kids, etc.

December 7, 1993

MEMORANDUM

To: Beverly Stein, Multnomah County Chair

From: Support Services CBAC
Bruce Greene, Chair
Jim Robison
Gary Hancock
Dave Chambers

Re: Review of Key Results/Program Measurements

The Support Services CBAC has now completed its review of all the Key Results/Program Measurements for its assigned divisions.

In general, we applaud this effort to quantify County services and to set specific goals. We look forward to working with the division heads in the coming year to follow and implement these program measurements.

The Key Results/Program Measurements which have been proposed by the following divisions: Risk Management, Budget, County Counsel and Emergency Management, we feel are good tools for measuring progress in future years.

For Labor Relations, we find that any effort to quantitatively measure its results will be of little value. We suggest that no Key Results/Program Measurements be submitted by this division and that subjective measurements be evaluated as they always have been, by the County Chair.

The Key Results/Program Measurements for the Finance Division are sensible measurements. We would like to see a more understandable comparison for the return on investment program measurement, i.e., measurement by gross percent return and a comparison to a more generally recognized interest rate.

We like the Key Results/Program Measurements for the Purchasing Division. In addition we also see a need for measurements added for customer satisfaction and community outreach as discussed by division manager Lilly Walker.

The Key Results/Program Measurements for the employee services division are good measurements of improved and/or satisfaction with the services provided by this division. However, we do not believe that timely employee service awards have any impact on the quality of the services provided.

We also like the Key Results/Program Measurements for Affirmative Action, but we recommend that the language be simplified for the public at large.

Report of the
Non-Departmental
Citizens Budget Advisory Committee

PROGRAM PERFORMANCE BUDGETING

December 10, 1993

The following report on Program Performance Budgeting reflects interviews with representatives of the following departments:

Auditor's Office
Citizen Involvement Committee
Metropolitan Arts Commission
Metropolitan Human Rights Commission
OSU Extension Service
Portland/Multnomah County Commission on Aging
Tax Supervising and Conservation Commission

Time constraints prevented the CBAC from scheduling interviews with other organizations for which it is responsible.

GENERAL

Two general problems seemed to hamper the organizations' efforts to shift into the new approach to budget preparation and analysis. Not all county and city/county organizations were included in the Program Performance Budgeting training. Also, these organizations have not been asked to submit formal measurement plans.

1. The organizations tended to continue to rely heavily on work-load descriptions of their activities.

2. The statements of goals and objectives, while adequate to the former approach to budgeting, seemed to be too imprecise to provide a basis for the measurements required for Program Performance Budgeting. The CBAC will work with these organizations to improve their statements of goals and objectives during the regular budget process.

SPECIFIC

The CBAC identified the following questions for individual organizations. Some of these were conveyed to the organization representatives at the time of the interview; others were developed in CBAC discussions following the interviews. The CBAC does not consider these suggested measures as definitive or sufficient. Rather, they are offered as samples of the kinds of information that would help the organizations to define additional comparable measures of their activities.

Portland/Multnomah County Commission on Aging.

Are PMCOA programs serving the entire county?

What are reactions of Commission/committee members to their experiences with PMCOA?

How many and what improvements identified in the senior center survey were implemented?

What problems were identified and dealt with in the telephone reassurance service?

What was the success ratio of the several approaches to advertising the 24-hour service hotline?

What is the perception of the PMCOA program among the members of the general public?

Tax Supervising and Conservation Commission.

What number of commission recommendations are adopted by agencies?

What amount of tax money is saved through recommendations made by the TSCC?

The above suggestions are made not as criticisms but in the spirit of helpful cooperation. The CBAC recognizes the considerable thought and work that the organizations undertook in preparing materials for the CBAC's use.

The Non-Departmental CBAC

Robin Bloomgarden
Tony Kim
Dick Levy
Jerry Penk, chair
Mary Schwoeffermann
Kathleen Todd
Gloria Fisher, staff

MEMORANDUM

TO: Multnomah County Commission Chair Beverly Stein

FROM: Library Board Budget Advisory Committee Paul Millius, Chair

DATE: November 16, 1993

SUBJECT: Library Budget Narratives

The Library Board is charged to be the Library Department's Citizen Budget Advisory Committee. A committee of the Board* reviewed in detail the Library Department's budget narratives, including statements of the department's mission, goals, objectives and performance trends, and the service and activity descriptions and key result of the department's four divisions. We welcome the opportunity to make comments on this first phase of the FY 94-95 budget process.

*Committee members: Paul Millius, chair; Evelyn Crowell, Chris Landon, Angel Lopez and Terry McCall.

I. Overview

We applaud Chair Stein's intent to make the FY 94-95 budget into a tool that can enable the public to better understand what services the county provides and what those services cost. By establishing quantifiable measures of performance outcomes, this first phase of the Library's budget process will better enable library managers to monitor their own performance.

The Library sees relationships between a number of its services and the Oregon Benchmarks: Access to Cultural Enrichment; Early Childhood Development; Success in School; Access to Child Care, Health Care, Education, Arts and Information; and Sense of Community.

Each year for the last four years, the Library has been required by the County to prepare its budget in a different format. Each year the number of budget divisions

population served, costs of circulation, hours open, and the intensity of use of the collection (turnover rate). These measures reflect the tremendous growth in circulation of the collection, anticipated to be well over 7 million items circulated in 1994.

Several quantitative measures compare reference-related transactions against population figures, the percent of transactions satisfactorily completed, and the amount of branch reference support.

Reference is an integral part of the Library's mission, providing Multnomah County residents with access to the information they need. The Library collection is useful only to the extent that the information it contains is made available to those who need it. The reference Key Results measure library user's success in getting access to the information they need with the assistance of library staff.

The Library has highlighted it's major focus on services to children through a number of quantitative measures: children's program attendance at all locations; children's library contacts related to readiness to learn; contacts with children and youth at locations outside the Library; and support to daycare centers. These measures are consistent with the Library's goal to support development of reading and cognitive skills for the County's children.

Analysis of the performance trend of the department's entrepreneurial activities (at this time, revenues from the Title Wave Bookstore and the sale of library related items, less the costs of earning these revenues) shows that the costs associated with these revenues are presently higher than the revenues themselves. (However, the Title Wave revenues do recover a substantial portion of the costs that would be associated with otherwise disposing of discarded materials from the collection.) As a result, we question whether the Library Entrepreneurial Initiatives Team's estimate of $600,000 is realistic as the amount of potential new revenue from entrepreneurial activities, at least in the short term. (One board member involved in the LEIT has pointed out that the $600,000 figure was a total of "all possible revenues" to be realized from the list of activities in their report. It was not intended to be a firm prediction of the revenues to be raised.) Further, we believe that the narrative should include an explanation of why it makes sense to continue to run an activity which presently operates at a deficit.

The Library narrative should highlight one of the most important benefits to the department from the Title Wave bookstore program: it is operated by volunteers, who also remove the records of all discarded materials for the Library's computerized card catalog system. This is another way in which this program

and polling results to show the percent of citizens satisfied with library services is an excellent indicator of the overall quality of library service.

To the quantitative measures of service delivery to Target Populations proposed by the department, we urge the addition of a survey of Target Population clients to measure their satisfaction with the quality of services the Library provides to them.

C. Internal Efficiencies

Several Key Results measure "behind the scenes" functions such as the time it takes to process high demand materials, staff satisfaction with internal support services, adherence to delivery schedules, and printshop turnaround time. We regard these as good measures of how efficiently and effectively administrative and support tasks are completed.

We note that the proposed narrative only mentions explicitly a survey measure of staff satisfaction with their training in computer skills; no other staff training is measured in any respect. We urge the department to add substantially to its measures on the amount of staff training provided; the impact of such training on staff skills and efficiency; and staff satisfaction with all types of staff training.

III. CONCLUSION

We, the members of the Library Board Budget Advisory Committee, thank you for the opportunity to contribute to your efforts to keep the Board of County Commissioners aware of citizen concerns. We support your efforts and look forward to participating in the next phase of the FY94-95 budget process.

cc: Multnomah County Citizen Involvement Committee
Ginnie Cooper, Director of Libraries

NOTES ON THE 1994-95 LIBRARY DEPARTMENT BUDGET MISSION, GOALS AND OBJECTIVES SECTIONS

Chris Landon and Paul Millius November 1993

GENERAL COMMENTS

Data for the Actual 1992-93 column are missing on the majority of BUD J worksheets. If the county's new Program Performance budgeting process is to receive proper CBAC review, significant improvements in the timely processing of budget-related data will need to be made in coming years.

On some of the worksheets, the baseline period identified for Item 6 is not based on current year or most recent available data. This is a non-standard practice which should be avoided. We understand that as the budget proecess for the county evolves, some measures or other data requested will not have been kept. However, as noted below, some data which would seem to be useful as ongoing measures of performance, have not been tabulated for several years. Ordinarily, a standard baseline period should be employed in preparing baseline measures.

Item 7 ("Potential") on the BUD D and BUD J worksheets would be better defined by specifying a common time frame for the achievement of the identified potential.

Where changes are being projected over time, the percentage of change should be calculated and shown.

As the Library faces the challenges of limited funding and increasing demand, the budget must be more than an accounting exercise. It must be part of a plan of action for the year. Some recasting of the measures and rewriting of the definitions might make this document more valuable as a tool against which to measure performance. Especially as we are faced with questions of which services are" basic" and which "enhanced", and other examinations of what should be funded and how.

SPECIFIC QUESTIONS AND SUGGESTIONS

Dept-2: Third bulleted item - Suggest the following change - "Selects, acquires, organizes and processes a wide variety of books and other materials on numerous subjects expressing wide-ranging points of view for people of all ages."

Dept-3: Item 1 - What is the Projected 1994-95 percent of citizens satisfied with library services?

high, especially in light of the probable impact during these years of a Central Library relocation for reconstruction. How does the Projected 1994-95 figure (which corresponds to a 9.1% increase in circulation per capita) relate to the Projected 1994-95 circulation per hour open figure from CL-6, which is an increase of only 4.9%? The apparent difference in these two measures seems counterintuitive.

CL-6: Item 1 - The Estimated 1993-94 circulation per hour open represents a 4.9% increase over Actual 1992-93; the Projected 1994-95 circulation per hour open shows a 4.9% increase over Estimated 1993-94. What is the probable impact during these years of a Central Library relocation for reconstruction? It seems that there should be a difference, with growth in the latter period being less due to relocation. How does the Projected 1994-95 figure (which corresponds to a 4.9% increase in circulation per hour open) relate to the Projected 1994-95 circulation per capita figure from CL-5, which is an increase of 9.1%?

CL-7: Item 1 - Is it reasonable to expect an increase in the intensity of use of the Central Library collection between 1993-94 and 1994-95 if a relocation for reconstruction is likely?

CL-10: Item 3 - Include a statement in the definition which differentiates Central Library Reference services from the systemwide telephone reference services in SP-13.

CL-11: Item 4 - Is a single annual count adequate for measuring this Key Result? Have the standardized ALA procedures been checked for statistical reliability and validity to assure that the designated measurement period is representative of year-round average materials use per capita?

CL-12: In the second paragraph, it is asserted that 50% of the Portland Public Schools' library book budget was eliminated (from the 1993-94 PPSD budget). This figure differs from the figure cited on CS-1 in a related statement. The statement would be stronger if it also included data on impacts of Measure 5 on other school districts in the county. (The actual 1993-94 PPSD library book budget may be reduced once again as a consequence of the defeat of Measure 1 once the district decides how to prepare for anticipated budget reductions next year. The statement on CS-1 may prove to be closer to the final impact on district library book purchases.)

The whole question of the impact of greatly reduced purchasing by PPSD, especially if it is to continue over the next several years, should be examined, perhaps separately from this document. If that reduction is coupled by further constraints on MCL's ability to purchase new materials, further reduction of hours, or branch closings, the compounded effect would be worse. Some

How is the "service population" figured? Cardholders? General population? What impact of figuring the other way? This same question applies in several places where this term is used.

CS-7: Item 1 - Refer back to the comment made in CL-4 above on comparison of cost per circulation between the Central Library and the large branches. Does the comparison suggest there is an optimal size for a library in our community? Or, is there a difference in the way the costs per circulation are calculated that reflects differences in service types or levels? If the latter is the case, the measures should be made on the basis of the same cost inputs for comparative purposes; any non-comparable costs per circulation at Central should be expressed in a separate measure so that this Key Result can be used by the CBAC to gauge size efficiencies on cost per circulation.

How are the large, medium, small branches defined?

CS-11: Item 1 - The circulation per capita at the medium branches is expected to increase 5.9% between Actual 1992-93 and Estimated 1993-94; a 6.0% increase is expected between Estimated 1993-94 and Projected 1994-95.

CS-12: Item 1 - Cost per circulation at the middle-sized branches is slightly higher than at the large branches (CS-7). Does the comparison suggest there is an optimal size for a library in our community?

CS-15: Item 7 - Statements on potential for browser fill rate for the large (CS-5) and medium (CS-10) branches anticipate increases in the rate at those branches due to expansions in CD and video collections. No similar statement appears here; are there no possibilities for expanding CD and video collections at the two small branches?

CS-17: Item 1 - Cost per circulation at the small-sized branches is 20% higher than at the medium-sized branches (CS-12). Does this comparison and that noted in CS-12 suggest there is an optimal size for a library in our community?

SS-1: There is no explicit statement here about responsibility for staff training and professional development. A statement appears on SS-10 about staff computer training; this is the only explicit reference to training in the section. Which unit of Support Services has responsibility for staff training in other aspects of library procedures and professional skills?

SS-4: Items 1 and 7 - Why are we below average in Subject and Author Fill Rate in comparison to libraries serving communities of similar size?

SP-4: Item 6 and Note - Is it appropriate to identify as a baseline the annual change in revenue between 1991-92 and Actual 1992-93, considering that there was a one-time sell-off of the Library s 16mm film collection which resulted in dramatic increases in revenue from the Title Wave Bookstore? Setting the baseline during an exceptional period seems to ignore the purpose of measuring subsequent performance against a baseline figure.

SP-8: Item 1 - The telephone renewal circulation per capita is expected to increase 10.1% between Actual 1992-93 and Estimated 1993-94; a 4.9% increase is expected between Estimated 1993-94 and Projected 1994-95. Why are we expecting an increase in the telephone renewal circulation rate which is more than twice as large in the earlier period than it is in the subsequent year?

SP-13: Compare telephone reference to in-person questions. Is there a trend in numbers or percentages? Again, why no data since 1989?

SP-14: Item 7 - Why are we 5% below the average for similarly sized library systems in our percentage of ILL documents delivered to patrons within 30 days?

SP-16: Is it possible to add a Dynix module offering users an opportunity to respond to one or two survey questions on their satisfaction with their access to information and the quality of the information they found through the Library's computerized search facilities?

Again, suggest rewriting the description to group the services, e.g., internal management, public services support.

SP-21: Has any attempt been made to price doing MCL printing at County or City of Portland print operations? Do we need a separate shop?

SP-22: Item 4: Is an annual survey frequent enough for this measure? How will staff ensure that the survey period chosen is representative of customer satisfaction with library publications during the rest of the year?

SP-23: Items 3, 4 and 6 - Does the existing clippings file have enough material and time depth to allow for the calculation of a realistic baseline figure for this Key Result?

The measure is stated as efficiency of the operation. Efficiency and effectiveness are different concepts. How many of the mentions in the press are favorable? What other indicators of progam success canbe given?

SP-24: The measures of Services for Target Populations on SP-25 through SP-28 are all quantitative. We should attempt a periodic

MEMO

To: Beverly Stein, County Chair

From: Sheriff's C.B.A.C.

Dan Gardner, Chair

Margaret Boyles

Jim Kessler

Mark Cvetko

Sheriff's Staff

Larry Aab

Sharron Owen

Sheriff's C.B.A.C.,

All the members felt that the program measures were a very interesting process and would like to thank all the Sheriff's staff for their helpfulness and cooperation.

There were some mixed feelings as to how meaningful some of the measures are, such as major incidents per inmate and incidents of facility damage per inmate. It does seem that per diem studies of cost per bed per facility, or inmate to guard ratios, or some other measure might be more meaningful.

Some measures were very good such as dealing with D.A.R.E.

Above all other recommendations, however, that we would like to see for the Sheriff's Office, Multnomah County Restitution Center (M.C.R.C.) and other Community Correction and Alcohol and Drug Treatment Programs, even if it is more labor intensive, is to track all persons who complete their programs, whether at the Restitution Center or elsewhere, to see if they are rearrested within a several year period. This would inform us if the program needs to be changed, improved or intensified to get the success rate increased.

One last recommendation we would make is that as a rule program measures avoid using just a percentage alone, without giving more information. For instance, the Division Executive Branch Service/Activity name Internal Affairs and Inspections key result percentage is sexual harassment and discrimination investigations expected to be completed within 35 days, estimated at 80% for 1993-1994 and projected at 90% in 1994-1995. This percentage has little meaning if they only investigated three cases. However, it is a much more impressive performance if they had 35-40 cases. Without giving a number you cannot determine the level of performance.

1991.

Please insert Social Services CBAC report when received.

Multnomah County

Program Performance Budget

December 1993

Slide 1

Key Questions

- Why is the budget changing?
- How will it be different?
- What needs to be done?

Multnomah County Slide 2 8/93

Why is change needed?

- Lack of public confidence
- Growing problems
- Funding reductions
- Current approach isn't working

Slide 3

What are we trying to do?

- Communicate better
- Improve decision making
- Focus on results

Slide 4

How will the budget be different?

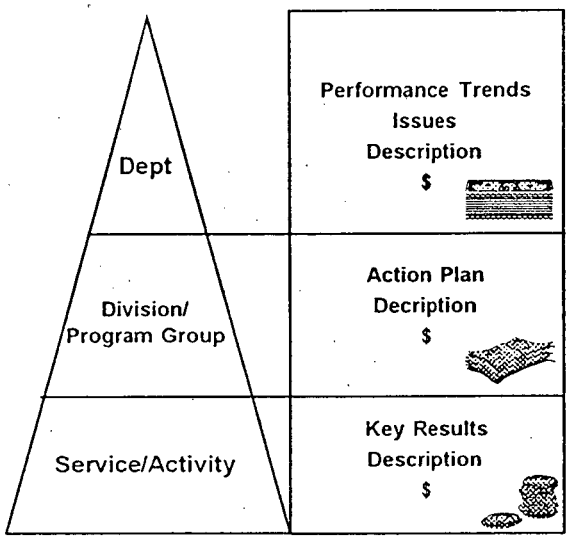
- More narrative
- Broader view
- Policy making agenda
- Management plan
- Significant changes identified
- Performance measures

Slide 5

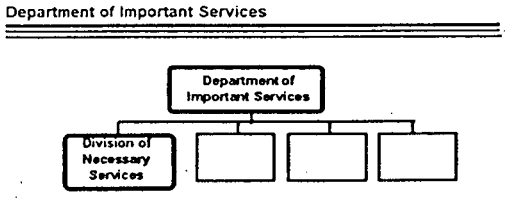
Program Performance Budget Framework

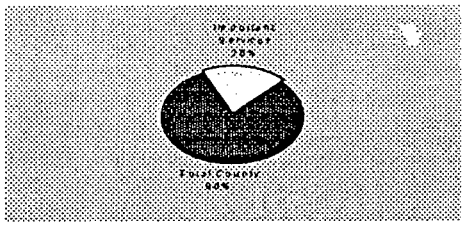
Community level	Benchmarks
Major program area	Trends / Results
Department level	Performance Trends/ Issues & Opportunities
Division level	Action Plan
Service level	Key Results

Slide 6



Slide 7





Slide 8

Department of Important Services

Vision

Strategies

Partnerships

Slide 9

Department of Important Services

Budget Overview	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing FTE				
Departmental Costs				
Program Revenues				

Departmental Services

Slide 10

Department of Important Services

Issues and Opportunities

Issue 1:

Major Alternatives

Chair's Recommendation:

Issue 2:

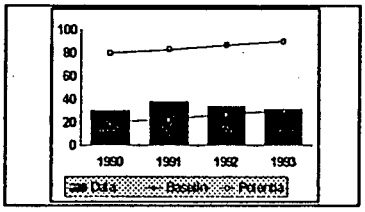
Major Alternatives:

Chair's Recommendation:

Slide 11

Department of Important Services

Performance Trends



Recent Accomplishments

Slide 12

Necessary Division — Important Dept

Description

Action Plan

Significant Changes — FTE's — Dollars

Slide 13

Necessary Division — Important Dept

Budget Trends	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels				
Personal Services				
Contractual Services				
Materials and Supplies				
Capital Outlay				
Total Costs				
Net Revenues Required				
Program Revenues				

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
A				
B				
C				
Total Costs				

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
A				
B				
C				
Total Staffing				

Slide 14

Activity/Service Name

Necessary Division
Department of Important Services

Description

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Estimated

Significant Changes	FTE	Dollars

Budget Changes	1993-94 Adopted	1994-95 Request	Change
Staffing Level			
Costs			
Program Revenues			
Net Revenue Required			

Slide 15

The description explains services and activities

1. What is this service trying to accomplish?
2. What problem does this service address?
3. What limits are there to County discretion?

Slide 16

Performance Measures are never perfect

Performance Measures are never complete

Performance Measures are like a language

Slide 17

Speedometer
Battery
Oil Pressure
Odometer
Fuel level
Brake
Temperature
Turn signal
Door open
Seatbelt unbuckled
Headlights on
Key in ignition bell
Tachometer
Washer fluid level
30,000 mile tune-up light

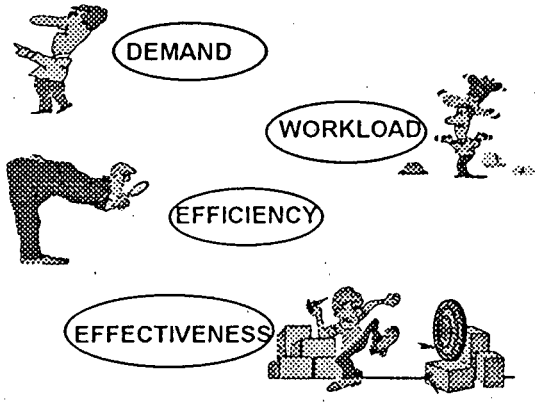
Slide 18

Direction and progress

Not just the bills for the gasoline

Slide 19

Types of Measurement



Slide 20

DEMAND or NEED

- Eligible populations
- Service area size
- Deficient conditions
- Requests/Applications
- Complaints

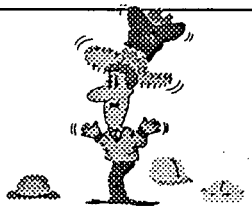
Slide 21

DEMAND or NEED

- Not a performance measure
- Useful for describing why the service is being provided

Slide 22

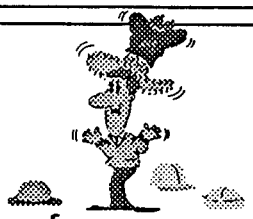
WORKLOAD



- Units of output
- Transactions processed
- People served
- Time spent

Slide 23

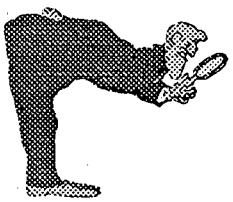
WORKLOAD



- Not a performance measure
- Useful for management decision-making
- One component of an efficiency measure

Slide 24

EFFICIENCY or COST Performance Measure



- Number of (output) per hour worked
- Unit cost per (output)

Slide 25

EFFECTIVENESS or IMPACT Performance Measure

- Objectives accomplished
- Response Time
- Workload as % of demand
- Reduce deficient conditions
- Customer satisfaction
- Error rate

Slide 26

What's important to measure?

Results...NOT activities

- Results are the point at which a good or service is delivered
- Activities are the actions which lead to the delivery of a good or service

If you only measure activities you may not get results...Measuring results causes the right activities to be done.

Slide 27

What's important to measure?

Example

Most people care only that a paycheck is on time and correct. They don't think or care about the activities that produce that result.

A payroll function could perform six of seven activities required to produce a paycheck very well, yet if that one activity is overlooked - a paycheck may not be produced.

Slide 28

Key Results :

Performance measures of efficiency or effectiveness which are directly linked to services in the budget

Slide 29

Why present "key results"?

- TO IMPROVE COMMUNICATION
  - Clarifies purpose
  - Informs citizens, policy-makers and other County program managers
  - Establishes accountability
- TO ESTABLISH OUR COMMON DIRECTION
  - Towards County goals
  - Towards State benchmarks

Slide 30

Key Results are measurements of:

Efficiency:

doing the RIGHT things with the BEST use of resources

- How much was done?
- What did it cost?

Slide 31

Efficiency Measures ...

- Report on the COST of work accomplished

Examples:

- Cost per traffic sign
- Maintenance costs per lane mile
- Restaurant Inspections per FTE
- Cost per person for successful completion of Alcohol and Drug Treatment program
- Administrative cost per tax dollar collected

Slide 32

Key Results are measurements of:

Effectiveness:

doing the RIGHT things WELL

- Customer satisfaction
- Quality of work
- Societal benefit

Slide 33

Effectiveness Measures...

1. Measure product and service quality
2. Measure customer satisfaction with product/service
3. Measure impact on community

Slide 34

1. Examples of quality measures

- Accuracy
  - % of accurate determinations of financial eligibility
- Timeliness / Responsiveness
  - % of nursing facility abuse/neglect incidents investigated within 24 hours
- Conformance to Standards
  - % of EMS responses within 4 minutes
- Customer Satisfaction

Slide 35

2. Examples of customer satisfaction indicators

- Customer complaints
  - Number of complaints filed on facility cleanliness
- Customer survey
  - Citizen satisfaction survey of library services

Slide 36

3. Examples of impacts on the client/community

- Changes in client behavior
  - Recidivism rate within one year for DUII clients treated
- Statistics about community problems
  - Reported cases of communicable diseases
- Measures of client abilities
  - Reading scores of juvenile clients

Slide 37

Department: Prepared by:
Service/ Activity: Date:

Key Result Label	1991-92 Actual	1992-93 Actual	1993-94 Estimate	1994-95 Projected

Definition:

Source:

BUD J

Demonstrates:

Baseline:

Potential:

Slide 38

Key Result

(The following examples are taken from Adult and Family Services Division)

Key Result Label: name of the measurement

Example: Agency cost per job placement

Slide 39

Definition

Include specific descriptions of the type of service, client or standard.

How is measure calculated?

Simple enough so someone from outside the department could calculate it.

What does job placement mean?

Example: sum of costs divided by total job placements

Slide 40

Source

Describe where data is gathered from.

Example: Costs come from LGFS, job placements come from State JOBS System

Slide 41

Demonstrates

What is measure intended to show?

- ✓ Changes in client behavior or abilities
- ✓ Statistics about community
- ✓ Linkages to Benchmarks discussed he[illegible]

Example: demonstrates efficiency of employment and training program

Slide 42

Baselines

Baselines for each performance measure should be developed using one of the following criteria:

- ✓ Actual Performance
- ✓ Industry Averages
- ✓ Estimates/informed judgement

Example: baseline is average of 1991 cost per job placement.

Slide 43

Potentials

- ✓ Best performance
- ✓ Industry Best
- ✓ Desired Potential

Example: assuming maximum job placements is 700, costs would not exceed $3,400 per placement

Slide 44

Performance Trends :

Effectiveness measures which are priority concerns of the Department (such as Oregon Benchmarks)

Slide 45

Performance measures: a challenging endeavor

- Creative process
- Consider available resources
- Consider proxy measures
- multi-year commitment

Slide 46

MEETING DATE: DEC 2 1 1993

AGENDA NO: WS-1

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: Program Narrative and key results (performance measurements) for 1994-95 Budget

BOARD BRIEFING *Date Requested:* 12/21

Amount of Time Needed: 1 1/2 hour

DEPARTMENT: Nondepartmental *DIVISION:* Planning & Budget

CONTACT: Dave Warren *TELEPHONE #:* 248 - 3822

BLDG/ROOM #: 160 / 1400

PERSON(S) MAKING PRESENTATION: Billi Odegaard

ACTION REQUESTED:

[X] INFORMATIONAL ONLY [X] POLICY DIRECTION [ ] APPROVAL [ ] OTHER

SUMMARY (Statement of rationale for action requested, personnel and fiscal/budgetary impacts, if applicable):

Work session with the Board on program measurements and program narrative for the Health Department These briefings were suggested by Commissioners at the November 30, 1993 retreat at Blue Lake

Health Department (Billi Odegaard) 1 1/2 hours Tuesday 12/21 9:00 - 10:30

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein

OR

DEPARTMENT MANAGER: _____

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

Any Questions?: Call the Office of the Board Clerk 248-3277/248-5222

COMMUNITY HEALTH COUNCIL
An Appointed Citizens' Board

MULTNOMAH COUNTY OREGON

HEALTH DEPARTMENT
426 S.W. STARK STREET, 8TH FLOOR
PORTLAND, OREGON 97204-2394
(503) 248-3674
FAX (503) 248-3676
TDD (503) 248-3816

November 30, 1993

Beverly Stein
Chair
Multnomah County Board of Commissioners
1120 SW Fifth Avenue, Room 1410
Portland, Oregon 97204

Dear Ms. Stein:

The Multnomah County Community Health Council reviewed the Program Performance Based Budget the Health Department was asked to submit. We realize that your budget decisions will not be easy to make and there is no magic formula to provide the answers, especially where health care is concerned.

While reviewing the "key results" in the program budget for the various Health Department services, several comments and concerns were raised. Evaluation of health care services is indeed important, however, we would caution that we need to be realistic in evaluating outcomes. Evaluation cannot be oversimplified. Many of the outcomes seem unrealistic. Do not expect all babies to be born healthy and to put an end to teen pregnancy. Many circumstances like teen pregnancy, infant mortality and low birthweight are social problems with a medical consequence. No matter what services the Health Department offers it has no control over non-medical influences that determine these rates such as poverty, substance abuse, child abuse, poor nutrition, etc. When teen pregnancy and low birthweight are the issues, holding rates steady can be a success.

What we do expect the Health Department to do is to remove barriers to health care that they do have control over, such as personnel attitudes, appropriate business hours, translation services, etc. We would like to see appropriateness of services addressed as opposed to numerical outcomes. Our concern when numbers are the focus of evaluation is that patient satisfaction can be ignored.

Evaluation of health care programs understandably is different from evaluating the effectiveness of road or bridge maintenance. The Program Performance Budget appears to be measuring only quantitative issues and not qualitative issues. While measuring qualitative issues is not as clean, we believe they are more important in health care. The goal of the health department should be to help people take responsibility for their health habits. In order to do this people must feel good about themselves and their interaction with the health care system.

The Health Council would like to challenge you to look beyond the linear outcome evaluation models when reviewing the budget. Take into consideration the importance of the relationship between provider and client.

Another concern that the council would like to note is the lack of mention of the impact of CareOregon on the department budget. We would like this to be thought of realistically. Funds will be brought into the Health Department because of CareOregon but will be paid out when services are provided. Care Oregon will not create a surplus of funds for the department.

Please feel free to call on the Community Health Council if you have any questions.

Sincerely,

Joanne DeHoff
Chair
Budget Committee

cc: Multnomah County Community Health Council

Health Department

Health Department

Health Department

Mission Statement

The mission of the Health Department is to assure, promote and protect the health of the people of Multnomah County.

Goals

- Promotion of a healthy community through active participation in the development and enactment of public policy affecting health.
- Prevention of serious health problems through early intervention and promotion of positive health behaviors;
- Protection of the public against health hazards, trauma, and the spread of disease; and
- Provision of health services to low income and high risk residents.

Objectives

- Decrease levels of reportable diseases.
- Improve access to primary care (including dental care) services for medically underserved residents.
- Contribute to an increase in the proportion of babies with healthy birth weight.
- Reduce teen pregnancy rate.
- Increase percentage of two-year olds who are adequately immunized against vaccine preventable diseases.

Vision

- Access to health care should be available to all county residents.
- Develop a fully capitated health plan, "CareOregon," in response to health care reform.
- Continue efforts to institute collaborative actions to focus on key health issues, e.g., Teen Parenting Network.
- Develop selected entrepreneurial projects, e.g., "marketing" bloodborne pathogen consultative services.

Values

- Primary prevention of ill health is most cost effective.
- Provision of the highest quality services, empowerment of clients, emphasis on health promotion
- The most valuable resource of the Health Department is our staff.
- As the local public health authority, we seek opportunities to foster partnerships and collaborative endeavors to improve the health of this community.

Health Department

Budget Overview	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing FTE		**709.82**		
Departmental Costs	**$48,989,537**	**$53,190,164**		
Program Revenues	**$27,417,254**	**$32,032,803**		

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 and death investigation;
- advocacy for the improved health of the community, particularly the medically underserved and disenfranchised.

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.

Health Department

Issues and Opportunities

1:

Major Alternatives:

Chair's Recommendation:

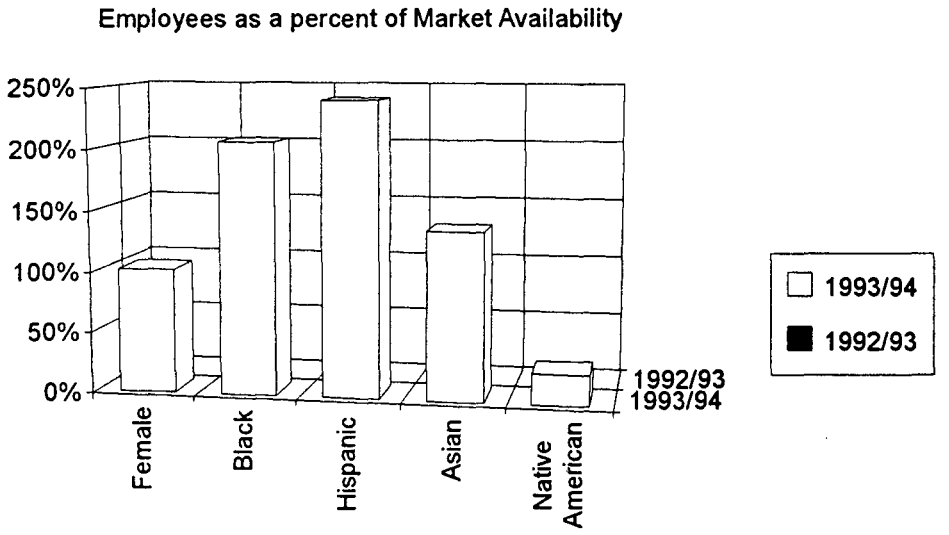
2:

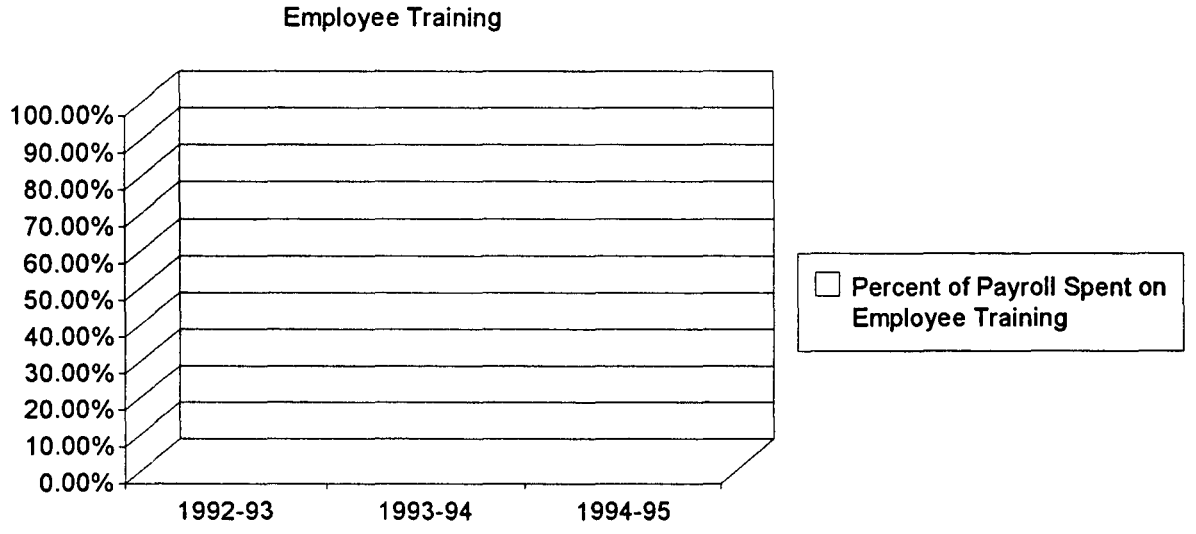
Major Alternatives:

Chair's Recommendation:

Health Department

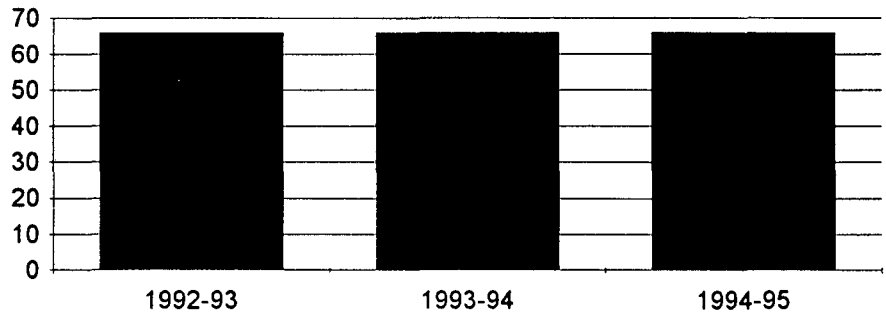
Performance Trends



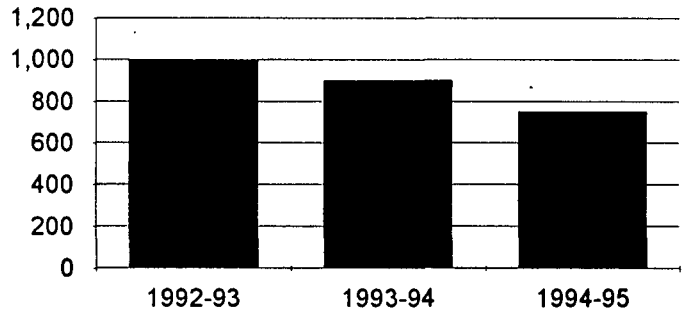


Health Department

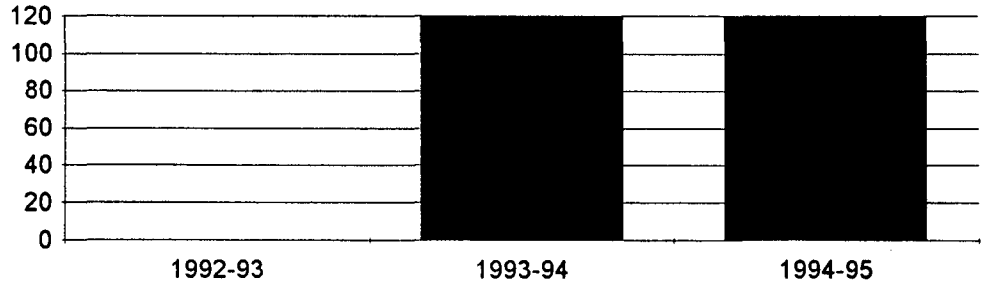
Reported Cases of Pulmonary Tuberculosis (TB)



Reported Cases of Gonorrhea

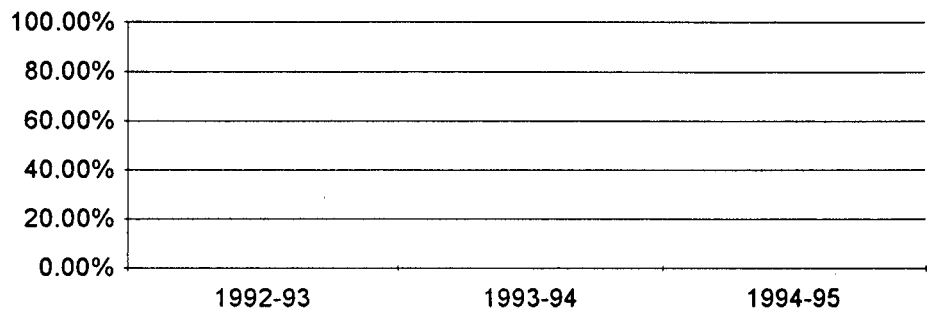


Number of people unable to access primary medical and dental services daily

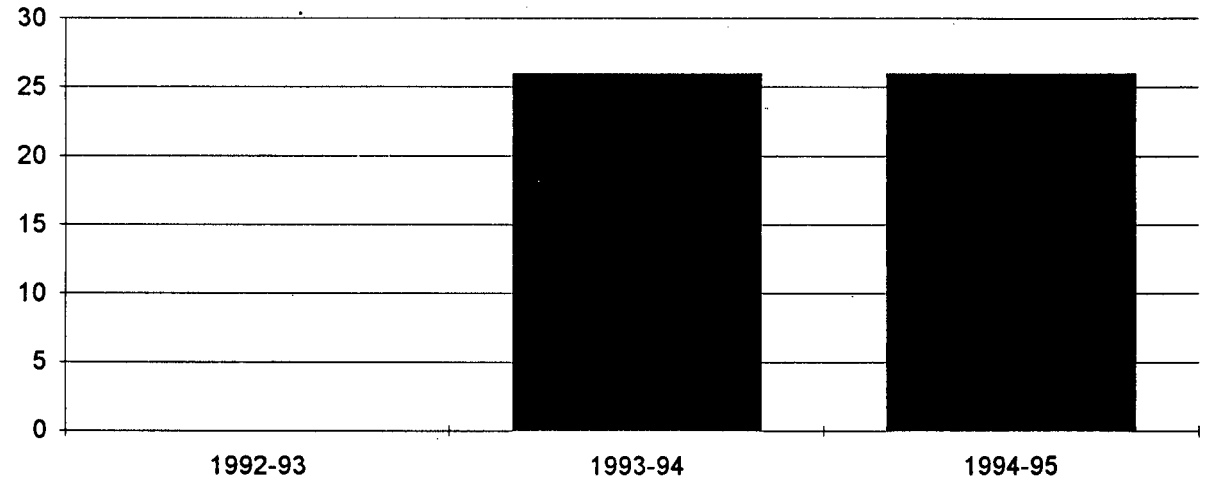


Health Department

Percent of Babys Born with Drug Positive Meconiums

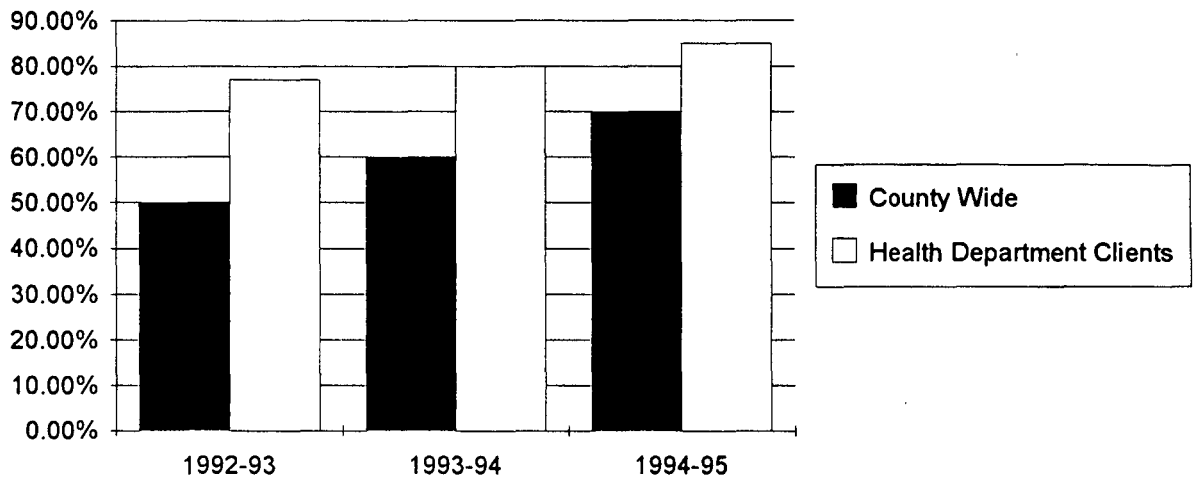


Pregnancies per 1,000 Females Aged between 10-17

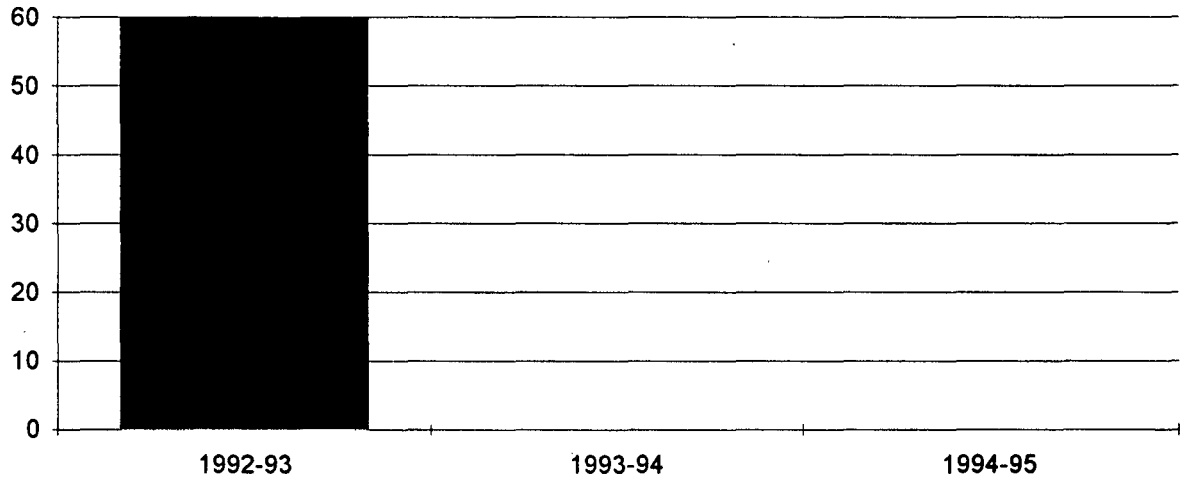


Health Department

2 Year Olds' Immunization



Number of Child Abuse Victims per 1,000 Children



Health Department

Recent Accomplishments

Health Department

Budget Highlights

Health Department

Source of Funds	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget

Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		709.82		
Personal Services	$31,608,991	$34,500,181		
Contractual Services	$5,262,701	$5,712,187		
Materials & Supplies	$9,923,207	$12,838,443		
Capital Outlay	$132,882	$139,353		
Total Costs	$47,545,209	$53,190,164		
Program Revenues	$27,067,304	$30,419,331		
Net Revenues Required	$20,477,905	$24,563,671		

Costs by Division

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Director's Office	$210,366	$365,122		
Regulatory Health	$2,333,509	$2,561,420		
HIV Clinics	$2,627,343	$2,734,704		
Specialty Care Clinics	$8,921,383	$11,190,698		
Primary Care Clinics	$15,527,889	$15,888,269		
Field Services	$4,140,729	$5,104,699		
Dental Services	$2,413,432	$2,737,700		
Services&Support	$5,322,615	$6,109,598		
Business Services	$1,031,942	$1,559,511		
Corrections Health	$4,609,418	$4,938,443		
Total Costs	$47,545,209	$53,190,164		

Staffing by Division

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Director's Office		4.3		
Regulatory Health		43.58		
HIV Clinics		33.17		
Specialty Care Clinics		163.37		
Primary Care Clinics		215.75		
Field Services		72.05		
Dental Services		35.80		
Services&Support		56.70		
Business Services		25.50		
Corrections Health		66.10		
Total Staffing		709.82		

Director's Office

Health Department

Description

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

Action Plan

Significant Changes	FTE's	Dollars

Director's Office

Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		5.00		
Personal Services	na	$259,257		
Contractual Services				
Materials & Supplies		$100,920		
Capital Outlay		$4,945		
Total Costs	$210,366	$365,122		
Program Revenues				
Net Revenues Required		$365,122		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Total Costs				

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Total Staffing				

Regulatory Health

Health Department

Description

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

The Division deals with community health problems that are best addressed through "population based services" - i.e., activities aimed primarily at communities 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, and federal, state, and local laws, rules, and guidelines.

Action Plan

Significant Changes	FTE's	Dollars

Regulatory Health

Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		43.58		
Personal Services	$1,974,645	$2,113,362		
Contractual Services	$36,627	$37,200		
Materials & Supplies	$318,070	$410,858		
Capital Outlay	$4,167	0		
Total Costs	$2,333,509	$2,561,420		
Program Revenues	$1,472,070	$1,710,297		
Net Revenues Required	$861,439	$851,123		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Administration	$262,005	$359,347		
Health Inspections	$927,775	$1,007,670		
Vector Control	$311,432	$290,796		
Medical Examiner	$555,421	$456,383		
Emergency Medical	$239,944	$256,941		
Lead Screening	$36,912	$190,283		
Total Costs	$2,333,509	$2,561,420		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Administration		5.00		
Health Inspections		18.00		
Vector Control		5.08		
Medical Examiner		9.50		
Emergency Medical		4.00		
Lead Screening		2.00		
Total Staffing		43.58		

Division Management

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.0		
Costs	$359,347		
Program Revenue	$150,105		
Net Revenue Required	$209,242		

Medical Examiner

Regulatory Health
Health Department

Description

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

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

Local discretion is limited by the mandates and State Medical Examiner supervision authority arising from ORS 146.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Cases investigated per FTE	364	376	376	389

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.5		
Costs	$456,383		
Program Revenue	$38,800		
Net Revenue Required	$417,583		

Emergency Medical Services

Description

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

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

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

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

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4		
Costs	$256,941		
Program Revenue	$256,941		
Net Revenue Required	0		

Health Inspections

Regulatory Health
Health Department

Description

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

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

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

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	18		
Costs	$1,007,670		
Program Revenue	$1,007,670		
Net Revenue Required			

Vector Control

Description

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

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

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

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

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.08		
Costs	$290,796		
Program Revenue	$59,543		
Net Revenue Required	$231,253		

HIV Programs

Health Department

Description

This Division has two primary purposes: preventing and treating HIV and other sexually transmitted diseases (STDs) and conducting Department wide planning and designing strategies to fill gaps in service delivery. It is responsible for assessing needs, designing projects, and securing resources. It trains people in the community as well as department employees, delivers clinic services, conducts community wide planning processes and writes grant applications.

This program addresses the need to provide early diagnosis and treatment of HIV and other STDs and the need for a public health plan designed through citizen input. Specific public health problems change over time, and on-going strategic planning is vital to a pro-active approach to protecting the public health

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

Action Plan

Significant Changes	FTE's	Dollars

HIV Programs

Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		33.17		
Personal Services	$1,567,346	$1,529,992		
Contractual Services	$542,155	$644,488		
Materials & Supplies	$509,030	$560,224		
Capital Outlay	$8,812	0		
Total Costs	$2,627,343	$2,734,704		
Program Revenues	$1,344,647	$2,258,414		
Net Revenues Required	$1,282,696	$476,290		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management	$305,428	$143,898		
Planning&Development	$114,336	$310,245		
HIV Education	$619,233	$504,796		
Clinic Prim. Care/Substance Abuse	$413,583	$162,693		
Hiv in Women	$457,691	$609,311		
Risk Reduction Project/NIDA	$386,605	$585,493		
Homeless Risk Reduction	$121,182	$418,268		
Total Costs	$2,627342	$2,734,704		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management		1.25		
Planning&Development		4.3		
HIV Education		3.0		
Prim. Care/Substance Abuse		1.81		
Hiv in Women		8		
Risk Reduction Project/NIDA		8		
Homeless Risk Reduction		6.8		
Total FTE		33.17		

Division Management

Description"HIV Programs" \l2

This program sets direction for the division. It establishes division polices and prcedures, and conducts an on-going evaluation of division goals and objectives.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	1.25		
Costs	$143,898		
Program Revenue	$25,003		
Net Revenue Required	$118,895		

Planning & Grants Development

Description "Planning & Grants Development" \l2

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of New Grants Funded	75%	50%	50%	50%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4.30		
Costs	$310,245		
Program Revenue	$28,272		
Net Revenue Required	$281,973		

HIV Education & Field Research

Description

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

In the state of Oregon, there were 2,203 diagnosed AIDS cases as of 8/31/93 (1,491 in Multnomah County). The Oregon Health Division projects that there are 10,000 HIV infected individuals in the State. HIV education is the only tool we currently have to prevent this projected figure from growing.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
HIV Educational Presentations to Schools and Community Groups per FTE	159	173	173	190

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	3.0		
Costs	$504,796		
Program Revenue	$501,192		
Net Revenue Required	$3,604		

Drug Treatment Center-based Clinics

Description

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

In September, 1990 HIV seroprevalence among clients entering drug treatment in Multnomah County was 1.8%; in June, 1992 that rate had risen to 2.3%. This rate has remained fairly stable.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of Primary Care Visits to Substance Abusers , their Families, and Sex Partners per FTE	240	1,000	1,000	1100

Significant Changes

FTE's Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	1.81		
Costs	$162,693		
Program Revenue	$159,567		
Net Revenue Required	$3,126		

HIV Women's Project

Description

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

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Women at Risk for HIV Transmission Who Are Practicing Safer Sex (available by Aug.94)	na	na	na	na

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	8		
Costs	$609,311		
Program Revenue	$557,572		
Net Revenue Required	$51,739		

Drug User Risk Reduction

Description

The goal of the Risk Behavior Intervention Project (RBIP)] is to prevent the further spread of HIV infection among injection drug users (IDUs) and their sexual partners. The two primary responsibilities and activities of RBIP are to establish a system for monitoring HIV related risk taking behavior and to assess the efficacy of interventions in reducing drug and sexual risk taking behaviors among injection drug users and their sexual partners. The Project collects data, delivers substance abuse and HIV/AIDS prevention interventions, and provides counseling and testing. The spread of HIV among injection drug users and their sex partners is an increasing problem. Of injection drug users entering drug treatment in Multnomah County in 1991 1.8% were HIV positive and in 1992 2.3% were HIV positive.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Injection Drug Users who Engage in Drug Use Behaviors that Place Them at Risk for HIV	na	50%	50%	45%

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	8.00		
Costs	$585,493		
Program Revenue	$575,947		
Net Revenue Required	$9,456		

Homeless Persons Risk Reduction

Description

The mission of the program is to promote positive sexual and drug behavioral changes among injection drug users and their sexual partners. It is responsible for reducing HIV, STD and TB risk among homeless county residents. It provides street outreach services, distributes bleach and condoms, educates clients, assesses risks, measures behavioral changes, provides HIV, sexually transmitted disease and tuberculosis tests, and refers clients to services.

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Homeless Persons Testing Positive for HIV Virus	na	na	2.5%	2.5%

Significant Changes

FTE's Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.8		
Costs	$418,268		
Program Revenue	$410,852		
Net Revenue Required	$7,416		

Specialty Care Clinics — Health Department

Description

The purpose of the Specialty Services Division is to meet the health prevention and treatment service needs of specific populations and/or targeted groups in Multnomah County. The Division is designed to protect and improve the health of the community. The Division investigates, monitors, evaluates and treats communicable diseases and tuberculosis to protect the public health of county residents; provides health promotion, screening, and treatment to specific populations, i.e., refugees and adolescents; provides health promotion and treatment services related to blood borne pathogens to County, Portland, Metro, and Port of Portland employees; and sets policy direction and participates in the hiring recruitment, training, and placement of all bilingual employees for the Health Department.

The problems associated with the health needs of targeted high-risk populations are increasing (i.e. adolescent health needs, Oregon Health and Safety Act requirements regarding blood borne pathogen transmission and future employer TB screening requirements, and interpretation services). The communicable disease and the TB case rates are relatively stable. The demand for International Health Services has historically been growing at an annual rate of 22%, but current refugee resettlement patterns have helped to stabilize encounter volume.

Action Plan

Significant Changes	FTE's	Dollars

Specialty Care Clinics — Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		163.37		
Personal Services	$6,790,911	$7,591,758		
Contractual Services	$400,164	$1,202,286		
Materials & Supplies	$1,721,867	$2,359,650		
Capital Outlay	$8,441	$37,004		
Total Costs	$8,921,383	$11,190,698		
Program Revenues		$5,486,445		
Net Revenues Required		$5,704,253		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management	$114,258	$220,264		
International Health Center	$1,560,596	$3,117,943		
Language Services	$803,605	$1,142,047		
Tuberculosis Mgmt Services	$956,890	$1,211,010		
Sexually Transmitted Disease	$884,223	$1,023,927		
Communicable Disease	$731,759	$542,151		
Occupational Health	na	$398,493		
School Based Clinics	$1,433,039	$1,665,539		
Epidemiology	$548,640	$616,500		
HIV Clinic	$942,127	$869,656		
HIV Homecare	$253,298	$391,868		
Total Costs	$8,921,383	$11,190,698		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management		3.5		
International Health Center		31.9		
Language Services		24.4		
Tuberculosis Mgmt Services		19.5		
Sexually Transmitted Disease		16.1		
Communicable Disease		8.1		
Occupational Health		5.56		
School Based Clinics		26.3		
Epidemiology		9.5		
HIV Clinic		11.90		
HIV Homecare		5.3		
Total FTE		163.37		

Division Management

Description

Division Management acts as a link between the Division and other health services within and outside the Health Department and recruits, hires, evaluates, and trains all mid-level providers in the Division. It provides direction, oversight, and program development for the programs in the Division as well as providing contract development and monitoring for statewide refugee health screening.

The need for the active coordination and management of these services remains stable but will increase in complexity as the Oregon Health Plan is implemented.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	3.5		
Costs	$220,264		
Program Revenue	$39,248		
Net Revenue Required	$181,016		

International Health Center

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Refugee Primary Care Visits per Provider FTE	2860	2900	2900	3080

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	31.9		
Costs	$3,117,943		
Program Revenue	$2,779,727		
Net Revenue Required	$338,216		

Language Services

Description

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

The Health Department encounters over 62,000 non-English speaking client visits per year in over 20 different languages. Historically, the annual growth rate has been 22%, but current refugee resettlement patterns have helped to stabilize encounter volume.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Clients receiving either Care in Their Language or Interpreted Care	90%	92%	92%	96%

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	24.4		
Costs	$1,142,047		
Program Revenue	$19,815		
Net Revenue Required	$1,122,232		

Tuberculosis Clinic

Description

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

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

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

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	19.5		
Costs	$1,211,010		
Program Revenue	$282,568		
Net Revenue Required	$928,442		

Sexually Transmitted Disease Clinic

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Chlamydia Screens per RN FTE	446	714	714	714

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	16.10		
Costs	$1,023,927		
Program Revenue	$539,775		
Net Revenue Required	$484,152		

Communicable Diseases

Description

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

The rate of disease incidents per 100,00 population varies with each disease and is affected by availability of vaccinations, access to medical care, personal hygiene behaviors and the cyclic nature of each disease.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Hepatitis A Cases Working in High Risk Settings Receiving Home Visits	86%	100%	100%	100%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	8.1		
Costs	$542,151		
Program Revenue	$175,420		
Net Revenue Required	$366,731		

Occupational Health

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Multnomah County Employees Receiving Training	80%	90%	90%	95%

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.56		
Costs	$389,493		
Program Revenue	$382,690		
Net Revenue Required	$6,803		

School-based Clinics

Description

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

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Pregnancy Rate in Clinic Users	52.1/1,000	>50/1,000	>50/1,000	>50/1,000

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	26.13		
Costs	$1,665,359		
Program Revenue	$248,495		
Net Revenue Required	$1,416,864		

Epidemiology

Description

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

Currently, the number of cases of gonorrhea and syphilis are stable; chlamydia, for which there has not been any previous active disease intervention by the Health Department, is an increasing problem. Follow-up on all chlamydia cases in Multnomah County will be undertaken by staff.

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

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.5		
Costs	$616,500		
Program Revenue	$243,675		
Net Revenue Required	$372,825		

HIV Clinic

Description

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of Clients Seen per Provider FTE	340	360	360	360

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	11.9		
Costs	$869,656		
Program Revenue	$531,096		
Net Revenue Required	$338,560		

HIV Home Care

Description

The purpose of the Seropositive Wellness Program is to increase the length and quality of life for newly diagnosed HIV positive persons identified through Multnomah County service sites, and to prevent the transmission of HIV. This program is responsible for the enrollment of clients, and for assisting those clients in changing their behavior to maintain good health and reduce risk to others. This is accomplished through a variety of services including providing vouchers to assist the client to enter the health care system early, nutrition counseling, psychiatric assessment for depression, HIV education, stress reduction, immunization, and screening for diseases, including tuberculosis, hepatitis, and syphilis.

The need for the program is increasing, both because of the growing diversity and number of clients and because of expanding the program to include referrals from other diagnosing physicians and health care agencies.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Clients Enrolled in Seropositive Wellness Program Who Show Reduction in HIV Risk Behavior (data will be obtained from State)	na	na	na	na

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.3		
Costs	$391,868		
Program Revenue	$224,584		
Net Revenue Required	$167,284		

Primary Care Clinics — Health Department

Description

The Primary Care Division provides preventive and primary medical care services to County residents who are unable to access appropriate care through private health care providers because of financial or other barriers. The Primary Care and Division is responsible for the protection of the community by preventing illness and promoting health through accessible health services.

The Division provides primary health care services to 45,000 unduplicated clients annually in geographically dispersed sites throughout the County; screens and predetermines Medicaid eligibility for low-income residents and provides managed care for Oregon Health Plan enrollees. 80,000 to 100,000 Multnomah County residents currently lack economic access to basic health care. The demand for basic health care is increasing but will be eased through our participation in the Oregon Health Plan.

Action Plan

Significant Changes	FTE's	Dollars

Primary Care Clinics — Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		215.75		
Personal Services	$9,900,600	$10,360,910		
Contractual Services	$2,751,791	$1,818,767		
Materials & Supplies	$2,873,453	$3,708,592		
Capital Outlay	$2,044	0		
Total Costs	$15,527,889	$15,888,269		
Program Revenues		$11,282,705		
Net Revenues Required		$4,605,564		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management	$852,217	$627,188		
Medical Director	na	$353,067		
Medicaid/Medicare Eligibility	$353,320	$453,075		
Primary Care Prepaid Program	$485,443	$2,062,848		
Homeless Children Project	$124,287	$259,339		
Coalition Clinics	na	$97,203		
Primary Care Clinics	$12,899,732	$11,316,247		
Burnside Health Clinic	$655,565	$719,302		
Total Costs	$15,527,889	$15,888,269		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management		7.8		
Medical Director		3.9		
Medicaid/Medicare Eligibility		9.6		
Primary Care Prepaid Program		6.2		
Homeless Children Project		4.7		
Coalition Clinics		.6		
Primary Care Clinics		173		
Burnside Health Clinic		9.95		
Total Staffing		215.75		

Division Management

Description

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	7.8		
Costs	$627,188		
Program Revenue	$396,463		
Net Revenue Required	$230,725		

Medical Director

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	3.9		
Costs	$353,067		
Program Revenue	$333,704		
Net Revenue Required	$19,363		

Medicaid/Medicare Eligibility

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Clients Screened for Medicaid Eligibility	46%	58%	58%	65%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.6		
Costs	$453,075		
Program Revenue	$411,523		
Net Revenue Required	$41,552		

Prepaid Program Services

Description

The Prepaid Program unit administers two managed care health plans (MULTICARE and REEP). These programs for Medicaid clients and newly arrived refugees serve as health care gatekeepers and care coordinators to reduce unnecessary hospital utilization while increasing appropriate access to primary care diagnosis and treatment. This unit also develops and monitors consistent guidelines and oversight of expenditures for HealthSource. HealthSource provides access to necessary specialty health services for uninsured county residents through subsidized referrals to private sector medical specialists. Over 6,000 clients are enrolled in MULTICARE monthly and nearly 1,000 refugees are covered by the REEP program. HealthSource serves over 15,000 medically indigent clients annually for essential specialty diagnostic and treatment services.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Emergency Room Visits by Enrollees that are Unauthorized		>5%	>5%	>5%

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.2		
Costs	$2,062,848		
Program Revenue	$1,474,907		
Net Revenue Required	$587,941		

Homeless Children Project

Primary Care Clinics
Health Department

Description

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

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

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

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4.7		
Costs	$259,339		
Program Revenue	$254,357		
Net Revenue Required	$4,982		

Primary Care Clinics

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Mothers Receiving Pre-Natal Care Beginning in First Tri-mester (Oregon Benchmark)	46%	63%	63%	80%

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of 2 Year Olds in Primary Care Clinics Who Are Adequately Immunized	78%	80%	80%	82%

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	173		
Costs	$11,316,247		
Program Revenue	$7,898,232		
Net Revenue Required	$3,418,015		

Burnside Clinic

Description

Burnside Health Center provides integrated primary health services to culturally diverse, medically indigent, and homeless clients who reside in single room occupancy (SRO) hotels, and on the streets in the West Burnside area of Portland. The clinic is responsible for prevention of illness, promotion of health, and the protection of the community through accessible health services.

Burnside Health Center increases economic and geographic access to basic health care for homeless clients by providing ambulatory primary health care to 2,200 social and medically needy residents of the Old Town area, thereby increasing good health practices among this population. Although the number of homeless persons seeking medical care at Burnside Health Center is increasing, the advent of the Oregon Health Plan makes the stability of this problem difficult to determine.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Burnside Clients that are Properly Immunized for Pneumovax and Tetanus	70%, 58%	80%, 80%	80%, 80%	85%, 80%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	9.95		
Costs	$719,302		
Program Revenue	$520,682		
Net Revenue Required	$198,620		

Coalition Clinics

Description

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

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

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

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	.6		
Costs	$97,203		
Program Revenue	$255		
Net Revenue Required	$96,948		

Field Services — Health Department

Description

The mission of the field services program is to promote the health and well being of the individuals, families and communities within Multnomah County. Field Services serve clients and families with multiple and complex health needs by visiting clients in homes, schools and other community locations and providing the services of assessment, screening, teaching, advocating counseling, and linking clients and families with community resources.

Field services provides 32,000 home visits annually to 10,534 unduplicated clients with health and social needs. With increased emphasis on collaborative service delivery in neighborhoods, community health nurses utilize their community leadership role in addressing teen parenting, teen pregnancy prevention, child abuse prevention, the effects of alcohol and drugs on pregnant women and children, domestic violence, lack of access to medical care, early identification and treatment of infants at risk for developmental delay, and the needs of the frail elderly. Increasingly, community health nurses address the pervasive effects of violence in the community, effects which have increased exponentially the past several years.

Our field services teams participate in the networks of teen parent services and early intervention services, which both have local area advisory groups.

Action Plan

Significant Changes	FTE's	Dollars

Field Services

Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		72.05		
Personal Services	$3,122,892	$3,636,699		
Contractual Services	$374,581	$470,216		
Materials & Supplies	$633,565	$987,793		
Capital Outlay	$9,692	$10,000		
Total Costs	$4,140,729	$5,104,699		
Program Revenues		$1,526,028		
Net Revenues Required		$3,578,671		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management	$512,079	$272,776		
Field Service Teams	$3,272,770	$3,715,599		
TeenFamily Support	na	$401,289		
Family Service Center	$118,865	$288,654		
Health Education	$208,124	$298,969		
Child Development Center		$127,412		
Total Costs	$4,140,729	$5,104,699		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management		2.5		
Field Service Teams		56.45		
TeenFamily Support		.5		
Family Service Center		5.6		
Health Education		5.5		
Child Development Center		1.5		
Total Staffing		72.05		

Division Management

Description

The Field Services Division Administration provides direction, oversight, program development, evaluation, and resource development for four geographically defined field service teams and community outreach units. The organization coordinates services between the Field Division and other community health, social service and other providers. This office seeks and obtains State, Federal and private resources to support effective community based programs. This office is continually assessing field service needs and ooking for ways to establish linkages with other health and social service agencies and in some cases to provide the direct health services at the decentralized neighborhood level.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	2.5		
Costs	$272,776		
Program Revenue	$60,347		
Net Revenue Required	$212,429		

Field Service Teams

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Infants with Special Health Care Needs or Severe Developmental Delays Who Receive Case-Management	45%	70%	70%	70%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	56.45		
Costs	$3,715,599		
Program Revenue	$979,888		
Net Revenue Required	$2,735,711		

Field Service Teams

Health Education

Description

The Health Education Unit improves the skills and abilities of medical providers and staff in providing health education and health information to clients in our clinics, increases the skills and abilities of clients by providing usable and appropriate educational materials, and attempts to reach all county residents by using mass media and grassroots information networks. The Health Education Unit is responsible for ensuring that quality health educational and informational materials are available for all county residents seeking information and that this material conforms to all the current standards of education and adult learning concepts. The unit provides the following services: consultation in teaching/presentations for various settings, interviews, focus groups, researching of new programs, developing new health education materials and educational aids, maintaining health education systems, marketing and staff training.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Health Education Presentations per FTE	67	89	89	95

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.5		
Costs	$298,969		
Program Revenue	$18,385		
Net Revenue Required	$280,584		

Teen Family Support

Description

The Teen Family Support Program delivers services to teen parents and their families. Teen parents and their children are at risk for health and social problems and need targeted services to support them. By centrally tracking all teen parents, the program reduces duplication of service, manages available resources effectively, ensures quality services and evaluates and coordinates programs. This program provides intake, assessment, referral, and case management services to the approximately 1,100 teens giving birth this year in Multnomah County. The program includes three separate but coordinated elements:

- assessment and referral to the appropriate case management agency, which is provided by a Community Health Nurse, in the home, clinic or school before birth, or at birth in the hospital.
- case management, support groups, and interactive parent education, which is provided by non-profit community agencies.
- systems coordination implemented through the Teen Family Services Coordinator.

The number of teen parents has continued to rise in the county , as it has in the nation.

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

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	.5		
Costs	$401,289		
Program Revenue	$58,304		
Net Revenue Required	$342,985		

Family Service Center

Description

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

The rates of inadequate prenatal care and infant mortality have been higher in Brentwood-Darlington than the county average.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Rate of Inadequate Prenatal Care in Census Tracts in Brentwood-Darlington	9.6%	9.6%	9.6%	7.0%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.6		
Costs	$288,654		
Program Revenue	$283,107		
Net Revenue Required	$5,547		

Dental Services

Health Department

Description

The Mission of the Dental Services Division is to improve the oral health and thereby the quality of life of Multnomah County residents. The Division is responsible for facilitating the delivery of dental services to County residents who are at-risk, low income, and the under-served (including direct provision of dental services), providing primary preventive dental services, and monitoring the prevalence of oral disease among Multnomah County residents. The Division through its dental clinics and School/Community dental services provides routine and urgent dental care, and preventive dental services to targeted at risk County residents.

The Division addresses the following needs:

- An estimated 350,000 County residents are without dental insurance, and therefore have limited access to dental care (estimate determined by applying the national rate of 60% without dental insurance to County population)
- Dental surveys conducted every three years show high rates of dental disease in both children and adults. Fifty-six percent of 6-8 year old Multnomah County elementary school children have a history of tooth decay and five percent require urgent care for relief of pain and infection--rates are higher for minority children; Forty-six percent of 10-12 year old Multnomah County school children have experienced tooth decay in their permanent teeth--rates are higher for minority children
- Sixty-seven percent of underserved adults have active decay and seventy-nine percent need dental treatment.

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

Action Plan

Significant Changes	FTE's	Dollars

Dental Services

Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		35.8		
Personal Services	$1,612,779	$1,780,032		
Contractual Services	$300,128	$327,769		
Materials & Supplies	$494,590	$629,899		
Capital Outlay	$5,935	0		
Total Costs	$2,413,432	$2,737,700		
Program Revenues		$1,449,380		
Net Revenues Required		$1,288,320		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Dental Health Officer	$408,006	$432,760		
Dental Clinics	$1,708,705	$!,946,541		
School&Community Dental	$296,722	$358,399		
Total Costs	$2,413,432	$2,737,700		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Dental Health Officer		.9		
Dental Clinics		29.00		
School&Community Dental		5.9		
Total Staffing		35.8		

Division Management

Description

The mission of Division Management is to insure that clinical programs (Dental Clinics 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, including department resources. The Division Management is responsible to serve as a resource for information about oral health issues that effect 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.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	.9		
Costs	$432,760		
Program Revenue	$279,000		
Net Revenue Required	$153,760		

School & Community Dental Services

Description

The School/Community Dental Services' program mission is to improve the oral health of Multnomah County school age children and other at-risk county residents. The School/Community Dental Services program is responsible for providing primary preventive dental services to students in 291 targeted Multnomah County Elementary and Middle schools. The program provides oral screenings, oral wellness education, fluoride supplements and dental sealants.

This program addresses the problem of dental disease, especially caries, in County children (50% of 6-8 year olds have caries; and 46% of 10-12 year olds have caries in permanent teeth) by providing dental sealants, fluoride supplements, education and screening/referral. The problem is dental caries in children in general is decreasing, however the rate among low-income and minority children is staying the same.

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

* survey conducted every three years

Significant Changes

	FTE's	Dollars

Budget Changes

	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.9		
Costs	$358,399		
Program Revenue	$14,589		
Net Revenue Required	$343,810		

Dental Clinics

Description

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

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

The problem of lack of access to dental care services for County residents is increasing.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Dental Relative Value Units per FTE	2184	2220	2341	2482

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	29.00		
Costs	$1,946,541		
Program Revenue	$1,128,038		
Net Revenue Required	$818,503		

Services and Support — Health Department

Description

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

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

Action Plan

Significant Changes	FTE's	Dollars

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		50.20		
Personal Services	$2,324,583	$2,321,719		
Contractual Services	$255,946	$573,320		
Materials & Supplies	$2,690,655	$3,127,155		
Capital Outlay	$51,431	$87,404		
Total Costs	$5,322,615	$6,109,598		
Program Revenues		$2,528,913		
Net Revenues Required		$3,580,685		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management	$1,402,995	$1,173,309		
Pharmacy	$1,874,751	$2,342,350		
Laboratory	$889,186	$1,304,956		
Information&Referral	$475,044	$480,127		
Health Supply	$680,301	$808,856		
Health Information Systems				
Business Services				
Total Costs	$5,322,615	$6,109,598		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Division Management		12.50		
Pharmacy		12.40		
Laboratory		14.00		
Information&Referral		6.80		
Health Supply		4.5		
Health Information Systems				
Business Services				
Total Staffing		50.20		

Division Management & Administrative Services

Services and Support
Health Department

Description

Support Services Division management has the mission of directing 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.

Division Management and Administrative Services has experienced an increasing demand not only for services supporting field and clinical programs, but also from infrastructure issues such as; purchasing, data systems, contracting, OSHA, risk management/safety, and facilities management.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	12.5		
Costs	$1,173,309		
Program Revenue	$464,727		
Net Revenue Required	$708,582		

Pharmacy Services

Description

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

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of Prescriptions dispensed per FTE	19,037	19,037	19,733	20,000

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	12.4		
Costs	$2,342,350		
Program Revenue	$747,866		
Net Revenue Required	$1,594,484		

Laboratory Services

Description

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

This section responds to requests for testing or other requirements from clinics, the Communicable Disease office, the Environmental Health Unit, the Health Officer, the State Health Division, and the Federal Government .

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Unit Cost of Laboratory Tests	$7.26/test	$8.37/test	$8.37/test	$8.37/test

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	14.00		
Costs	$1,304,956		
Program Revenue	$332,394		
Net Revenue Required	$1,637,350		

Information & Referral Services

Description "Information & Referral Services" \l2

This service links County residents in need of human services to the existing resources in the community by giving information about and referrals to human services through a team of information and referral specialists. Additionally, this unit researches what health care services are offered in the community with a focus on low income or uninsured persons. This service exists to help residents locate human services that match their needs. During the year it also operates the Emergency Medications Project which assists residents in filling prescriptions for medications when they lack money to do so themselves. Under contract with the State Health Division and the Office of Medical Assistance, this unit also operates a statewide health care referral service intended to help low income and Medicaid-eligible women, children and teenagers access health care services in their local communities.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of Human Services Referral Calls	47,300	48,500	50,000	54,000

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.8		
Costs	$480,127		
Program Revenue	$264,910		
Net Revenue Required	$215,217		

Health Supply

Description

Health Supply manages the system for ordering and procurement of medical supplies not stocked in Central Stores at the most economical price and in a timely manner for all Health Department locations. It works with clinical staff to define products needed, calls vendors for prices, completes the requisition process and authorizes payments for invoices. It manages the health education materials and forms inventory and control system for the department., orders, stocks, and distributes forms and health education materials . It also manages the Family Planning consolidated purchasing and distribution system for the State Health Division, serving the whole state by leveraging significant price reductions on Family Planning Program inventory. Finally, it manages the department's Medical Equipment Maintenance System contract which supports both regular and emergency maintenance of key medical equipment throughout the system.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Number of Medical Supply Items Filled per FTE	3,250	3,575	3,824	4,588

Significant Changes

FTE's Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4.5		
Costs	$808,856		
Program Revenue	$549,405		
Net Revenue Required	$259,451		

Business & Administrative Services — Health

Description

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

Action Plan

Significant Changes	FTE's	Dollars

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		25.50		
Personal Services	$835,976	$1,127,530		
Contractual Services	$113	$40,500		
Materials & Supplies	$189,707	$391,481		
Capital Outlay	$6,146	0		
Total Costs	$1,031,942	$1,559,511		
Program Revenues		$446,179		
Net Revenues Required		$1,113,332		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Grants Accounting	$249,640	$252,154		
Accounts Payable	$214,381	$358,488		
Accounts Receivable	$186,118	$287,303		
Human Resources	$171,437	$260,122		
Health Information Systems	$1,443,691	$401,444		
Total Costs	$2,265,267	$1,559,511		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Grants Accounting		4.00		
Accounts Payable		6.00		
Accounts Receivable		5.00		
Human Resources		5.00		
Health Information Systems		6.50		
Total Staffing		26.5		

Division Management

Description

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

Grants Management & Accounting Health Department

Description

The Grants Management and Accounting section is responsible for monitoring Federal and State grants; maximizing revenues collected; and specialized accounting systems in the Health Department. The unit tracks and matches grant revenues and expenditures; develops and prepares required reports to grantors; produces reports for managers; and develops accounting controls.

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

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

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	4.00		
Costs	$252,154		
Program Revenue	$37,619		
Net Revenue Required	$214,535		

Medical Claims Processing

Description

Accounts Payable is responsible for processing claims for payment for services that medical specialists provided to County clients on a referral basis. The unit receives, researches, authorizes payment; files PCO, REEP, and HealthSource claims received from medical providers who serve Department clients, and reconciles the Department's management information system to the County's LGFS accounting system.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Medicaid Bills Processed Within One Month of Receipt	30%	40%	40%	45%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.00		
Costs	$358,488		
Program Revenue	$220,870		
Net Revenue Required	$137,618		

Medical Billings & Receivables

Description

Accounts Receivable and Medical Billing is responsible for billings to patients, insurance companies, and Medicaid/Medicare, and for collections for the Department. The unit trains and assists clinic staff in the proper collection of fees and processing of cash, reconciles, codes, and deposits receipts daily, and coordinates with staff, clients, and insurance companies to ensure the maximum collection of revenue.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Medicaid Bills Collected Within 30 Days	85%	90%	90%	90%

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.00		
Costs	$287,303		
Program Revenue	$98,389		
Net Revenue Required	$188,914		

Personnel & Payroll

Description

Human Resources is responsible for recruiting, examination, and position control functions for the Health Department. The program 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, and sends transfer notices.

Human Resources manages the selection process for 100 positions annually, with the greatest volume in Nurses and Office Assistants. Personnel functions are provided in support of 900 total employees filling 740 positions(FTE). The number of Health employees has increased from----- in 1990 to 900 currently and is expected to increase by as many as 50 with the CareOregon Plan.

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

Significant Changes

	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	5.00		
Costs	$260,122		
Program Revenue	$25,399		
Net Revenue Required	$234,723		

Health Information Systems

Description

This section is responsible for supporting the diverse data needs of all other sections and divisions of the Health Department. It maintains, enhances, and operates the mainframe based Health Information System, supports the 350 terminals, printers, and personal computers the department uses, directs the activities of four programmer analysts, trains department staff, maintains user documentation, and fills *ad hoc* data requests.

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
Programming Enhancements Developed Filled per $10,000 of costs	3.7	3..6	4.2	4.2

Significant Changes

FTE's Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	6.5		
Costs	$401,444		
Program Revenue	$43,773		
Net Revenue Required	$357,671		

Corrections Health — Health Department

Description

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

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

The Division is regulated by Oregon Statutes ORS 169.076, 169.077, 169.760, 169.080 and professional licensure rules and regulations and is in compliance with national standards for correctional health services in jail and juvenile facilities.

Action Plan

Significant Changes	FTE's	Dollars

Corrections Health — Health Department

Budget Trends

	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Staffing Levels		66.1		
Personal Services	$3,479,259	$3,779,021		
Contractual Services	$601,196	$597,641		
Materials & Supplies	$492,270	$561,781		
Capital Outlay	$36,214	0		
Total Costs	$4,609,418	$4,938,443		
Program Revenues	$1,363,033	$1,572,595		
Net Revenues Required	$3,246,385	$3,365,848		

Costs by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Clinical Services	$4,517,148	$4,733,216		
Mental Health	$92,000	$92,000		
Division Management	na	$113,227		
Total Costs	$4,609,148	$4,938,443		

Staffing by Activity/Service	1992-93 Actual	1993-94 Adopted	1993-94 Revised	1994-95 Budget
Clinical Services		62.32		
Mental Health		1.58		
Division Management		2.20		
Total Staffing		66.10		

Program Management

Corrections Health
Health Department

Description

Corrections Health Division Management is responsible for program development, implementation and evaluation of the delivery of mandated health care services to incarcerated adults and juveniles. It accomplishes these responsibilities by developing policies and procedures, supervising personnel, and multidisciplinary coordination with community agencies and resources.

The program addresses the need to minimize Multnomah County's liability by maintaining community standard care and adhering to state law, as dictated by ORS 169.076, 169.077, 169.760, 169.080. The number of legal challenges increase yearly. Adherence to national and community standards continues to minimize the fiscal impact to Multnomah County.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	2.20		
Costs	$113,227		
Program Revenue			
Net Revenue Required	$113,227		

Clinical Services

Corrections Health
Health Department

Description

Clinical Services provides acute medical and dental care to Multnomah County's incarcerated population. These services include communicable disease screening, medical and dental assessment, triage and treatment, emergency response, and health education. Clinical Services also addresses the need for detection and management of clients with communicable diseases (TB, STDs, HIV disease), for early prenatal screening and treatment, and for detoxification of inmates who are under the influence of multiple drugs and alcohol.

Comprehensive medical screening at booking identifies an increasing number of clients requiring complex medical interventions.

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Pregnant Women Receiving Pre-natal Care While Incarcerated	80%	80%	80%	90%

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	62.32		
Costs	$4,733,216		
Program Revenue	$1,572,595		
Net Revenue Required	$3,160,621		

Mental Health Care

Corrections Health
Health Department

Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
% of Incarcerated Clints with Mental Health Needs Who Receive Psychiatric Intervention				

Significant Changes	FTE's	Dollars

Budget Changes	1993-94 Adopted	1994-95 Budget	Change
Staffing Level	1.58		
Costs	$92,000		
Program Revenue			
Net Revenue Required	$92,000		

Clerk

Medical Examiner

Regulatory Health
Health Department

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	364	376	376	389

Reported cases handled by the Medical Examiner Office per investigator FTE

3. **Definition:**

The key result is calculated by dividing the number of deaths reported to the Medical Examiner Office by the Office's full time Deputy Medical Examiner equivalency.

Note: ORS 146 requires certain classes of deaths to be reported to the Medical Examiner Office. Among others, these include all apparent homicides, suicides, traumatic deaths, drug related deaths, jail deaths, deaths related to employment, sudden infant (SIDS) deaths, unattended deaths, and deaths which occur under suspicious circumstances. Investigations vary from a simple statistical report to full scene investigation with autopsy.

4. **Source:**

Daily phone report log sheets maintained by Medical Examiner Office. Each reported death is recorded on this log. These reports come from hospitals, medical providers, funeral directors, law enforcement agencies, apartment managers, and family members of the deceased person.

5. **Demonstrates:**

Efficiency of program in dealing with work load resulting from statutory mandate

6. **Baseline:**

Historical performance

7. **Potential:**

Undetermined; performance of other agencies in state is under investigation.

Emergency Medical Services (EMS)

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	85%	90%	90%	90%

Eight Minute Response Time Percentage

3. **Definition:**

Response time for an ambulance call is the elapsed time from the dispatch of an ambulance to its arrival at the scene of a medical event.

Eight Minute Response Time Percentage is based on dividing the number of ambulance calls with a response time of eight minutes, zero seconds (8:00) or less by the total number of calls in which an ambulance proceeds to the scene of a medical event.

4. **Source:**

A computerized database of dispatch records maintained at EMS dispatch.

5. **Demonstrates:**

Timely arrival of ambulances at the scenes of medical emergencies; compliance with the county-promulgated standard.

6. **Baseline:**

The system's current response time requirement for ambulances is arrival at the scene within 8:00 or less in at least ninety per cent (90%) of 9-1-1 calls. This requirement is based on medical outcome studies that show an eight minute response is associated with improved health outcomes in critical cases.

7. **Potential:**

Arrival within 8:00, in ninety percent of calls. There are no medical data to suggest that this standard should be adjusted upward or downward.

Health Inspections

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	88.6%	88%	88%	90%

Percent of restaurant food handlers with county food handler certificate.

3. Definition:

Number of food handlers with a county-issued certificate, divided by the total number of food handlers employed in restaurants.

4. Source:

Data are obtained by sanitarians in the course of routine semi-annual restaurant inspections. Counts of the total number of food handlers are obtained from each restaurant's manager. The number of food handlers with county-issued certificates is based on a count of certificates available for inspection at the restaurant. These data are routinely maintained in a computerized database, and are aggregated to carry out calculations.

5. **Demonstrates:**

Whether food preparation in restaurants is being done by workers with at least a minimum level of training in safe food-handling practices. This is an indirect measure of food safety.

6. **Baseline:**

Baseline represents historical performance. Prior to 1991, 69% of food handlers were certified. From 1991-93, this increased to 86.8% as a result in programmatic changes making training and testing more convenient for food handlers.

7. **Potential:**

Based on informed judgement, maximum performance is probably in the range of 90-92%. Substantially higher levels are problematic due to rapid employee turnover in the food service industry, coupled with the fact that semi-annual inspections limit the program's ability to identify non-compliant individuals and establishments.

Vector Control

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	3.4 (EST)	3.4	3.4	3.4

Rat complaints per 1,000 County residents

3. **Definition:**

The number of reports of rat problems received by the Vector Control office each year, divided by 1/1000th of the total population of the county

4. **Source:**

Number of complaints is from Vector Control Program's rodent complaint files; county population is from official census data.

5. **Demonstrates:**

Effectiveness of program in maintaining control of the county's rat population in the face of impacts of changing natural conditions from year to year.

6. **Baseline:**

Estimate of current/historical performance: 3.4 complaints per 1,000 population per year

7. **Potential:**

Based on professional judgement, estimate that this figure could be reduced by 50% with extensive public education, increases in direct control activities/expenditures, and enhanced enforcement aimed at abatement of contributing conditions.

Planning & Development Unit

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	75%	50%	50%	50%

Percent of new grants written that are funded

3. **Definition:**

This Key Result is calculated by dividing the number of new Health Department grants funded by the total number written and submitted (by the Planning & Development Unit) within a given fiscal year.

4. **Source:**

Health Department Notices of Intent to submit grants approved and Notices of Grant Awards.

5. **Demonstrates:**

Effectiveness of Planning & Development Unit in writing and obtaining new grants to support identified Health Department priorities.

6. **Baseline:**

Actual figure in 1992-93 was 75%, but this is an unrealistic baseline; 50% is an appropriate baseline.

7. **Potential:**

The maximum potential is to receive funding for 100% of all new grants written and submitted.

HIV Community Education

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Number of HIV educational presentations for schools and community groups per FTE	159	173	173	190

3. **Definition:**

Divide the number of HIV educational presentations provided by the available FTE (currently 1.5 FTE).

4. **Source:**

HIV education data reports done by educators.

5. **Demonstrates:**

Efficiency of HIV health educators.

6. **Baseline:**

Historical data.

7. **Potential:**

Based on historical data and current staffing, the maximum possible performance value is 190.

Risk Bhvr Intrvntn Project NIDA Cooprtv Agreement

HIV/STD Services and Department-wide Plng
Health Department

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	NA	NA	50%	45%

Contribute to a reduction in percent of injection drug users who engage in drug use behaviors which place them at risk of HIV infection.

3. Definition:

Number of project clients who are engaging in at risk drug use behaviors divided by the total number of clients.

4. Source:

Project data from extensive interviews with injection drug users.

5. Demonstrates:

Effectiveness of HIV prevention interventions in reducing risk behavior among injection drug users.

6. Baseline:

A 1989 needs assessment by the Oregon Health Division showed that 52% of Multnomah County injection drug users were engaging in drug use behaviors which placed them at risk of infection with the HIV virus.

7. Potential:

Potentially, 100% of injection drug users could use a clean needle for each injection thus eliminating drug use risk.

HIV in Women

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent of women at risk for HIV transmission who are practicing (available by Aug, 94) safer sex.	NA	NA	NA	NA

3. **Definition:**

Random interviews will be conducted with women in high risk neighborhoods annually. The level of risk behavior will be measured. The number of women practicing safer sex will be divided by the total number of interviews conducted.

4. **Source:**

Data from interviews.

5. **Demonstrates:**

The effectiveness of community wide education efforts targeting safer sex among women of child bearing age.

6. **Baseline:**

The baseline will be the results of the first interviews. This data will be available in August, 1994.

7. **Potential:**

100% of women using safer sex methods.

HIV Homeless Persons Risk Reduction

HIV/STD Services and Department-wide Planning

Health Department

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Maintain or decrease the percent of homeless persons who test positive for the HIV virus in the Health Department system.	NA	NA	2.5%	2.5%

3. Definition:

Number of positive tests are divided by the total number of tests to homeless persons.

4. Source:

Reports from Oregon Health Division for tests provided through Homeless Risk Reduction project and through Burnside clinic.

5. Demonstrates:

Effectiveness of the project in early testing of homeless persons, effectiveness of HIV prevention and education.

6. Baseline:

Historical data show a positive rate of 2.5%.

7. Potential:

The rate of 2.5% is not likely to be reduced in the short term because of already existing rates in a disease of slow progression. Since the county system is the primary provider of HIV testing for homeless persons, this indicator is adequate to project seroprevalence in the county's total population of homeless.

International Health Center

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

3. Definition:

Refugee Primary Care Services are those refugee client visits at the IHC which are to meet health needs other than initial screening and assessment. These visits divided by the total number of providers give the key result. (Currently there are 2.0 FTE providers.)

4. Source:

This data comes from the MCHD Health Information System. The information on the encounter forms are fed into the MIS computer and printed out.

5. Demonstrates:

This demonstrates that IHC provides primary care services for incoming refugees for an eight month time period. After the initial health screening and assessment is completed, any refugee client who needs primary care is either seen in the clinic by IHC staff or referred to an appropriate outside health care provider.

6. Baseline:

In 1992, the IHC saw 2,954 new clients with a total of 13,011 health care visits, 5.620 of which were provider visits for primary care services, and the rest of which were visits for initial screenings and assessments. There are almost no vacancies in the IHC client schedule, and staff are working at full capacity. This level of client visits in comparison to the present staff is above baseline level. The minimum level of performance is 12 visits/provider/day or a possible client visit/provider ratio of 12-16/1.

7. Potential:

Due to the fact that primary care providers must work with interpreters, it is necessary to schedule client visits at no more than 12-16 per provider per day. We are currently working at that level, and this is probably working at the highest. Given current staffing levels, the maximum possible performance level which could be achieved is 16 primary care client visits per provider per day.

Language Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent of non-English speaking clients receiving health care in their language, or receiving interpreted care	90%	92%	92%	96%

3. Definition:

Total number of clients who received health care in their language or via an interpreter, divided by the total number of clients needing services in a language other than English.

4. Source:

The Appointment system report provides information on interpreter need, location of visits, language, and interpreted visits.

5. Demonstrates:

Ability to provide services in the appropriate language for those who require language assistance as expressed in a percentage of covered booked appointments.

6. Baseline:

90% based on per fiscal year 92-93 Appointment statistics.

7. Potential

100% Based on the assumption of adequate recruitment and staffing of bilingual provider staff and interpreter.

Tuberculosis Mgmt Service

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent of TB Clinic patients who complete a course of TB treatment	64.5%	70%	70%	75%

3. **Definition:**

The number of TB Clinic patients who complete TB treatment within a 12 month period, divided by the number of TB Clinic patients who initiate a course of treatment.

4. **Source:**

Department MIS system, or an audit of patient charts.

5. **Demonstrates:**

Most TB cases will be cured for life (and thereby not communicable) with a 12-month course (or shorter) of treatment. This key result demonstrates the effectiveness of the clinic in reducing active and communicable TB cases in the community.

6. **Baseline:**

70% based on historical data .

7. **Potential:**

80% Even with active outreach it is unlikely that all TB patients who initiate treatment will complete treatment. This is especially true given a high-risk, mobile homeless population.

STD Clinic

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Number of Chlamydia screens in STD clinic per RN FTE	446	714	714	714

3. **Definition:**

The total number of chlamydia screens done in the STD clinic in a 12 month period, divided by the total Registered Nurse FTE.

4. **Source:**

Information regarding the number of tests done and the results come from the Department's MIS system and from the Region X data system. Information is provided by gender, sexual orientation, race, and risk factors.

5. **Demonstrates:**

Chlamydia is the most prevalent STD, particularly among adolescents. (Benchmark: by 1995 to decrease the rate of STDs in adolescents to 75 per 10,000). Many people have chlamydia and are contagious, but asymptomatic. Increased screening will allow for the identification of those clients who are asymptomatic, and thereby decrease rates of chlamydia.

6. **Baseline:**

446 screens per RN (based on past 2 years data).

7. **Potential:**

714 screens per RN based on screening of all men and women examined in the STD clinic under the expanded Region X Chlamydia Project.

Occupational Health

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent of Multnomah County employees who have received the Bloodborne Pathogen Program (BBPP) training	80%	90%	90%	95%

3. **Definition:**

The total number of Multnomah County employees who have received the BBPP training, divided by the total number of Multnomah County employees.

4. **Source:**

Occupational Health Office training and attendance records.

5. **Demonstrates:**

This measure is intended to show compliance with OSHA BBPP mandate to increase employee safety.

6. **Baseline:**

Currently estimate 80% in compliance.

7. **Potential**

100% in compliance. This is our goal.

School-Based Hlth Ctr Program

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
SBHC Rates County-Wide Rate	52.1 (see baseline section below)	<50	<50	<50

Maintain pregnancy rate in School-Based Health Center (SBHC) users that is lower than the County-wide rate for teens ages 15-17

3. Definition:

The pregnancy rate is determined by dividing the number of positive pregnancies in SBHC users by per total number of female SBHC users in a school year, expressed as a rate per 1000 female adolescents. SBHC users are defined as female students who have made at least one visit to the SBHC during the school year. Pregnancy is confirmed and documented by laboratory testing or physical exam. These rates are compared with county-wide rates for women ages 15-17.

4. Source:

SBHC data is from individual SBHC user's medical records and visit encounter data. County-wide data is available from the State Health Division Vital Statistics database, and abortion database.

5. Demonstrates:

This measure shows that users of SBHC have lower pregnancy rates than same age teens county wide. Reducing teen pregnancy rates is an objective comes out of the Healthy Youth 2000 National Health Promotion and Disease Prevention report.

6. Baseline:

Actual rates-	1989-90	1990-91	1991-92	
SBHCs	45.3/1000	39.6/1000	48.3/1000	
County Wide	1989	1990	1991	
	76.9/1000	77.8/1000	80.1/1000	rates for women ages 15-17

7. Potential:

Assuming all sexually active SBHC users used effective contraception consistently, there would remain a small method failure rate as well as planned pregnancies. The pregnancy rate would likely be reduced when onsite dispensing of contraceptives is permitted in SBHC. Because many pregnancies occur in entering 9th graders, the establishment of SBHCs in the middle schools will be critical to effecting a significant reduction in teen pregnancy rates.

HIV/STD Epidemiology

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent of reported cases of the following STDs interviewed by county disease intervention specialists for contacts:				
Gonorrhea	80%	82%	82%	85%
Syphilis	95%	95%	95%	95%
Chlamydia	25%	40%	40%	80%

3. **Definition:**

Reported cases of gonorrhea, syphilis, and chlamydia interviewed by county disease intervention specialists, divided by the total number of reported cases of gonorrhea, syphilis, and chlamydia.

4. **Source:**

Data from Communicable Disease reports to the State; case reports completed by county are compiled by OHD STD section.

5. **Demonstrates:**

Attempts to reduce STD rates by identifying the contacts of STD cases in order to treat and prevent the further spread of STDs.

6. **Baseline:**

Gonorrhea: 80%; Syphilis: 95%: Chlamydia: 25% based on historical data

7. **Potential:**

Gonorrhea and Syphilis: we may be able to improve slightly. We are unable to locate the cases not currently interviewed.

Chlamydia: we currently only interview cases found within the Health Department, because of lack of staff. Next year more staff will be allocated to this effort.

HIV Clinic & Field Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Number of HIV/AIDS clients receiving HIV Clinic services per provider in a 12 month period	340	360	360	360

3. **Definition:**

The total number of clients receiving services in the HIV clinic in a 12 month period, divided by the total number of providers (doctors and nurse practitioners).

4. **Source:**

Encounter forms completed by clinic providers for each client encounter.

5. **Demonstrates:**

It is widely recognized that HIV/AIDS patients need care as early as possible following diagnosis in order to slow the disease progression. This key result demonstrates access to HIV/AIDS treatment services.

6. **Baseline:**

Baseline of 340 clients is based on actual performance in previous year.

7. **Potential:**

360 clients is maximum performance. Potential developed based on increased caseload in previous years.

Seropositive Wellness

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent of clients enrolled in Seropositive Wellness Program who are practicing high risk (see discussion under baseline) behaviors and show a reduction in risk behavior between initial and follow-up counseling sessions	NA	NA		

3. **Definition:**

Total number of clients practicing high risk behaviors who show reduced risk behaviors on 6 month follow-up divided by total number of clients practicing high risk behaviors enrolled in project.

4. **Source:**

Oregon Health Division Seropositive Wellness research program

5. **Demonstrates:**

Demonstrates the effectiveness of education and counseling in changing behaviors that place people at high risk for transmitting HIV.

6. Baseline:

At present, 40% of clients enrolled in the Seropositive Wellness Program are practicing high risk behaviors. Research data indicating the percent of clients practicing high risk behaviors who reduce risk behaviors will be available from the State Health Division in July, 1994.

7. **Potential:**

The potential is that no seropositive persons would engage in behaviors that would transmit HIV.

Medicaid/Medicare

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
% of clients potentially eligible for Medicaid coverage who are screened for Medicaid eligibility	46%	58%	58%	65%

3. **Definition:**

The number of clients screened for Medicaid eligibility divided by the total number of potentially eligible clients (pregnant women and children born on or after 9-1-84).

4. **Source:**

The data is collected at time of service by Eligibility Specialist..

5. **Demonstrates:**

This key result indicates the percent of clients entitled to medicaid benefits who are identified and given improved access to health care. The Oregon Benchmarks are set at a high level but informed judgement recognizes that some Oregonians will not be eligible for the Oregon Health Plan.

6. **Baseline:**

We are using the 1992-1993 actual numbers as our baseline.

7. **Potential:**

Based upon the number of current clients at or below 133% of Federal Poverty Income Criteria, informed judgement is that 75% is the maximum that could be achieved.

Prepaid Program Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent of Emergency Room visits by MULTICARE/REEP enrollees that are unauthorized	NA	under 5%	under 5%	under 5%

3. **Definition:**

The number of MULTICARE and REEP visits at local hospital emergency rooms without prior clinic or after hours advice nurse authorizations divided by the total number of hospital emergency room visits.

4. **Source:**

The data is obtained from hospital bills received which do not have a prior authorization number.

5. **Demonstrates:**

Emergency room visits are expensive, and often medically unnecessary. This key result demonstrates the effectiveness of enrolle education and the performance of the after hours advice nurse system.

6. **Baseline:**

The 1993-94 data currently being collected will serve as the baseline.

7. **Potential:**

Experience from other well established managed care plans indicates that the industry standard is 5% or less.

Homeless Children's Project

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
% of 2-yr old project clients who are appropriately immunized	78%	82%	80%	82%

3. **Definition:**

The number of two year olds appropriately immunized, divided by the total number of two year olds.

4. **Source:**

The data is obtained from the Health Department MIS and is collected at time of service

5. **Demonstrates:**

This key result demonstrates the percentage of children immunized against vaccine preventable diseases. This key result is taken directly from the Oregon Benchmark and applied to Multnomah County Primary Care two-year-olds. It also demonstrates progress in health education, health care access and Quality Improvement.

6. **Baseline:**

The 1992-1993 audit results are the baseline (78%).

7. **Potential:**

90% based on the Preschool Immunization Consortium, although there is a 100% estimate in the Oregon Benchmark for the year 2000.

Primary Care Clinics

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	46%	63%	63%	80%

Percentage of pregnant women in Multnomah County Health Department Primary Care Clinics receiving prenatal care beginning in the first trimester.

3. **Definition:**

The number of clients who began prenatal care in the first trimester divided by the total prenatal clients seen in primary care clinics.

4. **Source:**

The data is obtained from the Health Department medical records which is collected at each client visit, and from the MIS system.

5. **Demonstrates:**

Women who have adequate prenatal care have higher birth weight infants. This key result is taken directly from the Oregon Benchmark and applied to the universe of Multnomah County prenatal clients. It demonstrates progress in health education and health care access.

6. **Baseline:**

The 1992-1993 actual numbers are the baseline

7. **Potential:**

Informed judgement says 80%, although there is a 100% estimate in the Oregon Benchmark for 1995.

Primary Care Clinics

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	78%	80%	80%	82%

Percent of two year olds in Multnomah County Health Department Primary Care Clinics who are adequately immunized.

3. Definition:

The number of two year olds in MCHD primary care clinics who are adequately immunized divided by the total number of two year olds receiving service in MCHD primary care clinics.

4. Source:

The data is obtained from the department's MIS and is collected at time of service

5. Demonstrates:

This key result is taken directly from the Oregon Benchmark and applied to Multnomah Count Primary Care two year olds. It demonstrates progress in health education, health care access and Quality Improvement(TQM).

6. Baseline:

The 1992-1993 audit results are the baseline

7. Potential:

90% based on the Preschool Immunization Consortium, although there is a 100% estimate in the Oregon Benchmark for the year 2000.

Burnside Health Center - Hlth Care for the Homeless

Primary Care
Health Department

		Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:					
% of Burnside Health Clinic (BHC) clients immunized for:	Pneumovax	70%	80%	80%	85%
	Tetanus	58%	80%	80%	80%

2. **Definition:**

The number of clients immunized at BHC, divided by the total number of clients at BHC.

4. **Source:**

Immunization status is determined through a chart audit on established clients, clients with 3 or more visits.

5. **Demonstrates:**

Measure indicate increase in good health practices among adults (Core Benchmark #68) and decreases number of BHC clients contracting preventable disease.

6. **Baseline:**

The baseline immunization rates for eligible adults (over 65 and high risk) are 10% for Pneumovax and approximately 20 % for Tetanus. Among homeless persons the baseline immunization rates are believed to be even lower than that of the general population. Current rates at BHC are 58% for tetanus and 70% for pneumovax.

7. **Potential:**

80 to 85%, given the highly mobile population.

Coalition Clinics

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
% of coalition clinic 2-yr old clients appropriately immunized	50%	55%	55%	60%

3. **Definition:**

A random sample of immunization records for two year olds and younger will be compared to the ACIP recommended immunization standards. Calculate the percent of appropriately immunized clients.

4. **Source:**

An audit of clinical records of 2 yr. olds at coalition clinic sites.

5. **Demonstrates:**

This key result is taken directly from the Oregon Benchmark and applied to Multnomah County Coalition Clinics two year olds. It demonstrates the percentage of 2-year-olds immunized against vaccine-preventable diseases. It also demonstrates progress in health education, health care access and Quality Improvement.

6. **Baseline:**

We are using the 1992-1993 actual numbers as our baseline.

7. **Potential:**

Clients of the Coalition Clinics usually come for acute, episodic care when immunizations can't be given because of health reasons. Therefore, the maximum potential improvement in this area is up to 70%.

Field Service Team

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	45	70	70	70

Number of infants with special health care needs and/or severe developmental delays receiving nursing intervention and case management.

3. **Definition:**

The number of infants with special needs who receive nursing intervention and case management.

4. **Source:**

Health Department client MIS system.

5. **Demonstrates:**

The measure is intended to show the efforts of community health nurses in early identification of infants with special health care needs and providing services to families. The goal of services is to assist families' coping abilities with a child with special health care needs and assist child to achieve their full potential.

6. **Baseline:**

70 infants receiving nursing case management, determined by contractual requirements.

7. **Potential:**

With current funding levels, seventy families can receive nursing case management.

Health Education Unit

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Number of health education presentations per FTE	67	89	89	95

3. **Definition:**

The total number of health education sessions, divided by the total FTE health educators.

4. **Source:**

Health educators keep records of the number of presentations, and attendance at presentations.

5. **Demonstrates:**

Efficiency of health educators in doing health education presentations. These presentations raise community awareness surrounding health issues, and can lead to life style changes that have positive impacts on community health.

6. **Baseline:**

Based on historical data.

7. **Potential:**

Health educators are currently providing the maximum number of sessions possible, under the present structure. The maximum performance value would be a network of speakers who could provide information/education to all groups requesting such support. This speakers could also tie in to media campaigns or major health educational efforts with at least 4 campaigns a year.

Teen Family Support

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	50%	75%	75%	95%

Percent of teen mothers assessed for health, social, and parenting needs.

3. **Definition:**

The total number of teen mothers assessed in a 12 month period, divided by the total number of teen mothers county-wide.

4. **Source:**

The community health nurse will complete intake and assessment forms and send them to the Teen Parent coordinator. The coordinator will manage a centralized computer tracking system and compare number of assessments done with number of known births.

5. **Demonstrates:**

The effectiveness in reaching all teen mothers in the county to provide assessment for health, social and parenting needs, and to provide appropriate referrals.

6. **Baseline:**

With the current referral system and birth certificate review, we estimate 50% of teen parents were visited at least once.

7. **Potential:**

We estimate our potential is the ability to assess 95% of teen parents by three days postpartum.

Family Service Center

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	9.6%	9.6%	9.6%	7.0%

Reduction in rate of inadequate prenatal care in the Brentwood/Darlington Service area.

3. **Definition:**

Compare current rate of inadequate prenatal care in Brentwood/Darlington census tracts with previous years rate.

4. **Source:**

Birth certificate data from Brentwood Darlington census tracts.

5. **Demonstrates:**

This key result demonstrates the effectiveness of the Family Service Center, and field services in providing prenatal care services. The long term goal is to reduce the infant mortality rate in Brentwood-Darlington area to the county average.

6. **Baseline:**

Historical data shows this area at 9.6% inadequate prenatal care.

7. **Potential:**

The potential through the Oregon Health Plan is for all families in Brentwood/Darlington to have adequate prenatal care.

Dental Services/School & Community Dental Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Percent 6-8 year olds caries free	60%	na	na**	50%

**na because the survey which measures prevalence of caries is conducted only every three years

3. Definition:

Percentage of children 6-8 years old whose primary or permanent teeth have no detectable history of decay using an oral needs assessment survey.

4. Source:

Once every three years the Dental Division will contract with a certified dental examiner to perform a study which looks at dental caries among children in county elementary schools.

5. Demonstrates:

This outcome measure indicates prevalence of tooth decay, and reflects the impact of the use of dental sealants, fluoride supplements and other preventive measures.

6. Baseline:

Baseline from 1992 statewide oral health assessment--60%.

7. Potential:

With funding to reach all school-aged children who lack access to preventive dental care, (dental sealants and fluoride supplements), it is our informed judgment that 65% of 6-8 year olds could be caries free by the year 2000.

Dental Services/Dental Clinics

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Dental Relative Value Units (RVU)	9,027	9,000	9,400	9,800

3. **Definition:**

Relative Value Units are time-based units of measure assigned to each dental procedure--for example, an exam has a value of 1 and a large filling has a value of 4. The total number of RVUs provided in a year is divided by the number of dentists working.

4. **Source:**

The Department's Dental MIS currently generates this data regularly in monthly reports.

5. **Demonstrates:**

The true output of dental services delivered--time based productivity. The more dental services delivered, the more the unmet dental need is being filled.

6. **Baseline:**

Historical data. 1992-93 end of year report-- 9,027 Relative Value Units per dentist per year.

7. **Potential:**

With adequate support staff, equipment and facilities, each full time dentist can produce up to 10,000 RVUs per year.

Pharmacy Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Prescriptions dispensed to county clients per FTE pharmacist.	19,037	19,037	19,733	20,000

3. **Definition:**

The total number of prescriptions dispensed is divided by the number of pharmacists FTE.

4. **Source:**

One pharmacy has a computerized pharmacy dispensing program which reports number of refill and new prescriptions filled daily. The other pharmacies utilize a manual tally and record system. each pharmacy reports its daily dispensing totals to the Pharmacy Services Manager monthly

5. **Demonstrates:**

The prescription volume totals reflect the work load of each pharmacy since this is the pharmacy's principle duty and includes patient counseling and education, prescription profiling, dispensing, ordering and inventorying, and staff consultation

6. **Baseline:**

A community standard for productivity would be estimated at 60 prescriptions/day/pharmacist and an additional 30 prescriptions/day with the addition of each technician. Baseline without a technician is 13,200/FTE/year. With a technician baseline is 19,800.

7. **Potential:**

Since we currently function about 20% above expectation, a pharmacist with technician support could produce 23,700 prescriptions per FTE optimally.

Laboratory

1. Key Result name:	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
Maintain or reduce unit costs of laboratory tests	$7.26/test	$8.37/test	$8.37/test	$8.37/test

3. **Definition:**

The total costs of laboratory testing divided by the number of tests done in a year.

4. **Source:**

Actual test tally data collected monthly, outside providers' billing service documents, and the county laboratory budget.

5. **Demonstrates:**

Ongoing efforts to improve efficiency in county laboratory.

6. **Baseline:**

Historical data

7. **Potential:**

The laboratory has the potential for maintaining costs per test at current levels with continued staff efforts and efficiencies.

Information & Referral Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Human Services Referral calls taken per FTE	47,300	48,500	50,000	54,000

3. **Definition:**

Calculation is based on tallies of referrals made to human services for citizens of Multnomah County and of other Oregon counties divided by the FTE.

4. **Source:**

Tally sheets and client intake forms completed after each telephone contact.

5. **Demonstrates:**

Requests for human services handled by the Information and Referral Services Unit.

6. **Baseline:**

This unit should make an average of 200 human services referrals per work day. This is based on an FTE of 4.0 employees handling calls.

7. **Potential:**

With additional staff and extended hours of operation, this Unit could provide up to 300 referrals per work day.

Medical Supplies & Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
Number of Items ordered per FTE	3,250	3,575	3,824	4,588

3. **Definition:**

Number of medical supplies requested to be ordered between July 1st and June 30th of each budget year divided by the FTE used for ordering supplies.

4. **Source:**

Data is obtained from Personal Computer program that keeps track of all medical supplies requests and services.

5. **Demonstrates:**

Data shows the volume of medical supplies and services ordered in a fiscal year for the Department.

6. **Baseline:**

Based on historical data.

7. **Potential:**

With current staffing, the projected of 4,588 is at full potential per FTE.

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	96%	97%	97%	

% of awarded grant funds collected from grantor.

3. **Definition:**

Total grant dollars collected divided by the total grant dollars awarded.

4. **Source:**

Collections are monitored and tabulated in Grants Accounting.

5. **Demonstrates:**

Effective grant tracking, reporting, and expenditure reimbursement.

6. **Baseline:**

Historical data shows 96%.

7. **Potential:**

100% of awarded dollars collected.

Accounts Payable

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	30%	40%	40%	40%

% of claims for medical care provided on a referral basis paid within one month of receipt.

3. **Definition:**

Number of bills processed within one month divided by the total number of medical care referral bills.

4. **Source:**

Claims lag report received by Accounts Payable from Health's Information Services.

5. **Demonstrates:**

Timely payment of claims which allows accurate accounting and management of claims liability.

6. **Baseline:**

Currently 30% of claims are processed within one month of receipt.

7. **Potential:**

60 % of claims could be processed within one month of receipt with existing staff resources..

Accounts Receivable

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	85%	90%	90%	

% of Medicaid and other 3rd party bills collected within 30 days.

3. **Definition:**

Claims for services to Medicaid/Medicare and other third party payers processed and collected within one month.

4. **Source:**

Billings are tracked in Accounts Receivable and number of rebillings required is reported.

5. **Demonstrates:**

Timely collection of monies owed and adequate cost management.

6. **Baseline:**

Currently approximately 400 of the 6,000 monthly billings must be rebilled

7. **Potential:**

Rebillings of only 150 per month.

Human Resources

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	85%	90%	90%	

% of Vacancies Posted within 1 week of notification by hiring authority.

3. **Definition:**

Number of vacancies posted within one week, divided by total number of vacancies.

4. **Source:**

Human Resources will log vacancies posting dates.

5. **Demonstrates:**

Efficient processing of vacancy filling.

6. **Baseline:**

85% are currently posted within one week.

7. **Potential:**

95% posted within 1 week

Information Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	3.7	3.6	4.2	4.2

Programming enhancements developed per $10,000 expenditure

3. **Definition:**

The number of programming enhancements successfully completed divided by the cost of the unit

4. **Source:**

Work orders are logged in Information services.

5. **Demonstrates:**

Efficiency of unit. The information Services unit receives and successfully completes an estimated 40 data system improvements or program enhancements each year.

6. **Baseline:**

The unit currently accomplishes 40 work requests per year.

7. **Potential:**

An estimated 60 will be required to accommodate Health Department and CareOregon's need.

Clinical Services

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:				
	80%	80%	80%	90%

% of pregnant women receiving prenatal care while incarcerated.

3. **Definition:**

Number of women receiving prenatal care divided by the total number of pregnant women.

4. **Source:**

Pregnancy testing/results data will be obtained from the Multnomah County lab and stat collection on-site. Encounter form data will be used to ascertain prenatal care.

5. **Demonstrates:**

This key result is intended to show the percentage of women who receive adequate prenatal care (Prenatal Care Benchmark) while incarcerated.

6. **Baseline:**

Minimum level of performance is screening 75% of all females for pregnancy (adults screened by day 14 and juveniles screened by day 7, as required by National Commission on Correctional health Care Standards). Those testing positive are subsequently referred to prenatal care.

7. **Potential:**

Maximum possible performance is screening of 90% of females in custody, due to factors involving refusals, inmate movement, and meeting of criteria.

Mental Health

	Actual 1992-93	Adopted 1993-94	Estimated 1993-94	Projected 1994-95
1. Key Result name:	15%	20%	20%	25%

Percent of incarcerated clients with mental health needs who receive psychiatric interventions.

3. **Definition:**

Total number of clients assessed, divided by the number of incarcerated adults and juveniles with identified mental health needs.

4. **Source:**

Statistical data will be collected on-site.

5. **Demonstrates:**

This key result is intended to demonstrate access to mental health interventions for incarcerated adults and juveniles.

6. **Baseline:**

Due to staffing limitations the current minimum level of performance is psychiatric intervention for those most severely affected or about 20% of those in need of mental health services.

7. **Potential:**

With current staffing, maximum possible performance would be 15% of incarcerated adults and juveniles, based on their drug/ETOH history, history of physical and sexual abuse as children, and other psychosocial factors. Maximum possible performance with adequate staffing is intervention for 100% of clients with identified mental health needs.