



# MULTNOMAH COUNTY OREGON

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

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR • 248-3308  
DAN SALTZMAN • DISTRICT 1 • 248-5220  
GARY HANSEN • DISTRICT 2 • 248-5219  
TANYA COLLIER • DISTRICT 3 • 248-5217  
SHARRON KELLEY • DISTRICT 4 • 248-5213  
CLERK'S OFFICE • 248-3277 • 248-5222

## AGENDA

### MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

#### FOR THE WEEK OF

JANUARY 3, 1994 - JANUARY 7, 1994

Tuesday, January 4, 1994 - 9:30 AM - 10:00 AM Board Briefing . . . . .Page 2  
Tuesday, January 4, 1994 - 10:00 AM - 12:00 PM Work Session. . . . .Page 2  
Tuesday, January 4, 1994 - 1:30 PM - 3:30 PM Work Session. . . . .Page 2  
Wednesday, January 5, 1994 - 1:30 PM - 4:00 PM Work Session. . . . .Page 2  
Thursday, January 6, 1994 - 9:30 AM - Regular Meeting . . . . .Page 3

*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, January 4, 1994 - 9:30 AM - 10:00 AM*

*Multnomah County Courthouse, Room 602*

**BOARD BRIEFING**

*B-1 Brentwood-Darlington Community Family Resource Center Update. Presented by Commissioner Tanya Collier. 30 MINUTES REQUESTED.*

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*Tuesday, January 4, 1994 - 10:00 AM & 1:30 PM*

*Multnomah County Courthouse, Room 602*

**WORK SESSIONS**

*WS-1 Program Measurements and Program Narrative for Management Support Services. Continued from December 21, 1993. 10:00 AM TIME CERTAIN, 2 HOURS REQUESTED.*

*WS-2 Program Measurements and Program Narrative for Children and Families Services, Mental Health, Youth, and Family Services. Continued from December 21, 1993. 1:30 PM TIME CERTAIN, 2 HOURS REQUESTED.*

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*Wednesday, January 5, 1994 - 1:30 PM - 4:00 PM*

*Multnomah County Courthouse, Room 602*

**WORK SESSION**

*WS-3 Program Measurements and Program Narrative for the Health Department. Continued from December 21, 1993. 1:30 PM TIME CERTAIN, 2-1/2 HOURS REQUESTED.*

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Thursday, January 6, 1994 - 9:30 AM

Multnomah County Courthouse, Room 602

**REGULAR MEETING**

**REGULAR AGENDA**

**NON-DEPARTMENTAL**

- R-1      *In the Matter of the Election of a Commissioner to the Vice-Chair Position for the Calendar Year 1994, Pursuant to Section 3.60 of the Multnomah County Home Rule Charter and Section 2(A) of Multnomah County Resolution 93-358 (Board Rules) Section*

**CONSENT CALENDAR**

**JUVENILE JUSTICE DIVISION**

- C-1      *Ratification of Amendment No. 1 to Intergovernmental Agreement Contract 100134 Between Multnomah County and Clackamas County, for the Continuance of Electronic Monitoring Services as an Alternative to Detention, Using \$6,500 of State CSD Funds, for the Period Upon Execution through June 30, 1994*

**DEPARTMENT OF HEALTH**

- C-2      *Ratification of Intergovernmental Agreement Contract 201184 Between Multnomah County and Clackamas County, Providing Telephone Triage Services for Clients of the Clackamas County Health Department, for the Period January 1, 1994 through December 31, 1994*
- C-3      *Ratification of Intergovernmental Agreement Contract 201234 Between the Port of Portland and Multnomah County, Providing Hepatitis B Vaccinations, Post-Exposure Evaluation and Follow-Up, for Willing Port Employees Coming in Contact with Blood or Body Fluids During Work, for the Period Upon Execution through December 1, 1994*

**CHILDREN AND FAMILIES SERVICES DIVISION**

- C-4      *Ratification of Intergovernmental Agreement Contract 100264-R Between Multnomah County and University Hospital, Providing Psychiatric, Psychological and Medical Evaluations and Outpatient Services for Child and Adolescent Mental Health Program-Partners Project Clients, for the Period July 1, 1993 through June 30, 1994*
- C-5      *Ratification of Amendment No. 1 to Intergovernmental Agreement Contract 100344 Between Multnomah County and Portland Public Schools, Adding \$22,387.28 to Pay*

*for Partners Project Services Provided During the 92/93 Fiscal Year, for the Period July 1, 1993 through June 30, 1994*

**DEPARTMENT OF ENVIRONMENTAL SERVICES**

- C-6      *ORDER in the Matter of Contract 15762 for the Sale of Certain Real Property to Barbara Alatorre*
- C-7      *ORDER in the Matter of the Execution of Deed D940972 for Certain Tax Acquired Property to George Christian*
- C-8      *ORDER in the Matter of the Execution of Deed D940974 Upon Complete Performance of a Contract to the Estate of Rose Calcagno, Ambrose Calcagno, Jr., Personal Representative*
- C-9      *ORDER in the Matter of the Execution of Deed D940975 Upon Complete Performance of a Contract to John F. Hart and Ora L. Hart*
- C-10     *ORDER in the Matter of the Execution of Deed D940976 Upon Complete Performance of a Contract to Ruben J. Vanyi*
- C-11     *ORDER in the Matter of the Execution of Deed D940977 for Certain Tax Acquired Property to Chilos Mathews*

**REGULAR AGENDA**

**NON-DEPARTMENTAL**

- R-2      *Citizens' Steering Committee Report on Non-Voted Resolutions of the 1992 Citizens Convention, and Recommendations for Board Action. Presented by Kay Durtschi. 9:30 AM TIME CERTAIN, 20 MINUTES REQUESTED.*
- R-3      *ORDER in the Matter of Designation of Newspapers of General Circulation in the County for Required Election Publications*
- R-4      *Budget Modification NOND #11 Requesting Authorization to Reorganize Staffing in the Planning and Budget Division, and to Transfer Salary Savings to Materials and Services to Cover Costs of Program/Performance Budgeting*
- R-5      *Second Reading and Possible Adoption of a Proposed ORDINANCE Amending MCC 2.60.310 and MCC 2.60.315 Relating to the Investment Advisory Board by Increasing the Membership and Increasing the Meetings*

**CHILDREN AND FAMILIES SERVICES DIVISION**

- R-6      *Ratification of Intergovernmental Agreement Contract 104354 Between Multnomah County and the City of Portland, Office of Neighborhood Associations, Neighborhood*

*Mediation Center, to Develop and Implement a Landlord-Tenant Mediation Program in Conjunction with the Family and Community Partnership Project Participants, for the Period Upon Execution through June 30, 1994*

**SHERIFF'S OFFICE**

R-7      *RESOLUTION in the Matter of a Housing Allowance for Chaplains Serving the County Jails*

**DEPARTMENT OF ENVIRONMENTAL SERVICES**

R-8      *ORDER in the Matter of Designating Property Acquired Through Foreclosure of Delinquent Taxes for Use as the Brentwood-Darlington Community Family Resource Center*

**PUBLIC COMMENT**

R-9      *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*



# MULTNOMAH COUNTY OREGON

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

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BOARD OF COUNTY COMMISSIONERS		
BEVERLY STEIN •	CHAIR	• 248-3308
DAN SALTZMAN •	DISTRICT 1	• 248-5220
GARY HANSEN •	DISTRICT 2	• 248-5219
TANYA COLLIER •	DISTRICT 3	• 248-5217
SHARRON KELLEY •	DISTRICT 4	• 248-5213
CLERK'S OFFICE •	248-3277	• 248-5222

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## SUPPLEMENTAL AGENDA

*Tuesday, January 4, 1994 - 9:00 AM - 9:30 AM*

*Multnomah County Courthouse, Room 602*

### EXECUTIVE SESSION

*E-1      The Multnomah County Board of Commissioners Will Meet in Executive Session Pursuant to ORS 192.660(1)(h) for Consultation with Legal Counsel Concerning Legal Rights and Duties Regarding Current Litigation.*

SHARRON KELLEY  
Multnomah County Commissioner  
District 4



Portland Building  
1120 S.W. Fifth Avenue, Suite 1500  
Portland, Oregon 97204  
(503) 248-5213

MEMORANDUM

TO: Clerk of the Board  
Board of County Commissioners

FROM: Sharron Kelley

RE: Early Departure from Board Work Session

DATE: Janaury 4, 1994

I will be leaving early from the Board's Work Session on Wednesday, January 5th, to attend a meeting that was previously scheduled in my office at 3:00 p.m.

1701L-31

BOARD OF  
COUNTY COMMISSIONERS  
1994 JAN - 4 PM 3:01  
MULTNOMAH COUNTY  
OREGON

MEETING DATE: JAN 05 1994

AGENDA NO: WS-3

(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:** 1/5

**Amount of Time Needed:** 2 1/2 hours

**DEPARTMENT:** Nondepartmental **DIVISION:** Planning & Budget

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

**BLDG/ROOM #:** 160 / 1400

**PERSON(S) MAKING PRESENTATION:** see below

**ACTION REQUESTED:**

☒ **INFORMATIONAL ONLY** ☒ **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. This session continues the presentation begun on December 21 and continued to this time. These briefings were suggested by Commissioners at the November 30, 1993 retreat at Blue Lake

Health Department (Billi Odegaard) 2 1/2 hours Wednesday 1/5 1:30 - 4:00

**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

BOARD OF  
COUNTY COMMISSIONERS  
MULTNOMAH COUNTY  
OREGON  
1993 DEC 28 PM 2:41

MEETING DATE: DEC 21 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:**

☒ INFORMATIONAL ONLY ☒ 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

**SIGNATURES REQUIRED:**

**ELECTED OFFICIAL:** Beverly Stein

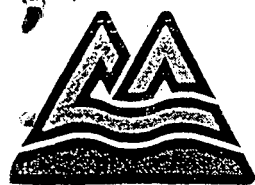
OR

**DEPARTMENT MANAGER:** \_\_\_\_\_

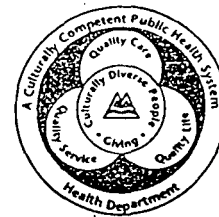
**ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES**

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

1993 DEC 14 PM 11:03  
CLERK OF COMMISSIONERS  
MULTI-NOMAH COUNTY  
OREGON



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

BOARD OF COUNTY COMMISSIONERS  
BEVERLY STEIN • CHAIR OF THE BOARD  
DAN SALTZMAN • DISTRICT 1 COMMISSIONER  
GARY HANSEN • DISTRICT 2 COMMISSIONER  
TANYA COLLIER • DISTRICT 3 COMMISSIONER  
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

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.

Beverly Stein  
November 30, 1993

page 2.

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

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# Health Department

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# Health Department

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## 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

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	1992-93	1993-94	1993-94	1994-95
<b>Budget Overview</b>	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
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

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## Issues and Opportunities

1:

Major Alternatives:

Chair's Recommendation:

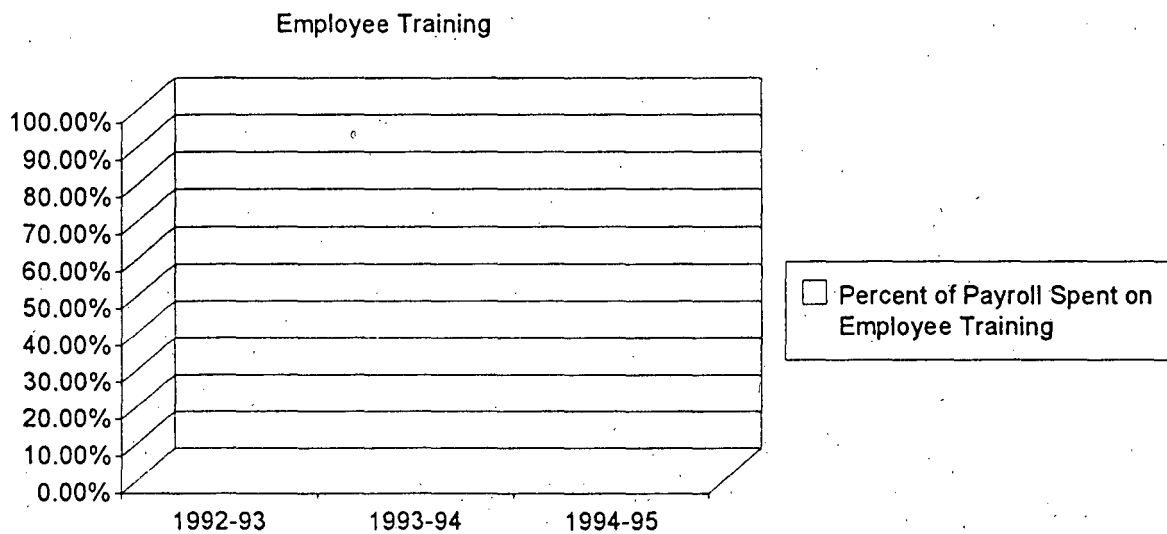
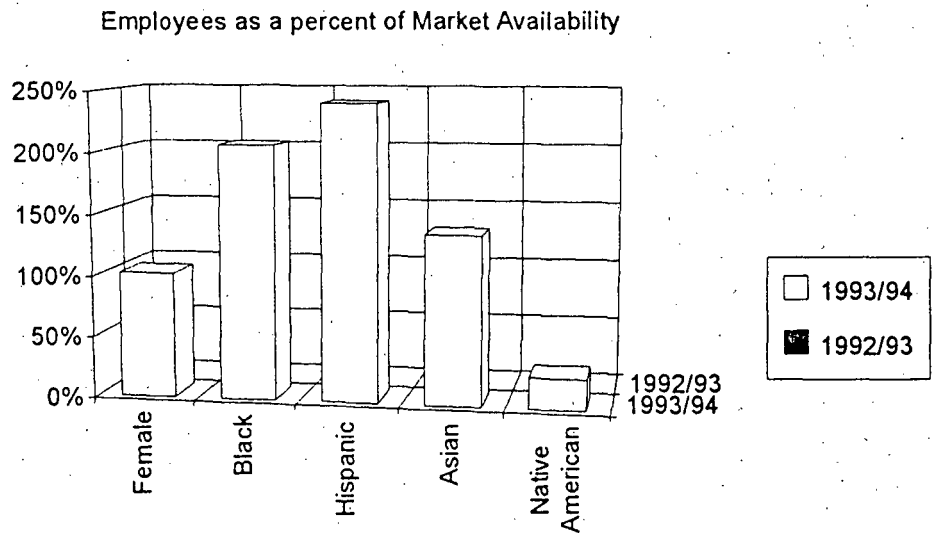
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Major Alternatives:

Chair's Recommendation:

# Health Department

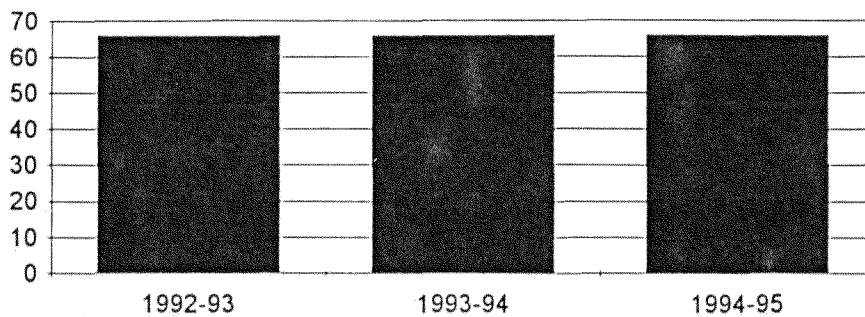
## Performance Trends



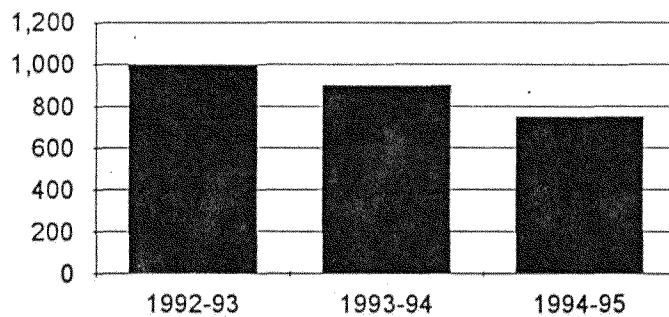
# Health Department

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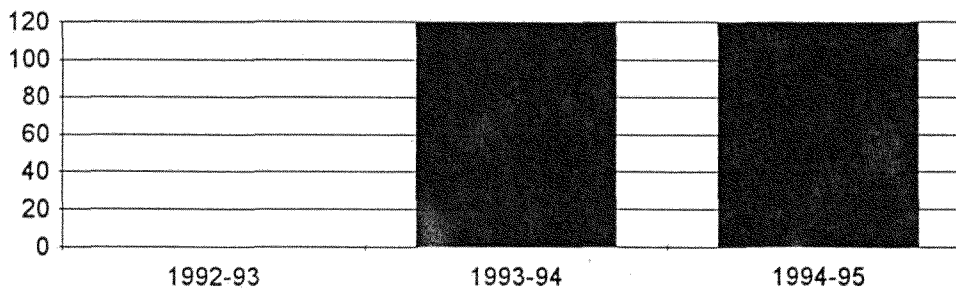
Reported Cases of Pulmonary Tuberculosis (TB)



Reported Cases of Gonorrhea



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

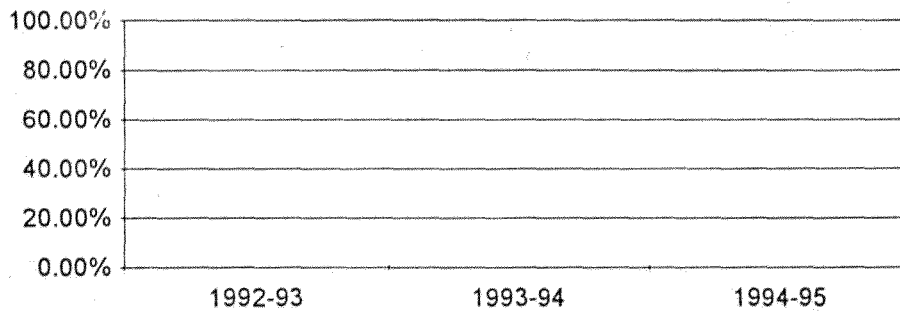


# Health Department

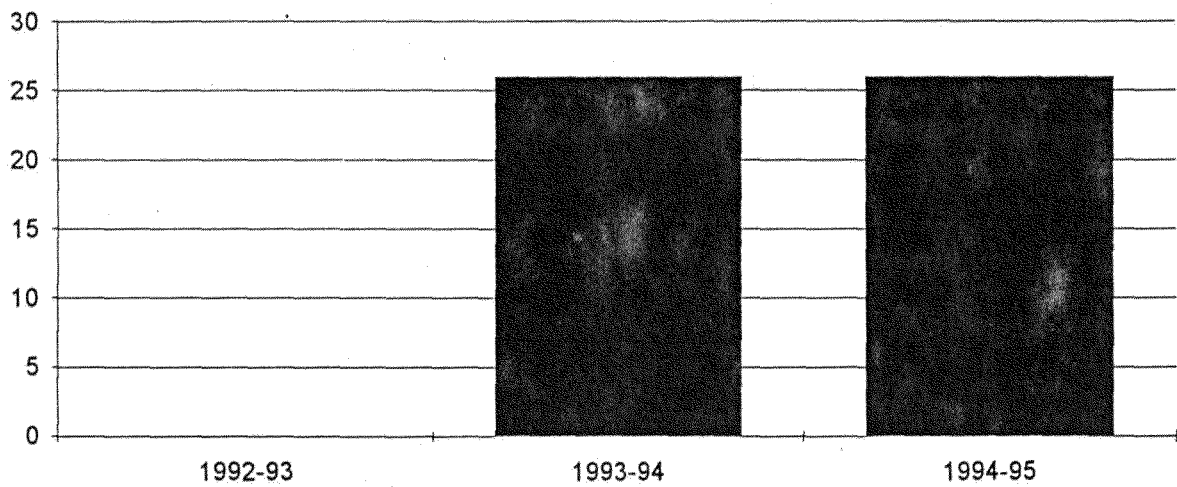
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Percent of Babys Born with Drug Positive Meconiums



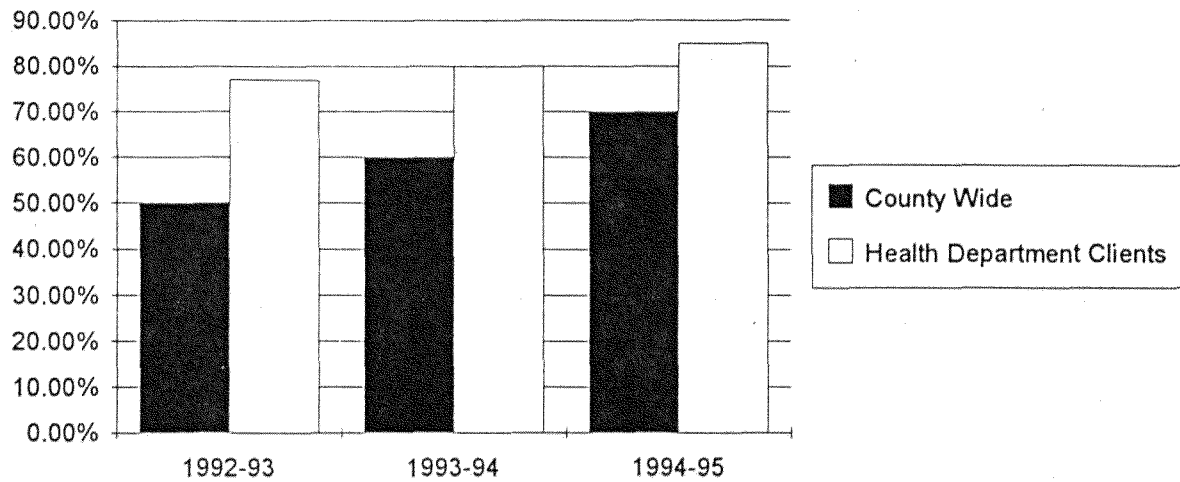
Pregnancies per 1,000 Females Aged between 10-17



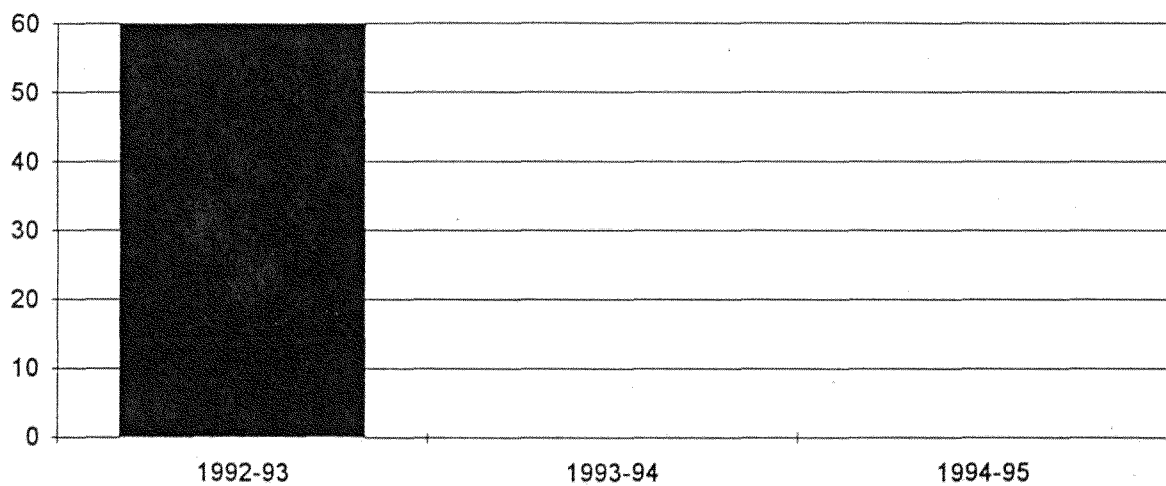
# Health Department

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2 Year Olds' Immunization



Number of Child Abuse Victims per 1,000 Children



# Health Department

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## Recent Accomplishments

# Health Department

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## Budget Highlights

# Health Department

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Source of Funds	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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# Health Department

Budget Trends	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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		

1994-95 Proposed Budget

## Director's Office

## Health Department

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### 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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Total Costs

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

# Regulatory Health

# Health Department

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## 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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

Regulatory Health  
Health Department

## Description

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

The Division's Management addresses the community's need for well-designed, 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
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Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
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.

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

### Significant Changes

	FTE's	Dollars
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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

Regulatory Health  
Health Department

## Description

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

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

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

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

Significant Changes	FTE's	Dollars
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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

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

Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level		18	
Costs	\$1,007,670		
Program Revenue	\$1,007,670		
Net Revenue Required			

1994-95 Proposed Budget

# Vector Control

## Regulatory Health Health Department

### 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).

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

Significant Changes	FTE's	Dollars
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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		

1994-95 Proposed Budget

# HIV Programs

## Health Department

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### 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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	\$2,627,342	\$2,734,704		

Staffing by Activity/Service	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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		
		33.17		

Total FTE

1994-95 Proposed Budget

# Division Management

## HIV Programs Health Department

### Description "HIV Programs" \12

This program sets direction for the division. It establishes division policies and procedures, 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
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Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	1.25		
Costs	\$143,898		
Program Revenue	\$25,003		
Net Revenue Required	\$118,895		

# HIV Programs

## Health Department

# Planning & Grants Development

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### Description "Planning & Grants Development" \12

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.

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

Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	4.30		
Costs	\$310,245		
Program Revenue	\$28,272		
Net Revenue Required	\$281,973		

# HIV Education & Field Research

HIV Programs  
Health Department

## Description

The HIV Community Education Program provides HIV education and infection control for Multnomah County employees, Health Department contract agencies and the community at large. Activities of the program include: health department staff updates on HIV educational materials; 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.

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

Significant Changes	FTE's	Dollars
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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		

1994-95 Proposed Budget

# Drug Treatment Center-based Clinics HIV Programs Health

## 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.

	1992-93	1993-94	1993-94	1994-95
Key Results	Actual	Adopted	Estimated	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	<div> 1993-94 Adopted </div>	<div> 1994-95 Budget </div>
Staffing Level	1.81	
Costs	\$162,693	
Program Revenue	\$159,567	
Net Revenue Required	\$3,126	

# HIV Women's Project

HIV Programs  
Health Department

## Description

The purpose of the Women's Project is to help women take responsibility for protecting themselves from HIV and other sexually transmitted 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.

	1992-93	1993-94	1993-94	1994-95
Key Results	Actual	Adopted	Estimated	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
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	1993-94 Adopted	1994-95 Budget	Change
Budget Changes			
Staffing Level	8		
Costs	\$609,311		
Program Revenue	\$557,572		
Net Revenue Required	\$51,739		

# Drug User Risk Reduction

HIV Programs  
Health Department

## Description

The goal of the Risk Behavior Intervention Project (RBIP) is to prevent the further spread of HIV infection among injection drug users (IDUs) and their sexual partners. The two primary responsibilities and activities of RBIP are to establish a system for monitoring HIV related risk taking behavior and to assess the efficacy of interventions in reducing drug and sexual risk taking behaviors among 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
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	8.00		
Costs	\$585,493		
Program Revenue	\$575,947		
Net Revenue Required	\$9,456		

1994-95 Proposed Budget

# Homeless Persons Risk Reduction

HIV Programs  
Health

## Description

The mission of the program is to promote positive sexual and drug behavioral changes among injection drug users and their sexual partners. It is responsible for reducing HIV, STD and TB risk among homeless county residents. 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.

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

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### 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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		

	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
<b>Costs by Activity/Service</b>				
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		

	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
<b>Staffing by Activity/Service</b>				
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		

1994-95 Proposed Budget

# Division Management

## Specialty Care Clinics Health Department

### 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
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Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	3.5		
Costs	\$220,264		
Program Revenue	\$39,248		
Net Revenue Required	\$181,016		

# International Health Center

## Specialty Care Clinincs Health Department

### Description

The International Health Center's mission is to provide culturally appropriate health services to newly arrived refugees. It is responsible for prompt refugee health screening to insure identification and treatment of communicable diseases which may be harmful to the individual and/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.

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

## Specialty Care Clinics

## Health Department

### Description

The mission is to ensure efficient delivery of culturally competent Health Department interpretation, translation and bilingual services. Language Services is responsible for seeing that non-English speaking clients are provided health services or information in the language that they understand. The program's services include: direct assignment of on-call or contracted interpreters to client appointments or to support after hours medical advice services; development of non-English patient education and consent material; implementing bilingual 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.

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

1994-95 Proposed Budget

# Tuberculosis Clinic

## Specialty Care Clinics Health Department

### 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.

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

Significant Changes	FTE's	Dollars
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	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Budget Changes			
Staffing Level	19.5		
Costs	\$1,211,010		
Program Revenue	\$282,568		
Net Revenue Required	\$928,442		

# Specialty Care Clinics

## Health

# Sexually Transmitted Disease Clinic

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### 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.

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

Significant Changes	FTE's	Dollars
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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

## Specialty Care Clinics Health Department

### 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.

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

Significant Changes	FTE's	Dollars
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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

## Specialty Care Clinics

## Health Department

### 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.

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

Significant Changes	FTE's	Dollars
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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

## Specialty Care Clinics

## Health Department

### Description

The mission of the School Based Health Center Program is to provide comprehensive, confidential and accessible primary health care to an underserved population of adolescents in a school setting. The major responsibilities are to identify students with unmet physical and mental health needs and provide necessary treatment and/or referral and 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.

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

Significant Changes	FTE's	Dollars
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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		

1994-95 Proposed Budget

# 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

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

## Specialty Care Clinics Health Department

### Description

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

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

### Significant Changes

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

# HIV Home Care

## Specialty Care Clinics Health Department

### Description

The purpose of the Seropositive Wellness Program is to increase the length and quality of life for newly diagnosed HIV positive persons identified through Multnomah County 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.

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

Significant Changes	FTE's	Dollars
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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		

1994-95 Proposed Budget

# Primary Care Clinics

# Health Department

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## 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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		

1994-95 Proposed Budget

# Division Management

## Primary Care Clinics Health Department

### 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
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Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	7.8		
Costs	\$627,188		
Program Revenue	\$396,463		
Net Revenue Required	\$230,725		

# Medical Director

Primary Care Clinics  
Health Department

## Description

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

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

Key Results	1992-93 Actual	1993-94 Adopted	1993-94 Estimated	1994-95 Projected
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Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	3.9		
Costs	\$353,067		
Program Revenue	\$333,704		
Net Revenue Required	\$19,363		

# Medicaid/Medicare Eligibility

Primary Care Clinics  
Health Department

## Description

The Medicaid/Medicare Eligibility Screening Unit works to increase access to benefits of clients who are entitled to them by informing and pre-determining clients' eligibility for Medicaid and Social Security Income resources. The unit is responsible for interviewing Health Department clients to assess eligibility for Medicaid, Poverty Level 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
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	9.6		
Costs	\$453,075		
Program Revenue	\$411,523		
Net Revenue Required	\$41,552		

1994-95 Proposed Budget

# Prepaid Program Services

Primary Care Clinics  
Health Department

## 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 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
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.

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

Significant Changes	FTE's	Dollars
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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		

1994-95 Proposed Budget

# Primary Care Clinics

## Primary Care Clinics Health Department

### Description

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

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

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

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

1994-95 Proposed Budget

# Burnside Clinic

## Primary Care Clinics Health Department

### 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.

	1992-93	1993-94	1993-94	1994-95
Key Results	Actual	Adopted	Estimated	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 <u>Adopted</u>	1994-95 <u>Budget</u> <u>Change</u>
Staffing Level		9.95	
Costs		\$719,302	
Program Revenue		\$520,682	
Net Revenue Required		\$198,620	

1994-95 Proposed Budget

# Coalition Clinics

## Primary Care Clinics Health Department

### Description

The Coalition Clinics provide basic health care for medically indigent residents of Multnomah County. The Primary Care Division facilitates projects and shares resources 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 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	.6		
Costs	\$97,203		
Program Revenue	\$255		
Net Revenue Required	\$96,948		

## Field Services

## Health Department

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### 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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

Field Services  
Health Department

## 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 looking 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.

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

Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	2.5		
Costs	\$272,776		
Program Revenue	\$60,347		
Net Revenue Required	\$212,429		

# Field Service Teams

Field Services  
Health Department

## 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.

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

1994-95 Proposed Budget

## Field Service Teams

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Field Services  
Health Department

# Health Education

Field Services  
Health Department

## 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.

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

Significant Changes	FTE's	Dollars
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		1993-94	1994-95	
		<u>Adopted</u>	<u>Budget</u>	<u>Change</u>
Budget Changes				
Staffing Level		5.5		
Costs		\$298,969		
Program Revenue		\$18,385		
Net Revenue Required		\$280,584		

1994-95 Proposed Budget

# Teen Family Support

Field Services  
Health Department

## 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.

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

Significant Changes	FTE's	Dollars
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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

Field Services  
Health Department

## Description

The purpose of the Family Service Center project is to develop a neighborhood based system of services addressing child health and maternity needs in the Brentwood-Darlington neighborhood. The program is responsible to develop a four-year community plan, collaborate with Portland 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.

	1992-93	1993-94	1993-94	1994-95
Key Results	Actual	Adopted	Estimated	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 <u>Adopted</u>	1994-95 <u>Budget</u> <u>Change</u>
Staffing Level	5.6	
Costs	\$288,654	
Program Revenue	\$283,107	
Net Revenue Required	\$5,547	

## Dental Services

## Health Department

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### 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
Dental Health Officer	\$408,006	\$432,760		
Dental Clinics	\$1,708,705	\$1,946,541		
School&Community Dental	\$296,722	\$358,399		
Total Costs	\$2,413,432	\$2,737,700		

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

# Division Management

## Dental Services Health Department

### 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.

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

Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	.9		
Costs	\$432,760		
Program Revenue	\$279,000		
Net Revenue Required	\$153,760		

# School & Community Dental Services

Dental Services  
Health

## 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
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	5.9		
Costs	\$358,399		
Program Revenue	\$14,589		
Net Revenue Required	\$343,810		

1994-95 Proposed Budget

# Dental Clinics

## Dental Services Health Department

### 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.

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

### Significant Changes

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

## Services and Support

## Health Department

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### Description

The Support Services Division provides diagnostic, pharmaceutical and ancillary health services required to meet the health needs of the client population. This division is responsible for the operation of laboratory services, pharmacy services, medical supplies/forms/pamphlets, health education training and classes, 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

# Services and Support

# Health Department

Budget Trends	1992-93	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
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	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
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	1993-94	1993-94	1994-95
	<u>Actual</u>	<u>Adopted</u>	<u>Revised</u>	<u>Budget</u>
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
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Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	12.5		
Costs	\$1,173,309		
Program Revenue	\$464,727		
Net Revenue Required	\$708,582		

# Pharmacy Services

## Services and Support Health Department

### Description

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

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

### Significant Changes

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

# Laboratory Services

## Services and Support Health Department

### 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.

	1992-93	1993-94	1993-94	1994-95
Key Results	Actual	Adopted	Estimated	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 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	14.00		
Costs	\$1,304,956		
Program Revenue	\$332,394		
Net Revenue Required	\$1,637,350		

# Information & Referral Services Services and Support Health Department

## Description "Information & Referral Services" \12

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.

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

Significant Changes	FTE's	Dollars
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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

## Services and Support

## Health Department

### 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
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
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

# Business & Administrative Services

# Health

Budget Trends	1992-93 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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.

## Business & Administrative Services

# Grants Management & Accounting Health Department

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

# Business & Administrative Services

## Medical Claims Processing

### Health Department

#### Description

Accounts Payable is responsible for processing claims for payment for services that medical specialists provided to County clients on a 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.

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

#### Significant Changes

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

# Business & Administrative Services

## Medical Billings & Receivables

### Health Department

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#### 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.

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

#### Significant Changes

FTE's

Dollars

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

## Business & Administrative Services

# Personnel & Payroll

## Health Department

### 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.

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

Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	5.00		
Costs	\$260,122		
Program Revenue	\$25,399		
Net Revenue Required	\$234,723		

# Business & Administrative Services

## Health Information Systems      Health Department

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### 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.

	1992-93	1993-94	1993-94	1994-95
Key Results	Actual	Adopted	Estimated	Projected
Programming Enhancements	3.7	3.6	4.2	4.2
Developed Filled per \$10,000 of costs				

Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
Staffing Level	6.5		
Costs	\$401,444		
Program Revenue	\$43,773		
Net Revenue Required	\$357,671		

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1994-95 Proposed Budget

# Corrections Health

# Health Department

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## 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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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 <u>Actual</u>	1993-94 <u>Adopted</u>	1993-94 <u>Revised</u>	1994-95 <u>Budget</u>
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
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Significant Changes	FTE's	Dollars
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Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
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.

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

## Significant Changes

FTE's      Dollars

Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u>	<u>Change</u>
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.

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

Significant Changes	FTE's	Dollars
Budget Changes	1993-94 <u>Adopted</u>	1994-95 <u>Budget</u> <u>Change</u>
Staffing Level	1.58	
Costs	\$92,000	
Program Revenue		
Net Revenue Required	\$92,000	

check

# 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.

Regulatory Health  
Health Department

# Emergency Medical Services (EMS)

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	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

Regulatory Health  
Health Department

	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

Regulatory Health  
Health Department

	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.

HIV/STD Services and Department-wide Planning

# Planning & Development Unit

Health Department

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	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/STD Services and Department-wide Planning

## HIV Community Education

Health Department

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	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

HIV/STD Services and Department-wide Plng

## Project NIDA Cooprtv Agreement

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

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:				

Percent of women at risk for HIV transmission who are practicing (available by Aug, 94) safer sex.	NA	NA	NA	NA
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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

Specialty Care Services  
Health Department

	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

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

Percent of non-English speaking clients receiving health care in their language, or receiving interpreted care	90%	92%	92%	96%
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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

Specialty Care Services  
Health Department

	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

Health Department

	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

Specialty Care Services

Health Department

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

SBHC Rates	52.1	<50	<50	<50
County-Wide Rate	(see baseline section below)			

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-SBHCs	<u>1989-90</u> 45.3/1000	<u>1990-91</u> 39.6/1000	<u>1991-92</u> 48.3/1000	
County Wide	<u>1989</u> 76.9/1000	<u>1990</u> 77.8/1000	<u>1991</u> 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 Services & Department-wide Planning

## HIV/STD Epidemiology

Health Department

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	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/STD Services & Department-wide Planning

## HIV Clinic & Field Services

### Health Department

	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.

# HIV/STD Services & Department-wide Planning

## Seropositive Wellness

Health Department

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

Primary Care  
Health Department

	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

Primary Care  
Health Department

	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 enrollee 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

Primary Care  
Health Department

	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

Primary Care  
Health Department

	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

Primary Care  
Health Department

	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 County 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

Primary Care  
Health Department

	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

Field Services  
Health Department

	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

Field Services  
Health Department

	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

Field Services  
Health Department

	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

Field Services  
Health Department

	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

Dental  
Health Department

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

Percent 6-8 year olds caries free	60%	na	na**	50%
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\*\*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

Dental  
Health Department

	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

Pharmacy  
Health Department

	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

Support Service  
Health Department

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

Support Service  
Health Department

	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
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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

Support Service  
Health Department

	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.

Business & Administrative Services  
Health Department

# Grants Management & Accounting

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	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

Business & Administrative Services

Health Department

	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

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	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

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	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

Business & Administrative Services

Health Department

	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

Corrections Health  
Health Department

	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

Corrections Health  
Health Department

	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.