

# **ANNOTATED MINUTES**

Tuesday, May 7, 1996 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland

## **BOARD BRIEFINGS**

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

- B-1          Update on Program Evaluation Capacity in Multnomah County Government. Presented by James Carlson.

***JIM CARLSON AND BARBARA GLICK  
PRESENTATION AND RESPONSE TO BOARD  
QUESTIONS, SUGGESTIONS AND DISCUSSION.***

- B-2          Discussion and Request for Policy Direction Regarding the Minimum Wage Initiative. Presented by Members of the Rainbow Coalition, the Portland Organizing Project and a Minimum Wage Worker.

***DIANE ROSENBAUM AND DUKE SHEPARD  
PRESENTATION AND RESPONSE TO BOARD  
QUESTIONS AND DISCUSSION.***

- B-3          Status of CareOregon, and Restructuring Options for the Future. Presented by Billi Odegaard and Mary Lou Hennrich.

***BILLI ODEGAARD, MARY LOU HENNRICH AND  
TIM GOLDFARB AND KATIE GAETJENS  
PRESENTATION AND RESPONSE TO BOARD  
QUESTIONS, SUGGESTIONS AND DISCUSSION.  
MS. GAETJENS TO RESPOND TO WRITTEN  
QUESTIONS AND CONCERNS OF THE BOARD AND  
STAFF TO RETURN FOR ADDITIONAL BRIEFING.***

- B-4          Discussion and Request for Policy Direction Regarding Land Conservation and Development Commission Orders Pertaining to the West Hills and Howard Canyon Reconciliation Reports. Presented by Scott Pemble and Sandra Duffy.

**SCOTT PEMBLE PRESENTATION. MR. PEMBLE AND SANDRA DUFFY RESPONSE TO BOARD QUESTIONS, SUGGESTIONS AND DISCUSSION. BOARD CONSENSUS THAT STAFF PROCEED WITH WORK TO REMOVE KABDEBO PROPERTY FROM WILDLIFE HABITAT DESIGNATION PER WEST HILLS ORDER; AND BOARD CONSENSUS THAT COUNTY PROCEED WITH NOISE STUDY PER HOWARD CANYON ORDER.**

*There being no further business, the meeting was adjourned at 11:50 a.m.*

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Tuesday, May 7, 1996 - 1:30 PM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland

### **BUDGET HEARING**

*Chair Beverly Stein convened the hearing at 1:33 p.m., with Vice-Chair Dan Saltzman, Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present.*

- PH-1 Central Citizen Budget Advisory Committee and Citizen Budget Advisory Committees Budget Recommendations on the Proposed 1996-97 Multnomah County Budget. Presented by Jack Pessia, Central CBAC Chair.

### **JACK PESSIA CENTRAL CBAC PRESENTATION AND RECOMMENDATIONS.**

- PH-2 Department of Community and Family Services Budget Overview, Highlights and Action Plans. DCFS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

**LOLENZO POE SELECTED BUDGET HIGHLIGHTS AND ACTION PLANS PRESENTATION. HOWARD KLINK REVIEW OF BUDGET DETAIL. DOUG MONTGOMERY CBAC PRESENTATION AND RECOMMENDATIONS. RICHARD HARRIS TESTIMONY IN SUPPORT OF FUNDING FOR CENTRAL CITY CONCERN, HOOPER DETOX,**

ACUPUNCTURE AND OTHER ALCOHOL AND DRUG TREATMENT PROGRAMS. KARLA McFARLAND TESTIMONY IN SUPPORT OF FUNDING ALCOHOL AND DRUG PROGRAMS AND DCFS BUDGET. KAREN HILL TESTIMONY IN SUPPORT OF FUNDING FOR THE QUINT PROJECT. MOLLY COOLEY TESTIMONY IN SUPPORT OF FUNDING FOR BRENTWOOD-DARLINGTON NEIGHBORHOOD PRIDE TEAM OFFICE SPACE AND RESPONSE TO BOARD QUESTIONS. PAM PATTON TESTIMONY IN SUPPORT OF FUNDING FOR FAMILY CENTERS, TOUCHSTONE, JANUS YOUTH, AND OTHER CHILDREN AND PROGRAMS; AND IN SUPPORT OF CONTRACTING OUT NEW POSITIONS THROUGH PRIVATE NON-PROFIT PROVIDERS. LINDA HUDDLE TESTIMONY IN SUPPORT OF FUNDING FOR HISPANIC RETENTION RETRIEVAL PROJECT AND YOUTH PROGRAMS. LOLENZO POE LOCAL BEHAVIORAL HEALTH AUTHORITY PRESENTATION. SUSAN CLARK MANAGED CARE INFRASTRUCTURE PRESENTATION. MR. POE SCHOOL SUPPORT PRESENTATION. MR. POE, KATHY TINKLE, DENNIS ADAMS AND MARY MERTZ EXPLANATION IN RESPONSE TO BOARD QUESTIONS AND DISCUSSION. HOWARD KLINK MENTAL HEALTH CRISIS TRIAGE CENTER PRESENTATION AND RESPONSE TO BOARD QUESTIONS. BOB DONOUGH, MR. POE, MR. KLINK AND IRIS BELL RESPONSE TO BOARD QUESTIONS AND DISCUSSION. DEPARTMENT OF COMMUNITY AND FAMILY SERVICES STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (1) EFFECT OF ONE TIME ONLY FUNDING ON THE PACKAGE OF SUPPORT FOR SCHOOL PROGRAMS; (2) PREPARE A COST BENEFIT ANALYSIS OF THE EFFECT OF EARLY IDENTIFICATION OF CHILDREN WITH POVERTY/DISABILITY PROBLEMS; (3) IMPACT ON CHILDREN WITH POVERTY/DISABILITY PROBLEMS OF TRANSITION FROM SPECIAL SERVICES IN THEIR PRE-SCHOOL PERIOD TO REGULAR SCHOOL; (4) IDENTIFY THE EFFICACY OF ADDRESSING DISABILITIES AT AN EARLY

AGE; (5) PROVIDE INCOME DATA ABOUT THOSE WHO ARE SERVED AT PARENT CHILD DEVELOPMENT CENTERS TO DEMONSTRATE THAT THOSE AT RISK ARE BEING SERVED; (6) DEVELOP LANGUAGE TO INCLUDE RFP'S THAT WILL REQUIRE MEDIATION OF DISPUTES ABOUT THE CONTRACTING PROCESS BEFORE EITHER PARTY RESORTS TO LITIGATION; (7) PROVIDE AN OVERALL SUMMARY OF THE WELLNESS PROGRAMS, INCLUDING GOALS AND OBJECTIVES FOR EACH PROGRAM AND DISCUSSION OF POTENTIAL EVALUATION PLANS FOR EACH PROGRAM; (8) PROVIDE EVALUATION DATA OF THE HISPANIC RETENTION PROGRAMS AT THE THREE HIGH DROPOUT HIGH SCHOOLS. SUGGEST WAYS TO SECURE PROPOSED SYSTEM CHANGES FROM THE CONTRACTORS THAT WILL ENABLE THE SCHOOL DISTRICTS TO CONTINUE THE ESSENCE OF THESE PROGRAMS WHEN COUNTY FUNDING EXPIRES AT THE END OF THE THIRD YEAR; (9) ANALYZE THE CASH FLOW ADVANTAGE TO THE SCHOOLS FROM INCREASED ATTENDANCE THAT RESULTS FROM HISPANIC RETENTION PROGRAMS; (10) PROVIDE JUSTIFICATIONS AND RESPONSIBILITIES FOR NEW POSITIONS/CONTRACTS AS FOLLOWS: .5 FAMILY COORDINATOR; .5 EARLY CHILDHOOD COORDINATOR; COMMUNITY LEADERSHIP INSTITUTE; GRANT WRITER; FISCAL SPECIALIST, PLANNER. (11) PROPOSE A PLAN TO MAKE FAMILY CENTERS VISIBLE AND TO IMPROVE OUTREACH MATERIALS. THE PLAN SHOULD INCLUDE REQUIREMENTS TO INCLUDE IN CONTRACTS WITH PROVIDERS SO THAT IT CAN BE IMPLEMENTED. THE PLAN SHOULD ALSO INCLUDE ASSURANCE THAT THE FAMILY CENTERS WILL BE INCLUDED IN THE COUNTY'S SECTION OF THE BLUE PAGES IN THE TELEPHONE BOOK; (12) DESCRIBE THE STATUS OF THE DD RESPITE PROGRAM INTENDED TO BE PARTIALLY FUNDED BY THE COUNTY IN 1995-96. (13) BUDGET AND QUALITY STAFF TO PROVIDE A LISTING OF ALL NEW POSITIONS IN THE 1996-97 BUDGET, NOTING THE FUNDING SOURCE FOR

**THE POSITIONS AND IDENTIFYING POSITIONS  
SUPPORTING THE RESULTS EFFORT.  
COMMISSIONER SALTZMAN PROPOSED  
AMENDMENT DCFS 1 TO CUT \$100,000 "MINI  
GRANTS" AND DCFS 2 FOR FUNDING 6 FAMILY  
CENTERS SIGNAGE, INCLUDING LISTING IN THE  
COUNTY PAGES OF THE TELEPHONE  
DIRECTORY.**

*There being no further business, the hearing was adjourned at 3:25 p.m.*

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Wednesday, May 8, 1996 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland

### **BUDGET HEARING**

*Chair Beverly Stein convened the hearing at 9:35 a.m., with Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present, and Vice-Chair Dan Saltzman arriving at 9:37 a.m.*

PH-3 Health Department Budget Overview, Highlights and Action Plans. HD Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

**BILLI ODEGAARD AND TOM FRONK  
DEPARTMENT OVERVIEW PRESENTATION. BILL  
DAVIS, GERARDO MADRIGAL, MARGE JOZSA AND  
STEVEN COCHRAN CBAC AND COMMUNITY  
HEALTH COUNCIL PRESENTATION AND  
RECOMMENDATIONS. THELMA GOLDEN  
TESTIMONY IN SUPPORT OF FUNDING FOR THE  
COALITION OF COMMUNITY HEALTH CLINICS.  
DIANE COHEN-ALPERT TESTIMONY IN SUPPORT  
OF FUNDING FOR STARS/WYN, INSIGHTS TEEN  
PARENT AND CONNECTIONS PROGRAMS. KATHY  
OLIVER TESTIMONY IN SUPPORT OF FUNDING  
FOR OUTSIDE IN AND RESPONSE TO BOARD  
QUESTIONS AND DISCUSSION. MICHAEL HARRIS  
TESTIMONY IN SUPPORT OF FUNDING FOR LANE  
MIDDLE SCHOOL, BRENTWOOD-DARLINGTON  
COMMUNITY CENTER AND STARS PROGRAMS.**

SANDE NELSON, DEBRA LARSON, JACKIE SYBRANDT, KATHY PAINTNER AND KATHY WALKER TESTIMONY IN SUPPORT OF FUNDING TO ESTABLISH AN OREGON INSTITUTE FOR THE BLIND SNACK SHOP TRAINING CENTER IN THE McCOY BUILDING LOBBY. MS. WALKER RESPONSE TO BOARD QUESTIONS. MS. ODEGAARD ADVISED PRIMARY CARE DIVISION DIRECTOR ARDYS CRAGHEAD WILL BE RETIRING JULY 1. TOM FRONK PRIMARY CARE FEE REVENUES PRESENTATION. SHARI BLACK PRESENTATION ON PROPOSAL TO MERGE BURNSIDE AND WESTSIDE HEALTH CLINICS AND RESPONSE TO BOARD QUESTIONS. DWAYNE PRATHER BILINGUAL STAFF PROGRESS PRESENTATION. MR. PRATHER, MS. ODEGAARD AND PATSY KULLBERG RESPONSE TO BOARD QUESTIONS AND DISCUSSION. JAN SINCLAIR PRESENTATION ON REFUGEE HEALTH, BRENTWOOD-DARLINGTON AND STARS/WYN PROGRAMS AND RESPONSE TO BOARD QUESTIONS. GORDON EMPEY UPDATE REGARDING DENTAL EQUIPMENT AND THE PANDA COALITION, A CHILD ABUSE PREVENTION INITIATIVE AND RESPONSE TO BOARD QUESTIONS. MS. ODEGAARD UPDATE ON CAREOREGON AND NEEDLE EXCHANGE PROGRAM. MS. ODEGAARD AND GARY OXMAN RESPONSE TO BOARD QUESTIONS AND DISCUSSION. HEALTH DEPARTMENT STAFF TO PROVIDE FOLLOW UP INFORMATION REGARDING (14) PREPARE AN ANALYSIS OF THE FUNDING AND OPERATIONS OF THE OUTSIDE-IN CLINIC INCLUDING THE ELIGIBILITY OF CLINIC CLIENTS FOR INSURANCE COVERAGE; (15) SUMMARIZE AND PRESENT THE VIEWS OF THE CENTRAL CITY CONCERN ON THE MERGER OF THE BURNSIDE AND WEST SIDE CLINICS; (16) PROVIDE COPIES OF THE MATERIALS USED IN THE PANDA TRAINING SESSION; (17) DETERMINE THE AMOUNT OF CONTRIBUTION TO THE NEEDLE EXCHANGE PROGRAM BUDGETED BY THE CITY OF PORTLAND IN 1996-97; (18) SUMMARIZE THE STATUS OF A QUALITY RATING

**FOR RESTAURANTS; (19) SUMMARIZE THE STATUS OF THE POTENTIAL TRANSFER OF THE MEDICAL EXAMINER PROGRAM TO THE OREGON STATE POLICE. DEPARTMENT OF ENVIRONMENTAL SERVICES STAFF TO (20) SUMMARIZE AND REVIEW THE OREGON INSTITUTE FOR THE BLIND PROPOSAL THAT THE COUNTY CONSTRUCT A TRAINING LOCATION IN THE McCOY BUILDING. LABOR RELATIONS STAFF TO (21) PROVIDE ANALYSIS OF THE POTENTIAL FOR PROVIDING SUPPLEMENTAL INCENTIVE PAY FOR SECOND LANGUAGE COMPETENCE. COMMISSIONER SALTZMAN PROPOSED AMENDMENT DES 1, \$39,000 FOR OIB CONSTRUCTION.**

*There being no further business, the hearing was adjourned at 11:40 a.m.*

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Thursday, May 9, 1996 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland

### **REGULAR MEETING**

*Chair Beverly Stein convened the meeting at 9:31 a.m., with Vice-Chair Dan Saltzman, Commissioners Sharron Kelley, Gary Hansen and Tanya Collier present.*

### **CONSENT CALENDAR**

**UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE CONSENT CALENDAR (ITEMS C-1 THROUGH C-4) WAS UNANIMOUSLY APPROVED.**

### **SHERIFF'S OFFICE**

C-1      Amendment 2 to Intergovernmental Agreement 800416 with Oregon State Marine Board, Adding \$6,000 for Procurement of Fuel for Marine Patrol

- C-2            Budget Modification MCSO 12 Requesting Authorization to Add \$6,000 to the Supplies Line Item in the Marine Board Portion of the Sheriff's River Patrol Budget

### **DEPARTMENT OF HEALTH**

- C-3            Intergovernmental Revenue Agreement 201766 with Oregon Health Sciences University, for the Provision of Case Management and Medical Care Services for Persons Living with HIV/AIDS

### **DEPARTMENT OF ENVIRONMENTAL SERVICES**

- C-4            CU 9-95      Report on the March 20, 1996 Hearings Officer Decision, APPROVING, Subject to Conditions, Conditional Use Approval for a Non-Farm Related Single Family Residence in an Exclusive Farm Use Zoning District, for Property Located at 11410 NW SKYLINE BOULEVARD, PORTLAND

### **REGULAR AGENDA**

### **PUBLIC COMMENT**

- R-1            Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

***TOM CROPPER COMMENTED IN SUPPORT OF ASKING THE GOVERNOR FOR PUBLIC HEARINGS ON LOCAL CONTROL.***

***CHAIR STEIN AND COMMISSIONERS KELLEY, SALTZMAN, HANSEN AND COLLIER ACKNOWLEDGED THE PASSING OF BILL NAITO AND EXPRESSED THEIR APPRECIATION FOR HIS DEDICATION, CONTRIBUTIONS AND SUPPORT OVER THE YEARS. A MOMENT OF SILENCE WAS OBSERVED.***

### **DEPARTMENT OF SUPPORT SERVICES**

- R-2            RESULTS Team Presentation Regarding Multnomah County Health Clinic's Increased Up-to-Date Immunizations



**MARILEE DEA, PEGGY HILLMAN AND YUEN CHAN PRESENTATION REGARDING TEAM PROJECT IN WHICH THE IMMUNIZATION RATE OF TWO YEAR OLDS RECEIVING WELL CHILD CARE WAS INCREASED TO ABOVE 90% FOR ALL CLINICS IN 1995. MS. HILLMAN RESPONSE TO BOARD QUESTIONS, COMMENTS AND DISCUSSION.**

**NON-DEPARTMENTAL**

**R-3 RESOLUTION Supporting and Endorsing the Oregon Minimum Wage and Economic Independence Act**

**COMMISSIONER SALTZMAN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-3. COMMISSIONER SALTZMAN EXPLANATION AND COMMENTS IN SUPPORT. ELLEN LOWE TESTIMONY IN SUPPORT AND RESPONSE TO BOARD QUESTIONS AND COMMENTS. RESOLUTION READ. RESOLUTION 96-83 UNANIMOUSLY APPROVED.**

**DEPARTMENT OF COMMUNITY AND FAMILY SERVICES**

**R-4 PUBLIC HEARING and Consideration of a RESOLUTION Approving the 1996-97 Multnomah County Annual Action Plan for the Community Development Block Grant Program and HOME Investment Partnership Program to be Submitted to the Department of Housing and Urban Development**

**COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF RESOLUTION. CECILE PITTS EXPLANATION, DISTRIBUTION OF ADDITIONAL WRITTEN TESTIMONY, AND RESPONSE TO BOARD QUESTIONS. MARGE JOZSA TESTIMONY IN SUPPORT OF ADDITIONAL DENTAL CLINIC FUNDING AND RESPONSE TO BOARD QUESTIONS. BRENDA JOSE TESTIMONY IN SUPPORT OF FUNDING FOR ADAPT-A-HOME PROJECT. KAREN MARKINS TESTIMONY IN SUPPORT OF FUNDING FOR THE PROJECT SAIL PROGRAM. ROBERT TUCKER TESTIMONY IN**

**SUPPORT OF FUNDING FOR A COMMUNITY FACILITY AT THE WILLOW TREE INN SITE IN GRESHAM. LUCIA PEÑA TESTIMONY IN SUPPORT OF FUNDING FOR CASA OF OREGON FARMWORKERS HOUSING PROJECT IN GRESHAM. NEAL BEROZ TESTIMONY IN SUPPORT OF FUNDING FOR NETWORK BEHAVIORAL HEALTH CARE AND REACH COMMUNITY DEVELOPMENT POWELL BOULEVARD PROJECT TO DEVELOP HOUSING FOR MENTAL AND SUBSTANCE ABUSE CLIENTS. CYNTHIA INGEBRETSON TESTIMONY IN SUPPORT OF FUNDING FOR FAIR HOUSING COUNCIL OF OREGON PROJECT. ELI SPEVOK TESTIMONY IN SUPPORT OF FUNDING FOR HUMAN SOLUTIONS ANKENY WOODS AFFORDABLE HOUSING PROJECT. MS. PITTS RESPONSE TO BOARD QUESTIONS AND DISCUSSION. COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL TO TRANSFER \$2,500 FROM THE PROJECT CONTINGENCY FUND TO PROVIDE ADDITIONAL DENTAL CARE SERVICES. MS. PITTS RESPONSE TO BOARD QUESTIONS. BOARD COMMENTS. MOTION UNANIMOUSLY APPROVED. RESOLUTION 96-84 UNANIMOUSLY APPROVED, AS AMENDED.**

#### **DEPARTMENT OF SUPPORT SERVICES**

- R-5            Intergovernmental Agreement 500696 with the Oregon State Police, Office of Emergency Management, Providing Disaster Relief Funding Assistance for Multnomah County

**COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-5. MIKE GILSDORF EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.**

- R-6            RESOLUTION Authorizing Execution and Delivery of a Lease Purchase Agreement and an Escrow Agreement; Designating an Authorized Representative; Authorizing the Negotiated Sale of Certificates of Participation in an Amount Not Exceeding \$1,900,000; Designating a

Financial Advisor, Special Counsel, Registrar and Paying Agent; and Other Matters

**COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-6. DAVE BOYER EXPLANATION AND RESPONSE TO BOARD QUESTIONS. RESOLUTION 96-85 UNANIMOUSLY APPROVED.**

- R-7 RESOLUTION Authorizing the Issuance and Sale of Short-Term Promissory Notes (Tax and Revenue Anticipation Notes, Series 1996) in the Amount of \$11,000,000 for the Purpose of Meeting Current Expenses of the County for the 1996-97 Fiscal Year

**COMMISSIONER KELLEY MOVED AND COMMISSIONER SALTZMAN SECONDED, APPROVAL OF R-7. MR. BOYER EXPLANATION. RESOLUTION 96-86 UNANIMOUSLY APPROVED.**

**DEPARTMENT OF ENVIRONMENTAL SERVICES**

- R-8 First Reading of an ORDINANCE Amending the Comprehensive Framework Plan Volume 1 Findings to Include the West Hills Reconciliation Report, as Revised and Amended by the Board, in Fulfillment of the Periodic Review Work Program Tasks for Statewide Planning Goal 5 Resources in the West Hills Rural Area

**ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF FIRST READING. HOWARD GORDON EXPLANATION. TOM CROPPER TESTIMONY IN OPPOSITION TO GRAVEL MINE. BOARD COMMENTS IN SUPPORT. FIRST READING UNANIMOUSLY APPROVED. SECOND READING THURSDAY, MAY 16, 1996.**


- R-9 First Reading of an ORDINANCE Amending the Sectional Zoning Maps by Deleting the SEC-h (Wildlife Habitat) Zoning Overlay District for Lands to the North of the Bonny Slope Subdivision within the West Hills Rural Area

**ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER SALTZMAN MOVED**

**AND COMMISSIONER COLLIER SECONDED,  
APPROVAL OF FIRST READING. MR. HOWARD  
EXPLANATION. CAMILLE KABDEBO TESTIMONY  
IN SUPPORT. FIRST READING UNANIMOUSLY  
APPROVED. SECOND READING THURSDAY, MAY  
16, 1996.**

*There being no further business, the meeting was adjourned at 10:55  
a.m.*

**OFFICE OF THE BOARD CLERK  
FOR MULTNOMAH COUNTY, OREGON**

  
**Deborah L. Bogstad**



## MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK  
SUITE 1510, PORTLAND BUILDING  
1120 SW FIFTH AVENUE  
PORTLAND, OREGON 97204  
CLERK'S OFFICE • 248-3277 • 248-5222  
FAX • (503) 248-5262

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

# AGENDA

## MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FOR THE WEEK OF

**MAY 6, 1996 - MAY 10, 1996**

*Tuesday, May 7, 1996 - 9:30 AM - Board Briefings.....Page 2*

*Tuesday, May 7, 1996 - 1:30 PM - Budget Hearing.....Page 2*

*Wednesday, May 8, 1996 - 9:30 AM - Budget Hearing.....Page 3*

*Thursday, May 9, 1996 - 9:30 AM - Regular Meeting.....Page 3*

*Thursday Meetings of the Multnomah County Board of Commissioners  
are \*cablecast\* live and taped and can be seen by Cable subscribers in Multnomah  
County at the following times:*

*Thursday, 9:30 AM, (LIVE) Channel 30*

*Friday, 10:00 PM, Channel 30*

*Sunday, 1:00 PM, Channel 30*

*\*Produced through Multnomah Community Television\**

**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  
AN EQUAL OPPORTUNITY EMPLOYER**

*Tuesday, May 7, 1996 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

**BOARD BRIEFINGS**

- B-1 Update on Program Evaluation Capacity in Multnomah County Government. Presented by James Carlson. 30 MINUTES REQUESTED.*
- B-2 Discussion and Request for Policy Direction Regarding the Minimum Wage Initiative. Presented by Members of the Rainbow Coalition, the Portland Organizing Project and a Minimum Wage Worker. 30 MINUTES REQUESTED.*
- B-3 Status of CareOregon, and Restructuring Options for the Future. Presented by Billi Odegard and Mary Lou Hennrich. 10:30 AM TIME CERTAIN, 45 MINUTES REQUESTED.*
- B-4 Discussion and Request for Policy Direction Regarding Land Conservation and Development Commission Orders Pertaining to the West Hills and Howard Canyon Reconciliation Reports. Presented by Scott Pemble and Sandra Duffy. 15 MINUTES REQUESTED.*
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*Tuesday, May 7, 1996 - 1:30 PM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

**BUDGET HEARING**

- PH-1 Central Citizen Budget Advisory Committee and Citizen Budget Advisory Committees Budget Recommendations on the Proposed 1996-97 Multnomah County Budget. Presented by Jack Pessia, Central CBAC Chair. 15 MINUTES REQUESTED.*
- PH-2 Department of Community and Family Services Budget Overview, Highlights and Action Plans. DCFS Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the Proposed 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers. 2 HOURS REQUESTED.*

*Wednesday, May 8, 1996 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

**BUDGET HEARING**

*PH-3 Health Department Budget Overview, Highlights and Action Plans. HD  
Citizen Budget Advisory Committee Presentation. Opportunity for Public  
Testimony on the Proposed 1996-97 Multnomah County Budget. Issues  
and Opportunities. Board Questions and Answers. 2 HOURS  
REQUESTED.*

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*Thursday, May 9, 1996 - 9:30 AM  
Multnomah County Courthouse, Room 602  
1021 SW Fourth, Portland*

**REGULAR MEETING**

**CONSENT CALENDAR**

**SHERIFF'S OFFICE**

- C-1 Amendment 2 to Intergovernmental Agreement 800416 with Oregon  
State Marine Board, Adding \$6,000 for Procurement of Fuel for Marine  
Patrol*
- C-2 Budget Modification MCSO 12 Requesting Authorization to Add \$6,000  
to the Supplies Line Item in the Marine Board Portion of the Sheriff's  
River Patrol Budget*

**DEPARTMENT OF HEALTH**

- C-3 Intergovernmental Revenue Agreement 201766 with Oregon Health  
Sciences University, for the Provision of Case Management and Medical  
Care Services for Persons Living with HIV/AIDS*

**DEPARTMENT OF ENVIRONMENTAL SERVICES**

- C-4 CU 9-95 Report on the March 20, 1996 Hearings Officer Decision,  
APPROVING, Subject to Conditions, Conditional Use Approval for a  
Non-Farm Related Single Family Residence in an Exclusive Farm Use  
Zoning District, for Property Located at 11410 NW SKYLINE  
BOULEVARD, PORTLAND*

## **REGULAR AGENDA**

### **PUBLIC COMMENT**

- R-1            *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

### **DEPARTMENT OF SUPPORT SERVICES**

- R-2            *RESULTS Team Presentation Regarding Multnomah County Health Clinic's Increased Up-to-Date Immunizations*

### **NON-DEPARTMENTAL**

- R-3            *RESOLUTION Supporting and Endorsing the Oregon Minimum Wage and Economic Independence Act*

### **DEPARTMENT OF COMMUNITY AND FAMILY SERVICES**

- R-4            *PUBLIC HEARING and Consideration of a RESOLUTION Approving the 1996-97 Multnomah County Annual Action Plan for the Community Development Block Grant Program and HOME Investment Partnership Program to be Submitted to the Department of Housing and Urban Development*

### **DEPARTMENT OF SUPPORT SERVICES**

- R-5            *Intergovernmental Agreement 500696 with the Oregon State Police, Office of Emergency Management, Providing Disaster Relief Funding Assistance for Multnomah County*
- R-6            *RESOLUTION Authorizing Execution and Delivery of a Lease Purchase Agreement and an Escrow Agreement; Designating an Authorized Representative; Authorizing the Negotiated Sale of Certificates of Participation in an Amount Not Exceeding \$1,900,000; Designating a Financial Advisor, Special Counsel, Registrar and Paying Agent; and Other Matters*
- R-7            *RESOLUTION Authorizing the Issuance and Sale of Short-Term Promissory Notes (Tax and Revenue Anticipation Notes, Series 1996) in the Amount of \$11,000,000 for the Purpose of Meeting Current Expenses of the County for the 1996-97 Fiscal Year*



**DEPARTMENT OF ENVIRONMENTAL SERVICES**

- R-8        *First Reading of an ORDINANCE Amending the Comprehensive Framework Plan Volume 1 Findings to Include the West Hills Reconciliation Report, as Revised and Amended by the Board, in Fulfillment of the Periodic Review Work Program Tasks for Statewide Planning Goal 5 Resources in the West Hills Rural Area*
- R-9        *First Reading of an ORDINANCE Amending the Sectional Zoning Maps by Deleting the SEC-h (Wildlife Habitat) Zoning Overlay District for Lands to the North of the Bonny Slope Subdivision within the West Hills Rural Area*

#1

**PLEASE PRINT LEGIBLY!**

**MEETING DATE** 5-8-96

**NAME** THELMA GOLDEN  
**ADDRESS** 10725 S.W. DERRY DELL  
**STREET**  
TIGARD, OR 97223  
**CITY** **ZIP**

Coalition of Community Health  
**I WISH TO SPEAK ON AGENDA ITEM NO.** HEALTH  
**SUPPORT** **OPPOSE**  
**SUBMIT TO BOARD CLERK**

#2

**PLEASE PRINT LEGIBLY!**

MEETING DATE 5/8/96

NAME

Diane Cohen-Alpert ALPERT

ADDRESS

3704 SE Francis

STREET

PHO

OR

97202

CITY

CONNECTIONS PROGRAM

ZIP

TEEN PARENT PROGRAM

HEALTH

I WISH TO SPEAK ON AGENDA ITEM NO.

Budget

SUPPORT

☒

OPPOSE

**SUBMIT TO BOARD CLERK**

#3

**PLEASE PRINT LEGIBLY!**

**MEETING DATE** 5/8/96

**NAME**

Kathy Oliver

**ADDRESS**

4236 SW Salmon

**STREET**

Ptld 97205

**CITY**

**ZIP**

Outside In. - Homeless Youth Health  
**I WISH TO SPEAK ON AGENDA ITEM NO.** Budget

**SUPPORT**

**OPPOSE**

**SUBMIT TO BOARD CLERK**

#4

**PLEASE PRINT LEGIBLY!**

**MEETING DATE**

5/8/94

**NAME**

MICHAEL H HARRIS

**ADDRESS**

7200 SE 167TH

**STREET**

PORTLAND

97206

**CITY**

**ZIP**

HAVE THRODOL SUTOL - BRENTWOOD - DUBLIN -

**I WISH TO SPEAK ON AGENDA ITEM NO.**

HEALTH BUDGET

**SUPPORT**

HEALTH DEPT

**OPPOSE**

**SUBMIT TO BOARD CLERK**

#5

01B  
Presenter

**PLEASE PRINT LEGIBLY!**

MEETING DATE 9/8/96

NAME

Sande Nelson

ADDRESS

STREET

CITY

ZIP

McCoy Bldg SNACK SHOP TRAINING CENTER

I WISH TO SPEAK ON AGENDA ITEM NO. 1204H

SUPPORT

OPPOSE

Budget

**SUBMIT TO BOARD CLERK**

#60  
GIB  
Testimony

**PLEASE PRINT LEGIBLY!**

**MEETING DATE** 5/8/96

**NAME**

Debra Larson

**ADDRESS**

**STREET**

**CITY**

**ZIP**

**I WISH TO SPEAK ON AGENDA ITEM NO.**

**SUPPORT**

**OPPOSE**

**SUBMIT TO BOARD CLERK**

HEALTH  
~~Budget~~

#701B  
Testimony

**PLEASE PRINT LEGIBLY!**

**MEETING DATE** 5/8/96

**NAME** Jackie Sylarandt  
**ADDRESS** \_\_\_\_\_

**STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**I WISH TO SPEAK ON AGENDA ITEM NO.** 42944  
**SUPPORT** \_\_\_\_\_ **OPPOSE** Budget

**SUBMIT TO BOARD CLERK** \_\_\_\_\_



#8  
OIB  
Testimony

**PLEASE PRINT LEGIBLY!**

**MEETING DATE** 5/8/96

**NAME**

Kathy Painter

**ADDRESS**

**STREET**

**CITY**

**ZIP**

**I WISH TO SPEAK ON AGENDA ITEM NO.**

Health  
Budget

**SUPPORT**

**OPPOSE**

**SUBMIT TO BOARD CLERK**

OIB #9  
Vending  
Stand  
Testimony

**PLEASE PRINT LEGIBLY!**

**MEETING DATE** 5/8/96

**NAME**

Kathy Walker, Director

**ADDRESS**

OIB 905 SE Ankeny

**STREET**

Portland OR 97214

**CITY**

**ZIP**

**I WISH TO SPEAK ON AGENDA ITEM NO.**

Health  
Budget

**SUPPORT**

☒

**OPPOSE**

**SUBMIT TO BOARD CLERK**

MEETING DATE: May 8, 1996

AGENDA #: PH-3

ESTIMATED START TIME: 9:30 am

(Above Space for Board Clerk's Use ONLY)

## AGENDA PLACEMENT FORM

SUBJECT: Presentation and Review of Health Department Budget

BOARD BRIEFING:

DATE REQUESTED: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

AMOUNT OF TIME NEEDED: \_\_\_\_\_

REGULAR MEETING:

DATE REQUESTED: May 8, 1996

AMOUNT OF TIME NEEDED: 2 hours

DEPARTMENT: Health Department

CONTACT: Billi Odegaard

TELEPHONE #: 248-2686

BLDG/ROOM #: 160/800

PERSON(S) MAKING PRESENTATION: Billi Odegaard, Staff, CBAC

### ACTION REQUESTED:

☐ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL ☒ OTHER

### SUGGESTED AGENDA TITLE:

Health Department Budget Overview, Highlights and Action Plans. Citizen Budget Advisory Committee Presentation. Opportunity for Public Testimony on the 1996-97 Multnomah County Budget. Issues and Opportunities. Board Questions and Answers.

### SIGNATURES REQUIRED:

ELECTED  
OFFICIAL: \_\_\_\_\_

*Beverly Stein*

(OR)  
DEPARTMENT  
MANAGER: \_\_\_\_\_

BOARD OF  
COUNTY COMMISSIONERS  
96 MAY - 1 PM 4:45  
MULTNOMAH COUNTY  
OREGON

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES

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

Multnomah County  
Health Department

*Healthy People in Healthy Communities*

Budget Hearing  
May 8, 1996

1. Departmental Overview

Billi Odegaard, Tom Fronk

2. CBAC Report

Bill Davis, Marge Jozsa

3. Public Testimony

4. Issues and Opportunities

Primary Care Fee Revenues  
Burnside and Westside Clinics - Merging  
Bilingual Staff Progress  
Refugee Health  
Brentwood Darlington  
STARS / WYN  
Dental Equipment  
Dental / Child Abuse Prevention Initiative  
CareOregon  
Needle Exchange

Tom Fronk  
Shari Black  
Dwayne Prather  
Jan Sinclair  
Jan Sinclair  
Jan Sinclair  
Gordon Empey  
Gordon Empey  
Billi Odegaard  
Billi Odegaard

5. Remaining Questions and Discussion

Multnomah County  
Health Department

*Healthy People in Healthy Communities*

**Budget Hearing**  
**May 8, 1996**

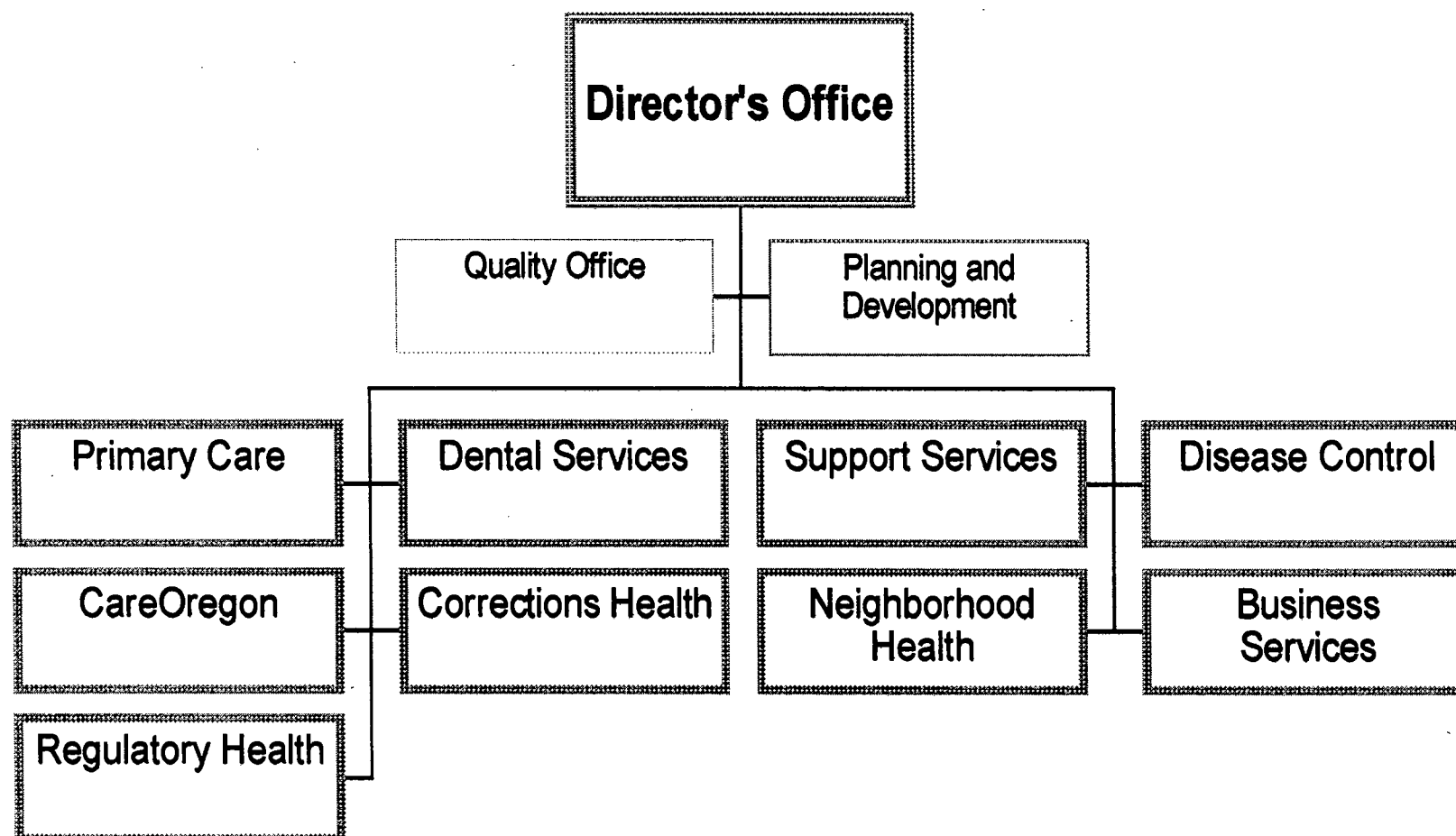
# Departmental Overview

- **Provision of health services to the medically indigent at a time of volatility in State and Federal funding:**
  - Changes in the FQHC funding stream
  - No significant changes in Medicaid (MediGrant, State initiatives) assumed; no significant impact of block granting assumed
  - Successful continuation as refugee health provider assumed

# Departmental Overview

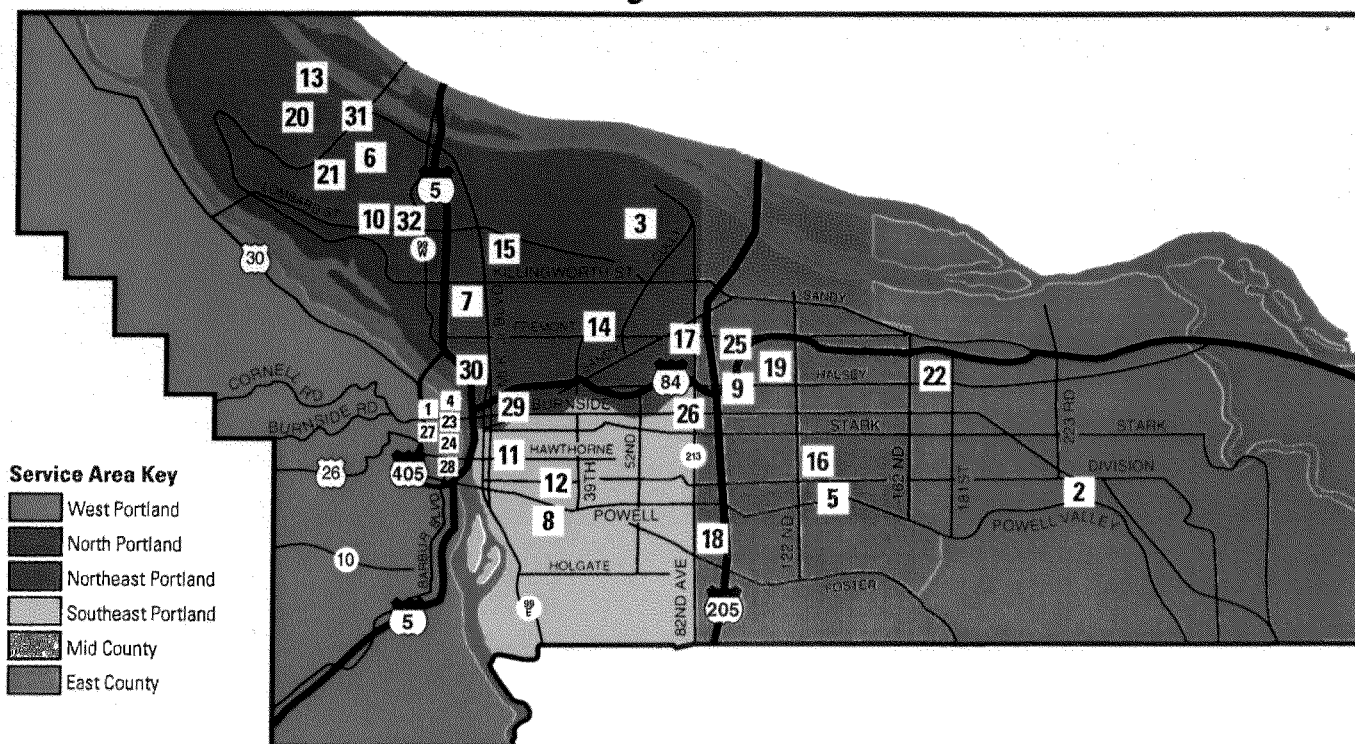
- **Significant budgetary and programmatic changes:**
  - Merging of Mid County, International Health
  - Merging of Burnside, West Side Health Center
  - Expansion of Postponing Sexual Involvement (STARS) to all middle schools
  - Creation of a Disease Control Division; centralization of Planning / Development and Quality Offices; redefinition of Specialty / Field Services as Neighborhood Health Services.

## Departmental Structure - 1996-97





# Multnomah County Health Service Sites



## HEALTH DEPARTMENT CLINICS

- 1 Burnside Health Clinic**  
618 NW Davis St 248-3678
- 2 East County Health Center**  
620 NE 2nd Ave, Gresham 248-5155  
Homeless Children's Project 248-3779
- 3 La Clinica De Buena Salud**  
5300 NE Cully Blvd, #53 248-3991
- 4 McCoy Building**  
426 SW Stark St  
Administration, 8th floor 248-3674  
Birth/Death  
Certificates, 2nd floor 248-3745  
Food Handler's Cards, 2nd floor 248-5257  
HIV Clinic, 3rd floor 248-5020  
HIV Testing, 3rd floor 248-3775  
STD Clinic, 4th floor 248-3700  
TB Clinic, 3rd floor 248-3417  
Westside Health Center, 4th floor 248-5140
- 5 Mid-County Health Center**  
**International Health Clinic**  
12710 SE Division St  
Mid-County 248-3601  
International Health Clinic 248-3149
- 6 North Portland Health Center**  
8918 N Woolsey Ave 248-5304
- 7 Northeast Health Center**  
5329 NE MLK Jr. Blvd 248-5183
- 8 Southeast Health Center**  
3653 SE 34th Ave 248-3500

## DENTAL OFFICES

- 5 Mid-County Dental Clinic**  
12710 SE Division St 248-3410
- 7 Northeast Dental Clinic**  
5329 NE MLK Jr Blvd 248-3664
- 8 SE Dental Clinic - Urgency**  
**Dental Care Program**  
3653 SE 34th Ave 248-3513
- 9 102nd Avenue Dental Clinic**  
887 NE 102nd Ave 248-3558
- 10 North Portland Dental Clinic**  
3332 N Lombard St, Suite B 248-3695
- 11 School Community Dental**  
**Health Program**  
2505 SE 11th Ave, 2nd Floor 248-3905

## SCHOOL-BASED HEALTH CENTERS

- 12 Cleveland SBHC**  
3400 SE 26th Ave 248-3350
- 13 George Middle SBHC**  
10000 N Burr St 248-3829
- 14 Grant SBHC**  
2245 NE 36th Ave 248-3372
- 15 Jefferson SBHC**  
5210 N Kerby Ave 248-3360
- 16 Lincoln Park SBHC**  
13200 SE Lincoln St 248-3554
- 17 Madison SBHC**  
2735 NE 82nd Ave 248-3382
- 18 Marshall SBHC**  
3905 SE 91st Ave 248-3370
- 19 Parkrose SBHC**  
11717 NE Shaver St 248-3392
- 20 Roosevelt SBHC**  
6941 N Central St 248-3111
- 21 Portsmouth Middle SBHC**  
5103 N Willis Blvd 248-3815

## CORRECTIONS HEALTH FACILITIES

- 22 County Correctional Facility (MCCF)**  
1906 SW Halsey St, Troutdale 248-5079
- 23 County Courthouse Jail (CHJ)**  
1021 SW 5th Ave, 7th floor 248-3025
- 24 County Detention Center (MCDC)**  
1120 SW 3rd Ave 248-3976
- 25 County Inverness Jail (MCIJ)**  
11540 NE Inverness Dr 248-5033
- 26 County Juvenile Justice Division**  
1401 NE 68th Ave 248-3530
- 27 County Restitution Center (MCRC)**  
1115 SW 11th Ave 248-5141

## OTHER HEALTH DEPARTMENT OFFICES

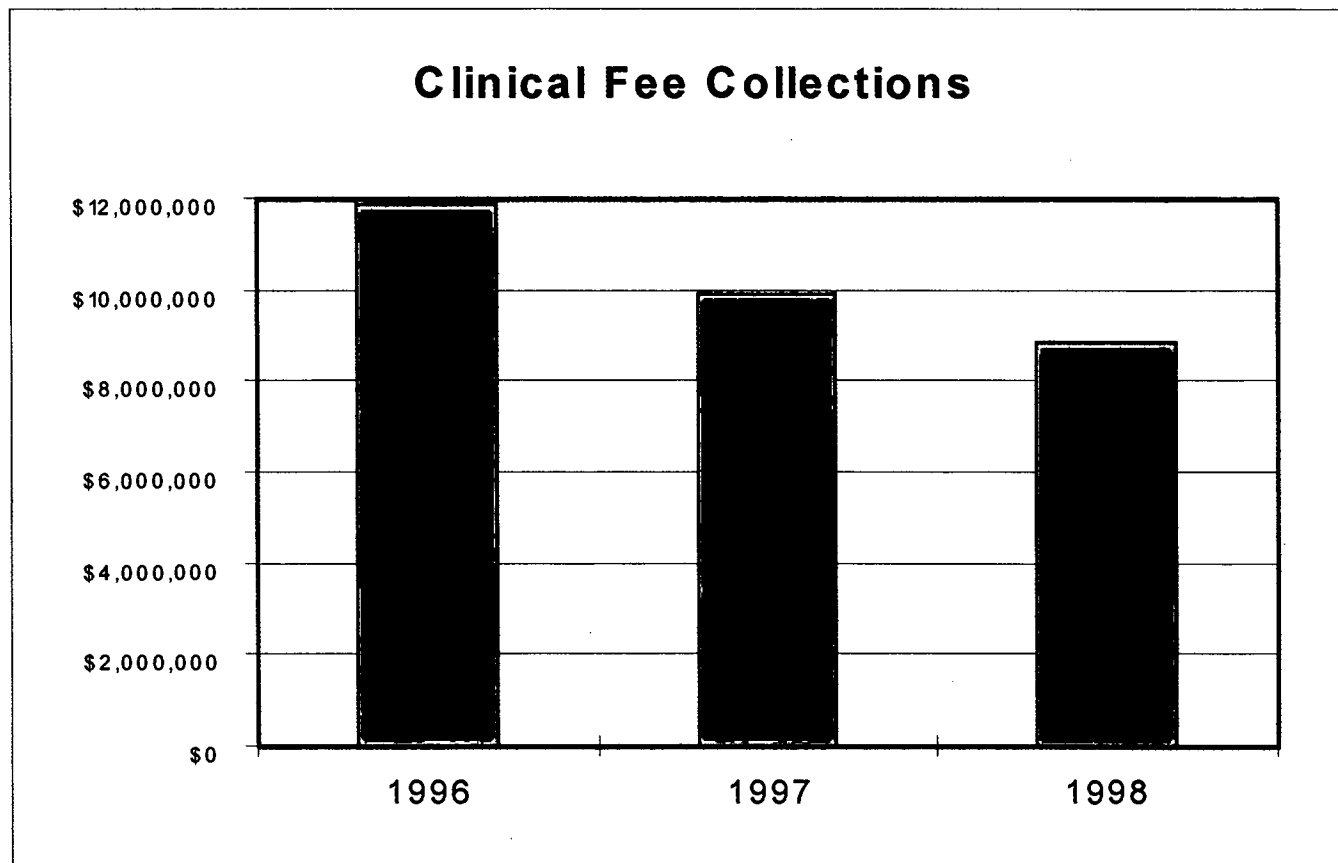
- 28 CareOregon Office**  
421 SW 5th Ave, 2nd floor 306-5900
- 29 Marleen Building / HIV Services**  
20 NE 10th Ave 248-3030
- 30 Medical Examiner's Office**  
310 NE Knott St 248-3746
- 31 Vector Control**  
5325 N Columbia Blvd 248-3464
- 32 North Portland Field Team**  
1622A North Lombard St 248-3366

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## Issue and Opportunity

### Declining Fee revenues in Primary Care Clinics

- Reduction largely tied to Medicaid open card (FQHC) collections
- Represents services to approximately 5,000 self pay clients
- Proposed budget restores \$800,000 of services - \$600,000 of one time GF, \$200,000 of projected client fee increases.



## Issue and Opportunity

### Brentwood Darlington Community Health Team

- Project started with federal grant; grant expires mid October
- An innovative method of bringing public health and limited primary care services into a community
- Initial outcome data indicates a high degree of community acceptance and customer satisfaction; initial health data also indicate positive outcomes
- Proposed budget replaces expiring federal funding with GF (\$194,000); It also includes \$150,000 for expansion of the neighborhood access site model to one or more second neighborhoods, targeting January 1997.

## Issue and Opportunity

### Refugee Health Services

- Refugee health services formerly were funded through a separate capitation agreement via the State with the federal Office of Refugee Resettlement (ORR)
- After years of debate, the ORR ended the agreement effective April 1995, allowing the Oregon Health Plan (OHP) to assume financial responsibility for refugees
- In anticipation, a modified OHP agreement was reached with to meet the unique needs of newly arriving refugees while protecting the County's financial interest

## Issue and Opportunity

### Refugee Health Services (cont.)

- In application, the arrangement failed to operate as planned. The Medicaid agency was not able to cause Adult and Family Services to act in a fashion congruent with the arrangement.
- At budget development time, negotiations were under way with the Department of Human Resources (DHR) on fixing the arrangement; the continued relationship between DHR and the Department was in doubt.
- Since that time, DHR has agreed, and has taken concrete actions, to remedy the situation. Based on this positive direction taken by DHR, the Proposed Budget recommends no action at this time.

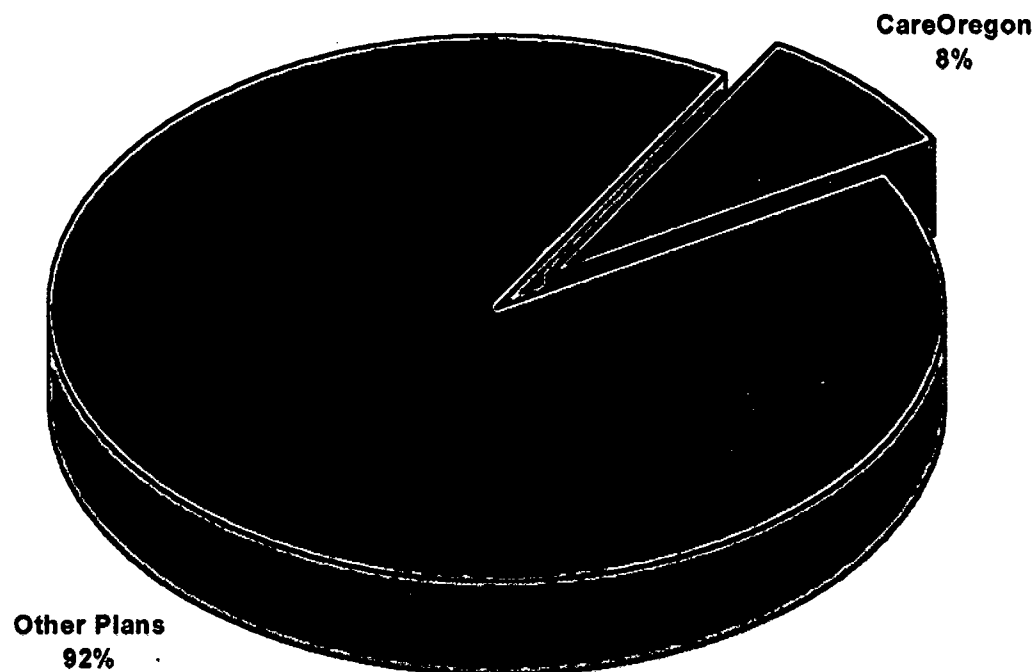
## Issue and Opportunity CareOregon

- CareOregon, at 24,000 members after 2 years, is below the 50,000 to 75,000 enrollment suggested by industry experts for a three year old Managed Care Organization (MCO).
- Overall OHP enrollment is at 300,000, and is not likely to grow, as the State is taking action to control any future growth (premiums, lowered means thresholds, delayed enrollment).
- With a overall limit on the OHP population, increased enrollment can only come from consolidating membership with other plans, successfully competing for clients at plan choice time, or expanding to commercial products.
- CareOregon has found the County's structure limiting its ability to enter into discussions with other plans.

## Issue and Opportunity CareOregon

- No budget action is reflected in the Proposed Budget. CareOregon briefed the BCC this week regarding possible alternatives for its future corporate structure.

CareOregon Enrollment as % of OHP





## Issues and Opportunities

### Additional Budget Issues and Opportunities

- Funds (\$92,000) are provided to replace approximately half of an aged inventory of dental operatory equipment.
- The STARS program implementation grows to cover all middle schools (\$188,000). Also included is expansion of a modified STARS program targeting young women who have already had one child (WYN, at \$32,000).
- Within constraint, the Proposed Budget increases support for the Outside In needle exchange project by \$20,000.

# Appendix 1

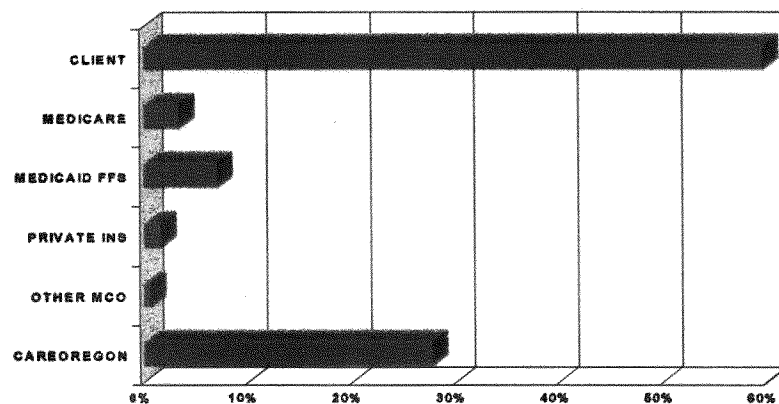
## Changes in Staffing

JOB TITLE	CURRENT	PROPOSED	CHANGE
Community Health Nurse	182.91	186.36	3.45
Data Analysis and LAN Support	8.30	9.00	0.70
Dental Assistant/Receptionist	32.30	30.50	-1.80
Dental Health Officer	1.00	1.00	0.00
Dental Hygienist	7.20	6.60	-0.60
Dentist	14.00	12.00	-2.00
Department Director Health	1.00	1.00	0.00
Deputy Medical Examiner	5.00	5.00	0.00
Eligibility Specialist	10.00	10.00	0.00
EMS Medical Director	0.80	1.00	0.20
Fiscal Assistant	13.00	11.50	-1.50
Fiscal Specialist 2	1.00	0.00	-1.00
Fiscal Specialist Senior	3.50	3.00	-0.50
Health Assistant	63.09	61.04	-2.05
Health Educator	6.30	5.80	-0.50
Health Information Spec	52.01	50.70	-1.31
Health Officer	1.00	1.00	0.00
Health Services Administrator	43.37	41.70	-1.67
Health Services Manager and HSM / Sr	10.00	11.73	1.73
Health Services Specialist	9.68	11.90	2.22
Laboratory Staff	14.00	14.00	0.00
Licensed Comm Practical Nurse	19.53	19.31	-0.22
Medical Director/Asst H.O.	0.70	0.80	0.10
Medical Records Technician	4.70	4.50	-0.20
Nurse Practitioner / PA	41.14	39.31	-1.83
Nutritionist	14.40	15.10	0.70
Office Assistant Series	163.12	166.14	3.02
Pathologist Assistant	2.00	2.00	0.00
Pharmacist	8.90	8.80	-0.10
Pharmacy Technician	4.00	4.00	0.00
Physician	15.47	14.70	-0.77
Principal Investigator	2.51	1.95	-0.56
Program Development Spec/Tech	20.98	23.70	2.72
Psychologist	1.00	0.50	-0.50
Sanitarian and Related	20.00	20.20	0.20
Social Worker	4.60	3.80	-0.80
Warehouse Worker / Purchasing	3.50	1.80	-1.70
X-Ray Technician	<u>4.00</u>	<u>4.00</u>	<u>0.00</u>
	810.01	805.44	-4.57

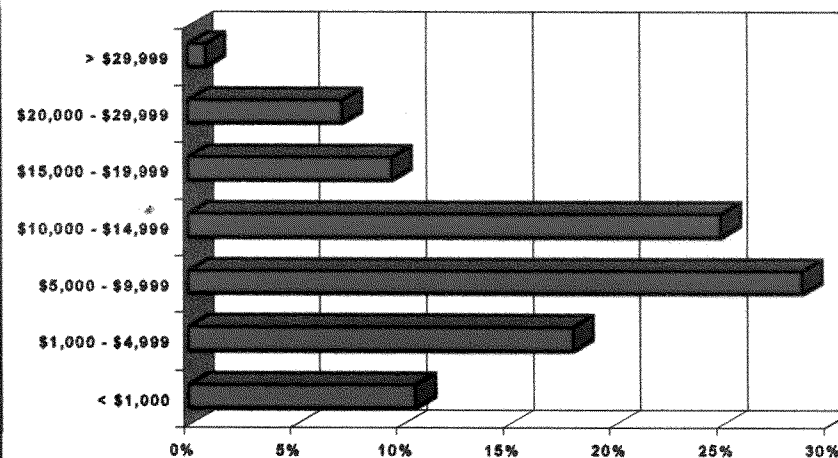
## Appendix 2

### Self Payor Client Characteristics

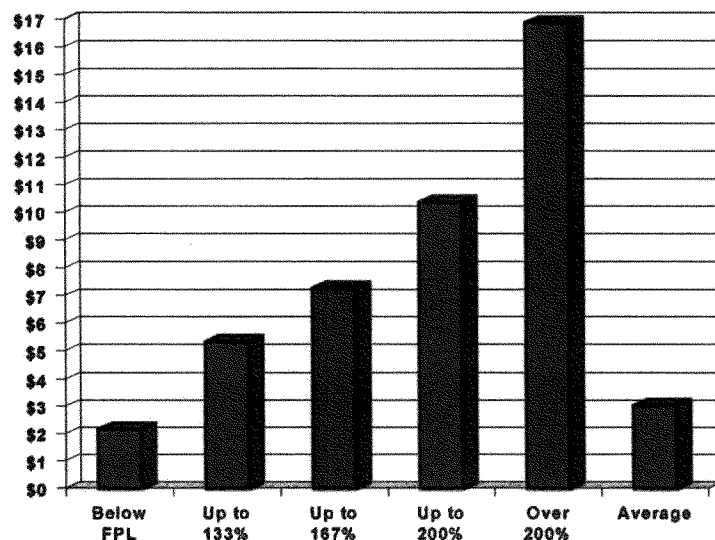
Primary Care Clinical Clients, March 1995



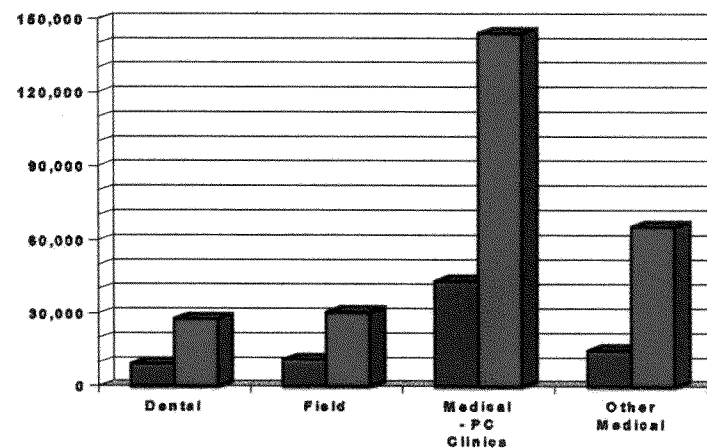
Self Pay Clients, by Annual Income Level, August 1995



Average Payments By Income Level



Annual Clients and Visits, Calendar 1995



# Oregon Industries for the Blind

8056 SE Harold St  
Portland OR 97206  
503/774-1007  
Fax: 503/238-2903

## OIB Snack Shop Training Center Fact Sheet

**What:** Snack Shop Training Center  
**Where:** McCoy Building Lobby, 426 SW Stark St.  
**Why:** To provide on-the-job vocational training and community integration opportunities for OIB clients - adults with developmental and physical disabilities  
**How:** OIB has been working with Commissioner Dan Saltzman and Multnomah County Facilities Managers since the Fall of 1994 to develop a snack shop training site in the McCoy Building Lobby.

OIB currently provides employment and alternative-to-employment services to over 50 individuals with developmentally and physical disabilities. The snack shop training center would provide opportunities for many of these people to acquire job skills, develop good work behaviors and gain valuable work experience in a community setting, while receiving on-site support and supervision from OIB staff. People with significant disabilities and challenges, whom community employers are usually hesitant to hire, will be able to train for future success in other community-based jobs. The training site has been designed to accommodate the physical needs and challenges of our clients and to create the most barrier-free environment possible. The operation of an actual business enterprise will provide our clients with community work experiences and social integration opportunities far beyond what can be offered in a sheltered workshop environment. The current projection is that within the first 18 months of operation the snack shop training center will provide on-the-job work experience and training for six to eight people.

This is a unique opportunity to establish a partnership between OIB and Multnomah County. This partnership would not only benefit OIB's clients, but also the County, its employees and the community. For our clients, the quality of their lives will improve as they achieve goals that we usually take for granted - working, contributing and interacting as a participating member of their community. County employees will enjoy the convenience of the snack shop providing quality products and services at reasonable prices and the pleasure of getting to know and appreciate some very special people. Community livability will improve as we acknowledge diversity and work to make society inclusive of people with disabilities by allowing them opportunities to prove their worth to their community.

OIB's operating funds come directly from contracts for client services. Ninety percent of OIB's funding is provided by Multnomah County's Developmental Disabilities Program in a combination of State and Federal dollars. Although OIB is administered by the Oregon Commission for the Blind, a State agency, OIB operates like a not-for-profit organization. Money generated from the snack shop sales will be used to purchase stock, supplies and equipment and to pay client wages. If sales exceed these expenditures, the additional revenue would be used to help pay the on-site job coaching costs.

The most recent cost projection by Multnomah County for construction of the "outer shell" totals \$38,315.00. OIB has received a \$25,000.00 grant for the completion of the snack shop interior, equipment and initial stock. It is our hope that the county will continue to support OIB in this endeavor by providing the funds necessary to construct the "outer shell" and see this project become a reality.

# Oregon Industries for the Blind

8056 SE Harold St  
Portland OR 97206  
503/774-1007  
Fax: 503/238-2903

## History of Project

July 1994: Dan Saltzman visited OIB and its community job sites, including Debra's Cupboard, a snack shop operated by one of OIB's clients. At that time, Mr. Saltzman suggested exploring a partnership between OIB and Multnomah County to provide a snack shop training site within a County facility. The County would provide the site and construct the shop's basic structure ("outer shell") if OIB could finish the interior and purchase the necessary equipment to operate the snack shop.

Becky Benson, OIB, and Wayne George, Multnomah County Facilities Director, toured several County facilities to determine the best potential site for this project. The McCoy Building was determined to be the best site (potential customer volume, space to accommodate accessible shop plans, hours of operation, etc.).

August 1994: Wayne George's letter to Dan Saltzman estimated the costs to the County for building the shop's "outer shell" at under \$5,000.00, excluding plumbing.

October 1994: OIB contacted Keith Bellman, Food Service Consultant. He donated his services and began working on a custom interior shop design to meet the accessibility and accommodation needs of OIB's client/employees.

November 1994: Robertson, Merryman, Barnes Architects prepared a preliminary floorplan of McCoy Snack Shop for County Facilities Division.

January 1995: OIB received a commitment for Linda Mock, OCB Director of Rehabilitation, for a \$25,000.00 special projects grant to complete the interior construction and purchase equipment/fixtures and stock for a snack shop.

March 1995: The project was put on hold due to County concerns about earthquake proofing requirements at the McCoy Building. OIB continues to investigate costs of food service equipment, store fixtures, etc.

September 1995: OIB conducted a survey at the McCoy Building and received a 42 % response regarding product demand/preferences and hours of operation. Respondants indicated a positive attitude toward creating a snack shop, staffed by employees with disabilities, within the building. Selected OIB clients begin studying for Food Handler's permits.

October 1995: OIB informed by Lennie Sobo that the project was off hold due to postponement of earthquake proofing the McCoy Building.

OIB received County's cost proposal prepared for the Facilities Division by Linda Barnes of Robertson, Merryman, Barnes Architects. Estimated costs are \$38,315.00, a 600% increase over the original figure.

OIB notified by Lennie Sobo that, while the McCoy Building space was now available, the County Facilities Division did not have any discretionary funds available to complete the project.

November 1995: McCoy Building employees helped select "Short Stop" as the name for the snack shop training center. Seven OIB clients passed Food Handler's requirements and receive their permits.

Debbie Bryant, OIB Supported Employment Coordinator, wrote to request assistance from Commissioner Saltzman in completing the snack shop training center project.

January 1996: Debbie Bryant and Sande Nelson, OIB Supported Employment staff, met to discuss the project and its funding with Commissioner Saltzman, Mark Wiener and Dwayne Prather of Multnomah County.

OIB Snack Shop Training Center Information Packets sent to Commissioner Saltzman's Assistant, Mark Wiener.

Robertson  
Merryman  
Barnes

**Architects**

1231 NW Hoyt St.  
Portland, OR 97209

(503) 322-3733

**Memo**

To: Debbie Bryant, OIBWAC ✓  
From: Linda Barnes  
Date: October 27, 1995  
Pages: 1 total  
FAX: 731-3230

**RE: McCoy Building Concession Stand**

Please ignore the fax that we sent earlier today to Becky. The information has been revised.

Lennie Sobo asked me to write you outlining the costs for the OIB concession we are planning for the Multnomah County McCoy Building lobby on fifth and SW Stark. The costs do not include equipment or cabinetry which are to be paid for by OIB and are broken down as follows:

Engineers	\$3,825
Architects	\$2,490
Construction	
Walls, ceilings, etc.	\$11,000
Mechanical & Electrical	\$20,300
Permits and Fees (@2%)	\$700
Total	\$38,315

The total does not include Multnomah County project management fees of about \$4,500, which will be covered by the facilities administration.

As you can see, the costs are higher than the County has budgeted. Some of the added costs are due to the location and difficulty of adding mechanical systems in the McCoy building. The question the County has for you is how much of this estimated construction cost can OIB pick up? Lennie is currently out of the office, but will be back in town Tuesday. Please give him a call to discuss this issue.

Sincerely,

*LINDA BARNES*

Linda Barnes, AIA  
Partner  
Robertson, Merrymun, Barnes, ARCHITECTS

✓  
cc: Lennie Sobo

Date: 26-Oct-95  
By: GCB/JJD  
File: SCHEM-1.XLS

**Oregon Industries for the Blind  
McCoy Building Vending Stand  
Schematic Design Cost Estimate  
Mechanical/Electrical**

Items	System Description	Quantity/Unit	Unit Cost	Cost
-------	-----------------------	---------------	-----------	------

**MECHANICAL - HVAC**

ADD NEW LOW TEMPRATURE HEAT PUMP UNIT FOR CONNECTION TO BUILDING DOMESTIC WATER SUPPLY. ADD NEW CABINET EXHAUST FAN - DISCHARGE TO EXHAUST SHAFT LOCATED IN AN ADJACENT WALL. OUTSIDE AIR OBTAINED FROM SECOND FLOOR OUTSIDE AIR LOUVER IN CORNER MECHANICAL ROOM - OUTSIDE AIR DUCTWORK TO ROUTE THROUGH CORRIDOR INTO TRASH ROOM AND UP TO MECHANICAL ROOM.

BASIC MATERIAL & METHODS	460 SQFT	\$1.25	\$575
HEAT PUMP, LOW TEMP. (2 TON)	1 UNIT	\$2,170.00	\$2,170
INCLUDES DUAL WATER REG. VALVES			
EXHAUST FAN (200 CFM)	1 UNIT	\$350.00	\$350
3/4" COPPER PIPE W/INSUL	40 LF	\$10.00	\$400
BALL VALVE ALLOWANCE	2 UNIT	\$50.00	\$100
MISC. AIR DISTRIBUTION DUCTWORK	460 SQFT	\$3.50	\$1,610
INCLUDES OSA CONNECTION TO LOUVER			
EXHAUST AIR DUCTWORK	460 SQFT	\$1.75	\$805
INCLUDES CONNECTION TO SHAFT			
DIFFUSER/GRILLES	4 UNITS	\$35.00	\$140
CONTROLS (THERMOSTAT)	1 UNIT	\$500.00	\$500
SYSTEMS BALANCE	1 UNIT	\$200.00	\$200
DEMOLITION - MISC.	460 SQFT	\$0.50	\$230
		Sub-Total	\$7,080

**MECHANICAL - PLUMBING**

PROVIDE HANDICAP DRINKING FOUNTAIN AT NEW LOCATION. PROVIDE FIXTURES AND CONNECTIONS TO KITCHEN EQUIPMENT NOTED ON THE SCHEMATIC PLAN (2-23-95). ASSUME PLUMBING CONNECTIONS TO BUILDING MAINS IN ADJACENT WALL. FIXTURES INCLUDE NEW DRINKING FOUNTAIN, SINK AND FLOOR DRAIN.

BASIC MATERIAL & METHODS	460 SQFT	\$0.50	\$230
HOT WATER HEATER - 20 GAL RESID.	1 UNIT	\$550.00	\$550
3/4" AVG. COLD WATER W/ INSULATION	30 LF	\$20.00	\$600
1/2" HOT WATER W/ INSUL	20 LF	\$16.00	\$320
SANITARY WASTE	25 LF	\$21.00	\$525
VENT	25 LF	\$18.00	\$450
BALL VALVE ALLOWANCE	4 UNIT	\$50.00	\$200
NEW FIXTURE INSTALL. & ROUGH-IN	3 UNIT	\$1,250.00	\$3,750
DEMOLITION - MISC.	900 SQFT	\$0.25	\$225
		Sub-Total	\$6,850

OCT-26-1995 11:37

P.03

**MECHANICAL - FIRE PROTECTION**

**MODIFY EXISTING WET SPRINKLER SYSTEM**

BASIC MATERIAL & METHODS	460 SQFT	\$1.25	\$575
		Sub-Total	\$575

**ELECTRICAL**

DEMO EXISTING LIGHTING. NEW POWER TO EQUIPMENT. TELEPHONE ALLOWANCE.  
NEW LIGHTING - ASSUMES OBTAINING POWER FROM SUB-PANEL LOCATED ON FIRST  
FLOOR IN PROXIMITY TO NEW SPACE. ASSUMES MC CABLE USED.

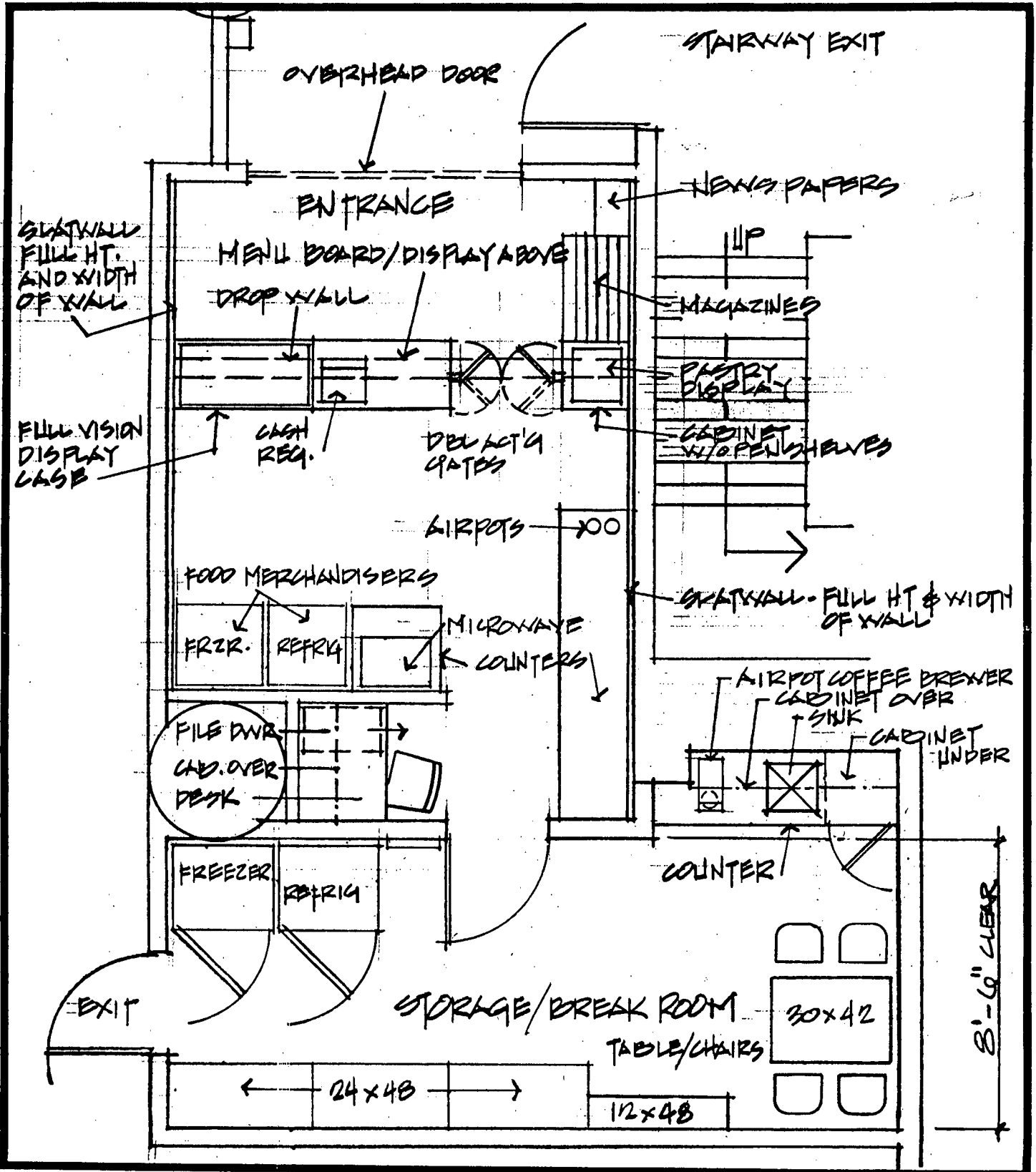
BASIC MATERIAL AND METHODS	460 SQFT	\$1.25	\$575
DEMOLITION - GENERAL AREA	460 LF	\$0.30	\$138
NEW LIGHTING	460 SQFT	\$3.00	\$1,380
NEW POWER	460 SQFT	\$6.00	\$2,760
NEW SUB-PANEL	1 UNIT	\$900.00	\$900
		Sub-Total	\$5,753

TOTAL. \$20,258

TOTAL P.03



keith h. bellman  
foodservice consultant



detail: OREGON INDUSTRIES FOR THE BLIND  
MOODY BUILDING - VENDING STAND

scale: 1/4" = 1' - 0"

2.23.95

sheet no.

FSD-1

- PRELIMINARY -

January 29, 1995

COMMISSION  
FOR THE  
BLIND

Dear Kathy Walker:

As you know, the Oregon Commission for the Blind has committed to jointly funding the establishment of a training\employment site at the McCoy Building with Multnomah County. The agency has included \$25,000 for this project in it's planning for Innovation and Expansion as a part of it's strategic plan. This funding can be used for equipment, fixtures or initial inventory.

Please let me know when you are ready to move forward on this project and the specific equipment and inventory you are requesting. For any items over \$2,500 you will need to get three quotes in order to comply with state purchasing procedures.

Sincerely,



Linda Mock, Director  
Rehabilitation Services



535 SE 12th Avenue  
Portland, OR 97214  
(503) 731-3221  
FAX (503) 731-3230  
TDD (503) 731-3224



# MULTNOMAH COUNTY OREGON

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES  
DEVELOPMENTAL DISABILITIES PROGRAM  
421 SW 6TH, SUITE 400  
PORTLAND, OREGON 97204-1621  
(503) 248-3658 FAX (503) 248-3648  
TDD (503) 248-3598

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

April 11, 1996

Kathy Walker, Director  
Oregon Industries for the Blind  
905 SE Ankeny  
Portland OR 97214

Dear Kathy:

I understand that you are working with Commissioner Saltzman in order to develop a Snack Shop to be located in the lobby of the McCoy Building.

You certainly have my full support in this endeavor. I know that this opportunity will provide employment for adults with severe disabilities that may not be able to work without this chance. Additionally this could offer a valuable learning experience for many adults.

As one of Multnomah County's valuable vocational providers, Oregon Industries for the Blind has my support and I know that this will allow you to expand the employment opportunities you are able to offer adults with severe disabilities.

Sincerely,

Dennis L. Adams  
Program Manager

If you have a disability and need special accommodations, please call (503) 248-3658 TDD (503) 248-3598.  
Persons requiring a sign language interpreter, please call at least 48 hours in advance.

AN EQUAL OPPORTUNITY EMPLOYER

# Small Business

# ASSEMBLING

## BETTER LIVES

Blind Industries matches workers with companies

In addition to assembling plastics, Oregon Industries for the Blind, is helping assemble a future for people with developmental and sight disabilities.

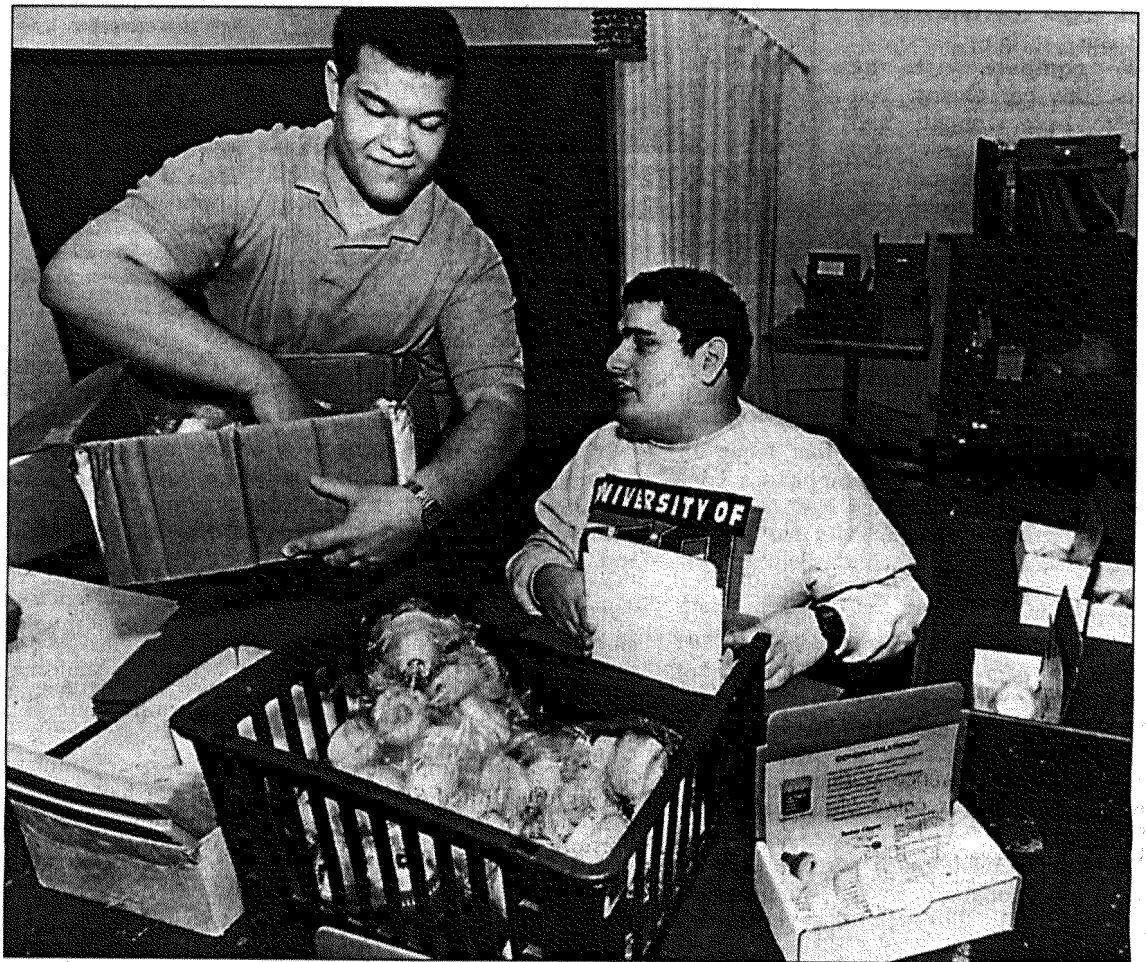
Matthew Goldman, OIB program coordinator, said the non-profit state agency was initially formed through the

STORY BY  
**KIM BEELER GOETZ**  
Daily Journal of Commerce  
PHOTO BY  
**GREG PAUL**

Commission for the Blind in 1979. Since that time,

Goldman said the agency has become the work activity center of the commission.

"The intent of our supported employment program is to place individuals out into community jobs," he said. "It's like



Matthew Goldman, program coordinator of Oregon Industries for the Blind, fills a basket with products as client worker Jose Ramirez assembles water conservation kits for the National Conservation Service in Portland. Ramirez is one of about eight disabled workers who are packaging more than 1,000 kits a day. The kits will be shipped to the city of Las Vegas.

a matching game; we try to match the jobs and our clients' abilities."

With its main headquarters on Southeast Ankeny Street, the non-profit also operates a sheltered workshop at the

Harold Street Production Center.

For more advanced individuals, Goldman said OIB helps line up community jobs at such places as Debra's Cupboard,

See ASSEMBLING, Page 7

# Small Business

## ASSEMBLING Continued from Page 5

535 S.E. 12th Ave., and a snack shop inside the Federal Courthouse in Portland.

**GETTING MONEY'S WORTH:** The OIB work activity center has continued to expand throughout the metropolitan area, and with that growth is a greater need for funding.

The Commission for the Blind has asked the Legislative Emergency Board for an increase in Other Funds expenditure limitation by \$180,000 to accommodate for this growth in business generated by the Oregon Industries for the Blind.

The OIB is essentially a sub-contractor of the commission, which handles administrative services, referrals and assistance in requesting expenditure changes, Goldman explained. Part of OIB's funding comes from Multnomah County's Mental Health Developmental Disabilities program. Business contracts generate about \$96,000 a year in revenue.

"We are certainly living up to the expectations of the clients and the county is getting its money's worth," Goldman said. "It takes a lot of creativity, time and effort on all parts of OIB staff down to the floor supervisor to help people with assistance and contract work."

According to the Legislative Fiscal Office, the Department of Administrative Services has approved the request for additional funds. However, the department noted it will unschedule the funds until the additional expenditure limitation is needed.

The 1995-97 budget limits OIB expenditures to a little more than \$1 million in other funds.

In addition to finding jobs for its nearly 56 client workers, Goldman said the OIB also

offers a variety of training courses, such as money handling skills, math and spelling and computer programs.

"We are proud of the fact that we can offer this broad range of services," he said. "It's not uncommon to have our clients included in several facets of the program."

**PROMOTING INDEPENDENCE:** Phillip Lockwood, owner of Lake Oswego's Lockwood Products, has utilized the services of OIB and its workers for a decade of his 12 years in business. Lockwood Products is a manufacturer of plastic coolant hoses for the metal working industry around the world. About 20 OIB client workers package Lockwood's company products.

Lockwood praised his long-time contract with Oregon Industries for the Blind, citing its assistance and quality work as major reasons for the lasting relationship.

"They work real well and the quality is excellent," he said. "They're just very cooperative. They pick up and deliver from us on a daily basis and they are really responsive

to our needs. It has worked real well for both of us."

Obviously, Goldman said the organization is doing something right.

"If it has been around since 1979 and keeps going and going, it's got to be doing something good," he said, adding that its driving force is to offer individuals with multiple disabilities a fulfilling future.

"The mission of the OIB is to enhance the quality of life for persons with developmental disabilities by providing employment and alternatives to employment services, which promotes independence, productivity and integration into the local community."

**"The intent of our supported employment program is to place individuals out into community jobs. It's like a matching game; we try to match the jobs and our clients' abilities."**

**May 8, 1996**

**Dear Multnomah County Commissioners:**

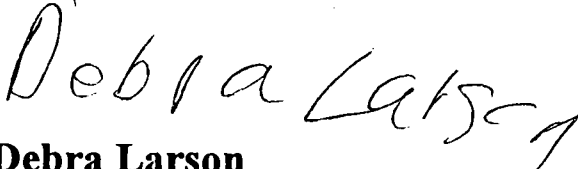
**Hi. My name is Debra Larson. I have my own snack shop. It is called Debra's Cupboard. My snack shop is in the Commission for the Blind building here in Portland. My business has been open for five years. I sell pop, candy, gum and other packaged foods. I earn good money running Debra's Cupboard.**

**Most everything I do by myself. Because I am deaf and legally blind, OIB and OCB made a system of braille and print price tags for me and my customers to use. I learned to make change, stock supplies, keep track of my daily sales and many other important business tasks before I could have my own store. Joyce from Oregon Industries for the Blind helps me with my shopping and bookkeeping. I appreciate the support she gives me so I can run my snack shop.**

**Training more people with disabilities to work in snack shops is a good idea. It is a great job and you meet many nice people. I think it is wonderful that Multnomah County wants to have a snack shop where people with disabilities can learn the jobs. OIB has other people, like me, who can do lots of jobs if we get a little support and training.**

**Thank you for your help with the snack shop.**

**Sincerely,**

  
**Debra Larson**

# **Oregon Industries For The Blind**

8056 SE Harold St.  
Portland, Oregon 97206  
774-1007  
Fax: 238-2903

May 1, 1996

Multnomah County Commissioners  
1120 SW Fifth Avenue  
Portland, OR  
97204

## **RE: Saltzman Add-on-Package for OIB Training Facility**

Dear County Commissioners,

Hello. My name is Jackie Sybrandt. I work at OIB. I am here to ask you to help us. We need the store so we can get job experience, so we can work in the community, and so the community can see that we are like them--so people won't be afraid of us (and our wheelchairs) just because they don't know us (sometimes people are afraid to talk to us or give us a job). We are like everyone else--we have feelings and goals and dreams.

I hope you will support this project.

Thank you,

JOSCKE

Jackie Sybrandt

# **Oregon Industries For The Blind**

8056 SE Harold St.  
Portland, Oregon 97206  
774-1007  
Fax: 238-2903

May 1, 1996

Multnomah County Commissioners  
1120 SW Fifth Avenue  
Portland, OR  
97204

## **RE: Saltzman Add-on-Package for OIB Training Facility**

Dear County Commissioners,

Good Morning. My name is Kathy Paintner. I am a client at OIB. I hope you will support our project. It is very important for disabled people to be independent, earn an income, get experience, learn skills, have a chance to work in the community so we can feel good about ourselves and expand our horizons.

When I helped Debra Larson at her store it felt good to help a friend and to work with the public. This store will be an important step for us at OIB.

Thank you for listening and for your time.

Sincerely,

Kathy Paintner

Kathy Paintner



## Health Department Proposes Clinic Merger

The Multnomah County Health Department is proposing to merge the operations of the Burnside Health Clinic and the Westside Health Clinic. This proposal will be considered over the next several months before a final decision is reached in June.

The proposal is intended to improve services while reducing costs:

- Federal budget cuts have sharply reduced the amount of money available for local health clinics.
- The Burnside Clinic at NW 6th and Davis is about 8 blocks from the Westside Clinic at SW 5th and Stark.
- The county leases the building where the Burnside Clinic is located and it is in need of substantial remodeling which would be made at county expense. The heating and ventilating system is deficient.
- Due to relocation of other county programs the Westside Clinic has room to expand. Plans for remodeling to achieve that expansion are now under way. The county owns the building where the Westside Clinic is located.
- The newly expanded Westside Clinic will provide access to a greater range of health services including prenatal care, the WIC program, family planning, mental health, dermatology, x-ray and pharmacy. A merged clinic with combined staffs would provide extended hours of operation and a larger range of services.
- Presently, the Health Department is working in partnership with alcohol and drug, mental health and housing services to develop opportunities for patients to receive health care within their agencies.
- Homeless people are less concentrated in Old Town than they have been previously. The Burnside Health Clinic saw approximately 400 fewer clients in 1995 than in 1994. Single Room Occupancy hotels, shelters and other service providers are increasingly more dispersed through the community.

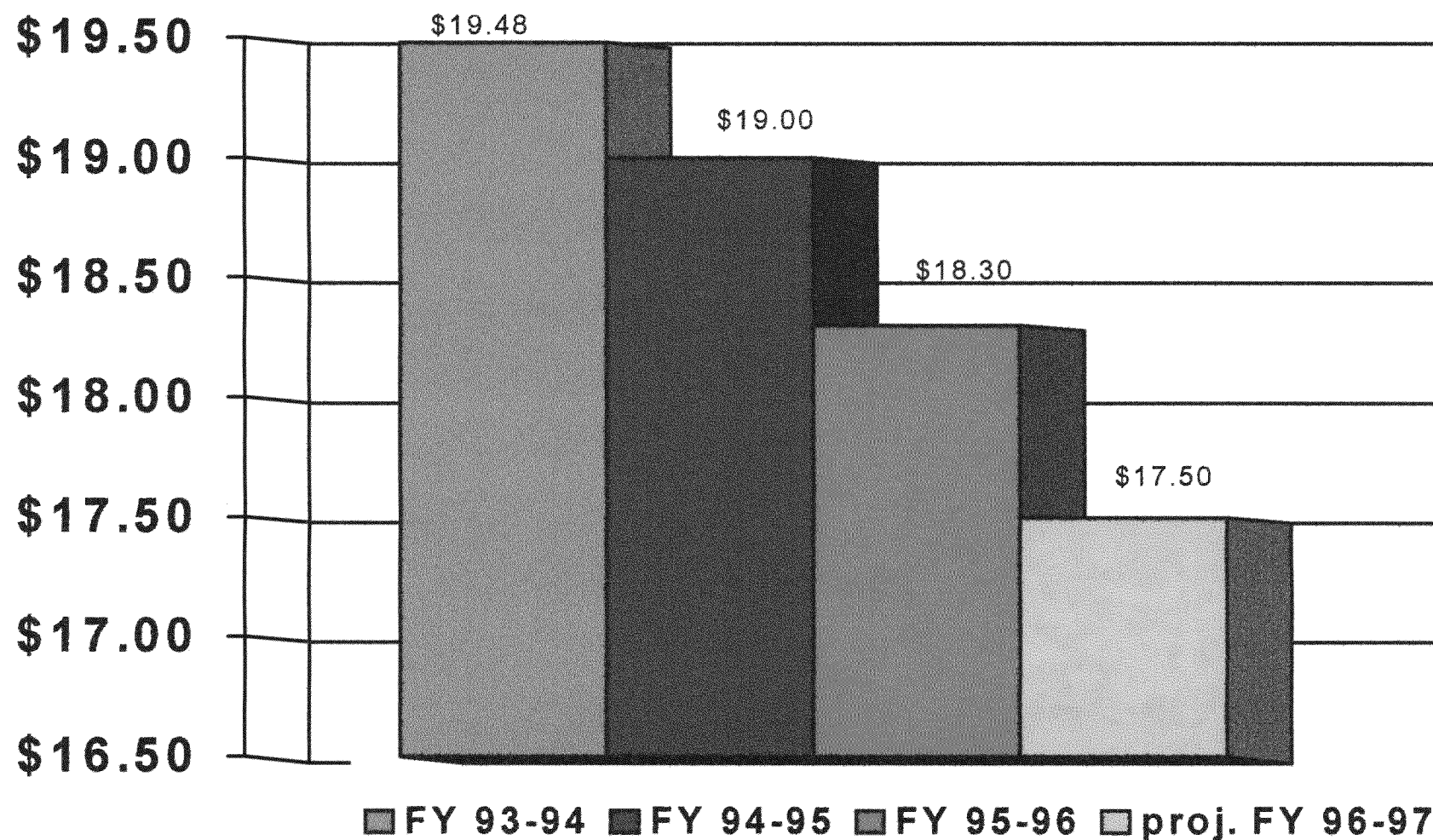
The Health Department believes that this proposal is the best way to reduce costs without reducing the quality of services.

Multnomah County Chair Beverly Stein will present her proposed Executive Budget to the Board of County Commissioner's on May 2, 1996. Public hearings will be held in May and June, with a final decision by the Board of County Commissioners expected by June 30. Public testimony on this proposal is invited and encouraged.

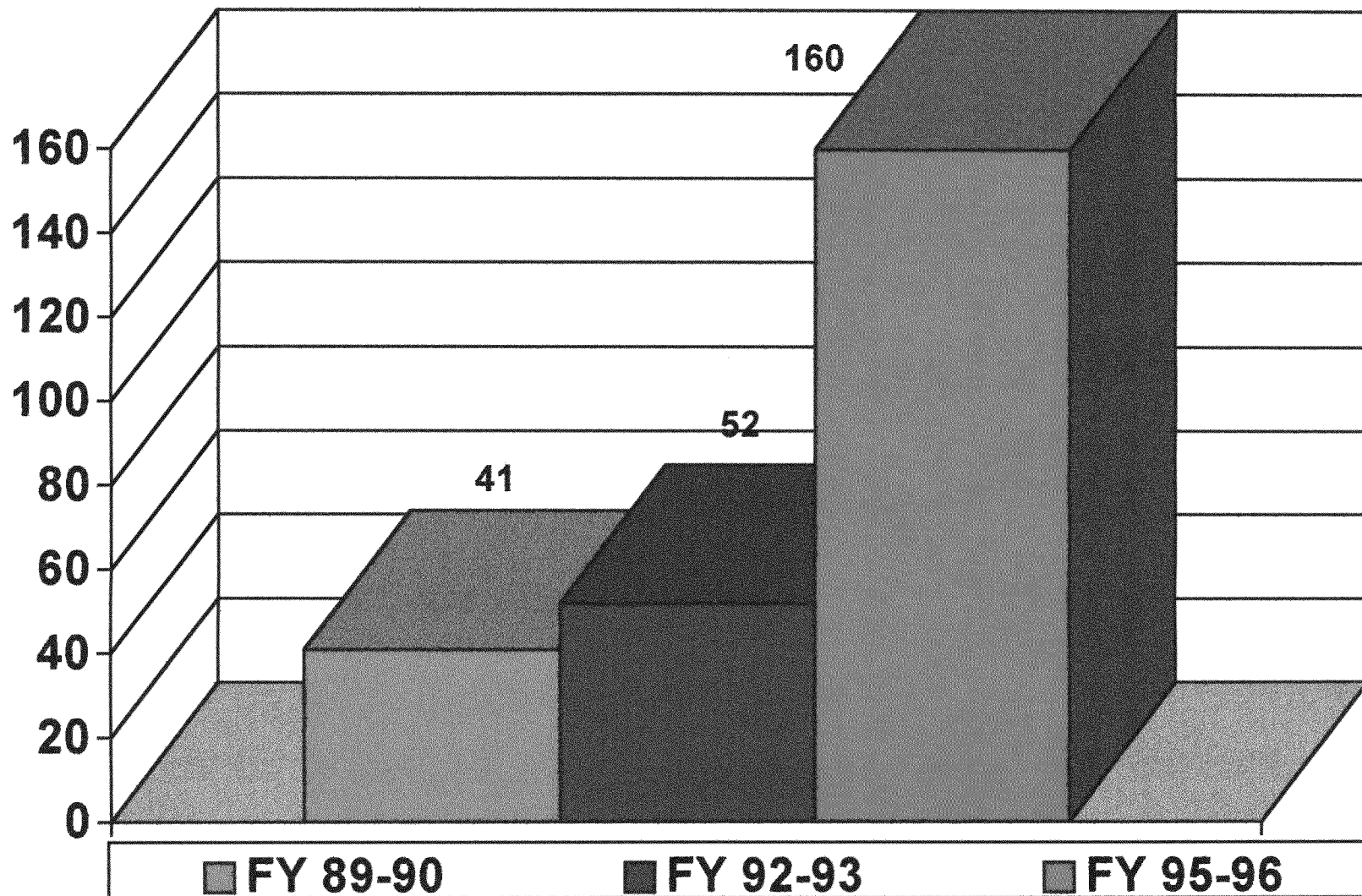
For more information on the proposed merger contact Gina M. Mattioda, Public Affairs Coordinator at 248-5464 ext. 6474 or Ardys Craghead, Primary Care Division Director at 248-3674.

DWAYNE PRATHER

# Cost per Interpreted Visit



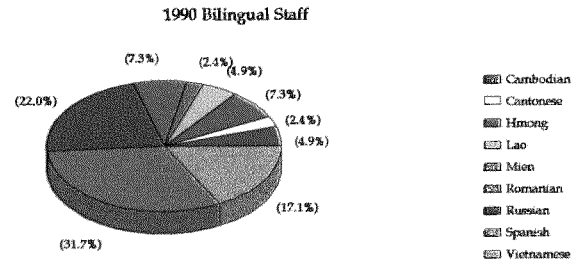
# Health Dept Bilingual Staff



## 2. PERMANENT BILINGUAL STAFF

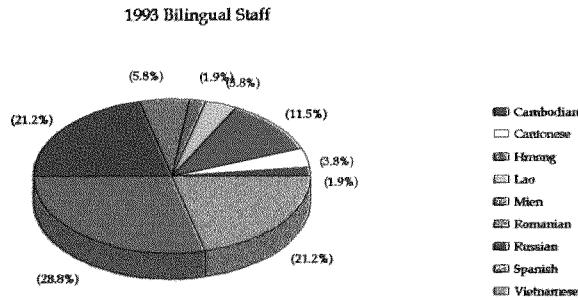
### 1990 Bilingual Staff

Language	#	Class
Cambodian	2	HA
Cantonese	1	HA
Hmong	1	HA
	1	X-ray Tech
	1	Mgr
Lao	2	HA
Mien	1	HA
Romanian	1	Op Sup
	2	HA
Russian	9	HA
Spanish	5	HA
	1	Pharm
	3	CHN
	4	HIS II
Vietnamese	7	HA
	41	



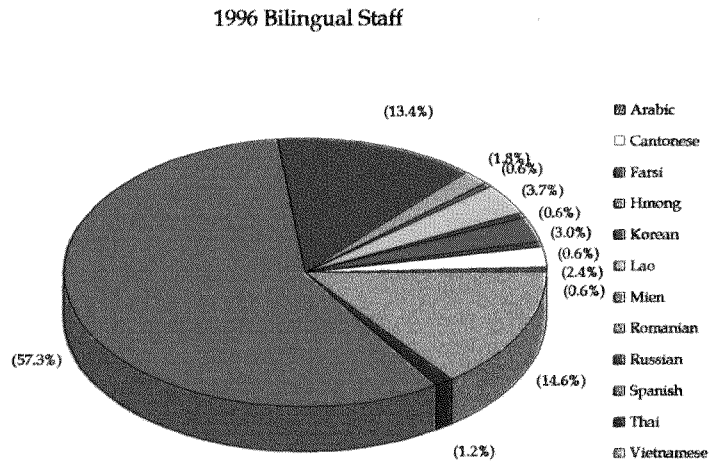
### 1993 Bilingual Staff

Language	#	Class
Cambodian	1	HA
Cantonese	2	HA
Hmong	1	HA
	1	X-ray Tech
	1	Mgr
	2	OA2
	1	OA3
Lao	2	HA
Mien	1	HA
Romanian	1	Op Sup
	2	HA
Russian	11	HA
Spanish	6	HA
	1	HIS III
	3	CHN
	4	HIS II
	1	Elig Spec
Vietnamese	9	HA
	2	OAI
	52	



### Bilingual Staff as of 4/96

Language	#	Class
Arabic	1	OA
Cantonese	3	HA
	1	OA
Farsi	1	OA
Hmong	1	X-ray Tech
	1	Mgr
	1	OA2
	1	Op Sup (act)
	1	HA
Korean	1	CHN
Lao	2	Mgr
	1	CHN
	1	Op Sup
	2	HA
Mien	1	HA
Romanian	1	OA
	1	HA
	1	Mgr (act)
Russian	16	HA
	2	Nutr Asst
	1	OA2
	1	MD
	1	OA3
	1	DA/R
Spanish	19	HA
	2	Nutr Asst
	14	CHN
	2	HIS I
	1	Sr OA
	3	Elig Spec
	23	OA2
	1	HIS Sr
	2	Admtn Sec
	4	PNP
	1	Pharm
	2	Clinic Lead
	1	PDS
	1	LPN
	2	HSA
	1	Nutritionist
	2	PNP
	7	HIS 2
	2	Lab Tech
	2	HSS
	1	Sanitarian
	1	Physician
Thai	1	DA/R
	1	HA
Vietnamese	12	HA
	2	OA2
	1	Op Sup
	1	HIS II
	2	DA/R
	3	CHN
	1	FA Sr
	1	PDT
	1	PDS





## HEALTH DEPARTMENT

### HUMAN RESOURCES UNIT

# MULTNOMAH COUNTY OREGON



Internal Transfer Circular No 96-1

Dated April 5, 1996

Approved: SAK

## PRIORITY: POST IMMEDIATELY

Date Posted: \_\_\_\_\_

Posted By: \_\_\_\_\_

---

(NOTE: To be eligible for transfer, an employee must be permanent and in the same classification as the position offered.)

---

Employees interested in positions below will be able to demonstrate exceptional customer service to diverse communities by working effectively with persons from various ethnic, socioeconomic, and cultural backgrounds.

If language **REQUIRED**: Position cannot be filled without the language skill.

If language **PREFERRED**: If all skills are equal, preference will be given to the candidates with the desired language skills.

---

**0.8 FTE OFFICE ASSISTANT 2.** (Spanish language fluency required.) This position is with La Clinica de Buena Salud and is available now. Duties include customer check in/out, data entry, preparing reports, dealing with customer insurance issues, answering the telephone, ordering clinic supplies, customer service, and strong organizational and self-directed working skills. The person selected must be team oriented, like working closely with customers and be able to work some evening clinic hours. Computer skills and knowledge are desired. This vacancy is due to the resignation of Edith Frederick. If you are interested in this position, please forward a memorandum requesting transfer (with courtesy copy to your supervisor) to Consuelo Saragoza (X-7080), Interoffice Mail Address NEHC/322. Transfer requests must be received not later than close of business Friday, April 19, 1996.

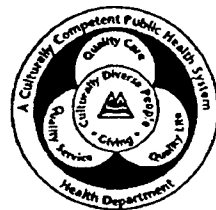
**1.0 FTE OFFICE ASSISTANT 2.** This position is in the Community Immunization Office located in the McCoy Building and is available now. Duties include typing, filing, light phones, data entry, and PC's. Responsibilities also involve administrative tasks in support of the immunization program. If you are interested in this position, please forward a memorandum requesting transfer (with courtesy copy to your supervisor) to Peggy Hillman, (X-6733), Interoffice Mail Address 160/9. Transfer requests must be received not later than close of business Friday, April 19, 1996.



# HEALTH DEPARTMENT

## HUMAN RESOURCES UNIT

# MULTNOMAH COUNTY OREGON



Internal Transfer Circular No 96-6

Dated May 3, 1996

Approved: olk

## PRIORITY: POST IMMEDIATELY

Date Posted: \_\_\_\_\_

Posted By: \_\_\_\_\_

---

(NOTE: *To be eligible for transfer*, an employee must be permanent and in the same classification as the position offered.)

Employees interested in positions below will be able to demonstrate exceptional customer service to diverse communities by working effectively with persons from various ethnic, socioeconomic, and cultural backgrounds.

If language **REQUIRED**: Position cannot be filled without the language skill.

If language **PREFERRED**: If all skills are equal, preference will be given to the candidates with the desired language skills.

---

**1.0 LICENSED PRACTICAL NURSE.** (Spanish, Russian, or Vietnamese preferred.) This position is with the Southeast Health Clinic. Hours are Monday through Friday, 8:00 AM to 5:00 PM, with Tuesday evening clinic until 7:00 PM. We are seeking team members with communication skills that can provide support to the medical team. If you are interested in this position, please forward a memorandum requesting transfer (with courtesy copy to your supervisor) to Marcia Morrow (248 - 3507, Ext 4203), Interoffice Mail Address 420. Transfer requests must be received not later than close of business Friday, May 17, 1996.

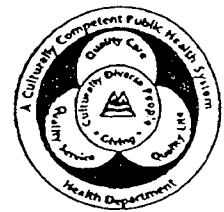
Fax: May 6, 1996, 11:15 AM



# HEALTH DEPARTMENT


## HUMAN RESOURCES UNIT

# MULTNOMAH COUNTY OREGON



Internal Transfer Circular No 96-4

Dated April 18, 1996

Approved: 

## PRIORITY: POST IMMEDIATELY

Date Posted: \_\_\_\_\_

Posted By: \_\_\_\_\_

---

(NOTE: To be eligible for transfer, an employee must be permanent and in the same classification as the position offered.)

Employees interested in positions below will be able to demonstrate exceptional customer service to diverse communities by working effectively with persons from various ethnic, socioeconomic, and cultural backgrounds.

If language **REQUIRED**: Position cannot be filled without the language skill.

If language **PREFERRED**: If all skills are equal, preference will be given to the candidates with the desired language skills.

---

**0.5 FTE PROGRAM DEVELOPMENT TECHNICIAN.** This position is with the HIV program at the Marlene Building. This is a new position. Duties include: assist in the development of requests for proposals and contracts for health and social services for persons living with HIV; assist in the implementation of services and monitoring of contract agencies; serve as a liaison to community planning groups; write reports, procedures, and meeting notes; coordinate data collection for Federal reports, client satisfaction surveys, and provider surveys; update resource directory; prepare financial spreadsheets; and organize and run reports from client services databases. If you are interested in this position, please forward a memorandum requesting transfer (with courtesy copy to your supervisor) to Liz Fosterman (X-3339), Interoffice Mail Address 340/2. Transfer requests must be received not later than close of business Thursday, May 2, 1996.

**0.8 FTE OFFICE ASSISTANT / SENIOR.** (Spanish preferred.) This School Based Health Center position will provide clerical support to both the **Roosevelt High School Family Resource Center** and the **Roosevelt (Evening) Community Clinic**. This is a new position. Duties include: word processing, data entry, reception, family and community information referral, scheduling student activities and meetings, organizing mailings, billing, phone answering, client check-in and check out, and records management. Persons interested in this position must have an interest in working in a community-based site with a variety of duties. If you are interested in this position, please forward a memorandum requesting transfer (with courtesy copy to your supervisor) to Darlene Young or Judy Mayer (X-8062), Interoffice Mail Address 160/9. Transfer requests must be received not later than close of business Thursday, May 2, 1996.

# Health Department

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# Health Department

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## Vision

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

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

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

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

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

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

# Health Department

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## Budget Overview

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
		<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	721.61	809.51	809.51	805.44	(4.07)
Departmental Costs	\$88,055,647	\$111,062,529	\$114,644,663	\$109,617,624	(\$5,027,039)
External Revenues	\$60,904,444	\$82,233,550	\$85,415,053	\$77,425,138	(\$7,989,915)
General Fund Support	\$49,778,664	\$28,828,979	\$29,229,610	\$32,192,486	\$2,962,876

## Department Services

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

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

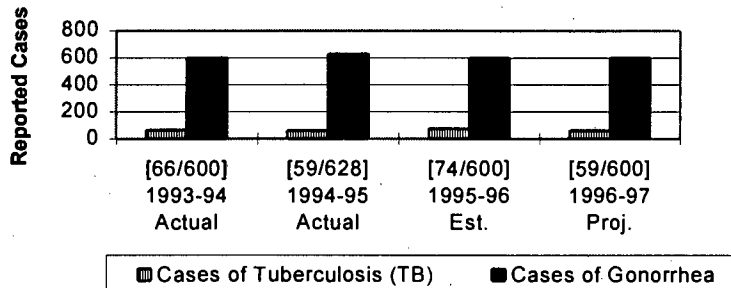
Local policy discretion is limited by the regulation and policy direction associated with the various grantors that fund the Department, including the Federal and State Governments and Federal and State law.

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

# Health Department

## Performance Trends

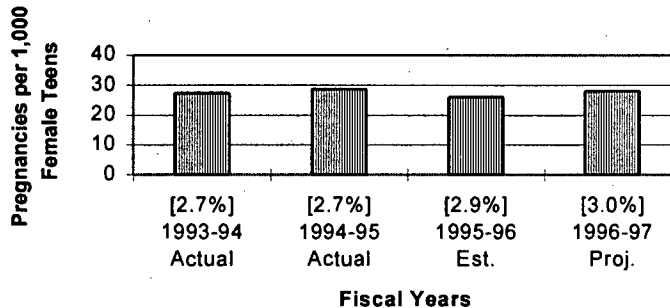
### Tuberculosis and Gonorrhea



Measures numbers of cases of Pulmonary Tuberculosis and Gonorrhea reported among County residents per year.

The number of gonorrhea cases has stabilized because education for HIV control has led to practices that control other STD's.

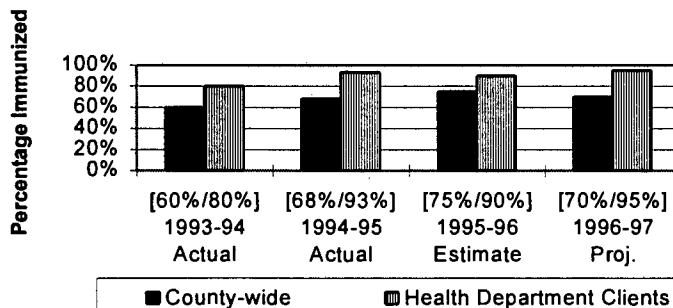
### Teen Pregnancy Prevention



Rate of pregnancy among female County residents between the ages of 10 and 17. Calculated as the total number of live births and abortions divided by the total number of females in this age group.

### Immunized Two Year Olds

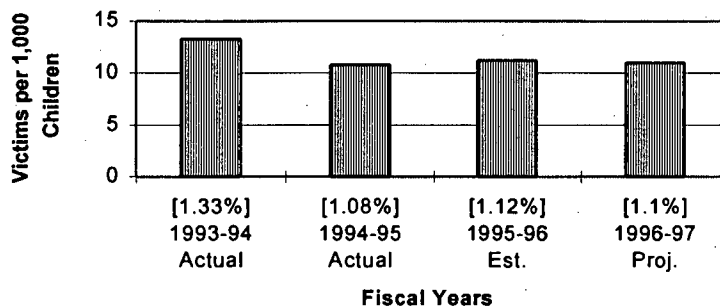
Health Department Clients as Compared to Total County



Measures percentage of two year olds County-wide who have received all recommended vaccinations against preventable diseases and percentage of two year olds receiving clinical services from the Multnomah County Health Department who are similarly immunized. An Immunization grant has enhanced outreach/education efforts for all County residents and enhanced service at County clinics.

# Health Department

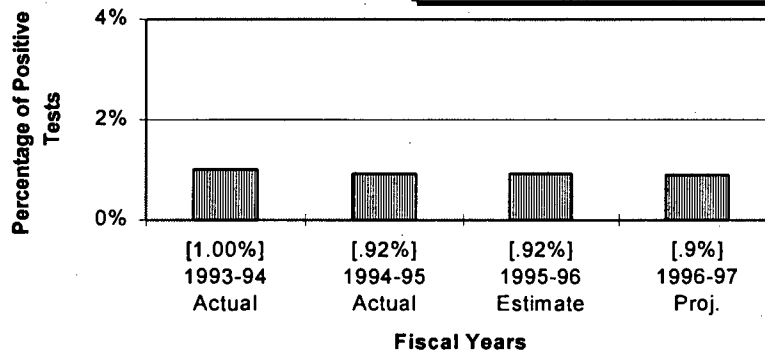
## Child Abuse Rate



Number of individual children identified by CSD as victims of child abuse in Multnomah County per 1,000 children under 18 in Multnomah County.

Structural and funding changes at CSD in current biennium will have an unknown effect on child abuse cases in 1995-96.

## HIV Seroprevalence Rate

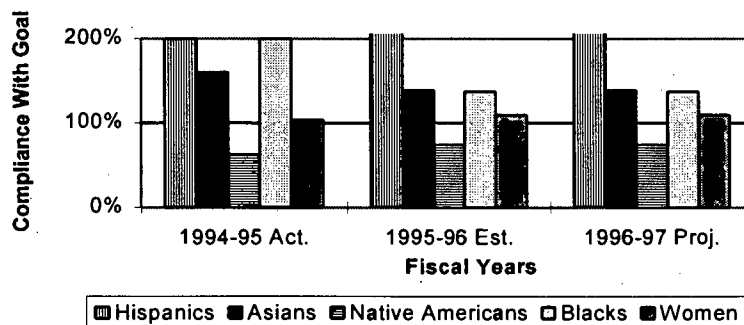


Positive tests for HIV as a percentage of the total number of tests performed in County operated clinics.

The number of positive tests is expected to remain stable because of early outreach/education efforts and clean needle access.

## Workforce Diversity

Success Towards Goals (Across all job classifications)



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

# Health Department

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## Recent Accomplishments

- Opened Portsmouth, George, and Lane School Based clinics; opened Roosevelt evening clinic for families in the community, in conjunction with the Primary Care system.
- Completed transition of budget preparation and control from a centralized management model to a site based model, enhancing accountability and ownership of the financial performance at the unit level.
- Implemented the Postponing Sexual Involvement (STARS) Program in all of Portland and Parkrose Middle schools; implemented a modified STARS program with teen mothers through community based providers.
- Successfully started Exceptional Needs Dental Services (ENDS), a non-profit agency with community dental providers to service the dental needs of difficult to reach enrolled dental clients.
- Successfully implemented an county-wide system to provide emergency ambulance services through a single contracted provider, achieving decreased patient costs and improved quality of care.
- The Primary Care Division has performed successfully in the CareOregon Managed Care model, proving to be the most cost efficient CareOregon provider. CQI/RESULTS activities are spreading rapidly throughout the Primary Care Division. Diversity has been institutionally integrated as a focus of Primary Care discussions and learning. The Primary Care Division has an agreement with OHSU to jointly provide service in the new North Portland site. A RESULTS activity has produced a set of new nursing triage documents.
- Formalized a community partnership with Pacific Vision to provide vision care at the Southeast Health Center and at the soon to be remodeled Northeast Health Center.
- Have committed to partnering with Parkrose School District in not only a School Based Health Clinic, but a facility that can serve the whole community. This will fit nicely into the Community Center concept.
- In response to the RESULTS initiative and because "it works" this Department has the most staff who have attended the CQI Training, and have made the most presentations at the RESULTS celebrations.

# Health Department

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## Budget Highlights

### Staffing

- The proposed budget contains a net decrease of 4.07 FTE when compared to the adopted 1995-96 budget. 5.05 FTE, came from the Primary Care Division as a result of declining Medicaid fees, capitation, and grant revenues. In the Disease Control Division 7.75 FTE were cut from the HIV/Women's Project funded by the Center for Disease Control(CDC). In addition, 9.68 FTE funded by a National Institute of Drug Abuse(NIDA) grant were also cut. The NIDA and the CDC grants will end in August 1996. A three year Center for Substance Abuse Treatment(CSAT) continuation grant, received in the current budget year, added 7.00 FTE partially offsetting the other reductions. In the Neighborhood Health Division 4.13 FTE were added to expand STARS to all schools. 3.00 FTE were added for the Neighborhood Access program which will use the Brentwood-Darlington model to expand services to other neighborhoods. Field Nursing added 3.70 FTE with Babies First and Oregon Commission of Children & Youth revenue. The Department has also created a Quality Office, adding 3.70 FTE. Other numerous small changes in staffing make up the remaining 1.52 decrease in FTE.

### Structural Changes

- The Department made some changes to their organizational structure. The Planning and Development Program, along with the addition of new staff, create the new Quality Office. The new Quality Office, along with the Training and Development Program will report to the Department Director and appear in the Director's budget.
- HIV Services, the TB Clinic, Communicable Diseases, and Occupational Health make up the Disease Control Division. The programs that remained in the Specialty Services Division - School Based Clinics, Field Services, Teen Family Support, and the Parent/Child Center, are now renamed Neighborhood Health.
- The International Health Center is now part of the Primary Care Division and combined with the MidCounty Health Center. The Burnside Clinic will close, with staff and clients reassigned to the Westside Clinic.

### RESULTS Efforts

- For 1996-97 the Department has made a number of organizational changes, including creating a Quality/RESULTS Office. This office has explicitly been designed to integrate RESULTS and Quality Improvement efforts, and the Department's ongoing efforts to achieve cultural competence. This dual focus is intended to weave both active approaches to RESULTS and cultural diversity throughout the fabric of the Department.

# Health Department

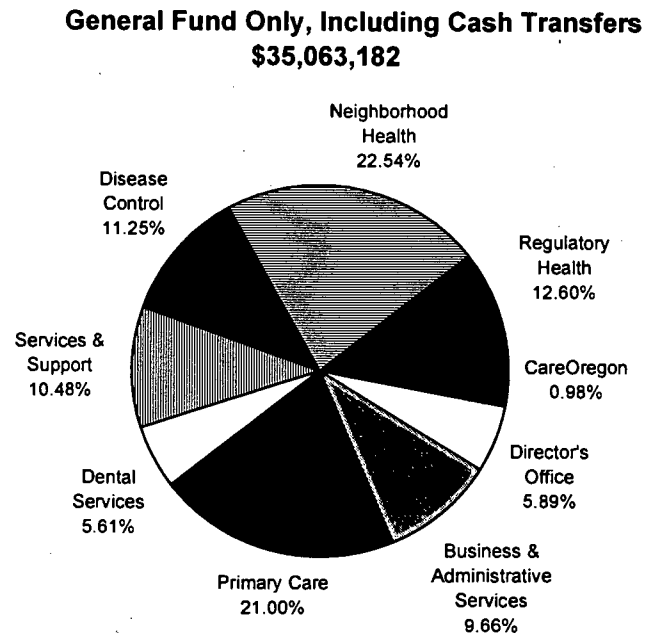
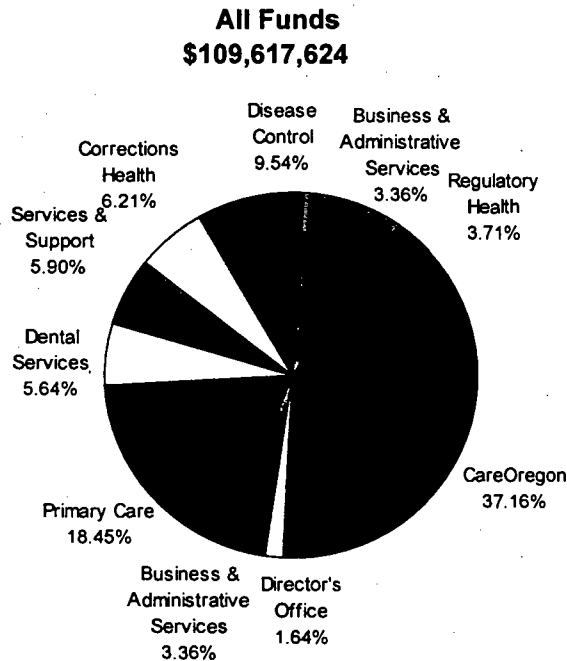
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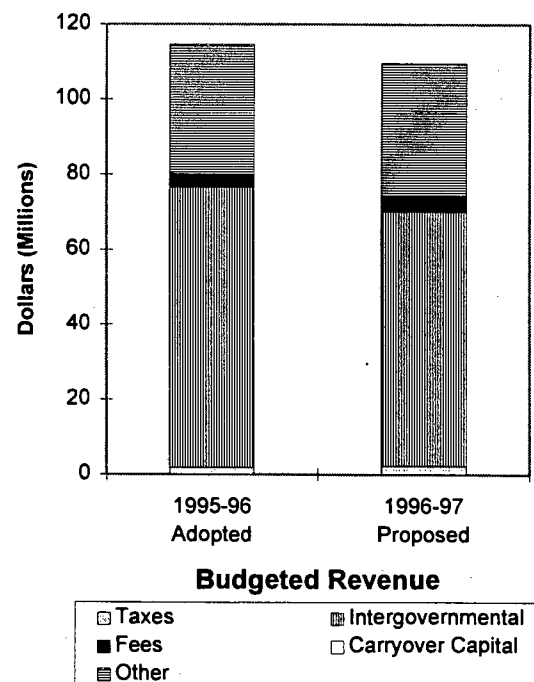
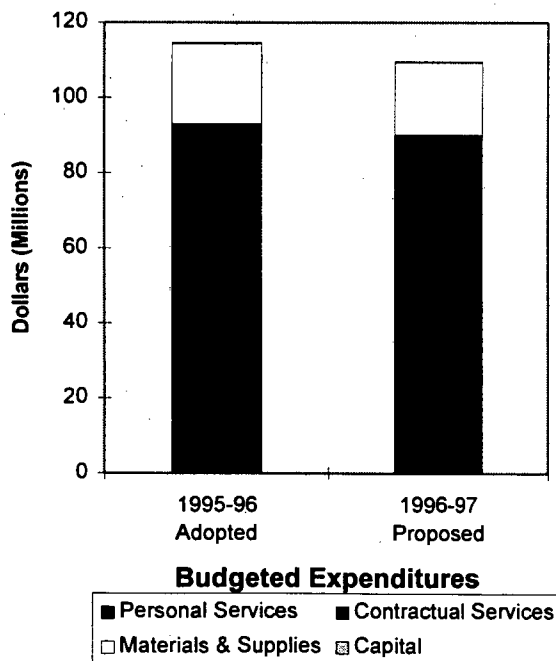


# Health Department

## TOTAL EXPENDITURES BY DIVISION 1996-97 PROPOSED BUDGET



## EXPENDITURE AND REVENUE COMPARISON 1995-96 Adopted Budget and 1996-97 Proposed Budget All Funds, Including Capital Projects



# Health Department

## Budget Trends

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	721.61	809.51	809.51	805.44	(4.07)
Personal Services	\$38,881,092	\$42,102,393	\$43,604,416	\$45,221,241	\$1,616,825
Contractual Services	31,430,961	52,269,503	49,394,185	44,830,757	(4,563,428)
Materials & Supplies	17,241,468	16,240,689	21,307,780	19,242,017	(2,065,763)
Capital Outlay	502,126	449,944	338,282	323,609	(14,673)
<b>Total Costs</b>	<b>\$88,055,647</b>	<b>\$111,062,529</b>	<b>\$114,644,663</b>	<b>\$109,617,624</b>	<b>(\$5,027,039)</b>
External Revenues	\$60,904,444	\$82,233,550	\$85,415,053	\$77,425,138	(\$7,989,915)
General Fund Support	\$49,778,664	\$28,828,979	\$29,229,610	\$32,192,486	\$2,962,876

## Costs by Division

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Director's Office	\$748,127	\$1,020,861	\$1,002,434	\$1,792,943	\$790,509
Regulatory Health	3,031,282	3,250,118	3,386,574	4,069,537	682,963
Disease Control	8,560,265	9,929,518	10,541,846	10,461,373	(80,473)
Neighborhood Health	7,708,182	7,915,655	8,283,023	9,194,087	911,064
Dental Services	4,670,092	5,003,660	5,513,562	6,186,083	672,521
Primary Care	18,116,832	19,403,413	19,456,683	20,221,421	764,738
Support Services	7,226,714	7,485,580	7,514,666	6,466,885	(1,047,781)
Business Services	3,347,805	4,235,916	4,278,714	3,678,298	(600,416)
Corrections Health	5,783,879	5,862,923	6,236,058	6,809,385	573,327
CareOregon	28,862,469	46,954,886	48,431,103	40,737,612	(7,693,491)
<b>Total Costs</b>	<b>\$88,055,647</b>	<b>\$111,062,529</b>	<b>\$114,644,663</b>	<b>\$109,617,624</b>	<b>(\$5,027,039)</b>

## Staffing by Division

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Director's Office	6.83	10.83	10.83	20.25	9.42
Regulatory Health	45.33	50.48	50.48	51.60	1.12
Disease Control	102.08	107.03	107.03	97.19	(9.84)
Neighborhood Health	97.88	105.93	105.93	114.26	8.33
Dental Services	47.67	63.75	63.75	62.10	(1.65)
Primary Care	244.89	268.44	268.44	263.39	(5.05)
Support Services	57.13	62.80	62.80	52.40	(10.40)
Business Services	35.12	41.40	41.40	42.15	0.75
Corrections Health	71.24	76.85	76.85	78.75	1.90
CareOregon	13.43	22.00	22.00	23.35	1.35
<b>Total Staffing FTE's</b>	<b>721.61</b>	<b>809.51</b>	<b>809.51</b>	<b>805.44</b>	<b>(4.07)</b>

# Health Department

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## Issues and Opportunities

### 1. Primary Care

Medicaid fee-for-service (FFS) and capitated revenues continue to decline for the 1996-97 fiscal year. Medicaid revenue for primary and specialty care clinics dropped \$1.9 million. The decline in FFS revenue (\$1.6 million) is a result of open card clients being successfully moved into managed care plans under the Oregon Health Plan (OHP). Additionally, FFS reimbursements have been capped resulting in less revenue per visit for those remaining FFS/open-card clients. The remaining revenue reduction (\$300,000) is the result of reduced capitation rates for clients in managed care plans (CareOregon.)

Because of the reduced revenue, the County clinic system cannot continue to operate at the same level. This has immediate consequences for the 1996-97 budget. In response to the revenue shortage, the Burnside Clinic will close and merge with the Westside clinic in the McCoy Building and the International Health Clinic will merge with the MidCounty Clinic. Other clinics have reduced provider teams and/or decreased clinic hours. This represents cuts in service for approximately 5,000 clients, representing 15,000 Primary care visits.

The problem is part of a larger and more difficult, issue. While federal and state revenue continues to decline, demand for services by the medically indigent population continues to grow.

- The OHP screens out many clients who meet the 100% of poverty income requirement. For example, the OHP has now started charging a premium to some clients, with failure to pay resulting in exclusion from the plan for several years. The OHP has already seen a decline in enrollment over the past few months, since the premium was instituted. These people have moved from being insured to being uninsured.
- Surveys, for the State and Multnomah County, also indicate a decline in the number of employers offering health insurance. This has the potential to increase the pool of working poor who do not qualify for the OHP and have no other insurance coverage.

These trends will continue to place pressure on the County General Fund to replace lost Medicaid dollars for Primary Care services. However, it is unlikely that the General Fund support of the Primary Care system can effectively solve the underlying problem.

### Major Alternatives:

- Provide \$1.9 million to backfill lost Medicaid dollars and maintain current service levels. Current service levels will probably require approximately another \$1.2 million in the following year to replace anticipated additional Medicaid revenue reductions.

# Health Department

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This will allow us to minimally address the health care for the 1995-96 client service level.

- Provide one time only revenue to allow Department time to plan for service reductions and/or find alternative funding sources. This will require a phase-down of clinic services but offers some potential to find ways to confront the underlying access issue.
- Cut Primary Care services across clinic sites, or close whole clinics. This option would immediately cut 5,000 clients off from health care.
- Redirect general fund support from other Health Department services ( i.e. School Base Clinics, Field Teams, HIV services) to fund Primary Care. This would require dismantling whole programs to generate \$1.9 million to maintain current service level.

## **Chair's Recommendation:**

*Provide \$600,000 in one-time-only support, with Health Department raising an additional \$200,000 in client fees. This will restore services for approximately 3,500 clients (10,400 visits). This will give the Department time for planning, to clarify roles, and set service priorities, while keeping service disruption to a minimum. The Chair is also providing an additional \$50,000 in one-time-only for Professional Services to assist the Department with this strategic planning process.*

## **2. Brentwood-Darlington Community Health Team**

This health team serves families within the Brentwood-Darlington neighborhood. It offers home visits to all families with a pregnant woman or young child, and one stop shopping for neighborhood services including immunization, well child care, WIC, pregnancy tests, and initial prenatal visits. The Maternal Child Health Bureau Community Integrated Service System (CISS) grant will fund this project through mid October 1996. As of October this program must be funded from the General Fund or terminate.

This project was developed based on community needs expressed in a neighborhood assessment done by Portland Impact in 1992. Residents identified the need for accessible preventive health care as a priority concern. The health team has been well received by the neighborhood, and response to customer satisfaction surveys indicates a very high level of satisfaction with clinic services. During the time the health team has been present in the neighborhood, postneonatal mortality has improved from 6.5 per 1,000 births to 3.53 per 1,000 births, compared to a state-wide average that started at 4.4 per 1,000 and dropped to 3.58 per 1,000.

## **Major Alternatives:**

- Provide replacement funding for Health Team.

# Health Department

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- Cut program after grant funding ends in October 1996.

## **Chair's Recommendation:**

*Provide \$194,198 to replace lost grant revenue for the Brentwood-Darlington Community Health Team. Also, the Chair recommends an additional \$150,000 for expansion of the Community Health Team model to other neighborhoods, to start January 1997.*

## **3. Refugee Health Care**

Two significant program planning processes are occurring simultaneously at the International Health Clinic. The first is the structural merging of the entire clinic with the Mid-County Primary Health Care Center, thus making the International Clinic part of the Primary Care Division. It is anticipated that the merging of these clinics will result in approximately \$70,000 in savings for the units and these savings are reflected in the budget. The second issue is the new fee for service reimbursement system for refugees that has been established with OMAP.

For 17 years the Health Department has been providing primary care for all new refugees to Multnomah County. For the last 10 years, the federal Refugee Early Employment Program (REEP) has provided full funding for refugee screening and primary care on a capitated basis. The REEP program, terminated in April 1995 and Multnomah County negotiated a new fee for service system for refugees with the Oregon Medical Assistance Programs (OMAP). Under this program, OMAP agreed to provide newly arriving refugees with a fee for service Medicaid card restricting their primary care to Multnomah County. The Health Department then agreed to provide primary care, orientation and facilitate patient access into the Oregon Health Plan (OHP). Refugees would subsequently select an OHP provider of their choice.

However, there have been problems with the implementation of this new system. Refugees are being enrolled by Adult and Family Services (AFS) like any other plan participant and given a choice of providers. Consequently, reimbursements to the Primary Care clinic, have been based on the capitated rate, rather than the higher FQHC fee for service rate agreed upon by OMAP.

## **Major Alternatives:**

- Replace lost REEP/Medicaid revenue to maintain current Primary Care service level to Refugees.
- Discontinue Refugee services. Refugees would still be eligible for the Oregon Health plan and could enroll with CareOregon and receive Primary Care services.

# Health Department

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## **Chair's Recommendation:**

*No action or financial support is required at this time. If the Health Department is unable to resolve this problem they may recommend that the Board terminate its relationship with the State as the provider of refugee health services. Additionally, the Department may recommend discontinuing its refugee screening program.*

## **4. CareOregon**

Out of 20 OHP contractors, CareOregon is the third largest Oregon Health Plan participant, with a membership of approximately 24,000. Managed care experts advise that healthy plans achieve membership of 50,000-75,000 members within two to three years. This level of enrollment will best guarantee the long term financial solvency of the plan and its ability to assure quality services to members.

Since the statewide enrollment for OHP has reached its target (300,000), there is little hope of gaining the needed 25,000-50,000 additional members through new enrollees. Experts predict consolidation, mergers and acquisitions of the current 20 plans in the near future. Under the current structure of ownership by Multnomah County, d.b.a. CareOregon, CareOregon cannot enter into what may be necessary affiliations or mergers that will assure CareOregon's survival. The CareOregon Advisory Board, with assistance from the County Counsel's office, is exploring possible alternatives.

## **Major Alternatives:**

- Remain as an administrative unit of Multnomah County, as a Medicaid "only" managed care plan. Membership is expected to continue a gradual decline from its current level of 24,000 members.
- Transfer administration of CareOregon to one of the other partners, Oregon Health Sciences University a "Public Corporation," or Oregon Primary Care Association, a private non-profit 501C-3 corporation.
- Create a new stand alone organization/administrative structure for CareOregon with the three collaborating partners (Multnomah County, OHSU, and Oregon Primary Care Assoc.). This structure would most likely be a non-profit corporation or a limited liability company. Both of these entities would be exempt from taxation allowing revenues to be directed to provision of health services for members.

## **Chair's Recommendation:**

*No action required at this time. The Department plans to brief the Board on the possible alternatives after they have been further developed.*

## 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.

### Significant Changes - Revenue

County General Fund revenue moved from other Divisions to fund the Quality, Planning and Development, and Training programs now reflected in the Department Director's budget.

### Amount

\$790,000

### Significant Changes - Expenditures

Training and Development staff moved into Directors Office. One full time Health Services Admin. and an OA2, a 1.5 FTE PDS, a half time Support Services Tech., and a 0.80 FTE Health Services Specialist. The OA2 is reclassified to a OA Senior.

### FTE's

4.80

### Amount

\$263,959

The Support Services Tech transferred in is cut and several new positions are added to create the Quality Office. 2.00 FTE Health Services Administrators, a full time Health Services Manager, 0.20 FTE Health Services Specialist, and a half time Administrative Secretary are added.

3.20

\$217,826

The Planning and Development program was moved from the former HIV Division and several changes were made. An Administrative Secretary 0.50 FTE, Health Information Specialist 0.80 FTE and a Health Services Manager Sr. are added. A PDS is reduced by (0.39) FTE and a Health Services Administrator (0.60) FTE are cut. A 0.25 FTE Co-Principle Investigator is moved from the Disease Control Division and then reduced by (0.14) FTE.

1.42

\$106,700

# Director's Office

## Health Department

### Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	6.83	10.83	10.83	20.25	9.42
Personal Services	\$462,908	\$706,909	\$668,788	\$1,276,549	\$607,761
Contractual Services	25,410	56,392	53,200	141,570	88,370
Materials & Supplies	251,638	246,360	269,246	372,324	103,078
Capital Outlay	<u>8,171</u>	<u>11,200</u>	<u>11,200</u>	<u>2,500</u>	<u>(8,700)</u>
<b>Total Costs</b>	<b>\$748,127</b>	<b>\$1,020,861</b>	<b>\$1,002,434</b>	<b>\$1,792,943</b>	<b>\$790,509</b>
External Revenues	\$0		\$0	\$0	\$0
General Fund Support	\$748,127	\$1,020,861	\$1,002,434	\$1,792,943	\$790,509

### Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Director's Office	\$748,127	\$1,002,434	\$1,792,943	\$790,509

### Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Director's Office	6.83	10.83	20.25	9.42



### Description

The mission of the Regulatory Health Division is to protect and enhance public health by regulating certain businesses and facilities, and helping to analyze and address a wide range of community health problems. The Division is responsible for enforcing state and local public health laws and rules; investigating and analyzing community health problems; and providing consultation and leadership to government and other sectors in addressing community health problems. The Division inspects and licenses selected businesses with potential for health impacts; investigates deaths in certain circumstances; enforces public health laws and rules; abates certain health and nuisance problems; investigates important community health problems; and provides consultation and assistance to government, various organizations, and individuals regarding 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. This body of problems is growing through recognition that population based services are often more appropriate and cost-effective than individual services.

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

### Action Plan

- By January 1997, develop and implement a departmental emergency management plan to ensure that the Health Department can effectively mobilize its staff and other resources to protect the public from the health hazards posed by the occurrence of various disasters.
- By July 1996, complete evaluation, and make a recommendation to the Board regarding the potential transfer of the Medical Examiner program to the Oregon State Police.
- If the Medical Examiner program remains a part of Multnomah County Health Department, complete an evaluation of program operations, by February 1997.

### Significant Changes - Revenue

	<u>Amount</u>
Environmental Health Fees increased	\$200,000
Lead Screening grant increased	\$60,000
Ambulance fees increased	\$250,000
County General Fund increased to support Health Communities	\$50,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Operations Supervisor (0.70) FTE is cut and replaced by 1.00 FTE Clerical Unit Supervisor. An Office Assistant 2 is increased by 0.50 FTE, Health Srv Mgr is reduced by (0.10) FTE, Sanitarian services are increased by 0.20 FTE, and Health Information Spec are increased by 1.12 FTE, while a Health Assistant for (0.80) FTE is cut.	1.22	\$69,900
The EMS Medical Director is increased by 0.20 FTE and a Data Analyst is reduced by (0.30) FTE with no significant change in cost.	(0.10)	
Professional Services for Health Communities \$50,000 and \$275,000 for Ambulance fees		\$300,000
Building Management services no longer budgeted in Business Srv		\$51,050
Inspection fees that are returned to the State have doubled.		\$75,000

# Regulatory Health

## Health Department

### Budget Trends

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	45.33	50.48	50.48	51.60	1.12
Personal Services	\$2,400,456	\$2,710,493	\$2,780,507	\$2,965,838	\$185,331
Contractual Services	226,709	58,923	166,255	561,968	395,713
Materials & Supplies	385,048	465,167	430,512	541,731	111,219
Capital Outlay	<u>19,069</u>	<u>15,535</u>	<u>9,300</u>	<u>0</u>	<u>(9,300)</u>
<b>Total Costs</b>	<b>\$3,031,282</b>	<b>\$3,250,118</b>	<b>\$3,386,574</b>	<b>\$4,069,537</b>	<b>\$682,963</b>
External Revenues	\$1,533,662	\$2,022,682	\$2,159,138	\$2,680,604	\$521,466
General Fund Support	\$1,497,620	\$1,227,436	\$1,227,436	\$1,388,933	\$161,497

### Costs by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Health Officer	\$234,613	\$222,927	\$313,776	\$90,849
Violence Prevention	46,142	115,170	124,534	9,364
Environmental Health	1,277,641	1,383,746	1,531,913	148,167
Vector Control	327,196	354,164	378,415	24,251
Lead Screening	136,895	169,782	230,146	60,364
Emergency Medical Srv	374,040	503,327	796,392	293,065
Medical Examiner	<u>634,756</u>	<u>637,458</u>	<u>694,361</u>	<u>56,903</u>
<b>Total Costs</b>	<b>\$3,031,282</b>	<b>\$3,386,574</b>	<b>\$4,069,537</b>	<b>\$682,963</b>

### Staffing by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Health Officer	3.00	3.00	3.00	0.00
Violence Prevention	0.41	1.38	1.50	0.12
Environmental Health	21.44	22.45	23.10	0.65
Vector Control	5.42	6.00	6.00	0.00
Lead Screening	1.63	3.05	3.50	0.45
Emergency Medical Srv	4.00	5.10	5.00	(0.10)
Medical Examiner	<u>9.43</u>	<u>9.50</u>	<u>9.50</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>45.33</b>	<b>50.48</b>	<b>51.60</b>	<b>1.12</b>

# Health Officer

## 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.

### Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted</u></b>	<b><u>Proposed</u></b>	<b><u>Difference</u></b>
Staffing FTE	3.00	3.00	3.00	0.00
Program Costs	\$234,613	\$222,927	\$313,776	\$90,849

### Significant Changes - Expenditures

Professional Services for Health Communities Initiative.

**FTE's**

**Amount**  
\$50,000

# Violence Prevention

Regulatory Health  
Health Department

## Description

The purpose of the Violence Prevention Program is to promote long-term reductions in violence in our community. The program is responsible for: (1) providing a focal point in local government for policy development and community mobilization around the issue of violence; (2) carrying out community assessments, and helping develop resources for violence prevention; and (3) supporting implementation of conflict resolution and other violence prevention programs in schools throughout the county. The Program convenes community members and groups to plan for violence prevention activities, carries out data analyses, and, in cooperation with schools and community-based organizations, plans and supports violence prevention activities

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	0.41	1.38	1.50	0.12
Program Costs	\$46,142	\$115,170	\$124,534	\$9,364

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percent of middle and high schools with ongoing organized violence prevention activities	53%	90%	90%	90%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Services Specialist increased	0.12	\$6,500

# Environmental Health

## 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

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	21.44	22.45	23.10	0.65
Program Costs	\$1,277,641	\$1,383,746	\$1,531,913	\$148,167

### Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) % of restaurant food handlers with County food handler certificates	85%	86%	86%	90%

### Significant Changes - Expenditures

Health Operations Supervisor (0.70) FTE, Health Services Mgr (0.10) FTE, and (0.05) FTE Sanitarian are all reduced. A Clerical Unit Supervisor 1.00 FTE and a 0.50 FTE Office Assistant 2 are added.

Building Management services no longer budgeted in Business Srv  
Inspection fees that are returned to the State have doubled.

<u>FTE's</u>	<u>Amount</u>
0.65	\$32,500
	\$30,000
	\$75,000

# 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).

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	5.42	6.00	6.00	0.00
Program Costs	\$327,196	\$354,164	\$378,415	\$24,251

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Rat complaints per 1,000 County residents	3.4	3.4	3.2	3.2

## Significant Changes - Expenditures

No significant changes.

FTE's

Amount

# Lead Screening

Regulatory Health  
Health Department

## Description

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	1.63	3.05	3.50	0.45
Program Costs	\$136,895	\$169,782	\$230,146	\$60,364

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percent of children receiving basic lead poisoning prevention services	78%	35%	30%	35%

## Comments

1) Change of methodology in 1994-95 Actual; denominator is 0-6 year olds instead of all children under 18

## Significant Changes - Expenditures

Health Assistant is cut (0.80) FTE, Health Information Specialist 2 for 1.00 FTE and 0.25 Sanitarian are added.

<u>FTE's</u>	<u>Amount</u>
0.45	\$30,900

# Emergency Medical Services

Regulatory Health  
Health Department

## Description

The mission of the 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 including an exclusive ambulance service contract.

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	4.00	5.10	5.00	(0.10)
Program Costs	\$374,040	\$503,327	\$796,392	\$293,065

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Eight minute urban response time percentage	87%	90%	90%	90%
2) Twenty minute rural response time percentage	NA	NA	90%	90%

## Significant Changes - Expenditures

EMS Medical Director is increased by 0.20 FTE and a Data Analyst is reduced by (0.30) FTE.  
Ambulance fees

<u>FTE's</u>	<u>Amount</u>
(0.10)	\$275,000



# Medical Examiner

Regulatory Health  
Health Department

## Description

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

Approximately 3,800 of the County's 7,000 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.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	9.43	9.50	9.50	0.00
Program Costs	\$634,756	\$637,458	\$694,361	\$56,903

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Reported Cases handled per investigator FTE	394	395	389	395

## Significant Changes - Expenditures

No significant changes.

FTE's

Amount

### Description

The mission of the disease control division is the control of selected communicable and environmentally mediated diseases. Control of disease is fundamental to achieving the Health Department's Vision of Healthy people in Healthy Communities. The importance of disease control activities has long been expressed through their prominence in health departments at local, state, and national levels.

### Action Plan

- Hire a Division Director by September 1997.

### Significant Changes - Revenue

	<u>Amount</u>
HIV/Women's Project grant ends and CDC revenue declines	\$460,000
Risk Behavior Intervention project - NIDA funding ends	\$695,660
HIV Federal Block grant increased	\$110,000
CSAT continuation grant	\$46,000
General Fund moved to support HIV Outreach and Education	\$300,000
General Fund used to fund Disease Control Division Management	\$220,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Multiple changes to FTE, detailed in individual programs.	(9.84)	(\$618,724)
Two large grant funded projects are ending, reducing overall operating expenses for the Division, this is partially off set by CSAT continuation grant that expands AIDS prevention services.		(\$79,516)
Building management expenses increased. Health now occupies most of the McCoy building and clinic space for Disease Control programs has expanded.		\$208,800

# Disease Control

## Health Department

### Budget Trends

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
Staffing FTE	102.08	107.03	107.03	97.19	(9.84)
Personal Services	\$5,348,856	\$5,215,603	\$5,608,175	\$5,339,442	(\$268,733)
Contractual Services	1,315,565	2,970,668	3,120,450	3,207,564	87,114
Materials & Supplies	1,862,565	1,724,246	1,794,221	1,907,367	113,146
Capital Outlay	<u>33,279</u>	<u>19,000</u>	<u>19,000</u>	<u>7,000</u>	<u>(12,000)</u>
<b>Total Costs</b>	<b>\$8,560,265</b>	<b>\$9,929,518</b>	<b>\$10,541,846</b>	<b>\$10,461,373</b>	<b>(\$80,473)</b>
External Revenues	\$5,314,496	\$7,627,467	\$8,097,834	\$7,032,607	(\$1,065,227)
General Fund Support	\$5,406,481	\$2,302,050	\$2,444,012	\$3,428,766	\$984,754

### Costs by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
Division Management	\$216,012	\$242,620	\$220,032	(\$22,588)
TB Management Clinic	1,218,065	1,323,949	1,446,844	122,895
Communicable Diseases	518,730	545,416	735,363	189,947
Occupational Health	369,926	381,798	335,991	(45,807)
HIV Prevention Services	1,603,874	3,215,926	3,321,575	105,649
STD Clinic	1,051,442	992,076	1,111,120	119,044
HIV Women's Project	641,977	747,882	290,231	(457,651)
NIDA Project	769,056	874,276	178,616	(695,660)
HIV Homeless Outreach	364,520	58,228	530,842	472,614
STD Epidemiology	523,780	525,083	456,830	(68,253)
HIV Treatment Clinic	<u>1,282,884</u>	<u>1,634,592</u>	<u>1,833,929</u>	<u>199,337</u>
<b>Total Costs</b>	<b>\$8,560,265</b>	<b>\$10,541,846</b>	<b>\$10,461,373</b>	<b>(\$80,473)</b>

### Staffing by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
Division Management	1.56	2.70	1.66	(1.04)
TB Management Clinic	18.59	19.75	19.20	(0.55)
Communicable Diseases	7.71	8.10	10.60	2.50
Occupational Health	4.40	4.40	4.40	0.00
HIV Prevention Services	7.29	7.75	9.30	1.55
STD Clinic	15.23	14.85	13.73	(1.12)
HIV Women's Project	7.25	8.50	0.75	(7.75)
NIDA Project	10.58	10.93	1.25	(9.68)
HIV Homeless Outreach	6.26	0.91	8.30	7.39
STD Epidemiology	8.93	9.00	8.00	(1.00)
HIV Treatment Clinic	<u>14.28</u>	<u>20.14</u>	<u>20.00</u>	<u>(0.14)</u>
<b>Total Staffing FTE's</b>	<b>102.08</b>	<b>107.03</b>	<b>97.19</b>	<b>(9.84)</b>

# Division Management

Disease Control  
Health Department

## Description

Division Management is responsible for defining the mission and establishing the policies of the Division. Disease Control is a new division focusing on control of communicable and environmentally mediated diseases. Disease control activities have historically been a focus of health departments at local, state, and national levels. An action plan will be developed after a new division director is in place.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	1.56	2.70	1.66	(1.04)
Program Costs	\$216,012	\$242,620	\$220,032	(\$22,588)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
A half time Office Assistant is transferred to Business Services Division, the Medical Director (0.20) FTE is cut.	(0.70)	(\$30,200)
Health Services Mgr Sr. and Administrative Secretary each reduced by (0.17) FTE to fund additional Professional Services.	(0.34)	(\$16,978)

# TB Management Clinic

Disease Control  
Health Department

## Description

The purpose of tuberculosis management services is to prevent the transmission of tuberculosis in Multnomah County. It is responsible for the investigation and implementation of control measures for tuberculosis within the County. The program's activities include screening, evaluating, providing treatment for patients, interviewing case contacts to obtain information needed 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. In 1995, out of 5,322 clients seen and tested for tuberculosis, 450 were put on preventive therapy and an additional 59 were treated for active TB. Compared to the previous year, tuberculosis rates showed a 22% decline in Multnomah County.

The decline is attributed to intensified outreach activities and collaborative efforts with many programs providing service to clients with high risk for tuberculosis. These activities included TB screenings, aggressive searches for lost clients, and follow up services for those who missed treatment regimen as prescribed by the medical treatment team.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	18.59	19.75	19.20	(0.55)
Program Costs	\$1,218,065	\$1,323,949	\$1,446,844	\$122,895

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of TB patients who complete a course of TB treatment (active TB)	94%	85%	90%	90%

## Significant Changes - Expenditures

An Office Assistant is reclassified to a OA Senior, a full time Health Information Spec is added. A full time Health Assistant, Operations Supervisor (0.15) FTE, and LCPN (0.40) FTE are all cut.  
Building Management expenses are increased.

<u>FTE's</u>	<u>Amount</u>
(0.55)	(\$7,500)
	\$30,000

# Communicable Disease

Disease Control  
Health Department

## Description

The goal of the Communicable Disease program is to protect the public from the spread of communicable disease and to decrease the level of communicable disease in Multnomah County. The rate per 100,000 population varies with each disease and is affected by availability of vaccinations, access to medical care, personal hygiene, and the cyclical nature of each disease. The program is responsible for investigation and implementation of control measures for all reportable communicable diseases except for diseases investigated by the Tuberculosis and STD programs. The program, screens, refers, diagnoses, advises appropriate control measures, and counsels clients who have reportable communicable disease and no other source of medical care for hepatitis and other communicable diseases. The program assists in the identification of exposed individuals so that treatment can be provided and the spread of disease contained; provides prophylaxis as needed; provides education to clients, staff and the community; and provides surveillance and crisis intervention in outbreaks of communicable disease.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	7.71	8.10	10.60	2.50
Program Costs	\$518,730	\$545,416	\$735,363	\$189,947

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Number of preventable Hepatitis A cases transmitted by workers in high risk settings	0	0	0	0

## Significant Changes - Expenditures

Two new grants fund the addition of a Health Information Specialist and 1.50 FTE Community Health Nurses. An Office Assistant 2 is reclassified to a OA Senior.

<u>FTE's</u>	<u>Amount</u>
2.50	\$142,200

# Occupational Health

## Disease Control Health Department

### Description

The goal of the Occupational Health program is to reduce the risk of an employee acquiring a communicable disease at work. The Occupational Health program provides the OSHA Bloodborne Pathogens and Tuberculosis Programs to bring employees into compliance and to increase workplace safety for both Multnomah County and other employers through contract.

The Bloodborne pathogens program includes development of an "exposure control plan" for each work site, training new employees within 10 days of assignment, annual training updates, Hepatitis B vaccination for all at risk employees, and bloodborne pathogen exposure counseling. The TB program includes a risk analysis of each work site, training of employees, written policies and procedures for early identification and triage of patients/inmates who may have infectious TB, periodic screening of employees, and oversight of the development and use of personal protective equipment. Employee medical records are kept confidential. The program has also training and other immunization to other employers; e.g. rabies for veterinarians, tetanus/diphtheria for sewer workers.

### Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	4.40	4.40	4.40	0.00
Program Costs	\$369,926	\$381,798	\$335,991	(\$45,807)

### Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) % of Multnomah County employees who have received bloodborne pathogen training	74%	95%	95%	95%

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
A part time Nurse is cut and a part time Office Assistant is added.		(\$14,000)
Pharmacy cost are reduced to reflect projected lower need for inoculations.		(\$25,000)

# HIV Prevention Services

Disease Control  
Health Department

## Description

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

In the State of Oregon, there were 3,458 diagnosed AIDS cases as of 1/4/96 (2,214 in Multnomah County). The Oregon Health Division estimates that there are 10,000 HIV infected individuals in the State. HIV education is the only tool we currently have to prevent this figure from growing.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	7.29	7.75	9.30	1.55
Program Costs	\$1,603,874	\$3,215,926	\$3,321,575	\$105,649

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percent of persons who demonstrate an improved knowledge base following an HIV education session	73%	85%	85%	86%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
A full time Office Assistant 2 and a Program Development Tec 0.8 FTE are added with Ryan White grant revenue, and a Principal Investigator (0.25) FTE is moved to Director's Office, Planning and Development.	1.55	\$15,700
Pass Through contracts for HIV education and prevention are increased.		\$90,600



# STD Clinic

## Disease Control Health Department

### Description

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

The Sexually Transmitted Disease Clinic and Community Test Site addresses 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 increases, the need will increase. The demand for HIV counseling and testing is increasing.

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	15.23	14.85	13.73	(1.12)
Program Costs	\$1,051,442	\$992,076	\$1,111,120	\$119,044

### Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Prevent an increase in the number of gonorrhea cases per 100,000 county residents between 15 and 44 years of age.	210	200	200	190
2) Prevent an increase in the number of chlamydia cases per 100,000 county residents between 15 and 44 years of age.	NA	NA	NA	700

### Significant Changes - Expenditures

(1.2) FTE Office Assistant 2 and (0.25) FTE Health Information Specialist are cut, a 0.33 FTE Community Health Nurse is added.  
Building occupancy costs as the clinic expands in the McCoy building.

<u>FTE's</u>	<u>Amount</u>
(1.12)	(\$76,000)
	\$101,400

# HIV Women's Project

Disease Control  
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. Attempts are made to: promote changes in condom use behavior through peer supported HIV education sessions; and through distribution of appropriate media materials which are specific to this population of women. The Health Department contracts with the Oregon Health Division to conduct a comprehensive outcome evaluation of this project. Project staff collect outcome evaluation data.

In August 1992 reported AIDS cases in women in the State of Oregon represented 2% of the total cases. In January 1995, that percentage had increased to 5%. HIV prevention services are critical to this population. This grant funded project will end in August, 1996.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	7.25	8.50	0.75	(7.75)
Program Costs	\$641,977	\$747,882	\$290,231	(\$457,651)

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percentage of women in project neighborhood who are practicing safer sex	69%	70%	65%	70%

## Significant Changes - Expenditures

This project ends in August 1996. Health Information Specialist (5.00) FTE are cut, as are a full time Health Services Administrator, Program Development Specialist, and Office Assistant 2. The Principal Investigator is increased by 0.25 FTE to complete data analysis and results reporting.

<u>FTE's</u>	<u>Amount</u>
(7.75)	(\$359,000)

# NIDA Project

Disease Control  
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 objectives of RBIP are to establish a system for monitoring HIV related risk taking behavior and to assess the efficacy of interventions in reducing drug and sexual risk taking behaviors among IDUs and their sexual partners. The activities performed by RBIP include data collection, delivery of substance abuse and HIV/AIDS prevention interventions, and HIV counseling and testing (Oregon Benchmarks for HIV early diagnosis). This grant funded program will end August 31, 1996. Three FTE outreach workers have been added to the Division. Two of these FTE will be devoted to HIV prevention among drug users. We will work with community based organizations to increase their efforts with this special population.

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

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	10.58	10.93	1.25	(9.68)
Program Costs	\$769,056	\$874,276	\$178,616	(\$695,660)

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) % of injection drug users (IDUs) who engage in safer drug use behaviors	60%	70%	60%	60%

## Significant Changes - Expenditures

This project will end in August 1996. A Senior Data Analyst is added and principal Investigator is cut by (0.38) FTE, keeping 0.25 FTE in budget to complete outcome evaluation. All other positions are cut. Full time Health Services Administrator, Office Assistant 2, and a Data Analyst are cut, as well as (7.30) FTE Health Information Specialists.

Material and service and Pass Through expenses for project are also cut.

FTE's  
(9.68)

Amount  
(\$495,100)

(\$170,000)

# HIV Homeless Outreach

Disease Control  
Health Department

## Description

The mission of the program is to promote positive sexual and drug behavioral changes among injection drug users and their sexual partners, thereby reducing HIV, STD, and TB risk among homeless county residents. Activities include street outreach services, distribution of bleach and condoms, education, assessment of risk, measuring behavioral changes, providing HIV, STD, TB testing and referral of clients to drug treatment, health and social services. Three FTE positions will be funded by general fund to expand these efforts beyond the homeless population, to add more emphasis to HIV prevention with women and to add needle exchange to the activities of the outreach workers.

There are an estimated 22,350 homeless people in Multnomah County, an increase of 17.5% in the last year, and of 97.5% in the last 4 years. The homeless population is at extreme risk for HIV disease due to behaviors such as needle sharing, selling sex for drugs, and engaging in unprotected sex. Homelessness and drug use are both 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.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	6.26	0.91	8.30	7.39
Program Costs	\$364,520	\$58,228	\$530,842	\$472,614

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Prevent an increase in the % of the homeless persons testing positive for HIV virus in the Health Dept. system	1.95%	1.5%	1.5%	1.5%

## Significant Changes - Expenditures

A CSAT continuation grant allowed for the continuation of the project. Last years adopted budget assumed project termination. 6.23 FTE Health Service Specialists are added and 0.83 FTE Health Services Administrator. An Administrative Secretary (0.17) FTE is cut and replaced with a 0.50 FTE Office Assistant 2.

<u>FTE's</u>	<u>Amount</u>
7.39	\$446,750

# STD Epidemiology

Disease Control  
Health Department

## Description

The goal of the STD/HIV Epidemiology program is to reduce the spread for 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 information on prevention and identification of STDs through community education.

The STD/HIV Epidemiology program addresses the need to prevent and control STDs and HIV. Currently, the number of cases of gonorrhea and syphilis are stable. The number of chlamydia cases has risen markedly due to increased awareness, increased screening, and change in Oregon Statutes making it reportable. Follow-up on all chlamydia cases in Multnomah County will be undertaken by staff.

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

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	8.93	9.00	8.00	(1.00)
Program Costs	\$523,780	\$525,083	\$456,830	(\$68,253)

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percentage of reported cases of the following STDs interviewed by County Disease Intervention Specialists for contacts				
Gonorrhea	89%	92%	90%	90%
Syphilis	100%	95%	95%	95%
Chlamydia	39%	45%	45%	50%
2) % of HIV positive tests performed within the Multnomah County Public Health System who are provided post-test counseling and referral	NA	NA	NA	75%

## Significant Changes - Expenditures

A Health Information Specialist Lead has been reclassified to a Health Services Supervisor. A full time Community Health Nurse and a part time Health Information Specialist are cut. An Office Assistant 2 is increased from 0.50 FTE to 1.00 FTE.

<u>FTE's</u>	<u>Amount</u>
(1.00)	(\$69,587)

# HIV Treatment Clinic

Disease Control  
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. This 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 and client and home caregiver education and support to avoid unnecessary institutionalization. This program addresses the increasing need for cost effective, quality primary care for medically indigent persons with HIV disease.

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

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	14.28	20.14	20.00	(0.14)
Program Costs	\$1,282,884	\$1,634,592	\$1,833,929	\$199,337

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percent of potential clients who receive clinical services within 3 weeks of initial contact with clinic	65%	60%	65%	70%

## Significant Changes - Expenditures

Multiple small changes to staffing are made to reflect department need. 2.35 FTE Community Health Nurse, 0.50 FTE Health Information Specialist Sr., and 0.50 FTE Principal Investigator are increased. (0.15) FTE Health Operations Supervisor, full time Psychologist, (0.80) FTE NP, (0.20) FTE Nutritionist, (0.52) FTE Office Assistant, (0.12) Physician, and (0.70) FTE Social Worker are all reduced.

Occupancy costs increase as the clinic was expanded in the McCoy building.

Professional Services for HIV reference lab services increased.

<u>FTE's</u>	<u>Amount</u>
(0.14)	(\$146,000)

\$98,400

\$35,700

### Description

The mission of the Neighborhood Health Division is to promote community health goals in a partnership with other public and private agents. This newly named Division in the Health Department combines the efforts of the Community Health Field Teams and the School Based Health Centers. To have *healthy people in healthy communities*, individuals and families must have access to health care. Through home visits, groups, partnerships, and school based preventative and primary health care services the Neighborhood Health Division provides this access.

Partnerships with Integrated Service Projects are a characteristic of this Division. Both School Based Health Centers and Field Services are linked with Caring Community efforts, including Family Resource Centers; Community Field Nurses are full time members of Family Service Centers and the State Office Services to Children and Family Support Projects.

### Action Plan

- The School Based Health Center Program will develop contractual relationships with Medicaid and private managed care organizations to provide reimbursement to School based Health Centers for services provided to students with managed care coverage by June 97.
- The School Based Health Center Program will explore the potential for contracts with ONA and Local 88 to have school based staff work 10 months rather than 12 months, effective September 1997.
- Implement the STARS Abstinence Peer Education Programs in all Middle Schools in Multnomah County by June 97.
- Assuming completion of the recommendations by a joint County, ESD, school committee by July 1, 1996, implement strategies for a School Health Resource Partnership with the Multnomah County ESD School Health Nursing Program by Dec. 1996.

### Significant Changes - Revenue

	<u>Amount</u>
CISS grant funding for Brentwood-Darlington ends in August	(\$245,000)
Great Start grant for Field Services ended	(\$114,000)
General Fund increased to support Brentwood-Darlington, along with expansion of the model to other neighborhoods	\$344,000
General Fund increased for STAR & WYN expansion	\$220,000
Annualized General Fund support for Lane Middle School clinic	\$24,000
General Fund moved to other Divisions to cover reassigned staff	\$50,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Multiple positions changed, details in individual programs.	8.33	\$162,353
Building management no longer budgeted in Business Services Division		\$86,600

# Neighborhood Health

## Health Department

### Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	97.88	105.93	105.93	114.26	8.33
Personal Services	\$5,468,542	\$5,847,116	\$5,960,363	\$6,568,079	\$607,716
Contractual Services	616,706	577,454	713,788	731,088	17,300
Materials & Supplies	1,604,237	1,336,384	1,454,172	1,790,720	336,548
Capital Outlay	<u>18,697</u>	<u>154,700</u>	<u>154,700</u>	<u>104,200</u>	<u>(50,500)</u>
<b>Total Costs</b>	<b>\$7,708,182</b>	<b>\$7,915,655</b>	<b>\$8,283,023</b>	<b>\$9,194,087</b>	<b>\$911,064</b>
External Revenues	\$2,113,199	\$3,062,285	\$3,204,407	\$2,325,943	(\$878,464)
General Fund Support	\$13,149,389	\$4,853,369	\$5,078,616	\$6,868,144	\$1,789,528

### Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Division Management	\$319,877	\$178,126	\$164,509	(\$13,617)
School Health Centers	2,227,184	2,984,427	3,453,497	469,070
Field Services Mgmt	324,960	353,126	367,593	14,467
Field Teams	3,987,175	3,806,063	4,207,570	401,507
Teen Family Support	461,733	455,812	513,280	57,468
Community Health Team	<u>387,253</u>	<u>505,469</u>	<u>487,638</u>	<u>(17,831)</u>
<b>Total Costs</b>	<b>\$7,708,182</b>	<b>\$8,283,023</b>	<b>\$9,194,087</b>	<b>\$911,064</b>

### Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Division Management	2.77	2.50	2.00	(0.50)
School Health Centers	30.67	39.81	45.41	5.60
Field Services Mgmt	2.81	3.00	3.50	0.50
Field Teams	54.85	52.15	54.25	2.10
Teen Family Support	0.53	0.50	1.40	0.90
Community Health Team	<u>6.26</u>	<u>7.97</u>	<u>7.70</u>	<u>(0.27)</u>
<b>Total Staffing FTE's</b>	<b>97.88</b>	<b>105.93</b>	<b>114.26</b>	<b>8.33</b>



# Division Management

## Neighborhood Health Health Department

### Description

The School Based Health Centers and the Community Health Field Teams direct efforts toward the goal of promoting healthy communities. The Division administration provides direction, oversight, and program development for Neighborhood Health. Division management is responsible for recruitment, hiring, performance evaluation, professional development of mid level providers, and coordinating services between Neighborhood Health and other health services both within and outside the Health Department.

### Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	2.77	2.50	2.00	(0.50)
Program Costs	\$319,877	\$178,126	\$164,509	(\$13,617)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Office Assistant 2 moved to Primary Care	(0.50)	(\$17,000)

# School Health Centers

## Neighborhood Health Health Department

### Description

The mission of the School Based Health Center Program is to provide comprehensive, confidential and accessible primary health care to an under-served population of children and 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 three goals: 1) To reduce the incidence of teen pregnancy in its client population. 2) To increase access to primary care for children and adolescents without other accessible, affordable options. 3) To reduce school absenteeism by keeping kids healthy and ready to learn. 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 on it by local school districts where clinics are located. Restrictions usually occur around reproductive health services

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	30.67	39.81	45.41	5.60
Program Costs	\$2,227,184	\$2,984,427	\$3,453,497	\$469,070

### Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of 15-19 year old female family planning clients who do not get pregnant during the year	91.7%	93%	93%	94%

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Educator moved from Support services Division	1.00	\$47,900
Office Assistant Sr and LCPN both increased by 0.40 FTE, NP by 0.57 FTE, and a Health Services Admin. increased by 0.5 FTE. Health Assistant was reduced by (0.17) FTE, Community Health Nurse by (0.04) FTE, Physician Assistant by (0.89) FTE, and Co-Principle Investigator by (0.30) FTE.	0.47	\$34,600
4.0 FTE Health Information Specialists and 0.13 FTE Office Assistant Sr. are added to expand STARS to all schools.	4.13	\$120,150

# Field Services Management

Neighborhood Health  
Health Department

## Description

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	2.81	3.00	3.50	0.50
Program Costs	\$324,960	\$353,126	\$367,593	\$14,467

## Significant Changes - Expenditures

A full time Health Services Administrator is moved into Field Mgmt from Field Nursing. An Office Assistant 2 is reduced by on half. On call expenses are also cut.

<u>FTE's</u>	<u>Amount</u>
0.50	\$17,100

# Field Teams

## Neighborhood Health Health Department

### Description

The Goal of the Field Services Teams is to support the Health Department's focus on the protection of the community, the prevention of illness, the promotion of health, and the provision of services throughout the lifespan. Each geographically placed field team has community health nurses who provide identification, assessment, and case management to vulnerable individuals, families, and groups living in that community. The multi-disciplinary teams provide health-related services to targeted populations such as young, pregnant and/or parenting families, low birth weight babies, developmentally compromised infants, children with chronic health care needs, formerly incarcerated pregnant women, homeless individuals and families, the aged, victims of violence, families affected by alcohol and other drugs, and families with complex health and social needs. The field teams provide services through home visits, group teaching, information and referral, and community advocacy. They actively participate in coordinated community-based activities offered through schools, community agencies, and integrated service projects.

Primarily, the Field Services Teams advocate for county residents to assure them a health life and a supportive environment. Field services to pregnant women, newborns, and families with young children will increase the chance that children will live in safe, supportive families and communities and that their growth and development is age-appropriate.

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	54.85	52.15	54.25	2.10
Program Costs	\$3,987,175	\$3,806,063	\$4,207,570	\$401,507

### Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of families with newborns living in PCDS service area who will be offered initial growth and developmental assessment and/or referral for health care and community-based services as needed	NA	85%	85%	85%
2) The percent of high risk pregnant women, ie., Medicaid eligible perinatal women who receive maternity case management services through home visits will increase.			15%	20%

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Staffing increased as new grant revenue increased. A Community Health Nurse is moved from the Brentwood-Darlington program and 3.10 FTE of new CHN are added. Health Services Administration is decrease by (0.80) FTE, Health Info. Spec by (1.00) FTE, and Office Assistant 2 by (0.20) FTE.	2.10	\$135,800
Building management is no longer budgeted in Business Services Division		\$86,600

# Teen Family Support

Neighborhood Health  
Health Department

## Description

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

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

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	0.53	0.50	1.40	0.90
Program Costs	\$461,733	\$455,812	\$513,280	\$57,468

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of teen mothers assessed for health, social, and parenting needs	83%	90%	90%	90%

## Significant Changes - Expenditures

A Program Development Tech is added

<u>FTE's</u>	<u>Amount</u>
0.90	\$35,800

# Community Health Team

## Neighborhood Health Health Department

### Description

The purpose of the Community Health Team is to develop a neighborhood based system of services addressing child health and maternity needs in the Brentwood-Darlington neighborhood. The program is responsible for developing a four year community plan, collaborating with Portland impact to establish the community family center, and providing preventive clinical and home visits 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, and referral to other needed resources.

The goal of the project is to improve the health status of women and children by reducing post-neonatal mortality among infants born to families in the neighborhood and by reducing the incidence of inadequate prenatal care to women in Brentwood-Darlington. The rates of inadequate prenatal care and infant mortality have been higher in Brentwood-Darlington than the County average. This program provides after hour services for families at Roosevelt concentrates on Oregon Health Plan eligibility screening, WIC nutrition services, family planning and limited acute primary care.

In 1996-97 services will be expanded to one or more neighborhoods in Multnomah County. This new Neighborhood Access project will build on the strengths and lessons learned from the Brentwood-Darlington Community Health Team. The Brentwood-Darlington project was designed to meet child health needs in that neighborhood based on an analysis of community health statistics and a community needs assessment. To achieve the same success, the Neighborhood Access project will follow a similar process of reviewing health statistics (especially birth outcomes and infant mortality), identifying current services, and determining community support to select a location(s) and the service mix for the new project. Developing an integrated service system at a community family center or school based family resource center will be a critical component.

### Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	6.26	7.97	7.70	(0.27)
Program Costs	\$387,253	\$505,469	\$487,638	(\$17,831)

### Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Rate of adequate prenatal care in the Brentwood-Darlington area	87%	85%	85%	85%

### Significant Changes - Expenditures

Community Health Nurse is reduced by (2.87) FTE and Office Assistant 2 is cut by (0.48) FTE and replaced with 0.28 FTE OA Senior. A (0.20) FTE Health Services Administrator is moved to Field Services.

Neighborhood Access expansion adds 1.00 FTE Community Health Nurse and 2.00 FTE Health Information Specialist 2

<u>FTE's</u>	<u>Amount</u>
(3.27)	(\$223,979)

<u>FTE's</u>	<u>Amount</u>
3.00	\$95,150

### 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 addresses the following needs: (1) an estimated 300,000 County residents are without dental insurance, and therefore have limited access to dental care and (2) the Division's Dental Managed Care Organization (DCO), MultiCare, has responsibility for over 14,000 enrolled members who are insured under the Oregon Health Plan and have significant back log of dental needs.

Statistics indicate that Oregon pre-school and school age children have tooth decay rates that are higher than national surveys. The data also indicates that minority children have much higher decay rates than the average child.

### Action Plan

- Develop an infant caries program and begin pilot testing within the Health Department by January 1997.
- Assist in the establishment of a broad based county wide pro-fluoridation committee, by June 1997, for the purpose of exploring strategies for water fluoridation.
- Complete first phase of statewide child abuse prevention education project (P.A.N.D.A.) in Multnomah County, with volunteer dentists and hygienists having completed at least one training to private practice colleagues by February 1997.
- By October 1996, evaluate the feasibility of a joint effort with Russell Street Dental Clinic to establish an in-house dental lab to provide most of the laboratory services for the two dental programs.

### Significant Changes - Revenue

	<u>Amount</u>
Medicaid FFS revenue declines	(\$400,000)
Medicaid Capitated revenue increases	\$1,000,000
General Fund increased for one-time-only Capital purchases	\$92,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Dental Assistant (1.8) FTE and (0.6) Hygienist are cut. An Office Assistant 2 is increased by 0.75 FTE	(1.65)	(\$71,100)
Professional Services for specialty care at OHSU increased corresponding to increase in number of capitated clients.		\$438,200
Building mgmt services no longer budgeted in Business Services Division		\$59,700

# Dental Services

Health Department

## Budget Trends

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
		<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	47.67	63.75	63.75	62.10	(1.65)
Personal Services	\$2,438,310	\$2,834,926	\$3,232,071	\$3,281,462	\$49,391
Contractual Services	970,807	1,112,241	1,112,241	1,548,907	436,666
Materials & Supplies	1,231,985	1,033,493	1,146,250	1,239,714	93,464
Capital Outlay	<u>28,990</u>	<u>23,000</u>	<u>23,000</u>	<u>116,000</u>	<u>93,000</u>
<b>Total Costs</b>	<b>\$4,670,092</b>	<b>\$5,003,660</b>	<b>\$5,513,562</b>	<b>\$6,186,083</b>	<b>\$672,521</b>
External Revenues	\$3,071,495	\$3,422,660	\$3,932,562	\$4,478,470	\$545,908
General Fund Support	\$3,268,327	\$1,581,000	\$1,581,000	\$1,707,613	\$126,613

## Costs by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Division Management	\$547,967	\$1,358,560	\$1,755,125	\$396,565
School/Comm. Dental	381,924	457,269	484,432	27,163
Clinical Services	<u>3,740,201</u>	<u>3,697,733</u>	<u>3,946,526</u>	<u>248,793</u>
<b>Total Costs</b>	<b>\$4,670,092</b>	<b>\$5,513,562</b>	<b>\$6,186,083</b>	<b>\$672,521</b>

## Staffing by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Division Management	3.30	4.30	4.30	0.00
School/Comm. Dental	6.08	7.15	7.10	(0.05)
Clinical Services	<u>38.29</u>	<u>52.30</u>	<u>50.70</u>	<u>(1.60)</u>
<b>Total Staffing FTE's</b>	<b>47.67</b>	<b>63.75</b>	<b>62.10</b>	<b>(1.65)</b>



# Division Management

Dental Services  
Health Department

## Description

The mission of Division Management is to ensure that dental programs (Dental Clinics, subcontracted dental providers, and School/Community Program) are operated productively and with a high quality of services, to monitor the dental health of the community, and to coordinate community dental needs with community resources, 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.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
Staffing FTE	3.30	4.30	4.30	0.00
Program Costs	\$547,967	\$1,358,560	\$1,755,125	\$396,565

## Significant Changes - Expenditures

Dental contracts for capitated clients increased as number of clients increased.

Building mgmt. costs moved to clinic budget

<u>FTE's</u>	<u>Amount</u>
	\$378,400
	(\$25,500)

# School & Community Dental Services

Dental Services  
Health Department

## Description

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

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	6.08	7.15	7.10	(0.05)
Program Costs	\$381,924	\$457,269	\$484,432	\$27,163

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) % of 6-8 year olds who are caries free	NA	50%	50%	50%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
0.7 FTE Dental Assistant added, while (0.5) FTE Hygienist and (0.25) FTE Office Assistant 2 are cut.	(0.05)	(\$13,500)
Building management costs no longer centrally budgeted		\$13,100

# Clinical Services

## 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, extraction, fillings), and routine dental care to children and adults enrolled in the DCO (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 300,000 County residents have no dental insurance, and therefore limited access to care).

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	38.29	52.30	50.70	(1.60)
Program Costs	\$3,740,201	\$3,697,733	\$3,946,526	\$248,793

### Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Dental relative value units per dentist	9,800.4	10,000	9,800	10,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
2.5 FTE Dental Assistants and 0.1 FTE Hygienist are cut. One full time Office Assistant 2 added	(1.60)	(\$57,600)
Dental lab and referral dental work increased with increases in client numbers		\$59,800
Building management costs no longer centrally budgeted		\$72,100

### Description

The Primary Care Division is in partnership with the other Health Department divisions and the community to develop and assess services to ensure equitable access for the screening and treatment of illness. A primary focus of services is on prevention and client education to promote healthy choices. Primary medical health care services are available to County residents who chose CareOregon as their managed care organization, who hold fee-for-service Medicaid cards or who are unable to access medical care through private health care providers due to financial or other barriers. The Division provides primary health care services to 43,323 unduplicated clients (November 1, 1994 - October 30, 1995) annually in geographically dispersed sites throughout the county and screens and predetermines Medicaid eligibility for low income residents.

### Action Plans

- Build on Multnomah County/OHSU partnership to collaborate on a joint MCHD/OHSU clinic, to be opened by June 1997, in St. John's to increase primary care service capacity in the North Portland Community.
- Develop, by January 1997, an enrollment health care system for clients seeking comprehensive primary care services from MCHD primary care clinics, with full implementation by July 1997.
- Establish a Benchmark Forum with the Chair's office to address access to health care in the context of declining Medicaid revenue.
- By March 1997, complete an evaluation of the Refugee Health Contracts fiscal performance to assure its viability.

### Significant Changes - Revenue

	<u>Amount</u>
Client fee revenue increased	\$200,000
Breast and Cervical Cancer grant declines	(\$46,000)
Linkage grant declines	(\$254,000)
Portion of CareOregon FCHP revenue now reflected in Primary Care	\$689,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Multiple cuts to FTE detailed in programs.	(5.05)	(\$479,274)
Pass Through payments reduced, primarily in the Community Based Linkage program. Grant funding will end in FY 97.		(\$160,332)
Other material and service expenses, tied to level of clients served, are reduced as Primary Care services are reduced and Linkage grant funding ends.		(\$162,708)
Occupancy costs are increased as expenses are no longer centrally budgeted in Business Services.		\$402,000

# Primary Care

## Health Department

### Budget Trends

	1994-95 <u>Actual</u>	1995-96 <u>Current Estimate</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	244.89	268.44	268.44	263.39	(5.05)
Personal Services	\$12,928,542	\$13,937,600	\$14,309,651	\$14,567,603	\$257,952
Contractual Services	1,118,093	1,291,424	1,076,187	947,619	(128,568)
Materials & Supplies	3,990,918	4,152,262	4,070,845	4,668,814	597,969
Capital Outlay	<u>79,279</u>	<u>22,127</u>	<u>0</u>	<u>37,385</u>	<u>37,385</u>
<b>Total Costs</b>	<b>\$18,116,832</b>	<b>\$19,403,413</b>	<b>\$19,456,683</b>	<b>\$20,221,421</b>	<b>\$764,738</b>
External Revenues	\$14,697,560	\$13,019,927	\$13,055,672	\$13,825,042	\$769,370
General Fund Support	\$6,555,375	\$6,383,486	\$6,401,011	\$6,396,379	(\$4,632)

### Costs by Program

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Division Management	\$461,363	\$472,461	\$549,813	\$77,352
Medical Director	430,519	1,107,120	765,520	(341,600)
Breast&Cervical Cancer	18,152	0	411,274	411,274
Primary Care Clinics	16,383,285	16,826,698	17,665,639	838,941
Clinica de Buena Salud	329,192	318,005	328,387	10,382
Linkage	428,010	634,505	404,804	(229,701)
Drug Free Babies	<u>66,312</u>	<u>97,894</u>	<u>95,984</u>	<u>(1,910)</u>
<b>Total Costs</b>	<b>\$18,116,832</b>	<b>\$19,456,683</b>	<b>\$20,221,421</b>	<b>\$764,738</b>

### Staffing by Program

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Division Management	5.03	5.50	6.00	0.50
Medical Director	3.11	6.50	3.60	(2.90)
Breast&Cervical Cancer	0.21	0.00	2.30	2.30
Primary Care Clinics	224.67	243.40	239.94	(3.46)
Clinica de Buena Salud	5.05	4.85	4.75	(0.10)
Linkage	5.61	6.69	5.30	(1.39)
Drug Free Babies	<u>1.23</u>	<u>1.50</u>	<u>1.50</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>244.89</b>	<b>268.44</b>	<b>263.39</b>	<b>(5.05)</b>

# Division Management

Primary Care  
Health Department

## Description

Division Management is responsible for seven Primary Care sites\*, and provides support to the Coalition of Community Health Clinics. The Division management is focusing its efforts in the following areas: collecting and analyzing data regarding community health; establishing linkages with other community health care systems to meet identified community health needs; developing and employing ongoing procedures that incorporate client participation in the development, planning and implementation of health services; promoting a culturally competent workforce; and ensuring the continued pursuit of quality services.

\* International Health Clinic will be incorporated into Mid-County Clinic as one Primary Care site in July, 1996; Burnside and Westside Health Clinics will be incorporated into one site in July, 1996. There are current Departmental discussions regarding incorporating the Specialty Services HIV clinic into the Primary Care Division in 1996 or 1997.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	5.03	5.50	6.00	0.50
Program Costs	\$461,363	\$472,461	\$549,813	\$77,352

## Significant Changes - Expenditures

Nutritionist time increased in response to increased WIC caseloads.

<u>FTE's</u>	<u>Amount</u>
0.50	\$24,000

# Medical Director

Primary Care  
Health Department

## Description

The Medical Director is responsible for clinical oversight of all primary care activities within the Health Department.

The Medical Director's activities include: recruitment, hiring and clinical supervision of providers; management of in-house continuing education programs; development, review and revision of clinical protocols and policies; oversight of in-patient services; coordination and oversight of in-house clinical teaching activities for providers; monitoring outside specialty, ancillary and hospital utilization; coordination and oversight of CQI activities that pertain to clinical practice; setting standards for clinical care; setting productivity standards; liaison to outside clinical affiliates; and ensuring cultural appropriateness of clinical services.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
Staffing FTE	3.11	6.50	3.60	(2.90)
Program Costs	\$430,519	\$1,107,120	\$765,520	(\$341,600)

## Significant Changes - Expenditures

Full time Health Services Specialist and Health Information Specialist are moved to Breast & Cervical Cancer program. 0.25 FTE Community Health Nurse is moved also, 0.75 FTE of the position is cut. (0.20) FTE Nurse Practitioner is cut, while a 0.20 FTE Health Services Admin. is added. There is also a 0.10 FTE increase in the Medical Director.

FTE's  
(2.90)

Amount  
(\$160,500)

# Breast & Cervical Cancer Partnership

Primary Care  
Health Department

## Description

The purpose of this program is to increase the number of women 40 years of age and older who get regular Pap tests and mammograms, by offering free breast and cervical cancer screening and diagnostic services to older, low-income, and uninsured women. The program is delivered through health department and community clinics that offer a Women's Health Check exam which includes a Pap Test, pelvic exam, clinical breast exam and referral for a mammogram. An outreach component includes recruitment and education efforts through presentations, posters in community sites, partnerships with other agencies, and media outreach.

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	0.21	0.00	2.30	2.30
Program Costs	\$18,152	\$0	\$411,274	\$411,274

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Total number of women screened by BCCP in health department clinics.			1,600	1,200
2) Total number of women age 40+ screened by BCCP in health department clinics.			600	700

## Significant Changes - Expenditures

A full time Health Services Specialist and Health Information Specialist are moved into program from Medical Director's Office, both are reduced to 0.90 FTE. A 0.25 FTE Community Health Nurse is also moved. A 0.25 FTE Office Assistant 2 is added.

<u>FTE's</u>	<u>Amount</u>
2.30	\$116,260



# Primary Care Clinics

Primary Care  
Health Department

## Description

The seven primary care clinics provide integrated primary health care to low-income and high risk residents of the county 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 to all ages; e.g. family planning/birth control, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening (including STD, HIV, TB), drug and alcohol screening, management of low risk TB clients on preventive treatment, mental health, and care of acute and chronic medical conditions. The clinics target services to medically indigent 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 remains high; nearly 99% of clients served had incomes below 200% of poverty level, 39% were minorities, about 31% were emotionally disabled, and 35% were members of a family headed by a young, single mother.

Burnside-Westside Health Center is a newly integrated clinic, serving clients who formerly received health care services from Burnside Health Center and Westside Health Center. Approximately 2,000 clients of this clinic were previously served at Burnside Health Center. They were culturally diverse, medically indigent and homeless, residing in single room occupancy (SRO) hotels and on the streets in the central city core and West Burnside area of Portland. The BHC-WHC clinic is responsible for prevention of illness, promotion of health, and the protection of the community through accessible health services.

A portion of services delivered by this clinic are federally funded and, therefore, there is a responsibility for meeting grant specific guidelines including serving clients who fit the federal definition of homeless. The Primary Care Clinics are influenced by Federal and State requirements, as well as medical practice standards.

## Budget Overview

	1994-95 Actual	1995-96 Adopted Budget	1996-97 Proposed Budget	Difference
Staffing FTE	224.67	243.40	239.94	(3.46)
Program Costs	\$16,383,285	\$16,826,698	\$17,665,639	\$838,941

## Key Results

	1994-95 Actual	1995-96 Original Projection	1995-96 Current Estimate	1996-97 Projection
1) Percentage of pregnant women in County clinics who receive prenatal care beginning in first trimester.	65%	80%	75%	80%
2) Percentage of BHC clients immunized for Pneumovax and Tetanus.	75%	80%	80%	80%

## Significant Changes - Expenditures

A multiple classifications were adjusted as positions and services were reconfigured to meet funding constraints. OA2 was reduced by (4.58) FTE, Health Asst. (7.53) FTE, CHN (2.12) FTE, Medical Records Tech (0.20) FTE, X-Ray Tech (0.60) FTE, Pharmacist (0.10) FTE, Physician (0.60) FTE, and Health Op Sup (0.90) FTE. LCPN was increased by 0.28 FTE, NP 0.09 FTE, a full time Admin Secretary was added, as were 2.90 FTE Hth Info. Spec. A 0.90 FTE Social Worker, 0.80 FTE Physician Assist., 1.40 FTE Nutritionist, 0.60 FTE Medical Director, 3.30 Hth Srv. Admin., 0.90 Hth Srv Spec, and a full time Hth Srv Mgr were also added.

Occupancy costs increased for the program, as they are no longer centrally budgeted in Business Services

FTE's  
(3.46)  
Amount  
(\$391,516)

\$385,600

# La Clinica De Buena Salud

Primary Care  
Health Department

## Description

The Homeless Children's project ensures availability and access to preventive and primary health care for children and their families who are at risk of being homeless with a focus on Latino children and their families. Clinical services are delivered at La Clinica de Buena Salud located at La Villa de Clara Vista apartments. An outreach component also provides home visits, health education, and related services to families as well as contact with other agencies. The project also provides basic preventive, diagnostic and treatment services which include: well-child exams, immunizations, lead screenings, prenatal care, family planning, WIC, communicable disease screening, care of acute and chronic medical conditions, and a family planning and STD prevention Latina project in partnership with Planned Parenthood of the Columbia Willamette's Northeast Clinic.

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.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	5.05	4.85	4.75	(0.10)
Program Costs	\$329,192	\$318,005	\$328,387	\$10,382

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of 2 year olds who are properly immunized	91%	82%	82%	90%

## Significant Changes - Expenditures

A (0.05) FTE Physician is cut as is (0.05) FTE Nurse Practitioner time.  
0.20 FTE are added to Health Assistant and cut from Health Information Specialist.

<u>FTE's</u>	<u>Amount</u>
(0.10)	(\$9,518)

# Linkage

## Primary Care Health Department

### Description

The purpose of this program is to provide a continuum of linked primary care, drug treatment and mental health services for primary care clients, their sexual partners and family members. The program has responsibility for the delivery of alcohol and drug evaluation, counseling and referral; mental health evaluation, treatment and referral; and assurance of HIV counseling and testing; and linkage to primary care services to chemically dependent Northeast Health Center primary care clients (and/or chemically dependent sexual partners or family members of primary care clients).

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

### Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	5.61	6.69	5.30	(1.39)
Program Costs	\$428,010	\$634,505	\$404,804	(\$229,701)

### Key Results

	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Number of Northeast Health Clinic Primary Care clients and/or partners and family members of clients, evaluated and enrolled into the Linkage program.	NA	NA	320	400

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Linkage staff are cut at end of grant, (0.20) FTE Nurse Practitioner, a (0.19) FTE Office Assistant, and a full time Health Information Specialist are cut.	(1.39)	(\$58,000)
Pass Through services to community service providers is reduced.		(\$141,000)

# Drug Free Babies

Primary Care  
Health Department

## Description

This program is aimed at reducing substance abuse during pregnancy through intensive intervention with prenatal clients and women of child bearing age. The program enhances linkages between prenatal medical services, treatment and social services and by supporting pregnant women to successfully refrain from using alcohol and drugs during pregnancy and after delivery. The enhanced intervention service builds on clinic and field services to intervene with clients, link them to services and provide on-site support. This year, the team will also follow mother and infants for up to one year.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	1.23	1.50	1.50	0.00
Program Costs	\$66,312	\$97,894	\$95,984	(\$1,910)

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percentage of infants born with negative urine drug screens.	NA	NA	90%	92%

## Significant Changes - Expenditures

No significant changes.

FTE's

Amount

## 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 classes, language services, information and referral services, medical records management, and coordination of facilities management. Some activities include performing diagnostic laboratory testing, dispensing medications, coordination and planning for electronic medical records, and supervision of medical equipment and supplies purchasing.

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

## Action Plan

- Complete effort to automate laboratory services and to coordinate laboratory automation with OHSU; by June 1997
- Complete the remodeling project for the McCoy Building and the Northeast Health Center by December 1996.
- Complete selection process for North Portland Health Center site by June 1997.
- Eliminate the central forms and pamphlet warehouse function and move to automated inventory ordering with direct shipment to user sites; complete by August 1996.

### Significant Changes - Revenue

	<u>Amount</u>
Medicaid FFS lab revenue reduced	(\$205,000)
Material & Service expense no longer budgeted centrally, General Fund moved to other Divisions along with expense	(\$360,000)
Positions supported with General Fund moved to SBHC	(\$167,000)

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Position changes detailed at program level.	(10.40)	(\$524,399)
Building management and repair and maintenance charges, formerly centrally budgeted in this Division, spread to other Divisions based on use.		(\$325,669)
Supplies and Drugs are reduced based on reduction in Primary Care services.		(\$197,002)

# Support Services

Health Department

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	57.13	62.80	62.80	52.40	(10.40)
Personal Services	\$2,851,580	\$3,082,076	\$3,078,071	\$2,681,486	(\$396,585)
Contractual Services	619,262	497,482	551,344	586,095	34,751
Materials & Supplies	3,625,818	3,866,622	3,845,851	3,185,174	(660,677)
Capital Outlay	<u>130,054</u>	<u>39,400</u>	<u>39,400</u>	<u>14,130</u>	<u>(25,270)</u>
<b>Total Costs</b>	<b>\$7,226,714</b>	<b>\$7,485,580</b>	<b>\$7,514,666</b>	<b>\$6,466,885</b>	<b>(\$1,047,781)</b>
External Revenues	\$2,947,180	\$3,520,229	\$3,549,315	\$3,274,058	(\$275,257)
General Fund Support	\$8,420,448	\$3,965,351	\$3,965,351	\$3,192,827	(\$772,524)

## Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Division Management	\$836,795	\$1,073,250	\$289,351	(\$783,899)
Pharmacy/ SOS	3,090,768	3,410,831	3,320,259	(90,572)
Health Education	339,200	423,563	266,401	(157,162)
Lab Services	1,294,472	926,893	965,723	38,830
Coalition Support	132,067	123,332	129,335	6,003
Info. & Referral/SafeNet	837,584	887,340	895,074	7,734
Language Services	361,803	362,685	278,284	(84,401)
Communications	<u>334,025</u>	<u>306,772</u>	<u>322,458</u>	<u>15,686</u>
<b>Total Costs</b>	<b>\$7,226,714</b>	<b>\$7,514,666</b>	<b>\$6,466,885</b>	<b>(\$1,047,781)</b>

## Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Division Management	5.42	6.80	2.50	(4.30)
Pharmacy/ SOS	15.07	15.90	15.90	0.00
Health Education	4.21	5.90	4.00	(1.90)
Lab Services	12.78	13.00	13.00	0.00
Coalition Support	0.68	0.50	0.50	0.00
Info. & Referral/SafeNet	9.12	11.15	8.90	(2.25)
Language Services	4.19	4.00	3.00	(1.00)
Communications	<u>5.66</u>	<u>5.55</u>	<u>4.60</u>	<u>(0.95)</u>
<b>Total Staffing FTE's</b>	<b>57.13</b>	<b>62.80</b>	<b>52.40</b>	<b>(10.40)</b>

# Division Management

## Services and Support Health Department

### Description

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

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

### Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
Staffing FTE	5.42	6.80	2.50	(4.30)
Program Costs	\$836,795	\$1,073,250	\$289,351	(\$783,899)

### Significant Changes - Expenditures

Training and Development staff moved into Directors Office. One full time Health Services Admin. and an OA2, a 1.5 FTE PDS, a half time Support Services Tech., and a 0.80 FTE Health Services Specialist.

An Administrative Secretary is added.

Building Management and repair and maintenance charges, formerly budgeted centrally in this program, are spread to other Divisions base on usage.

<u>FTE's</u>	<u>Amount</u>
(4.80)	(\$263,959)
0.50	\$18,560
	(\$359,000)

# Pharmacy Services/SOS

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 are 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.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	15.07	15.90	15.90	0.00
Program Costs	\$3,090,768	\$3,410,831	\$3,320,259	(\$90,572)

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Total cost per prescription dispensed to County clients	\$16.04	\$20.10	\$17.30	\$18.68

## Significant Changes - Expenditures

Budget for pharmaceuticals is cut, as Primary Care services are reduced.  
Family planning purchases are reduced, based on projected need.

<u>FTE's</u>	<u>Amount</u>
	(\$61,000)
	(\$67,800)



# Health Education

## Services and Support Health Department

### Description

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

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	4.21	5.90	4.00	(1.90)
Program Costs	\$339,200	\$423,563	\$266,401	(\$157,162)

### Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Contacts/children served per month	2,600	3,220	2,000	2,500

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
One Health Educator is moved to SBHC program and a part time Health Educator is moved to the Communications program within this Division.	(2.00)	(\$96,000)
Another part time Health Educator is cut.		
A half time Health Information Specialist 2 is cut while a Community Health Nurse is added. A 0.10 FTE Program Development Tech. is also added within the Immunization Action Plan (IAP) grant.	0.10	\$1,000
IAP grant funded volunteer an clinical coverage is reduced corresponding to a reduction in grant revenue.		(\$32,600)

# Laboratory Services

## Services and Support Health Department

### Description

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

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

### Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	12.78	13.00	13.00	0.00
Program Costs	\$1,294,472	\$926,893	\$965,723	\$38,830

### Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Maintain or reduce unit cost of laboratory tests	\$8.08	\$8.68	\$9.15	\$9.10

### Significant Changes - Expenditures

No significant changes.

FTE's

Amount

# Coalition Support

## Services and Support Health Department

### Description

The Coalition of Community Health Clinics is a network of eight nonprofit clinics in partnership with Multnomah County to provide health care services to the uninsured and underinsured. Clinics provide medical, dental, chiropractic, and advocacy services to homeless individuals, families, street youth, the working poor, the elderly, and other low income residents of the Portland Metropolitan area.

Last year Coalition clinics provided over 22,000 visits for people with few or no health care resources. Through its Prescriptions Assistance Fund, the Coalition provided 1,257 prescriptions to 1,059 people who didn't have resources to obtain medications themselves.

Although the Oregon Health Plan has increased health services to previously under served populations, 400,000 people who remain uninsured throughout the state. An estimated 100,000 uninsured live in the Portland Metropolitan area. The Coalition of Community Health Clinics is collaborating with other provider groups to assess how best to meet the health care needs the uninsured. Proposed projects include a map of services, expansion of the Medications Project to include assistance for refills, and closer monitoring of clinic contracts with Multnomah County to ensure delivery of quality services.

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	0.68	0.50	0.50	0.00
Program Costs	\$132,067	\$123,332	\$129,335	\$6,003

### Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) # visits provided to Uninsured & Underinsured	16,141	NA	16,500	18,000
2) # of prescriptions provided to uninsured and underinsured	1,059	NA	1,150	1,300
3) of people assisted with prescription medication	1,257	NA	1,300	1,500

### Significant Changes - Expenditures

No significant changes.

FTE's

Amount

# Information & Referral/SafeNet

Services and Support  
Health Department

## Description

A team of information and referral specialists link County residents in need of health services to existing community resources. This unit researches what health care services are offered in the community with a focus on low income or uninsured persons.

Under contract with the State Health Division and the Office of Medical Assistance, this unit also operates a statewide health care referral service called SafeNet, intended to help low income individuals access health and dental care services in their local communities.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	9.12	11.15	8.90	(2.25)
Program Costs	\$837,584	\$887,340	\$895,074	\$7,734

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Human service referral calls taken per FTE	7,515	8,000	7,940	8,000

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Community Information Specialist and a Health Information Specialist 1 are cut.	(2.00)	(\$71,000)
The portion of a Health Services Administrator, previously budgeted in this program, is moved to the Communications program within this Division.	(0.25)	(\$20,000)
State funded SafeNet contract is increased as is the County Supplement, for the local share of Medicaid match, for SafeNet services are also increased.		\$91,200

# Language Services

## Services and Support 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; translation 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 63,000 non-English speaking client visits per year in over 30 different languages. The annual growth rate is 20%.

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

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	4.19	4.00	3.00	(1.00)
Program Costs	\$361,803	\$362,685	\$278,284	(\$84,401)

### Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Interpretation cost per visit	\$18.30	\$17.50	\$17.50	\$17.50

### Significant Changes - Expenditures

Health Services Administrator is cut.

<u>FTE's</u>	<u>Amount</u>
(1.00)	(\$74,000)

# Communications

## Services and Support Health Department

### Description

Provides support to Health Department staff in the areas of policy development, graphic arts, health education, medical records, and safety.

### Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	5.66	5.55	4.60	(0.95)
Program Costs	\$334,025	\$306,772	\$322,458	\$15,686

### Key Results

	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Human service referral calls taken per FTE	NA	NA	3,800	3,800

### Significant Changes - Expenditures

Forms management and supplies are converted to electronic inventory. The result is a reduction of Warehouse workers by (2.50) FTE and the addition of a 0.80 FTE Forms Analyst.

A Health Educator is moved from Health Education program within this Division.

A Health Services Administrator was moved from the Information and Referral program.

<u>FTE's</u>	<u>Amount</u>
(1.70)	(\$63,000)
0.50	\$24,000
0.25	\$20,000

## Description

The Business Services Division is responsible for financial management, human resource, and data processing support to the operational divisions of the Health Department. It accounts for grants; bills third party payers for medical, dental, and other health services; pays charges resulting from referrals to specialty medical, dental, and ancillary providers; manages employee selection and payroll; develops and maintains computer applications providing needed management information; screens clinical users for eligibility for the Oregon Health Plan, and provides for the special personnel needs of medical operations.

The Division tracks and reports on \$15 million of grant funds annually to assure timely, defensible collection of grant awards; bills for \$6 million of receivable, and pays \$350,000 of medical claims. It also provides required human resource services for 1,000 employees filling nearly 800 FTEs, and screens over 17,500 clients annually for the Oregon Health Plan.

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

## Action Plan

- Complete the Department's first information technology strategic planning process; integrate the results into resource allocation decisions by fall 1996.
- Develop the ability to provide professional level personal computer hardware and software support, within existing resources; expand the Department's ability to install, maintain, and utilize LAN based technologies June 1997.
- Convert Departmental data to MS Office , financial and personnel utilization sub-systems by October 1996, create budget development tools by November 1996, and complete Department wide financial and budgeting tools training by December 1996.
- Develop and implement a modernized, efficient recruitment and selection process, in conjunction with a County wide work team, by June 1997.
- Design and implement a community based planning effort, including health systems, insurers, public health agencies, and purchasers of health care; secure funding by June 1996 and have planning in process by Sept. 1996.

## Significant Changes - Revenue

	<u>Amount</u>
NACCHO grant award for data systems development	\$70,000
OHSU Integrated Services grant ends	(\$215,000)
General Fund moved from Data Systems to other Divisions	(\$100,000)
Building management expense no longer budgeted centrally,	(\$410,000)
General Fund moved to other Divisions along with expense	

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Net staffing changes in Business Services	0.75	\$52,250
Building mgmt services no longer budget centrally, spread to other divisions		(\$410,000)
Contract with OPCA for network development ends		(\$212,400)
Data Systems supplies reflect infrastructure development plan		(\$166,400)
Data Systems contract with OHSU for Data Processing		\$68,000

# Business & Administrative Services

Health Department

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	35.12	41.40	41.40	42.15	0.75
Personal Services	\$1,912,568	\$2,064,152	\$1,952,840	\$2,108,400	\$155,560
Contractual Services	161,647	287,594	271,315	57,200	(214,115)
Materials & Supplies	1,099,595	1,834,188	2,004,577	1,494,304	(510,273)
Capital Outlay	<u>173,995</u>	<u>49,982</u>	<u>49,982</u>	<u>18,394</u>	<u>(31,588)</u>
<b>Total Costs</b>	<b>\$3,347,805</b>	<b>\$4,235,916</b>	<b>\$4,278,714</b>	<b>\$3,678,298</b>	<b>(\$600,416)</b>
External Revenues	\$64,842	\$838,662	\$847,136	\$736,222	(\$110,914)
General Fund Support	\$6,881,120	\$3,397,253	\$3,431,578	\$2,942,076	(\$489,502)

## Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Division Management	\$287,826	\$658,379	\$357,075	(\$301,304)
Grants Management	248,532	256,594	231,270	(25,324)
Fiscal Services	500,859	601,360	528,806	(72,554)
Medicaid Screening	591,208	578,136	611,165	33,029
Human Resources	303,554	338,187	338,573	386
Data Systems	<u>1,415,826</u>	<u>1,846,058</u>	<u>1,611,409</u>	<u>(234,649)</u>
<b>Total Costs</b>	<b>\$3,347,805</b>	<b>\$4,278,714</b>	<b>\$3,678,298</b>	<b>(\$600,416)</b>

## Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Division Management	3.44	3.50	4.60	1.10
Grants Management	3.69	4.00	3.25	(0.75)
Fiscal Services	9.26	11.00	9.00	(2.00)
Medicaid Screening	9.57	11.40	11.40	0.00
Human Resources	4.39	5.00	5.00	0.00
Data Systems	<u>4.77</u>	<u>6.50</u>	<u>8.90</u>	<u>2.40</u>
<b>Total Staffing FTE's</b>	<b>35.12</b>	<b>41.40</b>	<b>42.15</b>	<b>0.75</b>



# Division Management

Business Services  
Health Department

## Description

The Business Services Administration section is responsible for providing management and policy development for Accounting, Personnel, Accounts Payable, Accounts Receivable, Contracting, Eligibility Screening, and Information Services function. The unit manages day to day operations and the development of operational improvements to the business functions that support the operational divisions of the Health Department. The Division also representing the Department's business interests to community partners, grantors, third party payors, clients, and other County agencies.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	3.44	3.50	4.60	1.10
Program Costs	\$287,826	\$658,379	\$357,075	(\$301,304)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Building mgmt services no longer budgeted centrally, spread to other divisions		(\$410,000)
Health Service Specialist from Fiscal Services program	1.00	\$56,700
Health Service Specialist added as Budget Manager	1.00	\$65,000
Fiscal Specialist 2 cut	(1.00)	(\$57,800)
OA2 moved from Disease Control	0.10	(\$3,200)

# Grants Management

Business Services  
Health Department

## Description

The Grants Management and Accounting section is responsible for monitoring Federal and State grants, maximizing revenues collected, and specialized accounting systems in the Health Department. This unit tracks and matches grant revenues and expenditures, develops and prepares required reports to grantors, produces reports for managers, and develops accounting controls. Grants accounting reports on and collects \$14 million of Federal and State grants annually. The unit is responsible for collecting funds from 40 different Federal and State grantors.

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

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	3.69	4.00	3.25	(0.75)
Program Costs	\$248,532	\$256,594	\$231,270	(\$25,324)

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percent of grant awards collected	94%	98%	98%	98%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Fiscal Specialist 1 cut	(0.50)	\$23,050)
Fiscal Specialist Senior cut	(0.25)	(\$15,700)

# Fiscal Services

Business Services  
Health Department

## Description

Fiscal Services has two components: Accounts Payable and Accounts Receivable.

The Accounts Payable unit is responsible for processing claims for payment for services that medical specialists provided to County clients on a referral basis. This unit receives, researches, authorizes payments, and files Health Source claims received from medical providers who serve Department clients. They also reconcile the Department's management information system to the County's LGFS accounting system. The Accounts Payable unit receives 36,000 claims annually totaling \$5.6 million in charges and approves 19,000 payments totaling \$2.8 million.

Accounts Receivable and Medical Billing is responsible for collections for the Departments and billings to patients, insurance companies, and Medicaid/Medicare. This unit trains and assists clinic staff in the collection of fees, processing of cash, reconciliation's, LGFS coding, and deposits receipts daily. It is responsible for coordinating the activities between clinic staff, clients and insurance companies to ensure the maximum collection of revenue. Accounts receivable bills for and collects \$11 million annually from billings to Medicaid, Medicare, other third-party insurance companies, and to clients directly. With the elimination of the PCO and REEP programs (Medical Claims Processing), it is expected that billings for Medicaid Fee for Service will increase as a result of clients from these programs moving to open card or Oregon Health Plan. Available resources from the Medical Claims Processing unit will be transferred to this unit to offset the increased billings.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	9.26	11.00	9.00	(2.00)
Program Costs	\$500,859	\$601,360	\$528,806	(\$72,554)

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of Medicaid and other third party bills processed within 30 Days	70%	85%	85%	80%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Service Specialist to Division Management	(1.00)	(\$56,700)
Fiscal Assistant cut	(1.00)	(\$40,600)

# Medicaid Screening

Business Services  
Health Department

## Description

The Medicaid Eligibility Screening Unit works to increase access to benefits of clients who are entitled to them by educating and assisting clients with the Oregon Health Plan (OHP) application process. The unit is responsible for interviewing Health Department clients to assess eligibility for the OHP. The eligibility specialists act as continuing advocates with Adult and Family Services and the Medicaid agency on behalf of Health Department clients.

The program is intended to decrease the barriers clients experience in attempting to access entitled medical benefits. Over the next year the unit must change its focus from large scale uptake activities to maintaining the enrollment of continuing clients. This will be especially difficult with the implementation of a client premium by the State.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	9.57	11.40	11.40	0.00
Program Costs	\$591,208	\$578,136	\$611,165	\$33,029

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) % of clients potentially eligible for Medicaid screened for eligibility	60%	70%	70%	70%

## Significant Changes - Expenditures

No significant changes

FTE's

Amount

# Human Resources

Business Services  
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, sends transfer notices, and assists with inter divisional placements of employees.

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 1,000 total employees filling 810 positions (FTE). The number of Health employees has increased from 507 in 1990 to 1,000 currently.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Proposed</u>	<u>Difference</u>
Staffing FTE	4.39	5.00	5.00	0.00
Program Costs	\$303,554	\$338,187	\$338,573	\$386

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projection</u>
1) Percentage of vacancies posted within 1 week of notification by hiring authority	97%	97%	97%	98%

## Significant Changes - Expenditures

No significant changes

FTE's

Amount

# Data Systems

## Business Services Health Department

### Description

This section is responsible for supporting the diverse data needs of all other sections and divisions of the Health Department. It maintains, enhances, and operates the mainframe-based Health Information System; supports the 500 terminals, printers, and personal computers the department uses; directs the activities of two 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 Health Department's funding sources for expenditure data, results in 235 - 285 work orders annually for Information Services.

### Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	4.77	6.50	8.90	2.40
Program Costs	\$1,415,826	\$1,846,058	\$1,611,409	(\$234,649)

### Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Ad hoc data requests fulfilled	280	325	325	340

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Data Systems supplies reduced to reflect infrastructure development plan		(\$166,400)
Data Systems contract with OHSU for Data Processing		\$68,000
Other internal services reduced		(\$99,424)
Senior Data Analyst added with NACCHO grant	1.00	\$70,000
LAN Data Tech added	1.00	\$44,700
Office Assistant 2 moved from Disease Control Division	0.40	\$12,900

### Description

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, mental health, or dental services prior to arrest and present with acute and chronic problems including communicable disease and substance abuse. As the crime incidence continues to grow, bookings have increased an average of 19% from last year,, with an even larger corresponding increase in identified health problems requiring intervention.

The division is regulated by Oregon Statutes 169.07, 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

- To implement the State Board of Pharmacy's adopted rules, by January 1997, regulating the provision of pharmaceutical services in correctional facilities in order to comply with current statutes and minimize cost of compliance.
- Train managers and develop a process for implementation of the Manager's Cross Cultural Strategic Plan as adopted by the Health Department by July 1997.

### Significant Changes - Revenue

Inverness Levy revenue increased.

Amount  
\$389,000

### Significant Changes - Expenditures

Office Assistant 2 for 1.30 FTE, Health Assistant 0.25 FTE, and 0.60 FTE RN time are added, 0.25 FTE Nurse Practitioner are cut. Most of this increase and the related increase in other Personal Services are funded with the Levy increase.

FTE's      Amount  
1.90      \$136,500

Pass Through for Hospital In patient and Out patient services funded by Levy increase.

\$106,000

\$50,622

# Corrections Health

## Health Department

### Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	71.24	76.85	76.85	78.75	1.90
Personal Services	\$4,316,993	\$4,618,306	\$4,822,301	\$5,214,881	\$392,580
Contractual Services	626,520	417,324	564,370	619,226	54,856
Materials & Supplies	829,773	730,293	835,687	951,278	115,591
Capital Outlay	<u>10,593</u>	<u>97,000</u>	<u>13,700</u>	<u>24,000</u>	<u>10,300</u>
<b>Total Costs</b>	<b>\$5,783,879</b>	<b>\$5,862,923</b>	<b>\$6,236,058</b>	<b>\$6,809,385</b>	<b>\$573,327</b>
External Revenues	\$1,907,153	\$1,764,751	\$2,137,886	\$2,632,000	\$494,114
General Fund Support	\$3,876,726	\$4,098,172	\$4,098,172	\$4,177,385	\$79,213

### Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Clinical Services	\$5,136,441	\$5,509,225	\$6,074,895	\$565,670
Mental Health Services	647,439	726,833	734,490	7,657
<b>Total Costs</b>	<b>\$5,783,879</b>	<b>\$6,236,058</b>	<b>\$6,809,385</b>	<b>\$573,327</b>

### Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Clinical Services	63.22	65.45	67.05	1.60
Mental Health Services	8.02	11.40	11.70	0.30
<b>Total Staffing FTE's</b>	<b>71.24</b>	<b>76.85</b>	<b>78.75</b>	<b>1.90</b>



# Clinical Services

Corrections Health  
Health Department

## Description

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

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Proposed <u>Budget</u>	<u>Difference</u>
Staffing FTE	63.22	65.45	67.05	1.60
Program Costs	\$5,136,441	\$5,509,225	\$6,074,895	\$565,670

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) % of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	92%	90%	80%	90%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Office Assistant 2 increased by 1.30 FTE, Health Assistant increased by 0.25 FTE, RN increased by 0.60 FTE, and Nurse Practitioner decreased by (0.05) FTE. Part time Health Services Administrator moved to Mental Health Program. Related Personal Services ( temporaries, overtime, fringe) also increased, funded with Levy revenue.	1.60	\$103,060
Pass Through for Hospital In patient and Out patient services		\$106,000
		\$50,622

# Mental Health Services

Corrections Health  
Health Department

## Description

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

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	8.02	11.40	11.70	0.30
Program Costs	\$647,439	\$726,833	\$734,490	\$7,657

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percent of incarcerated clients with known mental health needs who receive psychiatric interventions	65%	42%	20%	25%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Services Administrator 0.50 FTE moved from Clinical program, Psychiatric Nurse Practitioner reduced by (0.20) FTE	0.30	\$23,000

### Description

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

### Action Plan

- Reevaluate and finalize necessary changes in CareOregon's financial incentive model by September 1, 1996 to assure that financial incentives to Primary Care Providers (PCP's) reward good care management, quality service and member satisfaction.
- Change contracts with PCP's as of October 1, 1996 to reflect modifications finalized as a result of a revised financial incentive model per above action plan.
- Re-engineer the referral authorization process by January 30, 1997 to decrease non-effective requirements and redirect professional nursing and medical staff resources in improvement of cost effective evaluation of quality of care and partnerships with PCP's.
- Finalize recommendations to CareOregon Advisory Board and BCC by September 30, 1996 regarding most effective corporate administrative entity to assure long term organizational viability and achievement of CareOregon mission.

### Significant Changes - Revenue

	<u>Amount</u>
Medicaid revenues declined based on current enrollment patterns and capitation rates	(\$7,390,000)
General fund moved from other Divisions to off set indirect expense	\$297,420

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
One full time Office Assistant 2 and three Program Development Techs are added for member/provider relation services	4.00	\$148,000
Program Development Specialist (0.70), Nurse (0.10), Fiscal Spec Sr. (0.25), Health Services Administrator (0.60), and Data Analyst Sr (1.00) are all cut.	(2.65)	(\$101,000)
County Supplement reduced		(\$259,500)
Pass Through payments and Other Internal reimbursements for Health Services reduced to reflect lower enrollment and low capitated rates.		(\$7,612,639)

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 <u>Current Estimate</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
Staffing FTE	13.43	22.00	22.00	23.35	1.35
Personal Services	\$752,337	\$1,085,212	\$1,191,649	\$1,217,501	\$25,852
Contractual Services	25,750,243	45,000,000	41,765,035	36,429,520	(5,335,515)
Materials & Supplies	2,359,889	851,674	5,456,419	3,090,591	(2,365,828)
Capital Outlay	0	18,000	18,000	0	(18,000)
<b>Total Costs</b>	<b>\$28,862,469</b>	<b>\$46,954,886</b>	<b>\$48,431,103</b>	<b>\$40,737,612</b>	<b>(\$7,693,491)</b>
External Revenues	\$29,254,857	\$46,954,886	\$48,431,103	\$40,440,192	(\$7,990,911)
General Fund Support	(\$24,950)		\$0	\$297,420	\$297,420

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Compliance with Oregon Health Plan Quality of Care Requirements and Standards	90%		87%	89%

## Costs by Program

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
CareOregon	\$28,862,469	\$48,431,103	\$40,737,612	(\$7,693,491)

## Staffing by Program

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Proposed Budget</u>	<u>Difference</u>
CareOregon	13.43	22.00	23.35	1.35

## **BOGSTAD Deborah L**

---

**From:** WARREN Dave C  
**To:** NICHOLAS Larry F; OSWALD Michael L; ODEGAARD Billi I; FRONK Tom R; UPTON Ken W  
**Cc:** McCONNELL Jim; GILLETTE Kathy; CLARK Susan L; KLINK Howard A; POE Lorenzo T; TINKLE Kathy M; SIMPSON Thomas G; CLAWSON Elyse; STEELE Meganne A; COBB Becky; COOPER Ginnie; GOODRICH Jeanne; AAB Larry A; FARVER Bill M; BOGSTAD Deborah L; #BUDGET; #CHAIR'S OFFICE; #DISTRICT 1; #DISTRICT 2; #DISTRICT 3; #DISTRICT 4  
**Subject:** Follow Up on 5/8/96 Budget Review  
**Date:** Wednesday, May 08, 1996 3:25PM

Here is a list of items about which the Board of Commissioners would like additional information.

Please prepare responses to the Board's questions. I suggest the responses state the question and then state the response. If appropriate, the response may be a reference to an attached document. Please respond to all the questions by Friday, May 17.

Send a copy of the answers to Wendy Byers (for Health issues) or Keri Hardwick (for DSS and DES issues). They will review them (for no more than one working day), perhaps even supplement the response with additional work, and forward it to the Chair's Office;

Taking no more than one working day, Bill will review the responses to see that they answer the question(s) clearly, add anything they feel is needed, and return it to Wendy and Keri;

Wendy and Keri will communicate any proposed changes to you or give you the OK to print;

Deliver 10 copies to Kathy Nash in Budget & Quality. She will package your material with a sequentially numbered cover page and an index so the Board can tell what they receive, tell that it is in response to issues raised and at which hearing, the date they received it, and be assured they have received all the packets.

Budget & Quality will deliver the packets to the Office of the Board Clerk who will distribute them to the Board.

### **Follow up Items**

#### **Health Department**

14. Prepare an analysis of the funding and operations of the Outside-In clinic including the eligibility of clinic clients for insurance coverage.
15. Summarize and present the views of the Central City Concern on the merger of the Burnside and West Side clinics.
16. Provide the Board with copies of the materials used in the training session for PANDA.
17. Determine the amount of contribution to the Needle Exchange program budgeted by the City of Portland in 1996-97.
18. Summarize the status of a quality rating for restaurants.
19. Summarize the status of the potential transfer of the Medical Examiner program to the Oregon State Police.

#### **Environmental Services**

20. Summarize and review the Oregon Institute for the Blind proposal that the County construct a training location in the McCoy Building.

#### **Labor Relations**

**21. Provide the Board with analysis of the potential for providing supplemental incentive pay for second language competence.**



*Central Library Front Steps*

# Multnomah County

HEALTH DEPARTMENT

May 28, 1996

Packet #10 - Follow-up

Budget  
1996-97

## MEMORANDUM

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TO: Wendy Byers,  
Budget Analyst

FROM: Billi Odegaard  
Health Department

SUBJECT: **FOLLOW UP TO BUDGET REVIEW**

DATE: May 24, 1996

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**QUESTION: Prepare an analysis of the funding and operations of the Outside In clinic, including the eligibility of clinic clients for insurance coverage.**

The department is engaged in an analysis of Outside In clinical services in an effort to determine whether there are efficiencies to be realized through collaborative efforts with other agencies. We are also looking at potential revenues that Outside In has not tapped.

We are looking at numbers and diagnoses of clients seen by various clinics that serve street youth, such as Wallace Medical Concern, Outside In, and the County's West Side Clinic, and perhaps Old Town Clinic. We will determine whether there are improved ways of working together to provide quality care to youth in a more cost effective manner.

We are also exploring with Outside In the possibility of improving third party reimbursement as well as their success in enrolling youth in the Oregon Health Plan.

Outside In staff are cooperating fully in the brief analysis, and we expect to have a report within three to four weeks.

**QUESTION: Summarize and present the view of Central City Concern on the merger of the Burnside and West Side clinics.**

Ardys Craghead, Primary Care Division Director, and Kim Tierney, West Side / Burnside clinic manager, have met, and will continue to meet, with Richard Harris, Executive Director, Central City Concern. Their next meeting is scheduled for May 30. They and Mr. Harris are meeting to identify and work through his concerns. The department plans to relate back to the Board the outcome of these meetings as they near completion.

**QUESTION: Provide the Board with the materials used in the training session for PANDA.**

Gordon Empey, Dental Health Officer, will send these materials directly to each commissioner.

**QUESTION: Determine the amount of contribution to the needle exchange program budgeted by the City of Portland.**

In the current fiscal year, the City budgeted \$10,300. For next year, the City budgeted \$20,300. In the current fiscal year, the County budgeted \$40,000. For next year, the Approved Budget includes \$60,000. Outside In does not track needle exchange budget items by revenue source.



The Needle Exchange program, from November 1995 through April 1996 (seven months), has issued 69,861 syringes, received in return 76,364 used syringes, for a return rate of 109%.

**QUESTION: Summarize the status of a quality rating for restaurants.**

Implementation of a food service awards program is a topic of ongoing discussion between Multnomah County Health Department and the Oregon Health Division. There are two key issues.

One is whether an awards program represents a de facto return to a multi-tiered food service rating system. There is concern among both the industry and regulators that multi-tiered systems neither provide greater protection of the public's health, nor create appropriate incentives for improving sanitation. Indeed, local research on Oregon's sanitation scoring system has found that the system inappropriately emphasizes "structural" problems that are minimally associated with the risk of food-borne illness. Therefore, fine gradations in score within the passing range are not predictive of risk to the public, provided that there are no critical sanitation violations.

The second issues is that the industry is concerned that licenses fees should be used only to support statutorily defined health protection services, not supplemental activities such as awards programs.

Despite these concerns, the Health Department continues to be enthusiastic about developing market-based incentives for improved sanitation, and for other actions that will improve the health of restaurant patrons. A more detailed report will be made to the Board by the end of the first quarter of the 1996-97 fiscal year.

**QUESTION: Summarize the status of the potential transfer of the Medical Examiner program to the Oregon State Police.**

The Health Department is approaching the final stages of a possible transfer of the County Medical Examiner (ME) program to the Oregon State Police (OSP). At the present time, the department is developing a written proposal for submission to OSP. This proposal will cover: 1) conditions of transfer of staff, and other program assets to OSP; 2) procedures and fiscal principles for the County to purchase ME services from OSP; and 3) plans for mutual work toward system realignment, including long term funding options.

We anticipate that this proposal will be reviewed and responded to in a timely fashion by OSP. If a decision is made to pursue a transfer, the department intends to move expeditiously, and complete this transfer by the end of the first quarter of the 96 - 97 fiscal year. Alternatively, if a decision is made not to pursue the transfer, an internal performance review will be carried out, followed by RESULTS/Quality Improvement activities to improve program performance in priority areas.



# Multnomah County

**Packet #14 - Follow-up from Ken Upton**

**June 4, 1996**

**MCSO & Health Dept**

**Budget  
1996-97**



# MULTNOMAH COUNTY OREGON

BEVERLY STEIN  
COUNTY CHAIR

EMPLOYEE SERVICES  
FINANCE  
LABOR RELATIONS  
PLANNING & BUDGET  
RISK MANAGEMENT

(503) 248-5015  
(503) 248-3312  
(503) 248-5135  
(503) 248-3883  
(503) 248-3797

(503) 248-5170 TDD

PORTLAND BUILDING  
1120 S.W. FIFTH, 14TH FLOOR  
P.O. BOX 14700  
PORTLAND, OREGON 97214

PURCHASING, CONTRACTS  
& CENTRAL STORES

(503) 248-5111

2505 S.E. 11TH, 1ST FLOOR  
PORTLAND, OREGON 97202

## MEMORANDUM

TO: Board of County Commissioners

FROM: Ken Upton, Labor Relations Manager

DATE: June 3, 1996

SUBJECT: Response to Board Request for Analysis - Bilingual Interpreter Premium - Budget Note 21

96 JUN - 4 PM 12:40  
MULTNOMAH COUNTY  
OREGON  
BOARD OF  
COUNTY COMMISSIONERS

1. Concern from the Board.

"21. Provide the Board with analysis of the potential for providing supplemental incentive pay for second language competence."

2. Short Answer.

The possibility of a language premium has been examined in the context of bargaining with at least three of our bargaining units in the past. The County's conclusion then was that this was neither a needed nor a cost effective reaction to the need for interpretation services, although opinions were sharply divided as to the appropriate approach. In the specific health context, the general pattern in the industry, at least in the past, did not reflect such premium structures, although such premiums do occur in certain locations. Current inquiry with the Health Department's Personnel Section does not reveal in general that there are problems in attracting bilingual staff. There are some issues with professional staff such as nurse practitioners. In these classifications, the issue is not so much the need for attraction through compensation mechanisms of bilingual and multilingual staff, but the fact that professionals are quite scarce in the needed categories. Strategies around creating a diverse work force which is welcoming to the target population is one approach which can be successful for meeting this need, as can a variety of outreach strategies.

By way of specific background, the issue of interpretation premium or classification came up in the Local 88 contract last bargaining session prior to the Measure 8 extension. The matter revolved around a classification issue which was resolved by a quid pro quo

involving raising of the pay rate for the classification under examination and an agreement that for the life of the agreement:

"It is understood and agreed that the requirement to have varying degrees of proficiency in a second language within a classification has been and will continue to be an expectation for employees assigned to certain positions. Such requirements will not be a component of classification nor in the alternative require any special premium, provided that this exemption does not apply to employees acting as full-time interpreters without other duties or who act as language teachers."

This language has continued to govern.

3. To the Future.

As part of the Continuous Interest Exploration process which is now going on with Local 88, we are working our way through the entire contract and reviewing any and all issues which have been problematic. I would anticipate that interpretation issues would be part of this examination process during the review of economic matters in 1997, and that a more full-blown data gathering and needs assessment may be needed at that time, if there is a significant problem with current arrangements.

If you have any questions or concerns regarding this matter, please call.



# MULTNOMAH COUNTY OREGON

BEVERLY STEIN  
COUNTY CHAIR

EMPLOYEE SERVICES  
FINANCE  
LABOR RELATIONS  
PLANNING & BUDGET  
RISK MANAGEMENT

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PORTLAND, OREGON 97202

## MEMORANDUM

TO: Board of County Commissioners

FROM: Kenneth Upton, Labor Relations Manager 

DATE: May 31, 1996

SUBJECT: Budget Note 63--Change of Corrections Officer Job Description

BOARD OF  
COUNTY COMMISSIONERS  
96 JUN - 3 AM 9:49  
MULTNOMAH COUNTY  
OREGON

### Question:

"What are the implications of defining the duties of Corrections Deputies to include presentation of educational programs to inmates?"

### Answer:

The answer to this question could be either very simple or quite complex, depending on the extent and scope of the duties which were changed. I spoke briefly with Commissioner Kelley yesterday, and it was clear to me that this is a work in progress, which will require revisiting as the thinking on this issue with respect to both its nature and scope are further refined. I will thus simply identify below generalized areas of potential concern. Preliminarily, it must be noted that there are potentially not one but two job descriptions and bargaining units which would be involved in this matter, those of Corrections Officers (represented by MCCOA) and Corrections Counselors (represented by Local 88), job descriptions attached. The job description for Corrections Officer anticipates an ancillary rather than direct involvement in programming. The description speaks to certain elements which may be deemed relevant:

"...

Facilitates communication and interaction with inmates; assists in the development of rehabilitative programs.

...

Ability to learn the care and treatment of persons held in detention facilities.

...

Performs related work as required."

The minimum qualifications for this job include training or experience at the Associate level or equivalent which does include reference to such items as:

"...psychology, sociology, social work or related fields."

It is clear from the description of the Corrections Counselor job description, however, that this class was more directly targeted on educational and counseling activities, with specific reference to the facilitation of "self-improvement and therapy groups for clients" and the requirement to provide "educational and tutorial material for clients' use, coordinate educational programs, refer clients to appropriate legal resources and material." This classification requires a Bachelor's degree "from an accredited college or university with major course work in psychology, sociology, social work or a related field or equivalent."

Given the above, issues which the Board may wish to keep in mind are:

1. To the degree the change in job duties is significant, this change may, absent a waiver, trigger a demand to bargain impact on the part of MCCOA. It must be added that in general MCCOA has for a variety of reasons favored the expansion of opportunities for more varied assignments and duties, so this may not ripen as a major issue.
2. To the degree that educational requirements for the Corrections Officer classification are altered, or their job becomes more complex in a way demanding academic skills, their claim for "parity" with Road Deputies in future collective bargaining situations may be strengthened. This could have significant fiscal implications.
3. To the degree that such a change of duties were to become universal, there might ripen the question as to whether certain staff members currently on board are competent to perform these duties. The question then would be an administrative issue for the Sheriff as how to handle such situations, i.e. issues of training and even potential demotion or layoff might theoretically arise.
4. I am in receipt of a demand to bargain from Local 88 to the Sheriff regarding certain anticipated budgetary and operational shifts in the matrix/classification process. To the degree that the above process adversely affected Corrections Counselors, or in the alternative, takes away "work" which Local 88 feels is "ours," we may anticipate further labor issues to be faced in the interface between MCCOA and Local 88.

The above are meant as potential pitfalls to be kept in mind as the thinking on this piece evolves, rather than a "parade of horrors." As the thinking becomes clearer, we can address more concrete possibilities with a clearer iteration of implications. If you have any immediate questions or concerns, please call.

N:\DATA\WPCENTER\LABREL\LBKU232.DOC

cc: Karyn Dargan  
Keri Hardwick  
Barry Crook  
Darrell Murray  
Dan Noelle  
Jan Langford  
Sue Ayers  
Shirlee Robertson  
Curtis Smith  
Bill Farver

February 4, 1991

**CORRECTIONS COUNSELOR**  
(Nonexempt/Classified)

**DEFINITION**

To perform social casework and counseling services for adults who are inmates of County correctional facilities or clients in pretrial release programs.

**SUPERVISION RECEIVED AND EXERCISED**

Receives general supervision from Corrections Counseling Supervisor or from other supervisory or management staff.

May exercise functional and technical supervision over clerical/support and volunteer staff.

**EXAMPLES OF DUTIES** - Duties may include, but are not limited to, the following:

Conduct case investigations for classification, work release, educational release, and other court-requested investigations.

Interview client to develop a body of information about the client; contact employers, friends, families, victims, and others to gain information about the client and to verify the client's statements.

Analyze investigative information and prepares reports for the court which include positive and negative factors, objective and subjective interpretations and sentencing recommendations.

Testify at court hearings on matters relating to clients.

Identify individual needs of clients, plan, develop and implement appropriate individual treatment plans, and develop time frames as required for goal achievement by clients, recording all information in client files.

Counsel clients in areas of personal finances, employment, marital situation, education, and other social factors in both individual and group settings.

Facilitate self-improvement and therapy groups for clients.

May arrest and transport offenders if warrant outstanding or when revoking offender's pass; may take into custody a mentally ill person in need of treatment.

Identify client's individual needs by referral for medical and/or psychological evaluations, implements appropriate individual treatment plans and develops time frames for goal achievement by clients.

Assess and determine custody levels necessary for inmates based on emotional stability, past history, charge severity and behavior.

Provide restitution counseling to clients and may assist with collections planning.

Supervise inmates living in the community on release programs.

## **CORRECTIONS COUNSELOR**

Page 2

### **EXAMPLES OF DUTIES (Continued)**

Provide employment counseling to teach interview skills, resume writing skills and other techniques to find employment.

Provide educational and tutorial material for clients use, coordinate educational programs, refer clients to appropriate legal resources and material.

Provide ongoing case management of clients and make appropriate community based referrals.

Operate computer terminal to input or retrieve data on clients and determine client status.

Conduct prerelease planning with inmates with regard to housing, employment, food and clothing requirements.

Conduct unannounced field visits to client's place of residence or place of employment.

Counsel or meet with Client's significant others to supervise/influence clients functions.

Perform related duties as assigned.

### **QUALIFICATIONS**

#### Knowledge of:

Principles, theories, practices and techniques of social counseling.

Criminal Justice System practices and procedures.

Treatment resources available for client's services such as mental health, drug and alcohol counseling, vocational training, employment referral, legal advice and others.

Crisis intervention techniques including methods of restraint and self defense.

Theory and practices of social case work and of psychology and sociology.

Group counseling dynamics and techniques.

#### Ability to:

Communicate effectively both orally and in writing.

Work effectively with people from all socio/economic backgrounds who may be hostile and/or abusive.

Deal with people in crisis situations.

Safely operate a motor vehicle.

Use a computer terminal for data input and retrieval.



## CORRECTIONS COUNSELOR

Page 3

### QUALIFICATIONS (Continued)

#### Ability to: (Continued)

Distinguish the influences of psychological, physiological and behavioral dysfunctions of clients.

Manage case load including setting priorities.

Effectively document case activity.

Motivate clients to follow appropriate course.

Facilitate group counseling sessions.

Learn basic first aid techniques.

Use self defense tactics.

Testify in a court of law.

#### Experience and Training Guidelines:

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

#### Experience:

Two years of responsible social counseling experience.

AND

#### Training:

Bachelor's degree from an accredited college or university with major course work in psychology, sociology, social work or a related field or equivalent.

#### License or Certificate:

Valid driver's license.

71430P

General Statement of Duties

This is work in the custody, care and humane treatment of adult male or female inmates in a jail or other detention environment.

Employees occupying positions in this class control, monitor and supervise the movement and activities of the inmates. The provision of safety and security, health and welfare, and interaction with inmates are important elements.

Supervision Received

Work is performed under the supervision of a superior officer who assigns duties and checks for proper and effective performance.

Supervision Exercised

Supervision of inmates is integral to work of this class. May, in some cases, supervise students and/or volunteers.

Examples of Principal Duties

Books and processess inmates into jail, including fingerprints and photography to insure proper indentification; accepts and records inmates property; accepts bail; interviews and checks inmate's background for pretrial release; releases inmates from custody, returns property and disburses inmates funds.

Controls and monitors inmate movement and activity in either cell-block, tank or open dormitory settings; operates security doors; searches inmates and jail areas for contraband.

Escorts inmates to areas and events within the institution, supervises and monitors meal times and work and recreation activities.

Monitors work release activities, including those pertaining to inmates' jobs and schooling; approves social passes, investigates and reports upon work release violations.

Facilitates communication and interaction with inmates; assists in the development of rehabilitative programs.

Transports and escorts inmates for court appearances, for personal interviews, for medical care, and to other institutions.

Prepares daily count and inmate assignment sheets and work release logs; writes daily, information and special reports.

Performs related work as required.

Knowledge, Skills and Abilities

Some knowledge of the basic concepts of corrections and a sensitive understanding and ability to carry out the objectives of a local modern corrections program.

Skill in the operation of automotive vehicles.

Ability to maintain self control and be tolerant under extremely adverse conditions.

Ability to work with and relate to inmates, while maintaining their respect, cooperation and confidence.

Ability to learn the care and treatment of persons held in detention facilities.

Ability to use sound judgement and follow directions and established procedures.

Ability to maintain control of inmates, preventing danger or injury to inmates, corrections staff and the institution.

Ability to communicate orally and in writing.

Minimum Qualifications

Twenty-one (21) years of age.

Authorized to drive in the State of Oregon.

Two (2) years of college level training in corrections, law enforcement, psychology, sociology, social work or related fields.

OR

High School equivalency and one (1) year of experience in a correctional program or social service related work.



# Multnomah County

HEALTH DEPT

JUNE 5, 1996

Packet #15 - Follow-up

Budget  
1996-97

**MEMORANDUM**

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TO: Wendy Byers,  
Budget Analyst

FROM: Billi Odegaard  
Health Department

SUBJECT: **ADDITIONAL FOLLOW UP TO BUDGET REVIEW**

DATE: June 4, 1996

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**QUESTION:** Summarize and present the view of Central City Concern on the merger of the Burnside and West Side clinics.

May 24 Response :

Ardys Craghead, Primary Care Division Director, and Kim Tierney, West Side / Burnside clinic manager, have met, and will continue to meet, with Richard Harris, Executive Director, Central City Concern. Their next meeting is scheduled for May 30. They and Mr. Harris are meeting to identify and work through his concerns. The department plans to relate back to the Board the outcome of these meetings as they near completion.

ADDITIONAL INFORMATION:

The Department has met with Richard Harris, Executive Director, Central City Concern (CCC). His concerns were centered around access issues for older, less mobile residents of Old Town.

His concerns have been met, through the Department's plans to provide an intensive outreach effort to reach hard to serve populations; and to provide services in locations in the community. The Department will continue to dialogue with CCC and other service agencies serving the homeless.