

Health Department

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Health Department

Vision

Healthy People in Healthy Communities

Mission

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

Department Strategic Directions

During Fiscal Year 1999, the Department completed a Strategic Plan for the three-year period ending in June 2001. The Plan was expanded after an annual review in August of 1999. The plan is organized into three major strategic directions:

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

Within these Strategic Directions, the Department identified nine objectives for the FY 2001 planning period.

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

Health Department

Department Services

Several groups oversee or advise the programs of the Health Department, including the Community Health Council, which provides oversight of federally funded primary care services and acts as the Budget Advisory Committee.

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

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

Budget Issues and Highlights:

The adopted budget restores the following to the Health Department's budget request:

- Binnsmead School-Based Health Center \$242,927
- Parkrose Neighborhood Health Access Center \$87,000

The adopted budget includes one-time funding for:

- Health Management Information System & Merlin \$491,000
- Coalition of Community Health Clinics \$90,000
- Central data processing charges \$934,378

The adopted budget enhances the department's services by the following additions:

- Increased funding for Hepatitis C screening, education, and treatment: \$250,000.
- Increased dental services and funding due to increased enrollments in MultiCare Dental: \$368,297.

Health Department

Health Disparities: Diabetes

Diabetes Mellitus, a chronic illness with significant adverse impact on morbidity and mortality, disproportionately affects minority populations. While the prevalence of diabetes in Multnomah County is similar to the prevalence in the State, the County age-adjusted hospital admission rate and death rates are higher.

The US Bureau of Primary Health Care has targeted diabetes for reduction in health outcome disparities for minority groups. Of the 1003 diabetic patients seen in Primary Care during calendar year 1999, 50.2 % were non-white and 43.7% were non-English speaking. This project will focus on outreach and screening, enhancement of patient self care, development of systems to track and monitor patient outcomes, and provider education. Patient education and support groups will incorporate cross-cultural aspects of living with diabetes. The program, being piloted at Northeast Health Center, provides an opportunity to significantly improve care for these patients.

Health Disparities: Depression

A second initiative sponsored by the Bureau of Primary Health Care, the Institute for Healthcare Improvement, and the Robert Wood Johnson Foundation is the management of depression. While depression is often associated with unexplained somatic complaints, patients with chronic medical problems can suffer from depression, too. Actually, chronic medical illness increases the risk of depression. Management of depression must be integrated with management of other health problems. It's not a "depression visit" or a "diabetes visit"; it's a primary care visit.

The age-adjusted suicide death rate in the state is 16.8/100,000 population, and 18.6/100,000 for Multnomah County. Depression is a contributing factor in suicides.

This project is being piloted at the East County Health Center with a primarily Hispanic population. The outcomes expected for patients with diagnoses of major depression will also focus on multiple dimensions of care including outreach and screening, enhancement of patient self care, development of systems to track and monitor patient outcomes, compliance with medication and provider education. Patient education and support groups will incorporate cross cultural aspects depression.

Concurrently, we have expanded the culture and language-specific integrated behavioral health services for the Latino patients receiving primary care from county clinics by the use of Spanish-fluent social workers.

Health Department

Health Disparities: Tobacco Use

The Tobacco Prevention Program is working closely with community partners to educate, advocate and promote change in four intervention areas.

Tobacco use is the major cause of 21% of deaths in Multnomah County. Accordingly, the Primary Care Division is implementing significant initiatives to address tobacco use among its patients, believing that it is one of the most significant behaviors that contribute to high volume and/or high-risk health problems. Thus, the division is implementing clinical guidelines that use the entire Primary Care clinic team in assessing tobacco use in all its patients at every visit. We will also provide a full range of services to those patients who express a desire to quit, including group and individual counseling, nicotine replacement therapy, pharmacological support, and telephone support with follow-up.

The Tobacco Prevention Program is working closely with Multnomah County's tobacco prevention coalition and other community partners to educate, advocate and promote change in four intervention areas: reducing youth access to tobacco; promoting clean indoor air policies; reducing tobacco advertising and promotion and creating linkages to tobacco cessation.

In our School Based Health Centers we offer a full continuum of tobacco prevention and cessation services. All sites are involved in school-wide activities, group cessation and prevention activities, and individual cessation activities. These services are provided in collaboration with the Portland Public Schools' Prevention Office.

Health Disparities: Interpretive Services

Language, customs and beliefs can create barriers to care. In order to improve access and reduce disparities, the Department provides interpretive services to our non-English clients.

During 1998-1999, the Health Department, in all programs, provided interpretive services for 96,346 client visits or 39%, in 35 languages. Fifty-six percent of our interpreted visits are Spanish, 23% are Russian, 9% are Vietnamese, and about 12% are all other.

In the Primary Care clinics for the same period, 53% of all clients required an interpreter. Of the 51,000 visits interpreted; 64% were Spanish, 19% Russian, 8% Vietnamese, and 10% all other languages. For the first six months of FY 99/00, 55% of all clients required an interpreter. Of the 21,000 visits interpreted; 80% were Spanish, 17% Russian, 8% Vietnamese, 13% all other languages.

In projecting client visits requiring interpretation as a percent of total visits the trends show an increase in the use of Spanish and "other" languages, and a slight decrease in Russian and Vietnamese.

Long term trends, based on data from the U.S. Census Bureau, projects Oregon to continue to gain residents through international migration. They project the Latino population to increase by 184% in the next 25 years.

Health Department

Pharmaceutical Pricing

Multnomah County Health Department, along with the rest of the nation has seen the effects of drug pricing rising far faster than inflation over the past ten years along with increased utilization of new innovative pharmaceuticals.

We will continue to work to provide quality pharmaceutical care to county clients in a cost-effective manner while continuing to explore opportunities to limit the increases in pricing of drugs.

Pharmaceutical price increases along with substantial increased utilization of pharmaceuticals has created budgetary nightmares for private payers, insurers, employers, HMOs, and government programs. Increased utilization of pharmaceuticals has been fueled in a number of ways. New drug therapies have made HIV a chronic disease; innovative mental health medications have made possible treatment of mental illness on an outpatient basis with fewer side effects and better outcomes; pharmaceutical companies spent \$1.6 billion in 1999 (an increase of 1000% over spending in 1997) to advertise their products directly to consumers.

The Health Department worked to contain costs in a number of ways:

1. Drug Formulary:

The drug formulary limits the potential list of drugs, which are approved for use in clinics. The formulary drugs are approved based on effectiveness for the population, risk and cost (both acquisition and associated costs). County providers are given a printed formulary that compares products' indications for use, dosages and costs.

2. Group Purchasing:

Multnomah County joined the Minnesota Multistate Contract Alliance for Pharmaceuticals (MMCAP) in 1992. MMCAP is comprised of 34 states and the city of Chicago and has a total purchasing volume of \$425 million/year. In addition to contracting for pharmaceuticals and related products, MMCAP has been an active voice on pricing issues at a national level. Most recently, MMCAP actively opposed the merger of the four largest pharmaceutical wholesalers into two corporations and provided data to the FTC regarding a major generic manufacturer who purchased the raw materials for a group of drugs and then raised prices for those products several hundred percent.

3. Public Health Service Pricing:

These are special "best price" national contracts that the County is eligible to use. These contracts are used when they are available for a product and the price is lower than other available pricing.

4. Revenues:

County clinic pharmacies bill third party payers such as CareOregon for prescriptions. This revenue has been instrumental in helping to fund prescriptions for low-income self pay clients (uninsured and those with no prescription benefit).

Health Department

Safety Net Funding

The ongoing financial and operational stresses experienced by the County Primary Care system are shared by other local safety-net providers. Despite a booming economy, there is increasing demand on the safety net system due to lower levels of insurance resulting from changing employer practices and demographic shifts.

The Multnomah County Health Department is a major "safety net" provider of health services for the underinsured, uninsured, and those with barriers to access. Since the onset of the Oregon Health Plan with its emphasis on capitated managed care, the Department has experienced a decline in Medicaid fee for service revenues of several million dollars.

This situation is systemic. Local and State solutions require the County to act as a leader and partner, as well as a provider and funder:

- As a provider and funder, the Board has a long history of supporting safety net medical care. Throughout the Spring and Summer of 1999 the County advocated safety net funding issues within the State budgetary process. In November, the Board acted to provide local resources to support County clinics in the face of diminishing State safety net grant funding.
- As a partner, the County has begun a number of activities to improve local safety net infrastructure. For example, the County is supporting a clinical and informational infrastructure project with the Coalition of Neighborhood Health Clinics. The Health Department is also partnering with several State agencies and the Oregon Primary Care Association to develop a state safety net information system.
- As a leader, the County has accepted the challenge of convening a broad set of providers and community stakeholders to address the problems of access to basic health services for low-income uninsured people. The Health Department has received a one-year \$150,000 Communities in Charge grant from the Robert Wood Johnson Foundation. The local Communities in Charge project will define the scope of the access problem, and in partnership with community stakeholders, policy makers and providers, identify preferred options for service delivery and financing.

The FY 2001 budget assumes a significant positive outcome from these and related efforts. The Department appears to have successfully negotiated improved Medicaid payments statewide for patients seen at community or migrant health centers. The 2000-2001 operating budget assumes a continuing increase in Medicaid revenues of \$1.8 million to reflect this improvement.

Board Action:

The adopted budget contains program restorations (Binnsmead School-based Clinic and Parkrose Neighborhood Access Center) made possible by enhanced Medicaid reimbursements.

Health Department

Disease Prevention and Control

The Department will closely monitor service delivery capacity issues, as Hepatitis C testing and lab-based reporting requirements begin to reveal the tested rate of infection and the characteristics of infected populations.

The Department developed enhanced educational outreach and testing capacity for HIV in the first half of FY 2000. Through both direct services and/or contracting through community-based organizations, activities included additional HIV prevention and testing in the African American community, expanded Hepatitis vaccination of gay/bi men at the STD clinic and community venues, and HIV counseling and testing in Corrections.

Programs also began closely integrating Hepatitis C screening and prevention outreach within the HIV prevention framework and STD/Corrections Health clinical system. Programs trained new and existing staff on Hepatitis C; designed and implemented risk assessment and testing protocols for integration with HIV and STD services; designed and distributed education and community referral resource materials. For FY 2001, these initial activities are supplemented by additional vaccine supplies, Hepatitis C support group resources and capacity for ongoing community planning for Hepatitis C issues in the community.

Federal funding for the Brownfields Health Awareness Project (BHAP) ended after one year in September, 1999. BHAP was an initial effort to work with community residents by providing health-related information about undeveloped properties in low-income areas of North/Northeast Portland. Affected properties are those that have been identified as being potentially polluted with hazardous materials. In order to sustain a community environmental health-based approach over the next year, the Department has identified a program development function that will link BHAP-related activities with current lead poisoning prevention efforts.

The Department will lose capacity for Saturday and other special immunization clinics next year. By collaborating with community organizations and private businesses, these clinics have served over 5,000 unduplicated children in multiple languages each year at sites throughout the county. Children included those that were insured, uninsured and from families who were “between” insurance. The program will attempt to develop foundation funding to sustain some special clinic capacity. The Department also will work to engage local managed care organizations to participate in supporting this efficient and customer-friendly approach to immunizations. This is especially critical next year with the advent of requirements for Varicella and Hepatitis B vaccination for children.

Board Action:

The adopted budget increases funding for Hepatitis screening, education, and treatment by \$250,000.

Health Department

Early Childhood Initiatives

The Pregnancy and Early Childhood Nurse Home Visiting Program (AKA Olds) was implemented as a best practice model in Mid and East County in October 1999.

The Department continues to identify and implement services that build upon existing early childhood programs and support the Early Childhood Vision that includes:

- ◆ A system of services based on proven programs and best practices that is well integrated and coordinated, focused on the child, their family and their needs, and that supports a well trained and highly valued staff.
- ◆ A family that has the support needed to provide a nurturing environment can easily access needed services and feels supported by the community in raising their child
- ◆ A child who is physically and emotionally healthy, has a strong attachment to a caring adult, has a stimulating, engaging and safe environment, and is ready to learn.

The Pregnancy and Early Childhood Nurse Home Visiting Program (AKA Olds) was implemented as a best practice model in Mid and East County in October 1999. The target population is first time, unwed, low-income mothers. The stated goals are to improve outcomes of pregnancy, improve the child's health and development, and improve the parents' self-sufficiency. The Department's long-term goal is to replicate this model throughout the county.

A Community Health Worker (CHW) Program has been developed and is in the process of being implemented.

Community Health Workers will be located on field teams throughout the county. They will augment the Department's efforts to address health disparities through identification of high-risk populations and facilitating access to needed services.

With Commission on Children, Families, and Community, the Department has submitted a proposal (March of 2000) to implement the Oregon Healthy Start Model in Multnomah County. The goal of this model is universal screening of all first time new mothers linking high-risk families to needed services. This proposal builds upon the Multnomah County Early Childhood Plan, a collaborative effort of departments within Multnomah County and Early Childhood partners in the community.

The Child Abuse Prevention Program has successfully solicited funding from State of Oregon Services to Children and Families to expand the Receiving Center model to include Respite Care as well as CHW outreach and home visiting services. As a result, families on the waiting list for the Receiving Center will be able to receive needed services linking the family to additional resources in the community, with the goal of preventing child abuse.

Health Department

Neighborhood Health Access

The Neighborhood Health Access model was developed in response to an identified need to expand and modify service delivery to community populations most at risk for health problems of public health significance.

Program services may include clinical and home visit services to pregnant women and families with young children including immunizations, reproductive health, pregnancy testing, STD screening, HIV counseling/testing, lead screening, WIC services, Breast and Cervical Cancer Program services and health triage and referral. It is the goal of this program to provide services for uninsured clients, treat them and refer them for screening into the Oregon Health Plan with the goal of securing them a medical home.

Neighborhood Health Access sites are currently located in Northeast Portland at Self-Enhancement Inc., in North Portland at the Roosevelt Neighborhood Health Access Clinic (part of the School Based Health Clinic), in Mid County at the Parkrose Neighborhood Health Access Clinic (part of the School Based Health Clinic), and in South East Portland at the Brentwood Darlington Access Clinic (part of the Lane Middle School Based Health Clinic).

With a decrease in funding and under utilization, the decision was reached to close the Neighborhood Health Access Clinics at SEI and Roosevelt. Services will continue at the Brentwood Darlington and Parkrose sites; these neighborhoods continue to meet the profile of the service criteria.

A Neighborhood Health Access Clinic will be opened in Rockwood. The clinic will be located in the heart of Rockwood, one of Gresham's lowest income neighborhoods. The need for improved health care services in this area has been well documented by demographic information developed by both the Health Department and the Portland State University Center for Population Research and Census.

Board Action:

The adopted budget restores the Parkrose Neighborhood Health Access Center, and fully funds the Rockwood Neighborhood Health Access Center for next year.

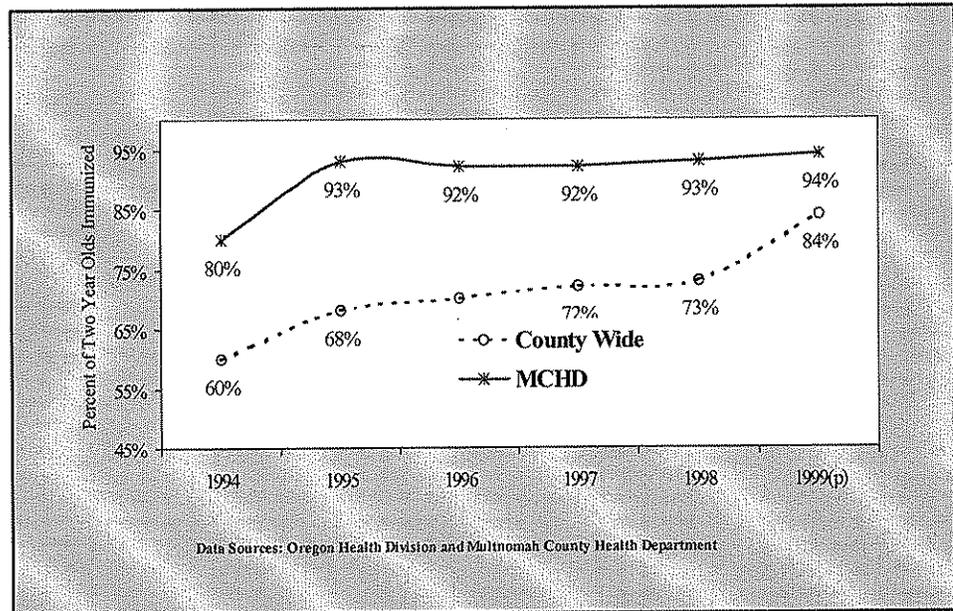
Health Department

Department Performance Trends

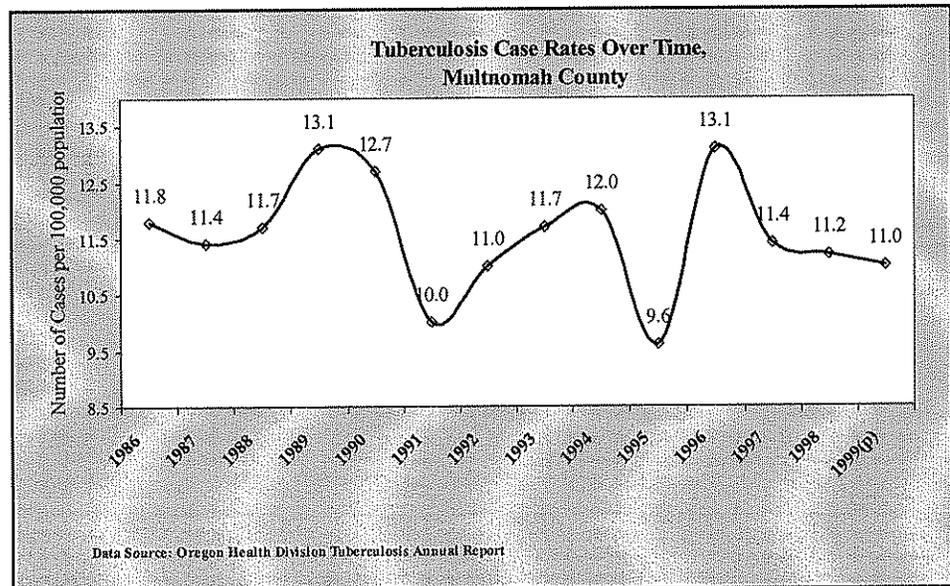
The Health Department's performance trends address the following key elements of the department's strategic plan:

- Improve key community health indicators as measured by specific risk factors, morbidity and mortality rates with special focus on racial and ethnic disparities in health status..
- Assure dignified access to needed health care.
- Improve the Health Department's infrastructure to achieve mission.

Immunized Two-Year-Olds, Health Department Clients and the County as a whole.

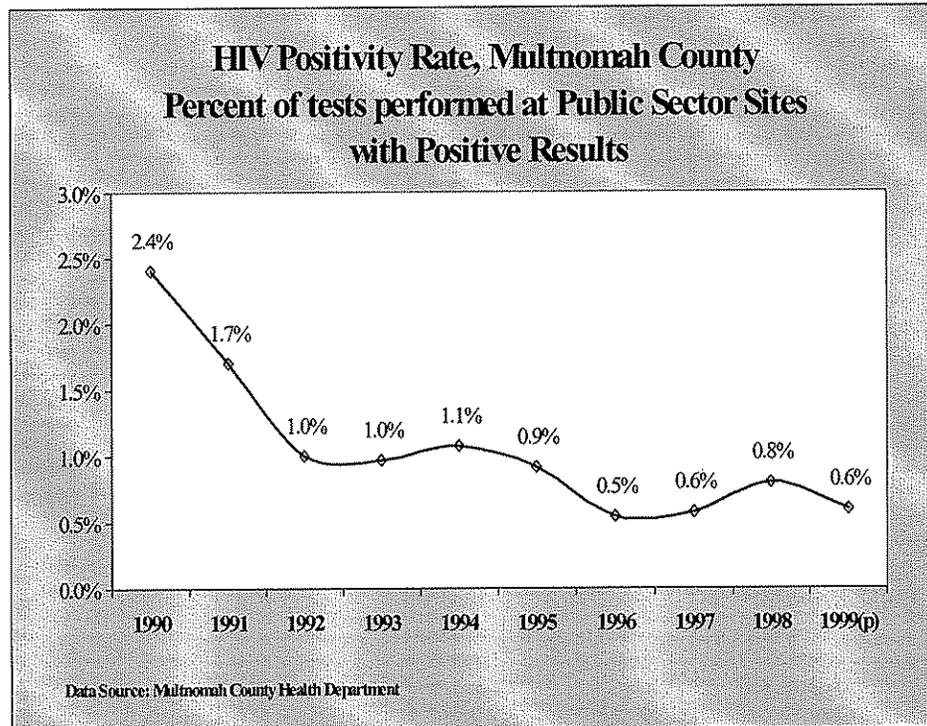


Tuberculosis Case Rates over time, per 100,000 population

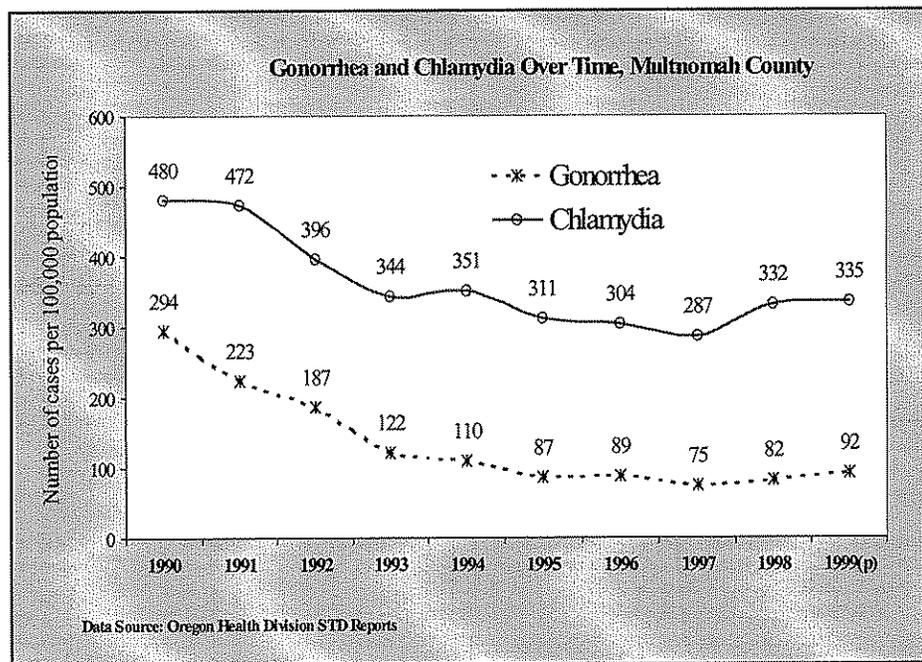


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HIV Positivity Rate

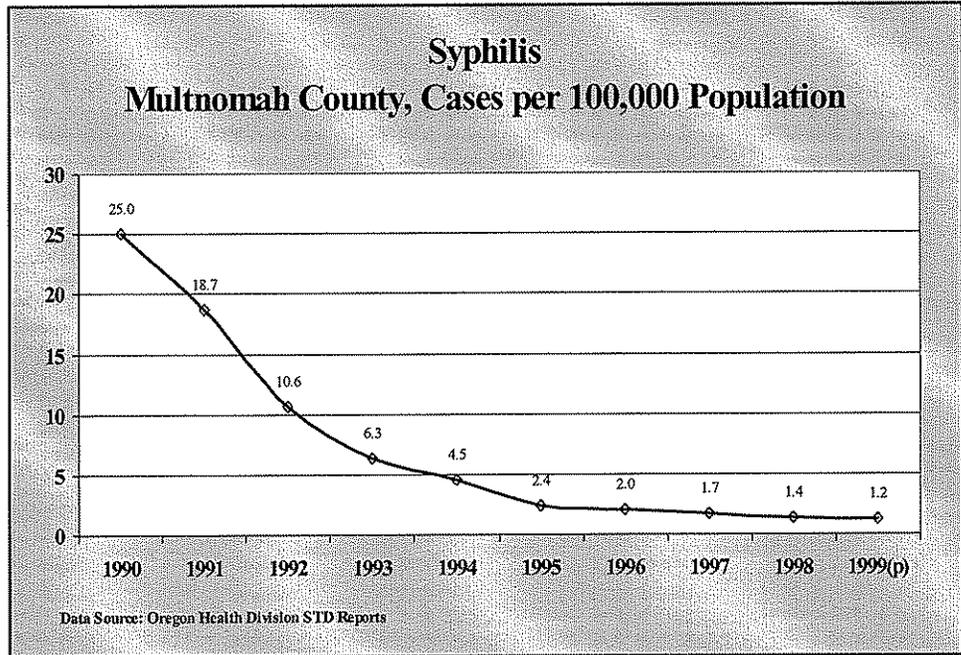


Gonorrhea and Chlamydia cases per 100,000 population

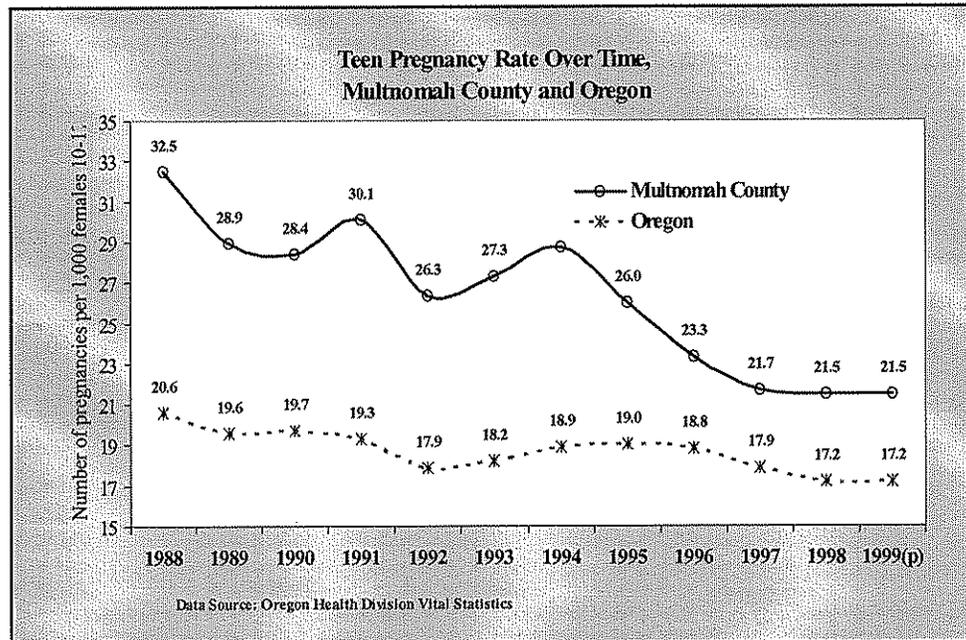


Health Department

Syphilis,
Multnomah
County, cases per
100,000
population

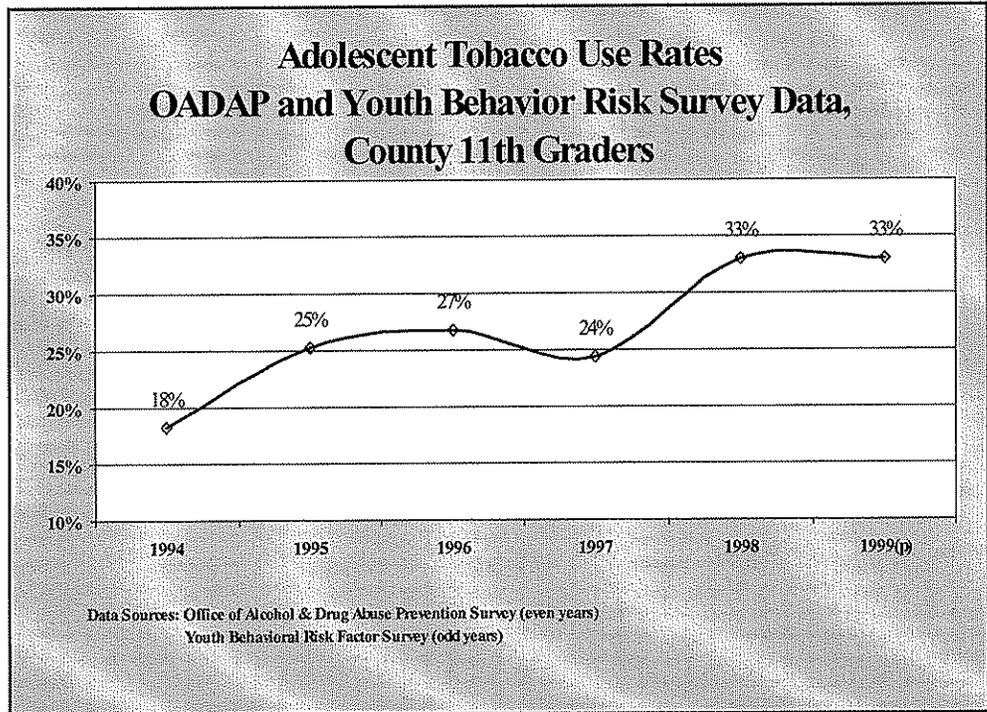


Teen Pregnancy
Rate over time,
Multnomah
County and
Oregon

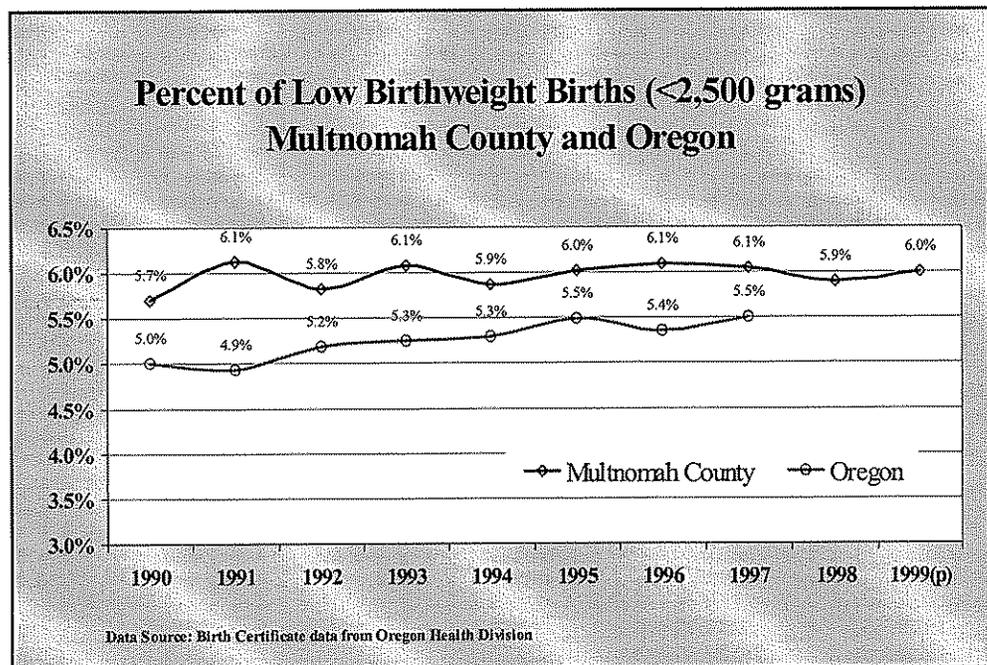


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Adolescent Tobacco Use Rates, County 11th Graders.

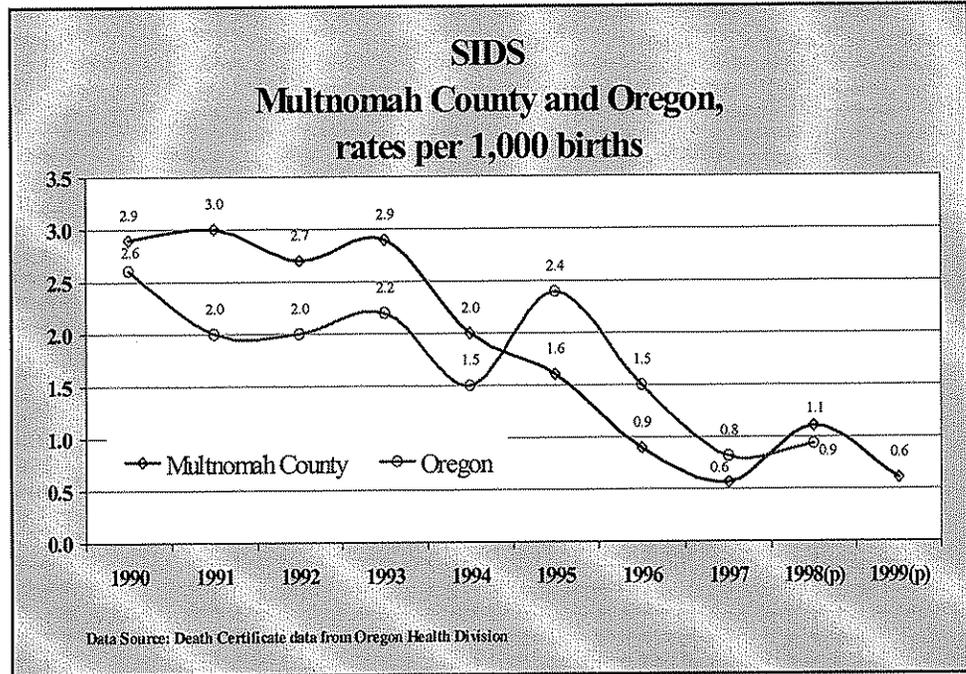


Percent of low birthweight births, Multnomah County and Oregon.

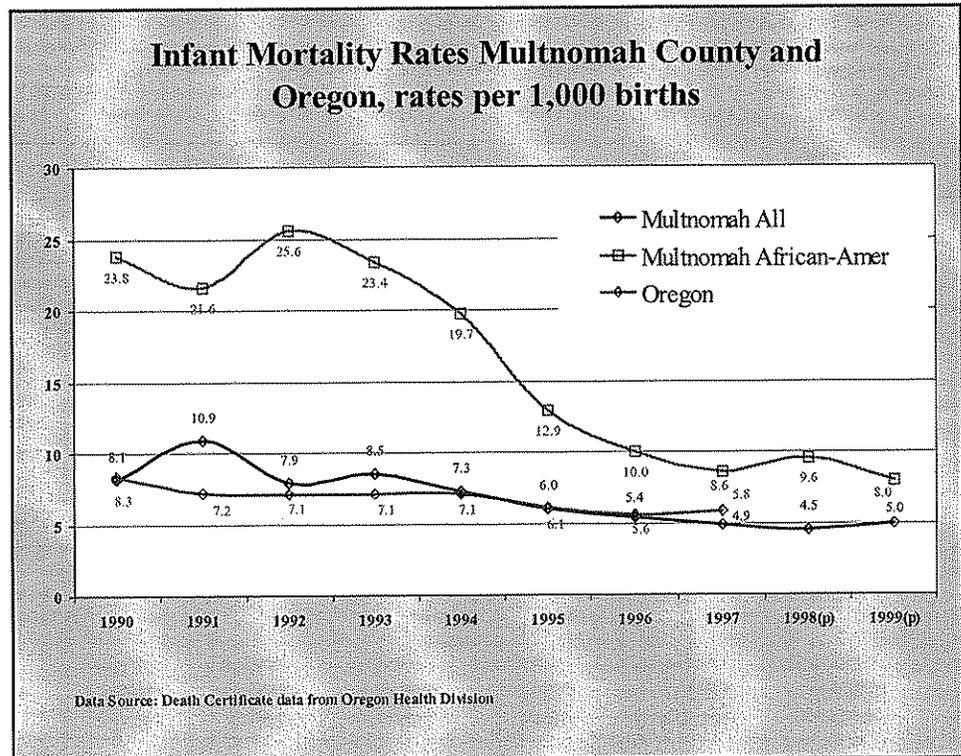


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Sudden Infant Death Syndrome, Multnomah County and Oregon. Rates per 1,000 births.

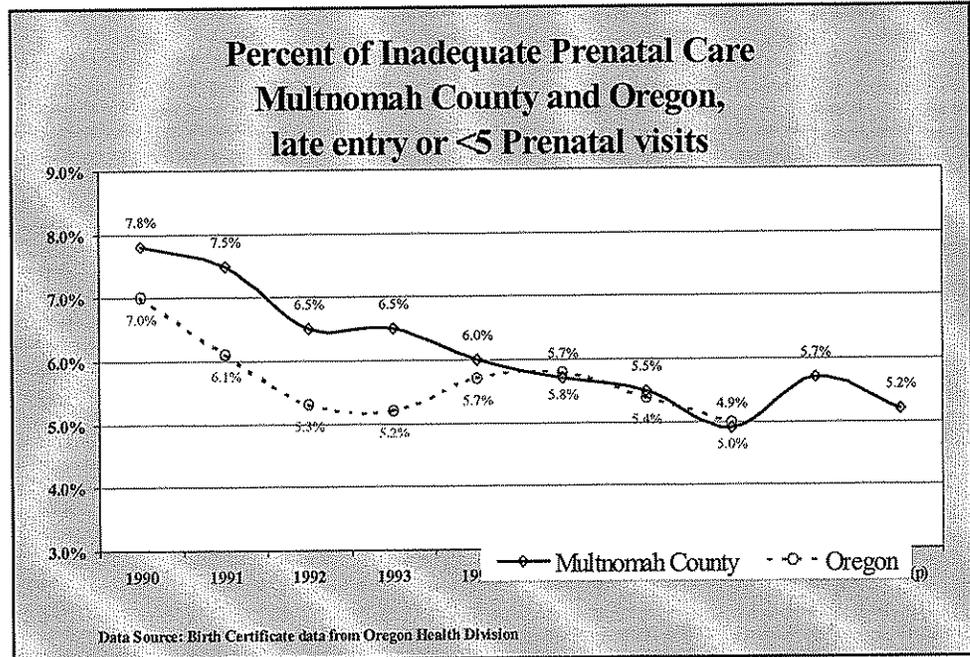


Infant Mortality Rates, Multnomah County and Oregon. Rates per 1,000 births.



Health Department

Percent of Inadequate Prenatal Care, Multnomah County and Oregon, late entry or more than five prenatal visits.



Health Department

How the Department Delivers its Services

The Department combined its quality and diversity efforts under the mentorship of the new Diversity & Quality Team. This group, along with the Department Administration Team, continues to focus on system wide quality improvement and integrating efforts into the department's strategic plan.

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

Development of a framework to measure and track the department's quality improvement efforts. This area was identified in the OQA self-assessment as well as in the organizational climate survey. Framework will include OQA self-assessment, organization climate survey and customer satisfaction feedback. (Strategic Plan Strategy 3.1.D)

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

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

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

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

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

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

Health Department

Budget for FY 2001

The Health Department's FY 2001 adopted budget is \$104,500,133.

<u>Budget Trends</u>	1998-99	1999-00	1999-00	2000-01	
	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	763.53	760.41	860.64	913.95	53.31
Personal Services	\$46,034,757	\$50,656,931	\$53,266,597	\$58,342,761	\$5,076,164
Contractual Services	\$10,770,180	\$10,872,013	\$11,249,660	\$20,938,562	\$9,688,902
Materials & Supplies	\$21,812,873	\$22,834,214	\$22,079,765	\$24,941,456	\$2,861,691
Capital Outlay	<u>\$29,528</u>	<u>\$643,725</u>	<u>\$438,665</u>	<u>\$277,354</u>	<u>(\$161,311)</u>
Total Costs	\$78,647,338	\$85,006,883	\$87,034,687	\$104,500,133	\$17,465,446

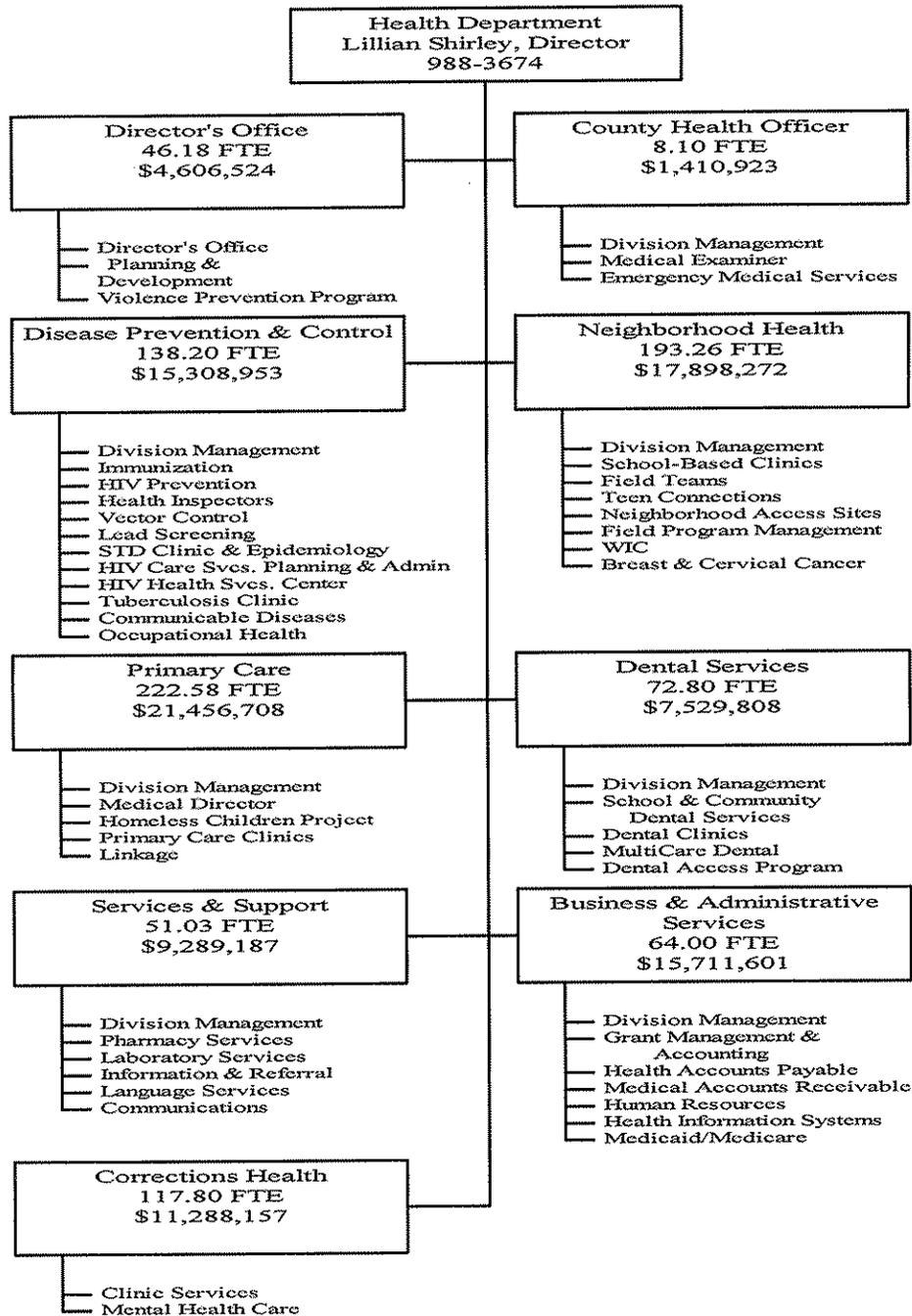
<u>Costs by Division</u>		1998-99	1999-2000	2000-2001	
	Actual	Estimate	Adopted Budget	Adopted Budget	Difference
Director's Office	\$3,561,673	\$3,359,069	\$3,718,776	\$4,606,524	\$887,748
Regulatory Health	\$1,155,736	\$1,341,259	\$1,320,430	\$1,410,923	\$90,493
Disease Control	\$10,657,239	\$13,925,294	\$14,336,723	\$15,308,953	\$972,230
Neighborhood Health	\$14,106,978	\$15,955,842	\$17,074,267	\$17,898,272	\$824,005
CareOregon	\$421,099	\$0	\$0	\$0	\$0
Primary Care	\$20,221,936	\$19,780,949	\$19,629,324	\$21,456,708	\$1,827,384
Dental Services	\$5,822,778	\$6,556,110	\$6,455,633	\$7,529,808	\$1,074,175
Support Services	\$8,607,874	\$8,464,739	\$8,241,293	\$9,289,187	\$1,047,894
Business & Admin	\$4,837,374	\$5,095,054	\$5,551,798	\$15,711,601	\$10,159,803
Corrections Health	<u>\$9,254,651</u>	<u>\$10,528,567</u>	<u>\$10,706,443</u>	<u>\$11,288,157</u>	<u>\$581,714</u>
Total Costs	\$78,647,338	\$85,006,883	\$87,034,687	\$104,500,133	\$17,465,446

<u>Staffing by Division</u>		1998-99	1999-2000	2000-2001	
	Actual	Estimate	Adopted Budget	Adopted Budget	Difference
Director's Office	29.26	34.41	37.79	46.18	8.39
Regulatory Health	8.05	6.80	7.30	8.10	0.80
Disease Control	117.80	115.74	127.14	138.20	11.06
Neighborhood Health	160.82	158.07	187.85	193.26	5.41
CareOregon	5.87	0.00	0.00	0.00	0.00
Primary Care	193.17	191.77	209.37	222.58	13.22
Dental Services	57.83	56.17	61.88	72.80	10.92
Support Services	42.11	43.20	48.71	51.03	2.32
Business & Admin	50.74	53.00	63.75	64.00	0.25
Corrections Health	<u>97.88</u>	<u>101.25</u>	<u>116.85</u>	<u>117.80</u>	<u>0.95</u>
Total Staffing FTE's	763.53	760.41	860.64	913.95	53.31

Health Department

Department Organization

The Health Department provides its services through nine divisions and 51 programs, as outlined below.



Office of the Director

The Director's Office supervises the division managers, the Office of Planning and Development, the Office of Organization Development, facilitates the administrative team's planning and policy making, and serves as a liaison to the Board to County Commissioners, Community Health Council, and other community agencies.

Organization Development provides consultation, coaching, facilitation and training to Health Department staff in the following areas:

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

Staff Development and Training works with all Divisions in the department to assess training needs and to design appropriate training materials using innovative delivery methods. The overall goal of all training is to help diverse staff to develop the skills required in a changing health care environment.

Communication works closely with the department director to design and implement a variety of communication vehicles to strengthen cross-functional relationships throughout the department, and kindle shared creativity.

Action Plans:

- Establish a Community Initiatives Unit to provide a central focus for health department work related to population based health status indicators by 12/00.
- Redesign the administrative and management structure of the Health Department to maximize employee participation, maximize revenue generation, increase efficiencies, and achieve the results-oriented strategic plan goals by 6/01.
- Complete the design and implement a capacity building center for community health workers (includes outreach workers, peer health educators, and promotores salud) by 6/01.
- Design and implement a department-wide communications strategy for coordinated external and internal public health communications by 12/00.

FY 2000: 9.90 FTE FY 2001: 16.30 FTE

Director's Office	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	29.26	34.41	37.79	46.18	8.39
Personal Services	\$2,155,370	\$2,385,787	\$2,559,150	\$3,129,735	\$570,585
Contractual Services	\$656,185	\$290,000	\$345,459	\$488,870	\$143,411
Materials & Supplies	\$750,118	\$683,283	\$814,167	\$987,919	\$173,752
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$3,561,673	\$3,359,069	\$3,718,776	\$4,606,524	\$887,748

Office of Planning & Development

The Office of Planning and Development provides a variety of services to Health Department management and staff. Services include:

- Grant development, grant writing, and assistance with grant implementation.
- Data analysis/management and technical assistance regarding data interpretation and presentation. This includes analysis and management of community health data and analysis of Health Department client data.
- Research and Evaluation, including evaluation of Health Department programs, survey design and analysis, and co-management of the Program Design and Evaluation Services Unit with Oregon Health Division.
- Management of Department-wide initiatives, including teen pregnancy prevention, tobacco prevention, maternal and child health, violence prevention, and a public health academy for Health Department management and staff.

Action Plans:

- Develop a Community Data Report on the health of Multnomah County residents and neighborhoods using the most recent data available; for distribution during FY 2001.
- Health Department will begin screening clients for partner violence in one selected geographic area on July 1, 2000. Based on an evaluation of screening procedures, a second geographic area will begin screening six to nine months later with the goal of full county-wide implementation within three years.

FY 2000: 27.88 FTE FY 2001: 29.88 FTE

Costs by Program	1998-99	1999-2000	2000-2001	Difference
	Actual	Adopted Budget	Adopted Budget	
Director's Office	\$931,600	\$1,096,832	\$1,699,132	\$602,300
Planning and Development	\$2,630,073	\$2,621,944	\$2,907,392	\$285,448
Total Costs	\$3,561,673	\$3,718,776	\$4,606,524	\$887,748

Health Department

Director's Office

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Add Deputy Director	Director's Office	1.00	\$122,311	
Add Health Services Manager	Director's Office	1.00	\$91,049	
Add Health Services Specialists	Director's Office	2.00	\$130,642	
Add Office Assistant 2	Director's Office	1.00	\$35,985	
Increase Professional Services for consultation on change management and technical systems	Director's Office		\$55,000	
Support for Friends of Public Health	Director's Office		\$50,000	
Increase Supplies, Education & Training, PC Flat Fee, Building Management, etc. to cover additional staff	Director's Office		\$42,000	
Increase vacant Health Services Administrator, reduce salary to entry level	Director's Office	0.10	(\$11,200)	
Increase Communications Coordinator	Director's Office	0.50	\$22,000	
Cut appropriation to Friends of Public Health	Director's Office		(\$50,000)	
Reduce Principle Investigator	P&D	(0.25)	(\$29,415)	
Reduce Data Analyst Senior	P&D	(0.20)	(\$7,500)	
Reduce Program Development Specialist	P&D	(0.20)	(\$11,500)	
Violence Prevention: Reduce community funding support (contractual services) to cover increased personnel costs	P&D		(\$4,500)	
Tobacco Prevention Grant: Increase Health Services Administrator	P&D	0.20	\$21,600	\$21,600
Tobacco Prevention Grant: Reclassify 1.0 Health Educator to 1.0 Health Information Specialist	P&D	0.00	(\$11,300)	(\$11,300)
Domestic Violence Grant: Reduce Prog. Dev. Specialist	P&D	(1.00)	(\$56,185)	(\$56,185)
HRSA grant for HIV medication adherence study including 0.25 FTE Principal Investigator, 2.00 Data Analyst Senior, and 1.00 Office Assistant Senior	P&D	3.25	\$275,000	\$275,000
State grant for sexually transmitted disease study including 0.20 FTE Budget Analyst Principal and 0.10 Data Analyst Senior	P&D	0.30	\$25,433	\$25,433
Contract with University of Baltimore Maryland County for lead hazard study including 0.175 FTE Principal Investigator	P&D	0.17	\$21,940	\$21,940
Add funds for Hepatitis C response planning	P&D	0.25	\$14,684	

Key Result Measures	Program	FY 97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimate	FY 01 Estimate
% of merchants within a half-mile radius of a County high school that have received retailer education regarding tobacco sales to minors	Planning and Development	NA	NA	0%	80%	80%
% of County school districts that have implemented and are enforcing effective policies of no tobacco use on school grounds and at school-sponsored events	Planning and Development	NA	NA	100%	100%	100%
Number of Peace Action Zones created in Multnomah County through multi-agency collaboration	Planning and Development	3	5	10	18	25

Office of the County Health Officer

The mission of the Office of the County Health Officer is to protect and enhance public health by enforcing public health laws and regulations, regulating certain businesses, helping to analyze a wide range of community health problems, and providing leadership to address critical public health issues. The Office also provides consultation and support on community health issues to community groups, government agencies, and individual residents. 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.

The Office deals with health problems that are best addressed through "population based services," i.e., activities aimed primarily at communities rather than individuals.

In January 2000, the Health Department was awarded a \$150,000 one-year *Communities in Charge* grant from the Robert Wood Johnson Foundation. The purpose of *Communities in Charge* is to increase access to health care for low-income uninsured residents. The local project will identify the scope of the access problem, and through links with providers and community stakeholders, identify options to improve access and develop a preferred option with a related framework for sustainable financing.

Communities in Charge is divided into two phases. Phase I is a one-year analysis and planning process. During Phase II, up to 15 Phase I communities will receive three-year, \$700,000 matching grants for further development and implementation. Phase II applications are due in mid-October.

Action Plans:

- Continue strategic planning for the County’s EMS system in order to identify changes that would orient the system around achieving defined health outcomes.
- Complete Phase I of the *Communities in Charge* health access planning process, and seek Phase II grant funding for implementation of agreed-upon program elements.

Regulatory Health Budget Trends	1998-99	1999-2000	1999-2000	2000-2001	Difference
	Actual	Current Estimate	Adopted Budget	Adopted Budget	
Staffing FTE	8.05	6.80	7.30	8.10	0.80
Personal Services	\$748,191	\$763,035	\$667,570	\$844,904	\$177,334
Contractual Services	\$320,100	\$465,000	\$509,995	\$453,509	(\$56,486)
Materials & Supplies	\$87,445	\$113,224	\$142,865	\$112,510	(\$30,355)
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$1,155,736	\$1,341,259	\$1,320,430	\$1,410,923	\$90,493

Division Management

Division Management ensures that the Division's programs achieve maximum effectiveness and efficiency, and promotes the Department's and community's use of structured, creative, and scientifically appropriate approaches to analyzing and addressing community health problems. The division is responsible for supervision and support of its programs; technical support to various parties ensuring that public health laws are appropriately enforced; and providing leadership to address community health problems. Oversees management of the Office's programs and staff, enforces public health laws, and provides public health consultation.

FY 2000: 3.30 FTE FY 2001: 3.40 FTE

Emergency Medical Services

The Emergency Medical Services (EMS) Program assures access to high quality, timely, cost-effective emergency pre-hospital medical care and ambulance service. The program prepares a state-required ambulance service plan, promulgates rules and protocols that direct the system, monitors performance, and develops and monitors agreements which define conditions of participation for all system participants, including an exclusive ambulance service contractor. The program addresses the need for an effective and efficient response to the county's 48,000 requests for emergency medical response each year. This problem is slowly increasing with the growth and aging of the county's population.

FY 2000: 4.00 FTE FY 2001: 4.70 FTE

<u>Costs by Program</u>	1998-99	1999-2000	2000-2001	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$366,260	\$435,832	\$546,855	\$111,023
Emergency Medical Service	\$789,476	\$884,598	\$864,068	(\$20,530)
Total Costs	\$1,155,736	\$1,320,430	\$1,410,923	\$90,493

<u>Significant Budget Changes</u>	<u>Program</u>	<u>FTE Changes</u>	<u>Expenditure Changes</u>	<u>Revenue Changes</u>
Change EMS Director to County employee rather than contract employee	<i>Division Management</i>	0.70		
Adds one-time-only General Fund carryover to match Robert Wood Johnson Foundation grant.	<i>Division Management</i>		\$12,500	
Delete 0.50 Office Assistant	<i>Emergency Medical Services</i>	(0.50)		

<u>Key Result Measures</u>	<u>Program</u>	<u>FY 97 Actual</u>	<u>FY 98 Actual</u>	<u>FY 99 Actual</u>	<u>FY 00 Estimate</u>	<u>FY 01 Estimate</u>
Percent of Emergency Response Calls Served Within 8 Minutes	<i>Emergency Medical Services</i>	91.5%	92%	91.1%	90%	90%
20 minute rural response time percentage	<i>Emergency Medical Services</i>	NA	91.4%	90.2%	90%	90%

Business Services

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

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

- Providing Departmental budget management and cost accounting services for programs and grants;
- Billing third party payers for medical, dental, and other health services;
- Paying charges resulting from referrals to specialty medical, dental, and ancillary providers;
- Providing for the efficient execution of contracts;
- Managing employee selection, payroll, and personnel services;
- Developing and maintaining computer applications providing needed management information;
- Screening clinical users and other clients for eligibility for the Oregon Health Plan.

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

Action Plans:

- Negotiate and implement a revised Medicaid reimbursement system on behalf of the state's safety net clinical system, leading to the improved financial stability of the delivery system.
- Complete the purchase and installation of a medical practice management system. Conduct a feasibility study and implementation plan, if indicated, to extend this system to a statewide application.
- Prepare the Division to achieve a successful integration of the MERLIN project into operations. Assure that Departmental business systems utilize MERLIN to the best advantage.
- Continue to expand Medicaid enrollment through outreach and service site eligibility advocacy and screening to battle current trends of worsening access to health insurance, particularly among children.

Business & Admin Services	1999-2000		1999-2000	2000-2001	Difference
	1998-99	Current	Adopted	Adopted	
Budget Trends	Actual	Estimate	Budget	Budget	
Staffing FTE	50.74	53.00	63.75	64.00	0.25
Personal Services	\$2,732,677	\$2,954,438	\$3,535,794	\$3,779,633	\$243,839
Contractual Services	\$422,185	\$327,400	\$297,400	\$9,807,725	\$9,510,325
Materials & Supplies	\$1,660,933	\$1,780,716	\$1,686,104	\$2,114,563	\$428,459
Capital Outlay	\$21,579	\$32,500	\$32,500	\$9,680	(\$22,820)
Total Costs	\$4,837,374	\$5,095,054	\$5,551,798	\$15,711,601	\$10,159,803

Division Management

The unit manages day to day operations and the development of operational improvements to the business functions that support the operational divisions of the Health Department. The Division represents the Department's business interests to community partners, grantors, third party payers, clients, and other County agencies, and it provides leadership at the County level in improving administrative systems. The Division also assumes a leadership role within the State in working toward improved financial support and infrastructure for safety net clinics and for public health agencies.

FY 2000: 4.00 FTE FY 2001: 3.00 FTE

Grants Management and Accounting

Grants Management and Accounting is responsible for monitoring Federal and State grants, maximizing revenues collected, and providing for continual improvement in accounting systems in the Health Department. This unit tracks and matches grant revenues and expenditures, develops and prepares required reports to grantors, produces reports for managers, and develops accounting controls. This unit is responsible for collecting over \$16 million annually from 50 different Federal and State grantors.

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

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

FY 2000: 4.00 FTE FY 2001: 4.00 FTE

Health Accounts Payable

The Accounts Payable unit is responsible for the processing and payment of claims for services provided by external medical specialists, on a referral basis, to County clients. This includes receiving, researching, authorizing payments, and processing Health Source claims. This unit is also responsible for reconciling the Health Department's fiscal management information system to the County's LGFS accounting system, paying non-medical contracts, providing cash control, managing petty cash accounts and processing Health Department staff travel and training requests.

FY 2000: 6.50 FTE FY 2001: 6.50 FTE

Medical Accounts Receivable

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

FY 2000: 8.00 FTE FY 2001: 9.00 FTE

Human Resources

The Human Resources Section is responsible for recruiting, examination, and position control functions for the Health Department. The unit assists managers in dealing with labor relations and other general employee relations issues; represents the Department at the County level on personnel, collective bargaining, and EEO/AA issues; logs and corrects payroll expenditures; analyzes vacant positions for proper classification, language, and FTE requirements; coordinates payroll with Department timekeepers, sends transfer notices, and assists with inter divisional placements of employees, including coverage for leaves of absences and permanent positions.

FY 2000: 7.50 FTE FY 2001: 7.50 FTE

Health Information Systems

Data Systems maintains, enhances, and operates the mainframe-based Health Information System, and supports the 700 terminals, printers, and personal computers in use by the department. The section provides installation and support to personal computer networks. The section provides programmer analyst services in support of medical practice management, in addition to training department staff, coordinating access to external data systems and networks, maintaining user documentation, and providing data extracted to fill ad hoc data requests in support of sound program design and evaluation.

FY 2000: 18.25 FTE FY 2001: 18.50 FTE

Medicaid/Medicare Eligibility

The Medicaid Eligibility Unit assumes responsibility for decreasing the uninsured population in Oregon. It strengthens access to health insurance benefits for clients through outreach, education and screening for the Oregon Health Plan, Medicaid, Medicare and other insurance options. Eligibility Specialists target the Multnomah County uninsured population and advocates for access to medical and social services provided by Adult & Family Services, OMAP and other health insurance entities. To enhance medical insurance enrollment, the Medicaid Unit continues its efforts to reduce social barriers when applying for medical benefits and increase universal access to health care services.

FY 2000: 15.50 FTE FY 2001: 15.50 FTE

Costs by Program	1998-99	1999-2000	2000-2001	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$540,858	\$565,299	\$9,574,957	\$9,009,658
Grants Management & Accounting	\$249,868	\$254,241	\$290,329	\$36,088
Health Accounts Payable	\$278,701	\$365,652	\$401,145	\$35,493
Medical Accounts Receivable	\$303,412	\$666,584	\$549,207	(\$117,377)
Human Resources	\$400,585	\$517,089	\$521,527	\$4,438
Health Information Systems	\$2,281,998	\$2,249,638	\$3,395,274	\$1,145,636
Medicaid/Medicare Eligibility	<u>\$781,952</u>	<u>\$933,295</u>	<u>\$979,162</u>	<u>\$45,867</u>
Total Costs	\$4,837,374	\$5,551,798	\$15,711,601	\$10,159,803

Health Department

Business Services

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Move 0.50 Health Services Specialist to Director	<i>Division Management</i>	(0.50)	(\$21,700)	
Delete 0.50 OA	<i>Division Management</i>	(0.50)	(\$21,700)	
Add Medicaid full cost FQHC differential for billing periods between January 1997 and June 1999.	<i>Division Management</i>		\$9,113,845	\$9,113,845
Add Fiscal Specialist 2/ Medicaid Accountant	<i>Accounts Receivable</i>	1.00	\$51,300	
Reduction in Professional Services Client billings to be handled with staff	<i>Accounts Receivable</i>		(\$80,000)	
Add one-time support for central data processing charges.	<i>Health Information systems</i>		\$934,378	
Add one-time support for Ambulatory Care Management Information System	<i>Health Information Systems</i>		\$450,000	
Add one-time support for MERLIN training	<i>Health Information Systems</i>		\$41,000	

Key Result Measures	Program	FY 97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimate	FY 01 Estimate
% of respondents rating the Business Services Division services as highly competent	<i>Division Management</i>	NA	NA	NA	NA	75%
% of grant award amounts collected by the close of the grant period	<i>Grants Management</i>	94%	92.4%	95.2%	96%	96%
Number of findings and questioned costs in Single Audit Process	<i>Grants Management</i>	NA	3/\$0	1/\$0	1/\$0	0/\$0
Days in Accounts Receivable	<i>Accounts Receivable</i>	NA	NA	NA	NA	75
Payment as a percentage of adjusted charges	<i>Accounts Receivable</i>	NA	NA	NA	NA	80%
% of Vacancies Posted Within 1 Week of Notification by Hiring Authority	<i>Human Resources</i>	97%	99%	95%	97%	98%
% of internal customers describing the quality of their applicant pools as better than the previous year	<i>Human Resources</i>	NA	NA	NA	55%	80%
Ad Hoc Data Requests Fulfilled	<i>Data Systems</i>	280	379		500	250
% of supported hours that LAN servers are up and available to users	<i>Data Systems</i>	NA	NA	NA	NA	98%
Multnomah County's market share of total Oregon Health Plan enrollment	<i>Medicaid/Medicare Eligibility</i>	NA	NA	NA	NA	20%

CareOregon

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

It is no longer budgeted. Information shown is historical.

CareOregon	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	5.87	0.00	0.00	0.00	0.00
Personal Services	\$419,083	\$0	\$0	\$0	\$0
Contractual Services	\$0	\$0	\$0	\$0	\$0
Materials & Supplies	\$2,016	\$0	\$0	\$0	\$0
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$421,099	\$0	\$0	\$0	\$0

**Corrections
Health
Division**

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

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

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

Corrections Health	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	1998-99	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	97.88	101.25	116.85	117.80	0.95
Personal Services	\$6,507,960	\$7,565,595	\$8,012,061	\$8,385,814	\$373,753
Contractual Services	\$847,293	\$859,000	\$807,576	\$872,998	\$65,422
Materials & Supplies	\$1,899,398	\$1,999,307	\$1,782,141	\$2,005,345	\$223,204
Capital Outlay	\$0	<u>\$104,665</u>	<u>\$104,665</u>	<u>\$24,000</u>	<u>(\$80,665)</u>
Total Costs	\$9,254,651	\$10,528,567	\$10,706,443	\$11,288,157	\$581,714

Clinic Services

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

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

FY 2000: 103.45 FTE FY 2000: 103.60 FTE

Mental Health Services

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

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

FY 1999: 13.40 FTE FY 2000: 14.20 FTE

Costs by Program	1998-99 Actual	1999-2000 Adopted Budget	2000-2001 Adopted Budget	Difference
Clinic Services	\$8,527,437	\$9,671,080	\$10,169,932	\$498,852
Mental Health Services	\$727,214	\$1,035,363	\$1,118,225	\$82,862
Total Costs	\$9,254,651	\$10,706,443	\$11,288,157	\$581,714

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Add 1.00 FTE Administrative Analyst	<i>Clinical Services</i>	1.00	\$60,300	
Add 0.70 Pharmacist	<i>Clinical Services</i>	0.70	\$68,100	
Delete 1.35 CHN	<i>Clinical Services</i>	(1.35)	(\$82,350)	
Delete 2.00 FTE Health Assistant	<i>Clinical Services</i>	(2.00)	(\$66,400)	
Add 1.00 FTE OA	<i>Clinical Services</i>	1.00	\$32,100	
Reduce professional services line item; delete 1.0 FTE Nurse Practitioner; add 0.5 FTE Physician and 1.0 FTE Office Assistant. Net result is 0.5 increased FTE.	<i>Clinical Services</i>	0.5		
Delete 0.30 Pharmacist	<i>Mental Health</i>	(0.30)	(\$29,100)	
Delete 0.50 Health Services Administrator	<i>Mental Health</i>	(0.50)	(\$40,450)	

Key Result Measures	Program	FY 97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimate	FY 01 Estimate
Percent of Pregnant Females Receiving Prenatal Care While Incarcerated	<i>Clinic Services</i>	92%	89%	85%	50%	60%
Percent of incarcerated clients who receive psychiatric intervention	<i>Mental Health Services</i>	65%	56.2%	24%	10%	15%

Dental Services

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

The Mission of the Dental Services Division is to improve the oral health of Multnomah County residents.

The Division addresses the following needs:

- 1) Oregon pre-school and school age children have tooth decay rates that are higher than the national average. The data also indicate that minority children have much higher decay rates than the average child;
- 2) The Division’s Dental Managed Care Organization (DCO), MultiCare, has responsibility for over 17,000 members who are insured under the Oregon Health Plan and have significant back log of dental needs.
- 3) An estimated 250,000 County residents without dental insurance, and therefore have limited access to dental care.

Action Plans:

- Expand the Early Childhood Cavities prevention program currently operating within the Dental Clinics to include a pilot program involving Health Department primary care clients by October 2000.
- Conduct a countywide oral health needs assessment targeting Head Start children, 6-8 year olds, and 10-12 year olds. The needs assessment will focus on disease rates and access to preventive services. Data will be used to compare with rates from assessments in 1995 and will include evaluation of health disparities.
- Fully implement a dental van project in the Rockwood area by June 2001. This collaboration with Northwest Medical Teams and area elementary schools provides on-site urgent preventive, and restorative treatment for low-income, uninsured children.
- Evaluate the client education plan for MultiCare Dental DCO enrollees by June 2001. The education plan will improve customer satisfaction, increase access to dental services and provide valuable prevention information to clients.

Dental Services	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	57.83	56.17	61.88	72.80	10.92
Personal Services	\$3,225,059	\$3,556,744	\$3,644,037	\$4,499,537	\$855,500
Contractual Services	\$1,177,890	\$1,400,000	\$1,330,357	\$1,304,398	(\$25,959)
Materials & Supplies	\$1,419,829	\$1,594,366	\$1,476,239	\$1,652,564	\$176,325
Capital Outlay	\$0	\$5,000	\$5,000	\$73,309	\$68,309
Total Costs	\$5,822,778	\$6,556,110	\$6,455,633	\$7,529,808	\$1,074,175

Division Management

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

FY 2000: 1.50 FTE FY 2001: 1.50 FTE

School and Community Dental Service

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

FY 2000: 7.18 FTE FY 2001: 9.20 FTE

Dental Clinics

The Dental Clinics reduce the level of untreated dental disease to low-income under-served Multnomah County residents. The Dental Clinics participate with other community resources in providing access to routine and limited urgent dental care services (including diagnosis, preventive and restorative services) for children and adults enrolled in MultiCare DCO, and uninsured clients. Dental Clinic services help address the problem of lack of access to dental care for low-income and uninsured (including Medicaid) County residents (an estimated 250,000 County residents have no dental insurance, and therefore limited access to care).

FY 2000: 48.40 FTE FY 2001: 50.10 FTE

MultiCare Dental

MultiCare Managed Dental Care Organization (DCO) is responsible for access and delivery of dental services to plan-enrolled clients under the Oregon Health Plan. The DCO has over 17,000 enrollees, which represent approximately 20% of those eligible in Multnomah County.

MultiCare Dental is responsible for marketing, member relations, quality assurance and coordination of benefits activities for the DCO.

FY 2000: 3.80 FTE FY 2001: 11.00 FTE

Dental Access Program

The Dental Access Program is a model project designed to serve as a clearinghouse for Multnomah County dental access problems for uninsured low-income individuals. The Program is designed to address the problem of lack of adequate access to dental care for an estimated 250,000 low-income uninsured County residents by matching community resources, including public sector dental programs and private sector volunteer dentists, with patients in urgent need of dental services. The number of dentally uninsured or underinsured in Multnomah County remains a significant barrier to dental care despite the expansion of the Oregon Health Plan.

FY 2000: 1.00 FTE FY 2001: 1.00 FTE

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Add 0.50 Hygienist, 0.50 Assistant/Recep, 0.20 Dentist	<i>School & Community</i>	0.50	\$17,800	
Add 0.50 Assistant/ Receptionist	<i>School & Community</i>	0.50	\$31,800	
Add 0.20 Dentist	<i>School & Community</i>	0.20	\$21,200	
Add 1.0 FTE Health Information Specialist	<i>School & Community</i>	1.00	\$50,487	\$50,487
Add 1.00 FTE Dentist	<i>Dental Clinics</i>	1.00	\$90,800	
Add 0.70 FTE Hygienist	<i>Dental Clinics</i>	0.70	\$48,500	
Add 1.50 FTE Program Development Specialist	<i>MultiCare Dental</i>	1.50	\$78,225	
Add 1.0 FTE Dentist, 4.0 FTE dental assistants, 0.5 FTE dental Hygienist and increased supplies. Budget increase based on increased enrollments in MultiCare Dental	<i>MultiCare Dental</i>	4.50	\$317,810	\$317,810

Key Result Measures	Program	FY 97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimate	FY 01 Estimate
Number of dental clinic visits annually	<i>Dental Clinics</i>	NA	28,745	28,441	27,500	28,000
MultiCare Dental DCO monthly enrollment average	<i>Multicare Dental</i>	NA	13,500	14,480	15,042	15,000
Number of visits to volunteer dentists arranged by Dental Access Program	<i>Dental Access Program</i>	NA	NA	100	480	750

Costs by Program	1998-99	1999-2000	2000-2001	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$522,526	\$603,333	\$600,489	(\$2,844)
School & Community Dental Service	\$506,528	\$547,967	\$711,384	\$163,417
Dental Clinics	\$3,749,543	\$4,169,672	\$4,622,396	\$452,724
MultiCare Dental	\$996,314	\$1,085,805	\$1,536,747	\$450,942
Dental Access Program	\$47,867	\$48,856	\$58,792	\$9,936
Total Costs	\$5,822,778	\$6,455,633	\$7,529,808	\$1,074,175

Disease Prevention and Control

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

Action Plans:

- By June 2001, implement consistent use of a client-centered prevention counseling model across selected clinical and outreach services with a primary focus on HIV, Hepatitis C and Sexually Transmitted Diseases (STD).
- By June 2001, assure on public health principles is completed for 80% of Division line staff.

Disease Control	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	117.80	115.74	127.14	138.20	11.06
Personal Services	\$6,463,346	\$7,353,046	\$7,744,934	\$8,540,312	\$795,378
Contractual Services	\$1,196,207	\$3,648,010	\$3,693,389	\$3,804,485	\$111,096
Materials & Supplies	\$2,997,686	\$2,879,638	\$2,853,800	\$2,959,156	\$105,356
Capital Outlay	\$0	\$44,600	\$44,600	\$5,000	(\$39,600)
Total Costs	\$10,657,239	\$13,925,294	\$14,336,723	\$15,308,953	\$972,230

Division Management

Division Management is responsible for defining the mission, establishing policies, and assuring the Division produces intended outcomes. The Division Director works with community representatives, community-based organizations, federal agencies, Oregon Health Division, the Conference of Local Health Officials (CLHO) and local governmental agencies on disease prevention and control issues.

FY 2000: 2.75 FTE FY 2001: 4.50 FTE

Immunization

The Community Immunization Unit promotes childhood, adolescent, and adult immunizations throughout Multnomah County. The unit makes it possible for non-profit health organizations to provide free vaccines to their clients and coordinates several free immunization clinics each month at sites including schools, churches, health fairs, and stores. In addition the unit conducts the process for implementation of the school immunization requirements for public and private schools, daycare facilities, preschools and Headstart programs.

FY 2000: 2.00 FTE FY 2001: 2.00 FTE

HIV Prevention

The mission of this program is to prevent the further spread of HIV Infection among the most at-risk members of our community. This is done through direct services, and by collaborating and contracting with others providing HIV prevention. Activities include: street outreach services, distribution of prevention materials, HIV counseling and testing, needle exchange, group presentations, and convening and staffing of the county Community HIV Prevention Planning Team. In addition, the program works to prevent the further spread of Hepatitis C among the same populations by integrating Hepatitis C information and testing into HIV prevention activities.

FY 2000: 11.31 FTE FY 2001: 13.10 FTE

Health Inspections

The Health Inspections program is designed to provide education, assure safe food, control disease that can be acquired from food and water, improve safety in the workplace, reduce unintentional injuries and support other public health activities by incorporating prevention activities into the inspection process. The Environmental Health unit analyzes local environmental health issues from a public health perspective, regulates specified businesses and accommodations and enforces state and local environmental health laws and rules.

FY 2000: 22.90 FTE FY 2001: 24.60 FTE

Vector Control

The purpose of Vector Control is to protect health and enhance livability through control of rat and mosquito populations, and serve as a resource for addressing public health vector problems that may arise. Program sections are Rodent Control, Mosquito Control, and Nuisance Control, which enforces some specific County and City of Portland codes.

FY 2000: 6.85 FTE FY 2001: 6.25 FTE

Lead Poisoning Prevention Program

The Lead Poisoning Prevention Program both prevents and reduces lead hazards for pregnant women and children 6 and younger. The Program provides an array of services focused on identification and remediation of lead hazards in individual homes; education and outreach to at risk and vulnerable populations to inform about lead hazards, raise awareness of resources available to help, and empower families to take an active role in both addressing and preventing lead exposure. Access to blood lead level screening/testing, elevated blood lead level investigation and follow-up, and advocacy are provided free of charge or at low cost depending upon family income. The Portland Water Bureau and the City's Bureau of Housing and Community Development fund the Program. Program staff work closely with these City Bureaus, Portland Development Commission, and community-based organizations and providers to plan and implement services.

FY 2000: 8.00 FTE FY 2001: 10.75 FTE

STD Clinic & Epidemiology

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

FY 2000: 17.30 FTE FY 2001: 21.50 FTE

HIV Care Services Planning and Administration

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

FY 2000: 5.53 FTE FY 2001: 5.60 FTE

HIV Health Services Center

The HIV Health Services Center provides outpatient HIV/Primary Care services to HIV-positive individuals through a multidisciplinary approach, including medical, pharmacological, nutritional, and social/case management services. The Center also provides training in HIV medical management to health care providers and participates in research/studies related to HIV care and services. This program complies with Oregon State Statutes, which assure confidentiality to persons with an HIV/AIDS diagnosis. In addition, the program must be responsive to the assurances mandated by the Federal agency providing a significant share of the program's funding.

FY 2000: 19.65 FTE FY 2001: 19.55 FTE

Tuberculosis Clinic

The TB Prevention and Treatment Center prevents the transmission of tuberculosis in Multnomah County. It is responsible for the investigation and control measures for tuberculosis within the County. The program's activities include screening, evaluating, treatment, interviewing high risk populations including case contacts to control the spread of TB, case management to assure that clients receive appropriate therapy, providing medication to treat latent TB infection, and educating the public on tuberculosis.

FY 2000: 19.50 FTE FY 2001: 19.50 FTE

Disease Control

The Disease Control program protects the public from communicable diseases and decreases the levels of communicable disease in Multnomah County. The program is responsible for investigation and control measures for all reportable communicable diseases (except TB and STD). The program investigates, recommends control measures and counsels individuals diagnosed with these diseases. Primary activities include surveillance and gathering statistical data. Screening, diagnosis, and referral are available for clients in high risk occupations who have no other source of medical care.

FY 2000: 9.24 FTE FY 2001: 8.45 FTE

Occupational Health

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

FY 2000: 2.11 FTE FY 2001: 2.40 FTE

Costs by Program	1998-99	1999-2000	2000-2001	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$255,350	\$401,781	\$521,109	\$119,328
Immunization	\$846,673	\$294,148	\$188,081	(\$106,067)
HIV Prevention	\$1,327,099	\$1,286,698	\$1,519,497	\$232,799
Health Inspections	\$1,490,816	\$1,634,157	\$1,803,843	\$169,686
Vector Control	\$421,456	\$494,026	\$459,015	(\$35,011)
Home Lead Hazard Reduction	\$578,219	\$915,965	\$1,246,258	\$330,293
STD Clinic & Epidemiology	\$1,315,125	\$1,436,566	\$1,738,543	\$301,977
HIV Care Services Planning & Admin	\$0	\$2,927,648	\$2,976,438	\$48,790
HIV Health Services Center	\$2,020,518	\$2,207,609	\$2,165,618	(\$41,991)
Tuberculosis Clinic	\$1,445,106	\$1,677,015	\$1,666,361	(\$10,654)
Disease Control	\$724,285	\$800,411	\$739,498	(\$60,913)
Occupational Health	<u>232,591</u>	<u>260,699</u>	<u>284,692</u>	<u>23,993</u>
Total Costs	\$10,657,239	\$14,336,723	\$15,308,953	\$972,230

Health Department

Disease Prevention and Control

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
1.6 FTE Lead Eval show in Lead Programs	<i>Division Management</i>	(1.60)		
Health Services Administrator	<i>Division Management</i>	1.00	\$75,271	
Elimination of Adolescent health Center	<i>Community Immunizations</i>	0.00	(\$71,123)	(\$71,123)
Elimination of Adolescent Donations	<i>Community Immunizations</i>	0.00	(\$24,000)	(\$24,000)
Negotiated lower lab rates with vendor	<i>HIV Treatment Clinic</i>		(\$50,000)	
Community Health Nurse	<i>HIV Treatment Clinic</i>	(0.10)	(\$8,646)	
Pharmacist	<i>HIV Treatment Clinic</i>	(0.20)	(\$16,020)	
Decreased revenue – Title II	<i>HIV Treatment Clinic</i>			(\$100,000)
Decreased revenue – SWP	<i>HIV Treatment Clinic</i>			(\$42,500)
Increased revenue Title I	<i>HIV Treatment Clinic</i>			\$65,000
New revenue – Wm. Earhart, Inc.	<i>HIV Treatment Clinic</i>			\$82,000
Cut CHN	<i>Disease Control</i>	(0.30)	(\$20,652)	
Cut OA2	<i>Disease Control</i>	(0.30)	(\$12,286)	
Cut one time only funds for Special Imm Clinic	<i>Disease Control</i>			(\$36,000)
Travelers' Clinic (Creating)	<i>Occupational Health</i>			\$48,000
Travelers' Clinic Supplies/Drugs	<i>Occupational Health</i>		(\$10,000)	
Travelers' Clinic On-Call CHN	<i>Occupational Health</i>	400 hours	(\$14,200)	
Cut all CHN, OA2, Interpreter on-call except for Flu Clinics	<i>Occupational Health</i>		(\$7,300)	
Small increase in Oregon Health Division revenues based on statewide funding formula, for HIV education and outreach	<i>HIV Prevention</i>			\$8,487
Program Development Specialist	<i>HIV Prevention</i>	(0.60)		
Health Services Administrator	<i>HIV Prevention</i>	0.10		
Health Services Specialist (extends position established 12/99 to full year)	<i>HIV Prevention</i>	0.40		
Office Assistant 2	<i>HIV Prevention</i>	0.18		
Increase in Oregon Health Division revenue for collaborative evaluation of care services and expanded outreach to bring people living with HIV into the care system.	<i>HIV Care Consortia</i>			\$78,892
Transfer in 0.3 OA Senior	<i>HIV Care Consortia</i>	0.30		
Transfer in 0.25 Budget Analyst	<i>HIV Care Consortia</i>	0.25		
Transfer in 0.05 Principal Investigator	<i>HIV Care Consortia</i>	0.05		
Increase grant revenues for primary care and support services for people living with HIV.	<i>HIV Care Services – Ryan White Title I</i>			\$93,861
Add 0.2 Program Development Specialist	<i>HIV Care Services-Title I</i>	0.20		
Increases Ryan White Title III revenues; adds 0.2 FTE Pharmacist and 1.0 FTE Health Information Specialist	<i>HIV Health Services Center</i>	1.20	\$78,220	\$78,220
Added Two Program Development Specialists	<i>Lead Screening Project</i>	2.00	\$104,947	
New funding for evaluation of the lead and water testing program of the City Water Bureau	<i>Lead Evaluation Program</i>			\$20,271
Added two Environmental Health Specialists	<i>HUD Lead Grant</i>	1.50	\$80,667	
Added a Health Information Specialist II	<i>HUD Lead Grant</i>	1.00	\$44,163	
Additional Lead risk assessments	<i>HUD Lead Grant</i>			\$94,000

Health Department

Disease Prevention and Control

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Unused funds from prior years made available for use in FY2001. \$125K of these funds will support community public awareness campaign, with remainder helping to support the increased demand for risk assessments as a result of new HUD regulations.	<i>HUD Lead Grant</i>			\$170,000
Increased Revenue from Increased Volume	<i>Food Handlers</i>			\$25,250
Added Environmental Health Specialist	<i>Food Handlers</i>	0.25	\$13,202	
Added Office Assistant .5	<i>Food Handlers</i>	0.50	\$17,384	
Added difference between Operations Supervisor & Clerical Supervisor	<i>Food Handlers</i>	0.20	\$3683	
Added Environmental Health Specialist	<i>Inspections</i>	0.25	\$13,202	
Added difference between Operations Supervisor & Clerical Supervisor	<i>Inspections</i>	0.70	\$12,892	
Increase Fees 5% & Bill for Re-inspections	<i>Inspections</i>			\$78,122
Added difference between Chemical Applicator & Entomologist	<i>Vector Control</i>		\$7,500	
Increase Supplies & Professional Services Helicopter Application of Mosquito Abatement	<i>Vector Control</i>		\$20,226	
Decrease Seasonal Workers	<i>Vector Control</i>		(\$14,000)	
Add Environmental Health Specialist	<i>Vector Control</i>	0.25	\$9065	
Added difference between Operations Supervisor & Clerical Supervisor	<i>Vital Records</i>	0.10	\$1,841	
Added Environmental Health Specialist & Support	<i>Brownfields</i>	0.50	\$43,490	
Cut vaccine for Hepatitis Program	<i>STD Clinic and Epidemiology</i>		(\$22,000)	
Cut on-call relief for HIV Counseling and testing Program	<i>STD Clinic and Epidemiology</i>		(\$14,000)	
Cut top Clinic supplies	<i>STD Clinic and Epidemiology</i>		(\$5,525)	
Cut building maintenance due to rental reduction by lead Eval program	<i>STD Clinic and Epidemiology</i>		(\$7,200)	
Cut HIS 2	<i>STD Clinic and Epidemiology</i>	0.50	(\$20,000)	
Add 1 Community Health Educator, one Community Health Nurse, and one Office Assistant II for increased Hepatitis C response	<i>STD Clinic & Epidemiology</i>	3.00	\$254,824	

Health Department

Disease Prevention and Control

Key Result Measures	Program	FY 97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimate	FY01 Projection
# of preventable Hepatitis A cases transmitted by workers in high risk settings	<i>Disease Control</i>	0	0	0	0	0
# of food service managers who have received food safety training	<i>Health Inspections</i>	0	52	90	100	120
% of HIV Health Services visits covered by health insurance	<i>HIV Health Services</i>	73%	79%	84%	90%	92%
# of HIV risk reduction contacts with injection drug users	<i>HIV Prevention</i>	N/A	11,825	8,026	10,000	10,000
Unduplicated contacts/children served per year for immunization evaluation/vaccine	<i>Immunizations</i>	1800	3152	4563	6000	6000
% of sixth-grade children receiving 3-dose series of Hep B immunization	<i>Immunizations</i>	NA	NA	14%	40%	98%
# of work units receiving lead remediation work and successfully passing post-work clearance testing	<i>Lead Poisoning Prevention Program</i>			N/A	555	619
% of individuals receiving education and outreach services who demonstrate increased level of knowledge of lead risks and solution	<i>Lead Poisoning Prevention Program</i>			N/A	50%	75%
% of individuals contacted who follow through with lead prevention and/or reduction activities	<i>Lead Poisoning Prevention Program</i>			N/A	30%	50%
# of Health Department employees who have a TB skin test conversion resulting from a workplace exposure.	<i>Occupational Health</i>		1	1	0	0
% of funds for health and support services to people living with HIV/AIDS within 60 days of grant award	<i>HIV Care Services P&A</i>	95%	97%	89%	95%	95%
% of Ryan White contractors conducting client satisfaction surveys	<i>HIV Care Services P&A</i>			42%	60%	60%
# of gonorrhea cases per 100,000 county residents between 15 and 44 years of age	<i>STD Clinic/ Epidemiology</i>	172	140	185	195	195
# of chlamydia cases per 100,000 county residents between 15 and 44	<i>STD Clinic/ Epidemiology</i>	574	625	706	775	775
% of gonorrhea cases reported where partner notification services were done.	<i>STD Clinic/ Epidemiology</i>	83%	90%	71%	80%	80%
% of syphilis cases reported where partner notification services were done.	<i>STD Clinic/ Epidemiology</i>	100%	100%	50%	90%	90%
% of chlamydia cases reported where partner notification services were done.	<i>STD Clinic/ Epidemiology</i>	74%	74%	51%	60%	60%
% of high-risk persons testing at HIV community test site	<i>STD Clinic/ Epidemiology</i>	NA	NA	47%	50%	50%
% of STD clients who receive HIV Testing	<i>STD Clinic/ Epidemiology</i>	N/A	N/A	65%	65%	65%
% of TB patients (active TB) who have taken TB medications continuously.	<i>TB Prevention</i>	95%	92.4%	93%	90%	90%
% of all rat complaints related to sewer rats	<i>Vector Control</i>	30%	30%	46%	45%	45%

Neighborhood Health

This Division in the Health Department combines the efforts of the Community Health Field Teams, the School Based Health Centers, Neighborhood Health Access sites, Breast and Cervical Cancer Program (BCCP), STARS, Life Skills for Young Parents, Healthy Birth Initiative, Connections, Child Abuse Prevention Program and the WIC program. To have *healthy people in healthy communities*, individuals and families must have access to health care. The Neighborhood Health Division provides this access through home visits, groups, partnerships, and outreach as well as by providing in school preventative and primary health care.

Action Plans:

- Field Services – Framework for Field Services completed in 1999. Continue implementation of Auditors recommendation with focus on developing Productivity and Evaluation.
- SBHC’s – Add a new clinic through a request for proposed process. Continue focus on securing financial participation by health systems and insurers for services provided through SBHCs.
- Neighborhood Health Access – Develop new site in Rockwood area. Develop written Neighborhood Health Access Model for Department.
- WIC – Continue satellite services in Community Access Sites.

Neighborhood Health	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	160.82	158.07	187.85	193.26	5.41
Personal Services	\$9,264,607	\$10,296,429	\$11,149,927	\$11,592,393	\$442,466
Contractual Services	\$1,841,347	\$1,958,205	\$2,231,791	\$2,479,934	\$248,143
Materials & Supplies	\$2,993,075	\$3,363,407	\$3,554,749	\$3,689,189	\$134,440
Capital Outlay	<u>\$7,949</u>	<u>\$337,800</u>	<u>\$137,800</u>	<u>\$136,756</u>	<u>(\$1,044)</u>
Total Costs	\$14,106,978	\$15,955,842	\$17,074,267	\$17,898,272	\$824,005

Division Management

The Office of the Director of Neighborhood Health provides oversight and assures quality services are directed toward the vision and mission of the department and division. This office supervises the division managers and program coordinators. Division management provides policy direction for the division and participates in policy development for the department. Division management is also responsible for key coordination and planning efforts for children within the County. Division leadership represents the Health Department in service coordination efforts with the Community and Family Services Division and the Commission on Children, Families and Community, the Caring Communities and Integrated Service Sites.
FY 2000: 2.00 FTE FY 2001: 2.00 FTE

School Based Clinics

In partnership with schools, families, other school supporting agencies, other health care providers and the community, the SBHC Program provides preventive and primary health and mental health care, health education and health referrals to under-served children and adolescents in a school setting. The program offers confidential, accessible and age appropriate comprehensive health care designed to keep students healthy and ready to learn, and promotes healthy lifestyle choices and encourages students to take responsibility for their personal health and health care. It provides peer presented interactive education regarding postponing sexual activity to middle school age students. Services include physical exams, immunizations, diagnosis and treatment of illness/injury, reproductive health care, pregnancy testing, contraceptive counseling and services, sexually transmitted disease diagnosis and treatment, HIV counseling/testing, mental health counseling and health promotion activities such as smoking cessation.
FY 2000: 42.77 FTE FY 2001: 49.67 FTE

Field Teams

Field Teams strive to assure, promote and protect the health of the people of Multnomah County by assessing the individual, family and community to identify health statues and strengths. Field Teams develop plans and policies to mobilize community partnerships for action including providing leadership to address key areas for community health improvement and needed services, and assuring the availability of health services by providing selected services, linking people with existing services and advocating for and supporting increased service capacity. The program promotes individual, family and community wellness and safety. Staff deliver services through consultation and coordination with community health providers, home visits and teaching classes. Staff participate in coordinated community-based services offered through schools, community agencies and integrated service projects.
FY 2000: 67.75 FTE FY 2001: 71.58 FTE

Connections

The Connections Program for Young Parents is a comprehensive tracking system for delivering services to teen families. This program provides intake, assessment, referral and support services to the approximately 1,100 teens giving birth this year in Multnomah County. This program includes three primary elements: assessment and referral to the appropriate services; case management, support groups, pregnancy prevention, interactive parent education and child development education for higher risk/need teen parents which is provided by non-profit community agencies; and systems coordination and evaluation through the Connections Program Coordinator.

FY 2000: 1.60 FTE FY 2001: 1.60 FTE

Neighborhood Access Sites

The goal of Neighborhood Health Access is to address the health care needs identified in a specific neighborhood or community through a neighborhood-based system of health related services, in collaboration with other community-based service providers. Neighborhood Health Access has one services site at Brentwood-Darlington and a second site opening in Rockwood. Services include clinical and home visit services to pregnant women and families with young children, immunizations, reproductive health, pregnancy testing, well child health care, WIC, STD screening, childhood lead screening, health triage and referral, community health nurse and community health worker services.

FY 2000: 26.03 FTE FY 2001: 22.70 FTE

Field Program Management

The Field Program Management Unit provides direction, oversight, program development, evaluation and resource development for five geographically defined field teams and other community outreach units. Field Program staff facilitate coordinated services between the Field Services programs, other health department divisions and the Oregon Health Division as well as other community health and social service providers. The staff assesses Field Service needs, conducts program evaluations, maintains revenue agreements and establishes linkages with other health and social service agencies. In addition, the Program Management Unit has coordinated the development of job classifications and training modules for Community Health Workers from throughout the Health Department.

FY 2000: 9.80 FTE FY 2001: 7.85 FTE

WIC

WIC services are offered in 3 Multnomah County clinic sites and at 19 satellite sites in the community.

The federally funded WIC program builds healthier families through nutrition education, supplemental foods and community networking. The Multnomah County program assesses participant eligibility, provides nutrition education, issues vouchers for specially chosen supplemental foods and provides referral into health care. The WIC program is a prevention oriented program that addresses the issues of reducing rates of low birth weight infants, increasing duration of pregnancy, improving growth of at-risk infants and children, reducing rates of iron deficiency and decreasing infant mortality.

FY 2000: 35.10 FTE FY 2001: 34.86 FTE

**Breast and
Cervical
Cancer**

The Breast & Cervical Cancer program increases 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. 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 Breast Cancer 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 Breast Cancer Foundation.

FY 2000: 2.80 FTE FY 2001: 3.00 FTE

Costs by Program	1998-99 Actual	1999-2000 Adopted Budget	2000-2001 Adopted Budget	Difference
Division Management	\$256,052	\$206,606	\$210,694	\$4,088
School-Based Clinics	\$3,245,722	\$3,772,171	\$4,194,534	\$422,363
Field Teams	\$4,935,189	\$6,008,541	\$6,604,889	\$596,348
Teen Connections	\$559,153	\$591,539	\$585,638	(\$5,901)
Neighborhood Access Sites	\$1,631,171	\$2,457,671	\$2,244,362	(\$213,309)
Field Program Management	\$1,175,301	\$1,609,927	\$1,580,201	(\$29,726)
WIC	\$2,008,800	\$2,084,616	\$2,116,253	\$31,637
Breast & Cervical Cancer	<u>\$295,590</u>	<u>\$343,196</u>	<u>\$361,701</u>	<u>\$18,505</u>
Total Costs	\$14,106,978	\$17,074,267	\$17,898,272	\$824,005

Health Department

Neighborhood Health

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Adds Providence Capacitation Program with grant funds. Adds 1.0 FTE Community Health Worker	<i>Field Teams</i>	1.00	\$36,000	\$36,000
Delete 1.0 FTE HSA position	<i>Field Program Mgmt</i>	(1.00)	(\$94,999)	
Delete 1.0 FTE Prog. Dev. Specialist and move to Director's Office	<i>Field Program Mgmt</i>	(1.00)	(\$52,797)	
County Supplements for TCM displayed in Field Team budgets this year.	<i>Field Program Mgmt</i>		\$33,382	
Education reduced by 50%	<i>Field Program Mgmt</i>		(\$3,144)	
Decrease Community Health Nurse position	<i>Field Program Mgmt</i>	(0.20)	(\$13,350)	
Delete 0.5 FTE HSS	<i>Field Program Mgmt</i>	(0.50)	(\$30,102)	
Transfer in SKIP Program contract from Community & Family Services Department	<i>Field Program Mgmt</i>		\$35,348	
Re-allocates \$100,357 contract services funds to pay for 1.65 FTE in Family Support & Preservation program.	<i>Field Program Mgmt</i>	1.65		
Increase Prog. Dev. Specialist to 1.0 FTE	<i>Breast & Cervical Cancer Program</i>	0.20	\$11,072	
State grant decreased screening cost from \$190 to \$100 per woman	<i>Breast & Cervical Cancer Program</i>		(\$28,000)	
Increase mini-grant contracts	<i>Breast & Cervical Cancer Program</i>		\$16,000	
Reduce Komen grant funds	<i>Breast & Cervical Cancer Program</i>			(\$2,500)
Reduce 1 FTE Community Health Nurse & 0.3 FTE for evaluation in Healthy Start Initiative	<i>Neighborhood Health Access</i>	(1.30)	(\$84,728)	
Delete 1.0 FTE Health Information Specialist at Brentwood-Darlington site	<i>Neighborhood Health Access</i>	(1.00)	(\$39,225)	
Delete Self-Enhancement, Inc. neighborhood health access center	<i>Neighborhood Health Access</i>	(0.80)	(\$59,884)	
Delete Roosevelt neighborhood health access center	<i>Neighborhood Health Access</i>	(3.10)	\$173,800	
Restore Parkrose Health Access Center	<i>Neighborhood Health Access</i>		\$87,000	
Adds 0.25 Nurse Practitioner, 0.5 Community Health Nurse, and 0.25 Office Assistant II with CAMI Grant funds	<i>Neighborhood Health Access</i>	1.00	\$68,368	
Increased state funding for School-based health centers.	<i>School-based Clinics</i>			\$107,000
Add one-time-only carryover for capital projects for School-Based Clinics begun but not completed in FY 00.	<i>School-based Clinics</i>		\$133,256	

Health Department

Neighborhood Health

Key Result Measures	Program	FY 97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimate	FY 01 Projection
% of 15 to 17 year old female family planning clients who do not get pregnant during the year	<i>School Based Health Centers</i>	96.8%	96.2%	96.2%	96.5%	96.5%
% of school districts with a plan for integrating the STARS curriculum into their high and middle schools	<i>STARS</i>	NA	15%	75%	80%	85%
% of pregnant women referred for maternity case management who receive at least one home visit for assessment of need for field and/or community-based services	<i>Field Teams</i>	52%	55%	NA	55%	NA
% of families with newborns living in PCDS service area offered initial growth and developmental assessment and/or referral for health care and community based services	<i>Field Teams</i>	85% est.	85%	86%	86%	86%
% of Healthy Birth Initiative participants who initiate prenatal care in the 1 st trimester of pregnancy	<i>Field Teams</i>	NA	NA	NA	85%	NA
% of Connections Community-Based clients who did not have a subsequent pregnancy upon exit	<i>Connections</i>	91%	90%	92%	93%	93%
% of all pregnant and parenting teens assessed prenatally and/or postpartum by Connections and Connections partners	<i>Connections</i>	84%	82%	86%	87%	88%
% of teen mothers assessed by face-to-face contact in the hospital prenatally and/or at delivery by Connections CHN	<i>Connections</i>	NA	78%	83%	84%	84%
% of 19-21 year old receiving family planning services	<i>Neighborhood Health Access</i>	NA	73%	73%	NA	75%
Average number of pregnant women served per month as a % of WIC caseload	<i>WIC Program</i>	1969 (11.9%)	2090 (11.7%)	2023 (12.7%)	2100 (12.75%)	2200 (12.9%)
# of uninsured/underinsured women 40 years and older who receive health checks through this program	<i>Breast and Cervical Cancer Partnership</i>	316	NA	829	829	850

Primary Care

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.

The Division provides primary health care services to approximately 47,000 primary care clients.

Primary medical health care services are available to County residents who choose CareOregon as their managed care organization, who hold fee-for-service Medicaid cards, or who are unable to access medical care through private health care providers due to financial or other barriers. These clients are seen in geographically dispersed sites throughout the county, and low-income residents are screened and predetermined for Medicaid eligibility.

Action Plans:

- Maintain the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation achieved 11/99 with quality improvement integration in service delivery.
- Implement the Patient Visit Redesign Project.
- Participate in national clinical collaboratives to enhance treatment of such diseases as diabetes and depression and targeted at narrowing the gap in health status among all racial and ethnic populations.
- Continue the development of a public/private partnership on a tri-county regional basis to create a delivery model for the uninsured.
- Improve preventive care measured by increased mammography rates, diabetic retinal exams, well child exams, immunization rates and prenatal visits in first trimester.
- Integration of Tobacco Cessation Counseling programs in seven clinics by 6/2000, providing health education/counseling to clients regarding the hazards of tobacco use.
- Identify and develop infrastructure that facilitates decreasing the cost of clinic visits over the next year to comply with the FQHC cost caps set forth by the Bureau of Primary Health Care.
- Replace La Clinica, East County Health Center, and North Portland Health Center facilities with modern, up-to-code buildings that meet the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.

Primary Care	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	1998-99	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	193.17	191.77	209.37	222.58	13.22
Personal Services	\$12,095,908	\$13,258,576	\$13,178,849	\$14,294,543	\$1,115,694
Contractual Services	\$3,451,780	\$1,044,398	\$1,155,507	\$1,146,443	(\$9,064)
Materials & Supplies	\$4,674,248	\$5,364,065	\$5,186,118	\$5,993,413	\$807,295
Capital Outlay	\$0	\$113,910	\$108,850	\$22,309	(\$86,541)
Total Costs	\$20,221,936	\$19,780,949	\$19,629,324	\$21,456,708	\$1,827,384

Division Management

Division Management is responsible for seven Primary Care sites, and provides financial and administrative support to the Coalition of Community Health Clinics. Two clinics are under construction by the County, with a third being relocated in partnership with the Community Building Initiative.
FY 2000: 8.50 FTE FY 2001: 6.70 FTE

Medical Director

The Medical Director is responsible for clinical oversight of all activities within the Health Department including recruitment, hiring and clinical supervision of providers and development, and review and revision of clinical protocols and policies.
FY 2000: 3.40 FTE FY 2001: 6.10 FTE

Homeless Children Project

The Homeless Children's project ensures availability and access to preventive and primary health care for children and their families who are at risk of being homeless with a focus on Latino children and their families. Clinical services including well child exams, immunizations, lead screenings, prenatal care, family planning, WIC, communicable disease screening, and care of acute or chronic medical conditions are delivered at La Clinica de Buena Salud located at La Villa de Clara Vista apartments. An outreach component also provides home visits to families. The project has experienced an increase in demand for services such that a new site in collaboration with the Community Building Initiative will be operational in FY '99-00.
FY 2000: 7.71 FTE FY 2001: 7.75 FTE

Primary Care Clinics

Primary Care clinics provide basic preventive, diagnostic and treatment for all ages. Services include family planning / birth control, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening, drug and alcohol screening, management of low risk TB patients, as well as care of acute and chronic medical conditions.

Seven primary care clinics provide integrated primary health care to low-income and high-risk residents of the county.

From July through December 1999, the Primary Care clinics handled 44,949 visits, excluding ancillary only (x-ray only, immunization only, lab only, etc.). 46% of the patients required interpretation, 59% were minorities, 35% were age 19 or younger, 68% female, 45% were covered by OHP and 33% had no insurance coverage. Included in the count are 4,000 plus visits to homeless clients generally provided at the West Side Health Center and La Clinica de Buena Salud. These are medically indigent, homeless patients, who rely on our clinics for their health care.

The Primary Care clinics must meet Federal and State requirements as well as community practice standards. In 1999-2000, the Division achieved JCAHO accreditation of its clinical operations, benchmarking our services against medical care provided by private, mainstream health care providers.
FY 2000: 189.55 FTE FY 2001: 202.00 FTE

Health Department

Primary Care

Linkage

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

FY 2000: 0.2 FTE FY 2001: 0.03 FTE

Costs by Program	1998-99	1999-2000	2000-2001	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$1,154,565	\$1,209,408	\$1,018,209	(\$191,199)
Medical Director	\$771,946	\$800,605	\$916,528	\$115,923
Homeless Children Project	\$320,851	\$603,259	\$750,576	\$147,317
Primary Care Clinics	\$15,242,209	\$16,990,295	\$18,748,028	\$1,757,733
LINKAGE	<u>\$2,732,365</u>	<u>\$25,757</u>	<u>\$23,367</u>	<u>(\$2,390)</u>
Total Costs	\$20,221,936	\$19,629,324	\$21,456,708	\$1,827,384

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Decrease in overall on-call budget across sites.	<i>Primary Care Clinics</i>		(\$319,197)	
Decrease in overall supply budget across sites	<i>Primary Care Clinics</i>		(\$124,000)	
Add 1.0 FTE Community Health Nurse	<i>Primary Care Clinics Admin</i>	1.00	\$60,000	
Add 0.5 Community Health Nurse for Diabetes Collaborative.	<i>Primary Care Clinics Admin</i>	0.50	\$30,000	
Cut consulting services	<i>Primary Care Clinics Admin</i>		(\$90,000)	
Increase Facilities service reimbursement to cover increased inspections for OSHA compliance.	<i>Primary Care Clinics Admin</i>		\$90,000	
Cut 1.3 FTE Community Health Nurses	<i>Primary Care Clinics Admin</i>	(1.30)	(\$113,876)	
Add 1.0 FTE Administrative Secretary from Division Management	<i>Medical Director</i>	1.00	\$26,000	
Increase Medical Director position to full time	<i>Medical Director</i>	0.20		
Add 0.3 FTE Community Health Nurse to teach diabetes classes	<i>Medical Director</i>	0.30	\$20,185	
Cut 0.3 FTE Physician	<i>Homeless Children Project</i>	(0.30)	(\$29,160)	
Cut 0.3 FTE Nurse Practitioner	<i>Homeless Children Project</i>	(0.30)	(\$15,629)	
Add 1.0 FTE Community Health Nurse	<i>After Hours Phone Triage</i>	1.00	\$40,991	
Purchase software for appointment reminder telephone calls	<i>Primary Care Clinics</i>		\$37,000	
Decrease Telecommunications charges	<i>Primary Care Clinics</i>		(\$20,300)	
Increase after-hours nurse consultations	<i>Primary Care Clinics</i>		\$30,000	
Decrease Language Line services	<i>Primary Care Clinics</i>		(\$13,200)	
Increase A&D contracts	<i>Primary Care Clinics</i>		\$94,593	
Add family planning drugs to drug budget	<i>Primary Care Clinics</i>		\$44,444	
Increase Facilities charges	<i>Primary Care Clinics</i>		\$27,000	
Delete 1.0 FTE LCPN	<i>Primary Care Clinics</i>	(1.00)	(\$39,875)	

Health Department

Primary Care

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Add 1.0 FTE	Primary Care Clinics	1.00	\$72,863	
Add 0.4 FTE	Primary Care Clinics	0.40	\$35,000	
Increase Lead Nurse position to full time	Primary Care Clinics	0.20	\$13,000	
Add 1.0 FTE Office Assistant II, add 0.2 FTE Community Health Nurse, and delete 0.8 Health Operations Supervisor	Primary Care Clinics	0.4	\$14,832	
Renovations at SE Health Clinic	Primary Care Clinics		\$35,000	
Add 1.0 FTE Health Assistant and 0.27 FTE Physician at NE Health Clinic	Primary Care Clinics	1.27	\$81,329	
Increased Flat Fee due to conversion of LAN	Primary Care Clinics		\$23,000	
Increased drug costs	Primary Care Clinics		\$50,735	
Decrease 0.5 FTE OAH	Primary Care Clinics	(0.50)	(\$17,777)	
Rental cost of new building for La Clinica	Primary Care Clinics		\$85,720	
Increased building management for moving costs	Primary Care Clinics		\$131,515	
Increase Mental Health Substance Abuse grant	Primary Care Clinics		\$19,976	\$19,976
Add grant funds to provide mental health outreach and services to homeless people at St. Francis	Primary Care Clinics		\$56,540	\$56,540

Key Result Measures	Program	FY 97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimate	FY 01 Estimate
Percent of 2 Year Olds Who Are Appropriately Immunized	Homeless Children Project	91%	100%	100%	100%	100%
Percent of Pregnant Women in County Clinics Who Receive Prenatal Care Beginning in the First Trimester	Primary Care Clinics	70%	71%	66%	80%	75%
Percent of revenues collected from self-pay clients and third-party payers	Primary Care Clinics	NA	NA	NA	74%	84%
% of qualifying children who are up to date on	Primary Care Clinics					
1) well child exams		NA	NA	31%	49%	60%
2) Diabetic eye exams		NA	NA	11.5%	47.8%	80%
3) mammogram exams		NA	NA	27.5%	60%	80%
Percent of 2 Year Olds Who Are Appropriately Immunized	Primary Care Clinics	NA	92%	92%	92%	90%
% of pregnant women in County clinics who receive prenatal care beginning in first trimester (Oregon Benchmark)	Primary Care Clinics					
Successful completion of accreditation by JCAHO	Primary Care Clinics	n/a	n/a	n/a	Successfully completed	
% of qualifying children who are up to date on well child exams	Primary Care Clinics	n/a	31%	83%	80%	84%
% of qualifying clients who are up to date on diabetic eye exams	Primary Care Clinics	n/a	11.5%	62%	75%	80%
% of qualifying clients who are up to date on mammogram exams	Primary Care Clinics	n/a	27.5%	70.2%	80%	80%
% of 2-year-olds who are appropriately immunized	Primary Care Clinics	92%	92%	93%	90%	93%

Support Services

The Support Services Division provides diagnostic, pharmaceutical and ancillary health services required to meet the health needs of the Health Department's client population. This division is responsible for the operation of laboratory services, pharmacy services, medical supplies/forms/pamphlets, language services, information and referral services, medical records management, and coordination of facilities management.

The scope and volume of these support programs is determined by the activities and needs of the Health Department as it addresses its strategic objectives.

Action Plans:

- Analyze current cost/design of Language Services delivery system..
- Finalize implementation of new pharmacy information system.
- Oversee the design/construction/opening of three clinic sites:
 - La Clinica de Buena Salud
 - North Portland Health Center
 - East County Health Center

Support Services	1998-99	1999-2000	1999-2000	2000-2001	
Budget Trends	1998-99	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	42.11	43.20	48.71	51.03	2.32
Personal Services	\$2,422,556	\$2,523,282	\$2,774,275	\$3,275,890	\$501,615
Contractual Services	\$857,193	\$880,000	\$878,186	\$580,200	(\$297,986)
Materials & Supplies	\$5,328,125	\$5,056,207	\$4,583,582	\$5,426,797	\$843,215
Capital Outlay	\$0	\$5,250	\$5,250	\$6,300	\$1,050
Total Costs	\$8,607,874	\$8,464,739	\$8,241,293	\$9,289,187	\$1,047,894

Division Management

Support Services Division management directs the division in providing necessary services in an efficient and cost-effective manner by setting output and service delivery goals and resolving problems. Division management evaluates service needs, goals, and problems.

FY 2000: 2.50 FTE FY 2001: 2.50 FTE

Pharmacy Services

Pharmacy Services provides medications and pharmaceutical counseling and education to County clinic clients and as a part of the medical provider team, is available for pharmaceutical consultation and information.

Pharmacy Services is responsible for supporting the provision of medication dispensing services in all County clinics, and complies with the Oregon State Board of Pharmacy Administrative Rules in its operation of County pharmacies.

FY 2000: 17.50 FTE FY 2001: 21.68 FTE

Laboratory Services

Laboratory Services has three main focuses of activity:

- Testing clinical specimens from all Health Department clinics;
- In collaboration with the Environmental Health and Communicable Disease units, providing focused, episodic public health and environmental health testing (e.g., food borne illness investigations; lead hazard, water purity, etc.);
- Licensing and quality assurance of all Health Department clinical laboratories.

Laboratory Services partners with other providers of lab testing such as Oregon Health Division Public Health Lab, Oregon Department of Agriculture, the Center for Disease Control, other State and County labs, complies with all Federal/State regulatory requirements and meets JCAHO (Joint Commission on Accreditation of Healthcare Organizations) standards.

FY 2000: 13.30 FTE FY 2001: 12.55 FTE

Information and Referral Services

The Information and Referral unit consists of three programs. Multnomah County Health I&R serves Multnomah County. Oregon SafeNet works closely with the Oregon Health Division as a resource number for social marketing campaigns statewide. The Teen Health InfoLine, as a program of Oregon SafeNet, provides health and sexuality information and referral services to Oregon's teens and their families.

Information and Referral was a key health care access point for 81, 379 clients this year, a 3% increase from last year. I&R programs not only informed clients of available services, but also provided Spanish, Russian, and Vietnamese interpretation, scheduled Financial Eligibility screening appointments, and advocated for callers experiencing barriers to services.

FY 2000: 9.66 FTE FY 2000: 9.90 FTE

Health Department

Support Services

Language Services

The Health Department schedules over 63,000 non-English speaking client visits per year in over 30 different languages with an annual growth rate of 20%. Language Services ensures the efficient delivery of culturally competent interpretation and translation services to these clients. Federal law and regulations require Community Health Centers to provide services "in the language and cultural context most appropriate" for clients with limited English proficiency. The Americans with Disability Act requires that appropriate services be provided for hearing-impaired clients.

FY 2000: 2.20 FTE FY 2001: 2.10 FTE

Communications

The Communications unit provides support to Health Department staff in the areas of policy development, form and pamphlet distribution, web site development and maintenance.

FY 2000: 3.55 FTE FY 2001: 2.30 FTE

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Pharmacy Technician	<i>Pharmacy</i>	2.50	\$102,500	
Pharmacist	<i>Pharmacy</i>	1.60	\$127,100	
Increase CareOregon drug reimbursement revenues and expenditures	<i>Pharmacy</i>		\$200,000	\$200,000
Add Health Services Specialist/Medical Records Mgmt	<i>Medical records Mgmt</i>	1.00	\$63,100	
Delete one Lab Specialist	<i>Laboratory</i>	(1.00)	(\$52,000)	
Add 0.25 for increased Hepatitis C response	<i>Laboratory</i>	0.25	\$12,951	
Delete .75 Health Services Administrator	<i>Communications</i>	(0.75)	(\$77,000)	
Delete .5 information Systems Analyst	<i>Language Services</i>	(0.50)	(\$24,700)	

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

Costs by Program	1998-99	1999-2000	2000-2001	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$464,021	\$446,265	\$317,394	(\$128,871)
Pharmacy Services	\$5,454,821	\$4,785,878	\$6,262,721	\$1,476,843
Laboratory Services	\$940,390	\$1,112,019	\$1,066,264	(\$45,755)
Information & Referral Services	\$1,324,726	\$1,456,880	\$1,315,172	(\$141,708)
Language Services	\$189,122	\$169,633	\$178,039	\$8,406
Communications	\$234,794	\$270,618	\$149,597	(\$121,021)
Total Costs	\$8,607,874	\$8,241,293	\$9,289,187	\$1,047,894