MULTNOMAH COUNTY OREGON

BOARD CLERK
OFFICE OF BEVERLY STEIN, COUNTY CHAIR
1120 SW FIFTH AVENUE, SUITE 1515
PORTLAND, OREGON 97204
TELEPHONE ▪ (503) 248-3277
FAX ▪ (503) 248-3013

BOARD OF COUNTY COMMISSIONERS

BEVERLY STEIN ▪	CHAIR	▪248-3308
DAN SALTZMAN ▪	DISTRICT 1	▪ 248-522O
GARY HANSEN ▪	DISTRICT 2	▪248-5219
TANYA COLLIER ▪	DISTRICT 3	▪248-5217
SHARRON KELLEY ▪	DISTRICT 4	▪248-5213

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

AGENDA

FOR THE WEEK OF

MAY 19, 1997 - MAY 23, 1997

Tuesday and Thursday meetings this week will be cable-cast live and taped and can be seen by cable subscribers in Multnomah County on Channel 30 at the following times:

Tuesday, 9:30 AM live; playback Tuesday, 11:00 PM & Sunday, 10:30 AM, CityNet 30
Wednesday, playback Sunday 5:30 PM, Monday 11:30 AM & Wednesday, 5:00 PM, CityNet 30
Thursday, 9:30 AM live; playback Friday, 10:00 PM & Sunday, 1:00 PM, Channel 30

**Tuesday and Wednesday meetings produced through Portland Cable Access
**Thursday meetings produced through Multnomah Community Television

AN EQUAL OPPORTUNITY EMPLOYER

Tuesday, May 20, 1997 - 9:30 AM
Portland Building, Second Floor Auditorium
1120 SW Fifth Avenue, Portland

HD BUDGET WORK SESSION

WS-1 Health Department 1997-98 Budget Overview and Highlights. HD Citizen Budget Advisory Committee Presentation. Measure 47 and Other Issues. Board Questions and Answers. 2 HOURS REQUESTED.

Wednesday, May 21, 1997 - 6:30 PM
Mt. Tabor Middle School Cafeteria
5800 SE Ash, Portland

BUDGET ROUND-TABLE DISCUSSION

PH-1 The Multnomah County Board of Commissioners and Department Managers Will Meet in the Cafeteria at Mt. Tabor Middle School to Provide an Opportunity for Interested Persons to Participate in a Round-Table Discussion on the Proposed 1997-98 Multnomah County Budget, Proposed Reductions and Add-Backs, County Service Issues, and Significant Community Issues. 2 HOURS REQUESTED.

Thursday, May 22, 1997 - 9:30 AM
Portland Building, Second Floor Auditorium
1120 SW Fifth Avenue, Portland

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

C-1 ORDER in the Matter of Review of the Merit System Civil Service Council Decision in the Appeal of James Griffith

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

C-2 RESOLUTION Authorizing Designees of the Mental Health Program Director to Direct a Peace Officer to Take an Allegedly Mentally Ill Person into Custody

C-3 Intergovernmental Agreement 100308 with the City of Gresham, Providing $399,000 in Supplemental Community Development Block Grant Funds to Fund Eight 1996 Flood Related Gresham Public Works Projects

DEPARTMENT OF ENVIRONMENTAL SERVICES

C-4 FINAL ORDER for Land Use Planning Case CU 8-96/SEC 14-96 Amending the March 18, 1997 Hearings Officer Decision Denying a Conditional Use Permit and a Significant Environmental Concern Permit

SHERIFF'S OFFICE

C-5 Intergovernmental Agreement 801047 with the U.S. Forest Service, Providing Sheriff's Office Enforcement of Federal and State Laws and Regulations in the National Forest, for the period May 22, 1997 through September 1, 1997

DISTRICT ATTORNEY'S OFFICE

C-6 Renewal of Intergovernmental Agreement 500566 with the Oregon State Police for Reimbursement of Evening and Weekend Overtime Costs Associated with Multi-disciplinary Child Abuse Intervention Team Investigations on CAMI Cases

C-7 Renewal of Intergovernmental Agreement 700035 with the Portland Police Bureau for Reimbursement of Evening and Weekend Overtime Costs Associated with Multi-disciplinary Child Abuse Intervention Team Investigations on CAMI Cases

REGULAR AGENDA

PUBLIC COMMENT

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

DISTRICT ATTORNEY'S OFFICE

R-2 Budget Modification DA 7 Transferring $40,000 in Criminal Justice Services Division, Violence Against Women Act Grant Funding, to the Family Justice Division Budget, Providing Funds to Enhance the District Attorney's Domestic Violence Unit

R-3 Intergovernmental Agreement 500727 with the City of Portland, Allowing Neighborhood Based Prosecutors Use of Seized Motor Vehicles in the Scope of Their Work in the Community

NON-DEPARTMENTAL

R-4 Request for Approval of Mt. Hood Cable Regulatory Commission Proposed Budget for Fiscal Year 1997-1998

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

R-5 Notice of Intent to Apply to the Federal Department of Substance Abuse and Mental Health Services Administration for a Grant of $1,470,669 to Study the Impact of the Crisis Triage Center on Jail Diversion for Persons with Co-occurring Mental Illness and Substance Abuse Disorders

R-6 Budget Modification CFSD 14 Transferring $5,285 in Strategic Investment Program Funds to the Division of Community Action and Development Budget to Fund Half of a Budgeted 1.0 FTE Housing Development Specialist for May/June, 1997 to Implement the Strategic Investment Program Housing Initiative

R-7 Review of Request for Proposals and Approval of a RESOLUTION Adopting Request for Proposal Materials of the Strategic Investment Program Housing Program

NON-DEPARTMENTAL

R-8 First Reading of an ORDINANCE Relating to County Organization; Creating a Department of County Counsel

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Thursday, May 22, 1997 - 10:40 AM
(OR IMMEDIATELY FOLLOWING REGULAR MEETING)
Portland Building, Second Floor Auditorium
1120 SW Fifth Avenue, Portland

BOARD BRIEFING

B-2 Session Update on the 1997 Oregon Legislature. Presented by Sharon Timko and Gina Mattioda. 1 HOUR REQUESTED.

MEETING DATE: May 20, 1997
AGENDA #: WS-1
ESTIMATED START TIME: 9:30 AM

(Above Space for Board Clerk's Use ONLY)

AGENDA PLACEMENT FORM

SUBJECT: HD 1997-98 Multnomah County Budget Work Session

BOARD BRIEFING: DATE REQUESTED:
REQUESTED BY:
AMOUNT OF TIME NEEDED:

REGULAR MEETING: DATE REQUESTED: Tuesday, May 20, 1997

AMOUNT OF TIME NEEDED: 2 Hours

DEPARTMENT: Non-Departmental DIVISION: Chair Beverly Stein

CONTACT: Dave Warren TELEPHONE #: 248-3822
BLDG/ROOM #: 106/1410

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

ACTION REQUESTED:

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

SUGGESTED AGENDA TITLE:

Health Department 1997-98 Budget Overview and Highlights.
HD Citizen Budget Advisory Committee Presentation.
Measure 47 and Other Issues. Board Questions and Answers.

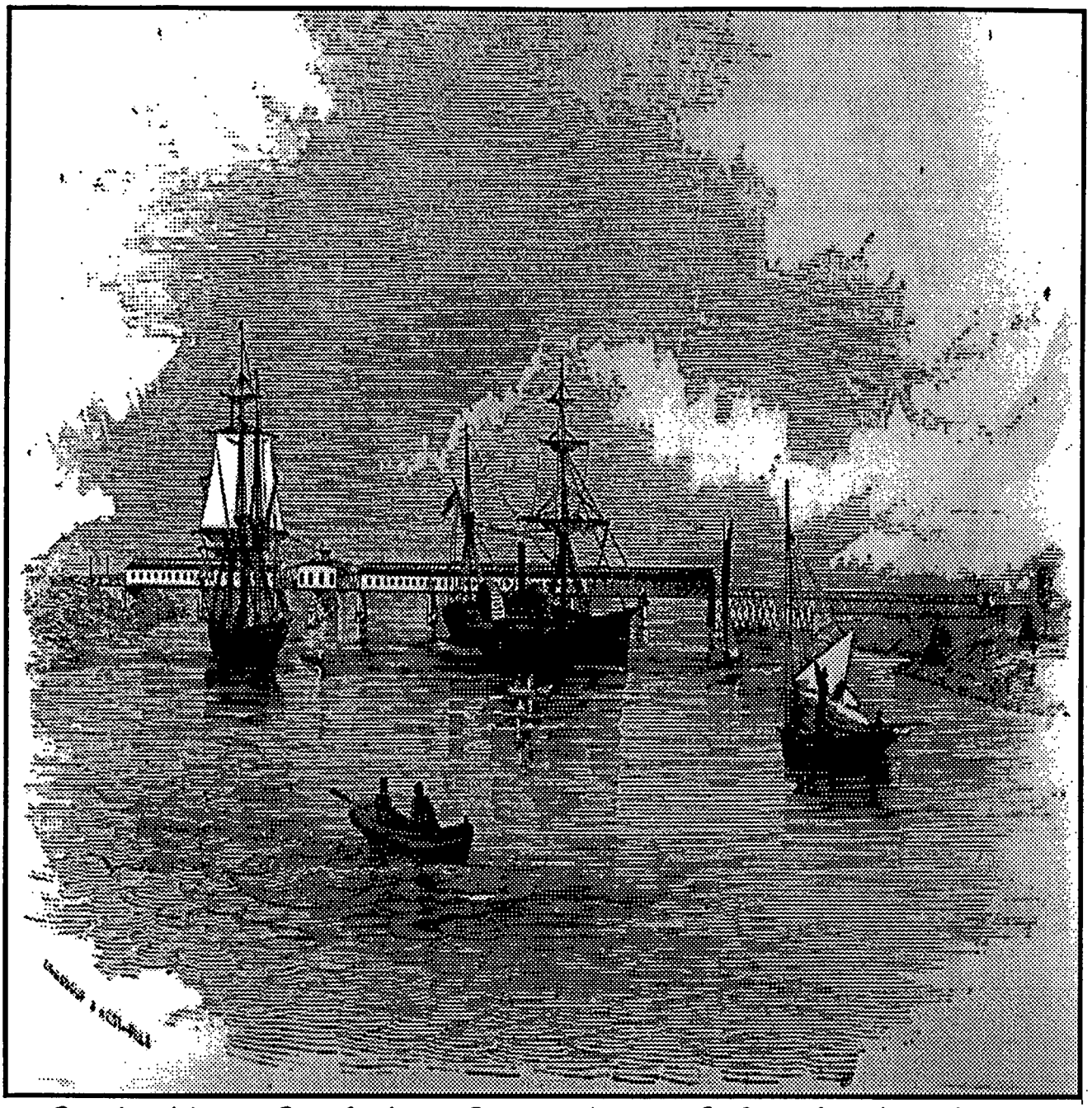
BOARD OF COUNTY COMMISSIONERS
97 MAY 15 AM 8:38
MULTNOMAH COUNTY OREGON

SIGNATURES REQUIRED:

ELECTED OFFICIAL: Beverly Stein

(OR)
DEPARTMENT MANAGER:

ALL ACCOMPANYING DOCUMENTS MUST HAVE REQUIRED SIGNATURES
Any Questions? Call the Board Clerk @ 248-3277



Bridge Across the Willamette, Between Columbia Street, Portland, and Asylum Street, East Portland, Now in Course of Construction

Multnomah County

HEALTH DEPARTMENT

May 20, 1997 - 9:30 a.m.

Budget 1997-98

Packet #3 - Presentation

Health Department Budget Work Session

Healthy People in Healthy Communities

Introduction and Overview	9:30
CBAC Presentation	9:45
Issue - Access for the Uninsureed	10:00
Question and Answers	10:40

Reduction in Force

Closure of NPHC, ECHC

Funds for community partnerships for assuring access to medical care budgeted.

Reduction in staffing at STD, TB, CD.

Reduction in WIC Services.

Open Neighborhood Access Sites within existing resources.

School based health center, Caring Communities nursing added.

Close NP Dental, reduced acute dental care to uninsured.

Infrastructure funds for Coalition, MIS replacement budgeted.

Before expansion, 8.5 FTE cut from Corrections Health.

Department Decision Framework for the 1997/98 Budget.

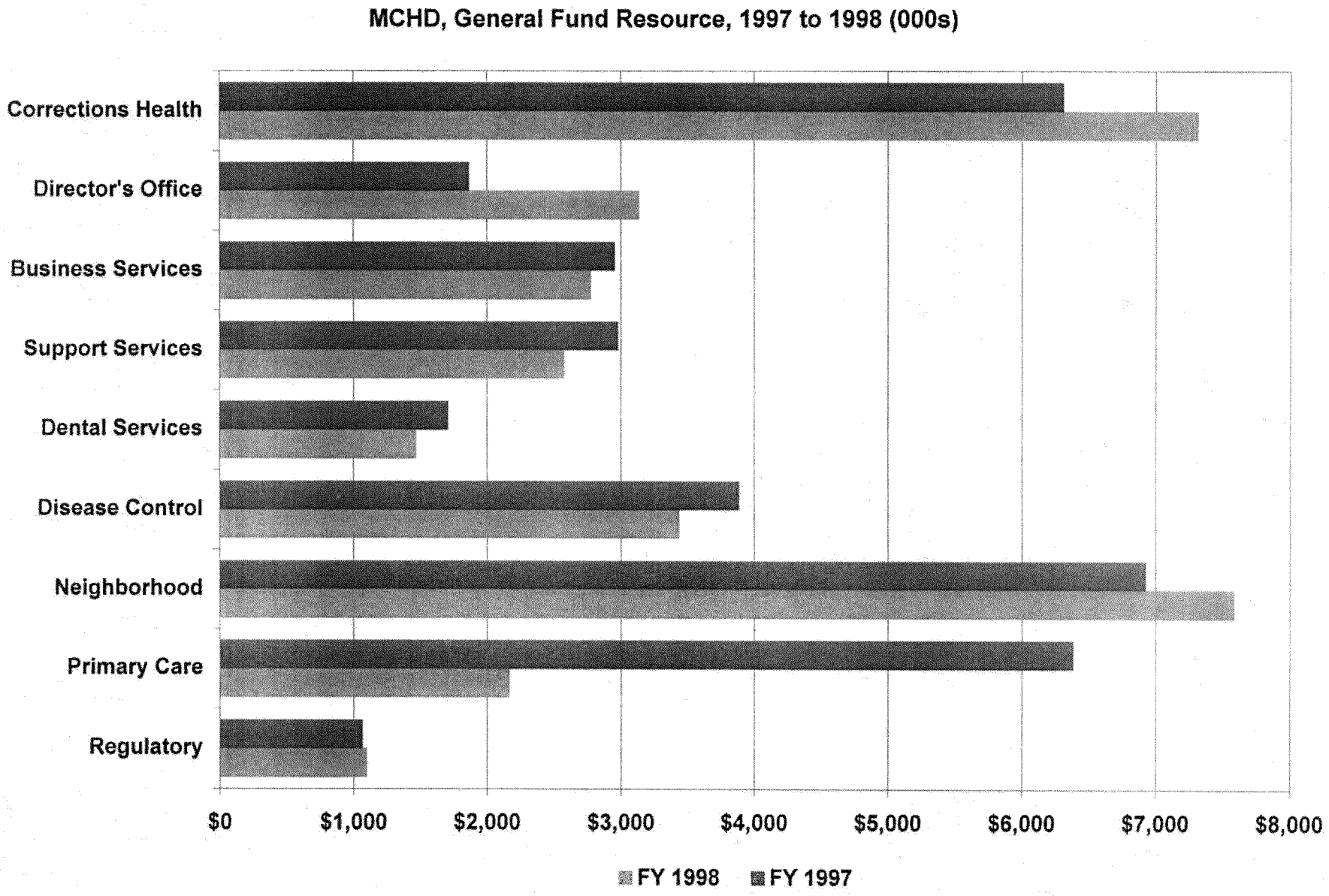
The Department's strength comes from bringing service delivery expertise and experience to the policy table.

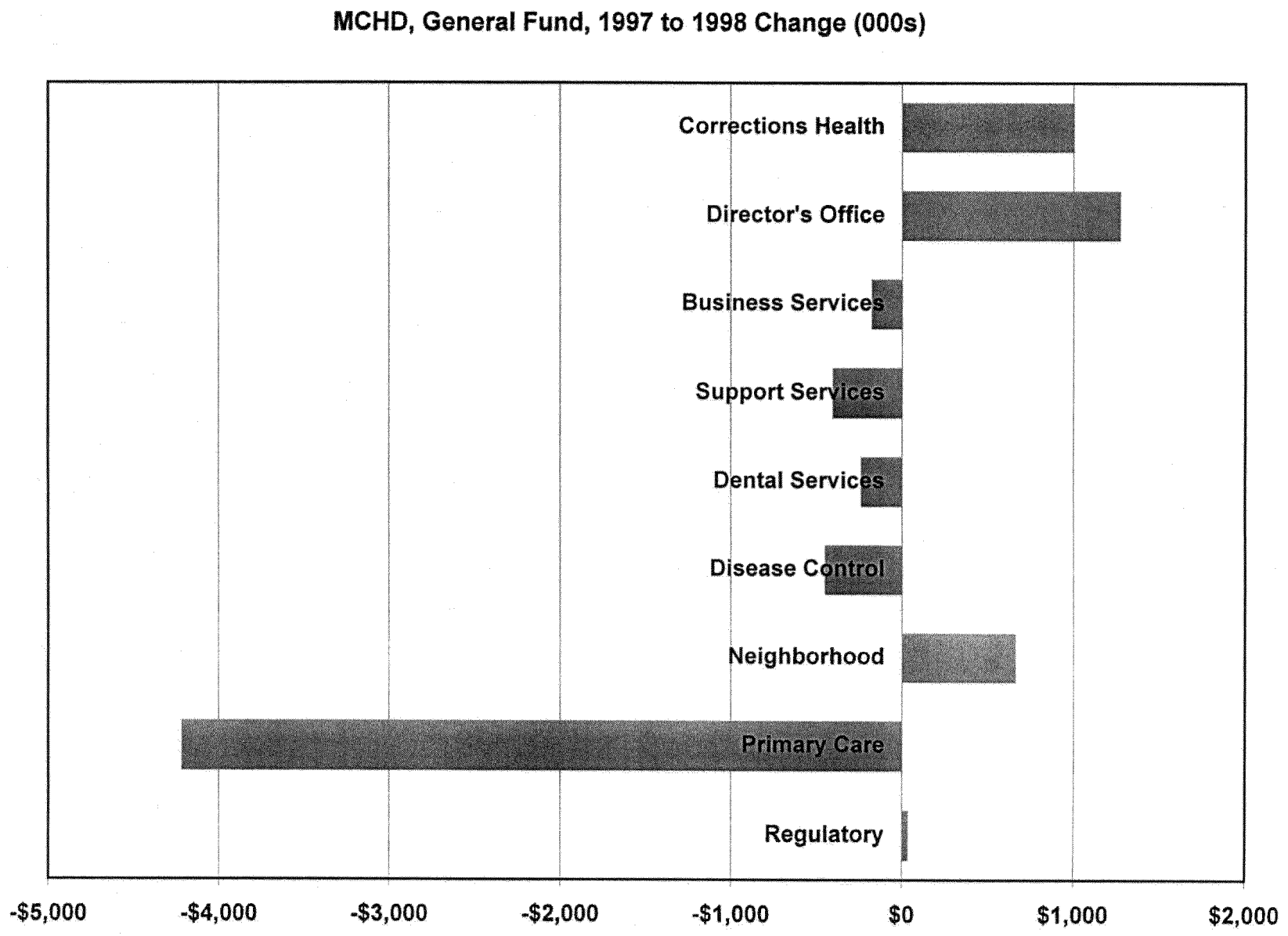
Our services must remain grounded, visible, and integrated into the community.

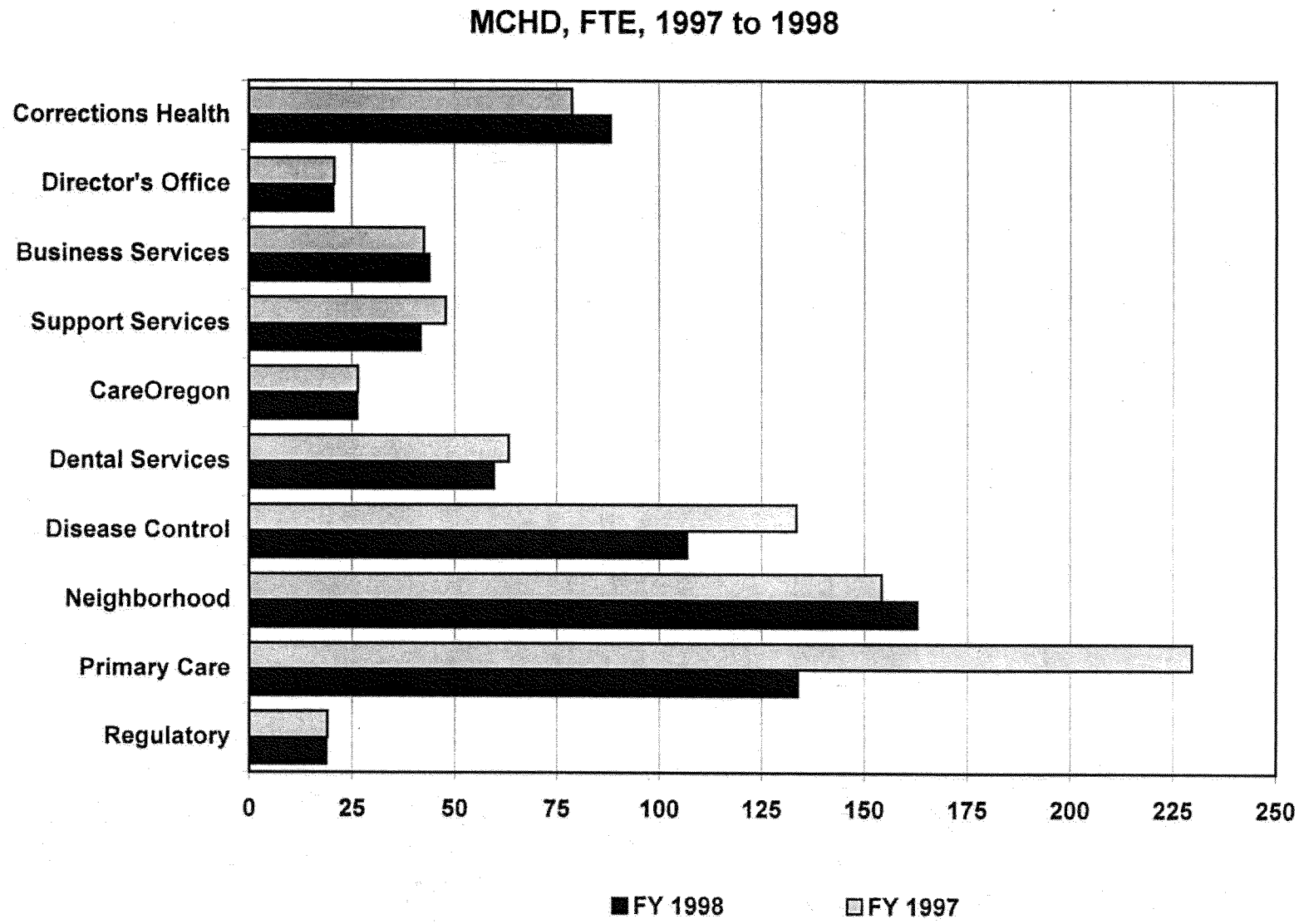
We must use our resources to provide ***and*** also leverage access to needed services for residents.

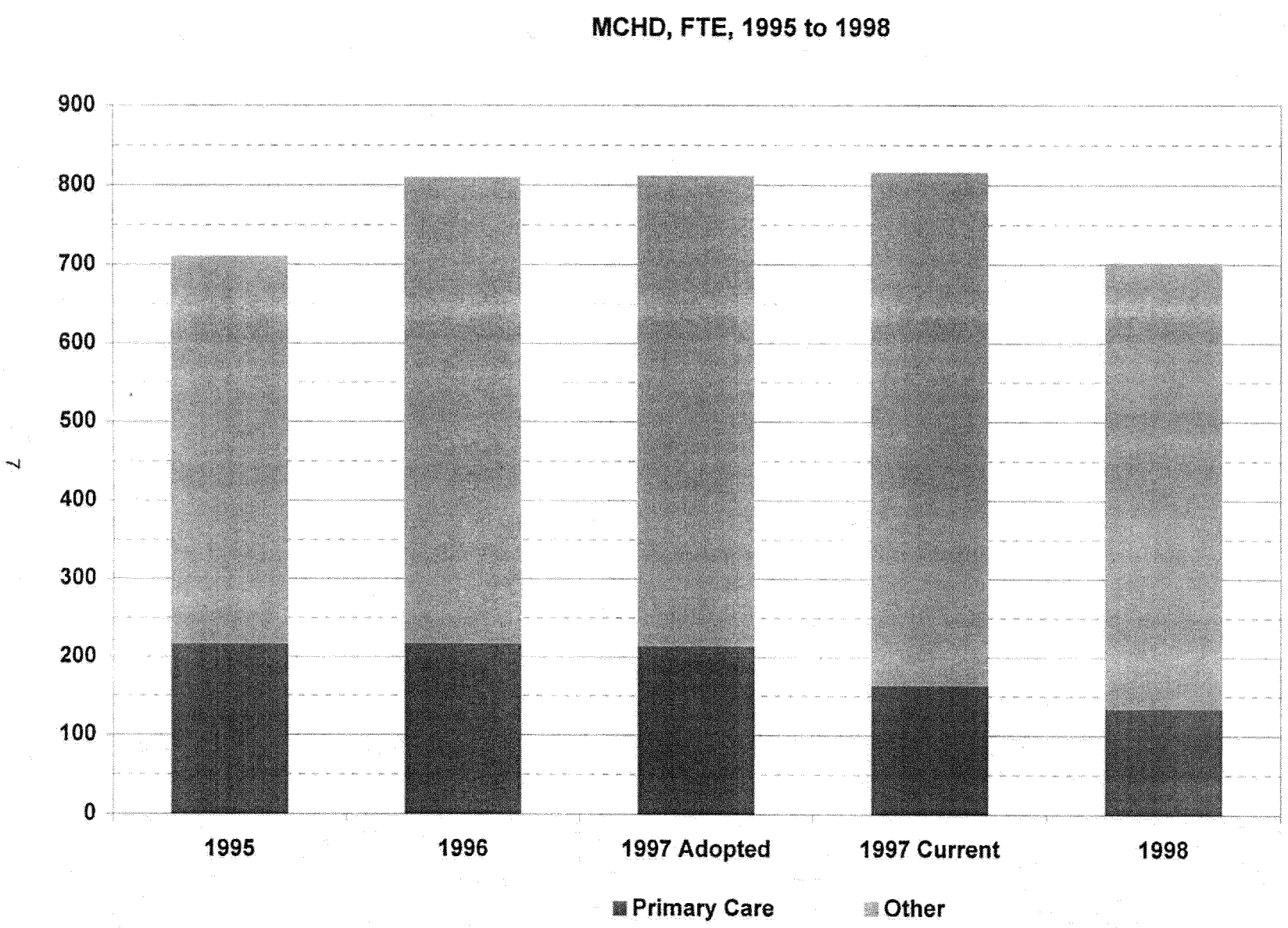
We must not use across the board budgeting approaches which sacrifice quality in all programs.

We must be open to new roles which support and strengthen the continuum of health care for all.


MCHD, General Fund Resource, 1997 to 1998 (000s)
Corrections Health
Director's Office
Business Services
Support Services
Dental Services
Disease Control
Neighborhood
Primary Care
Regulatory
$0
$1,000
$2,000
$3,000
$4,000
$5,000
$6,000
$7,000
$8,000
FY 1998
FY 1997


MCHD, General Fund, 1997 to 1998 Change (000s)
Corrections Health
Director's Office
Business Services
Support Services
Dental Services
Disease Control
Neighborhood
Primary Care
Regulatory
-$5,000
-$4,000
-$3,000
-$2,000
-$1,000
$0
$1,000
$2,000


MCHD, FTE, 1997 to 1998
Corrections Health
Director's Office
Business Services
Support Services
CareOregon
Dental Services
Disease Control
Neighborhood
Primary Care
Regulatory
0
25
50
75
100
125
150
175
200
225
250
FY 1998
FY 1997


MCHD, FTE, 1995 to 1998
900
800
700
600
500
400
300
200
100
0
1995
1996
1997 Adopted
1997 Current
1998
Primary Care
Other

ISSUE - Access to Medical Care for the Uninsured

Access to basic medical care improves the health of individuals and the community.

Most, but not all, residents have access to necessary medical care.

The County's role has been to assure access through directly funding and providing primary care services.

The County can no longer afford to serve as a major funder of primary care medical services.

We need to look to other solutions:

Improve service delivery efficiency;

Forge community partnerships to assure access in the long run.

Improved Service Delivery

Health care market drives the need to constantly improve delivery.

Five Areas of Improvement Targeted:

1. Decreased Cost
2. Increased Efficiency
3. Improved Quality
4. Expanded Access
5. Stable Funding

Primary Care Redesign

System	Purpose of Redesign		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Prequal Office	Separate eligibility screening, income verification, etc. from check-in and appt.	Craghead									
Fee Policy	Revise fee and collections policy	Armstrong									
Enrollment	Enroll clients in primary care plan with mutual expectations	Armstrong and Fronk									
Accounts Receivable/Billing	Modernize AR management	Fronk									
RVU (Relative Value Units)	Implement relative value based system for both grant reporting and measuring productivity	Fronk									
Health Info System	Upgrade or replace current HIS with one more responsive to current data needs	Fronk									
PC Provider Assignment	Assign PC provider to each client	Lentell									

Primary Care Redesign

System	Purpose of Redesign		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Provider Support	Define and upgrade standards for provider support	Kullberg									
Productivity	New standards for staff; ensure	Kullberg and									
	providers meeting current productivity goals	Armstong									
Quality / Utilization Improvement Plan	Gain accreditation; standardize and document quality results.	Armstrong									
Medical Record Standardization	Decreased documentation variance, improved data.	Whelan									
Centralized Appointments	Consolidate appointment making function	Kaiser									
Centralized Triage	Consolidate telephone triage; coordinate with centralized appointments	Kaiser									
Interpreter Svcs Analysis	Investigate more cost effective methods to provide interpreter services; coordinate with central triage	Prather and Armstrong									
Behavioral Health	Define primary care based mental health services; secure funding	Kullberg and Armstong			FFS		OHP				

Improved Service Delivery and Community Partnership

County recognized as expert in serving low income and high risk populations.

Improved service delivery adds value to this existing expertise.

This added value is a resource to the community no matter what the long term model of delivery.

Community Partnership

OHSIC Structure and Purpose

The Access Committee - an Update

- Long Term Orientation
- Effect of Measure 47
- Current Status
- Working Groups - Service Delivery Models and Insurance Models

Swirling Variables

- Legislative
- Today's Election
- Development and acceptance of Models

MULTNOMAH COUNTY OREGON

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

MEMORANDUM

To: County Chair Beverly Stein
Commissioner Tanya Collier
Commissioner Gary Hansen
Commissioner Sharon Kelley
Commissioner Dan Saltzman

From: Gary Oxman, MD, MPH, Health Officer

Date: May 19, 1997

Summary: Options for Organizational Home for Medical Examiner Program

HONOR CULTURE, CELEBRATE DIVERSITY, AND INSPIRE QUALITY

Issue Background

As you know, the Health Department has been exploring various alternatives to improve the organizational structure and relationships of the County Medical Examiner program. These explorations have included discussions with the Oregon State Police (OSP) regarding program transfer and undertaking management of the program by contract. Other options, such as transfer of the program to another department within the county have also been considered.

Last week I was notified by OSP that they were no longer interested in the option of managing the county program under contract.

This leaves two basic options available at the present time:

1) Leave the program in the Health Department; or
2) Transfer the program to another county department.

Over the past few years, there has been a growing recognition both in Oregon and around the US that the long-term success of Medical Examiner programs may be enhanced by their association with law enforcement or prosecution agencies. Because they directly support law enforcement and prosecution, ME programs receive stronger advocacy by these agencies. This trend is expressed in the recent transfer of the State ME Program to OSP, and in the transfer of the Clackamas County program to their county District Attorney's (DA's) office.

Multnomah County District Attorney Mike Schrunk and I have recently discussed the possibility of transferring the ME program to the DA's office. He and I concur that such a transfer could have some long-term advantages. We also agree that the transfer should be budget neutral to both agencies.

Fiscal Implications

In the Chair's Proposed Budget, $656,571 has been requested for operating the ME Program during 1997-98. This represents a cut of approximately $36,000 relative to the current year's approved budget. Through careful planning, the program will be able to operate under the proposed budget with a service level comparable to the present year.

Each year, the County receives about $56,000 in fees to offset General Fund support for the ME Program. Report fees account for $3,000; the remaining $53,000 comes from autopsy support fees charged to other counties. Because of their large share of out-of-county autopsies, Clackamas and Washington Counties account for most of this revenue (projected at $38,700 this year).

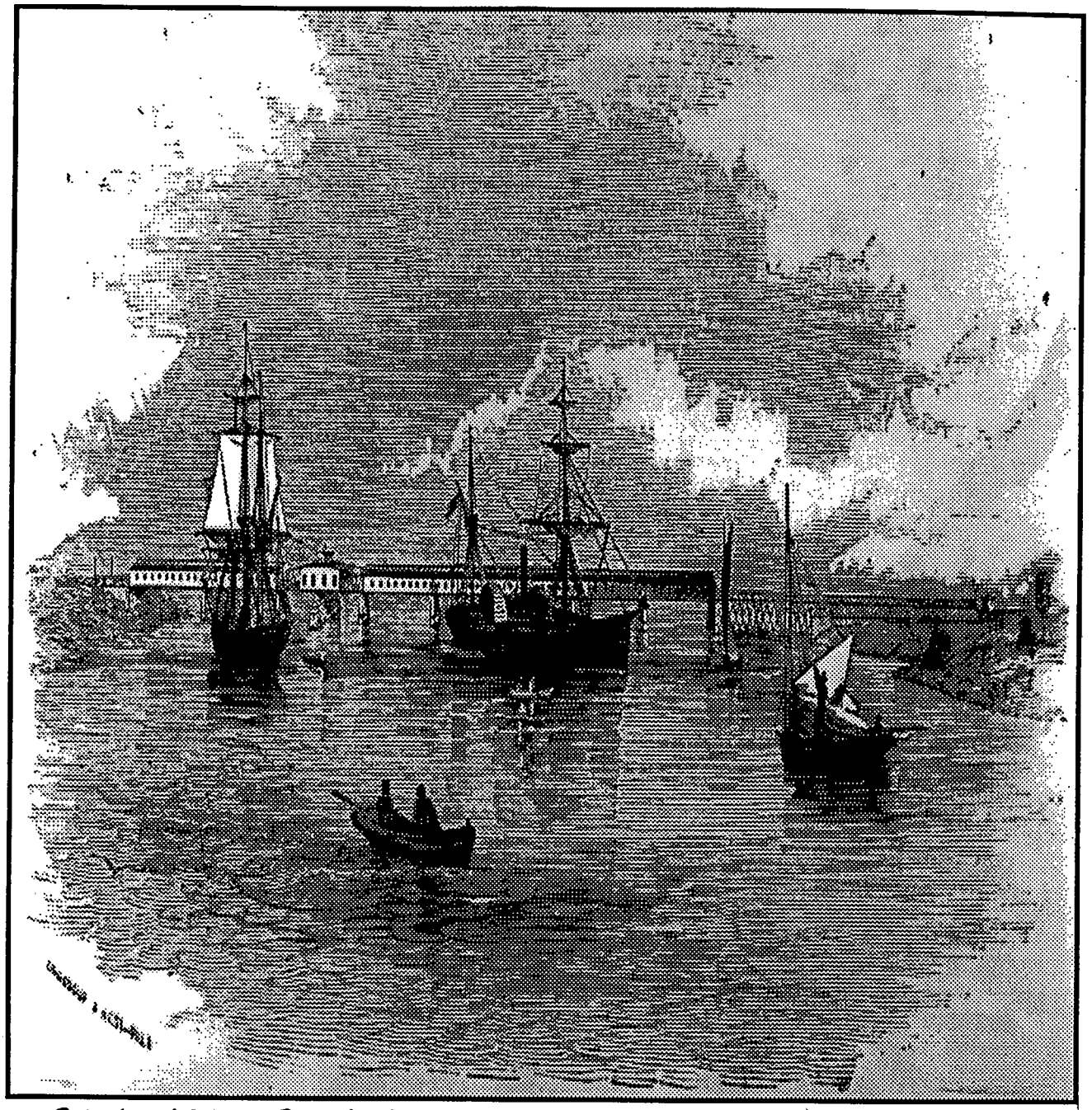
It is likely that the County will continue to be successful in collecting autopsy fees from Clackamas and Washington Counties, regardless of the organizational location of the program. Collection of fees from the other (non-metropolitan) counties has been more variable in the past; it is likely that the effects of Measure 47 will make it more difficult in the future.

Based on current year projections, if there were ***no*** revenue from non-metropolitan counties the 1997-98 General Fund revenue shortfall would be in the neighborhood of $14,500.

Options

- Continue to have the ME Program located in the Health Department's Regulatory Health Division. This option will require no Board action.
- Transfer the ME Program to the DA's Office. This option would require the Board to approve a technical budget amendment to transfer both budgeted expenditures and fee revenues to the DA's Office.

c: District Attorney Michael Schrunk
Billi Odegaard, Health Department Director
Larry Lewman, MD, State Medical Examiner



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Multnomah County

HEALTH DEPARTMENT

June 3, 1997

Budget
1997-98

Packet #10 - Follow-up Information

MULTNOMAH COUNTY OREGON

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

MEMORANDUM

TO: Board of County Commissioners

FROM: Bill Odegaard, Director
Health Department

SUBJECT: WORK SESSION QUESTIONS

DATE: June 2, 1997

Our responses to questions raised at the May 20 budget work session:

16. What amount of resource is collected from third party providers for services at the school-based clinics?

The school based budget assumes $757,000 of non-County revenue. Of this amount, $263,000 represents payments from third party payers, both Medicaid ($213,000) and non-Medicaid ($50,000), for insured adolescents using school clinics. This revenue is enough to fund a high school clinic, with a first year cost of $225,000. The remainder of the non-County revenue is derived from direct grants ($102,000 from the State, $107,000 from Robert Wood Johnson, $16,000 from Family Planning, and $270,000 from the Public Health Service).

17. Discuss the cuts proposed in dental services and communicable disease program.

General Fund cuts in Dental will result in Division losing most of it's resources previously available to provide urgent clinical dental services to low income uninsured residents. The cuts also will reduce the School / Dental Community Prevention program by 10%. Approximately 3500 patient clinical visits available for low income uninsured clients in pain will be lost. A significant number of community oral health education presentations and opportunities will be lost from the prevention program.

The Disease Prevention and Control Division will be operating at the margin in several program areas. If disease rates remain stable, the reduced staffing levels will probably be sufficient to meet the need. However, if disease rates increase, reduced staffing will result in reduced ability to respond at an optimal level. The most salient examples of this possibility are: Disease Control, where the Hepatitis A rate appears to be a the bottom of its cycle and could begin climbing and the TB Control program where the TB case rate appears to be matching last year's higher rate. On a positive note, the HIV Clinic recently benefited from additional one time only Ryan White funds to restore a clinical nurse position.

From a prevention standpoint, areas of concern include: 1) reduced TB surveillance; 2) reduced number of child contacts in the Immunization Program; 3) reduction of Sanitarian staff to investigate environmental health conditions which promote disease spread and 4) reduced HIV prevention presence on the streets.

18. Return a description of the link between primary care clients and behavioral health programs under OHP when a model is developed. Please suggest when such a response is likely.

The relationship between the Health Department and CFS will be contractual, just as it is for OHP clients with CareOregon. They will agree to pay us for providing behavioral health services for CareOregon clients. This would be a new revenue stream. A delivery model is being developed, but won't be available until October.

19. What are the teen pregnancy rates at Roosevelt, Jefferson, Cleveland, and Marshall? How do teen clinics relate to teen pregnancy reduction?

The Health Department has prepared a briefing memo, **Teen Pregnancy and School-Based Health Centers,** which is attached.

20. How do school based clinics fit into the larger picture of access to health care, particularly in relationship to primary care downsizing?

All of the School Based Health Centers are providing on-going comprehensive primary health care to students who otherwise would not have access to care. For students that do have access to other care the clinic's role is coordination, facilitating access and joint care provision. Siting clinics in schools was to provide access and serve an under served population. The majority of students were not and are not users of the primary care clinics, except by referral from school based staff. Down-sizing primary care clinics will decrease medically indigents student access for complex and specialty problems that are currently referred to Multnomah County physicians. Clinics are staffed by nurse practitioners and their phone access to MD consultation will also be decreased.

Due to their size and location in the school some clinics can allow community access through an outside door and others have room to add provider/support staff. These include Roosevelt where family planning OHP eligibility screening and immunizations are now provided in the afternoon and evening. Both Whitaker Middle School and the remodeled clinic in Parkrose have been designed to provide neighborhood access. Long range plans include providing family planning services, OHP eligibility services, breast and cervical cancer screening and WIC services. Neighborhood Access Services are not primary care. School Based Health Centers do not have space, resources and in some schools the accessibility to provide on-going comprehensive care services to the community.

21. Compare the cost per service at the school-based clinics with the cost per service in primary care clinics.

Using 1995-96 data, the last full year completed, school based produced 24,618 medical visits at an average cost of $103 per visit. In the same year, the Primary Care system produced 118,994 medical visits at an average cost of $111.

The school based visits broke down as follows in 1995-96:

Well Child	215	0.9%
Family Planning	6,670	27.1%
Other Primary Care	17,572	71.4%
Maternity	161	0.7%
	24,618	100.0%

22. Look at conducting food handler training in jails using other than Corrections Health staff, including Environmental Health staff or volunteers.

One purpose of conducting food handler training in the jails is to facilitate the inmate's ability to get a job, once released, with minimal barriers. A second purpose is to improve food handling practices within the corrections facilities where inmates prepare and serve food to be consumed by other inmates. Environmental Health currently waives the $7 per card fee for this program. Current Environmental Health staffing levels preclude staff from taking on additional training responsibilities in the jail.

One plan already under consideration is to raise card fees to support a food handlers training/testing site in East County. By raising the fee to $9-10 per card, this service could be extended to the corrections sites. A second option could be the use of volunteers who sign a written agreement to properly manage card issuance, and who conduct the training/testing in the jail. There would need to be someone available to take care of volunteer coordination, so that a consistent service presence is maintained. Possibly a community service already provided in corrections (such as a ministry) could take on the food handlers service as well.

23. **Discuss potential health inspection of family day care centers.**

Oregon law requires these homes to be registered with the state Division of Child care but without health inspections. There are 2,313 homes in Multnomah County. There are no data to indicate that home day care centers have been a health threat, however we recognize that there is that potential.

Rough estimated costs to have an inspections program with annual inspections and a consultation and education component would be:

2.5 FTE	Sanitarian	$117,500
0.5 FTE	OA2	15,500
Materials and supplies		20,000
		$153,000

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(503) 248-3674
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To: Tom Fronk

From: Denise Chuckovich

Date: May 27, 1997

Subject: Follow-up Items -**Teen Pregnancy and School-Based Health Centers.**

Health Department

- **What are the teen pregnancy rates at Roosevelt, Jefferson, Cleveland, and Marshall?**

The number of pregnancies ages 10-20 identified by School-Based Health Center (SBHC) staff at a middle or high school housing a SBHC are shown below.

School 1995-96	Number of Pregnancies Identified
Cleveland	11
Grant	10
Jefferson	11
Madison	16
Parkrose	8
Roosevelt	16
Marshall	16
George	1
Portsmouth	1
Total	91

The number of pregnancies ages 15-17 identified by SBHC staff at Cleveland, Jefferson, Marshall, and Roosevelt High Schools over time are shown below.

Year	Cleveland	Jefferson	Marshall	Roosevelt
1992-93	8	20	12	18
1993-94	12	23	30	8
1994-95	9	22	13	23
1995-96	8	9	13	13

The estimated pregnancy counts include all students seen in SBHC who reported a pregnancy, had a pregnancy diagnosed or confirmed at the clinic, or any student who received pregnancy related care through SBHC. The number of pregnancies in the counts also include students who: 1) were first seen for a positive pregnancy test; 2) had a planned pregnancy; 3) were pregnant transfer students; or 4) became pregnant prior to entering high school.

Data Limitation:

Caution should be used when attempting to evaluate these numbers. The estimated number of pregnancies (i.e., abortions and births) identified by SBHC staff is not a complete count of all the pregnancies which may have occurred in the schools housing a SBHC. The SBHC staff are unable to count the number of abortions and births of which they have no knowledge.

Calculating the teen pregnancy rates for these individual schools over time, or comparison to schools without SBHC, has the potential to provide some information on the impact SBHC have had on reducing teen pregnancies. The validity of these rates, however, must be questioned. Without a complete count of pregnancies in the school, and with the enormous fluctuations produced by small changes in the numbers of teen pregnancies within a school from year to year (i.e., an increase or decrease by one pregnancy) it would be impossible to show significant changes in the rate from one year to the next. As a result, conclusions and interpretations of the data (while tempting) may be erroneous.

- **How do teen clinics relate to teen pregnancy reduction?**

In 1986 the Multnomah County Health Department opened its first school-based clinic. To date, seven high schools in Multnomah County house SBHC. The goals of the program are: 1) to provide age appropriate, culturally sensitive, and accessible primary health and mental health care to students to assure readiness to learn and healthy lifestyle choices; 2) to reduce the incidence of the risk behaviors contributing to teen pregnancy; and 3) to improve school attendance by providing access to health care services on-site, in the schools.

"School-based or school-linked comprehensive adolescent clinics have emerged as a viable, innovative, and responsible approach to effective holistic health care delivery for teens."(1) SBHCs have demonstrated considerable success in reaching teens and providing services to them. Areas of achievement are: increasing utilization of health care services for the young people attending the school, diagnosing undetected medical conditions, improving mental health, increasing the number of young teens who engage in sexual intercourse responsibly by using contraception, and increasing the number of young teens who avert a pregnancy.

Findings from an evaluation carried out in 1994 among 11th grade students attending the high schools housing a SBHC in Multnomah County confirmed that the SBHC were providing health care to those students most in need of services (3). Students who used the SBHC were more likely to have had a financial need to use them and reported more health problems. With respect to reproductive health, the SBHC were providing services to the majority of students who were sexually active. Nearly 80% of 11th grade students surveyed who reported seeking reproductive health care used the SBHC for these services.

Overall SBHC have demonstrated that young men and women will use them. In Multnomah County, about 50% of the enrolled students in the high schools and almost 60% of the students in the middle schools have used the SBHC. In terms of SBHC reaching young men in the schools, 28% of the clients receiving reproductive health services in the high schools and middle schools housing a SBHC were young men (a number unheard of in traditional family planning clinics- less than 1%.) About 40% of the clinic users were racial/ethnic minority students. Approximately one-third of the visits to the high school SBHC were for reproductive health care; 19% were for mental health; and 22% were for health promotion.

Are changes in the teen pregnancy rates over time influenced by access to a SBHC?

Teen pregnancy rates are calculated by adding up the number of abortions and the number of births divided by the number of young women of that age group. Abortion data are collected and reported by zip code. Due to confidentiality, the name, address, and, therefore, the census tract number are not available for abortion clients. Birth data are collected and reported by census tract. Since teen pregnancy rates include abortions and births, this analysis would be carried out by pulling together the number of pregnancies in those zip codes that are within the school boundary for a particular high school housing a SBHC.

Data Limitations:

Upon review of the data, serious limitations to this type of analysis are found. First, the zip codes that fall into a school boundary also fall outside a school boundary. This overlap makes it impossible to assign a pregnancy to the correct school, using zip code boundaries. Second, we cannot calculate a rate by zip code. Census data are not available by zip code since the 1990 Census. As a result we do not know the number of females ages 15-17 in Multnomah County by zip code for each year of interest. Without accurate denominator data (i.e., number of females ages 15-17 residing within a zip code) calculated teen pregnancy rates are invalid and do not provide useful information.

Are changes in the teen birth rates over time influenced by access to a SBHC?

Since teen births are collected and reported by census tract, this analysis would be carried out by pulling together the number of births in those census tracts that are within the school boundary for a high school housing a SBHC. An essential element in this analysis is to document what proportion of students within a neighborhood school boundary attend the high school within that school boundary.

The following table shows the percent of students from a neighborhood enrolled in their own neighborhood high school.

School 1995-96	Percent Students Enrolled in Own Neighborhood School
Jefferson	39.8
Madison	57.5
Franklin	63.6
Cleveland	65.2
Marshall	67.5
Grant	69.2
Roosevelt	73.6
Wilson	83.1
Lincoln	86.8

Source: Portland Public Schools

According to these data, only 40% of the students from the Jefferson neighborhood area are enrolled in Jefferson High School. Whereas, 65.2% of the students from the Cleveland neighborhood area are enrolled in Cleveland High School; 67.5% at Marshall; and 73.6% at Roosevelt.

Data Limitations:

Due to this considerable mobility, the reach of the SBHC into the neighborhood surrounding the school can be expected to be limited at best. Therefore, an analysis of the teen birth rates within the school boundary housing a SBHC would not be valid and would not tell us anything about the impact of SBHC on teen pregnancy reduction. SBHC can only reach out to those students attending school.

- Family Planning Services in SBHC

Have the SBHC been successful at providing reproductive health services to more students?

The table below shows the number of male and female students ages 15-17 receiving family planning services through the Cleveland, Jefferson, Marshall, and Roosevelt SBHC over time.

Year	Cleveland	Jefferson	Marshall	Roosevelt
1990	197	177	160	204
1991	216	247	201	258
1992	221	237	416	269
1993	239	250	323	234
1994	256	222	320	240
1995	249	219	343	246
1996	258	224	228	260

Source: Calendar year Ahlers Family Planning Data, unduplicated count of clients.

During the period from 1990 to 1996 all four high schools showed an increase in the number of students receiving family planning services: Cleveland 30.9%; Jefferson 26.5%; Marshall 42.5%; and Roosevelt 27.5%.

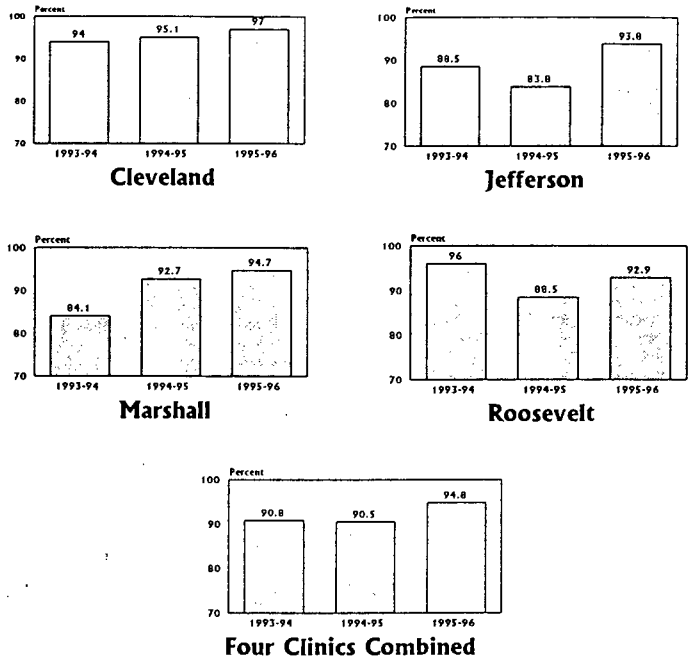
- Family Planning Services and Pregnancies Averted in SBHC Over Time

Have the SBHC been successful at preventing a pregnancy?

The figure below shows the proportion of female clients seen through SBHC for family planning services who did not get pregnant. This is the key result for the SBHC Program reported annually in the County Budget.

The proportions are shown below for Cleveland, Jefferson, Marshall, Roosevelt, and for all four clinics combined. This analysis excludes those clients pregnant at their first visit to the clinic.

Proportion of SBHC Family Planning Clients Who Did Not Get Pregnant by Site Over Time



Source: Ahlers data;
(Excludes those clients pregnant at first visit).

These data show that not only have SBHC been successful at providing more family planning services, the SBHC have also been successful at preventing a pregnancy. For these four clinics, almost 95% of those young women seeking reproductive health services through the SBHC did not get pregnant.

Both method failure (i.e., condom broke because of manufacturing problems) and user failure (i.e., I broke up with my boyfriend so I stopped taking my pills; I started taking them again as soon as my new boyfriend and I started having sex) play important roles in the proportion of pregnancies averted. And both types of failure are more common among younger women (particularly unmarried women and those whose incomes are 200 percent or less of the poverty level (2).

As the data indicate above, the averted pregnancy rates are different between clinics; and naturally occurring program changes such as staff turnover (creating periods of new relationship building between teens and new staff) and remodeling (forcing clinics to offer minimal services during this time period) may have contributed to the differences seen between clinics.

Differences in key individual and environmental risk factors may also be one of the reasons. Numerous factors play crucial roles in contraceptive use and teen pregnancy. Some of these include: school failure prior to pregnancy, poverty, low self-esteem, and single-headed households.

Considering these risk factors, the risk profile of the SBHC client who becomes pregnant is not surprising. These clients tend to start sexual behavior at an early age (80% of the clients who became pregnant began sexual activity at age 15 or younger); have a history of more than three sexual partners (40% of the clients who became pregnant reported having three or more sexual partners prior to their pregnancy); and have a history of childhood sexual abuse (25% of the clients who became pregnant reported a past history of childhood physical or sexual abuse.) Not surprising, variations in these same factors show up in the schools as well.

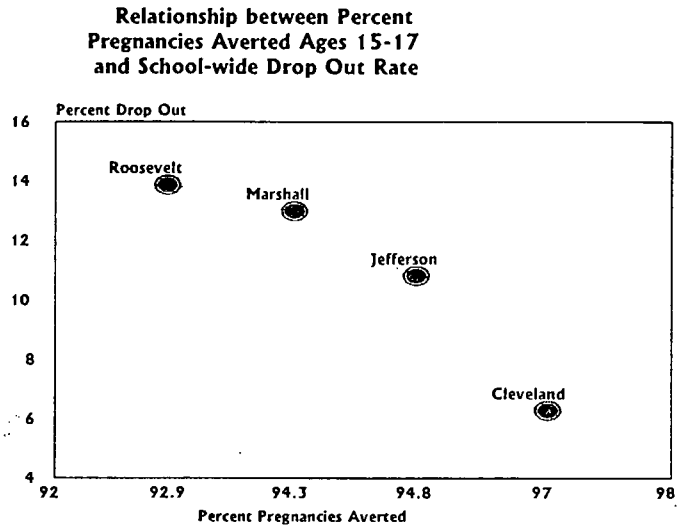
The table below shows several of these key individual and environmental risk factors for teen pregnancy in comparison to the averted pregnancy rate by school.

School 1995-96	Percent Public Assistance*	Percent Female Headed Households*	Percent Drop Out	Percent Pregnancies Averted Ages 15-17
Cleveland	7.5	8.8	6.4	97.0
Jefferson	17.7	24.2	11.0	94.8
Marshall	12.4	13.4	13.2	94.3
Roosevelt	16.4	20.6	13.8	92.9

*Source: Portland Public Schools, according to 1990 Census, the percent of neighborhood feeding into the school on public assistance and the percent of female headed households. Percent drop out is a school-wide figure. Percent pregnancies averted are for SBHC clients using family planning services.

The surrounding socioeconomic and cultural environment of a young teen influences their contraceptive use; and the risk factors indicated above (i.e., percent public assistance, percent female headed households, and percent drop out) help form the "environment in which individual decisions about contraception and sexual activity occur."(2)

Such a relationship between contraceptive use and the ability of SBHC to prevent a pregnancy and the drop out rate for that school can be seen below.



Cleveland has one of the highest averted pregnancy rates with the lowest percent drop out; while Roosevelt has one of the lowest averted pregnancy rates with one of the highest percent school drop out. As the school-wide drop out rate goes up, the proportion of young women using family planning services who did not get pregnant goes down. Once again the environment (i.e., the prevalence of students dropping out of school) may play a crucial role in shaping a young teens decision to engage responsibly in sexual activity.

- **Multnomah County's Approach to Teen Pregnancy Prevention**

There are no simple solutions or only one solution to reducing teen pregnancy in Multnomah County. It is clear from these data that offering contraception alone is not an adequate solution to the problem. To be effective, pregnancy prevention programs must reflect diverse value systems and cultural differences and must address the underlying factors that predict teen pregnancy: poverty; school failure, behavior problems; childhood abuse; and dysfunctional families.

Programs funded by the county need to intervene on many levels, in many different settings, and at many points along the way that lead to early pregnancy and parenthood. Our strategies must be multi-faceted with different approaches for different groups of youth, ranging from minimal intervention to comprehensive, long-term interventions.

- All youth need training to resist pressure to engage in early sexual involvement that teaches them communication and refusal skills to delay sexual involvement until they are ready.

- All youth need information about general and reproductive health care services.

- All sexually active youth need access to and utilization of affordable, accessible, and confidential reproductive health care services, including contraceptives.

- Some youth with a host of family and individuals problems need help overcoming school failure, behavior problems, family dysfunction, and early sexual involvement and subsequently early parenthood.

- All pregnant or parenting teens need parenting education and support and where necessary referral to health and social service agencies, with special emphasis on understanding and working with them and their partner's motivation for the timing and spacing of their families.

- **Next Steps in Addressing the Impact of SBHC on Teen Pregnancy**

As part of a continuous effort to assess the role of the Multnomah County Health Department in reducing teen pregnancy, a comprehensive multi-year analysis of teen pregnancy is being carried out by a departmental work group. The analysis will look at adolescent access to and utilization of services provided by the Multnomah County Primary Care Clinics and the School-Based Health Centers over time. The Teen Pregnancy Analysis Work Group anticipates completion of the analysis and a written report by September, 1997.

Literature Cited

1. Adolescent Pregnancy Prevention: A Guidebook for Communities. Brindis CD. Health Promotion Resource Center, Stanford Center for Research in Disease Prevention, 1991.

2. The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families. Institute of Medicine, National Academy Press, 1995.

3. School-Based Health Center Program Evaluation: Multnomah County Health Department, 1994.

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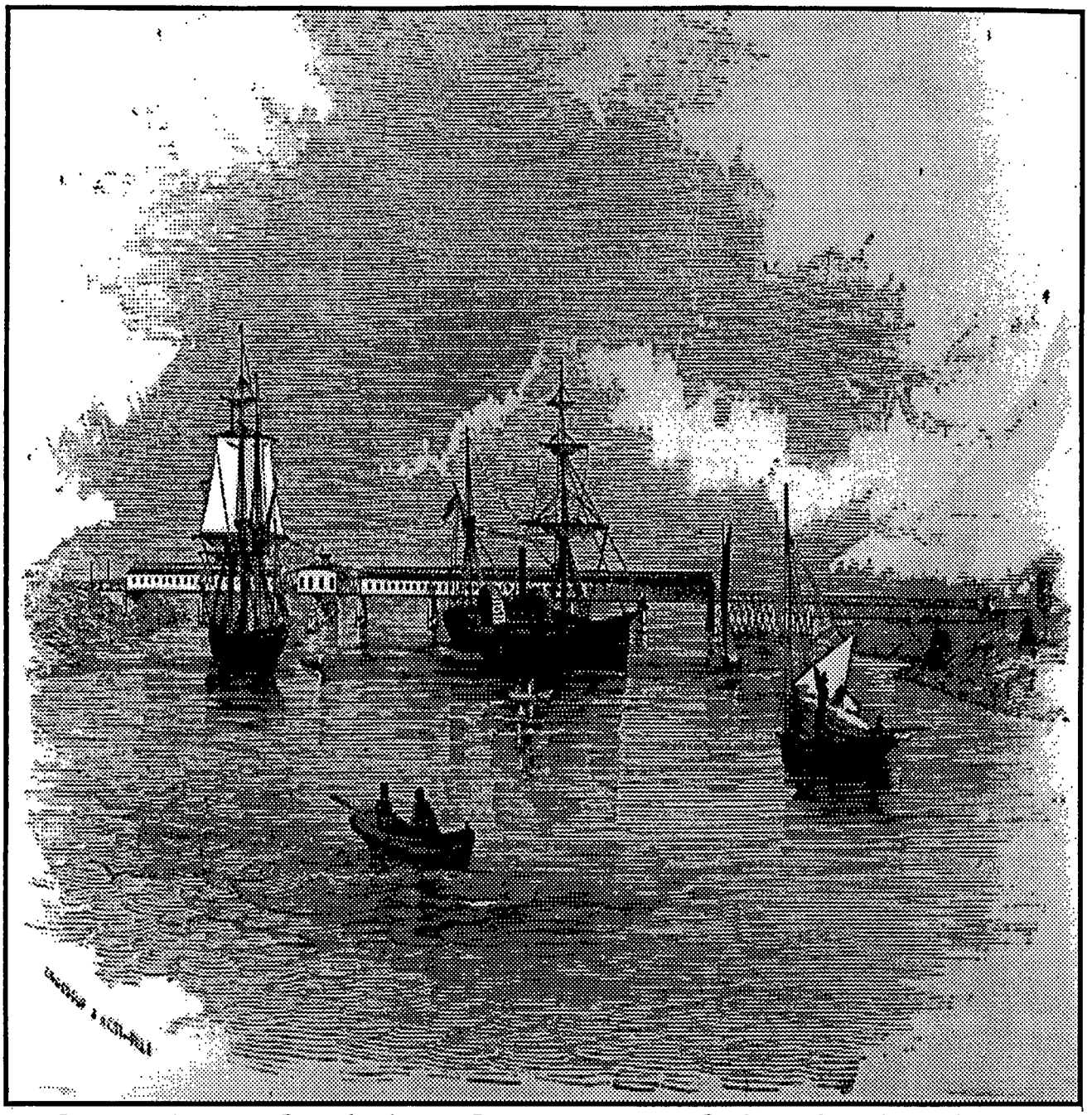

Bridge Across the Willamette, Between Columbia Street, Portland, and Asylum Street, East Portland, Now in Course of Construction

Multnomah County

HEALTH DEPARTMENT

June 16, 1997

Budget 1997-98

Packet #17 - Follow up information #2
Primary Care

MULTNOMAH COUNTY OREGON

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

TO: Dave Warren,
Budget Director

FROM: Tom Fronk, Business Services Director
Health Department

SUBJECT: WORK SESSION QUESTIONS - 2

DATE: June 13, 1997

Our responses to questions raised at the June 11 budget work session, and additional budget documents based on proposed budget amendments:

Please provide more information regarding the Primary Care Infrastructure amendment:

Sharon Armstrong, Primary Care Director, has prepared the following response:

Centralization of Appointments and Phone Triage Practice - Board Briefing Paper

We have determined that in order to proceed with centralization of clinical appointments and phone triage, which will require 17 FTE's, we will be forced to cut approximately 3 FTE Provider staff (5 FTE support staff made available per 1 FTE Provider). If the layoff of 30 FTE support staff in February had not been necessary we would have drawn 17 FTE's from the clinics and then laid off 13 FTE's. While the reduction in provider teams will reduce the number of visits available to clients, the Primary Care Division will be positioned to offer improved service and increased efficiencies for our remaining clients.

Improved Service

- The ability to make appointments from 7:00 am to 8:00 pm will address problematic service times;

  (a) from 7:00 am - 7:30 am, when calls are transferred from JDH to WHC;
  (b) from 5:00 pm – 6:00 pm, when calls are transferred to After Hours Nurses and the volume is high;
  (c) at the lunch hour, when appointment phone lines are typically closed at clinic sites.

- Staffed with language capacity for English, Spanish, Russian and Vietnamese;

- Calls will go automatically to first available operator for the desired language, rather than to voice mail, our current practice;

- Wait time on phones will be less than 2 minutes; currently, clients often cannot get through;
- Allows for specific customer focused training;
- Supports more focused training and skills development of staff;
- Allows for a more specific focus on quality performance, with outcomes based measurement;
- Can address clients in the most culturally appropriate manner;
- Enhanced customer service to internal staff and professional community;
- Physicians and other care providers able to see patients who need urgent evaluation and treatment in a timely fashion.

Increased Efficiencies

- Will be able to use flexible staffing to accommodate heavy utilization times;
- Ability to perform ongoing monitoring and adjustment of these services in a centralized area of work will maximize efficiencies;
- Better utilization of triage support;
- Allows for standardization of clinical practice and timely, comprehensive and consistent advice and information;
- Improved access to providers for medically necessary evaluation and treatment;
- Providers and staff at clinic sites are relieved of the burden of telephone inquires, allowing them to deliver uninterrupted care.

Background Statistics

Current Appointment Volume:

1. Approximate monthly volume = 14,000 appointments
2. Non-English calls = 46%
3. Average length of call = 4 minutes/call (interpreted and non-interpreted)

Triage Volume:

1. Estimated daily volume = 256 calls per day
2. Average call duration = 10min/call (interpreted and non)

Please provide additional information regarding Mental Health in Primary Care:

Commissioner Collier requested a briefing document; Commissioner Kelley suggested that we join CFSD before the Board this week. Patsy Kulberg joined the CFSD presentation; Commissioner Collier later confirmed that this approach was sufficient to also meet her needs.

Please provide additional information on the Cully Neighborhood Access Site:

Jan Sinclair, Neighborhood Health Services Director, has prepared the following response:

Neighborhood Access Site - NE Cully – Board Briefing Paper

History: In 1992 the Primary Care Division received supplemental Grant money specifically designated as "Health Care for Children at Risk of Homelessness". These dollars were used to start evening services in East County Clinic, primarily for the ever increasing population of Spanish speaking families. The clinic became known as LaClinica de Buena Salud.

Most of the families using this clinic came from NE and East County. In 1993, the clinic moved from East County into an apartment unit at the Galaxy apartments on NE Cully and Killingsworth. For a while the site was referred to as the Galaxy Clinic. Today the clinic is still substantially funded with health care for the homeless grant money. It is still housed in an apartment unit and is called LaClinica de Buena Salud.

Clinical Services Today: LaClinica services approximately 600 new clients in a given year (clinic visits 2,000). The clinic is a "hybrid" between primary care services and neighborhood access services. The clinic has a provider (MD or NP) 2 days a week and health screening assessment, triage referral, outreach and health education, 5 days a week, limited prenatal, family planning well child and WIC services are provided. Many of the screened assessed, and triaged clients are referred to the NE or East County Health Centers for ongoing primary care. Neighborhood access services are those services considered part of public health's best practices; WIC, Breast and Cervical Cancer Screening, Family Planning, Immunizations, Health Care Eligibility Screening and Access and Triage Services to ongoing care. Neighborhood Access Services are not intended to be sites for ongoing general medical care.

Current Community Planning: LaClinica staff have joined a long term planning process called the NE Killingsworth and Cully Development Plan. The Hacienda Cooperation has assumed leadership on the project and they have brought together the health and social service providers in the area now, all of whom have the goal of increasing the health and liability of the neighborhood, the planning partners include:

OSU Extension Services
Urban League
Central NE Neighbors
Volunteers of America
Campfire
PCC
AFS
SCF
Head Start
PPS
Oregon Legal Aid
Chicano Concillo
Programa Hispano
Hispanic Access
PSU
Portland Housing Authority
NE Police Precinct
Albina Ministerial

Negotiations are occurring with these groups now to lease space in the community building.

Current add package for 97-98 has 2 parts:
1) $49,000 - Building cost to allow clinic to move from a 2 bedroom apartment unit not a newly designed Killingsworth/Cully community Service Building. Anticipated date January-March 1998.

2) $83,250 - Staff; this 1.3 FTE is a mix of provider and support time to increase family planning services, outreach, health assessment and triage services into the Cully neighborhood.

Please provide amendments based on individual Commissioner requests:

We have prepared the following budget amendments, which are attached:

Health 57PA	Restores NPHC and ECHC; recognizes Community Partnership	$0
Health 60PA	Restores NPHC and ECHC	$2,700,000
Health 61PA	Continues Correction's Food Handler Program	$37,500
Health 62PA	Restoration in Communicable Disease Office	$33,200
Health 63PA	Restores cuts in Inspections Program	$100,000
Health 64PA	Restores 0.25 Sanitarian in lead screening	$11,000
Health 65PA	Restores nuisance code enforcement	$32,000
Health 66PA	Restores needle exchange to current levels	$9,000
Health 67PA to Health 71PA	Restores cuts in the WIC program in roughly $100,000 increments	$495,600

BUDGET AMENDMENT NO. HLT 57PA Date Proposed _____

Date Approved _____

Proposed By Bev Stein

Dept Health Fund 156 Budget Document Pages

Description of Amendment

This amendment restores NPHC and ECHC for all of FY 1997-98. Funds to allow this restoration come from the $1.3 million Community Partnership fund, with the remaining $2.7 million coming from fruition of the Community Partnership initiative.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0725	6001	7.02	179,064	33,042	37,506	249,612
156	015	0725	6294	5.40	156,138	28,020	27,810	211,968
156	015	0725	6303	1.98	66,348	11,910	10,248	88,506
156	015	0725	6314	2.64	167,412	31,146	17,436	215,994
156	015	0725	6315	5.10	254,718	45,744	21,798	322,260
156	015	0725	6321	1.02	31,290	5,616	4,590	41,496
156	015	0725	6333	0.78	32,010	5,742	2,376	40,128
156	015	0725	9490	1.38	132,972	23,874	4,698	161,544
156	015	0725	9692	0.42	37,308	6,702	4,728	48,738
156	015	0725	9693	1.02	21,438	3,918	2,832	28,188
	Subtotal, ECHC			**26.76**	**1,078,698**	**195,714**	**134,022**	**1,408,434**
156	015	0735	6001	5.71	141,666	25,446	31,554	198,666
156	015	0735	6294	1.80	43,314	7,782	12,138	63,234
156	015	0735	6303	3.72	121,626	21,846	18,474	161,946
156	015	0735	6314	0.60	37,758	6,780	3,690	48,228
156	015	0735	6315	3.00	131,844	23,682	16,488	172,014
156	015	0735	6316	1.02	57,858	10,392	5,514	73,764
156	015	0735	6321	0.80	23,052	4,140	4,788	31,980
156	015	0735	6333	0.60	16,476	2,958	3,582	23,016
156	015	0735	9490	1.50	162,546	29,190	23,340	215,076
156	015	0735	9692	1.02	38,814	6,972	6,558	52,344
156	015	0735	9693	1.10	66,456	11,934	5,772	84,162
	Subtotal, NPHC			**20.88**	**841,410**	**151,122**	**131,898**	**1,124,430**
156	015	0820	9355	0.90	52,158	9,360	4,680	66,198
156	015	0820	6119	0.48	24,114	4,326	1,362	29,802
	Subtotal, Pharmacy			**1.38**	**76,272**	**13,686**	**6,042**	**96,000**
156	015	0835	6335	1.00	43,674	7,842	6,924	58,440
156	015	0835	6001	0.60	13,800	2,478	1,344	17,622
	Subtotal, Lab			**1.60**	**57,474**	**10,320**	**8,268**	**76,062**

Revenue Impact

Community Partnership revenues, both private and OHP, increase by $2.7 million.

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0725	5100		$1,078,698	Permanent
156	015	0725	5200		$124,074	Temporary
156	015	0725	5300		$3,894	Overtime
156	015	0725	5400		$9,966	Premium
156	015	0725	5500		$207,025	Fringe
156	015	0725	5550		$134,022	Insurance
156	015	0725	6110		$117,000	Medical Referrals
156	015	0725	6120		$3,798	Printing
156	015	0725	6230		$123,248	Supplies
156	015	0725	6310		$3,702	Education
156	015	0725	6330		$1,998	Local Mileage
156	015	0725	6550		$4,500	Special Order Pharmacy
156	015	0725	7100		$249,020	Indirect
156	015	0725	7150		$25,002	Phones
156	015	0725	7400		$122,736	Building Management
156	015	0725	7560		$13,554	Distribution
					$2,222,237	**Increase Exp, ECHC**
156	015	0941	6110		**($1,300,000)**	**Cut Comm Partnership Funds from Director's Office**
156	015	0735	5100		$841,410	Permanent
156	015	0735	5200		$103,254	Temporary
156	015	0735	5400		$7,158	Premium
156	015	0735	5500		$160,286	Fringe
156	015	0735	5550		$131,898	Insurance
156	015	0735	6110		$112,248	Medical Referrals
156	015	0735	6120		$6,138	Printing
156	015	0735	6230		$101,228	Supplies
156	015	0735	6310		$1,800	Education
156	015	0735	6550		$5,082	Special Order Pharmacy
156	015	0735	7100		$199,261	Indirect
156	015	0735	7150		$21,234	Phones
156	015	0735	7400		$73,704	Building Management
156	015	0735	7560		$13,488	Distribution
					$1,778,189	**Increase Exp, NPHC**

Effect on General **Fund Contingency $** -

BUDGET AMENDMENT NO. HLT 57PA **Page 3**

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0820	5100		$76,272	Permanent
156	015	0820	5500		$13,686	Fringe
156	015	0820	5550		$6,042	Insurance
156	015	0820	6230		$13,098	Supplies
156	015	0820	6550		$244,308	Formulary Pharmacy
156	015	0820	7100		$44,851	Indirect
156	015	0820	7150		$1,998	Phones
					$400,255	**Increase Exp, Pharmacy**
156	015	0835	5100		$57,474	Permanent
156	015	0835	5500		$10,320	Fringe
156	015	0835	5550		$8,268	Insurance
156	015	0835	6230		$15,600	Supplies
156	015	0835	7100		$11,568	Indirect
					$103,230	**Increase Exp, Lab**
					$3,203,911	**Total Exp Change**
					$2,699,211	**Community Partnership Rev**

BUDGET AMENDMENT NO. HLT 60PA Date Proposed 6/11/97

Date Approved

Proposed By Commissioner Collier

Dept Health Fund 156 Budget Document Pages

Description of Amendment

This amendment restores North Portland Health Center and East County Health Center for all of FY 1997-98.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0725	6001	7.02	179,064	33,042	37,506	249,612
156	015	0725	6294	5.40	156,138	28,020	27,810	211,968
156	015	0725	6303	1.98	66,348	11,910	10,248	88,506
156	015	0725	6314	2.64	167,412	31,146	17,436	215,994
156	015	0725	6315	5.10	254,718	45,744	21,798	322,260
156	015	0725	6321	1.02	31,290	5,616	4,590	41,496
156	015	0725	6333	0.78	32,010	5,742	2,376	40,128
156	015	0725	9490	1.38	132,972	23,874	4,698	161,544
156	015	0725	9692	0.42	37,308	6,702	4,728	48,738
156	015	0725	9693	1.02	21,438	3,918	2,832	28,188
	Subtotal, ECHC			**26.76**	**1,078,698**	**195,714**	**134,022**	**1,408,434**
156	015	0735	6001	5.71	141,666	25,446	31,554	198,666
156	015	0735	6294	1.80	43,314	7,782	12,138	63,234
156	015	0735	6303	3.72	121,626	21,846	18,474	161,946
156	015	0735	6314	0.60	37,758	6,780	3,690	48,228
156	015	0735	6315	3.00	131,844	23,682	16,488	172,014
156	015	0735	6316	1.02	57,858	10,392	5,514	73,764
156	015	0735	6321	0.80	23,052	4,140	4,788	31,980
156	015	0735	6333	0.60	16,476	2,958	3,582	23,016
156	015	0735	9490	1.50	162,546	29,190	23,340	215,076
156	015	0735	9692	1.02	38,814	6,972	6,558	52,344
156	015	0735	9693	1.10	66,456	11,934	5,772	84,162
	Subtotal, NPHC			**20.88**	**841,410**	**151,122**	**131,898**	**1,124,430**
156	015	0820	9355	0.90	52,158	9,360	4,680	66,198
156	015	0820	6119	0.48	24,114	4,326	1,362	29,802
	Subtotal, Pharmacy			**1.38**	**76,272**	**13,686**	**6,042**	**96,000**
156	015	0835	6335	**1.00**	**43,674**	**7,842**	**6,924**	**58,440**
156	015	0835	6001	**0.60**	**13,800**	**2,478**	**1,344**	**17,622**
	Subtotal, Lab			**1.60**	**57,474**	**10,320**	**8,268**	**76,062**

Revenue Impact

Increases Cash Transfer to F/S Fund by: 4,503,911
Increases Service Reimbursement from F/S Fund by: 504,700

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0725	5100		$1,078,698	Permanent
156	015	0725	5200		$124,074	Temporary
156	015	0725	5300		$3,894	Overtime
156	015	0725	5400		$9,966	Premium
156	015	0725	5500		$207,025	Fringe
156	015	0725	5550		$134,022	Insurance
156	015	0725	6110		$117,000	Medical Referrals
156	015	0725	6120		$3,798	Printing
156	015	0725	6230		$123,248	Supplies
156	015	0725	6310		$3,702	Education
156	015	0725	6330		$1,998	Local Mileage
156	015	0725	6550		$4,500	Special Order Pharmacy
156	015	0725	7100		$249,020	Indirect
156	015	0725	7150		$25,002	Phones
156	015	0725	7400		$122,736	Building Management
156	015	0725	7560		$13,554	Distribution
					$2,222,237	**Increase Exp, ECHC**
100	015	0941	6110		**($1,300,000)**	**Cut Comm Partnership Funds from Director's Office**
156	015	0735	5100		$841,410	Permanent
156	015	0735	5200		$103,254	Temporary
156	015	0735	5400		$7,158	Premium
156	015	0735	5500		$160,286	Fringe
156	015	0735	5550		$131,898	Insurance
156	015	0735	6110		$112,248	Medical Referrals
156	015	0735	6120		$6,138	Printing
156	015	0735	6230		$101,228	Supplies
156	015	0735	6310		$1,800	Education
156	015	0735	6550		$5,082	Special Order Pharmacy
156	015	0735	7100		$199,261	Indirect
156	015	0735	7150		$21,234	Phones
156	015	0735	7400		$73,704	Building Management
156	015	0735	7560		$13,488	Distribution
					$1,778,189	**Increase Exp, NPHC**

Effect on General **Fund Contingency $** 2,699,211

BUDGET AMENDMENT NO. HLT 60PA **Page** 3

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0820	5100		$76,272	Permanent
156	015	0820	5500		$13,686	Fringe
156	015	0820	5550		$6,042	Insurance
156	015	0820	6230		$13,098	Supplies
156	015	0820	6550		$244,308	Formulary Pharmacy
156	015	0820	7100		$44,851	Indirect
156	015	0820	7150		$1,998	Phones
					$400,255	**Increase Exp, Pharmacy**
156	015	0835	5100		$57,474	Permanent
156	015	0835	5500		$10,320	Fringe
156	015	0835	5550		$8,268	Insurance
156	015	0835	6230		$15,600	Supplies
156	015	0835	7100		$11,568	Indirect
					$103,230	**Increase Exp, Lab**
					$3,203,911	**Total Exp Change**

BUDGET AMENDMENT NO. HIt 61PA Date Proposed 6/11/97

Date Approved _____

Proposed By Commissioner Saltzman

Dept Health Fund 156 Budget Document Pages

Description of Amendment

The 1997-98 Proposed Budget eliminated the food handler education program from the Corrections Health Division; this amendment would restore this program.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0406	6315	0.50	24,500	4,550	3,217	32,267

Revenue Impact

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0406	5100		$24,500	Permanent
156	015	0406	5500		$4,550	Fringe
156	015	0406	5550		$3,217	Insurance Benefits
156	015	0406	6230		$484	Printing
156	015	0406	6230		$2,420	Supplies
156	015	0406	6230		$645	Education and Training
156	015	0406	6330		$1,450	Local Travel and Mileage
156	015	0406	7150		$250	Telephone Services
					$37,516	Subtotal Expenditures

Effect on General Fund Contingency $ (37,516)

BUDGET AMENDMENT NO. HIt 62PA **Date Proposed** 6/11/97

Date Approved _____

Proposed By Commissioner Saltzman

Dept Health **Fund** 156 **Budget Document Pages**

Description of Amendment

This amendment restores 0.5 Nurse to the CD Office.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
16	015	0371	6315	0.50	26,350	4,721	2,100	33,171

Revenue Impact

Increases Cash Transfer to F/S Fund by:	$37,357
Increases Service Reimbursement from F/S Fund by:	$4,186

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
16	015	0371	5100		26,350	
16	015	0371	5500		4,721	
16	015	0371	5550		2,100	
16	015	0371	7100		4,186	
					37,357	Total, CD Office

Effect on General **Fund Contingency $** **$ (33,171)**

BUDGET AMENDMENT NO. Hlt 63PA **Date Proposed** 6/11/97

Date Approved

Proposed By Commissioner Saltzman

Dept Health **Fund** 156 **Budget Document Pages**

Description of Amendment

Restores sanitarian, clerical, and administrator resources cut in the 1997-98 budget; restores housing inspections and enhances follow up on complaints of food borne illness and health effects due to poor indoor air quality in conjuction with the CD office and TB units; enhances lab support for food borne illness investigation.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
100	015	0310	6356	1.00	35,767	6,423	4,913	47,103
100	015	0310	6356	0.45	17,401	3,123	1,089	21,613
100	15	310	6001	0.30	7,069	1,274	710	9,053
100	015	0310	9694	0.10	3,225	562	179	3,966

Revenue Impact

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
100	015	0310	5100		63,462	
100	015	0310	5500		11,382	
100	015	0310	5550		6,891	
100	015	0310	6110		5,500	
100	015	0310	6120		500	
100	015	0310	6170		600	
100	015	0310	6230		9,015	
100	015	0310	6320		700	
100	015	0310	6330		1,500	
100	015	0310	7150		450	

Effect on General **Fund Contingency $** -100,000

BUDGET AMENDMENT NO. Hlth 64A **Date Proposed** 6/11/97

Date Approved _____

Proposed By **Commissioner Saltzman**

Dept **Health** **Fund** **156** **Budget Document Pages**

Description of Amendment

Restores .25 sanitarian to the Lead Poisoning Prevention Program.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
100	015	0310	6356	0.25	8,697	1,562	741	11,000

Revenue Impact

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
100	015	0310	5100		8,697	
100	015	0310	5500		1,562	
100	015	0310	5550		741	
					11,000	**Total Personnel**

Effect on **General** **Fund Contingency $** **$ (11,000.00)**

BUDGET AMENDMENT NO. Hlt 65PA **Date Proposed** 6/11/97

Date Approved _____

Proposed By Commissioner Saltzman

Dept Health **Fund** 156 **Budget Document Pages**

Description of Amendment

This amendment would restore the nuisance code enforcemnt function to the Environmental Health Program. The cost of the program is partially offset with revenue from participating local jurisdictions.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
100	015	0312	6001	0.50	13,805	2,479	2,338	18,622
100	015	0312	6356	0.50	16,213	2,912	2,420	21,545

Revenue Impact

Increase Misc. Health Recoveries by $10,700.

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
100	015	0312	5100		30,018	
100	015	0312	5500		5,391	
100	015	0312	5550		4,758	
100	015	0312	7300		2,533	
					42,700	
100	015	0312		4900	10,700	

Effect on General **Fund Contingency $** $ (32,000)

BUDGET AMENDMENT NO. Hlt 66PA **Date Proposed** _____

Date Approved _____

Proposed By **Beverly Stein**

Dept **Health** **Fund** **156** **Budget Document Pages**

Description of Amendment

Restores $9,000 of funding to Outside In for administration of the needle exchange program, bringing the 1997-98 funding level up to the 1996-97 funding level of $60,000. This corresponds with the City's decision to restore Outside In to its full 1996-97 level of $20,300.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total

Revenue Impact

Increases Cash Transfer to F/S Fund by: 9,000

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0305		6050	$9,000	County Supplement

Effect on **General** **Fund Contingency $** **$ (9,000)**

BUDGET AMENDMENT NO. Hlt 67PA **Date Proposed** 6/11/97

Date Approved _____

Proposed By Commissioner Collier

Dept Health **Fund** 156 **Budget Document Pages**

Description of Amendment

Major components lost in this restructure of WIC services are case finding and response to high risk clients. Reinstatement of this function allows maintenance of this focus and assures linkage of field and clinics with those clients identified as high risk. This amendment adds Community Health Nurse resources to facilitate set up of a system to extend WIC into neighborhoods, and adds a minimal Field CHN component to assist multi-problem families with access to WIC and referral to services.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0406	6315	1.50	68,945	11,841	8,244	89,030

Revenue Impact

Increases Cash Transfer to F/S Fund by: 113,547

Increases Service Reimbursement from F/S Fund by: 12,724

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0406	5100		$68,945	Permanent
156	015	0406	5500		$11,841	Fringe
156	015	0406	5550		$8,244	Insurance Benefits
156	015	0406	6230		$1,335	Printing
156	015	0406	6230		$6,677	Supplies
156	015	0406	6230		$1,781	Education and Training
156	015	0406	6330		$1,450	Local Travel and Mileage
156	015	0406	7110		$12,724	Indirect Cost
156	015	0406	7150		$550	Telephone Services
					$113,547	Subtotal Expenditures

Effect on General **Fund Contingency $** (100,823)

BUDGET AMENDMENT NO. Hlt 68PA **Date Proposed** 6/11/97

Date Approved _____

Proposed By Commissioner Collier

Dept Health **Fund** 156 **Budget Document Pages**

Description of Amendment

Extend WIC into neighborhoods, assisting families with easy access to services and building on family strengths. Provide WIC services at Self Enhancement Incorporated two days per month, and services at Westside Family Center. Add additional nursing services to each of three WIC hub sites.

Reinstate WIC services at OHSU based community sites. Reinstate WIC services at Gabriel Park Clinic, OHSU Pediatric Clinic, and at OHSU Women's Health Clinic.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0406	6315	1.00	43,950	7,895	5,500	57,345
156	015	0406	6001	0.50	13,805	2,479	3,310	19,594
156	015	0406	6342	0.50	13,414	2,408	2,456	18,278
		(411						

Revenue Impact

Increases Cash Transfer to F/S Fund by: $121,280

Increases Service Reimbursement from F/S Fund by: $13,590

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0406	5100		$71,169	Permanent
156	015	0406	5500		$12,782	Fringe
156	015	0406	5550		$11,266	Insurance Benefits
156	015	0406	6230		$1,428	Printing
156	015	0406	6230		$7,141	Supplies
156	015	0406	6230		$1,904	Education and Training
156	015	0406	6330		$1,450	Local Travel and Mileage
156	015	0406	7110		$13,590	Indirect Cost
156	015	0406	7150		$550	Telephone Services
					$121,280	Subtotal Expenditures
		411				

Effect on General **Fund Contingency $** (107,690)

BUDGET AMENDMENT NO. Hlt 69PA **Date Proposed** 6/11/97

Date Approved _____

Proposed By Commissioner Collier

Dept Health **Fund** 156 **Budget Document Pages**

Description of Amendment

In order to meet budget constraints, all high risk nutrition services to WIC clients were replaced by basic nutrition education provided by paraprofessional nutrition assistants. This amendment reinstates limited access to WIC high risk nutrition counseling at each of 3 WIC hub sites.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0406	6340	1.50	64,224	11,530	10,150	85,904

Revenue Impact

Increases Cash Transfer to F/S Fund by: $108,176

Increases Service Reimbursement from F/S Fund by: $12,122

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0406	5100		$64,224	Permanent
156	015	0406	5500		$11,530	Fringe
156	015	0406	5550		$10,150	Insurance Benefits
156	015	0406	6230		$1,289	Printing
156	015	0406	6230		$6,443	Supplies
156	015	0406	6230		$1,718	Education and Training
156	015	0406	7110		$12,122	Indirect Cost
156	015	0406	7150		$700	Telephone Services
					$108,176	**Subtotal Expenditures**

Effect on General **Fund Contingency $** (96,054)

BUDGET AMENDMENT NO. Hlt 70PA Date Proposed 6/11/97

Date Approved _____

Proposed By Commissioner Collier

Dept Health Fund 156 Budget Document Pages

Description of Amendment

This amendment would provide high risk WIC nutrition counseling services in community and neighborhood sites and consultation to Field Nurses. It increase availability of interpreter time for minor languages, including access to interpretation for high risk nutrition counseling for these WIC clients. Approximately 2% of the 17,000 WIC clients require this service. It provides clerical support for high risk nutrition counseling and community and neighborhood based WIC services.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0406	6340	0.50	21,410	3,845	3,385	28,640
156	015	0406	6001	1.00	27,610	4,958	6,620	39,188

Revenue Impact

Increases Cash Transfer to F/S Fund by: $114,480

Increases Service Reimbursement from F/S Fund by: $12,380

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0406	5100		$49,020	Permanent
156	015	0406	5200		$19,920	Call in Interpreters
156	015	0406	5500		$8,803	Fringe
156	015	0406	5550		$10,005	Insurance Benefits
156	015	0406	6230		$1,316	Printing
156	015	0406	6230		$6,581	Supplies
156	015	0406	6230		$1,755	Education and Training
156	015	0406	7110		$12,380	Indirect Cost
156	015	0406	7150		$700	Telephone Services
156	015	0406	8400		$4,000	Portable scales, measuring board, hemocue, laptop PC
					$114,480	**Subtotal Expenditures**

Effect on General **Fund Contingency $** (102,100)

BUDGET AMENDMENT NO. Hlt 71PA Date Proposed 6/11/97

Date Approved _____

Proposed By Commissioner Collier

Dept Health Fund 156 Budget Document Pages

Description of Amendment

Add clerical support for reinstated community sites, to allow the flexibility needed to provide consistent customer service; add nutrition assistance to allow for restoration of nutrition education at eligibility determination sites.

Personnel Changes

Fund	Agency	Organi-zation	Job Class Number	FTE	Base	Salary Related	Insurance	Total
156	015	0406	6001	1.00	27,610	4,958	6,620	39,188
156	015	0406	6342	1.00	26,828	4,816	4,912	36,556

Revenue Impact

Increases Cash Transfer to F/S Fund by: $99,700

Increases Service Reimbursement from F/S Fund by: $10,724

Fund	Agency	Organi-zation	Object Code	Revenue Code	Increase (Decrease)	Notes
156	015	0406	5100		$54,438	Permanent
156	015	0406	5500		$9,774	Fringe
156	015	0406	5550		$11,532	Insurance Benefits
156	015	0406	6230		$1,136	Printing
156	015	0406	6230		$5,681	Supplies
156	015	0406	6230		$1,515	Education and Training
156	015	0406	7110		$10,724	Indirect Cost
156	015	0406	7150		$900	Telephone Services
156	015	0406	8400		$4,000	Portable scales, measuring board,
					$99,700	**Subtotal Expenditures**

Effect on General Fund Contingency $ (88,976)