

Health Department

Table of Contents

Vision.....	1
Mission.....	1
Department Strategic Directions.....	1
Department Services.....	2
Budget Issues & Highlights.....	3
Program Issues & Highlights.....	5
Department Performance Trends.....	9
How the Department Delivers its Services.....	12
Budget for FY 2002.....	13
Department Organization Chart.....	14
Office of the Director.....	15
Planning & Development.....	16
County Health Officer.....	18
Division Management.....	19
Emergency Medical Services.....	19
Disease Prevention & Control.....	21
Division Management.....	22
Immunizations.....	22
Health Inspections.....	22
Vector Control.....	22
Lead Poisoning Prevention Program.....	22
STD Clinic and Epidemiology.....	23
HIV Care Services Planning & Administration.....	23
HIV & Hepatitis C Community Programs.....	23
HIV Health Services Center.....	24
Tuberculosis Clinic.....	24
Disease Control.....	24
Occupational Health.....	24
Neighborhood Health.....	27
Division Management.....	28
School-Based Health Clinics.....	28
STARS.....	28
Field Teams.....	29
Connections.....	29
Neighborhood Health Access Sites.....	29
Community Health Worker & Capacitation Center.....	29
WIC.....	30
Breast & Cervical Cancer Program.....	30
Corrections Health.....	33
Clinic Services.....	34
Mental Health Services.....	34

Health Department

Dental Services.....	36
Division Management.....	37
School & Community Dental Service	37
Dental Clinics	37
MultiCare Dental	37
Dental Access Program.....	38
Primary Care	39
Division Management.....	40
Medical Director	40
Primary Care Clinics.....	40
Linkage	40
Support Services.....	43
Division Management.....	44
Pharmacy Services.....	44
Laboratory Services	44
Information & Referral Services.....	44
Medical Records	44
Language Services	45
Business Services	46
Division Management.....	47
Grants Management & Accounting	47
Health Accounts Payable	47
Medical Accounts Receivable	47
Human Resources	48
Health Information Systems	48
Medicaid/Medicare Eligibility.....	48

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

The department's Strategic Plan for the three-year period ending in June 2001 is organized into three major strategic directions:

- 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 its mission.

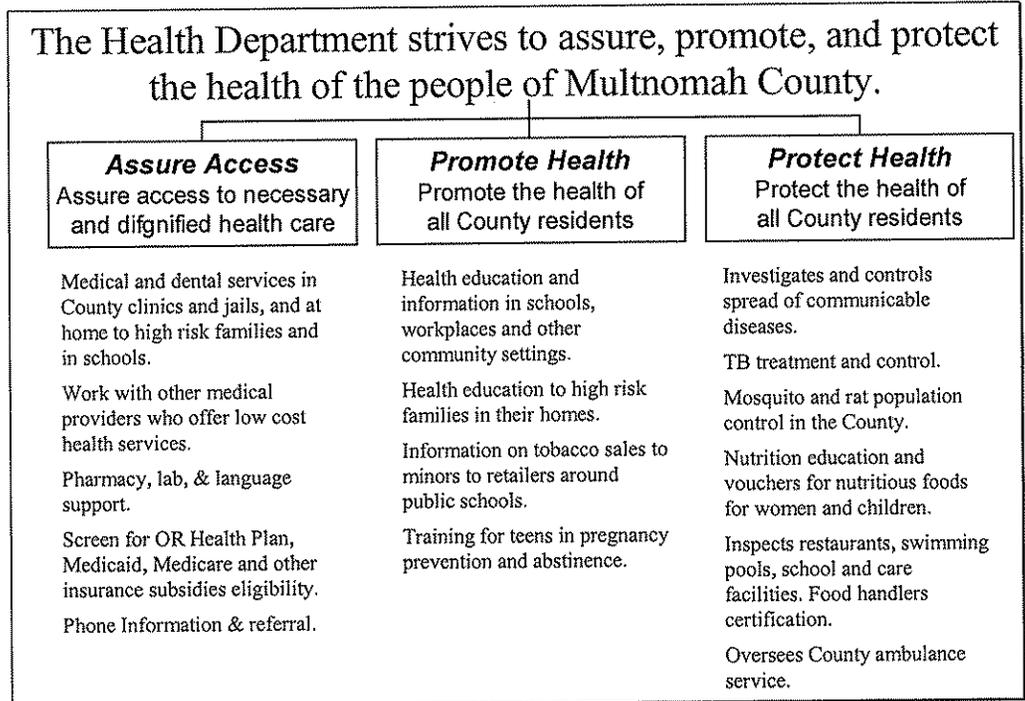
Within these strategic directions, the department identified nine objectives for the FY 2002 planning period:

- ❖ Improve Key community health indicators with special focus on racial and ethnic disparities in health status.
 - Control and reduce the incidence of communicable diseases such as vaccine-preventable diseases of children, hepatitis A,B, and C; tuberculosis; HIV infection and disease; and gonorrhea and chlamydia.
 - Reduce the teen pregnancy rate
 - Reduce the rate of teens reporting tobacco use
 - Increase the proportion of babies born healthy
 - Increase the department's ability to identify clients who are in abusive partner relationships.
- ❖ Assure dignified access to needed health care, regardless of ability to pay.
 - Assure 100% access to needed health care.
- ❖ Improve the Health Department's infrastructure to achieve its mission.
 - Assure that our services reflect our departmental values.
 - Identify and implement best business practices.
 - Develop assessment capabilities to identify and respond to new and emerging public health issues.

The department will begin updating the strategic plan in spring 2001 to address significant local, regional, and national health care 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.

Additionally, the Health Department:

- Provides 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.
- Provides home visits to high risk families, offering child abuse prevention, parenting skills training, and health education.
- Prevents and treats communicable diseases, such as tuberculosis, sexually transmitted diseases, hepatitis, and HIV.
- Inspects and regulates certain businesses, such as restaurants, and ancillary health care services, such as ambulance services.
- Advocates for the improved health of the community, particularly the medically underserved and disenfranchised.

Local policy discretion is limited by the regulation and policy direction associated with the various grantors that fund the department, including the federal and state governments.

Health Department

Budget Issues and Highlights

Budget Priorities and Criteria

The department established the following priorities for developing the budget within these financial constraints and operational assets:

- Minimize the impact of service reductions on access to health care for vulnerable people.
- Minimize the impact on the department's public health objective to address racial disparities in health outcomes.
- Focus on current activities and interventions that work.
- Maintain efforts to develop the infrastructure needed to support provision of quality services, and to better coordinate with and use countywide central support services.
- Maintain and enhance the Health Department's ability to generate revenues outside the General Fund by maximizing federal financial participation.

Revenue Enhancement and Service Restorations

The Health Department increased its projections for Federally Qualified Health Clinic reimbursements by \$4.3 million. Estimates are based on updating earlier projections with more current cost and visit data, new "reasonable" cost definitions, and by increasing partnerships with other safety net clinics throughout the state. The FY 2001 budget decision to assign a full-time position toward maximizing federal financial participation has met the goal of substantially increasing these resources.

Revenue enhancements allow the Health Department to restore service cuts that would have been necessary due to decreased General Fund, state, and grant resources.

These revenue enhancements allowed the Health department to continue and/or enhance the following services that otherwise would have been cut:

Primary Care:

- 4.4 Provider Teams \$1,197,000

Neighborhood Health:

- Partial restoration of the Healthy Birth Initiative \$400,100
- An OLDS field team in North Portland \$353,400
- School Based Health Clinic services \$272,000
- Parkrose School-Based Health Clinic \$247,100
- Head Lice Resource Team \$132,700

Disease Prevention & Control:

- STD Clinic Services \$340,500
- Hepatitis Integration (Hepatitis C) \$176,800
- Communicable Disease investigation, follow-up, and control \$64,900
- Saturday immunization/lead screening clinics \$35,500

Dental Services:

- School & Community Dental Services \$44,800

Facilities Increases for east county, north Portland, and Rockwood \$1,049,500

Total Services Restored with increased FQHC revenues: \$4,314,300

Health Department

Restructuring and Administrative Cuts

The department also made budget reductions as part of restructuring efforts and administrative cuts. These savings were shifted to cover cost increases in other areas of the Health Department.

- Contracting for Corrections Health Pharmacy services: (\$100,000)
- Eliminating the Office of Organizational Development: (\$400,000)
- Restructuring Support Services administration and services: (\$300,000)
- Total Administrative cuts: (\$800,000)**

Service Cuts

The department's remaining budget shortfalls were eliminated through the following service cuts. Additional information on program cuts by division can be found on the following pages.

- Program restructuring in the Neighborhood Health Division: (\$943,500)
- Lead Poisoning & Prevention program cuts: (\$457,000)
- Primary Care supply budgets cut: (\$270,000)
- State funds for relief nurseries cut: (\$140,000)
- STARS program cut: (\$102,500)
- Total Service cuts: (\$1,913,000)**

Planned Service Improvements that will not be implemented

The following service enhancements were planned for FY 2002, based on normal revenue and General Fund growth. These services will not be started in FY 2002.

- New school-based health clinic site: (\$362,000)
- WIC office in east county: (\$100,000)
- Total planned service expansions cut: (\$462,000)**

Changes in the FY 2002 Adopted Budget

The FY 2002 adopted budget makes the following additions and restorations to the Health Department's budget:

- Restores 4.5 FTE Community Health Workers with anticipated state revenue from the Oregon Children's Plan. \$217,370
- Adds one Olds Home Visiting Team with anticipated state revenue from the Oregon Children's Plan. \$421,700
- Moves 18.50 FTE from the department's information services program to the Department of Support Services as part of the County-wide restructuring of information services delivery. No net change in the budget.
- Adds 1.0 FTE, equipment, and supplies to assist with federal financial participation efforts county-wide. \$120,167
- Adds one-time-only Medicaid revenue pass-through to safety net clinics state-wide. \$5,500,000
- Restores Teen Connections and SKIP program cuts in the Neighborhood Health Division with re-programmed revenues from the Commission on Children, Families, and Community \$106,000

Health Department

Program Issues & Highlights

The Multnomah County Health Department is a major “safety net” provider of health services for the underinsured, uninsured, and those with barriers to access. Multnomah County’s 2001 Legislative Agenda places priority on the Oregon Health Plan and its goal of expanding universal health care access through a prioritization of services, rather than limiting eligibility. The Community Health Council encourages the County to support efforts that focus on the long-term stability of safety net clinics.

Safety Net Funding

Local and State solutions require the County to act as a leader and partner, as well as a provider and funder:

- The County is a leader and a partner in 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 *Communities in Charge* grant from the Robert Wood Johnson Foundation to 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. At the request of our community partners, *Communities in Charge* will become a tri-county effort. Currently, there are approximately 90,000 low-income uninsured people in the tri-county area.
- The Health Department is also partnering with several State agencies and the Oregon Primary Care Association to develop OCHIN, a state safety net information system
- Based on maximizing focused federal financial participation, the Health Department’s budget includes increased Medicaid reimbursement for federally qualified health clinics.

Lead Poisoning & Prevention Programs

Due to cuts in City of Portland funding, the Lead Poisoning Prevention Program will be reduced from 10.75 FTE to 0.75 FTE. In February 2001, the Health Department distributed the *Prevalence of Lead Dust Hazards Study*, which involved 125 English-speaking homes in North, Northeast, and Southeast Portland built before 1930. At the time of the study, the EPA limit was 400 micrograms in each gram of soil where a child might play. Based on lead soil concentrations, about 8,400 homes in these areas have outdoor lead hazards and over 1,700 children are at risk from lead in bare soil. This study concludes that most of the homes built before 1930 are likely to contain lead dust levels that may be hazardous, especially to children. The elimination of education, outreach and lead remediation services by the City will only exacerbate ethnic and racial health disparities.

Health Department

Pharmaceutical Pricing

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.

Pharmaceutical price increases along with substantial increased use of pharmaceuticals continues to create budgetary nightmares for private payers, insurers, employers, HMOs, and government programs. The Health Department works to contain costs in a number of ways:

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.

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. 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.

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.

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).

Corrections Health

The Health Department provides acute and chronic medical and dental care to Multnomah County's jail population. This population has a higher incidence of medical and mental health problems than the general population due to life style, social economic level and neglect. Since 1994, the number of mentally ill identified at booking has increased 41%; 80% have chemical substances in their systems. Pharmaceutical costs have increased significantly due to increased treatment requirements and unit costs. Older inmates and women inmates require more expensive treatments. Because State law does not allow inmates access to the Oregon Health Plan, the cost of providing medical and mental health treatment to inmates is supported entirely by the County's General Fund. The department continues to increase efficiencies and reduce costs in Corrections Health while maintaining quality of services.

Health Department

Diversity & Health Disparities

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

To equitably and effectively address the unique needs of all the communities it serves, the department must conduct all of its activities in a culturally competent manner. This requires a diverse staff that reflects the communities the department serves, that fosters, respects and embraces differences, and that reaps the many organizational benefits, including cost efficiencies and quality service, of employing a diverse staff.

To accomplish its mission, the department has a social justice-based imperative to recognize and address adverse health impacts associated with racism, bigotry, and other forms of disparate treatment arising from cultural and individual differences.

The Department is developing strategic directions which include:

- Adoption of cultural diversity recruitment and retention goals
- Implementation of cultural competency standards for managers
- How the Department will address community initiatives, community mobilization and community capacity to address adverse health impacts associated with racism, bigotry, and disparate treatment.
- Monitoring progress on health outcome indicators and/or related interim measures.

Early Childhood Initiatives

The Health Department's budget will be re-aligned with the final funding of the Governor's Oregon Children's Plan.

The Department continues to identify and implement services that build on existing early childhood programs and support the County's Early Childhood vision.

- 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 proposed cuts in the Neighborhood Health Division which is heavily dependent on County general funds will affect the County's ability to achieve Early Childhood vision and impact the County's benchmarks on reducing teen pregnancy, increasing access to health, mental health and substance abuse treatments, and ensuring children entering school meet developmental standards. The Health Department's budget will be re-aligned with the final funding of the Governor's Oregon Children's Plan; this will determine if we are able to restore or expand our community and home-based services.

Board Action: The adopted budget continues the North Portland Olds Home Visiting Team by re-prioritizing revenue sources within the department. Additionally, the budget contains an appropriation for a new Olds Home Visiting Team with anticipated state revenue from the Oregon Children's Plan.

Health Department

Primary Care Re-design

The Primary Care Division is currently working on reducing costs and improving customer service by the redesign of client visits and the central appointment system. The goal of this redesign is to reduce the time the client is in the clinic, decrease delays for routine primary care appointments and achieve at least 90% satisfaction ratings for patients, staff and providers. Currently, four clinics are participating in the redesign, with full implementation planned for June 2002. Improved productivity (more visits by the current number of provider teams) has been used in the assumption for projecting increased Medicaid reimbursements for federally qualified health clinics.

Board Action: The adopted budget contains a budget note directing the department to monitor the client flow and access issues in the County's primary care clinics, and return to the Board quarterly with an update. Should budgeted fee revenues fail to materialize after the first quarter, the department is to return with proposed program reductions to take effect immediately

Additionally, the FY 2002 budget contains one-time-only appropriations to equip new primary clinics opening in east Multnomah County and in north Portland.

Administrative Cuts and Restructuring

Significant cuts have been proposed in response to the County's budget constraints, both in direct Health Department services and in the infrastructure that supports direct services. With infrastructure cuts, the department's focus was on maintaining business systems and grant development capacity that support the department's ability to bring in resources outside the County's General Fund and to increase administrative effectiveness and efficiencies. Administrative cuts in the Director's Office will be offset by collaborating with the County's Office of Organizational Learning and with the Public Affairs Office as well as building capacity among all staff.

Board Action: The adopted budget appropriates \$120,167 in Medicaid fee revenue to pay for 1.0 FTE, equipment, and supplies in support of federal financial participation efforts county-wide.

Health Department

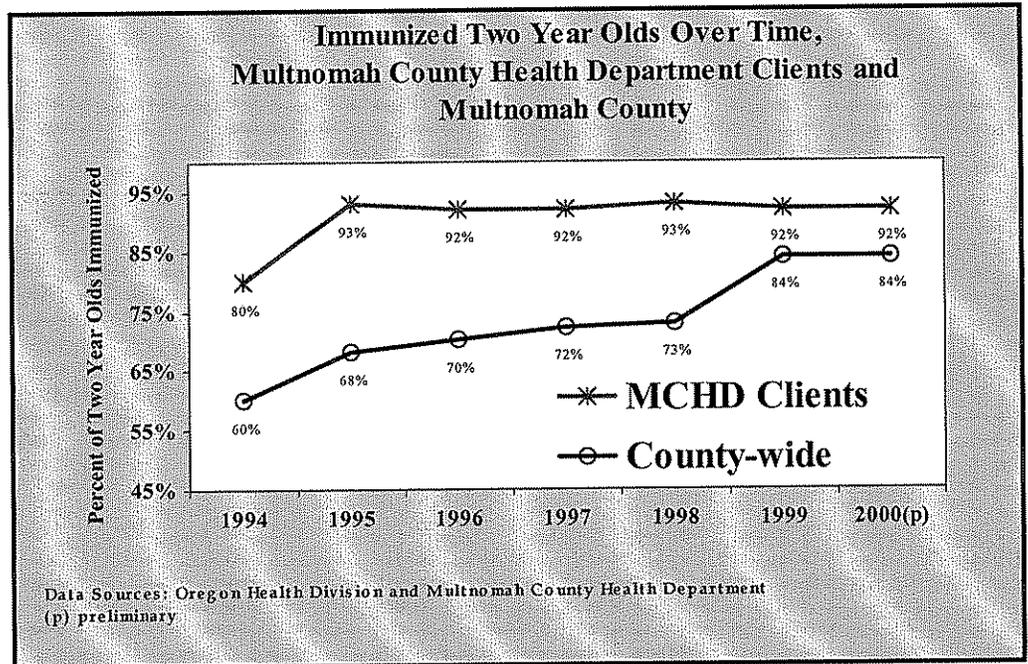
Department Performance Trends

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.

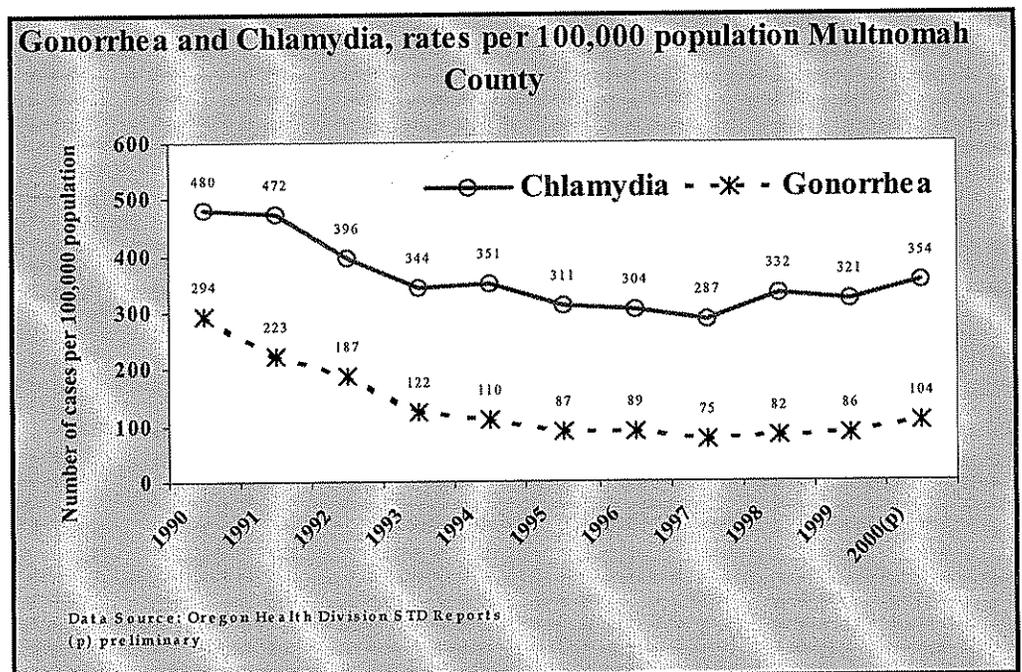
Immunized Two Year Olds

Immunization rates for two year olds are high in the County and among Health Department clients.



Gonorrhea and Chlamydia Rates

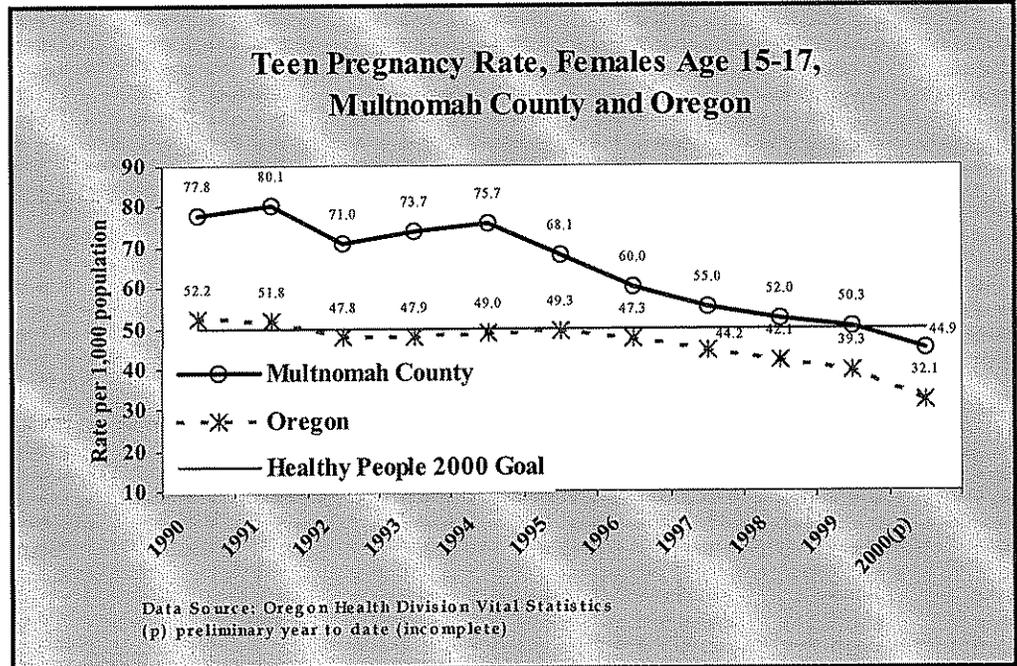
After declining from 1990 through 1997, Gonorrhea and Chlamydia rates have risen in recent years.



Health Department

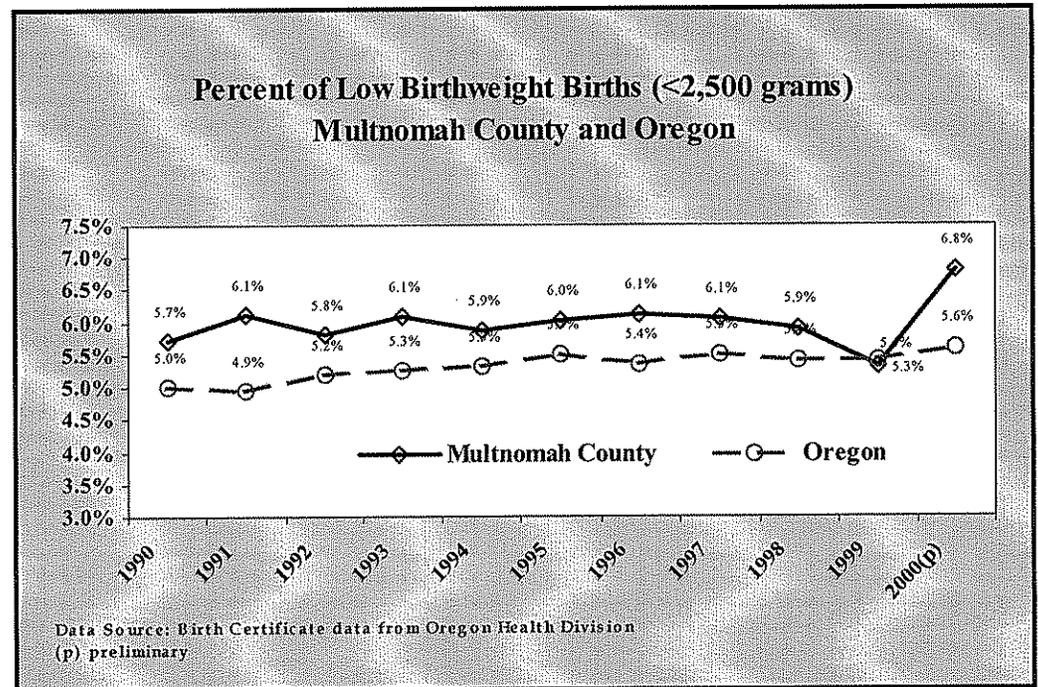
Teen Pregnancy Rate, Females 15-17

The Healthy People target of 50 pregnancies per 1,000 females age 15-17 was met for the state in 1992 and for Multnomah County in 1999. The new Healthy People 2010 goal is 43 pregnancies per 1,000.



Percent of Low Birthweight Births

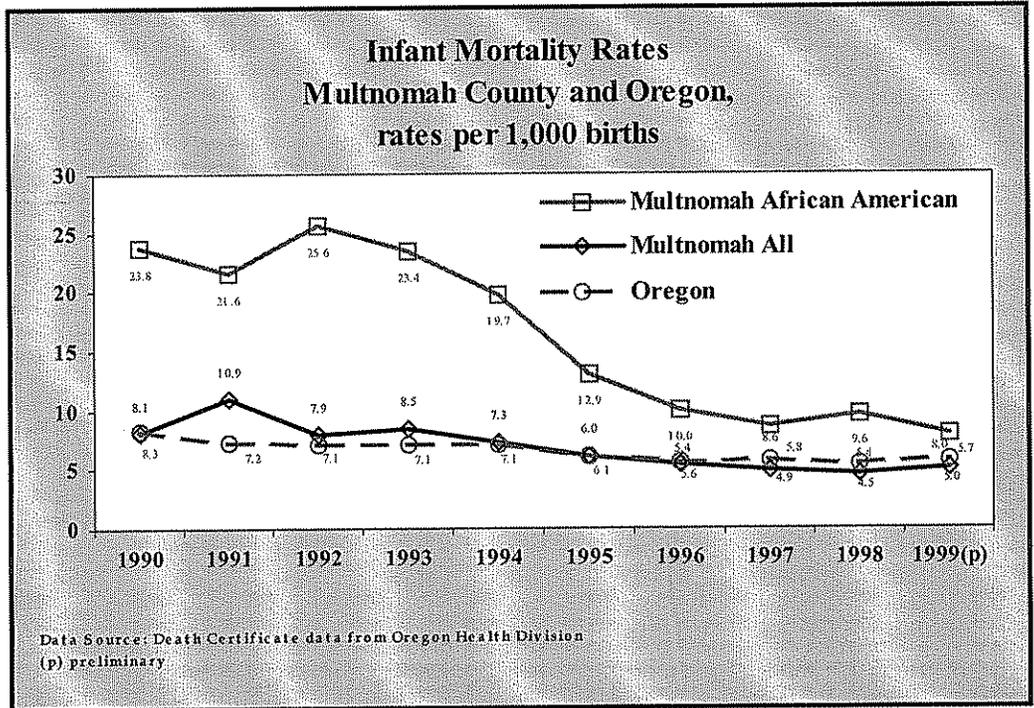
Low birthweight births remain about 6% of all births. The 6.8% in 2000 is a preliminary number and likely reflects an increase in the number of multiple births at OHSU.



Health Department

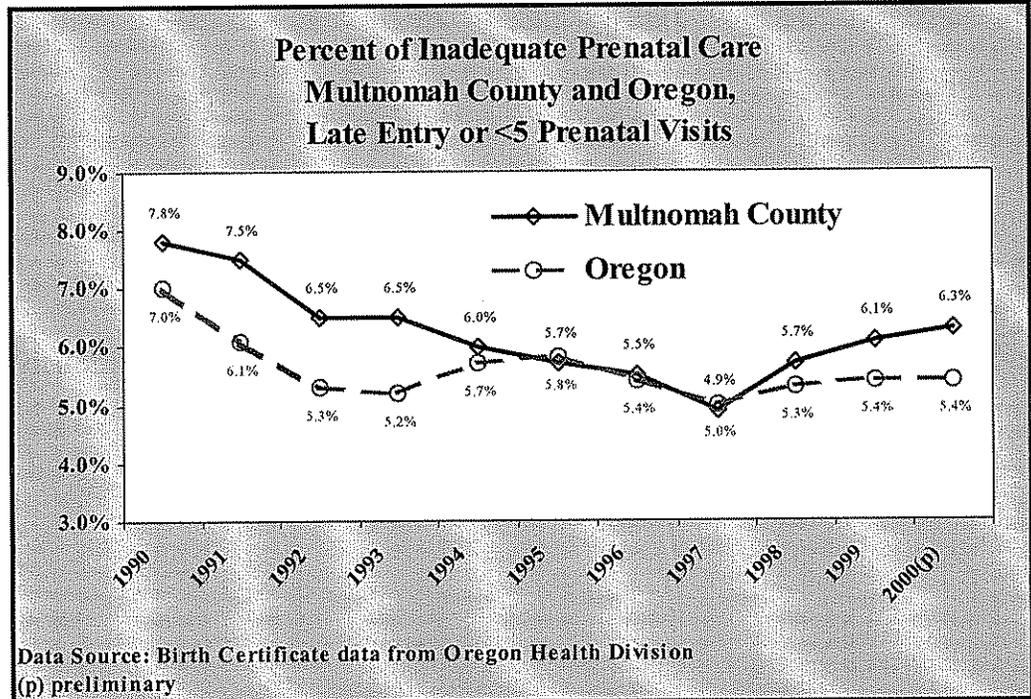
Infant Mortality Rates

Despite significant declines in African American infant mortality, African American rates continue to be higher than for the county as a whole.



Percent of Inadequate Prenatal Care

The percent of mothers with inadequate prenatal care declined steadily between 1990 and 1997. However, preliminary 2000 figures indicate a significant increase compared with 1997.



Health Department

How the Department Delivers its Services

The creation of Teams of Influence is the first step in putting the value of 'Power through influence as well as authority' into the department's infrastructure. Teams of Influence build on the Health Department's and the County's use of teams for improving work processes.

Participation on teams is open to everyone in the department.

In 1999 and 2000, the Oregon Quality self-assessment, an external consultant's evaluation and a number of internal assessments with managers and staff produced a comprehensive list of issues that needed to be addressed by the health department leadership. To address these issues, a Change Management Process (CMP) was designed. It is an extension and the application of the countywide RESULTS program in the Health Department. Its ultimate purpose is to develop the department's ability to attain its vision of 'Healthy People in Healthy Communities' with the communities directly served by the department. The CMP is focused on helping create an organization based on a management philosophy that includes:

- Being a Learning Organization
- A Team Approach
- Distribution of organizational power through influence as well as authority

The six key areas targeted by the CMP are:

- Strategic Plan
- Administrative Relationships
- Budget
- Leadership and Management
- Performance Evaluations
- Communications

The creation of Teams of Influence is the first step in putting the value of 'Power through influence as well as authority' into the department's infrastructure. Teams of Influence build on the Health Department's and the County's use of teams for improving work processes, and are designed to:

- Identify and engage leaders at all levels of the organization.
- Move the organization from a hierarchical to a team focused management structure
- Enhance cross functionality and team building within the department
- Play a crucial role in the health department's role as a partner and leader in its local, state, national and international communities.
- Breakdown the 'silo' structure of the health department by increasing department wide thinking and decision making.
- Increase collaboration and streamlining of operations
- Ensure accountability
- Promote creativity throughout and across the divisions.

The Teams of Influence are:

- Diversity and Quality Team (DQT)
- Systems and Operations Review Team (SORT)
- Cross Functional Leadership Team (CFLT)
- Mid-Level Managers Team (MLM)
- Department Administrative Team (DAT)

Health Department

Budget for FY 2002

The Health Department's FY 2002 approved budget is \$101,909,925.

<u>Budget Trends</u>	1999-00	2000-01	2000-01	2001-02	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	803.75	898.60	914.95	925.83	10.88
Personal Services	\$51,028,002	\$54,957,324	\$58,342,761	\$61,779,366	\$3,436,605
Contractual Services	\$14,495,378	\$21,052,310	\$20,933,562	\$17,329,987	(\$3,603,575)
Materials & Supplies	\$23,852,403	\$24,989,063	\$24,946,456	\$22,726,963	(\$2,219,493)
Capital Outlay	<u>\$40,696</u>	<u>\$244,364</u>	<u>\$277,354</u>	<u>\$73,609</u>	<u>(\$203,745)</u>
Total Costs	\$89,416,479	\$101,243,061	\$104,500,133	\$101,909,925	(\$2,590,208)

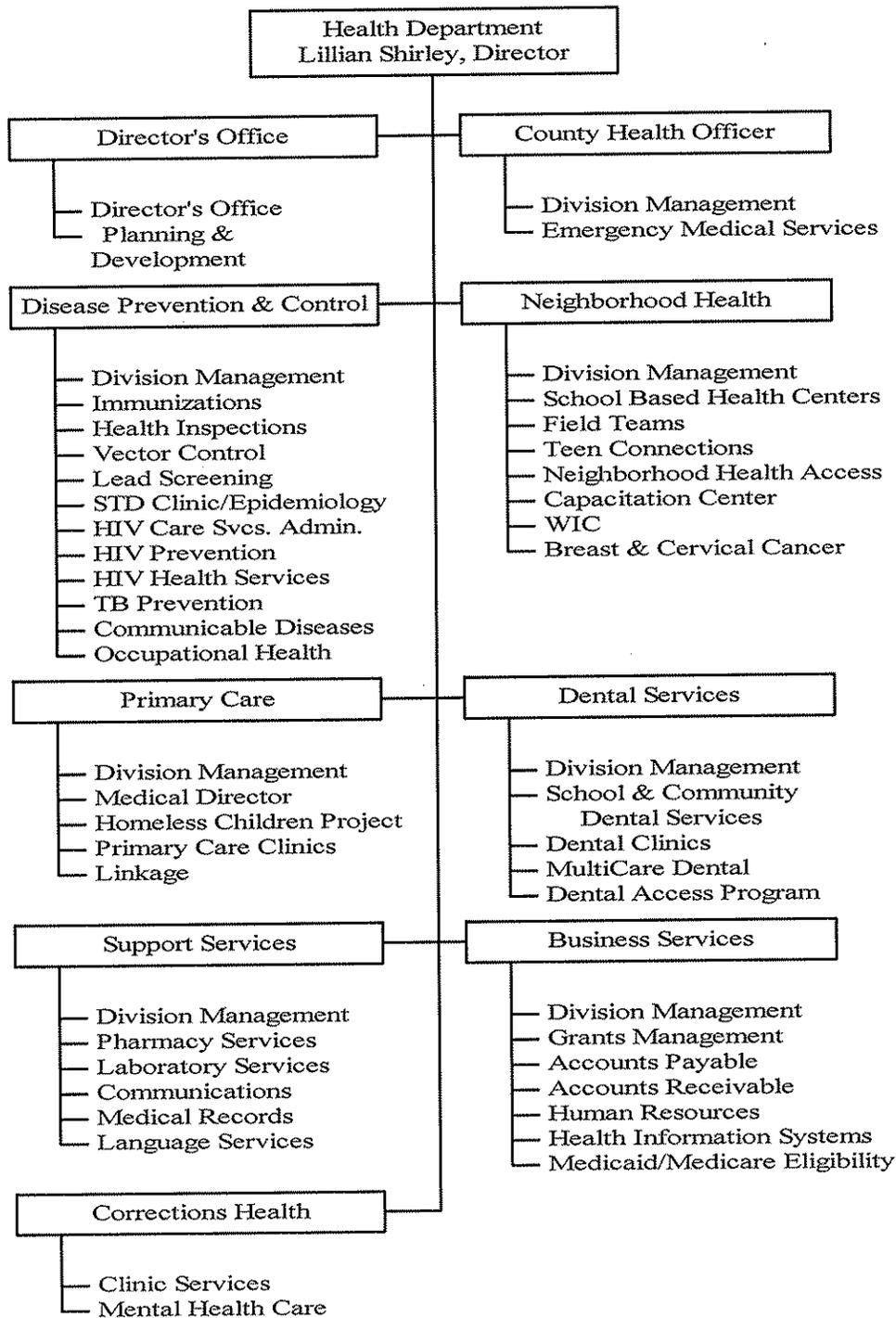
<u>Costs by Division</u>	1999-00	2000-01	2000-01	2001-02	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Director's Office	\$3,612,819	\$4,326,747	\$4,315,325	\$5,490,991	\$1,175,666
Health Officer	1,394,544	1,028,107	1,410,923	1,594,343	183,420
Disease Prevention	11,948,828	13,827,808	15,308,953	15,928,607	619,654
Neighborhood Health	15,509,726	16,904,298	17,898,272	16,060,811	(1,837,461)
Corrections Health	10,762,390	11,117,890	11,288,157	11,575,275	287,118
Dental Services	6,315,618	6,606,610	7,529,808	7,560,474	30,666
Primary Care	23,191,927	20,466,971	21,456,708	21,913,947	457,239
Support Services	8,080,947	9,322,562	9,289,187	8,813,033	(476,154)
Business Services	<u>8,599,680</u>	<u>17,642,068</u>	<u>16,002,800</u>	<u>12,972,444</u>	<u>(3,030,356)</u>
Total Costs	\$89,416,479	\$101,243,061	\$104,500,133	\$101,909,925	(\$2,590,208)

<u>Staffing by Division</u>	1999-00	2000-01	2000-01	2001-02	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Director's Office	33.93	44.90	43.88	49.15	5.27
Health Officer	7.71	9.10	7.50	8.80	1.30
Disease Prevention	122.98	138.10	138.20	136.60	(1.60)
Neighborhood Health	164.15	186.50	193.26	191.63	(1.63)
Corrections Health	105.40	109.60	117.80	119.40	1.60
Dental Services	59.96	62.10	72.80	73.50	0.70
Primary Care	209.04	233.70	222.58	236.75	14.17
Support Services	43.21	47.50	52.03	51.85	(0.18)
Business Services	<u>57.37</u>	<u>67.10</u>	<u>66.90</u>	<u>58.15</u>	<u>(8.75)</u>
Total Staffing FTE's	803.75	898.60	914.95	925.83	10.88

Health Department

Department Organization

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



Office of the Director

Director's Office focuses on strategic external and internal partnerships and collaborations.

The Director's Office supervises the division managers, the Office of Planning and Development, administrative infrastructure, central facilities planning and management, and department communications. The Director's Office facilitates the administrative team's planning and policy making, and focuses on strategic external and internal partnerships and collaborations. The Director's Office serves as a liaison to the Board to County Commissioners, Community Health Council, and other community agencies. It also participates in countywide initiatives including Mental Health Redesign, SUN Schools, Early Childhood Development, Federal Financial Participation, Legislative Review, Caring Communities, and RESULTS.

The Director's Office coordinates the department's change management process and organizational development. It supports Health Department staff and cross-divisional Team of Influence in the following areas:

- Change process and transition
- Systems and operation review
- Diversity and cultural competency
- Quality/RESULTS
- Professional competency

Action Plans:

- Expand collaboration and integration of department services with the Countywide Office of Organizational Learning and with Public Affairs Office to increase support for and effectiveness of department activities.
- Expand community outreach to develop and implement community-driven solutions to improve racial and ethnic health disparities.
- Increase and improve interdepartmental collaborations to address the County's strategic benchmarks areas.
- Complete redesign of the administrative structure of the department to maximize employee participation, maximize revenue generation, increase efficiencies, and achieve the results-oriented strategic plan goals.

FY 2001: 16.30 FTE

FY 2002: 10.00 FTE

Director's Office	2000-01	2000-01	2001-02		
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	Actual	Estimate	Budget	Budget	
Staffing FTE	33.93	44.90	43.88	49.15	5.27
Personal Services	\$2,285,165	\$3,088,510	\$2,960,384	\$3,675,602	\$715,218
Contractual Services	511,884	267,603	447,243	1,183,192	735,949
Materials & Supplies	815,770	970,634	907,698	632,197	(275,501)
Capital Outlay	0	0	0	0	0
Total Costs	\$3,612,819	\$4,326,747	\$4,315,325	\$5,490,991	\$1,175,666

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 and evaluation.
- Strategic planning and evaluation.
- 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. The unit conducts health research of significance in partnerships with community and other agencies, and higher education.
- 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.
- Program planning and evaluation.

Action Plans:

- Develop an environmental health assessment on Multnomah County areas and neighborhoods using the most recent data available; for distribution during FY 2002.
- Conduct numerous information events and materials development to provide useful and timely health information to managers, communities, other agencies, and policy makers.

FY 2001: 29.88 FTE FY 2002: 39.15 FTE

Costs by Program	1999-00	2000-01	2001-02	Difference
	Actual	Adopted Budget	Adopted Budget	
Director's Office	\$1,006,551	\$1,407,933	\$1,150,471	(\$257,462)
Planning & Development	<u>2,606,268</u>	<u>2,907,392</u>	<u>4,340,520</u>	<u>1,433,128</u>
Total Costs	\$3,612,819	\$4,315,325	\$5,490,991	\$1,175,666

Health Department

Director's Office

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Cut Office of Organizational Development	<i>Director's Office</i>	(7.30)	(\$776,192)	
Add Profession Services and supplies for department-wide leadership training	<i>Director's Office</i>		\$132,290	
Transferred out one OA II to Business Services	<i>Director's Office</i>	(1.00)	(\$38,223)	
Add 1.0 FTE Organizational Development Coordinator	<i>Director's Office</i>	1.00	\$64,127	
Transfer out 0.5 FTE Administrative Secretary to Planning & Development	<i>Director's Office</i>	(0.50)	(\$22,519)	
Transfer out 1.0 FTE Community Health Council Coordinator to Planning & Development	<i>Director's Office</i>	(1.00)	(\$57,591)	
Add 1.0 FTE and supplies to staff Countywide Federal Financial Participation efforts	<i>Director's Office</i>	1.00	\$120,167	\$120,167
Transfer in 0.5 FTE Administrative Secretary from Director's Office	<i>Planning & Development</i>	0.50	\$22,519	
Transfer in 1.0 FTE Community Health Council Coordinator from Director's Office	<i>Planning & Development</i>	1.00	\$57,591	
Transfer in Family Support & Preservation program from Neighborhood Health Division	<i>Planning & Development</i>			\$1,194,668
Family Support & Preservation pass-through payments for relief nurseries, respite care, and parenting support	<i>Planning & Development</i>		\$743,800	
Family Support & Preservation: transfer in staff from Neighborhood Health Division	<i>Planning & Development</i>	2.50	\$103,909	
Increased federal Violence Against Women grant	<i>Planning & Development</i>			\$76,000
Add 1.0 Data Analyst Sr. to Domestic Violence project	<i>Planning & Development</i>	1.00	\$72,600	
Increased NIAAA grant funds via Oregon Research Institute	<i>Planning & Development</i>			\$50,000
Special Projects: NIDA HIV & Domestic Violence grant	<i>Planning & Development</i>			\$129,567
Special Projects: Ryan White Title XX, via state	<i>Planning & Development</i>			\$142,457
Special Projects: Oregon Research Institute grant	<i>Planning & Development</i>			\$88,346
Special Projects: Student Attendance Initiative evaluation from Department of Community Justice	<i>Planning & Development</i>			(\$49,000)
Special Projects: net increase of 3.4 FTE: 1.0 FTE Data Analyst, 1.0 FTE Data Analyst Sr., 0.8 FTE OA Sr., 0.6 FTE grant-related miscellaneous adjustments	<i>Planning & Development</i>	3.40	\$165,840	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of merchants within a half-mile radius of a County high school that have received retailer education regarding tobacco sales to minors.	<i>Tobacco Prevention</i>	0%	98%	98%	98%	98%
% of County school districts that have implemented no tobacco use policies on school grounds and at school-sponsored events		100%	100%	100%	100%	100%
# of Peace Action Zones created in Multnomah County through multi-agency collaboration	<i>Violence Prevention</i>	10	10	17	25	25

Office of the County Health Officer

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

The County Health Officer protects and enhances 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.

In January 2000, the Health Department was awarded a \$150,000 one-year *Communities in Charge* grant from the Robert Wood Johnson (RWJ) Foundation. The purpose of *Communities in Charge* is to increase access to health care for low-income uninsured residents. Over the past year, *Communities in Charge* has worked with providers and community stakeholders to identify the scope of the access problem, and identify sustainable approaches to improving access. There are roughly 90,000 low-income uninsured people in the tri-county area. Access has improved for some as a result of the Oregon Health Plan and related programs. However, the plan itself faces serious challenges, and other factors are increasing the access problem. While there is no legal mandate for the County to provide or otherwise address access to care, the County has been a key player in this issue for decades.

In January 2001, the Health Department received additional funding for further development and implementation. The Foundation will provide \$700,000 over three years to be matched with other resources. Over the next three years, *Communities in Charge* will develop and implement multiple approaches to improve access to care for low-income uninsured people in the tri-county area.

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.
- Continue the *Communities in Charge* health access initiative.

Health Officer		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	Actual	Estimate	Budget	Budget	
Staffing FTE	7.71	9.10	7.50	8.80	1.30
Personal Services	\$772,489	\$862,104	\$844,904	\$895,917	\$51,013
Contractual Services	567,376	50,434	453,509	564,000	110,491
Materials & Supplies	54,679	115,569	112,510	134,426	21,916
Capital Outlay	0	0	0	0	0
Total Costs	\$1,394,544	\$1,028,107	\$1,410,923	\$1,594,343	\$183,420

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. The program oversees management of the Office's programs and staff, enforces public health laws, and provides public health consultation.

FY 2001: 2.80 FTE FY 2002: 1.80 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.

FY 2001: 4.70 FTE FY 2002: 5.00 FTE

Communities In Charge

The purpose of *Communities in Charge* is to increase access to health care for low-income uninsured residents. Over the past year, *Communities in Charge* has worked with providers and community stakeholders to identify the scope of the access problem, and identify sustainable approaches to improving access. There are roughly 90,000 low-income uninsured people in the tri-county area. Access has improved for some as a result of the Oregon Health Plan and related programs. However, the plan itself faces serious challenges, and other factors are increasing the access problem. While there is no legal mandate for the County to provide or otherwise address access to care, the County has been a key player in this issue for decades.

FY 2001: 0.00 FTE FY 2002: 2.00 FTE

Costs by Program	1999-00 Actual	2000-01 Adopted Budget	2001-02 Adopted Budget	Difference
Division Management	\$378,836	\$422,332	\$376,515	(\$45,817)
Emergency Management	1,015,708	864,068	870,845	6,777
Communities in Charge	0	124,523	346,983	222,460
Total Costs	\$1,394,544	\$1,410,923	\$1,594,343	\$183,420

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Transfer out 1.0 FTE Administrative Secretary to Disease Prevention & Control Division Management	<i>Division Management</i>	(1.00)	(\$42,992)	
Decrease Professional Services	<i>Division Management</i>		(\$23,500)	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of Emergency Response Calls Served Within 8 Minutes	<i>Emergency Medical Services</i>	91.1%	90.2%	90.5%	90%	90%
20 minute rural response time percentage		90.2%	92%	93.5%	93%	93%

Disease Prevention and Control

Using public health principles, the Disease Prevention and Control Division identifies, prevents, controls and treats communicable and environmentally related diseases. The Division's services are designed and delivered in close collaboration with diverse communities and their members. The importance of disease control activities has long been expressed through their prominence in health departments at the local, state, and federal levels. The Division performs these historical activities as well as responds to emerging issues affecting the long-term health of the community.

Action Plans:

- Continue implementation of a client-centered counseling model for HIV, STD and hepatitis C prevention in outreach and clinical settings through June, 2002.
- Redesign the structural and functional relationships of the Division's wide range of programs by June, 2002 to focus on quality initiatives, partnerships and to better address racial and ethnic health disparities.

Disease Control	1999-00	2000-01	2000-01	2001-02	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	122.98	138.10	138.20	136.60	(1.60)
Personal Services	\$7,099,499	\$8,079,513	\$8,540,312	\$8,795,022	\$254,710
Contractual Services	1,133,737	2,931,321	3,799,485	3,779,526	(19,959)
Materials & Supplies	3,715,592	2,812,174	2,964,156	3,329,759	365,603
Capital Outlay	0	4,800	5,000	24,300	19,300
Total Costs	\$11,948,828	\$13,827,808	\$15,308,953	\$15,928,607	\$619,654

Division Management	<p>Division Management is defines the mission, establishes policies, and assures 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.</p> <p>FY 2001: 4.00 FTE FY 2002: 3.25 FTE</p>
Immunization	<p>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 and lead screening services each month at sites including schools, churches, health fairs, and stores. In addition the unit implements the school immunization requirements for schools, daycare facilities, preschools and Headstart programs.</p> <p>FY 2001: 2.00 FTE FY 2002: 2.10 FTE</p>
Health Inspections	<p>The Health Inspections program provides education, assures safe food, controls disease that can be acquired from food and water, improves safety in the workplace, reduces unintentional injuries and supports 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.</p> <p>FY 2001: 24.60 FTE FY 2002: 25.05 FTE</p>
Vector Control	<p>Vector Control protects health and enhances livability through control of the rat and mosquito populations, and serves as a resource for addressing public health vector problems. Program sections are Rodent Control, Mosquito Control, and Nuisance Control, which enforces some specific County and City of Portland codes.</p> <p>FY 2001: 6.25 FTE FY 2002: 6.95 FTE</p>
Lead Poisoning Prevention Program	<p>The Lead Poisoning Prevention Program prevents and reduces lead hazards for pregnant women and children 6 and younger. The Program provides services focused on identification of lead hazards in individual homes; education of vulnerable populations, and awareness of resources available to help. Blood lead level screening at immunization clinics, elevated blood lead level investigation and follow-up, and advocacy are provided free of charge.</p> <p>FY 2001: 10.75FTE FY 2002: 0.75 FTE</p>
STD Clinic & Epidemiology	<p>The STD Program reduces the spread of sexually transmitted diseases and HIV among county residents. The STD Program offers STD clinical services, including comprehensive evaluation and treatment of STD's and urogenital disorders. Staff in the Disease Investigation program conduct interviews and case investigations of reportable STD's and HIV. The HIV Community Test site offers anonymous, confidential HIV education and testing.</p> <p>FY 2001: 24.90 FTE FY 2002: 20.00 FTE</p>

**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 2001: 5.60 FTE FY 2002: 6.25FTE

**HIV &
Hepatitis C
Community
Programs**

This program prevents the further spread of HIV and Hepatitis C infections among at-risk members of our community. Programs are integrated and service delivery is combined in an effort to provide accessible prevention service at the individual and community level. Individual programs include: HIV Prevention & Outreach, Hepatitis C Prevention & Integration, and Reducing HIV & Domestic Violence research project.

HIV Prevention & Outreach combines street level outreach with needle exchange services and community presentations. This program strives to reach isolated at-risk community members and provides HIV/Hepatitis C counseling and testing services, risk-reduction guidance, and referral services. A community planning process is used to identify high priority target populations, their prevention needs, and the interventions that will be most effective in meeting those needs.

Hepatitis C Prevention & Integration is a comprehensive community strategy to prevent the spread of hepatitis C. A primary program objective is to integrate hepatitis C prevention services into existing public health programs such as HIV Prevention and Outreach. As with HIV Prevention, community planning is an important element of this program.

Reducing HIV & Domestic Violence Risk in Women Offenders is a 4-½ year research project funded by the National Institute on Drug Abuse (NIDA). The project will be testing an HIV prevention intervention and a domestic violence prevention intervention among recently incarcerated women at risk for HIV. This study will provide scientific data to help us identify whether or not certain interventions are of benefit for women at risk of HIV who have recently been released from jail.

FY 2001: 9.70 FTE FY 2002: 21.75 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 2001: 19.55 FTE FY 2002: 20.15 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, treating, interviewing high risk populations including case contacts to control the spread of TB, case management to assure that clients receive appropriate therapy, medication to treat latent TB infection, and education of the public on tuberculosis.

FY 2001: 19.50 FTE FY 2002: 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 investigates and controls 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 the collection of statistical data. Screening, diagnosis, and referral are available for clients in high risk occupations who have no other source of medical care.

FY 2001: 8.45 FTE FY 2002: 8.45 FTE

Occupational Health

The Occupational Health Program reduces 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. These services are provided to other public and private agencies, students and individuals on a fee for service basis. This program opened a Traveler's Clinic in August, 2000.

FY 2001: 2.40 FTE FY 2002: 2.40 FTE

Health Department

Disease Prevention & Control

<u>Costs by Program</u>	1999-00	2000-01	2001-02	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$418,750	\$287,006	\$328,607	\$41,601
Immunizations	1,042,092	188,081	1,223,985	1,035,904
Health Inspections	1,696,830	1,803,843	2,044,669	240,826
Vector Control	464,957	502,505	531,801	29,296
Lead Screening	591,463	1,436,871	78,382	(1,358,489)
STD Clinic/Epidemiology	1,584,322	1,738,543	1,635,191	(103,352)
HIV Care Svcs. Admin.	0	3,198,780	3,311,556	112,776
HIV Prevention	1,344,192	1,297,155	2,020,491	723,336
HIV Health Services	2,300,346	2,165,618	2,194,327	28,709
TB Prevention	1,518,542	1,666,361	1,598,482	(67,879)
Communicable Diseases	783,483	1,024,190	695,632	(328,558)
Occupational Health	<u>203,851</u>	<u>0</u>	<u>265,484</u>	<u>265,484</u>
Total Costs	\$11,948,828	\$15,308,953	\$15,928,607	\$619,654

<u>Significant Budget Changes</u>	<u>Program</u>	<u>FTE Changes</u>	<u>Expenditure Changes</u>	<u>Revenue Changes</u>
Delete 1.0 FTE Program Development Technician	<i>Division Management</i>	(1.00)	(\$31,446)	
Transfer in 1.0 FTE Administrative Secretary from County Health Officer	<i>Division Management</i>	1.00	\$42,992	
"Free" vaccines from the state	<i>Immunizations</i>		\$990,000	\$990,000
Increased license & fee revenue	<i>Health Inspections</i>			\$310,180
Cut 1.75 Chemical Application Operators	<i>Vector Control</i>	(1.75)	(\$81,175)	
Cut Federal Lead Screening, City of Portland grants	<i>Lead Poisoning Prevention Program</i>			(\$1,358,489)
Cut 10.0 FTE	<i>Lead Poisoning Prevention Program</i>	(10.00)	(\$785,571)	
Delete program expenditures for Lead Poisoning Prevention Program	<i>Lead Poisoning Prevention Program</i>		(\$572,916)	
Cut 1.0 FTE OA Sr	<i>STD Clinic/Epidemiology</i>	(1.00)	(\$39,953)	
Add 1.0 FTE Operations Supervisor	<i>STD Clinic/Epidemiology</i>	1.00	\$39,953	
Cut 2.0 FTE Health Information Specialists	<i>STD Clinic/Epidemiology</i>	(2.00)	(\$80,201)	
Transfer 1.0 FTE Health Educator to HIV Care Services	<i>STD Clinic/Epidemiology</i>	(1.00)	(\$49,546)	
Increase 0.5 FTE Health Services Administrator to 1.0 FTE.	<i>HIV Care Clinic</i>	0.50		
Increased contract services for HIV Care	<i>HIV Care Services Admin.</i>		\$211,000	

Health Department

Disease Prevention & Control

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of reported cases of the following STDs for which partner notification services were conducted	<i>STD Clinic/ Epidemiology</i>					
% of gonorrhea cases reported		90%	71%	84%	85%	80%
% of syphilis cases reported		100%	50%	90%	90%	90%
% of chlamydia cases reported		74%	51%	67%	65%	60%
% of TB patients (active TB) who have taken TB medications continuously throughout the year	<i>TB Prevention</i>	92.4%	93%	98%	90%	90%
Unduplicated contacts/children served per year for immunization evaluation/vaccine	<i>Immunizations</i>	3,152	4,563	6,035	7,000	7,200
# of STD cases per 100,000 county residents between 15 and 44	<i>STD Clinic/ Epidemiology</i>					
# of gonorrhea cases		140	185	183	183	183
# of chlamydia cases		625	706	704	704	704
% of sixth-grade children receiving 3-dose series of Hep B immunization	<i>Immunizations</i>	N/A	14%	20%	70%	95%
% of high-risk persons testing at HIV community test site	<i>STD Clinic/ Epidemiology</i>	N/A	47%	53.8%	55%	65%
# of Health Department employees documented to have a TB skin test conversion resulting from a workplace exposure	<i>Occupational Health</i>	1	1	3	0	0
% of STD clients who receive HIV Testing	<i>STD Clinic/ Epidemiology</i>	N/A	65%	35%	35%	35%

Neighborhood Health

Providing health care access through home visits, groups, partnerships, community outreach, as well as in schools.

This Division in the Health Department combines the efforts of the Field Services Neighborhood Teams, the School Based Health Centers (SBHCs), Neighborhood Health Access sites, Breast and Cervical Cancer Program (BCCP), STARS, Connections, Community Health Worker Program & Capacitation Center 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, community outreach, as well as providing in school preventative and primary health care.

Action Plans:

- Field Services – Continue implementation of the OLDS Home Visiting Model and integrate the Family Support model. Continue implementation of Auditors recommendation with specific focus on Productivity and Evaluation by June 30, 2002
- Add extended clinic hours and summer services in specifically located schools by June 2001. These extended services will provide continuity and access for SBHC clients.
- Neighborhood Health Access – Partner with other Health Department clinical sites to provide community choice and access in obtaining health services by January 2002.
- Implement redesign model that will allow for cross-divisional and departmental collaborative work. The redesign will increase our effectiveness in listening, responding to and meeting the defined needs of our community through a diverse workforce that is reflective of the communities we serve. Implementation by July 1, 2001

Neighborhood Health	1999-00	2000-01	2000-01	2001-02	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	164.15	186.50	193.26	191.63	(1.63)
Personal Services	\$9,967,770	\$10,910,449	\$11,592,393	\$12,201,359	\$608,966
Contractual Services	2,246,590	1,923,516	2,479,934	1,256,442	(1,223,492)
Materials & Supplies	3,293,822	3,939,527	3,689,189	2,602,010	(1,087,179)
Capital Outlay	1,544	130,806	136,756	1,000	(135,756)
Total Costs	\$15,509,726	\$16,904,298	\$17,898,272	\$16,060,811	(\$1,837,461)

Division Management

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 will provide cross-divisional revenue and quality analysis, client service standards, protocols and evaluation. Division management provides policy direction for the division and participates in policy development for the department. Division management is also responsible for 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, the Commission on Children, Families and Community, the Caring Communities and Integrated Service Sites.

FY 2001: 2.00 FTE FY 2002: 3.25 FTE

School Based Health 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 2001: 49.67 FTE FY 2002: 47.09 FTE

STARS

STARS (Students Today Aren't Ready for Sex), is a statewide abstinence education program which began as a demonstration project in Multnomah County in 1995. The goal of the STARS Program is to provide young adolescents in middle schools with the information and skills needed to resist societal and peer pressure to become sexually involved too soon. STARS uses a highly effective peer educator model using high school teen leaders to deliver the message to their younger peers that it is best to avoid early sexual involvement. STARS is a successful primary prevention intervention, which is an important part of a comprehensive effort to reduce teen pregnancy in Multnomah County. Each year the STARS program trains over 200 high school students from 17 local schools to present the program to over 6500 sixth and seventh grade students in 31 middle schools.

FY 2001: 9.35 FTE FY 2002: 3.46 FTE

<p>Field Teams</p>	<p>Field Teams assure, promote and protect the health of the people of Multnomah County. The program promotes individual, family, and community wellness and safety with an emphasis on early childhood. Staff deliver services through consultation, 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. For FY 2002: the restored Healthy Birth Initiative sustains community partnership efforts in Northeast Portland to address infant mortality disparities. Services to elderly clients through a partnership with Aging & Disability Services will be eliminated as funding is refocused on early childhood; and the priorities for early childhood services will be limited to young teen parents, first time mothers, and infants with medical risks.</p> <p>FY 2001: 70.08 FTE FY 2002: 77.57 FTE</p>
<p>Connections</p>	<p>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 1,050 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.</p> <p>FY 2001: 1.60 FTE FY 2002: 1.65 FTE</p>
<p>Neighborhood Health Access Sites</p>	<p>Neighborhood Health Access provides preventative health care to a neighborhood/community and collaborates with other community health care providers in the delivery of those services. Neighborhood Health Access has service sites at Brentwood-Darlington, Parkrose and Rockwood. Services include both clinic and community health nurse and community health worker home visit services to pregnant women and families with young children. Additional services include immunizations, reproductive health, pregnancy testing, well child health care, WIC, STD screening, childhood lead screening, HIV counseling & testing, tuberculin skin testing, health triage and referral.</p> <p>FY 2001: 22.00 FTE FY 2002: 18.75 FTE</p>
<p>Community Health Worker Program & Capacitation Center</p>	<p>The CHW Program and Capacitation Center seeks to strengthen the role of Community Health Workers (CHWs) at the MCHD and in the community. For CHWs we provide leadership development, networking opportunities, and initial and on-going training based on Popular Education methodology. For CHW programs we provide technical assistance and resources. In addition, we also assist a wide variety of community groups to build their capacity to use Popular Education methodology.</p> <p>FY 2001: 0.00 FTE FY 2002: 1.50 FTE</p>

WIC

WIC services are offered at 3 Multnomah County clinic sites and at 9 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. Satellite sites are decreased to support increased access to high-risk services for participants with special feeding needs and to provide staffing for the new breastfeeding support mandate. Planned opening of a fourth WIC service site in East County is postponed indefinitely, pending grant or funding increases.

FY 2001: 34.86 FTE FY 2002: 35.81 FTE

Breast and Cervical Cancer Program

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. The outreach component includes recruitment and education efforts through presentations, posters in community sites, partnerships with other agencies, an advisory board 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 Oregon Health Division and numerous community health care agencies, health systems and mammography sites. Funding is provided by the Centers for Disease Control.

FY 2001: 3.00 FTE FY 2002: 2.55 FTE

Costs by Program	1999-00	2000-01	2001-02	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$234,164	\$210,694	\$795,338	\$584,644
School Based Health Centers	3,565,299	3,849,027	3,813,112	(35,915)
STARS	1,294,042	345,507	264,162	(81,345)
Field Teams	5,416,068	8,185,090	6,569,142	(1,615,948)
Teen Connections	577,836	585,638	627,621	41,983
Neighborhood Health Access	2,029,324	2,244,362	1,515,757	(728,605)
Capacitation Center	1,729	0	107,013	107,013
WIC	2,063,826	2,116,253	2,110,864	(5,389)
Breast & Cervical Cancer Program	<u>327,438</u>	<u>361,701</u>	<u>257,802</u>	<u>(103,899)</u>
Total Costs	\$15,509,726	\$17,898,272	\$16,060,811	(\$1,837,461)

Health Department

Neighborhood Health

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increase Building Management charges	<i>Division Management</i>		\$510,000	
Increase FQHC Medicaid revenue	<i>Division Management</i>			\$1,422,585
Decrease General Fund cash	<i>Division Management</i>			(\$659,000)
Add 1.25 FTE from administrative restructuring within the division	<i>Division Management</i>	1.25	\$120,091	
Delete one-time expense for capital improvements	<i>School-Based Health Centers</i>		(\$133,526)	
Add 0.3 FTE Medical Director; and 1.6 FTE, 1.0 FTE Health Educator, and supplies for extended hours at Roosevelt clinic;	<i>School-Based Health Centers</i>	2.90	\$209,758	
Cut 0.8 FTE Health Educator (vacant)	<i>School-Based Health Centers</i>	(0.82)	(\$39,405)	
Cut Babies First grant revenue	<i>Field Teams</i>			(\$91,633)
Transfer out Family Support & Preservation to Planning & Development	<i>Field Teams</i>	(2.50)	(\$1,051,282)	
1 Olds Home Visiting Team added in Chair's budget with anticipated funding from the Oregon Children's Plan.	<i>Field Teams</i>	5.00	\$421,700	\$421,700
4.5 FTE Community Health Workers restored in Chair's Budget with anticipated funding from the Oregon Children's Plan	<i>Field Teams</i>	4.50	\$217,370	\$217,370
Cut 11.68 FTE: 3.38 FTE CHN's, 4.0 FTE CHW's, 0.7 HIS 2, 1.80 FTE OA 2, .6 Health Educator, 0.2 FTE Principal Investigator; 1.0 FTE Health Services Administrator	<i>Field Teams</i>	(11.68)	(\$648,100)	
Continue North Portland Olds Home Visiting Team with new state revenue and by re-prioritizing revenue sources within the dept.	<i>Field Teams</i>			\$250,000
Cut Healthy Birth Initiative; grant ended	<i>Neighborhood Health Access</i>	(7.80)		(\$1,125,751)
Cut 1.0 FTE Medical Records Technician	<i>Neighborhood Health Access</i>	(1.00)	(\$45,159)	
Increase fee revenues for immunizations, reproductive health services	<i>Neighborhood Health Access</i>			\$10,000
Add 1.0 FTE LPN for support services at Rockwood site	<i>Neighborhood Health Access</i>	1.00	\$43,895	
Decrease Komen grant funds	<i>Breast & Cervical Cancer</i>			(\$15,000)
Cut 0.5 FTE Health Educator	<i>Breast & Cervical Cancer</i>	(0.50)	(\$27,186)	
Reduce state funding for STARS program	<i>STARS</i>			(\$50,000)
Cut 0.5 FTE Health Services Administrator	<i>STARS</i>	(0.50)	(\$35,761)	
Cut 0.5 FTE Office Assistant 2	<i>STARS</i>	(0.50)	(\$16,766)	
Eliminate on-call budget	<i>WIC</i>		(\$20,000)	

Health Department

Neighborhood Health

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 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>	96.2%	96.2%	96.3%	96.3%	96.3%
% 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 Services</i>	85%	86%	88%	85%	85%
Average # of pregnant women served per month as a % of WIC caseload	<i>WIC Program</i>	2,090 (11.7%)	2,023 (12.7%)	2,037 (13.2%)	1,987 (11.7%)	2,200 (12.2%)
% of school districts with a plan for integrating the STARS curriculum into their high and middle schools	<i>STARS</i>	15%	75%	75%	75%	86%
% of Healthy Birth Initiative participants who initiate prenatal care in the 1 st trimester of pregnancy	<i>Field Services</i>	N/A	75.4%	80.8%	82%	N/A
# of uninsured/underinsured women 40 years and older who receive health checks through the BCC program	<i>Breast & Cervical Cancer Partnership</i>	N/A	829	829	721	829
% 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 Services</i>	55%	56%	73.1%	75%	75%
% of Connections Community-Based clients who did not have a subsequent pregnancy upon exit	<i>Teen Connections</i>	90%	92%	92%	93%	94%
% of all pregnant and parenting teens assessed prenatally and/or postpartum by Connections and Connections partners		82%	86%	80%	81%	82%
% of teen mothers assessed by face-to-face contact in the hospital prenatally and/or at delivery by Connections CHN		78%	83%	80%	81%	82%
% of 19-21 year old receiving family planning services	<i>Neighborhood Health Access</i>	73%	73%	49%	55%	57%

**Corrections
Health
Division**

The Corrections Health Division provides medical, mental health and dental services for those incarcerated in Multnomah County. The majority of inmates have had minimal or no access to services prior to arrest and arrive in the jails with acute and chronic problems, including communicable diseases and substance addictions that require intervention.

The Division provides services in six correctional facilities of various sizes and in various locations. The inmate population has a higher incidence of medical and mental health problems than the general population due to life style, socio-economic level, and neglect.

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

Action Plans:

- Develop plans for additional mental health dorms at Inverness Jail to insure that mental health patients will have adequate treatment for their mental illnesses and to ensure their safety from suicides during their incarceration.
- Successfully complete the National Corrections Health Association Survey in summer of 2001 and gain a 3-year accreditation certification.
- Evaluate the Dorm 13 (Mental Health Dorm) at Inverness Jail to see if interventions are aiding those with mental illness.
- Develop the model of medical care and mental health care for those alcohol and drug addicts who are involved in the new Alcohol and Drug Treatment facility as implemented at Interchange and ultimately situated at Wapato Jail
- Plan for medical, mental health and dental services at Wapato Jail.

Corrections Health		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	105.40	109.60	117.80	119.40	1.60
Personal Services	\$7,710,012	\$7,825,838	\$8,385,814	\$9,092,368	\$706,554
Contractual Services	996,544	1,198,555	872,998	962,772	89,774
Materials & Supplies	2,055,834	2,075,257	2,005,345	1,510,135	(495,210)
Capital Outlay	0	18,240	24,000	10,000	(14,000)
Total Costs	\$10,762,390	\$11,117,890	\$11,288,157	\$11,575,275	\$287,118

Clinic Services

Clinical Services provides health care to incarcerated adults and juveniles, as mandated by Oregon law. 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: 103.60 FTE FY 2000: 110.50 FTE

Mental Health Services

Mental Health Services provides psychiatric care to incarcerated adults and juveniles, as mandated by Oregon law. The program 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.

The number of mentally ill identified at booking has increased 41% since 1994.

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 persons in custody with mental illness is increasing as community resources are decreasing.

FY 1999: 14.20 FTE FY 2000: 8.90 FTE

Costs by Program	1999-00	2000-01	2001-02	
	Actual	Adopted Budget	Adopted Budget	Difference
Clinic Services	\$9,940,365	\$10,169,932	\$10,694,616	\$524,684
Mental Health Services	822,025	1,118,225	880,659	(237,566)
Total Costs	\$10,762,390	\$11,288,157	\$11,575,275	\$287,118

Health Department

Corrections Health

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Transfer in 2.0 FTE OA 2's from Mental Health Services	<i>Clinic Services</i>	2.00	\$50,080	
Transfer in 4.0 FTE Community Health Nurses from Mental Health Services	<i>Clinic Services</i>	4.00	\$188,787	
Transfer in 2.0 FTE Nurse Practitioners from Mental Health Services	<i>Clinic Services</i>	2.00	\$108,293	
Delete Indirect expenditure; Corrections Health budget is now in the GF, not subject to indirect	<i>Clinic Services</i>		(\$501,474)	(\$501,474)
Cut 1.0 FTE Fiscal Assistant Sr.	<i>Clinic Services</i>	(1.00)	(\$43,747)	
Cut 1.0 FTE Pharmacist	<i>Clinic Services</i>	(1.00)	(\$99,532)	
Increased pharmaceuticals reimbursements	<i>Clinic Services</i>			\$200,000
Transfer out 2.0 FTE OA 2's to Clinic Services	<i>Mental Health Services</i>	(2.00)	(\$50,080)	
Transfer out 4.0 FTE Community Health Nurses to Clinic Services	<i>Mental Health Services</i>	(4.00)	(\$188,787)	
Transfer out 2.0 FTE Nurse Practitioners to Clinic Services	<i>Mental Health Services</i>	(2.00)	(\$108,293)	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of pregnant females receiving prenatal care while incarcerated	<i>Clinic Services</i>	85%	94%	93%	60%	60%
% of incarcerated clients who receive psychiatric intervention	<i>Mental Health Services</i>	24%	23%	27%	15%	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 Dental Services Division improves the oral health of Multnomah County residents. The Division facilitates and advocates for the delivery of dental services to county residents who are at-risk, low income and under-served. Dental programs also provide primary preventive dental services (targeted for children), and monitor the prevalence of oral disease among Multnomah County Residents.

The Division addresses the following needs:

- 1) An estimated 250,000 County residents are without dental insurance and, therefore, have limited access to dental care.
- 2) Approximately 54 percent of Multnomah County children 6-8 years of age have experienced dental decay. One in ten 3-5 year old Head Start children in Multnomah County have Baby Bottle Tooth Decay, a particularly virulent form of tooth decay.
- 3) 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;
- 4) 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.

Action Plans:

- Open the East County Dental Clinic in January of 2002. This clinic, using a community collaborative model, will provide an additional 7000 dental visits per year to Medicaid and low-income clients in east county.
- Expand the Dental Division early childhood cavities prevention program to include the Health Department's Primary Care Services and Neighborhood Health Services Divisions.

Dental Services	1999-00	2000-01	2000-01	2001-02	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	59.96	62.10	72.80	73.50	0.70
Personal Services	\$3,599,673	\$3,682,102	\$4,499,537	\$4,751,583	\$252,046
Contractual Services	1,182,613	1,395,163	1,304,398	1,655,100	350,702
Materials & Supplies	1,517,219	1,458,968	1,652,564	1,148,791	(503,773)
Capital Outlay	16,113	70,377	73,309	5,000	(68,309)
Total Costs	\$6,315,618	\$6,606,610	\$7,529,808	\$7,560,474	\$30,666

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 2001: 1.50 FTE FY 2002: 1.70 FTE

School and Community Dental Service

The School/Community Dental Services' program improves 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.

FY 2001: 9.20 FTE FY 2002: 10.00 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 2001: 50.10 FTE FY 2002: 53.20 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 23,000 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 2001: 11.00 FY 2002: 7.80 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 addresses the 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 2001: 1.00 FTE FY 2002: 0.80 FTE

Costs by Program	1999-00	2000-01	2001-02	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$547,209	\$600,489	\$685,246	\$84,757
School & Community Dental Services	621,755	711,384	733,907	22,523
Dental Clinics	4,172,468	4,622,396	4,507,528	(114,868)
MultiCare Dental	926,011	1,536,747	1,593,215	56,468
Dental Access Program	48,175	58,792	40,578	(18,214)
Total Costs	\$6,315,618	\$7,529,808	\$7,560,474	\$30,666

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increase Medicaid fee for service revenue based on increase in number of plan enrollees	<i>Division Management</i>			\$707,420
Decrease General Fund cash transfer	<i>Division Management</i>			(\$861,000)
Reduce capital outlay	<i>Division Management</i>		(\$68,000)	
Increase Building Management charges	<i>Division Management</i>		\$138,300	
Cut 1.0 FTE Dentist	<i>Dental Clinics</i>	(1.00)	(\$88,800)	
Add 0.9 FTE Dental Ass't/Receptionist	<i>Dental Clinics</i>	0.9	\$27,031	
Transfer out 1.0 FTE Health Services Supervisor to MultiCare Dental	<i>Dental Clinics</i>	(1.00)	(\$52,554)	
One-time-only carryover for new equipment at new east county dental clinic	<i>Dental Clinics</i>		\$225,000	
Reclass 1.0 FTE Operations Supervisor to Health Services Supervisor and transfer in from Dental Clinics	<i>MultiCare Dental</i>	1.00	\$52,554	
Building Management increase	<i>Dental Access Program</i>		\$105,000	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
MultiCare Dental DCO monthly enrollment average	<i>MultiCare Dental</i>	14,480	14,802	17,338	19,835	23,000
# of dental clinic visits annually	<i>Dental Clinics</i>	28,441	29,045	31,927	32,000	34,000
# of visits to volunteer dentists arranged by Dental Access Program	<i>Dental Access Program</i>	100	337	263	330	500

Primary Care

The Primary Care Division assesses need and develops services that promote 100% access and zero disparities for the screening and treatment of illness. A primary focus of services is on prevention and client education to promote healthy choices.

The Division provided primary health care services to approximately 52,002 primary care clients in Fiscal Year 1999-2000, making up 113,982 visits.

The Primary Care Division provides medical health care services 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. The Primary Care Division, Health Department Laboratory and Radiology services are accredited by the Joint Commission of Health Care Organizations.

Action Plans:

- Institute a Chronic Care Model that insures 70% of patients with asthma, diabetes and depression, that meet clinical criteria for inclusion, will be enrolled in a registry with an active case management function accomplished by each Primary Care provider team by June of 2004.
- Participate in the Department wide collaboration with the Oregon Health Information Network (OCHIN) to select and implement a practice management system that will facilitate improved business processes for the Department and Community Health Centers throughout the State by 2003.
- Reduce the cost per visit and increase access for clients by re-engineering the client visit and redesigning the central appointment system by June 2002. Goals: Reduce time client is in clinic to 45 minutes or less, 90% of the time. Decrease delay for routine primary care appointments. Achieve at least 90% satisfaction ratings for patients, staff and providers.
- Collaborate with the Diversity and Quality Team to identify and develop the elements that must be present in a diverse workforce to positively impact the health outcomes in our client population.

Primary Care		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	209.04	233.70	222.58	236.75	14.17
Personal Services	\$13,626,687	\$13,685,329	\$14,294,543	\$15,656,075	\$1,361,532
Contractual Services	3,912,285	791,203	1,146,443	1,590,955	444,512
Materials & Supplies	5,652,955	5,985,639	5,993,413	4,643,608	(1,349,805)
Capital Outlay	0	4,800	22,309	23,309	1,000
Total Costs	\$23,191,927	\$20,466,971	\$21,456,708	\$21,913,947	\$457,239

Division Management	<p>Division Management is responsible for seven Primary Care sites, and provides financial and administrative support to the Coalition of Community Health Clinics. Two replacement clinics will be occupied by Fall 2001.</p> <p>FY 2001: 6.70 FTE FY 2002: 8.05 FTE</p>
Medical Director	<p>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, review, and revision of clinical protocols and policies.</p> <p>FY 2001: 6.10 FTE FY 2002: 5.30 FTE</p>
Primary Care Clinics	<p>Primary Care clinics provide basic medical services including prevention, diagnosis 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.</p>
<i>Seven primary care clinics provide integrated primary health care to low-income and high-risk residents of the county.</i>	<p>From July 1, 1999 through June 30, 2000, the Primary Care provider teams saw 52,002 clients resulting in 113,982 visits. Of those clients, approximately 52% required interpretation, 62% were minorities, 27% were age 18 or younger, 64% were female, 63% were insured and 37% were uninsured.</p> <p>The Primary Care clinics must meet Federal and State requirements as well as community practice standards. In the Fall of 2000, the Division began the process of reengineering the patient visit. The goal is to reduce the cycle time between the moment the patient walks in the door and when the patient leaves the clinic. This process results in improved customer service and access. Four of the seven clinics will be fully operational in the new model by July 2001.</p>
<i>Primary Care Clinics include the Homeless Children's Project</i>	<p>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 include well child exams, immunizations, lead screenings, prenatal care, family planning, WIC, communicable disease screening, and care of acute or chronic medical conditions. These services are delivered at La Clinica de Buena Salud now located at 6736 NE Killingsworth Street. An outreach component also provides home visits to families.</p> <p>FY 2001: 209.75 FTE FY 2002: 223.40 FTE</p>
Linkage	<p>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.</p> <p>FY 2001: 0.03 FTE FY 2002: 0.00 FTE</p>

Health Department

Primary Care

Costs by Program	1999-00	2000-01	2001-02	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$1,351,131	\$1,018,209	\$1,788,179	\$769,970
Medical Director	854,056	916,528	783,345	(133,183)
Primary Care Clinics	18,122,808	19,498,604	19,342,423	(156,181)
Linkage	<u>2,863,932</u>	<u>23,367</u>	0	(23,367)
Total Costs	\$23,191,927	\$21,456,708	\$21,913,947	\$457,239

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increase Building Management charges	<i>Division Management</i>		\$363,500	
Increase Professional Services for consultant fees related to clinic patient flow re-design	<i>Division Management</i>		\$120,000	
Increase Homeless grant	<i>Division Management</i>			\$133,911
Increase Behavioral Health care grant	<i>Division Management</i>			\$37,481
Increase Title XIX reimbursements	<i>Division Management</i>			\$773,255
Decrease CareOregon fee-for-service revenues	<i>Division Management</i>			(\$98,755)
Increase Title XVIII reimbursements	<i>Division Management</i>			\$674,500
Increase Family Planning grant	<i>Division Management</i>			\$98,623
Increase FPEP revenues	<i>Division Management</i>			\$32,800
Increase CareOregon capitated payments	<i>Division Management</i>			\$367,380
Increase Primary Care grant	<i>Division Management</i>			\$70,000
Increase supplies due to predicted increase in volume at clinics	<i>Primary Care Clinics</i>		\$384,462	
Furnishings and fixtures for new clinic in east county	<i>Primary Care Clinics</i>		\$163,271	
Increase interpreters	<i>Primary Care Clinics</i>		\$89,500	
Furnishings and fixtures for new clinic in north Portland	<i>Primary Care Clinics</i>		\$168,388	
Add 2.5 FTE Lab Techs & X-Ray Techs due to increased volume in clinics	<i>Primary Care Clinics</i>	2.50	\$117,292	
Decrease Nurse Practitioners across clinic sites	<i>Primary Care Clinics</i>	(4.40)	(\$381,418)	
Add Office Assistants across clinic sites	<i>Primary Care Clinics</i>	4.00	\$168,388	
Add support staff for clinic patient flow re-design, across clinic sites	<i>Primary Care Clinics</i>	7.42	\$353,608	
Add Community Health Nurses across clinic sites	<i>Primary Care Clinics</i>	3.43	\$235,881	
Increase X-Ray techs across clinic sites	<i>Primary Care Clinics</i>	1.50	\$75,961	
One-time-only carryover for new equipment at new North Portland and east county Primary Care Clinics.	<i>Primary Care Clinics</i>		\$288,000	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of pregnant women in county clinics who receive prenatal care beginning in the first trimester	<i>Primary Care Clinics</i>	66%	65%	65%	65%	70%
% of 2 year olds who are appropriately immunized	<i>Homeless Children Project</i>	100%	100%	100%	100%	100%
% of revenues collected from self-pay clients and third-party payors	<i>Primary Care Clinics</i>	N/A	74%	94%	95%	95%
Completion of accreditation by JCAHO					Accreditation achieved	
% of 2-year-olds who are appropriately immunized		92%	93%	90%	90%	90%
% of qualifying clients who are up-to-date on exams						
Well child exams		31%	83%	83%	89%	88%
Diabetic eye exams		11.5%	62%	68%	67%	70%
Mammogram exams		27.5%	70.2%	77%	77%	80%

Support Services

Provides diagnostic, pharmaceutical, and ancillary health services

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, language services, information and referral services, and management of medical records and x-ray services.

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:

- Coordinate installation and opening of lab, x-ray and pharmacy services in two new clinics.
- Analyze consolidation of telephone call centers in various units and Divisions to enhance client services and maximize efficiencies.
- Develop system for providing coding education to all providers by Jan. 2002 to support accurate coding practices.
- Investigate centralized prescription refill services to decrease production costs.

Support Services	1999-00	2000-01	2000-01	2001-02	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	43.21	47.50	52.03	51.85	(0.18)
Personal Services	\$2,662,389	\$2,882,712	\$3,275,890	\$3,376,632	\$100,742
Contractual Services	536,135	770,612	580,200	208,000	(372,200)
Materials & Supplies	4,882,423	5,663,190	5,426,797	5,218,401	(208,396)
Capital Outlay	0	6,048	6,300	10,000	3,700
Total Costs	\$8,080,947	\$9,322,562	\$9,289,187	\$8,813,033	(\$476,154)

Division Management

Support Services Division management directs the division in providing services to clients and other Health Department Divisions in an efficient and cost-effective manner by setting output and service delivery goals and resolving problems.

FY 2001: 3.50 FTE FY 2002: 3.50 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 2001: 21.68 FTE FY 2002: 20.95 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, provides 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 2001: 12.55 FTE FY 2002: 13.50 FTE

Information and Referral Services

The Information and Referral unit consists of two programs. Multnomah County Health I&R serves Multnomah County. Oregon SafeNet works closely with the Oregon Health Division as a resource number for information and referral statewide. Information and Referral was a key health care access point for 82,262 clients this 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 2001: 12.20 FTE FY 2002: 10.90 FTE

Medical Records

Medical Records Management provides support to Health Department staff in areas of documentation, coding, confidentiality, release of information, record storage and security.

FY 2001: 0.0 FTE FY 2002: 1.00 FTE

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 2001: 2.10 FTE FY 2002: 2.00 FTE

Costs by Program	1999-00	2000-01	2001-02	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$455,980	\$439,212	\$482,529	\$43,317
Pharmacy Services	5,472,173	6,140,903	6,354,502	213,599
Laboratory Services	928,519	1,066,264	953,148	(113,116)
Communications	1,058,126	1,464,769	810,845	(653,924)
Medical Records	0	0	75,199	75,199
Language Services	166,149	178,039	136,810	(41,229)
Total Costs	\$8,080,947	\$9,289,187	\$8,813,033	(\$476,154)

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increase Building Management charges	<i>Division Management</i>		\$40,000	
Add 1.0 FTE Construction Projects Specialist	<i>Division Management</i>	1.00	\$54,045	
Increase FQHC Medicaid reimbursements	<i>Division Management</i>			\$300,867
Estimated increase in drug expenditures	<i>Pharmacy Services</i>		\$715,000	
Estimated increase in fee-for-service revenues: Medicaid and CareOregon	<i>Pharmacy Services</i>			\$1,100,000
Transfer out Special Orders Section to Business Services	<i>Special Orders Section</i>	(4.00)	(\$172,936)	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
Total cost per prescription dispensed to county clients	<i>Pharmacy Services</i>	\$21.81	\$24.44	\$26.31	\$28.95	\$31.85
Unit cost of Laboratory Tests	<i>Laboratory Services</i>	\$11.47	\$11.13	\$11.51	\$14.95	\$14.95

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, training, 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;
- Providing mandatory and competency training and development;
- 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:

- Complete redesign of administrative and management structure to increase customer-focused services and accountability. Implement regular customer satisfaction monitoring and adjustment.
- Develop a financial management and forecasting team to monitor and forecast current year expenditures and revenues that links to a long term financial plan for the department. Develop models to test the impact of changing financial and economic indicators.
- Continue to support the implementation 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.

Business Services		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	57.37	67.10	66.90	58.15	(8.75)
Personal Services	\$3,304,318	\$3,940,767	\$3,948,984	\$3,334,808	(\$614,176)
Contractual Services	3,408,214	11,723,903	9,849,352	6,130,000	(3,719,352)
Materials & Supplies	1,864,109	1,968,105	2,194,784	3,507,636	1,312,852
Capital Outlay	<u>23,039</u>	<u>9,293</u>	<u>9,680</u>	<u>0</u>	<u>(9,680)</u>
Total Costs	\$8,599,680	\$17,642,068	\$16,002,800	\$12,972,444	(\$3,030,356)

Division Management

Division Management oversees day-to-day operations and development of improvements to the business functions that support Health Department divisions. The Division represents the Department's business interests to community partners, grantors, third party payers, clients, and other County agencies, and 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 2001: 3.00 FTE FY 2002: 5.00 FTE

Grants Management and Accounting

Grants Management and Accounting monitors Federal and State grants, maximizes revenues, and provides 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 develops and implements 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 2001: 4.00 FTE FY 2002: 3.00 FTE

Health Accounts Payable and Procurement

The Procurement/Accounts Payable unit is responsible for contracts administration and purchasing for the Department. The Accounts Payable section processes medical claims for services provided by medical specialists when referred by a Health medical provider and payment of invoices for goods and services received by the department. AP&P also accounts for petty cash, change drawers, checking accounts and other treasury functions; and processes Health Department staff travel and training requests. The Special Orders unit has been transferred in from Support Services.

FY 2001: 6.50 FTE FY 2002: 11.50 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, SAP coding, and deposits receipts daily. It coordinates 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 2001: 9.00 FTE FY 2002: 9.00 FTE

Human Resources

The Human Resources Section provides consultation to managers in the areas of employee labor relations, guidelines, bargaining agreements, and procedures & policies. It represents the Department at the county level on personnel, collective bargaining, and EEO/AA issues; inputs payroll expenditures; analyzes positions for appropriate classification, language and

FTE requirements; coordinates payroll with Department timekeepers and assists with inter divisional placements of employees, including coverage for leaves of absences and permanent positions.

The Training unit identifies staff training needs and develops appropriate, effective learning experiences to meet defined learning objectives. This includes needs assessment, designing and delivering training, and evaluating outcomes. This unit was transferred from the Director's Office.

FY 2000: 10.40 FTE FY 2001: 14.00 FTE

Health Information Systems

The Health Information System section maintains and enhances 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 computers, printing functions, and 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, coordinating exchange of data with external partners, maintaining user documentation, and providing data extracted to fill ad hoc data requests. The Health Information section also participates in the development and implementation of a new statewide information system for safety net clinics.

FY 2001: 18.50 FTE FY 2002: 0.00 FTE

Medicaid/Medicare Eligibility

The Medicaid Eligibility Unit is responsible 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, Children's Health Insurance (CHIP) 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 health care access.

FY 2001: 15.50 FTE FY 2002: 15.65 FTE

Costs by Program	1999-00	2000-01	2001-02	Difference
	Actual	Adopted Budget	Adopted Budget	
Division Management	\$649,476	\$9,574,957	\$1,285,425	(\$8,289,532)
Grants Management	287,259	290,329	210,757	(79,572)
Accounts Payable	351,632	401,145	651,932	250,787
Accounts Receivable	318,707	549,207	510,550	(38,657)
Human Resources	706,276	814,406	990,687	176,281
Health Information Systems	2,653,090	3,395,274	2,981,493	(413,781)
Medicaid/Medicare Eligibility	<u>3,633,240</u>	<u>977,482</u>	<u>6,341,600</u>	<u>5,364,118</u>
Total Costs	\$8,599,680	\$16,002,800	\$12,972,444	(\$3,030,356)

Health Department

Business Services

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Remove one-time payment for statewide safety net clinic match	<i>Division Management</i>		(\$9,113,845)	(\$9,113,845)
Transfer in one OA II from Director's Office	<i>Division Management</i>	1.00	\$38,223	
Add 1.0 FTE Health Services Administrator	<i>Division Management</i>	1.00	\$78,538	
Delete 1.0 FTE Health Services Manager Senior; add 2.0 FTE Health Services Managers	<i>Division Management</i>	1.00	\$55,770	
One-time-only carryover for Ambulatory Care Management Information System	<i>Division Management</i>		\$450,000	
Cut 1.0 FTE Fiscal Specialist Sr.	<i>Grants Management</i>	(1.00)	\$72,870	
Transfer in Special Orders Section from Support Services	<i>Accounts Payable</i>	4.00	\$172,936	
Transfer in Training Unit from Director's Office; re-class existing positions (net change shown)	<i>Human Resources</i>	3.60	\$226,550	
Remove one-time-only payment for Health Management Information System and MERLIN training	<i>Health Information Systems</i>		(\$491,000)	(\$491,000)
Transferred 18.50 FTE to DSS-ITO as part of information technology restructuring county-wide.	<i>Health Information Systems</i>	(18.50)		
Add one-time-only Medicaid reimbursement pass-through to safety net clinics state-wide	<i>Medicaid/Medicare Eligibility</i>		\$5,500,000	\$5,500,000

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
Multnomah County's market share of total Oregon Health Plan enrollment through outreach efforts	<i>Medicaid/Medicare Eligibility</i>	N/A	22.5%	22.5%	23%	28%