

Health Department

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Health Department

Department Services

The Health Department seeks to ensure access to healthcare for Multnomah County residents, to protect against threats to health, and to promote health.

Ensuring Access to Healthcare

The Department is a major healthcare provider for low-income residents that operates an extensive and integrated system of care, including:

- 5 primary care health centers, 4 dental clinics, and 11 school clinics;
- A home visit program for high-risk families;
- Specialty clinics focusing on sexually transmitted diseases, tuberculosis, and HIV;
- A nutrition and food voucher program for woman, infants, and children;
- A pharmacy, a laboratory, and interpretive services;
- A program providing healthcare in County jails.

The Community Health Council serves as a citizens' advisory board to the Health Department. It provides guidance on a broad range of public health issues and links the Department to the diverse communities of the County. The Council includes community members with an interest in public health, representatives from health care organizations, and residents who use the Department's healthcare services. Because of the community's involvement in program planning, implementation, and evaluation, the Department's services are highly responsive to community needs.

Through policy and advocacy, the Department also supports the provision of medical and dental services to the poor by other local providers.

Protecting the Health of County Residents

The department operates an array of health protection programs that address:

- The investigation and control of communicable diseases.
- The treatment and control of tuberculosis.
- The prevention and control of sexually transmitted disease.
- The control of mosquito and rat populations.
- The oversight of ambulance services.
- The inspection, licensing, and certification of restaurants, swimming pools, school facilities, care facilities, and food handlers.

Promoting Health

The Department's promotion of health takes many forms, including:

- Health education and information in schools, workplaces, and community settings.
- Health education to high-risk families at home.
- Training for teens on pregnancy prevention, abstinence, and nutrition education.
- Prevention programs for chronic conditions like heart disease.

Health Department

How the Department Delivers its Services

*Health Department
Vision:
Healthy People in
Healthy Communities*

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

Health Department FY 04-09 Strategic Goals:

- To help residents gain control of the factors that influence their health.
- To improve health throughout the County's diverse communities.
- To ensure dignified access to healthcare.
- To protect the public and mitigate health threats arising from natural and human-caused disasters.

Department Reorganization Underway

In August 2003, the Department implemented a new administrative structure in order to achieve "the best service for the most people." The County's demographics, health concerns, and service mix have changed significantly in recent years, and the Department needed to reflect these realities. Seizing the opportunity to define itself in a more forward-looking fashion, the Department considered everything from nationwide best practices and the role that a strong public health agency can play in a community to the experiences of its clients as they tried to work their way through the maze of services.

The Department is now managed across three Service Groups:

- **Community Health Promotion, Partnerships, and Planning (CHP³)** *will establish and maintain effective internal and external partnerships.*
- **Integrated Clinical Services (ICS)** *will share information and resources so that clients have clear access to a highly coordinated range of services.*
- **Community Health Services (CHS)** *will improve the health of the community through quality assessments, initiatives, and preparedness.*

To support these Service Groups:

- The Clinical Disciplines Leadership Team (CDLT) will provide expertise and professional direction for doctors, nurses, dentists, pharmacists, radiologists, laboratory technicians, and other health professionals.
- Business and Quality Services is responsible for financial policies and strategies, budget development, facilities and infrastructure planning, and departmental training and support. It will also coordinate Shared Services to ensure that department operations are appropriately supported.

The new structure will allow the Department to focus on its core mission. In a climate of diminishing resources and external changes (such as those to the Oregon Health Plan), the reorganization will also allow the Department to better integrate best practices and benchmarking, thus ensuring its own ongoing health and its ability to serve the residents of Multnomah County.

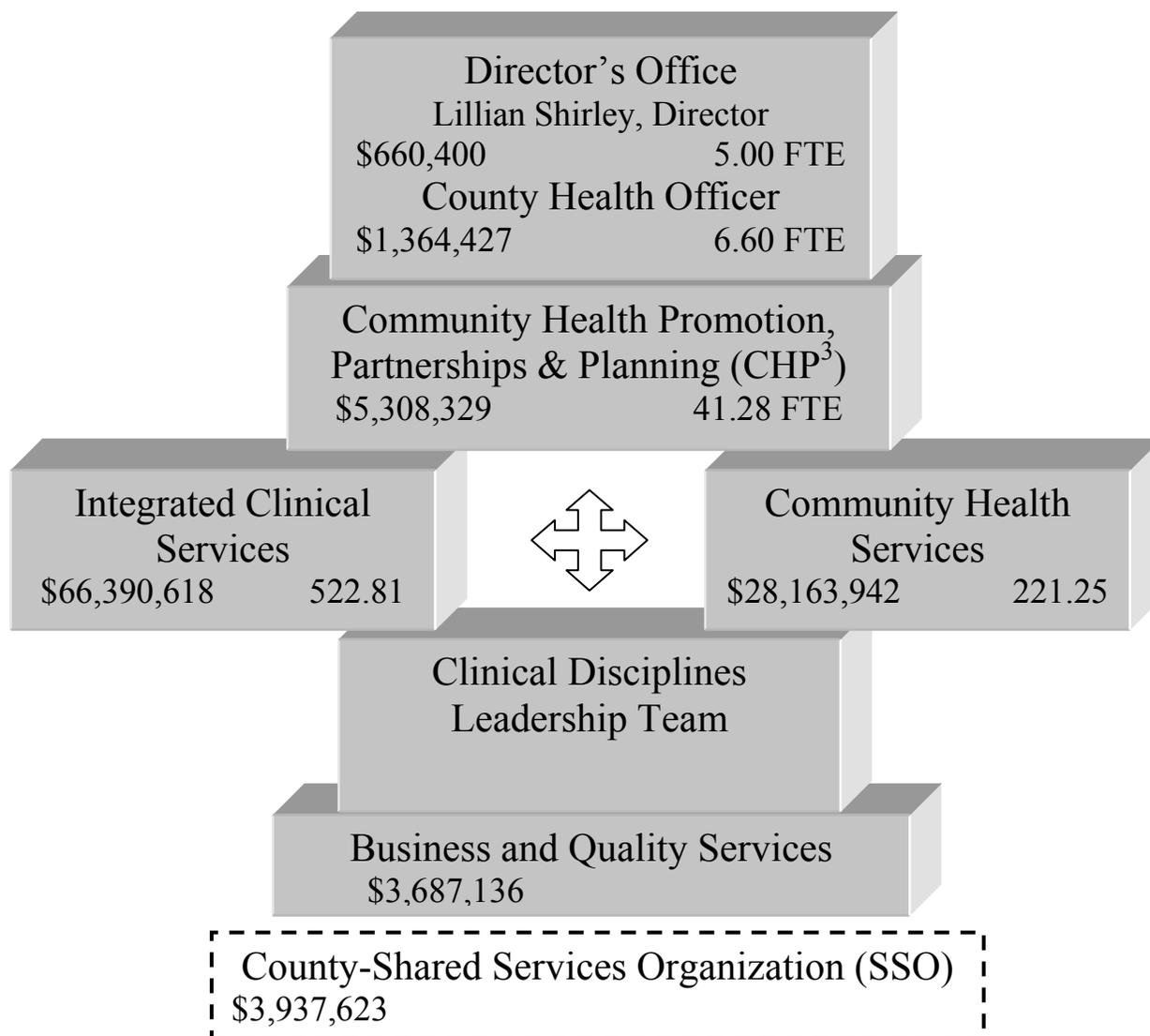
Health Department

Department Organization

Multnomah County Health Department

Phone: 503-988-3674

Healthy People in Healthy Communities



Health Department

Budget Issues and Highlights

The adopted FY 05 budget for the Health Department is \$109.5 million—98% of its FY 04 Adopted Budget, or \$2.5 million less. In preparing this budget, the Department faced an \$11.9 million gap between current service level (CSL) expenditures and revenues. The adopted budget includes 812.54 FTE, which is a reduction of 104.26 FTE from FY 04. 22 FTE were transferred to the shared services organization and a net of 82.26 FTE were cut to balance the budget. This budget was balanced in two steps.

The Department faced an \$11.9 million gap between current service level funding needs and available resources.

There was a shortfall of \$5.9 million from a decline in clinical fee revenue and in the County General Fund. This was cut from all areas. Programs were not directed to cut a specific amount; instead, all service providers were asked to look for possible savings. In its decisions, the Department considered the sustainability of services, its partnerships, strategic plan objectives, access and diversity policies, value vs. cost, and external mandates.

This begins the fourth year of budget reductions for the Department.

Following these decisions, another \$6.0 million in cuts was needed to balance the budget. At the start of FY 04, the effects of planned changes to the Oregon Health Plan (OHP) were unknown, and the Department was at considerable risk regarding OHP revenue. The extent of that risk is now apparent; the number of uninsured County residents is growing, and will grow further after the State implements Measure 30 cuts. Because the Department serves a high number of uninsured and poor clients, there is an ever-increasing gap between clinic costs and recoverable revenue from clinical fees. As a result the Department is cutting one primary care clinic site, cutting the support to medical providers in the clinics, and changing the clinical model for primary care scheduling and appointments. The changes to the Oregon Health Plan resulting from the failure of Measure 30 are not yet known. However, if more residents lose their Oregon Health Plan coverage, more cuts will have to be made in primary care services.

Program Cuts in the FY 2005 Adopted Budget

The Department still needs to examine how to close the estimated \$3 million gap created by the failure of Ballot Measure 30. If the Oregon Health Plan Standard plan continues in some form, the gap will be smaller.

The following are the cuts taken thus far:

Early Childhood and Primary Care took the largest cuts.

- Early Childhood services will cut \$1.03 million and reduce field teams from five sites to three. With fewer sites to supervise, the management structure will be collapsed and consolidated.
- Primary care clinics will cut \$4 million. The department will close the Southeast Health Clinic; the Chair's adopted budget restores services at La Clinica and Rockwood. All remaining sites will reduce staff and/or operating costs. The Children's Assessment services will reduce staff and occupancy costs. \$400,000 of ITAX will be used to fund services to the uninsured, rather than to pay OHP premiums.

Health Department

- Medicaid Eligibility* • Medicaid Eligibility will cut \$890,000 in County General Fund support, leaving only State funding for this program. The program will be reduced by more than half, eliminating outreach capacity. Instead, eligibility services will be provided only in the clinics.
- Corrections Health* • One third of the Department's County General Fund is in Corrections Health. Corrections Health will cut staff at the new Wapato jail and eliminate the night shift at the Donald E. Long juvenile center. Reception staffing will be reconfigured and the FTE for doctors reduced. This will save \$695,000 in County General Fund.
- Dental Services* • Dental services will cut \$478,000. The van at Rockwood will be cut as well as some staffing, material, and services.
- School-based Health Clinics* • Had they not been restored in the adopted budget, school-based health clinics would have closed two middle school sites and reduced the days and hours at all remaining clinic sites. These changes would have saved \$1.4 million.
- HIV Clinic* • The HIV clinic will cut \$374,000 from provider and clinic staffing.
- Director's Office* • The Director's Office & Business Services will cut \$323,000 in staffing and facilities costs. Administrative offices will be moved to vacant County-owned space.
- Communicable disease, Immunization, Bio-Terrorism and TB* • There will be adjustments to operating costs totaling \$424,000 in Communicable Disease, Immunization, Bio-Terrorism, and TB.
- WIC* • WIC will cut staffing so that their budget uses only ITAX and the WIC grant for funding.
- Environmental Health* • Environmental Health will cut \$161,000 in mosquito abatement supplies.
- HIV and Hepatitis C* • HIV/ HepC will eliminate counseling and service coordination for people with Hepatitis C, cutting \$154,000.
- Community Health Promotion, Partnership, and Planning* • CHP³ will reduce County General Fund support of grant-funded projects by \$132,000.
Further cuts resulting from the impact of Measure 30 and reduced Medicaid reimbursement will have to focus on clinical services. Maintaining a clinical system in a time of declining resources and growing client rosters requires complicated and difficult decisions. The Department needs to evaluate the effects of the changes in the Oregon Health Plan, the requirements of federal grants, and its designation as a Federally Qualified Health Center, and make changes to services that reflect this evaluation.

Health Department

Program Restorations and Changes in the Adopted Budget

The adopted budget makes the following General Fund-paid restorations to the Health Department's budget and services for FY 2005.

- \$500,000 to fully restore health care services at La Clinica de la Buena Salud for FY 2005.
- \$270,000 to restore the Dental Sealant program to its FY 2004 level.
- \$1,100,000 to restore hours, days, and outreach services to the School-Based Health Center system. This restoration brings the SBHC system back to its FY 2004 service levels, albeit with service teams configured differently.

Additionally, the adopted budget contains the following changes to grant-funded programs and services:

- WIC revenues increased by \$115,698 and 1.90 FTE positions were restored.
- Revenues to the HIV & Hepatitis C Community Program and the HIV Care Services program were adjusted to reflect a new funding formula.
- Environmental Health Projects received two new grants: the EPA Child Care & Asthma Grant (\$26,077); and the State Drinking Water Grant (\$43,541).
- The state Tobacco Prevention program funding was partially restored after having been cut at the state level.
- The Medical Accounts Receivables group (9.0 FTE) was transferred from DBCS-Shared Services back to the Health Department. It was determined that the positions perform department specific tasks and are necessary to maintain the Health Department's workload.

Health Department

Budget for FY 2005

The Health Department's FY 2005 Adopted Budget is \$109,512,475. Sharp decreases in Oregon Health Plan (OHP) revenues have forced the department to close one of its primary care clinics and to reduce a wide array of other health care services.

Budget Trends	2002-03	2003-04	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	958.36	916.80	916.80	812.54	(104.26)
Personal Services	\$66,017,462	\$73,453,013	\$71,676,467	\$65,516,902	(\$6,159,565)
Contractual Services	\$19,611,542	\$13,970,339	\$13,684,127	\$13,437,575	(246,552)
Materials & Supplies	\$20,780,198	\$27,194,099	\$26,698,647	\$30,494,368	3,795,721
Capital Outlay	<u>\$28,785</u>	<u>\$15,450</u>	<u>\$15,000</u>	<u>\$63,630</u>	48,630
Total Costs	\$106,437,987	\$114,632,900	\$112,074,241	\$109,512,475	(\$2,561,766)

Costs by Division	2002-03	2003-04	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Director's Office	\$27,472	\$756,705	\$772,148	\$660,400	(\$111,748)
Health Officer	1,443,383	1,430,028	1,459,212	1,364,427	(94,785)
CHP3	4,956,033	5,318,742	5,427,288	5,308,329	(118,959)
Community Health Services	29,140,953	28,477,372	27,647,934	28,163,942	516,008
Integrated Clinical Services	63,522,742	70,405,601	68,354,952	66,390,618	(1,964,334)
Business & Quality	<u>7,347,404</u>	<u>8,244,453</u>	<u>8,412,707</u>	<u>7,624,759</u>	<u>(787,948)</u>
Total Costs	\$106,437,987	\$114,632,900	\$112,074,241	\$109,512,475	(\$2,561,766)

Staffing by Division	2002-03	2003-04	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Director's Office	6.00	5.70	5.70	5.00	(0.70)
Health Officer	7.41	6.50	6.50	6.60	0.10
CHP3	54.74	39.57	39.57	41.28	1.71
Community Health Services	228.18	243.23	243.23	221.25	(21.98)
Integrated Clinical Services	566.79	583.00	583.00	522.81	(60.19)
Business & Quality	<u>95.24</u>	<u>38.80</u>	<u>38.80</u>	<u>15.60</u>	<u>(23.20)</u>
Total Staffing FTE's	958.36	916.80	916.80	812.54	(104.26)

Health Department

Resources by Division	Fees, Permits				
	<u>General Fund</u>	<u>& Charges</u>	<u>Federal</u>	<u>State & Local</u>	<u>Other/ Miscellaneous</u>
Director's Office	\$660,401	\$0	\$0	\$0	\$0
Health Officer	\$1,257,177	\$0	\$107,250	\$0	\$0
Community Health P3	\$1,951,678	\$22,654	\$2,145,800	\$1,185,697	\$2,500
Community Health Services	\$12,296,248	\$835,704	\$14,086,227	\$850,591	\$95,175
Integrated Clinical Services	\$23,288,233	\$1,475,693	\$41,258,433	\$368,255	\$0
Business & Quality	<u>\$6,424,759</u>	<u>\$0</u>	<u>\$1,200,000</u>	<u>\$0</u>	<u>\$0</u>
Total Resources	\$45,878,496	\$2,334,051	\$58,797,710	\$2,404,543	\$97,675

Office of the Director

The Office supervises the Directors of Integrated Clinical Services, Community Health Services, Community Health Promotions, Partnerships and Planning, the Health Officer, and the Director of Nursing Practice. The Deputy Director directly supervises Business and Quality Services.

The Director’s Office also:

- Facilitates the senior leadership team’s planning, policymaking, and strategic collaborations.
- Serves as a liaison to the Board of County Commissioners, the Chair’s Executive Committee, the Health and Human Services Council, the Community Health Council, and other community agencies.
- Coordinates development of leadership, cultural competency, and the department’s ability to manage change.
- Coordinates department infrastructure and communications.

The Director’s Office focuses on strategic external and internal partnerships. It participates in countywide initiatives, including Emergency Preparedness, the School-Age Services Policy Framework, and Shared Services.

Action Plans:

- Implement, support, and evaluate the integration of clinical systems in order to improve client services and efficiency.
- Transfer healthcare access partnership work to a tri-county Safety Net Enterprise.
- With the Department Leadership Team (DLT), prioritize strategies to improve ethnic health disparities.
- With the DLT, undertake a project to revitalize community connection, support, and communication.
- With Community Health Services, coordinate emergency response planning.
- Support change management, process improvement, cultural competency, cross-functional coordination, and professional and managerial competency.

Significant Budget Changes:

- In the new structure, several FTE are now part of CHP³.
- A management position responsible for infrastructure and facilities services was eliminated; these functions are now shared with Shared Services staff.

Director's Office	2002-03	2003-04	2003-04	2004-05	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	6.00	5.70	5.70	5.00	(0.70)
Personal Services	\$530,017	\$597,536	\$609,731	\$507,428	(\$102,303)
Contractual Services	92,034	\$36,260	37,000	20,000	(17,000)
Materials & Supplies	(594,579)	\$122,909	125,417	132,972	7,555
Capital Outlay	<u>0</u>	\$0	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$27,472	\$756,705	\$772,148	\$660,400	(\$111,748)

Office of the County Health Officer

The County Health Officer safeguards public health by enforcing health laws, regulating certain businesses, analyzing community health problems, and providing leadership on critical public health issues. The Office also provides support to community groups, government agencies, and individual residents. During FY 05, the Office will emphasize disaster preparedness, Emergency Medical Services, and communicable disease response.

The Office deals with health problems that are best addressed through “population-based services”—activities aimed primarily at communities rather than individuals.

The Office has led the Department’s disaster preparedness efforts, resulting in strong basic public health preparedness for bio-terrorism and other hazards. Work in FY 05 will emphasize integration of public health workers, hospitals, other health providers, and the broader Emergency Management system.

The County’s current emergency ambulance franchise expires in August 2005. Renewing the system for emergency ambulance service will be a major focus of the Office in FY 05.

Action Plans:

- Complete development of a multi-county metropolitan public/private emergency preparedness partnership.
- Continue development and implementation of the Health Reserve Corps to improve capacity for emergency response.

The events of 9/11 and the anthrax attacks highlighted the need for disaster preparation.

Significant Budget Changes:

- Shift 0.8 FTE TB/STD Medical Director from the Office of the Health Officer to the Community Health Services Group to better align program expenditures and services.
- Add 0.9 FTE Health Educator to staff development and implementation of Health Reserve Corps, using Federal grant funds from the Office of the Surgeon General.

Health Officer	2002-03	2003-04	2003-04	2004-05	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	7.41	6.50	6.50	6.60	0.10
Personal Services	\$823,532	\$876,844	\$894,739	\$774,287	(\$120,452)
Contractual Services	388,496	\$411,600	420,000	407,104	(12,896)
Materials & Supplies	230,869	\$141,584	144,473	183,036	38,563
Capital Outlay	486	\$0	0	0	0
Total Costs	\$1,443,383	\$1,430,028	\$1,459,212	\$1,364,427	(\$94,785)

Health Officer

The Health Officer ensures that Office programs promote well-structured, creative, and scientific approaches to community health problems. Management supervises and supports Division programs; provides technical support to public health law enforcement; and provides leadership.

FY 2004: 1.80 FTE FY 2005: 1.00 FTE

Emergency Medical Services

The EMS Program ensures access to high quality, timely, and cost-effective ambulance service and emergency pre-hospital medical care. It prepares a state-required ambulance service plan, promulgates system protocols, monitors performance, and develops agreements that define conditions of participation for all involved. It addresses the need for efficient response to the county's 53,200 requests for emergency medical service each year. The County's current emergency ambulance franchise expires in August 2005. The Program will work to assure that there is a high quality ambulance provider in place by September 2005, and that priority EMS system changes identified in earlier strategic planning are implemented.

FY 2004: 0.00 FTE FY 2005: 0.90 FTE

Health Officer Grant Programs

The Health Reserve Corps (HRC) program develops community capacity to respond to health aspects of disasters. It is funded through December 2005 by the US Office of the Surgeon General. The HRC is developing a cadre of doctors, nurses, and other volunteer health professionals who are willing to respond to community emergencies. The program identifies their needs, develops response plans, recruits and trains volunteers, and coordinates exercises to refine and test the Corps' readiness.

The Oregon Health Alert Network (HAN) provides federal support to local Health Departments to create and improve public health communication infrastructure. The HAN program provides grant funds to purchase communications equipment (radio, phones), information management and connectivity equipment (computers, software, network hardware), and other materials and training. It also provides infrastructure standards to ensure that all HAN investments become part of an effective local-state-national public health communication network.

FY 2004: 4.70 FTE FY 2005: 4.70 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Health Officer	\$457,024	\$362,916	\$217,530	(\$145,386)
Emergency Medical Services	950,368	1,006,300	1,039,647	33,347
Health Officer Grants	<u>35,991</u>	<u>89,996</u>	<u>107,250</u>	<u>17,254</u>
Total Costs	\$1,443,383	\$1,459,212	\$1,364,427	(\$94,785)

**Community
Health
Promotion,
Partnerships,
& Planning
(CHP³)**

The goal of CHP³ is to build effective internal and external linkages for the Department. It combines the efforts of Strategic Planning, Community Health Assessment and Research, Program Design and Evaluation Services, Grant Development, the Community Capacitation Center, STARS, Health Promotion Initiatives, the Community Health Council, the HIV Planning Council, Chronic Disease Prevention, the Safety Net Enterprise, and the Coalition of Community Health Clinics.

Action Plans:

- In coalition with community partners, continue to administer Poder es Salud (Power for Health), a 3-year project funded by the Centers for Disease Control and Prevention.
- Complete 30-40 grant applications for external funding.
- Coordinate the Department’s Strategic Plan for 2003-2008.
- Develop materials to provide best practices and timely health information to managers, communities, other agencies, and policy makers.

Significant Budget Changes:

- Reduce County General Fund support of grant-funded projects by \$132,000.
- Reduce management FTE and expenses due to restructure and the creation of new Service Group.
- Expand STARS Program: The Department received a three-year federal grant to expand current pregnancy prevention efforts to 8th and 10th grade students in Multnomah County. Four staff were added.
- Close the Robert Wood Johnson- and locally funded Communities in Charge program, which ended in February 2004.
- Move Department “assurance” functions to the tri-county Safety Net Enterprise, a separate government entity formed with Washington and Clackamas Counties.

CHP³ Budget Trends	2002-03 Actual	2003-04 Current Estimate	2003-04 Adopted Budget	2004-05 Adopted Budget	Difference
Staffing FTE	54.74	39.57	39.57	41.28	1.71
Personal Services	\$4,112,854	\$3,327,525	\$3,395,434	\$3,550,307	\$154,873
Contractual Services	1,444,572	\$1,303,736	1,330,343	898,201	(432,142)
Materials & Supplies	(601,393)	\$687,481	701,511	859,821	158,310
Capital Outlay	<u>0</u>	\$0	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$4,956,033	\$5,318,742	\$5,427,288	\$5,308,329	(\$118,959)

Health Department **Community Health Promotion, Partnerships, & Planning**

CHP³ Management

This unit provides oversight and assures that services are mission-directed. It coordinates strategic planning and funding opportunities, and works to develop internal and external partnerships. Leadership represents the Department in efforts with other departments, community organizations, and state agencies.

FY 2004: 5.00 FTE FY 2005: 4.50 FTE

Community Capacitation Center

The CCC seeks to improve the health of underserved communities by training and supporting Community Health Workers (CHWs) and other community members. For CHWs, the CCC provides professional development, networking opportunities, and training. For CHW programs, it provides technical assistance and resources. In addition, the CCC educates a variety of groups about Popular Education methodology. In coalition with community partners, the CCC administers Poder es Salud/Power for Health, a 3-year CDC-funded project.

FY 2004: 3.20 FTE FY 2005: 3.69 FTE

STARS

In FY 04, STARS expanded pregnancy prevention efforts to 8th and 10th grade students and their parents, with a new focus on sexually transmitted infections, which are increasing among teens. It added 4 FTE, a website for parents, and a statewide media campaign. In FY 05, STARS will provide services to 6th, 8th, and 10th grade students—reaching over 10,000 students and their parents.

FY 2004: 0.00 FTE FY 2005: 5.92 FTE

Health Research and Assessment

HRA evaluates programs and researches health services in order to monitor the health of the community and the response of the Department to its needs. It provides data management, analysis, and assistance regarding data interpretation to Department programs, and is responsible for strategic planning efforts.

Program Design and Evaluation Services: This unit (co-managed with the Oregon DHS and the Office of Disease Prevention & Epidemiology) conducts health research in partnership with community agencies and higher education. It engages in program planning and evaluation and survey design and analysis.

Grant Development: This section tracks funding opportunities; disseminates grant information; works with staff and community partners to submit grant applications; writes and edits proposals; develops project budgets; and provides technical assistance to Department staff and partners in the areas of program planning, proposal writing, grant management, and funding research.

FY 2004: 26.64 FTE FY 2005: 23.42 FTE

Civic Governance

The Community Health Council : The Council serves as the Department's citizen advisory board and Citizen Budget Advisory Committee (CBAC), providing guidance on policy, program reviews, and the budget. It acts as the federally mandated oversight body of the County's system of Community Health Centers. Members are appointed by the Board of Commissioners; a majority are residents who use Department services.

Health Department **Community Health Promotion, Partnerships, & Planning**

The HIV Planning Council plans and sets priorities for 15 service categories. Major services include ambulatory medical and dental care, mental health and substance abuse treatment, case management, housing, and health insurance.

The 19 year-old **Coalition of Community Health Clinics** consists of private, not-for-profit clinics that provide healthcare to low-income, uninsured, or otherwise vulnerable people. In FY 03, the Clinics provided over 95,000 general health visits to over 40,000 people, most of whom had no insurance. The Department supports Coalition members by providing coordination, direct funding, and in-kind support.

Safety Net Enterprise: this entity was formed with Washington and Clackamas Counties to provide a healthcare foundation in the Portland metropolitan area to ensure high quality healthcare for low-income and uninsured residents, work toward a sustainable healthcare safety net, and support policy with useful data.

FY 2004: 2.73 FTE FY 2005: 1.65 FTE

Health Promotion Initiatives

This unit uses education, community mobilization, and public policy to help individuals and communities gain greater control over their health. This involves:

- Investigation of environmental health threats, sexually transmitted disease, and other health issues.
- Developing a public health pipeline that provides internship opportunities, mentoring, and job shadowing for students interested in public health,
- Developing community networks and partnerships that support individuals and organizations who promote the health of families and communities.
- Shaping norms that support healthy behavior and prepare disenfranchised populations for emergencies.
- Identifying opportunities to build capacity for health promotion.

Chronic Disease Prevention Program: This program works to prevent chronic diseases and conditions such as heart disease, diabetes, stroke, asthma, and obesity by fostering aggressive inter-disciplinary community partnerships. It pursues environmental and policy approaches to reducing tobacco use, encouraging healthy nutrition choices, promoting opportunities for physical activity, and reducing air pollution.

FY 2004: 2.00 FTE FY 2005: 2.10 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	Actual	Adopted Budget	Adopted Budget	
CHP3 Management	(\$74,596)	\$542,557	\$524,982	(\$17,575)
Capacitation Center	283,204	554,333	665,721	111,388
STARS Program	306,502	0	514,849	514,849
Health Research & Assessment	2,351,488	3,116,934	3,132,460	15,526
Civic Governance	540,032	662,883	261,528	(401,355)
Health Promotion Initiatives	<u>1,549,402</u>	<u>550,581</u>	<u>208,789</u>	<u>(341,792)</u>
Total Costs	\$4,956,032	\$5,427,288	\$5,308,329	(\$118,959)

Community Health Services

CHS seeks to improve population-based public health through quality assessments, initiatives, partnerships, and preparedness.

CHS provides a wide range of public health services to County residents, including: the identification, prevention, and control of endemic and emerging communicable and environmentally influenced diseases; services for families with young children; the enrollment of eligible residents in health insurance plans; and the coordination of Health Department emergency preparedness. Services are planned and delivered with the involvement of County residents and collaborating agencies.

Action Plans:

- Address Early Childhood Service’s reduced budget by reconfiguring its resources at fewer sites by July 2004 in order to maximize services to families with young children.
- Expand participation in Department-wide emergency preparedness planning and exercises by June 2005 in order to improve public health response in an emergency.

Significant Changes:

This is a new group, with three major program areas more than the Disease Prevention and Control Division that it replaces. Budget reductions (centered in Early Childhood Services, Medicaid Enrollment, and HIV/Hepatitis prevention) have been driven by declines in projected external revenue and available County General Fund. The goal was to sustain core functions, maximize efficiency, and capture external revenue.

- Early Childhood services will cut \$1.03 million and consolidate field teams from five sites to three.
- Medicaid Eligibility will cut \$890,000, leaving only State funding; outreach capacity has been eliminated.
- HIV/ HepC will eliminate counseling and service coordination for people with Hepatitis C, cutting \$154,000.

Community Health Services	2002-03	2003-04	2003-04	2004-05	
Budget Trends	2002-03	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	228.18	243.23	243.23	221.25	(21.98)
Personal Services	\$16,181,559	\$18,102,968	\$17,575,697	\$16,919,058	(\$656,639)
Contractual Services	5,400,576	\$5,810,636	5,641,394	6,115,609	474,215
Materials & Supplies	7,558,818	\$4,563,768	4,430,843	5,107,275	676,432
Capital Outlay	0	\$0	0	22,000	22,000
Total Costs	\$29,140,953	\$28,477,372	\$27,647,934	\$28,163,942	\$516,008

Community Health Services Management

The Director sets direction and establishes priorities to ensure that CHS reaches its objectives. The Director works with community representatives and organizations, federal agencies, Oregon Health Services, the Conference of Local Health Officials (CLHO), and local government agencies to prevent and control disease, respond to public health emergencies, and address early childhood health issues.

FY 2004: 2.90 FTE FY 2005: 3.00 FTE

Health Inspections

This unit coordinates with the Communicable Disease staff on bio-terrorism and disease investigation, planning, and response. It assures food safety, controls water-borne diseases, improves workplace safety, and supports public health by incorporating prevention into the inspection process. The Environmental Health unit analyzes environmental health issues, regulates specified businesses and accommodations, and enforces state and local environmental health laws. Annually, registered Sanitarians inspect 5,400 permanent food establishments; 1,250 temporary food establishments; 1,600 pool and spa facilities; and 1,684 childcare facilities. The unit responded to 254 food-borne illness complaints and 3 outbreak investigations in FY 04.

FY 2004: 20.30 FTE FY 2005: 20.40 FTE

Vector and Nuisance Control

Vector and Nuisance Control protects health and livability through the control of rat and mosquito populations, and serves as a resource for addressing vector problems. Its sections are Rodent Control, Mosquito Control, and Nuisance Control, which enforces specific County and City codes. Workload in all areas is increasing. The primary focus of activities has been on enhanced disease surveillance and community education regarding mosquito-borne disease, specifically West Nile Virus. Vector Control develops its responses to emerging vector-borne disease based on science and the experience of other jurisdictions. In 2003, the unit treated 4,000 acres of mosquito breeding sites with larvicides. It also completed 1260 rat inspections and conducted 175 nuisance inspections.

FY 2004: 9.10 FTE FY 2005: 8.95 FTE

Lead Poisoning Prevention Program

This program focuses on educating vulnerable populations, increasing awareness of available resources, identifying lead hazards, and following up with affected families. Blood lead screening at immunization clinics, elevated blood lead level investigation (including home visits), and advocacy for services are provided free of charge. The Lead Line responds to residents who request information and assistance with lead poisoning prevention. Reduction of the Department's Language Services has required program support of multilingual outreach.

FY 2004: 1.00 FTE FY 2005: 1.25 FTE

Environmental Health Projects

This program includes grant-funded and other environmental health projects which are outside the regulatory function. For FY 05, these projects include:

- Using community organizing strategies to identify concerns, build awareness, and take action to improve environmental health through the Protocol for Assessing Community Excellence in Environmental Health (PACE/EH).
- Developing multidisciplinary approaches to childcare provider support.
- Ensuring that County drinking water systems are in compliance with regulatory standards.

FY 2004: 2.60 FTE FY 2005: 2.15 FTE

Food Handlers and Testing

This unit ensures that food workers meet current food safety standards. Food Manager training ensures that managers of food establishments understand food safety principles, and includes monthly seven-hour classes offered in English and Spanish. The program certifies 18,000 handlers annually. Grant-funded instruction materials provide computer training in Vietnamese, Russian, and Chinese; video training in multiple languages; and written and oral testing in multiple languages.

FY 2004: 2.60 FTE FY 2005: 2.40 FTE

Vital Records

Birth and death certification is conducted by methods consistent with state and federal statutes to ensure the integrity and accuracy of information. Data is analyzed to provide public health information critical to prevention activities. The County has received authorization to receive and process Death Certificates by FAX, which increases program and staffing needs.

FY 2004: 3.95 FTE FY 2005: 5.40 FTE

Communicable Disease Control

With Health Inspections, this program coordinates bio-terrorism and disease investigation, planning, and response. It is responsible for investigating all reportable communicable diseases other than TB and sexually transmitted infections. It investigates over 700 cases annually, recommends control measures, and counsels individuals with these diseases. In recognition of threats from bio-terrorism and infectious diseases like SARS, the program is coordinating with the Department epidemiologist, TB Program, Immunizations Unit, and others to prepare response to workload peaks.

FY 2004: 11.25 FTE FY 2005: 11.45 FTE

Occupational Health

This program reduces the risk of acquiring a communicable disease in the workplace. It provides OSHA blood-borne pathogens training, TB testing, and immunizations to County employees and to other agencies on a fee-for-service basis. This program expanded the fee-supported Travelers Clinic in 2003 to 3 days/week to meet increasing demand from internationally-bound residents. The program serves approximately 5,000 clients per year.

FY 2004: 2.12 FTE FY 2005: 2.22 FTE

Immunization This unit promotes countywide immunization. It offers immunization required for schools, daycare facilities, preschools, and Head Start, and also offers lead screening for children. Immunizations have risen by 53% over the past three years. Services will include immunizations to 11,000 unduplicated clients and blood lead screening for 800 children in FY 05.

FY 2004: 2.20 FTE FY 2005: 2.20 FTE

STD Prevention and Treatment Program This program and the HIV & Hepatitis C Community Program work together to address behaviorally influenced diseases. Its core mission is to prevent the spread of sexually transmitted diseases (STDs) and to reduce their effects on individuals and communities. The program includes: Disease Intervention Services (DIS), which received reports of approximately 3,100 cases of reportable STDs & HIV in FY 03; the Community Test Site, which provided 2,500 HIV and Hepatitis C tests in FY 03; and STD clinic services, which evaluated and treated clients in 7,590 visits in FY 03. The program also provides hepatitis A&B vaccination for persons at highest risk

FY 2004: 18.90 FTE FY 2005: 19.30 FTE

HIV & Hepatitis C Community Programs These programs prevent the spread of HIV and Hepatitis C, and are integrated in an effort to improve services. HIV Prevention & Outreach reaches isolated, at-risk community members with counseling and testing services, risk-reduction guidance, referral services, needle exchange, and education. Over 20,000 client contacts are projected for FY 05. Community planning identifies high priority populations, prevention needs, and effective interventions. Prevention With Positives is a new CDC initiative to reduce HIV by putting the highest priority on reaching those who are already infected. Hepatitis C Prevention & Integration provides a strategy to prevent the spread of hepatitis C by integrating education, screening, testing, vaccination, and referral into existing programs. More than 1,300 high-risk clients will be tested for Hepatitis C and at least 500 will receive hepatitis vaccinations. Reducing HIV & Domestic Violence Risk in Women Offenders is a 4½-year project funded by the National Institute on Drug Abuse. Services are delivered to up to 700 recently incarcerated women at risk for HIV. This project is in its final year of interventions and will enter the analysis phase in FY 05.

FTE reductions will significantly curtail community planning related to Hepatitis C and affect the program's ability to sustain inter/intra-agency coordination of Hepatitis C prevention and care services, particularly as they relate to Corrections. Reductions will eliminate individual counseling and linkage services for clients living with Hepatitis C.

FY 2004: 19.60 FTE FY 2005: 12.55 FTE

HIV Care Services Planning and Administration

This unit manages a federally funded program for over 1,500 low-income persons living with HIV in Clackamas, Clark, Columbia, Multnomah, Washington, and Yamhill counties. The HIV Services Planning Council sets priorities for 17 service categories. Major services include medical and dental care, mental health and substance abuse treatment, case management, housing, and health insurance. The program provides staff support to the Council and contracts with other agencies to deliver services.

FY 2004: 6.75 FTE FY 2005: 5.55 FTE

Tuberculosis Prevention and Treatment Program

This program is responsible for preventing the transmission of TB. It screens high-risk populations, investigates and treats active and suspected cases, provides preventive therapies, and ensures clients' treatment completion. During FY 03, the program served 5,338 clients with 12,041 visits, including 659 for preventive therapy, 93 suspect cases, and 47 active cases. Three TB nursing positions are integrated with Communicable Disease Control for flexible disease response capacity in both areas.

FY 2004: 17.00 FTE FY 2005: 17.60 FTE

Emergency Preparedness

This program addresses Department capacity to address the health consequences of natural and human-caused health emergencies. The program works to improve the coordination of public health programs with medical and emergency service response. It coordinates programs and with other governmental agencies, emergency services, and health care organizations.

FY 2004: 4.63 FTE FY 2005: 4.63 FTE

Early Childhood Services

Divided into two geographically based teams, this unit serves families with young children through home visits, classes, and community partnerships. Direct services are provided by community health nurses and community health workers. Clients include at-risk pregnant and postpartum women, at-risk infants, and children with special healthcare needs. Teams and partnerships include ADAPT (focusing on pregnant and parenting women in criminal justice system), Healthy Birth Initiative (focusing on reducing perinatal disparities among African American and Hispanic families in NE Portland), and Nurse Family Partnership (focusing on single women pregnant with their first child). Budget cuts were addressed by reducing team sites from 5 to 2 and subsequently reducing staff. In its decisions, the unit attempted to minimize the reduction of direct service staff.

FY 2004: 75.23 FTE FY 2005: 72.10 FTE

Healthy Start/Connections

This program manages the County's effort to achieve the statewide Healthy Start goal of creating a support system for all first-time parents. Activities include universal prenatal or at-birth screening of all first births to insure early identification of families who need support, and providing that support in a timely and effective manner. The program offers Welcome Baby visits for new parents and teen parents at local hospitals, to assess need and provide parents

with information on community resources. For parents who want more education and support, home visits are offered through Early Childhood teams or contracted Healthy Start Family Support teams and Teen Family Support teams. Healthy Start will relocate its service site as part of the reconfiguration of Early Childhood Services.

FY 2004: 23.10 FTE FY 2005: 22.40 FTE

Medicaid/ Medicare Eligibility

This unit helps potential clients enroll in Oregon Health Plan (Medicaid), Children’s Health Insurance Program (CHIP), Family Health Insurance Assistance Program (FHIAP), and other State & Federal medical programs. Eligibility Specialists work with underinsured and uninsured residents and advocate for their access to services provided by Adult & Family Services (AFS), Office Of Medical Assistance Programs (OMAP), and other entities. In 2003, the program screened 22,106 individuals, with nearly 5,000 adopted for Citizen Alien Waved Emergent Medical (CAWEM) emergency coverage and approximately 7,600 adopted for Medicaid.

FTE reductions were taken in management and outreach. Connections with over 300 internal and external partners will be significantly curtailed, resulting in approximately 1,800 fewer screenings in the tri-county area. Measure 30 will result in further cutbacks.

FY 2004: 20.00 FTE FY 2005: 7.70 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
CHS Management	(\$28,870)	\$218,135	\$327,824	\$109,689
Health Inspections	1,947,688	1,763,153	1,888,306	125,153
Vector & Nuisance Control	879,851	795,075	964,602	169,527
Lead Poisoning Prevention	122,612	106,760	160,166	53,406
Environmental Health Projects	59,426	189,400	249,808	60,408
Food Handlers & Testing	228,991	203,980	199,175	(4,805)
Vital Records	240,456	312,070	356,541	44,471
Communicable Disease Control	821,701	1,014,046	1,109,974	95,928
Occupational Health	403,632	305,903	337,600	31,697
Immunization	1,373,987	367,416	325,794	(41,622)
STD Prevention & Treatment	1,959,712	1,740,407	1,922,206	181,799
HIV & HepC Community Programs	2,483,468	2,196,290	1,685,207	(511,083)
HIV Care Services	3,337,562	3,293,264	3,614,890	321,626
Tuberculosis Prevention & Treatment	1,954,661	1,507,503	1,667,587	160,084
Emergency Preparedness	341,751	499,139	521,471	22,332
Early Childhood Services	8,622,621	8,127,527	7,883,942	(243,585)
Healthy Start/Connections	3,193,589	3,534,794	4,348,849	814,055
Medicaid/Medicare Eligibility	<u>1,198,115</u>	<u>1,473,072</u>	<u>600,000</u>	<u>(873,072)</u>
Total Costs	\$29,140,953	\$27,647,934	\$28,163,942	\$516,008

Integrated Clinical Services

The goal of ICS is that clinical systems will share information and resources so that clients have access to a highly coordinated range of services. ICS will integrate service delivery systems so that “any door is the right door” for high quality services. ICS consists of:

Clinical systems will share information and resources so that clients have access to a highly coordinated range of services.

- Primary Care, Dental, and WIC services at five Health Centers
- School-Based Health Centers and School and Community Dental services
- Neighborhood Health Access sites
- Children’s Assessment Services
- The Breast and Cervical Health Program
- Ancillary Services, including: Pharmacy, Laboratory, Radiology, Interpretation, Clinical Call Center, Medical Records
- The HIV, Teen, and After Hours Clinics
- Corrections Health
- Homeless Program Services
- MultiCare Dental

Action Plans:

- Implement structural changes to support fully integrated clinical services.
- Implement Advanced Access and other redesign recommendations for Primary Care services.

Significant Budget Changes:

- The Southeast Health Center is closed. The Chair’s adopted budget restores health services at LaClinica and Rockwood.
- Children’s Assessment services will reduce staff and occupancy costs.
- Corrections Health will cut Wapato jail staffing and eliminate the night shift at the Donald E. Long juvenile center.
- The adopted budget restores the 50% cut to the school and community dental sealant program. The dental services van at Rockwood will be cut as well as staffing, material, and services.
- The adopted budget restores full funding to school-based health centers.
- The HIV clinic will cut provider and clinic staffing.
- WIC and Clinical Ancillary services will be reduced.

Integrated Clinical Services	2002-03	2003-04	2003-04	2004-05	
Budget Trends	2002-03	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	566.79	583.00	583.00	522.81	(60.19)
Personal Services	\$41,389,998	\$48,024,575	\$46,625,801	\$43,213,276	(\$3,412,525)
Contractual Services	6,073,338	\$5,723,185	5,556,490	5,724,159	167,669
Materials & Supplies	16,059,406	\$16,642,391	16,157,661	17,411,553	1,253,892
Capital Outlay	0	<u>\$15,450</u>	<u>15,000</u>	<u>41,630</u>	<u>26,630</u>
Total Costs	\$63,522,742	\$70,405,601	\$68,354,952	\$66,390,618	(\$1,964,334)

Integrated Clinical Services Management

Management is responsible for services at 7 Health Centers and 13 School-Based Health Clinics, and for coordinating ancillary and support services as well as other clinical programs targeted at uninsured and underinsured populations. The Director provides leadership for the operational performance of this complex clinical system and works with community and federal agencies to ensure access to high quality clinical care services. Each clinical service requires oversight unique to that clinical discipline.

- *Dental management* monitors dental health and coordinates the community's dental needs with its resources. It offers oral health information, monitors the prevalence of oral disease, and facilitates the delivery of care to at-risk populations. It oversees the development of policies, quality assurance, program development, budgets, personnel management, clinic administration and client relations, and liaison efforts with private and public sector dental resources.
- *Ancillary Services* management guides the service group in the efficient provision of support services by setting goals and resolving problems.
- *The Medical Director* is responsible for clinical oversight of all activities within the Health Department, including the recruitment, hiring, and clinical supervision of providers and the development, review, and revision of clinical protocols and policies.

FY 2004: 11.15 FTE FY 2005: 14.15 FTE

Corrections Health

Statutes mandate County care of incarcerated individuals because the Oregon Health Plan and insurance carriers do not cover them.

Accredited by the National Commission on Correctional Health Care, this unit provides acute and chronic mental health, health, and dental care to incarcerated individuals in the 5 adult and 1 juvenile County facilities. On a daily basis, it provides care to 1830 clients who have a high incidence of health problems. Services include communicable disease screening, infirmary care, triage, treatment, emergency response, detoxification, and medication management.

Each year, over 40,000 people pass through jail and return to the community. Identifying and treating their conditions while they are in jail safeguards public health and contains costs. Healthcare to incarcerated individuals is mandated by Federal & State law. Suicide identification and prevention, crisis intervention, control of serious medical conditions, pain and suffering prevention, and standard community care are fundamental to Corrections Health.

Mental Health Services in Corrections Health: This program provides psychiatric care to incarcerated offenders. It is responsible for preventing suicide, managing medication, crisis intervention, and identifying and treating acute and chronic mental illness. It coordinates with the probate Court for mental health commitments; makes community referrals; engages in patient advocacy and substance abuse and depression counseling; acts as a liaison between courts, community mental health centers, families, client attorneys, and the DA's office; and coordinates community linkage upon release.

According to the Duff study, 80% of offenders are under the influence of an

intoxicant at the time of incarceration. At least 20% have a diagnosed mental illness, and this rate is increasing as resources decline and vulnerable populations are left without essential services. The growing need for discharge planning is on a collision course with the decrease in staff and services; mentally ill offenders who lack support on release are far more likely to re-offend and return to jail, which increases costs and exacerbates critical health conditions.

FY 2004: 98.00 FTE FY 2005: 95.80 FTE

Primary Care Services

Clinics provide integrated care to low-income and high-risk residents.

Accredited by the Joint Commission on Accreditation of Health Care Organizations, this program provides basic prevention, diagnosis, and treatment services. Services include family planning, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening, drug and alcohol screening, management of low-risk TB patients, and care of acute and chronic medical conditions. In FY 03, Primary Care provider teams served approximately 33,000 individuals in 121,000 visits. The demand for services to uninsured, underinsured, and other vulnerable citizens continues to escalate.

FY 2004: 230.72 FTE FY 2005: 191.19 FTE

Dental Services

This division improves the oral health of residents by facilitating and providing dental services for the under-served. It offers preventive dental services (targeted for children), and monitors oral disease. An estimated 240,000 residents lack insurance for dental care, and 36% of County schoolchildren have untreated tooth decay (compared to a statewide average of 24%) A recent survey of clients visiting area clinics found that only 27% had not seen a dentist in the past year, compared with 71% of uninsured people nationally.

School and Community Dental Service: This program provides preventive dental services to students in elementary and middle schools through oral screenings and wellness education, fluoride supplements, and dental sealants.

The **Dental Clinics** reduce the level of untreated dental disease in at-risk County residents. They work with community partners to provide access to routine and urgent dental care (including diagnostic, preventive, and restorative services) for residents enrolled in MultiCare, as well as for uninsured and Medicaid clients.

The **MultiCare Dental Care Organization** is responsible for services to plan-enrolled clients in the Oregon Health Plan. It has 20,000 enrollees, who represent approximately 20% of those eligible. The DCO is responsible for marketing, member relations, quality assurance, and coordination of benefits.

The **Dental Access Program** serves as a clearinghouse for dental access problems for an estimated 240,000 uninsured and low-income residents by matching community resources (including public sector dental programs and private sector volunteer dentists) with patients in need of dental services. The number of people lacking dental insurance remains a significant barrier to care.

FY 2004: 73.35 FTE FY 2005: 69.35 FTE

HIV Health Services Center The Center provides outpatient services to the HIV-infected using an approach that includes case management, nutritional counseling, and an on-site pharmacist offering medication education. The Center is an AIDS Education and Training Center, and is involved in national research. It serves an estimated 600 individuals for 6,500 medical visits and 11,500 social work contacts each year.

FY 2004: 19.05 FTE FY 2005: 17.10 FTE

Ancillary Services This group provides records management and the diagnostic, pharmaceutical, and other clinical support services needed by the Department through the following four programs.

Pharmacy This unit provides medication services and pharmaceutical counseling at clinics. It complies with the Oregon State Board of Pharmacy Administrative Rules.

FY 2004: 23.85 FTE FY 2005: 23.10 FTE

Laboratory and X-Ray This unit has three main focuses: testing specimens from all Department clinics; performing health tests (of food-borne illness, lead hazards, and water purity), tests of disease outbreaks in group settings (daycare, group homes, correctional facilities), and activities congruent with bio-terrorism protection; and the licensing and quality assurance of Department clinical labs. Partners include the Oregon Health Division Public Health Lab, Oregon Department of Agriculture, and the CDC. It complies with all applicable laws and meets JCAHO standards.

FY 2004: 10.63 FTE FY 2005: 10.45 FTE

Clinical Call Center & Language Services The center provides information regarding both the County Health system and external resources. It schedules pre-qualification appointments for the Department and for OHP; maintains a database of resources; schedules appointments for clinical service sites (medical, dental, HIV, and WIC); and provides interpretation for 60,000 client visits per year in over 56 languages.

FY 2004: 23.10 FTE FY 2005: 18.20 FTE

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

FY 2004: 2.00 FTE FY 2005: 2.00 FTE

Women and Youth Services This unit supports the integration of services to women and youth (the School-Based Health Centers, Breast and Cervical Health Program, Children's Assessment Program, and WIC) with other ICS services through the following four programs.

School-Based Health Centers The SBHC Program provides healthcare, education, and referrals to under-served children and adolescents. It offers confidential and age-appropriate care designed to keep students healthy and ready to learn; promotes healthy lifestyle choices; and encourages students to take responsibility for their health. Services include physical exams, immunizations, diagnosis and treatment of illness/injury, reproductive healthcare, pregnancy testing, contraceptive counseling and services, sexually

transmitted disease diagnosis and treatment, HIV counseling/testing, mental health counseling, and health promotion.

FY 2004: 47.03 FTE FY 2005: 37.59 FTE

Children's Assessment Program

This unit provides preventive healthcare and collaborates with community providers. Exams are given to children admitted into the Children's Receiving Center and Children's Assessment Service at the Gateway Children's Center.

FY 2004: 2.80 FTE FY 2005: 3.20 FTE

WIC

WIC is a federally funded program that offers nutrition education, supplemental foods, and community networking. The County provides education, vouchers for specially chosen supplemental foods, healthcare referral, and breastfeeding support. WIC is prevention-oriented, working to increase birth weight, lengthen pregnancy, improve the growth of at-risk children, reduce iron deficiency, and decrease infant mortality. All County funds come through the ITAX.

FY 2004: 38.47 FTE FY 2005: 37.63 FTE

Breast and Cervical Health Program

This program offers free breast and cervical cancer screening and diagnostic services to older, low-income, and uninsured women, as well as eligible men. It is delivered in partnership with the Oregon Breast and Cervical Cancer Coalition, the Susan G. Komen Breast Cancer Foundation, the Oregon DHS, and community healthcare agencies, mammography sites, and laboratories.

FY 2004: 2.85 FTE FY 2005: 3.05 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
ICS Management	(\$34,205)	\$1,543,325	\$2,127,671	\$584,346
Corrections Health	12,779,403	12,434,342	12,409,368	(24,974)
Primary Care Services	30,687,020	24,841,703	22,500,484	(2,341,219)
Dental Services	7,087,621	8,674,323	9,250,554	576,231
HIV Health Services Center	3,583,878	2,571,703	2,285,062	(286,641)
Ancillary Svcs-Pharmacy	95,766	6,736,882	7,331,634	594,752
Ancillary Svcs-Lab	75	969,648	1,082,616	112,968
Ancillary Svcs-Clinical Call Center	1,156,155	2,287,077	1,696,198	(590,879)
Ancillary Svcs-Medical Records	1	156,010	159,001	2,991
School Based Health Centers	4,942,836	4,757,828	4,021,548	(736,280)
WIC	2,574,574	2,623,073	2,734,748	111,675
Children's Assessment Program	230,583	352,564	335,688	(16,876)
Breast & Cervical Health	<u>419,035</u>	<u>406,474</u>	<u>456,046</u>	<u>49,572</u>
Total Costs	\$63,522,742	\$68,354,952	\$66,390,618	(\$1,964,334)

Business and Quality

Business and Quality Services is responsible for the Department’s management of financial policies and strategies, budget development, facilities and infrastructure, and training services. It also coordinates Shared Services including human resources, financial operations, information technology, facilities, and FREDS.

Action Plans:

- Regularly monitor financial and budget benchmarks with the Department Leadership Team.
- Develop multi-year business plan that supports the Department’s five-year strategic plan and includes financial policies and strategies.
- Develop multi-year action plans for training, facilities, and infrastructure that support the Department’s five-year strategic plan.
- Develop use of new training tools to enhance effectiveness (web-based training, management and leadership competencies, etc.)
- Coordinate with Shared Services Account Manager to assure appropriate services levels to support department operations.

Significant Changes:

- There is a significant drop in FTE due to the transition of Department human resources and business services staff to County Business Services under the Shared Services model.
- Under the department’s new administrative structure, the Deputy Director supervises a small group of financial, training, and change management staff to support department operations.
- The Medical Accounts Receivables group (9.0 FTE) was transferred from DBCS-Shared Services back to the Health Department. It was determined that the positions perform department specific tasks and are necessary to maintain the Health Department’s workload.

Business & Quality	2002-03	2003-04	2003-04	2004-05	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	95.24	38.80	38.80	15.60	(23.20)
Personal Services	\$2,979,502	\$2,523,564	\$2,575,065	\$552,546	(\$2,022,519)
Contractual Services	6,212,526	\$684,922	698,900	272,502	(426,398)
Materials & Supplies	(1,872,923)	\$5,035,967	5,138,742	6,799,711	1,660,969
Capital Outlay	<u>28,299</u>	<u>\$0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Costs	\$7,347,404	\$8,244,453	\$8,412,707	\$7,624,759	(\$787,948)

Finance and Operations

This unit provides leadership in budget development and management, accounting, and financial planning. It also coordinates with Shared Services to secure appropriate and effective finance and accounting support, leads implementation and management of the Department’s new practice-management system, acts as a liaison with IT, and provides facilities planning and management.

FY 2004: 4.50 FTE FY 2005: 3.00 FTE

Organizational Effectiveness and Training

This unit provides support to the Department Leadership Team, mid-level managers and staff in order to improve operational effectiveness and the department’s ability to manage change. This includes implementing Department-wide training plans and individual work unit or classification training plans that meet the department’s strategic objectives. The unit is also responsible for maintaining administrative and clinical procedures in accordance with national accreditation standards.

FY 2004: 3.60 FTE FY 2005: 3.60 FTE

Shared Services

These costs represent the Shared Services human resources and business services operational costs that the Health Department is required to directly budget. It also includes IT costs that are budgeted in the department.

FY 2004: 0.00 FTE FY 2005: 9.00 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Finance & Operations	(\$21,284)	\$1,635,672	\$1,324,915	(\$310,757)
Organizational Effectiveness & Training	784	320,007	381,778	61,771
Shared Services	737,160	4,968,449	3,937,623	(1,030,826)
Accounting Entries	<u>6,630,743</u>	<u>1,488,579</u>	<u>1,980,443</u>	<u>491,864</u>
Total Costs	\$7,347,403	\$8,412,707	\$7,624,759	(\$787,948)