

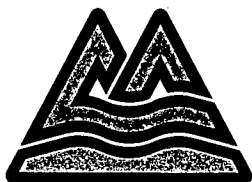
MULTNOMAH COUNTY
HEALTH DEPARTMENT
PRESENTATION OF FY 1993-94 BUDGET PROPOSAL
TO THE BOARD OF COUNTY COMMISSIONERS

WEDNESDAY, MARCH 3, 1993

9:30	Introduce Community Health Council and Central CBAC Guests	Billi Odegaard Joanne DeHoff
9:35	Budget Manual and Summary Packet	Tom Fronk
9:40	Mission	Gary Oxman and Patsy Kullberg
9:50	Overview of Facilities	Dwayne Prather
10:00	Organizational "Sketch" Client Characteristics	Billi Odegaard
10:10	Specialty Services	Jan Sinclair and Charlesetta Levias
10:25	Dental	Gordon Empey
10:40	Primary Care	Mary Lou Hennrich
10:55	Break	
11:05	Regulatory Health	Gary Oxman
11:20	AIDS/HIV and Program Development	Jeanne Gould and Chonitia Smith
11:40	Field Services	Mary Lou Hennrich and Connie Leben, CHN

- BREAK -

1:30	Corrections Health	Mary Loos
1:45	Support Services	Dwayne Prather
2:00	Business Services	Tom Fronk
2:10	Budget Overview	Tom Fronk
2:40	Cut Package Review	
3:20	Break	
3:30-4:30	Discussion; Questions	



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GARY HANSEN • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
CLERK'S OFFICE • 248-3277 • 248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

March 1 - 5, 1993

Monday, March 1, 1993 - 9:30 AM & 1:30 PM - Budget Work Session
Department of Social Services. Page 2

Tuesday, March 2, 1993 - 9:30 AM - Board Briefings Page 2

Tuesday, March 2, 1993 - 10:45 AM - Agenda Review. . . . Page 2

Tuesday, March 2, 1993 - 1:30 PM - Budget Work Session
Department of Social Services. Page 2

Wednesday, March 3, 1993 - 9:30 AM & 1:30 PM - Budget Work
Session/Department of Health . Page 2

Thursday, March 4, 1993 - 9:30 AM - Regular Meeting. . . . Page 3

Thursday, March 4, 1993 - 1:30 PM - Budget Work Session
Department of Environmental
Services Page 5

Friday, March 5, 1993 - 9:30 AM & 1:30 PM - Budget Work Session
Department of Environmental
Services Page 5

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Thursday, 10:00 PM, Channel 49 for Columbia Cable (Vancouver) subscribers

Friday, 6:00 PM, Channel 22 for Paragon Cable (Multnomah East) subscribers

Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222 OR MULTNOMAH COUNTY TDD PHONE 248-5040 FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Monday, March 1, 1993 - 9:30 AM and 1:30 PM

Multnomah County Courthouse, Room 602

BUDGET WORK SESSION

- WS-1 Review the Budget of the Department of Social Services. Presented by Department of Social Services and Planning & Budget Staff. 9:30 AM and 1:30 PM STARTING TIMES REQUESTED.
-

Tuesday, March 2, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

BOARD BRIEFINGS

- B-1 Review and Discussion of the Interdepartmental Coordinating Committee for Alcohol & Drug Abuse Prevention Report. Presented by Kathy Millard and Committee Members. 9:30 TIME CERTAIN. 30 MINUTES REQUESTED.
- B-2 Review and Discussion from the Audit Committee for the Comprehensive Annual Financial Report, Single Audit Report, and Report to Management. Presented by Lianne Thompson. 10:00 TIME CERTAIN. 45 MINUTES REQUESTED.
-

Tuesday, March 2, 1993 - 10:45 AM

Multnomah County Courthouse, Room 602

AGENDA REVIEW

- B-3 Review of Agenda for Regular Meeting of March 4, 1993
-

Tuesday, March 2, 1993 - 1:30 PM

Multnomah County Courthouse, Room 602

BUDGET WORK SESSION

- WS-2 Review the Budget of the Department of Social Services. Presented by Department of Social Services and Planning & Budget Staff.
-

Wednesday, March 3, 1993 - 9:30 AM and 1:30 PM

Multnomah County Courthouse, Room 602

BUDGET WORK SESSION

- WS-3 Review the Budget of the Department of Health. Presented by Department of Health and Planning & Budget Staff. 9:30 AM and 1:30 PM STARTING TIMES REQUESTED.

Thursday, March 4, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

- C-1 In the Matter of the Appointments to the Animal Control Advisory Committee as Follows:
GREGORY CARLSON, Position 1, City of Portland, Term Expires 3/96;
CONNIE RYBA, Position 2, City of Gresham, Term Expires 3/94;
DALE DUNNING, Position 7, Oregon Humane Society, Term Expires 3/96;
PATTY STRAND, Position 8, Non-Profit Animal Welfare Org., Term Expires 3/94;
MICHAEL TROEN, Position 10, Citizen Member, CIC, Term Expires 3/96;
CAROL HELFER, Position 11, Veterinary Community, Term Expires 3/94;
MICHAEL TWAIN, Position 12, Pet Industry, Term Expires 3/96;
DEBORAH YATES, Position 13, Animal Hearings Officer, Term Expires 3/95;
MIKE DELMAN, Position 14, Staff to Multnomah County Commissioners, Term Expires 3/94

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-2 ORDER in the Matter of the Execution of Deed D930849 Upon Complete Performance of a Contract to RICHARD B. HAGERTY
- C-3 ORDER in the Matter of the Execution of Deed D930853 Upon Complete Performance of a Contract to JAMES G. CONDON and SARAH J. CONDON
- C-4 ORDER in the Matter of the Execution of Deed D930848 Upon Complete Performance of a Contract to WILLIE THORNTON and FRANCIS THORNTON
- C-5 Ratification of an Intergovernmental Revenue Agreement, Contract #301163, between Multnomah County Department of Environmental Services, Transportation Division to Provide On-Site Engineering Technician Training for Mt. Hood Community College Program Participant for a Period Not to Exceed One Year

REGULAR AGENDA

DEPARTMENT OF SOCIAL SERVICES

- R-1 Ratification of an Intergovernmental Agreement, Contract #104073, between Multnomah County Department of Social Services, Housing & Community Services Division and the

Housing Authority of Portland for Contract Funds
Infrastructure Development to Prevent Evictions and
Homelessness of Families in Public Schools or Section 8
housing Under Federal Grant Conditions, for the Period Upon
Execution to September 30, 1993

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-2 Recommendation of the Vacant Position Committee Regarding Budget Modification DES #21 Requesting Authorization to Reorganize DES Administration by DELETING the Deputy Director/DES Position, RECLASSIFY a Current Senior Administrative Analyst to Management Assistant and CREATE a Second Management Assistant Position
- R-3 Recommendation of the Vacant Position Committee Regarding Budget Modification DES #22 Requesting Authorization to Fill Currently Budgeted Data Analyst Position
- R-4 RESOLUTION in the Matter of Board Adoption of the Housing Affordability Demonstration Program Report and Reauthorization of the Program with Revised Guidelines
- R-5 First Reading and Possible Adoption of an ORDINANCE to Amend Ordinance 672 Regarding Transfer of Tax-Foreclosed Properties to Assist Housing Programs by changing Notification Procedures of Property Availability and Providing a Means for Selection and Transfer of Property to Affected Housing Sponsors, and Declaring and Emergency

NON-DEPARTMENTAL

- R-6 First Reading of an ORDINANCE Abolishing the Justice Coordinating Council, MCC 2.30.300(K), (L), Pursuant to Resolution 93-41
- R-7 RESOLUTION for the Purpose of Confirming the Advisory Committee on Design and Construction of the Donald E. Long Juvenile Justice Center
- R-8 In the Matter of the Department of Social Services Requesting an Exemption from the Hiring Freeze Process the Following Positions within the Juvenile Justice Division: Juvenile Groupworker; Juvenile Counselor; Juvenile Groupworker Supervisor; Juvenile Counselor Supervisor; and Mental Health Consultant

PUBLIC COMMENT

- R-9 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

Thursday, March 4, 1993 - 1:30 PM

Multnomah County Courthouse, Room 602

BUDGET WORK SESSION

WS-4 Review the Budget of the Department of Environmental Services. Presented by Department of Environmental Services and Planning & Budget Staff. 1:30 PM STARTING TIMES REQUESTED.

Friday, March 4, 1993 - 9:30 and 1:30 PM

Multnomah County Courthouse, Room 602

BUDGET WORK SESSION

WS-5 Review the Budget of the Department of Environmental Services. Presented by Department of Environmental Services and Planning & Budget Staff. 9:30 AM and 1:30 PM STARTING TIMES REQUESTED.

Date Submitted 02/12/93

Meeting Date March 3, 1993
Agenda No. 428-3

REQUEST FOR PLACEMENT ON THE AGENDA

Subject **Board Budget Work Sessions**

Informal Only

Formal Only

DEPARTMENT **Nondepartmental**

DIVISION **Planning & Budget**

CONTACT **Dave Warren**

TELEPHONE **248-3822**

Brief Summary

On 03/03/93 the Board of County Commissioners will hold a work session to review the budget of the Department of Health at 9:30 am & 1:30 p.m. in Room 602 of the Courthouse.

Action Requested:

☐ Information Only ☐ Preliminary Approval ☐ Policy Direction ☐ Approval

Estimated Time Needed on Agenda **3 and 1/2 hours**

IMPACT:

☐ Personnel
☐ Fiscal/Budgetary
☐ General Fund
☐ Other

SIGNATURES

Department Manager

Budget/Personnel

County Counsel

Other

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1993 FEB 18 PM 1:58

BCC Work Session
3/3/93

Exhibit A

March 3, 1993

March	1	Monday	Social Services	Social Services
	3	Wednesday	Health Dept.	Health Dept.
	4	Thursday		Environmental Services
	5	Friday	Environmental Services	Environmental Services
March	<u>Date</u>	<u>Day</u>	<u>9:30</u>	<u>1:30</u>
	8	Monday	Library	Mgmt Support / Nondept.
	9	Tuesday		Health Dept
	10	Wednesday	District Attorney	Sheriff
	11	Thursday		Community Corrections
	12	Friday	Social Services	as needed
	15	Monday	Environmental Services	as needed
	16	Tuesday	as needed	

BCC Work Session
3/3/93

Exhibit B

Health Department Budget Summary

Fiscal Year 1993-94 - Requested

March 3, 1993

Health Department Mission Statement

To Serve all County residents by:

Promotion *of a healthy community through active participation in the development of public policy, and through public and individual education;*

Prevention *of serious health problems through early intervention and teaching of positive health behaviors;*

Protection *of the public against health hazards, trauma, and the spread of disease; and*

Provision *of health services to low income and high risk residents.*

How this packet is organized:

Part 1 - Departmental Overview

Mission Statement	Page 2
How this packet is organized	Page 3
Departmental Organization Chart	Page 4
About our Clients	Page 5
Personnel Summary - FTE by Job Class	Page 6

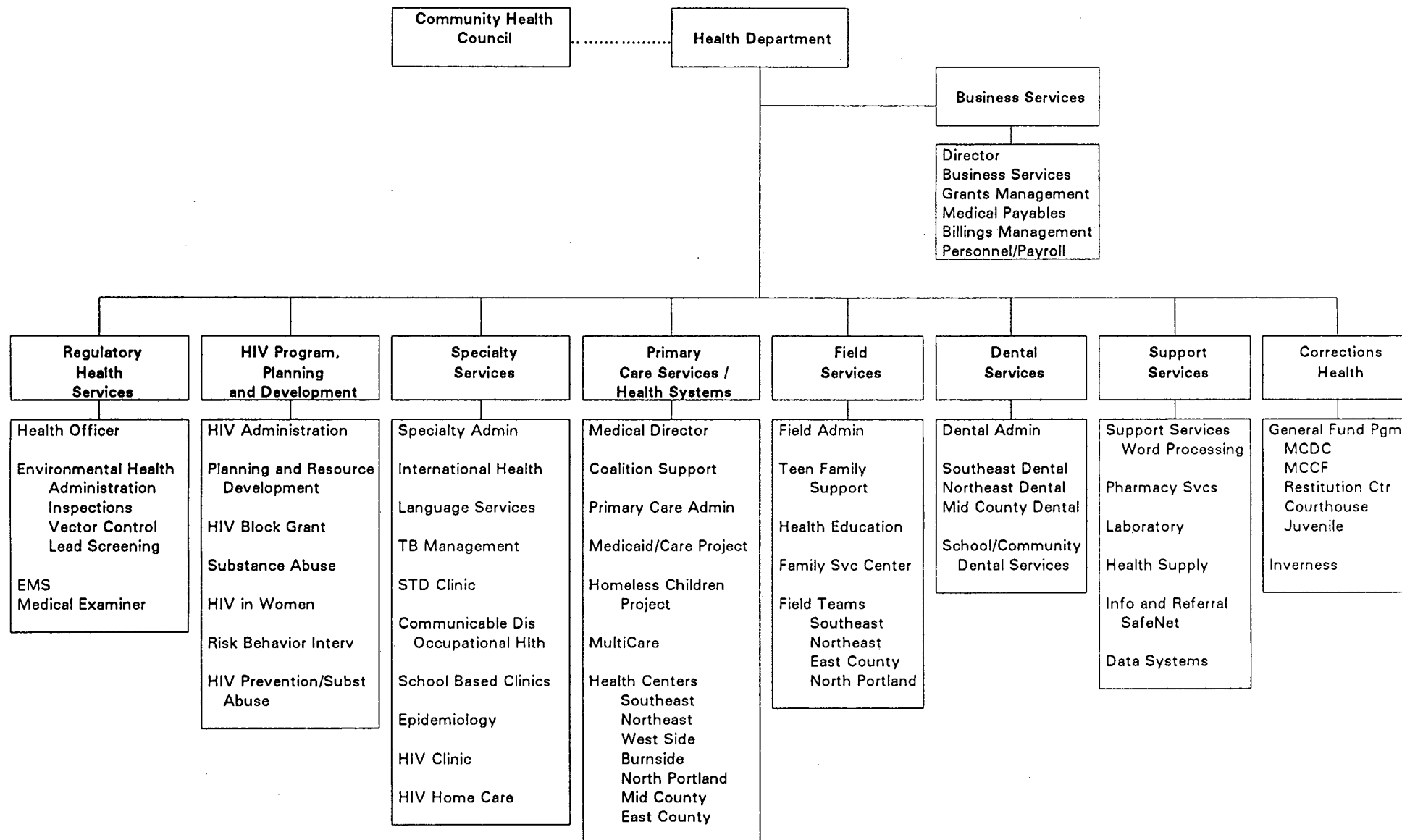
Part 2 - Divisional Summaries

Summary Page, with Mission, Clients, Funding, Budget Summary	Pages 8 - 40
Division Org Chart	
Map of Divisional Sites	
Revenue and Expense Summary	

Part 3 - 1994 Budget Request Overview

Where the dollars are spent	
Divisional	Page 42
By major category	Page 43
Relationship of GF with other revenues	Page 44
Growth of fee revenues	Page 45
Yearly comparison of Staffing	Page 46
Reconciliation with GF Target	Page 47
Cuts that did not make a package	Page 48
Cut Packages	Page 49

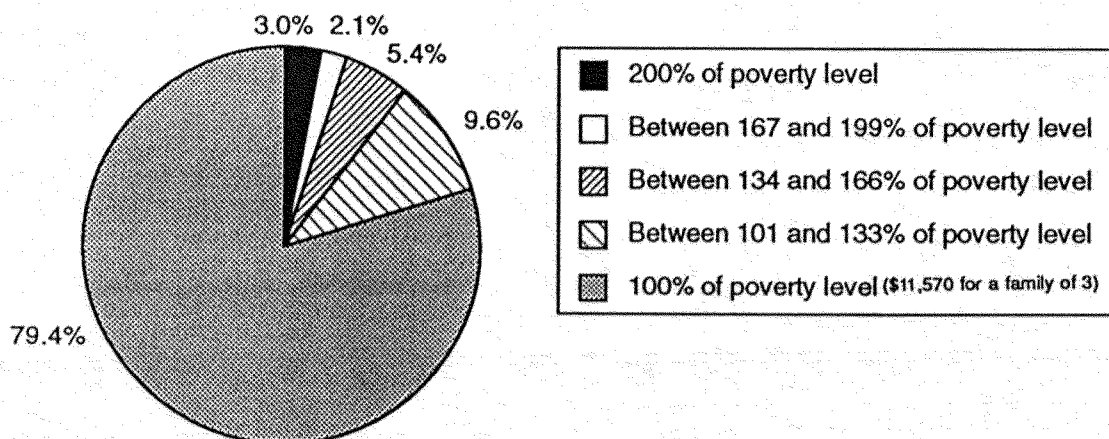
HEALTH DEPARTMENT PROGRAM STRUCTURE FISCAL 1993-94



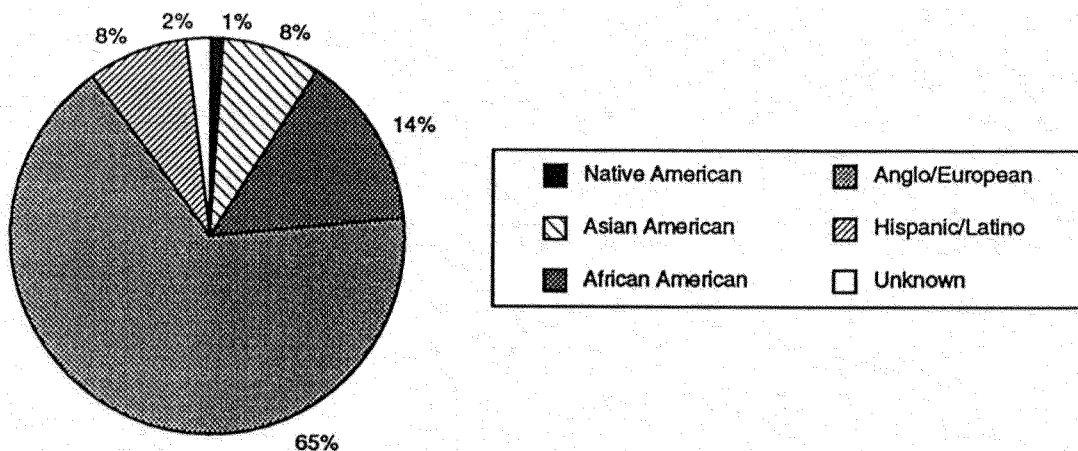
About the people who use the Department's clinics and field services . . .

70,000 unduplicated clients in 1992

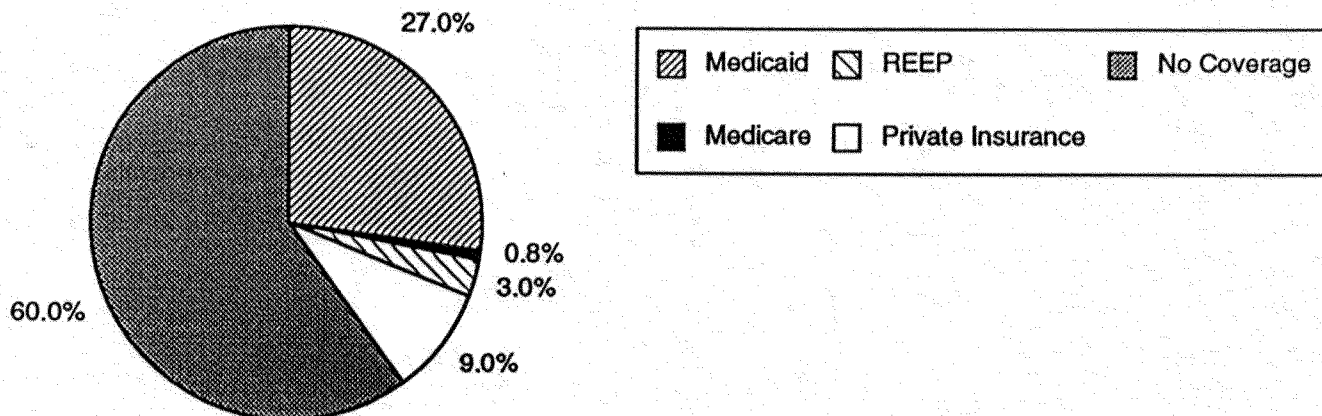
Income Level of Clients Who Do Not Have Insurance



Ethnicity



Type of Insurance



Personnel Summary for: 0600 HEALTH DEPARTMENT

Proposed 1993-94

FTE	Total Base	Total Fringe	Total
710.72	24,419,978	10,293,912	34,713,890

10-Feb-93	JCN	FTE	BASE	TOTAL FRINGE	TOTAL
Administrative Secretary	6005	3.80	105,331	49,407	154,738
Asst Health Officer/Medical Dir	9520	0.70	55,044	21,186	76,230
Chemical Appl Opr	6093	1.00	30,234	15,286	45,520
Chief Dep Medical Examiner	9633	1.00	53,526	21,131	74,657
Child Development Specialist	6343	4.00	114,190	53,478	167,668
Clerical Unit Supervisor	6003	1.00	29,817	11,235	41,052
Community Health Nurse	6315	127.52	4,733,751	1,927,624	6,661,375
Community Health Nurse	6326	42.60	1,645,665	661,688	2,307,353
Community Health Nurse/Lead	6318	1.00	43,451	15,620	59,071
Data Analyst	6073	2.00	72,055	32,221	104,276
Dental Assistant/Receptionist	6347	20.30	437,561	231,020	668,581
Dental Health Officer	9500	1.00	72,480	27,780	100,260
Dental Hygienist	6348	3.60	135,322	59,395	194,717
Dentist	9390	4.00	211,146	84,202	295,348
Department Director	9797	1.00	78,686	25,665	104,351
Deputy Medical Examiner	6282	5.00	171,050	80,816	251,866
Eligibility Specialist	6300	8.00	188,105	93,840	281,945
Fiscal Asstt/Senior	6027	10.00	251,630	110,930	362,560
Fiscal Specialist 1	6029	4.00	115,638	48,378	164,016
Fiscal Specialist 2	6030	1.00	33,822	16,403	50,225
Health Assistant	6294	66.20	1,417,609	736,659	2,154,268
Health Educator	6352	5.60	191,934	83,376	275,310
Health Info Specialist 1	6019	5.00	117,065	51,630	168,695
Health Info Specialist 2	6018	29.10	757,346	337,539	1,094,885
Health Info Specialist/Sr	6024	8.00	233,917	106,552	340,469
Health Info Spec/Sr/Lead	6351	1.00	33,533	12,423	45,956
Health Officer	9550	1.00	89,583	32,113	121,696
Health Operations Supervisor	9692	11.90	390,402	171,578	561,980
Health Supply Administrator	9365	1.00	38,627	14,329	52,956
Health Svcs Administrator	9693	38.15	1,757,246	701,359	2,458,605
Health Svcs Manager	9694	5.00	268,541	111,168	379,709
Health Svcs Spec	9696	1.00	38,072	14,072	52,144
Lab Assistant	6332	1.00	21,235	12,266	33,501
Lab Specialist	6335	7.00	236,850	110,348	347,198
Lab Technician	6333	7.00	182,702	93,828	276,530
Licensed Comm Practical Nurse	6303	15.92	410,188	182,081	592,269
Medical Records Technician	6321	1.50	37,439	17,665	55,104
Nurse Practitioner	6314	28.65	1,364,145	528,638	1,892,783
Nurse Practitioner	6317	4.90	229,464	91,626	321,090
Nutritionist	6340	9.20	312,647	131,682	444,329
Office Assistant 1	6000	1.50	28,094	15,250	43,344
Office Assistant 2	6001	114.34	2,421,098	1,224,188	3,645,286
On-Call Coverage	5200	0.00	936,694	152,105	1,088,799
Overtime Pay	5300	0.00	66,210	20,622	86,832
Pathologist's Assistant	6287	2.00	61,964	27,309	89,273
Pharmacist	9355	8.00	361,725	148,425	510,150
Pharmacy Technician	6119	4.00	96,416	47,867	144,283
Physician	9490	14.91	1,065,252	387,836	1,453,088
Physician's Assistant	6316	2.28	101,519	36,634	138,153
Premium Pay	5400	0.00	49,240	15,335	64,575
Program Dev Specialist	6021	10.76	361,512	160,401	521,913
Program Dev Technician	6020	1.80	48,545	24,118	72,663
Purchasing Specialist 1	6112	1.00	25,978	13,931	39,909
Sanitarian	6356	13.00	450,293	191,878	642,171
Sanitarian/Chief	6357	2.00	79,928	36,600	116,528
Sanitarian/Lead	6358	3.00	114,255	49,272	163,527
Senior Data Analyst	9747	1.00	41,154	18,436	59,590
Senior Dentist	9430	5.20	303,238	122,054	425,292
Senior Financial Specialist	9340	2.00	86,646	34,984	121,630
Senior Health Svcs Mgr	9695	5.00	291,920	111,816	403,736
Senior Office Assistant	6002	16.50	409,153	190,318	599,471
Social Worker	6295	1.80	66,265	25,935	92,200
Warehouse Worker	6109	1.00	22,103	12,724	34,827
Word Processing Operator	6004	4.00	91,701	36,421	128,122
Word Processing Supervisor	6012	1.00	29,817	11,235	41,052
Xray Technician	6336	4.00	102,209	49,981	152,190

CHART OF MANAGER TO STAFF MIX

(90.5%) Line Staff

(9.5%) Managers/Supv

Part 2 - Divisional Summaries

Fiscal Year 1993-94 - Requested

March 3, 1993

For each Health Department Division, you will find:

- The Divisional Summary Page, from the Department's Budget Request
- The Division's Organization Chart
- A map of Divisional sites, if necessary
- A Divisional Revenue and Expense summary chart

HEALTH DEPARTMENT 1994 BUDGET REQUEST - Program Summary

For Program No. 0400, Specialty Services Division

Divisional Summary

PROGRAM SUMMARY

The Specialty Services Division is a mix of programs that for a variety of reasons serve a specific population and/or target a group within a program area.

To have effective communicable disease control, you must have disease experts, effective contact tracing, and client monitoring and tracking mechanisms in place. For these reasons, the Communicable Disease Office, the Occupational Health Office, the Sexually Transmitted Disease Program, the Tuberculosis Control Program and the HIV Clinic and Field are county wide services housed in one service site location.

Programs that target specific population groups include our International Health Services for Refugees and our School Based Health Centers for Adolescents.

The new office of Language Services has been identified and centralized to avoid duplication, provide quality health care, interpretation/translation, maximize interpreter utilization, evaluate needs and control costs.

PROGRAM CLIENTS

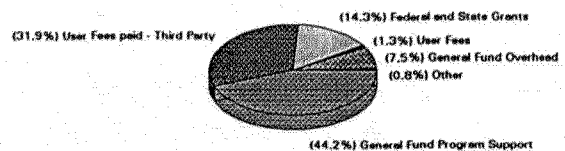
Clients include the general public, other divisions and programs of the Health Department and other county departments, other state and local government agencies, community based organizations, and regulated parties. Specific populations are identified in program descriptions.

PROGRAM MEASUREMENTS

- * To work with the Office of Occupational Health; exploring the option of marketing our Blood Borne Pathogen Training and Immunization Program.
- * To stay active in the Roosevelt Cluster Health Subcommittee; exploring options and resources for increased Primary Care services to middle schools in North Portland.
- * Develop a network of outside medical resources willing to accept HIV positive clients for AIDS wellness and sick care. Multnomah County clinic is at capacity
- * Participate in and make recommendations on space discussions/decisions, especially for Specialty Services in the Gill Building.
- * Evaluate and monitor the REEP contract to assure adequate federal resources for Refugee initial health assessments and primary care.
- * Evaluate every new vacancy in the Division to try to hire more bilingual staff. This goal will be extended to the entire Department.

PROGRAM FUNDING

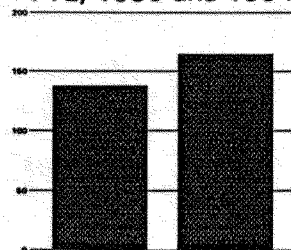
General Fund Program Support	4,887,184	44.22%
General Fund Overhead Subsidy	824,438	7.46%
User Fees	143,958	1.30%
Federal and State Grants	1,583,176	14.32%
User Fees paid by a Third Party	3,526,663	31.91%
Other	86,621	0.78%
	\$11,052,040	100.00%



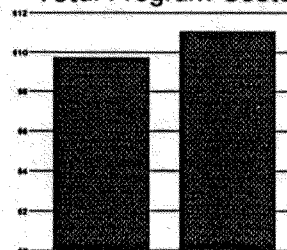
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	137.81	6,571,459	3,056,288	81,100	9,708,847		
1993-94 Budget	164.87	7,747,537	3,304,503		11,052,040	4,887,184	824,438
	27.06	\$1,176,078	\$248,215	(\$81,100)	\$1,343,193	\$4,887,184	\$824,438

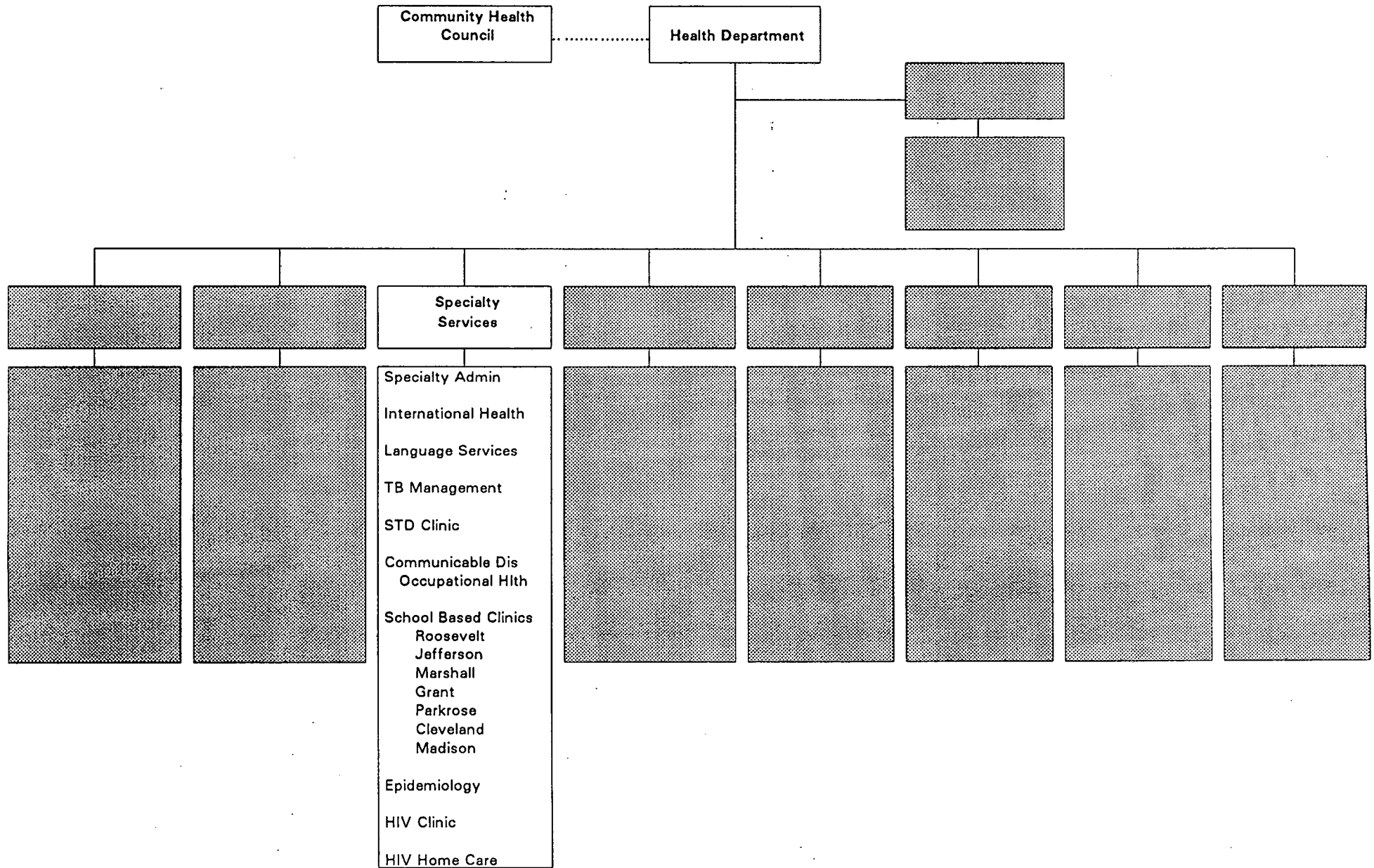
FTE, 1993 and 1994



Total Program Costs



HEALTH DEPARTMENT PROGRAM STRUCTURE FISCAL 1993-94



Speciality Care Health Service Sites

1 AIDS/HIV Health Clinic
426 SW Stark, 3rd Floor
Portland, Oregon 97204 / 248-5020

2 Cleveland School-Based Health Ctr.
Cleveland High School
3400 SE 26th Avenue
Portland, Oregon 97202 / 248-3350

3 Communicable Disease Office
426 SW Stark Street, 2nd floor
Portland, Oregon 97204 / 248-3406

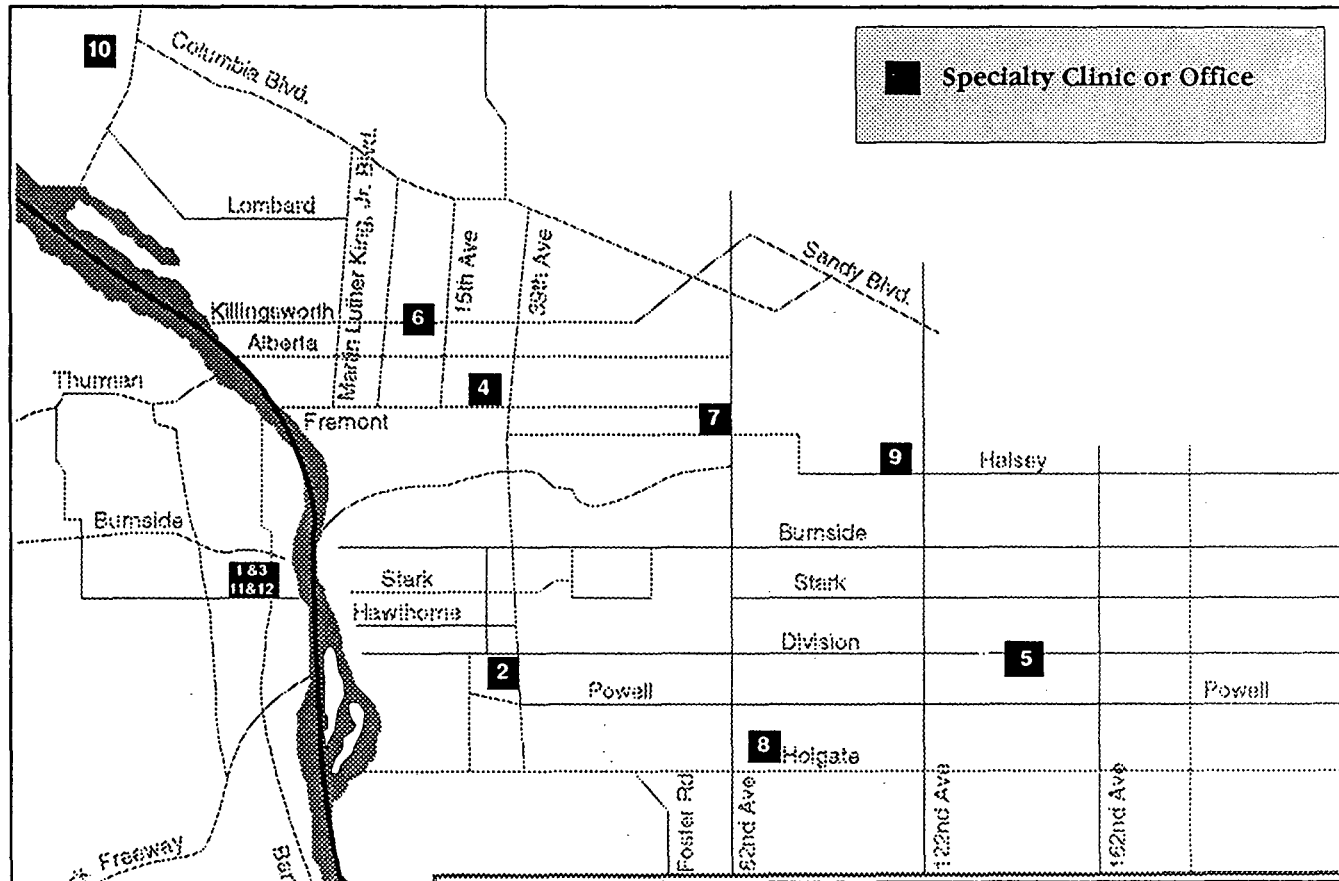
4 Grant School-Based Health Ctr.
Grant High School
2245 NE 36th Avenue
Portland, Oregon 97212 / 248-3372

5 International Health Center
12710 SE Division Street
Portland, Oregon 97236 / 248-3149

6 Jefferson School-Based Health Ctr.
Jefferson High School
5210 N. Kerby Avenue
Portland, Oregon 97217 / 248-3360

7 Madison School-Based Health Ctr.
Madison High School
2735 NE 82nd Avenue
Portland, Oregon 97218 / 248-3382

8 Marshall School-Based Health Ctr.
Marshall High School
3905 SE 91st Avenue



9 Parkrose School-Based Health Ctr.
Parkrose High School
11717 NE Shaver Street
Portland, Oregon 97220 / 248-3392

10 Roosevelt School-Based Health Ctr.
Roosevelt High School
6941 N. Central Street

11 (STD) Sexually Transmitted Disease Clinic
426 SW Stark Street, 4th floor
Portland, Oregon 97204 / 248-3700

12 Tuberculosis (TB) Clinic
426 SW Stark Street, 3rd floor
Portland, Oregon 97204 / 248-3417

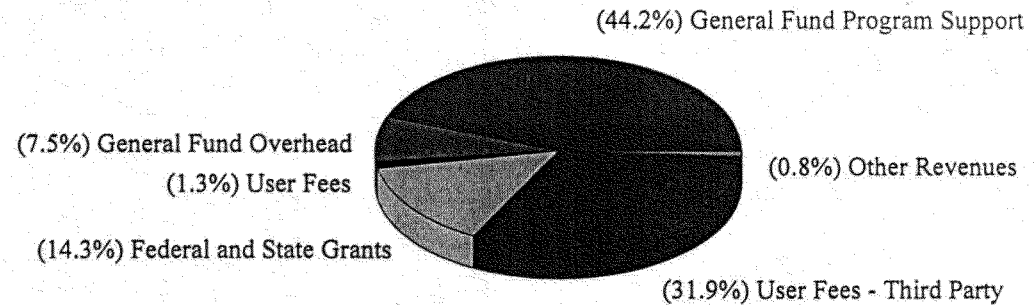


**Multnomah County
Health Department**

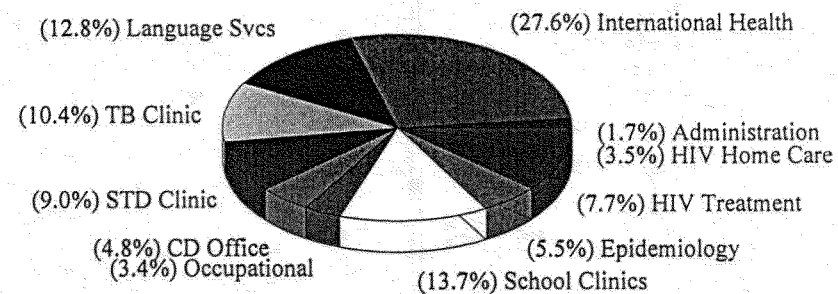
02/18/93

Specialty Services Division Budget Summary

Source of Revenues	1993-94 Resources
General Fund Program Support	\$4,887,184
General Fund Overhead	\$824,438
User Fees	\$143,958
Federal and State Grants	\$1,583,176
User Fees - Third Party	\$3,526,663
Other Revenues	\$86,621
	\$11,052,040



Specialty Care Programs	FTE	1993-94 COSTS
Administration	2.50	\$183,053
International Health	31.90	\$3,054,573
Language Svcs	28.10	\$1,409,431
TB Clinic	18.80	\$1,145,278
STD Clinic	16.10	\$994,801
CD Office	8.10	\$530,314
Occupational	5.56	\$380,989
School Clinics	27.12	\$1,514,758
Epidemiology	9.50	\$603,039
HIV Treatment	11.90	\$850,668
HIV Home Care	5.30	\$385,136
	164.88	\$11,052,040



HEALTH DEPARTMENT 1994 BUDGET REQUEST - Divisional Summary

17-Feb-93

For Program 0800; Dental Services Division

Divisional Summary

DIVISIONAL SUMMARY

The Dental Division is comprised of Dental Administration, the School Community Dental Program, and the clinical program. The School Community Dental Program provides primary preventative services targeted at elementary age children. The clinical program provides direct care services to low income at risk county children and adults in three clinical facilities.

The Division:

Provides primary preventative services to Multnomah County school aged children, which includes oral disease prevention education, fluoride supplements, oral screening, and dental sealants.

Ensures or help facilitates with other community resources the delivery of comprehensive dental services to at risk, low income, under served County residents.

Monitors prevalence of oral disease in Multnomah County residents.

Provides information on the benefits of community water fluoridation.

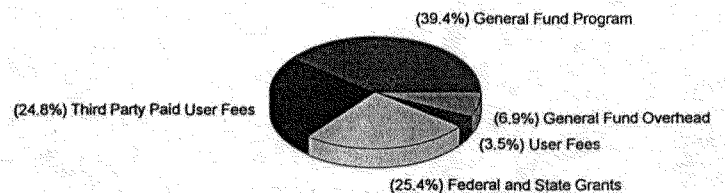
Objectives:

Improve the oral health of Multnomah County residents.

Improve access to dental care for low income, at risk and under served populations within Multnomah County.

PROGRAM FUNDING

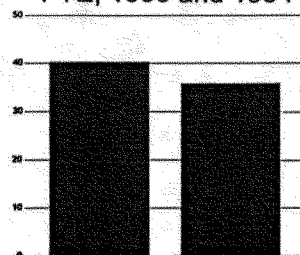
General Fund Program Support	1,057,226	39.36%
General Fund Overhead Subsidy	185,533	6.91%
User Fees	94,961	3.54%
Federal and State Grants	681,226	25.36%
User Fees paid by a Third Party	666,774	24.83%
Other		
	\$2,685,720	100.00%



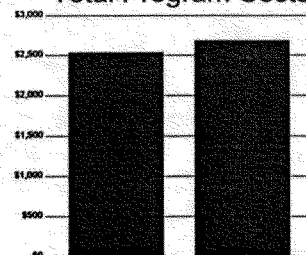
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	40.30	1,754,386	784,914		2,539,300		
1993-94 Budget	35.80	1,781,544	904,176		2,685,720	1,057,226	185,533
	(4.50)	\$27,158	\$119,262		\$146,420	\$1,057,226	\$185,533

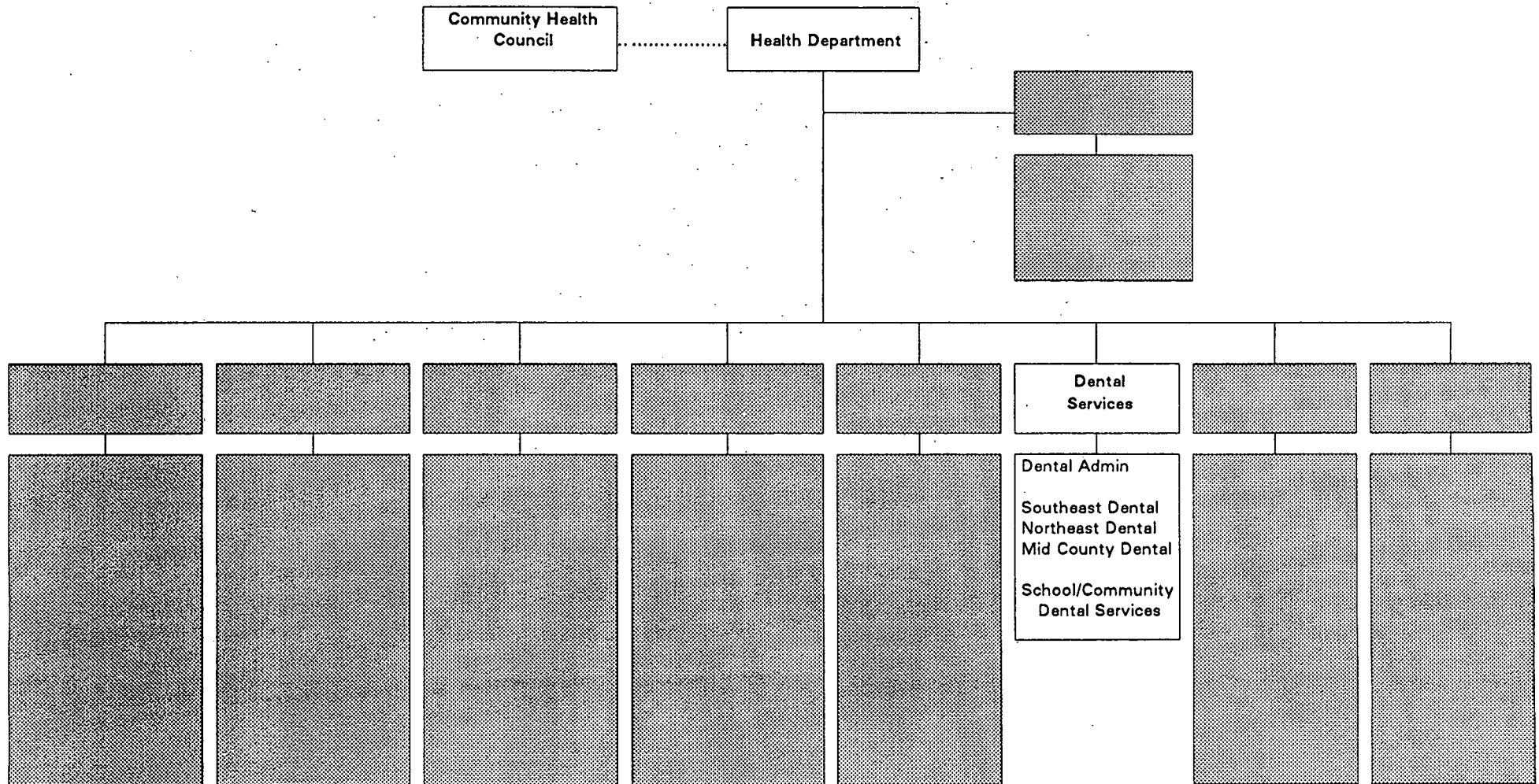
FTE, 1993 and 1994



Total Program Costs

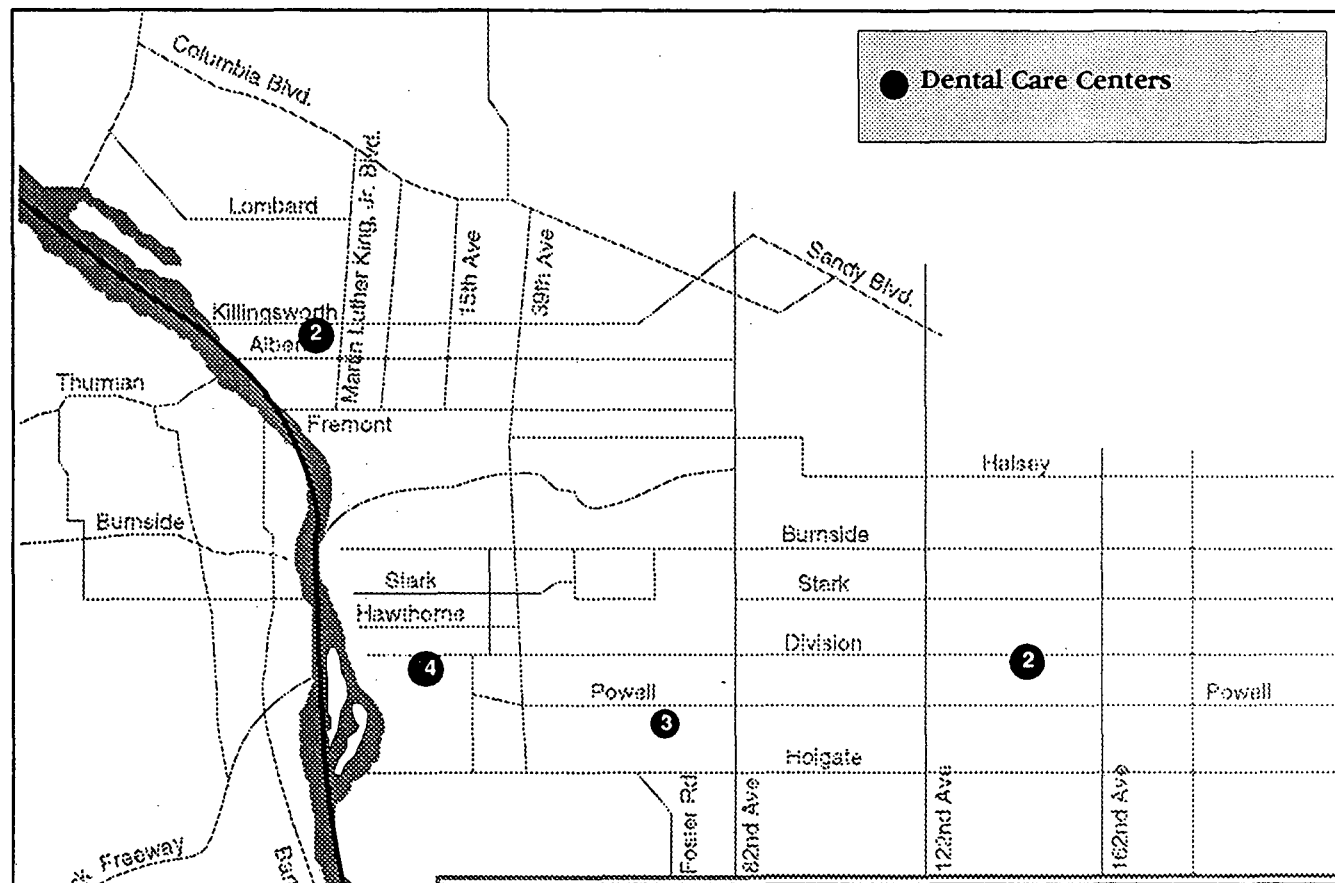


HEALTH DEPARTMENT PROGRAM STRUCTURE FISCAL 1993-94



Dental Health Service Sites

- 1 **Mid-County Health Center**
12710 SE Division Street
Portland, Oregon 97236 / 248-3410
- 2 **Northeast Health Center (NEHC)**
5329 NE Martin Luther King Jr. Blvd.
Portland, Oregon 97211 / 248-3664
- 3 **Southeast Health Center (SEHC)**
3653 SE 34th Avenue (Powell)
Portland, Oregon 97202 / 248-3513
- 4 **School Dental Health**
2505 SE 11th Avenue, 2nd floor
Portland, Oregon 97202 / 248-3905

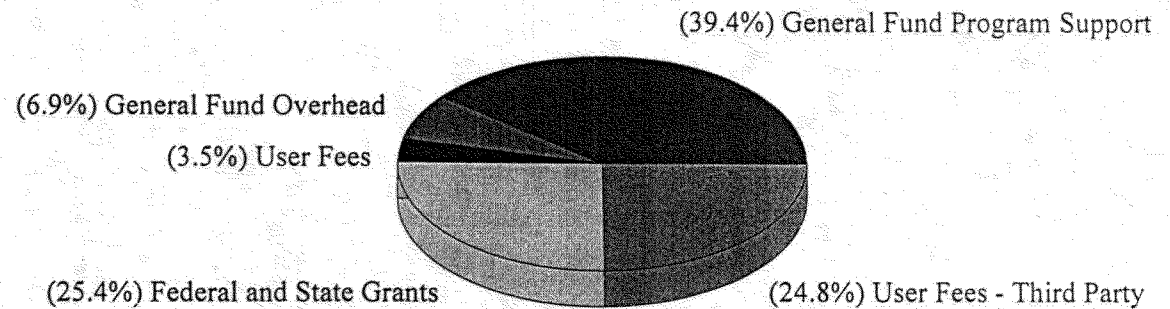


Multnomah County
Health Department

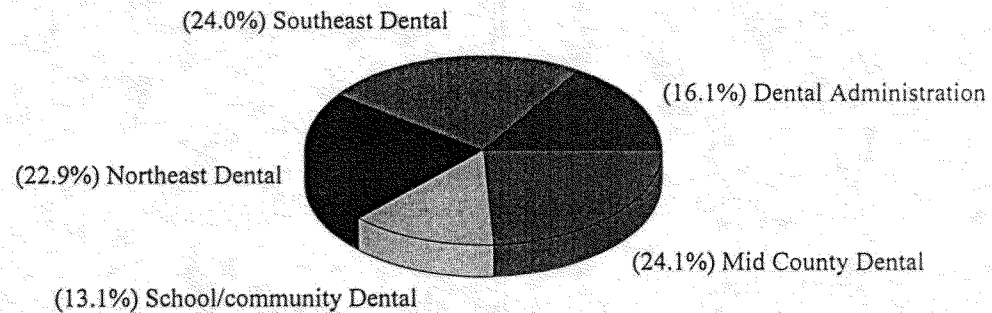
02/18/93

Dental Services Division Budget Summary

Source of Revenues	1993-94 Resources
General Fund Program Support	\$1,057,226
General Fund Overhead	\$185,533
User Fees	\$94,961
Federal and State Grants	\$681,226
Other	
User Fees - Third Party	\$666,774
	<hr/>
	\$2,685,720



Dental Services Programs	FTE	1993-94 COSTS
Dental Administration	0.90	\$431,105
Southeast Dental	9.90	\$643,709
Northeast Dental	9.30	\$613,870
School/Community Dental	5.90	\$350,574
Mid County Dental	9.80	\$646,462
	<hr/>	<hr/>
	35.80	\$2,685,720



HEALTH DEPARTMENT 1994 BUDGET REQUEST - Program Summary

For Program No. 0700, Primary Care Division

Divisional Summary

PROGRAM SUMMARY

The Primary Care and Health Systems Division ensures availability and accessibility of preventive and primary medical care services to County residents who are unable to access appropriate care through private health care providers due to financial or other barriers. The Division provides primary health care services to 45,000 unduplicated clients annually, in seven (7) geographically dispersed sites throughout the County. The clinics provide basic preventive, diagnostic, and treatment services, utilizing qualified nurse practitioners, physicians, community health nurses, licensed practical nurses and skilled support staff. The clinics provide family planning/birth control, prenatal care, well child care, nutrition services, communicable disease screening and treatment and diagnosis and management of a wide range of acute and chronic health care conditions.

PROGRAM CLIENTS

The 80-100,000 low income individuals and families residing in Multnomah County who have inadequate access to ongoing primary health care services because of financial, language, other socio- cultural barriers. The division currently has funding from the County Fund, Federal Grants, Medicaid Capitation and Reimbursement, and Client Fees, to serve only 45,000 of the total in-need population.

PROGRAM MEASUREMENTS

Provide ambulatory primary health care to 45,000 socially and medically at-risk, low income clients in seven locations throughout the County. (145,000 visits)

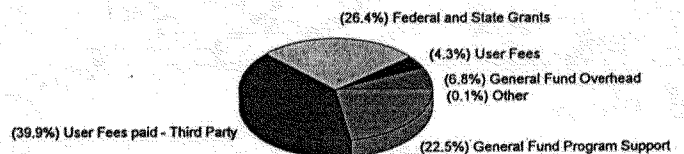
Coordinate with the Field Services Division Staff and other health and social service agencies for needed outreach, follow-up and in- home services.

Maintain access for all low-income pregnant women needing prenatal care and assure that all pregnant clients receive their first assessment appointment within three weeks of request for service.

Maintain barrier free access to immunization services for all low income children needing immunization against vaccine preventable diseases. (e.g. extended hours, walk-in service at multiple sites, coordination with other community providers and advocates)

PROGRAM FUNDING

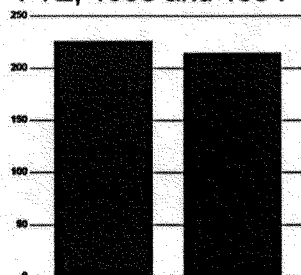
General Fund Program Support	3,462,507	22.46%
General Fund Overhead Subsidy	1,048,140	6.80%
User Fees	666,414	4.32%
Federal and State Grants	4,074,336	26.43%
User Fees paid by a Third Party	6,156,980	39.94%
Other	7,800	0.05%
	\$15,416,177	100.00%



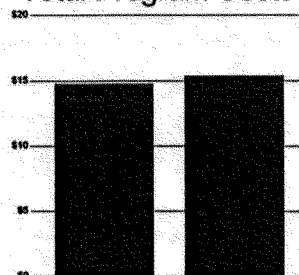
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	226.60	9,868,666	4,930,521	1,575	14,800,762		
1993-94 Budget	215.09	10,334,413	5,081,764		15,416,177	3,462,507	1,048,140
	(11.51)	\$465,747	\$151,243	(\$1,575)	\$615,415	\$3,462,507	\$1,048,140

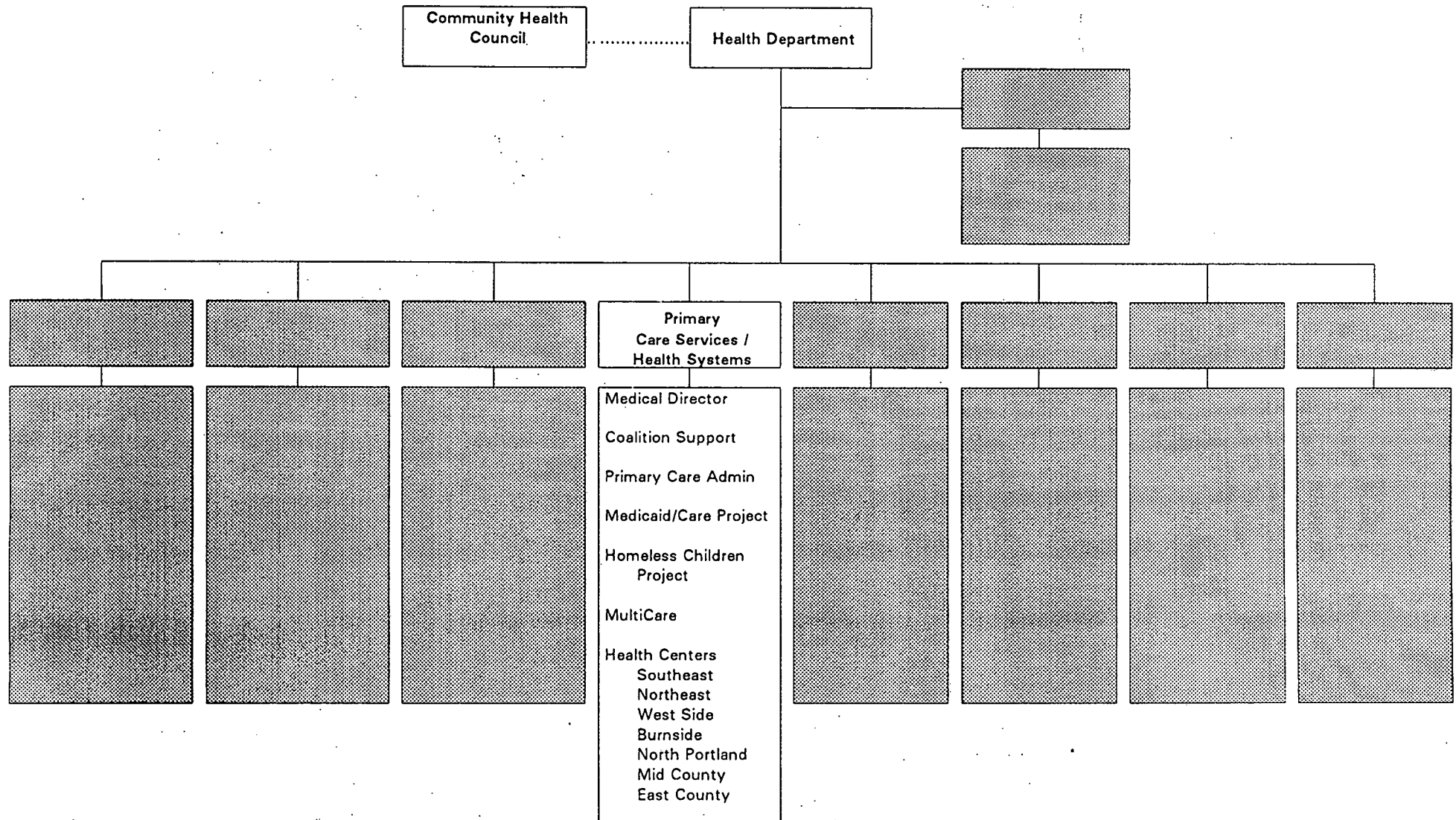
FTE, 1993 and 1994



Total Program Costs

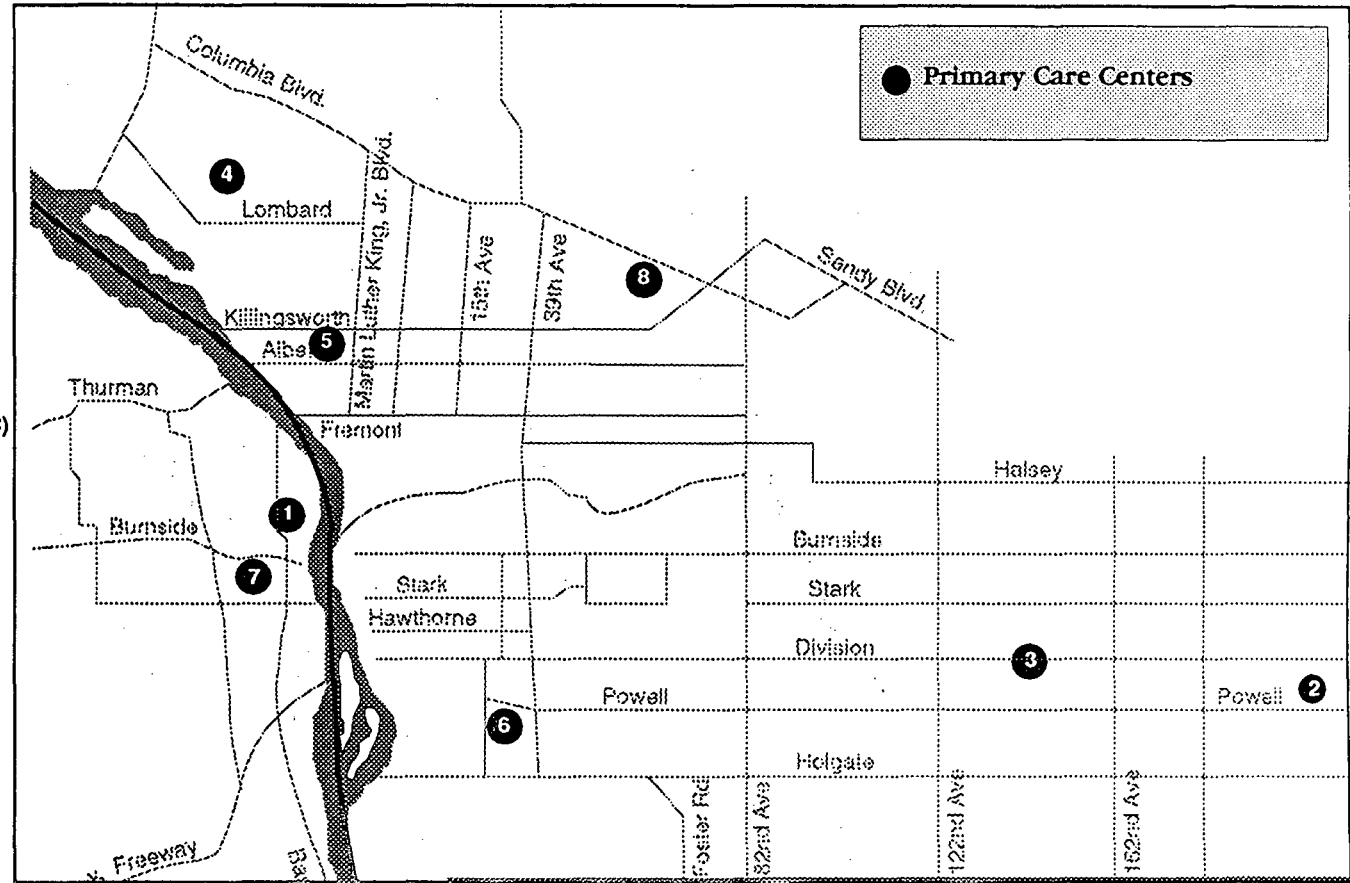


HEALTH DEPARTMENT PROGRAM STRUCTURE FISCAL 1993-94



Primary Care Health Service Sites

- 1 **Burnside Health Clinic**
618 NW Davis
Portland, Oregon 97209/248-3678
- 2 **East County Health Center**
620 NE 2nd Avenue
Gresham, Oregon 97030/248-5155
- 3 **Mid-County Health Center**
12710 SE Division Street
Portland, Oregon 97236 / 248-3601
- 4 **North Portland Health Center (NPHC)**
8918 N. Woolsey Avenue
Portland, Oregon 97203 / 248-5304
- 5 **Northeast Health Center (NEHC)**
5329 NE Martin Luther King Jr. Blvd.
Portland, Oregon 97211/ 248-5183
- 6 **Southeast Health Center (SEHC)**
3653 SE 34th Avenue (Powell)
Portland, Oregon 97202 / 248-3500
- 7 **Westside Health Center (WHC)**
426 SW Stark Street, 4th floor
Portland, Oregon 97204 / 248-5140
- 8 **Galaxy Apartments (Homeless Kids)**
Cully Square
52nd and Cully
Portland, Oregon

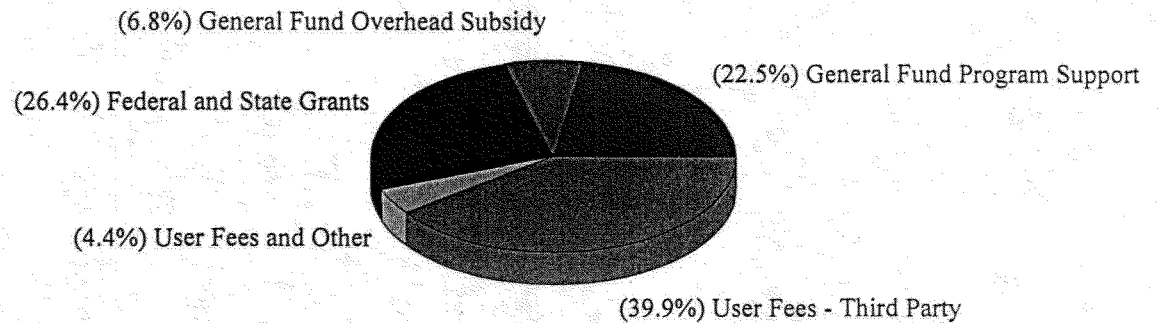


Multnomah County
Health Department

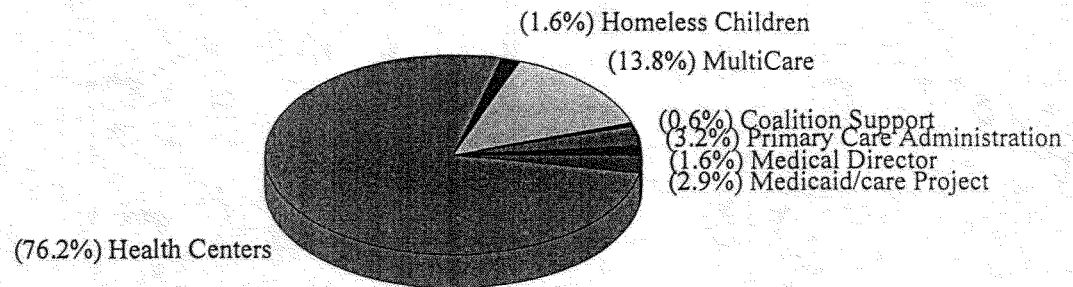
02/18/93

Primary Care and Health Systems Division Budget Summary

Source of Revenues	1993-94 Estimate
General Fund Program Support	\$3,462,507
General Fund Overhead Subsidy	\$1,048,140
Federal and State Grants	\$4,074,336
User Fees and Other	\$674,214
User Fees - Third Party	\$6,156,980
	<u>\$15,416,177</u>



Primary Care Programs	FTE	1993-94 COSTS
Medical Director	2.50	\$241,939
Primary Care Administration	5.70	\$498,629
Coalition Support	0.60	\$95,080
MultiCare	6.60	\$2,134,706
Homeless Children	4.70	\$253,677
Health Centers	185.40	\$11,748,963
Medicaid/care Project	9.60	\$443,183



215.10	<u>\$15,416,177</u>
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HEALTH DEPARTMENT 1994 BUDGET REQUEST - Divisional Summary

17-Feb-93

For Program 0200, Regulatory Health

Divisional Summary

DIVISIONAL SUMMARY

Mission: To protect and promote the health of the County residents through administration and enforcement of public health laws, regulation of specified facilities and businesses, investigation of community health problems, and provision of consultation and leadership on a wide range of public health issues.

Divisional goals:

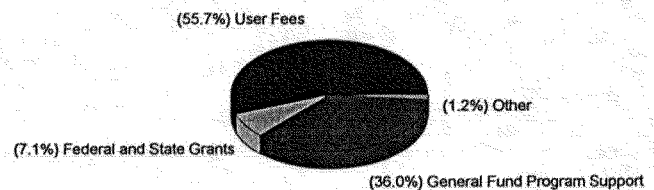
- 1) Promote a more structured approach to the Department's efforts to investigate community health problems and plan for their solution.
- 2) Maintain the progress that the community has made in controlling various communicable diseases, including sexually transmitted diseases and tuberculosis.
- 3) Broaden the range of issues on which the Department provides leadership and consultation, to include more activity in prevention of chronic and environmental diseases.
- 4) Continue a regulatory approach that emphasizes service and education first, but employs aggressive enforcement when necessary.

DIVISION CLIENTS

Clients include the general public, other divisions and programs of the Health Department and other county departments, other state and local government agencies, community based organizations, and regulated parties.

PROGRAM FUNDING

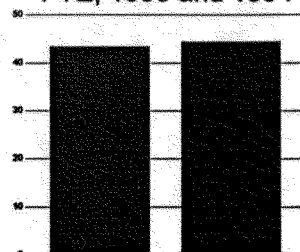
General Fund Program Support	975,598	36.04%
General Fund Overhead Subsidy		
User Fees	1,507,310	55.67%
Federal and State Grants	191,741	7.08%
User Fees paid by a Third Party		
Other	32,700	1.21%
	\$2,707,349	100.00%



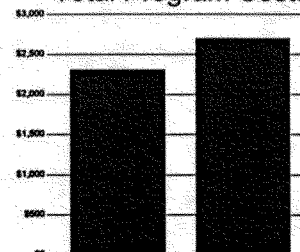
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	43.50	1,980,918	330,534	2,600	2,314,052		
1993-94 Budget	44.50	2,271,968	435,381		2,707,349	975,598	
	1.00	\$291,050	\$104,847	(\$2,600)	\$393,297	\$975,598	

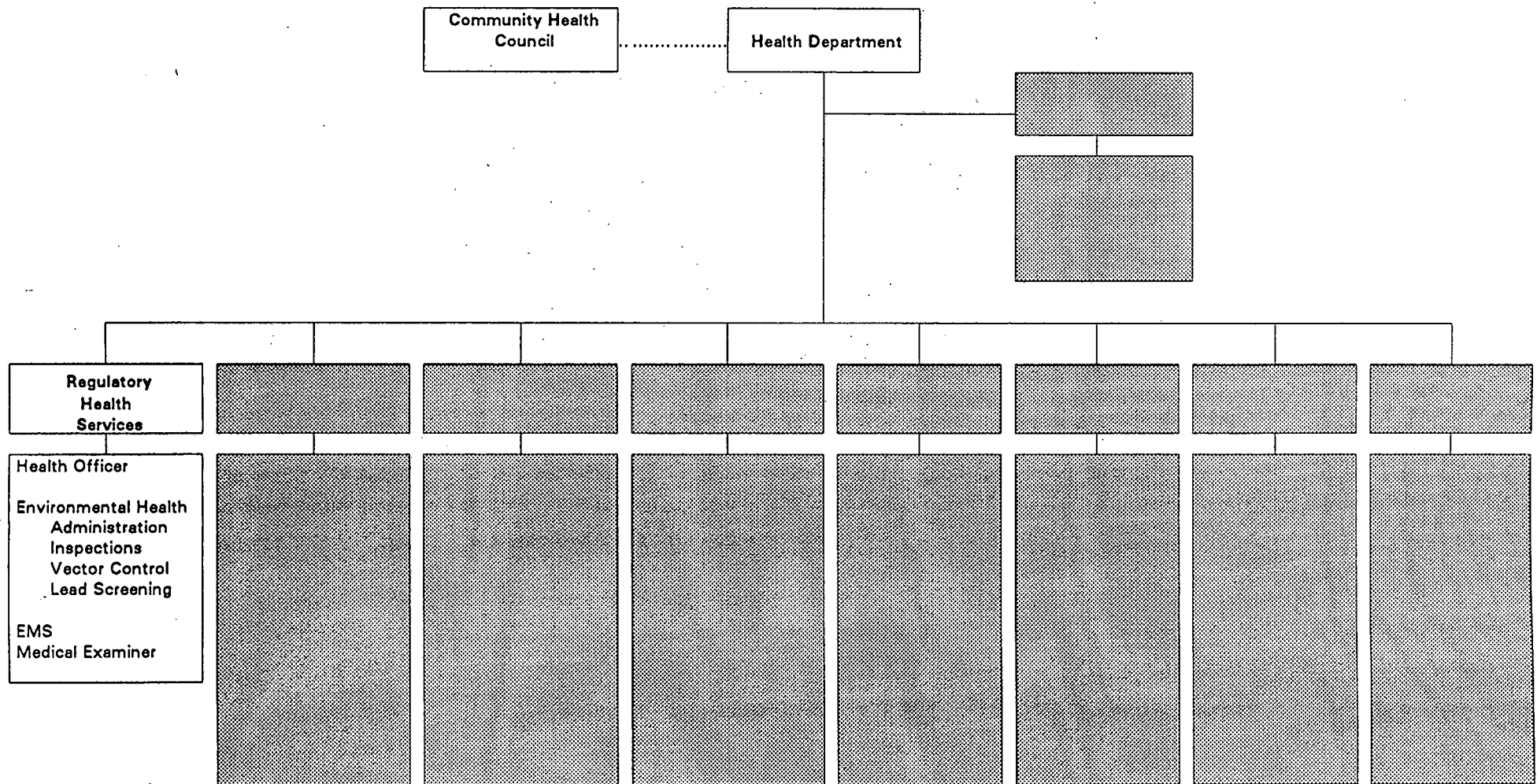
FTE, 1993 and 1994



Total Program Costs



HEALTH DEPARTMENT PROGRAM STRUCTURE FISCAL 1993-94



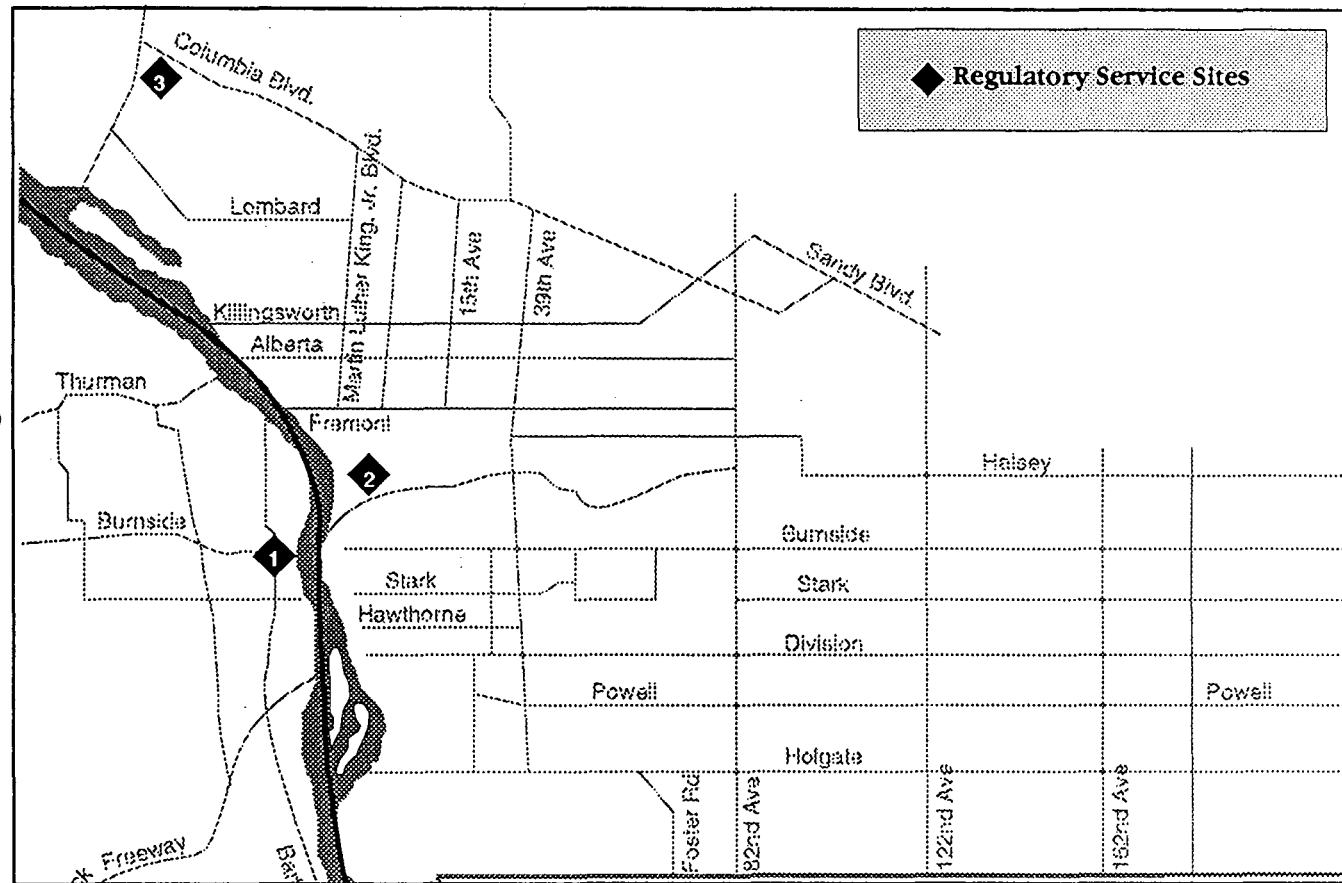
Regulatory Health Service Sites

1 Environmental Health Services
426 SW Stark Street, 2nd floor
Portland, Oregon 97204 / 248-3400

Emergency Medical Services
426 SW Stark Street, 9th Floor
Portland, Oregon 97204 / 248-3220

2 Medical Examiners Office
301 NE Knott
Portland, Oregon 97232 / 248-3746

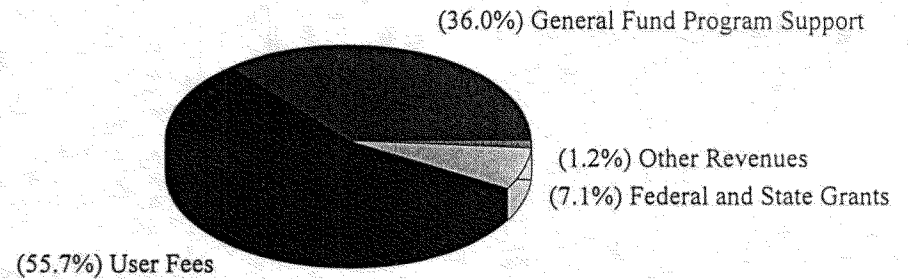
3 Vector Control
5235 N. Columbia Blvd.
Portland, Oregon 97203 / 248-3464



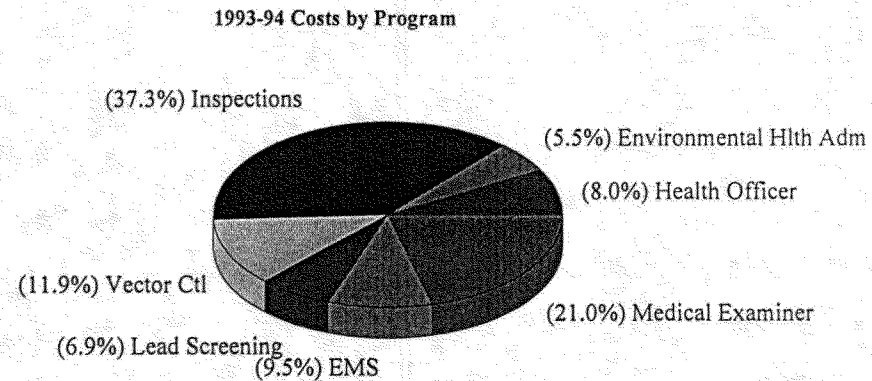
02/18/93

Regulatory Health Division Budget Summary

Source of Revenues	1993-94 Estimate
General Fund Program Support	\$975,598
General Fund Overhead Subsid	
User Fees	\$1,507,310
Federal and State Grants	\$191,741
User Fees - Third Party	
Other Revenues	\$32,700
	<u>\$2,707,349</u>



Regulatory Hlth Programs	FTE	1993-94 COSTS
Health Officer	3.00	\$217,389
Environmental Hlth Adm	2.00	\$147,625
Inspections	18.00	\$1,010,234
Vector Ctl	6.00	\$321,246
Lead Screening	2.00	\$186,128
EMS	4.00	\$256,941
Medical Examiner	9.50	\$567,786
	<u>44.50</u>	<u>\$2,707,349</u>



HEALTH DEPARTMENT 1994 BUDGET REQUEST - Divisional Summary

17-Feb-93

For Program 0300; HIV Program, Department Planning and Grant Development Division

Divisional Summary

DIVISIONAL SUMMARY

Mission:

This Division has department wide planning and revenue generation responsibility, as well as accountability for HIV policy issues. Included in this Division's mission:

- * Coordination of Department's internal and community planning efforts;
- * Involvement of departmental administrative, management, and line staff as well as community stake holders in assessment of strengths, weaknesses, and needs;
- * Development of a plan of action based on assessment and planning;
- * Preparation of all grant proposals for the department;
- * Grant management coordination with all federal and state funding sources;
- * Setting of policy for AIDS and HIV related programs; and
- * Direction and operation of HIV prevention services.

Objectives:

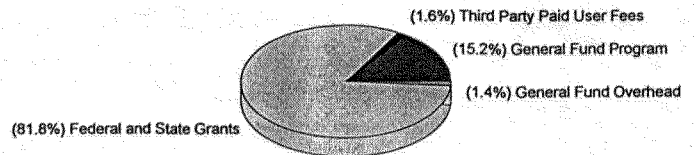
- * Produce a planning document which responds to public health needs of a diverse population.
- * Generate and submit grant proposals in response to identified needs.
- * Successfully implement and maintain grant funded programs.
- * Be aware and respond to changing trends in HIV policy and procedures.

DIVISION CLIENTS

Any citizen who may benefit from grant funded health care programs.
Persons with HIV infection, and those at risk of infection.

PROGRAM FUNDING

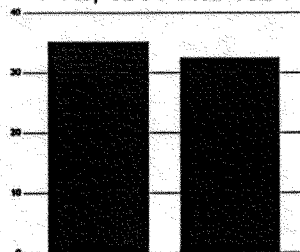
General Fund Program Support	396,006	15.20%
General Fund Overhead Subsidy	36,088	1.38%
User Fees		
Federal and State Grants	2,132,488	81.83%
User Fees paid by a Third Party	41,427	1.59%
Other		
	\$2,606,009	100.00%



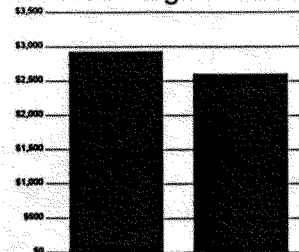
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	35.24	1,833,814	1,098,983		2,932,797		
1993-94 Budget	32.51	1,487,874	1,118,135		2,606,009	396,006	36,088
	(2.73)	(\$345,940)	\$19,152		(\$326,788)	\$396,006	\$36,088

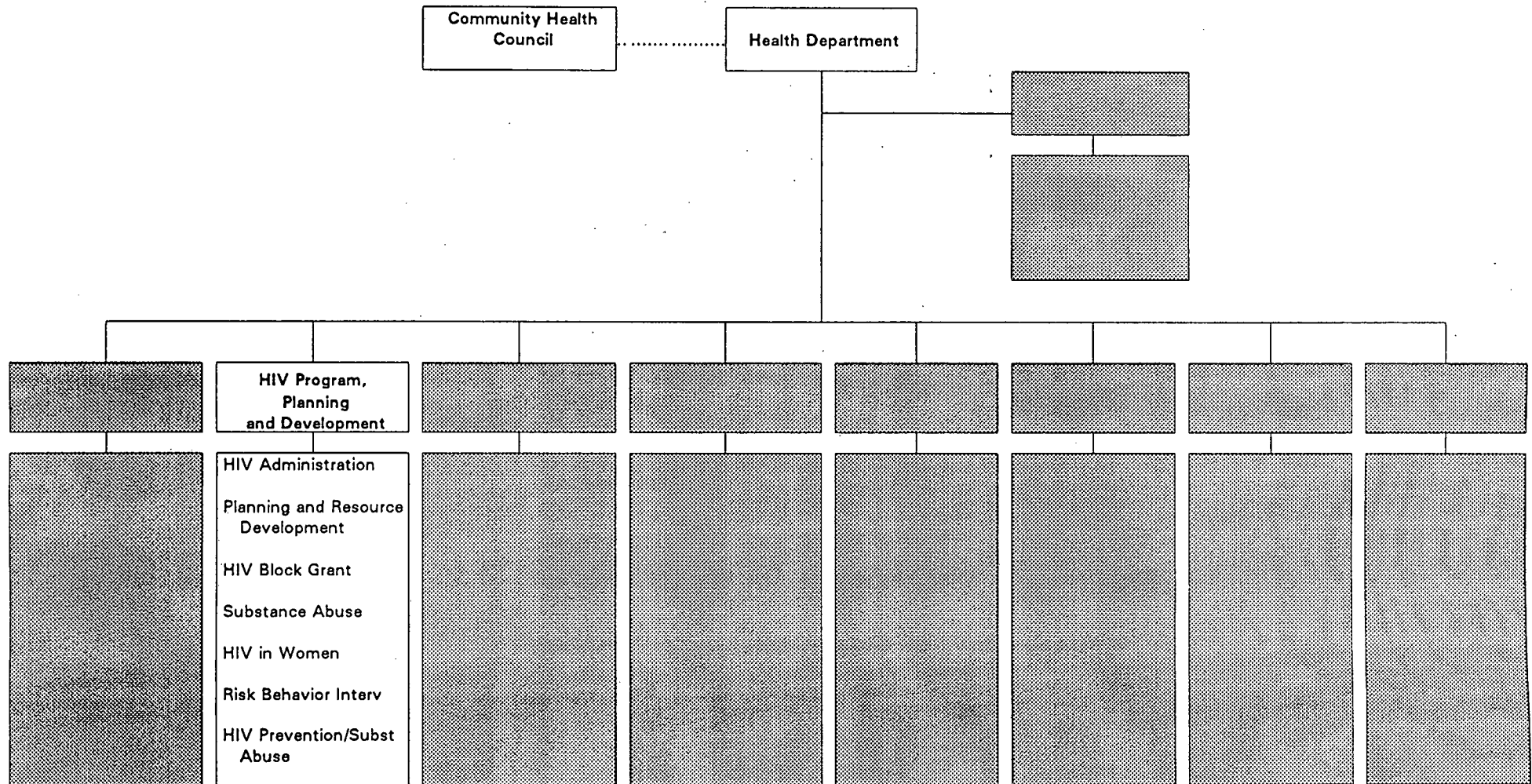
FTE, 1993 and 1994



Total Program Costs

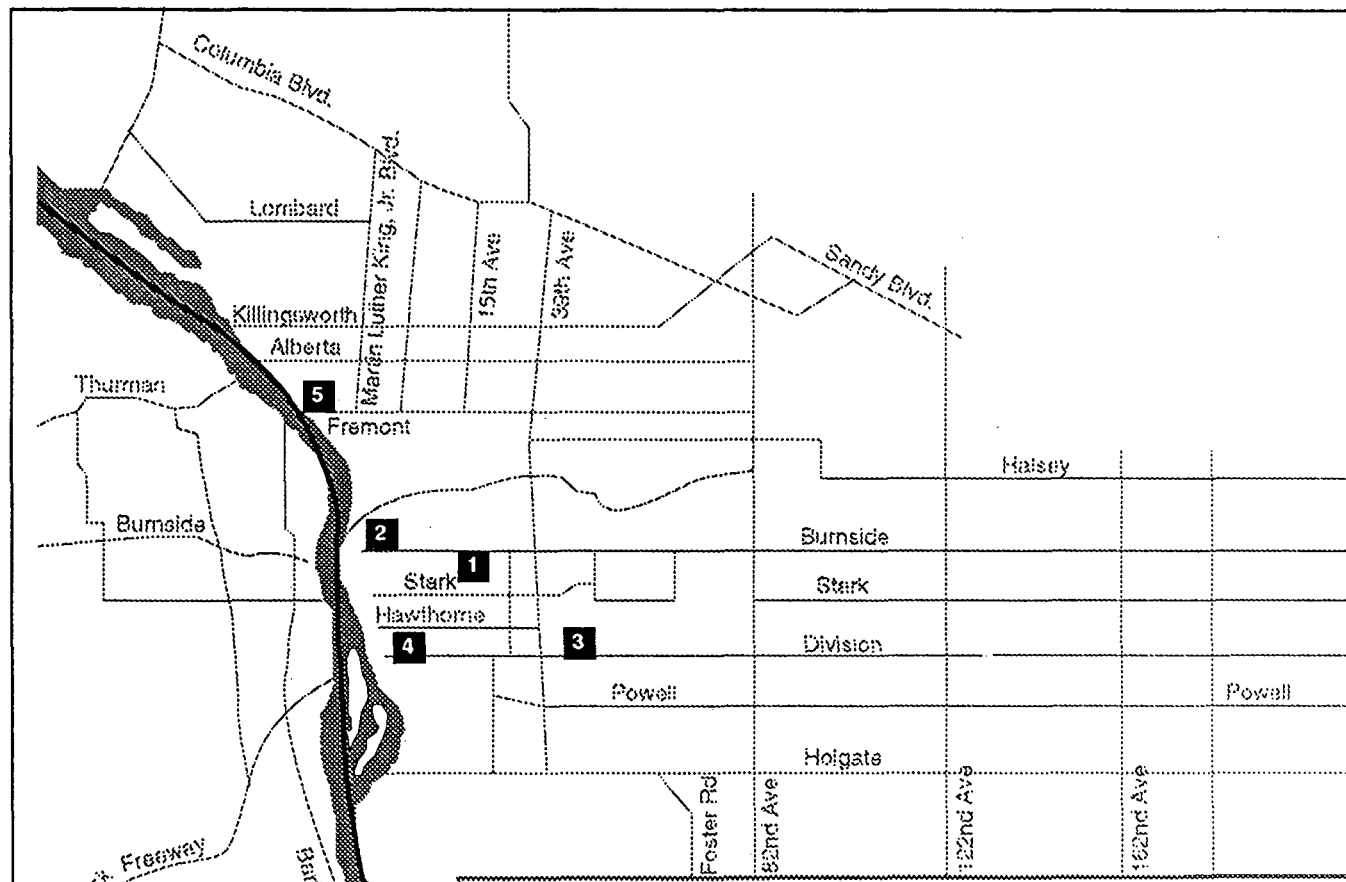


HEALTH DEPARTMENT PROGRAM STRUCTURE FISCAL 1993-94



HIV/Drug Treatment Health Service Sites

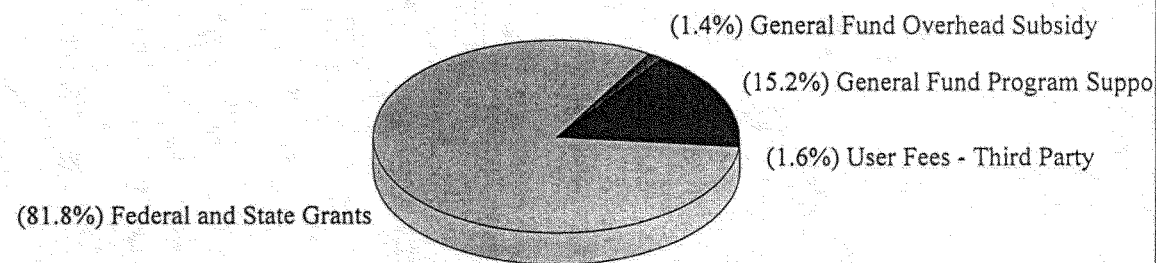
- 1 CODA Primary Care**
306 NE 20th Avenue
Portland, Oregon 97232 / 239-8400
- 2 HIV Outreach Center**
20 NE 10th
Portland, Oregon 97232 / 248-3030
1027 E. Burnside
Portland, Oregon 97232 / 248-3651
- 3 Mainstream Primary Care**
4531 SE Belmont Street, Suite 300
Portland, Oregon 97206 / 234-3400
- 4 NARA Primary Care**
1438 SE Division Street
Portland, Oregon 97202 / 231-2641
- 5 PCR Primary Care**
3525 NE Martin Luther King Boulevard
Portland, Oregon 97212 / 281-2804



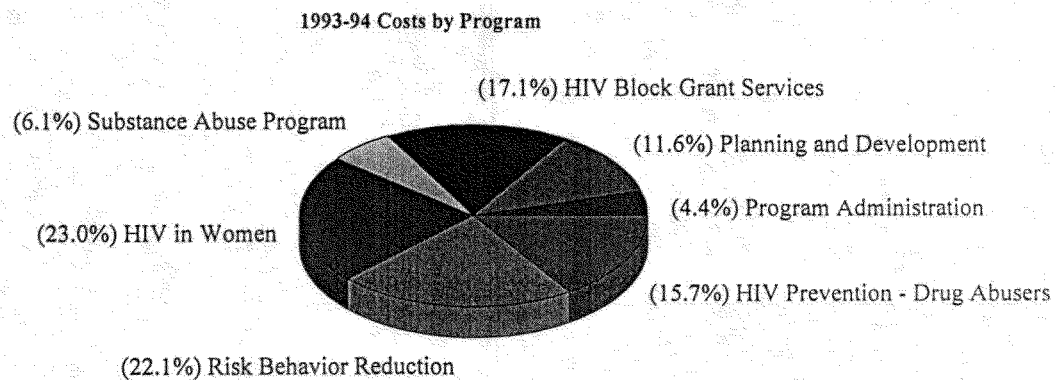
02/18/93

HIV Programs and Planning and Development Division Budget Summary

Source of Revenues	1993-94 Estimate
General Fund Program Support	\$396,006
General Fund Overhead Subsidy	\$36,088
User Fees	
Federal and State Grants	\$2,132,488
User Fees - Third Party	\$41,427
Other Revenues	
	<hr/>
	\$2,606,009



HIV Programs	FTE	1993-94 COSTS
Program Administration	1.00	\$113,536
Planning and Development	4.30	\$303,471
HIV Block Grant Services	2.60	\$446,510
Substance Abuse Program	1.81	\$159,141
HIV in Women	8.00	\$598,762
Risk Behavior Reduction	8.00	\$574,748
HIV Prevention - Drug Abuser	6.80	\$409,841
	<hr/>	
	32.51	\$2,606,009



HEALTH DEPARTMENT 1994 BUDGET REQUEST - Program Summary

For Program No. 0750, Field Services Division

Divisional Summary

PROGRAM SUMMARY

The Field and Outreach Services Division supports the Health Department's basic public health mission. The Division accomplishes this by providing community health nursing and outreach and support services to at-risk families and individuals, and promoting the community's health by implementing targeted health information and education campaigns.

The Division's services are provided through a decentralized network of four (4) geographically dispersed Field Service teams and a small, centralized, three person Health Education Unit.

PROGRAM CLIENTS

The entire population of 585,000 residents of Multnomah County are included in the broad prevention and health promotion mission of the Division. Many of the community wide health promotion, information and education campaigns initiated by the Division target specific at risk populations, eg. adolescents, seniors, teen parents, low income women. Community Health Nurses assessment, intervention and case management is targeted at higher risk groups such as young pregnant and parenting families, low birthweight babies, formerly incarcerated women, homeless individuals and families and families with complex health and social needs.

PROGRAM MEASUREMENTS

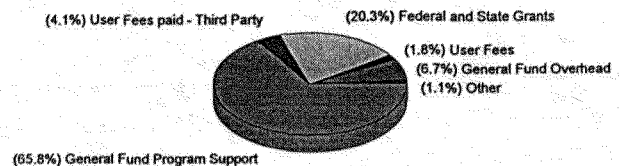
Provide 23,000 Home Visits to medically and socially at risk individuals and families to provide health assessment and information, counselling, advocacy, and appropriate linkage with other health and social services.

Increase health promotion outreach to at-risk populations through a minimum of county-wide health information/education campaigns in f.y. '93-94.

Increase systemwide health and social service effectiveness by taking active role in the County's Integrated Services Team delivery model. (Field Services Staff will be co-housed and "outstationed" with other appropriate community agencies, e.g. Parent-Child Support Centers, CSD, Community Policing Projects)

PROGRAM FUNDING

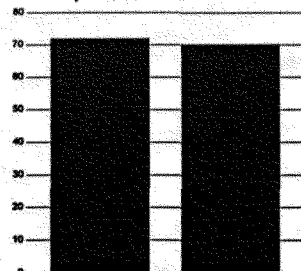
General Fund Program Support	3,254,700	65.84%
General Fund Overhead Subsidy	331,642	6.71%
User Fees	90,040	1.82%
Federal and State Grants	1,005,787	20.35%
User Fees paid by a Third Party	205,000	4.15%
Other	56,336	1.14%
	\$4,943,505	100.00%



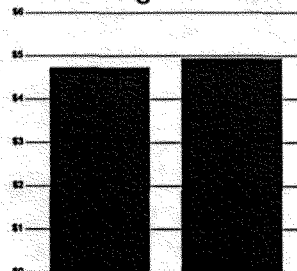
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	72.05	3,491,831	1,240,073	1,500	4,733,404		
1993-94 Budget	70.35	3,523,954	1,409,551	10,000	4,943,505	3,254,700	331,642
	(1.70)	\$32,123	\$169,478	\$8,500	\$210,101	\$3,254,700	\$331,642

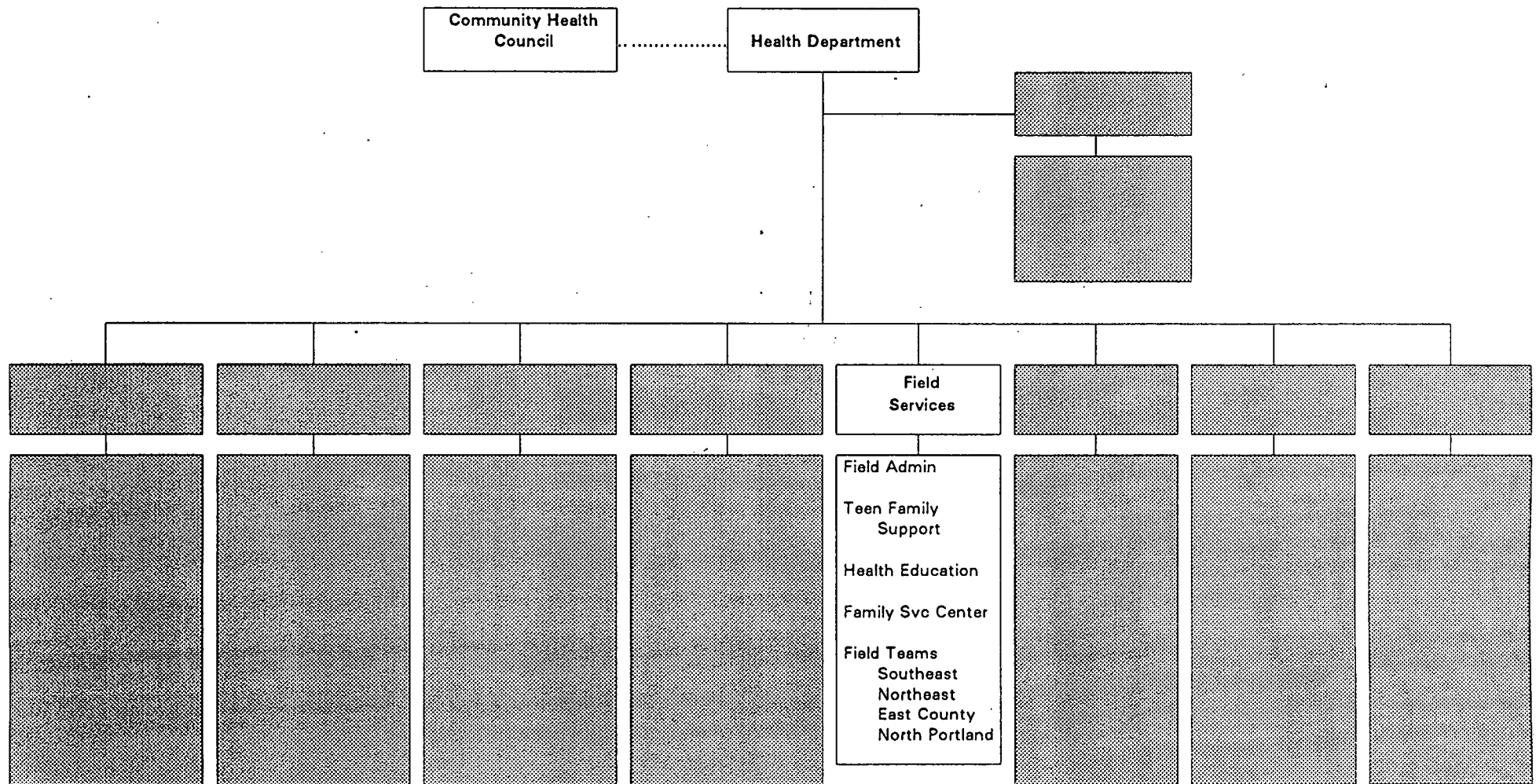
FTE, 1993 and 1994



Total Program Costs



HEALTH DEPARTMENT PROGRAM STRUCTURE FISCAL 1993-94



Field Health Service Offices

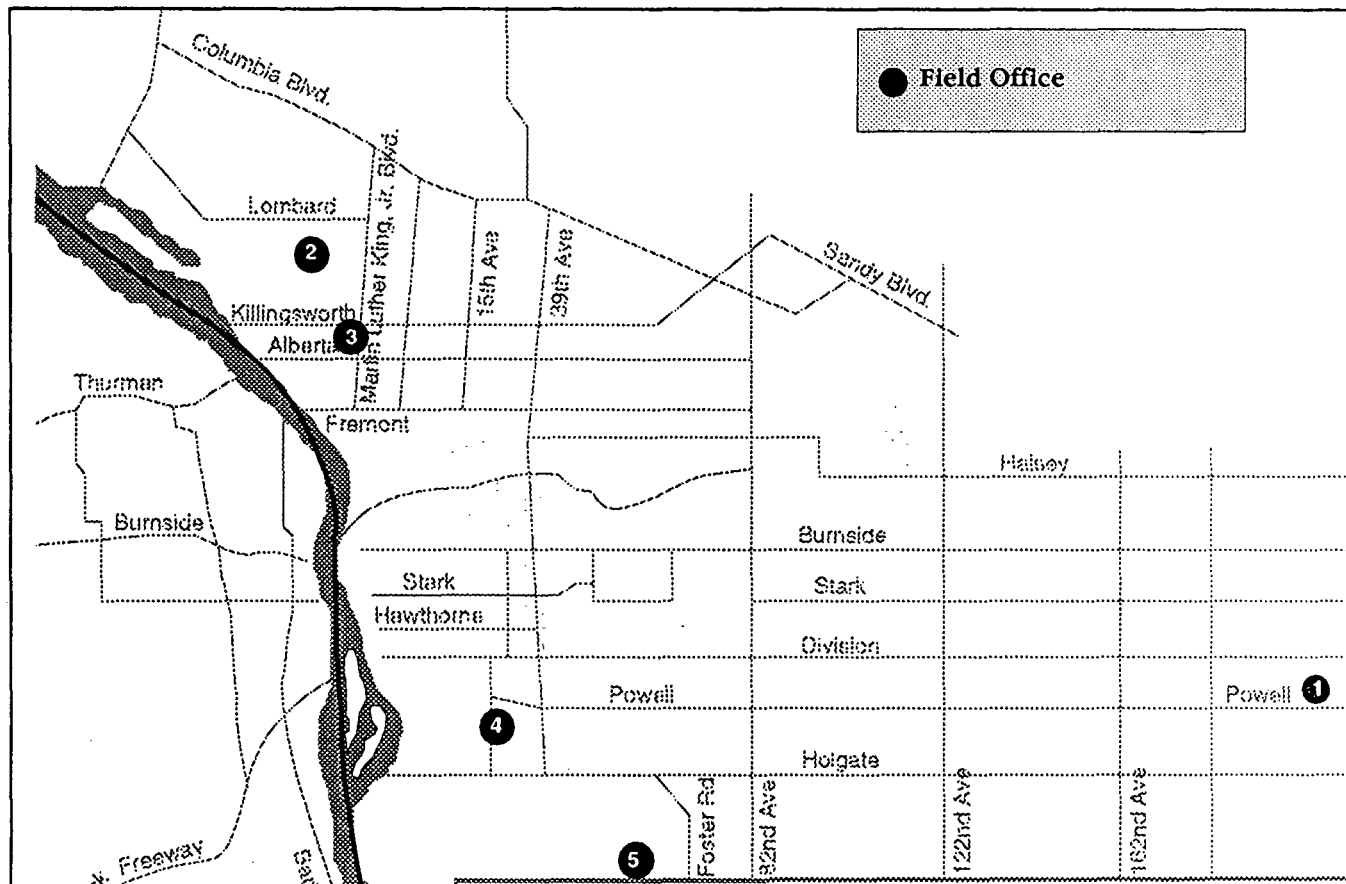
1 East County Health Center (EHC)
620 NE 2nd Street
Gresham, Oregon 97030 / 248-5157

2 North Portland Field Team
1622 Lombard
Portland, Oregon 97217 / 248-3366

3 Northeast Health Center (NEHC)
5329 NE Martin Luther King Jr. Blvd.
Portland, Oregon 97211 / 248-5055

4 Southeast Health Center (SEHC)
3653 SE 34th Avenue (Powell)
Portland, Oregon 97202 / 248-3520

5 Brentwood/Darlington Parent/Child Center
60th and SE Favel
Portland, Oregon 777-7058



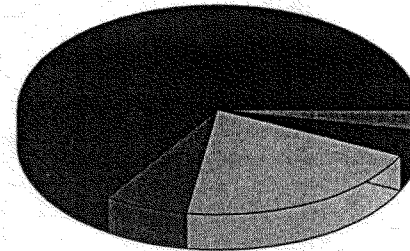
**Multnomah County
Health Department**

02/18/93

Field Services Division Budget Summary

Source of Revenues	1993-94 Resources
General Fund Program Support	\$3,254,700
General Fund Overhead Subsid	\$331,642
Federal and State Grants	\$1,005,787
User Fees - Third Party	\$205,000
Other Revenues and User Fees	\$146,376
	<u>\$4,943,505</u>

(65.8%) General Fund Program Support

(3.0%) Other Revenues and Us
(4.1%) User Fees - Third Party

(6.7%) General Fund Overhead Subsidy

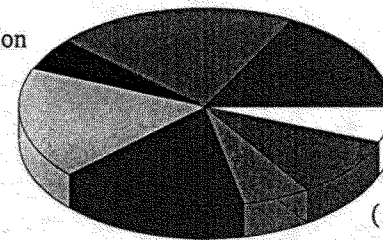
(20.3%) Federal and State Grants

Field Services Programs	FTE	1993-94 COSTS
Southeast Field	13.60	\$857,473
Northeast Field	15.60	\$1,036,996
Field Administration	2.50	\$266,958
East County Field	14.25	\$901,340
North Portland	12.70	\$810,895
Health Education	5.50	\$292,441
Teen Family Support	0.50	\$495,051
Family Service Ctr	5.70	\$282,351
	<u>70.35</u>	<u>\$4,943,505</u>

(21.0%) Northeast Field

(5.4%) Field Administration

(18.2%) East County Field



(17.3%) Southeast Field

(5.7%) Family Service Ctr

(10.0%) Teen Family Support

(16.4%) North Portland

(5.9%) Health Education

HEALTH DEPARTMENT 1994 BUDGET REQUEST - Program Summary

For Division 0950 - Corrections Health

Divisional Summary

PROGRAM SUMMARY

Each year the Corrections Health Program screens over 34,000 persons who enter the criminal justice system. Approximately 1,500 men, women, and adolescents a day are detained at six correctional facilities. This population has had minimal or no access to medical, psychiatric or dental services and often has acute, and chronic, communicable diseases at the time of incarceration. The legal basis for provision of adult care is ORS 169.076, 196.077, and adolescent ORS 169.760. The Corrections Health Program provides health care based on the community standard and in compliance with national standards for correctional health services in jail.

OBJECTIVES

1. To provide medical screens to all persons entering the Corrections system.
2. To provide primary medical and psychiatric care to the incarcerated population in accordance with community and accreditation standards.
3. To provide dental care to the incarcerated population in accordance with community and accreditation standards.
4. To provide infirmary care for medical or psychiatric diagnosis in accordance with community and accreditation standards.
5. To limit medical and psychiatric hospital inpatient admission to those acute cases which cannot be cared for in the infirmary.
6. To provide needed emergency medical care to the incarcerated population in accordance with community and accreditation standards.
7. To limit the number of legal claims filed against the county by providing medical and psychiatric services in accordance with community and accreditation standards.

PROGRAM MEASUREMENTS

Medical:

- Number of services
- Most common diagnoses
- Percentage requiring medical services
- Number of admissions
- Average length of stay
- Most common diagnoses

Psychiatric:

- Number of services
- Most common diagnoses
- Percentage requiring psychiatric services
- Number of admissions
- Average length of stay
- Most common diagnoses

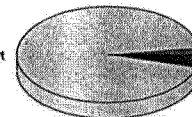
Dental:

- Number of services provided
- Percentage requiring dental services

PROGRAM FUNDING

General Fund Program Support	4,589,318	93.27%
General Fund Overhead Subsidy	105,447	2.14%
User Fees		
Federal and State Grants		
User Fees paid by a Third Party	225,555	4.58%
Other		
	\$4,920,320	100.00%

(93.3%) General Fund Program Support

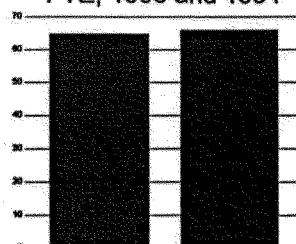


(2.1%) General Fund Overhead Subsidy
(4.6%) User Fees paid by a Third Party

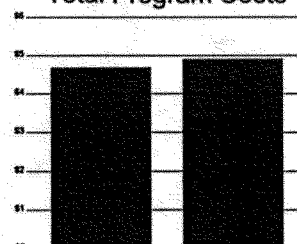
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	64.90	3,508,534	1,145,074	41,400	4,695,008		
1993-94 Budget	66.10	3,779,021	1,141,299		4,920,320	4,589,318	105,447
	1.20	\$270,487	(\$3,775)	(\$41,400)	\$225,312	\$4,589,318	\$105,447

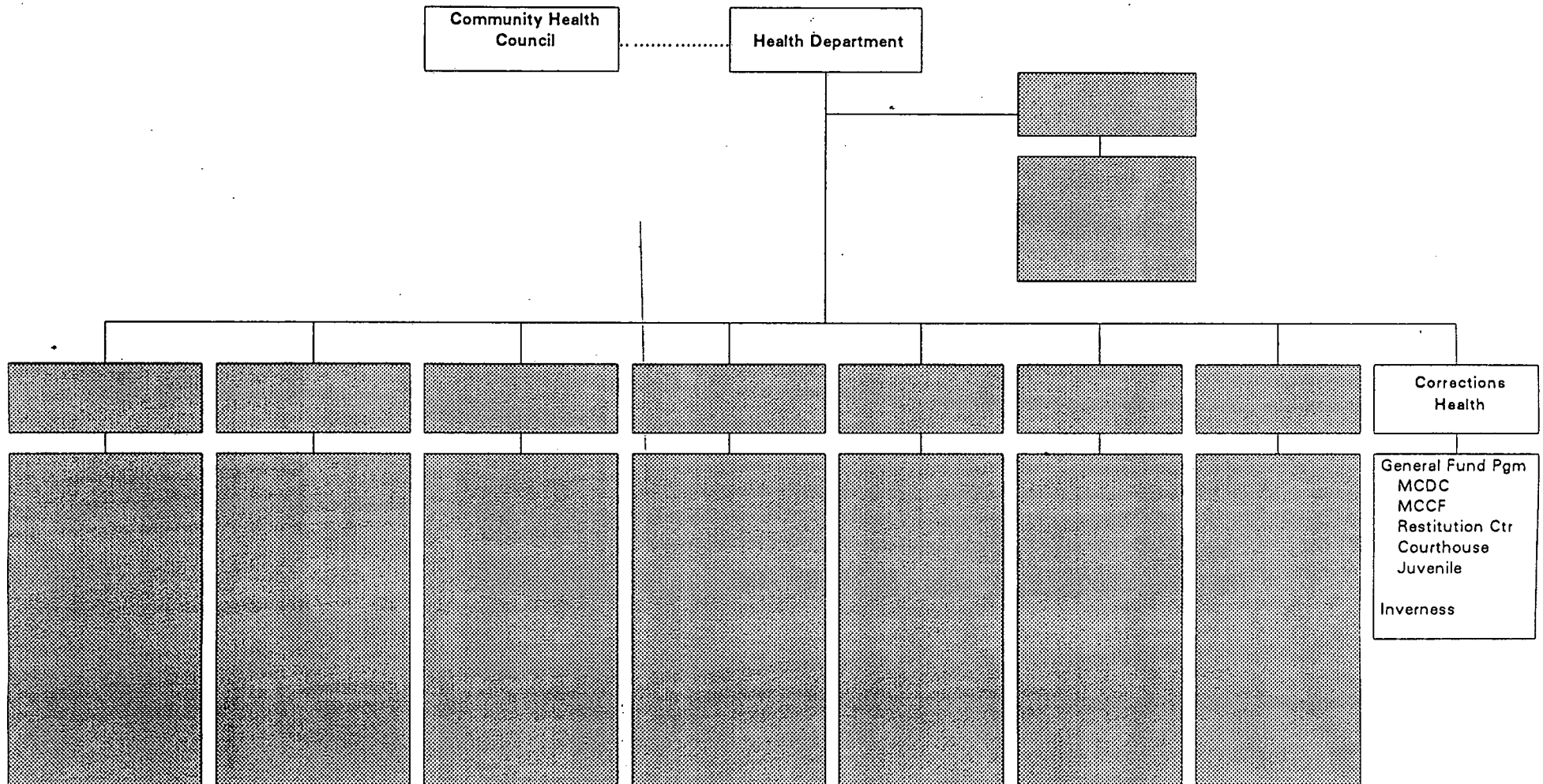
FTE, 1993 and 1994



Total Program Costs

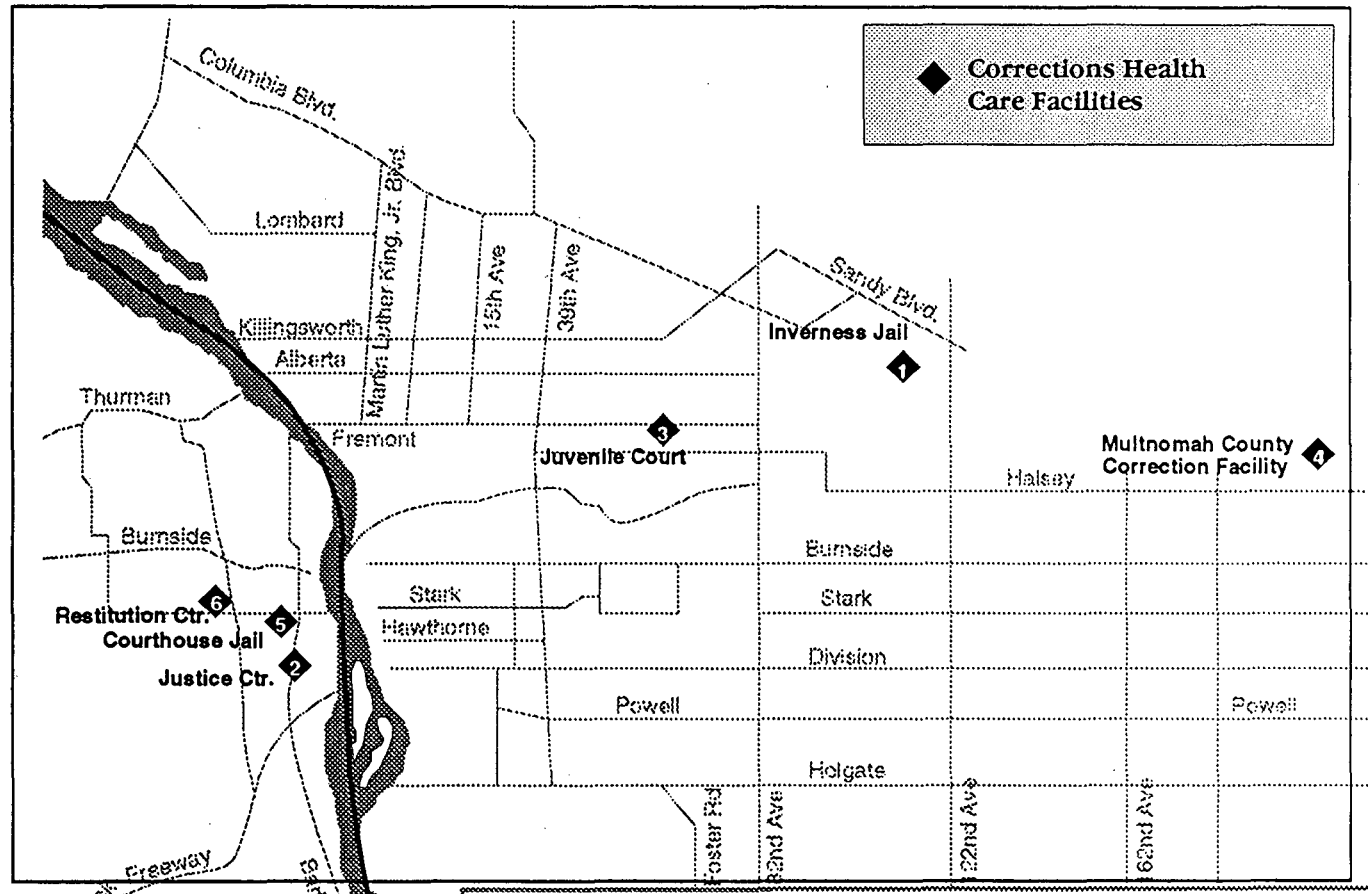


HEALTH DEPARTMENT PROGRAM STRUCTURE
FISCAL 1993-94



Corrections Health Service Sites

- 1 Inverness Jail**
11540 NE Inverness Drive
Portland, Oregon 97230
248-5060
- 2 Justice Center Ctr.**
1130 SW 3rd Avenue
Portland, Oregon 97204
248-3676
- 3 Juvenile Detention Center**
1401 NE 68th Avenue
Portland, Oregon 248-3530
- 4 Multnomah County
Correction Facility**
Route 1, Box 58
Troutdale, Oregon 97060
234-3460
- 5 Courthouse Jail**
1021 SW 4th Avenue
Portland, Oregon 97204
248-3025
- 6 Restitution Center**
1115 SW 11th Avenue
Portland, Oregon 97205
248-5141

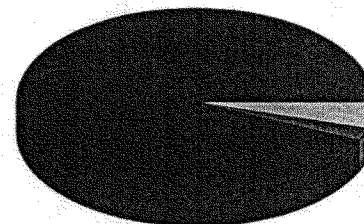


02/18/93

Corrections Health Division Budget Summary

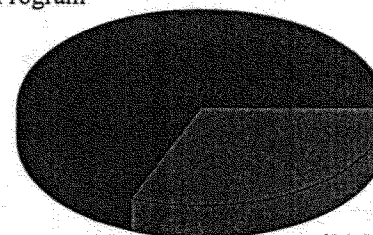
Source of Revenues	1993-94 Resources
General Fund Program Support	\$4,589,318
General Fund Overhead	\$105,447
Federal and State Grants	
User Fees - Third Party	\$225,555
User Fees	
	<hr/>
	\$4,920,320

(93.3%) General Fund Program Support

(4.6%) User Fees - Third Party
(2.1%) General Fund Overhead

Corrections Health Programs	FTE	1993-94 COSTS
General Fund Program	46.92	\$3,385,983
Inverness Program	19.18	\$1,534,337

(68.8%) General Fund Program



(31.2%) Inverness Program

 66.10 \$4,920,320

HEALTH DEPARTMENT 1994 BUDGET REQUEST - Program Summary

For Program No. 0850, Support Services Division

Divisional Summary

DIVISION SUMMARY

The mission of the Support Services Division is to provide central support services necessary for the continued operation of the various programs of the Health Department in a efficient fashion.

The Support Services Division provides overall clinical, programmatic, and administrative support to the Department. Services provided by the Division include:

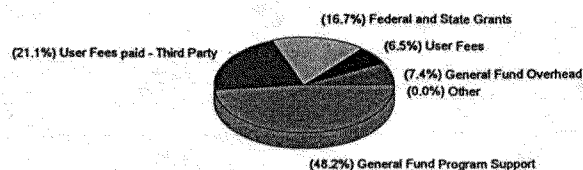
- A central, full service pharmacy;
- All information processing services associated with the Health Data System;
- A central laboratory, and specialty reference lab services;
- Supervision of the medical record function;
- A central word processing center;
- Ordering and stocking of medical supplies, forms, and health education materials;
- Provision of Health Information Services for the County and the State, through SafeNet.
- Managing the inservice training process for the Department;
- Management of the facilities used by various departmental programs.

PROGRAM CLIENTS

Supports all other Divisions in the Department. Supports direct patient care in clinical services. Provides technical support not found elsewhere in the county and without which no other division could function.

PROGRAM FUNDING

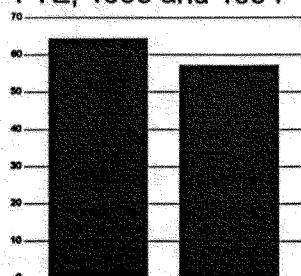
General Fund Program Support	3,065,850	48.24%
General Fund Overhead Subsidy	471,799	7.42%
User Fees	415,177	6.53%
Federal and State Grants	1,060,802	16.69%
User Fees paid by a Third Party	1,341,178	21.10%
Other		
	\$6,354,806	100.00%



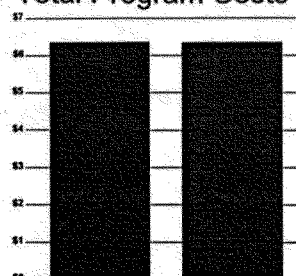
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	64.42	2,794,575	3,505,875	64,534	6,364,984		
1993-94 Budget	57.20	2,675,381	3,599,216	80,209	6,354,806	3,065,850	471,799
	(7.22)	(\$119,194)	\$93,341	\$15,675	(\$10,178)	\$3,065,850	\$471,799

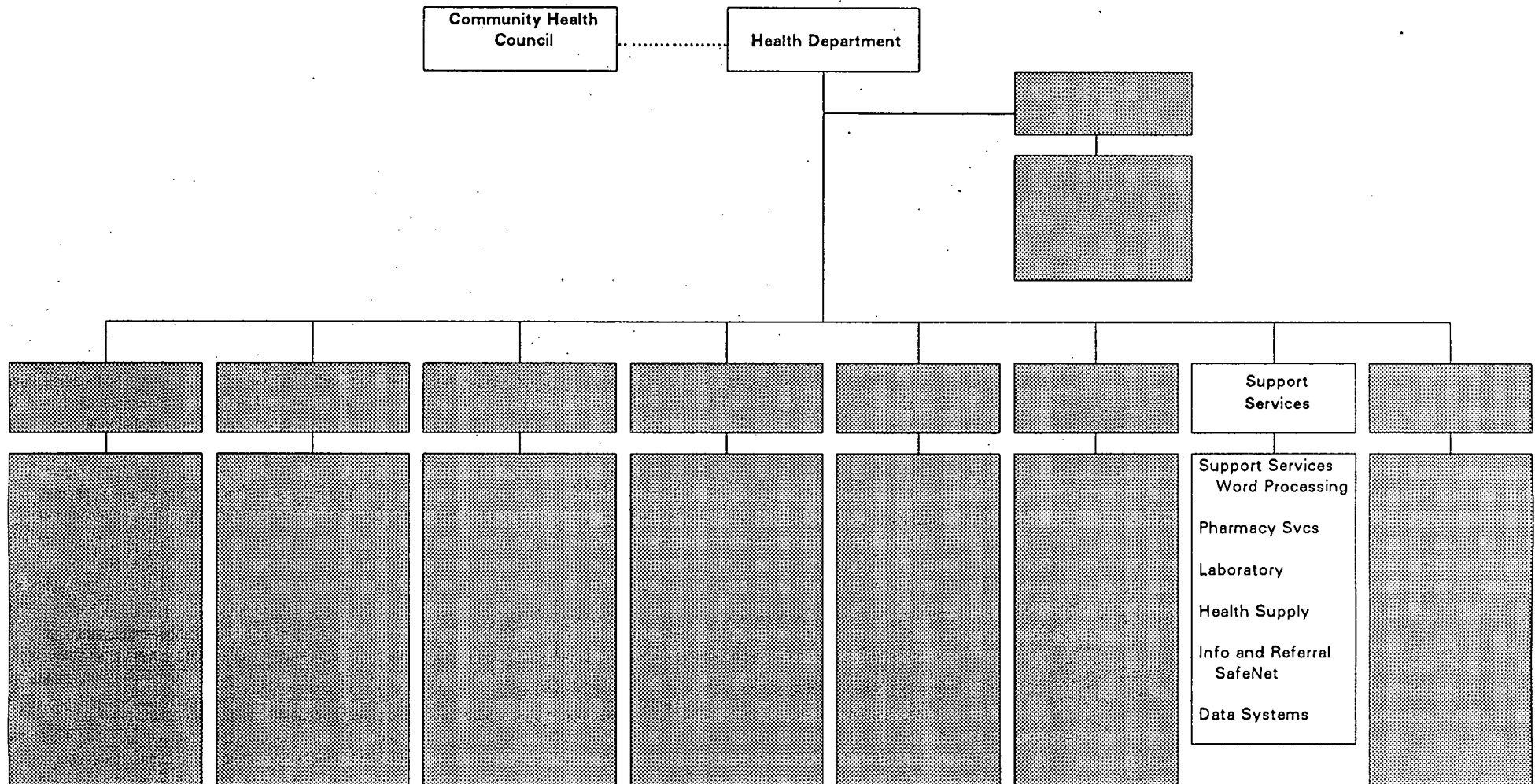
FTE, 1993 and 1994



Total Program Costs



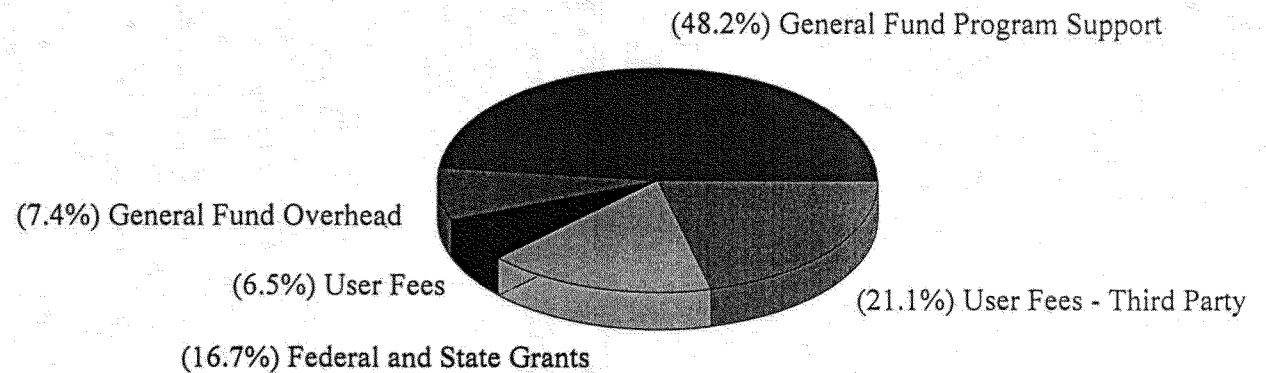
HEALTH DEPARTMENT PROGRAM STRUCTURE
FISCAL 1993-94



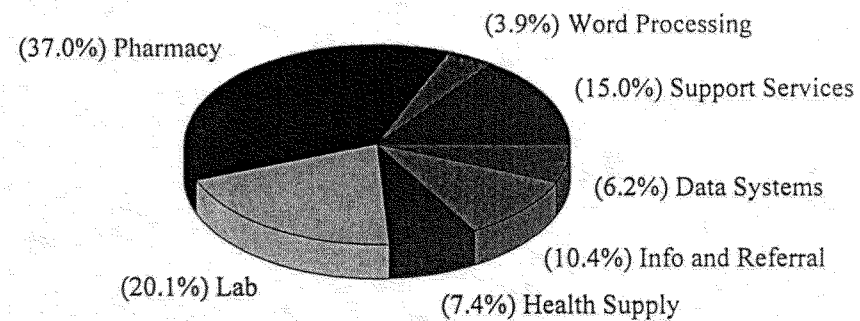
02/18/93

Support Services Division Budget Summary

Source of Revenues	1993-94 Resources
General Fund Program Support	\$3,065,850
General Fund Overhead	\$471,799
User Fees	\$415,177
Federal and State Grants	\$1,060,802
Other	
User Fees - Third Party	<u>\$1,341,178</u>
	\$6,354,806



Support Services Programs	FTE	1993-94 COSTS
Support Services	7.00	\$950,696
Word Processing	6.00	\$248,681
Pharmacy	12.40	\$2,354,006
Lab	14.00	\$1,276,464
Health Supply	6.80	\$472,546
Info and Referral	4.50	\$659,734
Data Systems	6.50	\$392,679
	<u>57.20</u>	<u>\$6,354,806</u>



HEALTH DEPARTMENT 1994 BUDGET REQUEST - Program Summary

For Program No. 0890, Business Services Division

Divisional Summary

PROGRAM SUMMARY

Provides overall direction and management of the department's administrative functions.

The Business Services Division is responsible for grants accounting, for over \$12 million of direct federal, federal pass through, or State funding. In addition, it is responsible for all cost accounting functions, including maintenance of cost based revenue streams. The Division insures the integrity of subsidiary accounting systems. It bills third party payors, including Medicaid and Medicare, for medical services provided clients. It pays claims resulting from authorized referrals of clients to outside medical providers. The Division maintains expertise in medical economics as they effect the County. Finally, the Division manages recruitment, payroll, and employee relations functions for the Department.

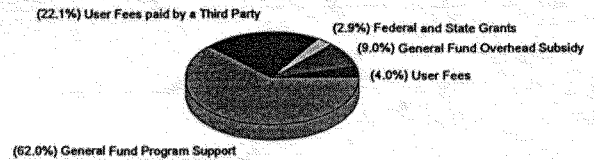
The Business Services Division also includes the office of the Departmental Director, responsible for all aspects of the management of the Department.

PROGRAM CLIENTS

The Business Services Division provides administrative assistance and over sight for all programs within the Department.

PROGRAM FUNDING

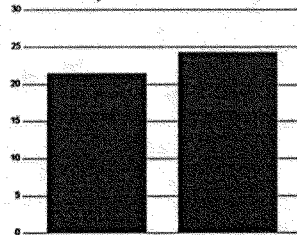
General Fund Program Support	945,544	62.00%
General Fund Overhead Subsidy	137,173	9.00%
User Fees	60,881	3.99%
Federal and State Grants	44,280	2.90%
User Fees paid by a Third Party	337,079	22.10%
Other		
	\$1,524,957	100.00%



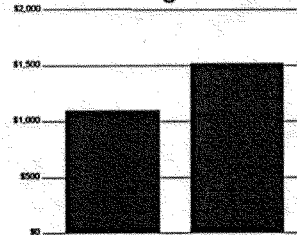
BUDGET SUMMARY

	FTE	PS	MS	CO	Total	County Program Support	County Indirect Support
1992-93 Budget	21.50	851,873	250,973		1,102,846		
1993-94 Budget	24.30	1,112,198	412,759		1,524,957	945,544	137,173
	2.80	\$260,325	\$161,786		\$422,111	\$945,544	\$137,173

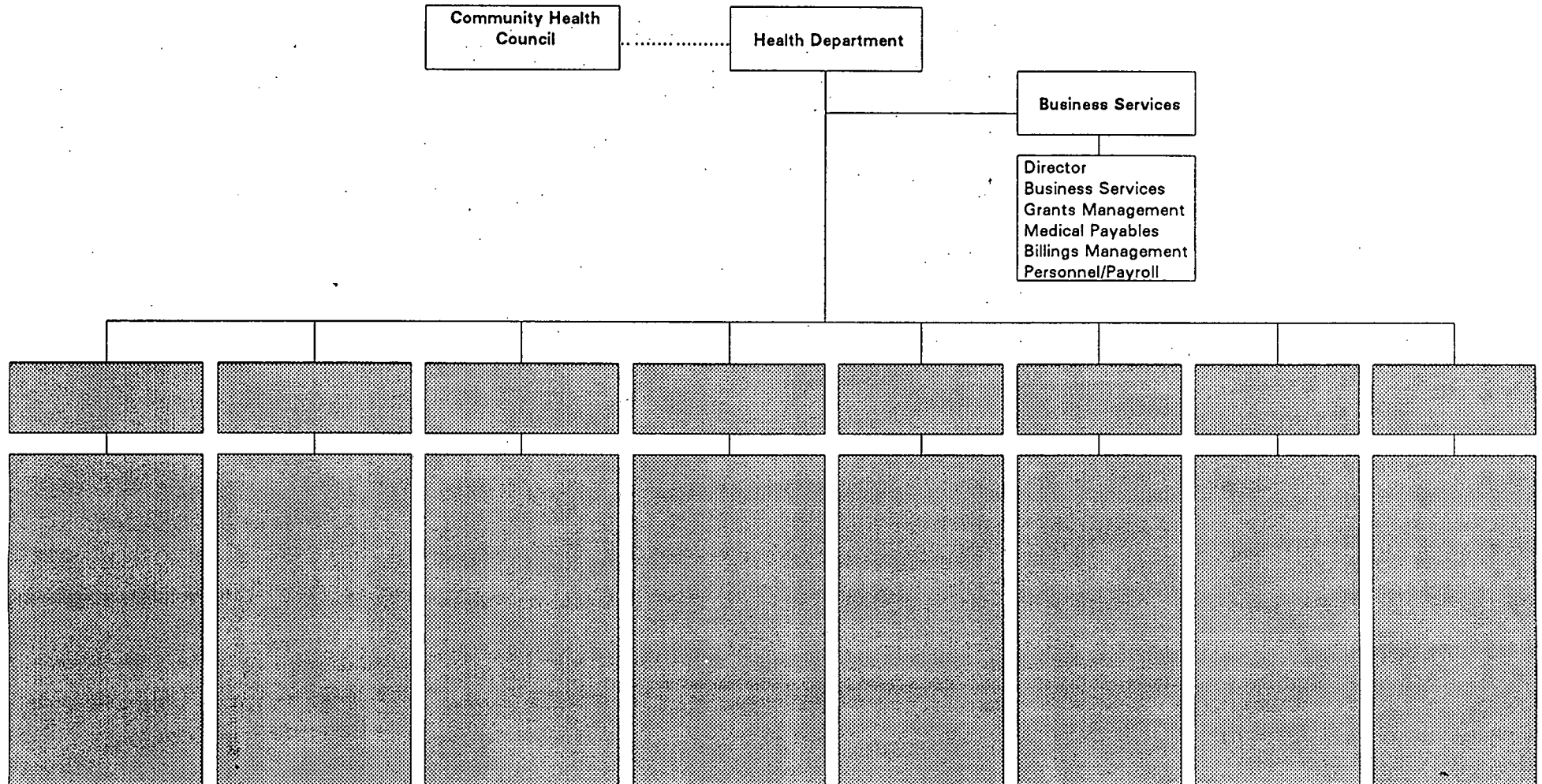
FTE, 1993 and 1994



Total Program Costs



HEALTH DEPARTMENT PROGRAM STRUCTURE
FISCAL 1993-94

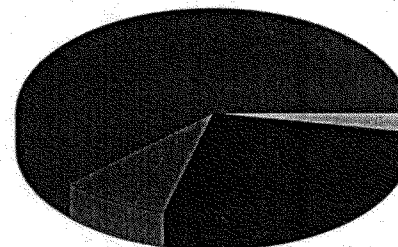


02/18/93

Business Services Division Budget Summary

Source of Revenues	1993-94 Resources
General Fund Program Support	\$945,544
General Fund Overhead	\$137,173
User Fees and Third Party	\$397,960
Federal / State Grants	\$44,280
	<hr/>
	\$1,524,957

(62.0%) General Fund Program Support



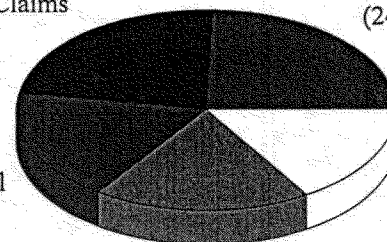
(2.9%) Federal / State Grants

(9.0%) General Fund Overhead

(26.1%) User Fees and Third Party

Business Svcs Programs	FTE	1993-94 COSTS
Business Services	4.30	\$371,957
Medical Claims	6.00	\$350,661
Personnel/Payroll	5.00	\$274,660
Medical Billings	5.00	\$281,030
Grant Accounting	4.00	\$246,649
	<hr/>	
	24.30	\$1,524,957

(23.0%) Medical Claims



(24.4%) Business Services

(18.0%) Personnel/Payroll

(16.2%) Grant Accounting

(18.4%) Medical Billings

Part 3 - Budget Request Overview

Fiscal Year 1993-94 - Requested

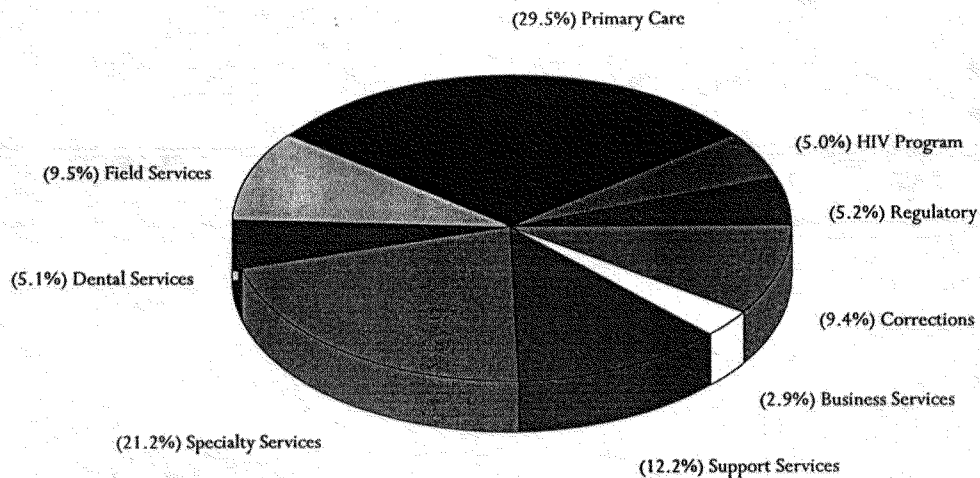
March 3, 1993

In this section you will find:

- Charts showing where the money is spent, by Division
- Charts showing where the money is spent, by category of expenditure
- Relationship of County General Funds with other revenues
- Growth of fee revenues
- Yearly comparison of Staffing Level
- Reconciliation with General Fund Target
- Cuts that did not make the cut package list
- Cut Packages

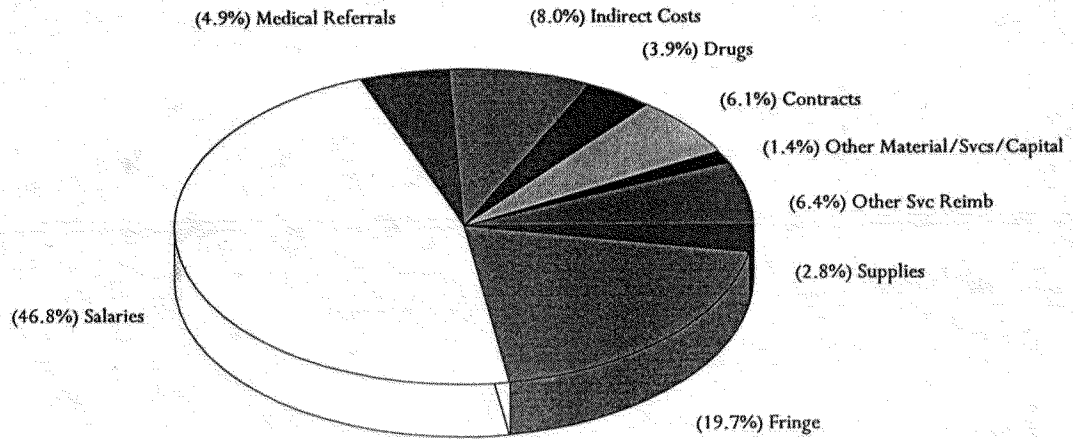
Health Department

Requested 1994 by Division



Division	Current Svc Level
Regulatory Health	\$2,707,349
HIV Program	\$2,606,009
Specialty Services	\$11,052,040
Primary Care	\$15,416,177
Field Services	\$4,943,505
Dental Services	\$2,685,720
Support Services	\$6,354,806
Business Services	\$1,524,957
Corrections	\$4,920,320
	<u>\$52,210,883</u>

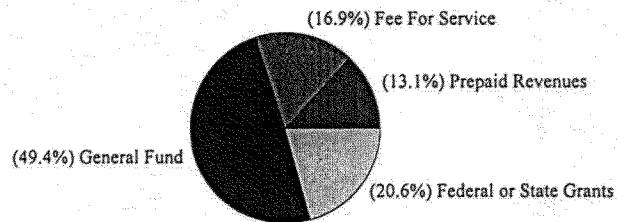
Health Department Requested 1994 Budget By Expenditure Category



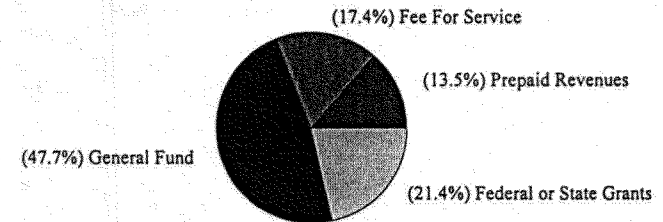
Category	Expense
Salaries	\$24,419,978
Fringe	\$10,293,912
Indirect Costs	\$4,175,391
Other Svc Reimb	\$3,344,988
Contracts	\$3,198,330
Medical Referrals	\$2,576,732
Drugs	\$2,013,456
Supplies	\$1,447,286
Other Material/Svcs/Capital	\$740,810
	<u>\$52,210,883</u>

**Relationship of General Fund Support with other Revenue types
Four Different Budgets**

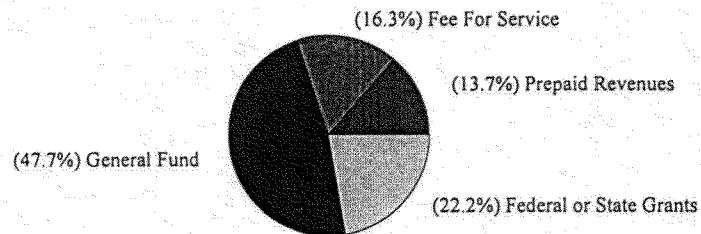
1994 Current Service Level



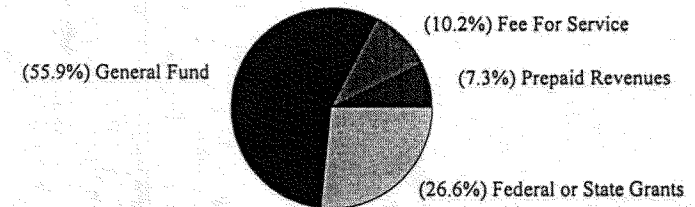
1994 Target Budget



Current Budget - 1993



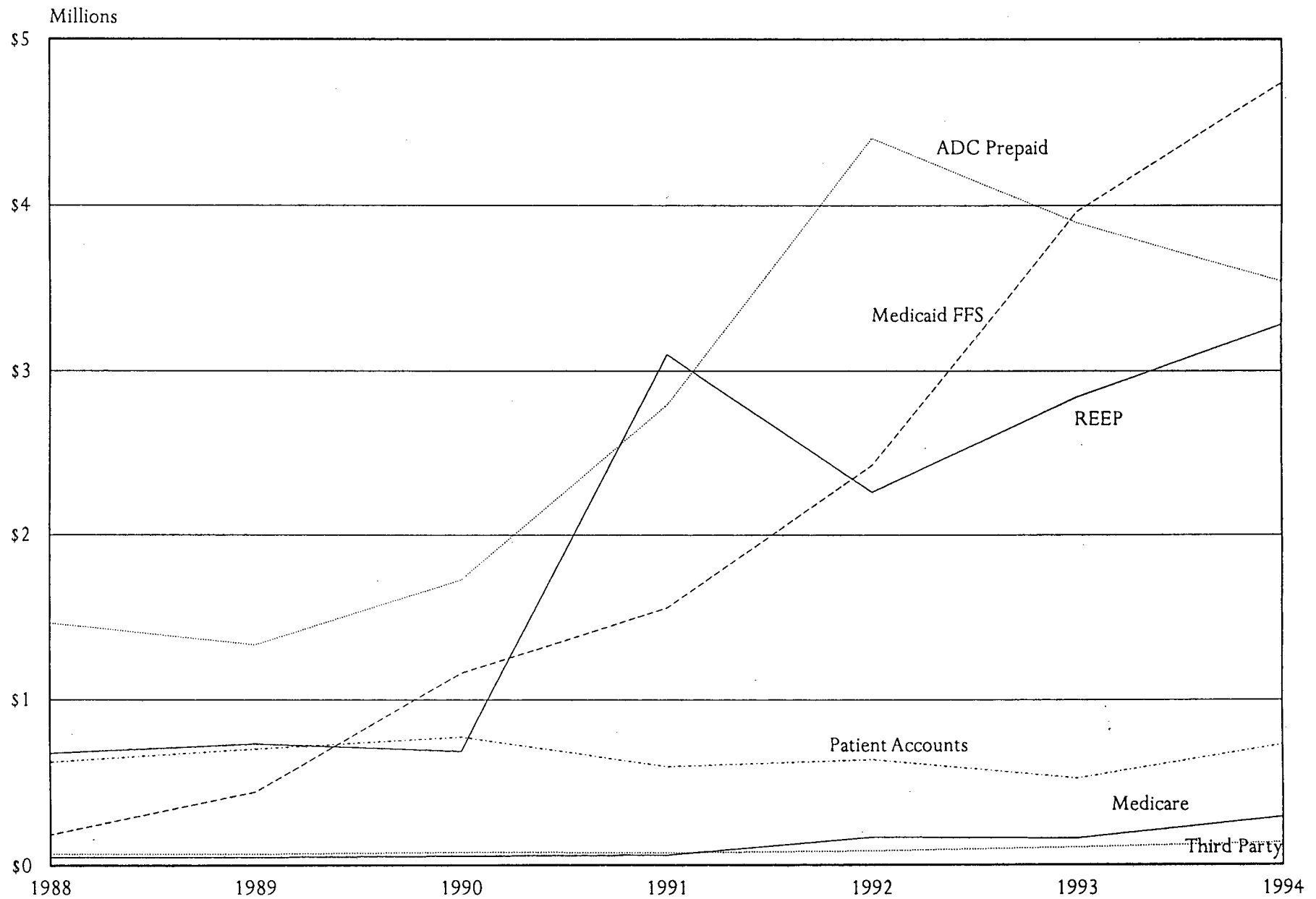
1988 Budget



Medical Fee Collection History

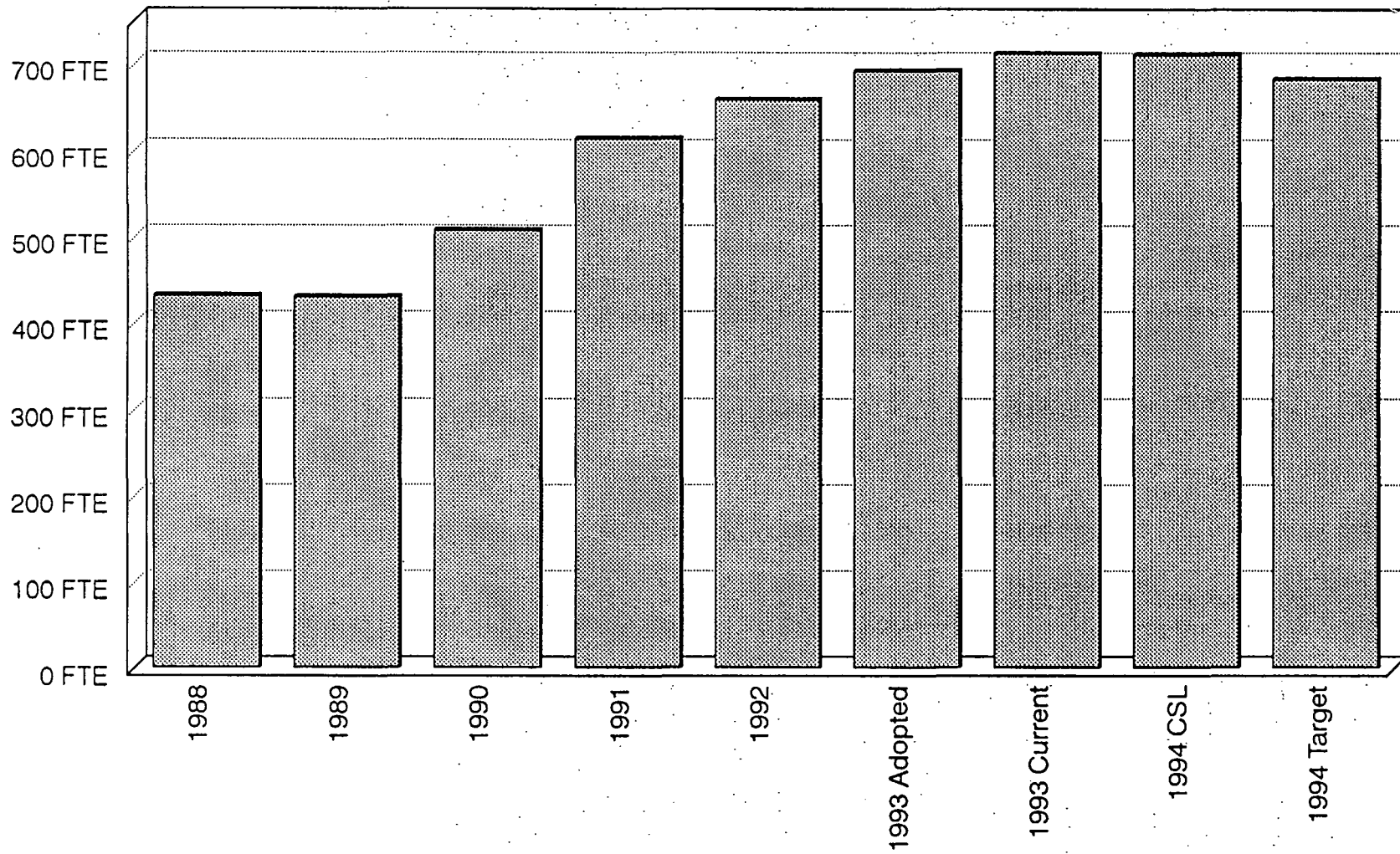
Fiscal 1988 to Fiscal 1994

PAGE 45 - BCC Presentation



Comparison of FTE Levels

Budget Years 1988 to 1994



Reconciliation to General Fund Target Figure
Health Department Proposed 1993-94 Budget

	GF Program Support	GF Indirect Support	Net GF Support	Cut %
Current 1992-93 Approved Budget	20,426,515	3,472,392	23,898,907	
Current Inverness Budget	1,472,431	0	1,472,431	
General Fund COLA	970,690	0	970,690	
Inverness COLA	63,697	0	63,697	
Baseline General Fund	21,397,205	3,472,392	24,869,597	
Baseline Inverness	1,536,128	0	1,536,128	
Across the Board Reduction, General Fund	(1,039,504)	0	(1,039,504)	-4.86%
Across the Board Reduction, Inverness	(107,238)	0	(107,238)	-6.98%
General Fund Target, Budget Office	20,357,701	3,472,392	23,830,093	
Inverness Target, Budget Office	1,428,890	0	1,428,890	
General Fund Target	21,786,591	3,472,392	25,258,983	
Adjustments to Target Figure:				
Teen Parent Services Transfer	91,659	9,358	101,017	
Increase in M&S covered by increased fees, EMS	6,378	0	6,378	
Increase in M&S covered by increased fees, Inspections	30,646	0	30,646	
Cut applied to Inspection Fees in Baseline	54,593	0	54,593	
Cut applied to EMS Fees in Baseline	12,177	0	12,177	
Health Dept share of increased Indirect Costs - new grants	93,945	9,592	103,537	
Shift of federal pass through from non-Indirect to Indirect	458,918	(458,918)	0	
Set aside pending outcome of ISD study	200,000	0	200,000	
Additional GF paid ICR, Fed/State program	0	2,389	2,389	
General Fund Indirect, Inverness	0	142,143	142,143	
Subtotal, adjustments	948,316	(295,436)	652,880	
Net Target Figure	22,734,907	3,176,956	25,911,863	
Requested GF Resources, current service level	24,377,415	3,176,959	27,554,374	
Cut Packages				
1 Administrative Support Reductions	(134,313)	(13,713)	(148,026)	
2 Illegal Dumping Project	(21,450)	0	(21,450)	
3 School Based Clinic exchange	(91,804)	(13,596)	(105,400)	
4 Medical Examiner Subsidy	(75,403)		(75,403)	
5 Primary Care Medical Teams	(507,240)	(51,789)	(559,029)	
6 Medical Supplies and Pharmacy	(367,634)	(31,241)	(398,875)	
7 Language Services Package	(444,664)	(45,400)	(490,064)	
	(1,642,508)	(155,739)	(1,798,247)	
Requested GF Resources, inclusive of cut packages	22,734,907	3,021,220	25,756,127	

Cuts that did not make the cut package list:

The Health Department was faced with a difference between the cost of a continuation 1994 budget and available resources of \$2.6 million dollars. Only \$1.64 million of this shortfall was included in the Current Service Level request. The other \$985,000 was cut and not included as part of the Current Service Level. Within this amount was included:

Cut Item	Division	Approx. Amount
Cut the Corrections Health inmate record system maintenance agreement.	Corrections	3,500
Reduce resources for Dental Lab work.	Dental	13,000
Cut 0.8 Dental Assistant/Receptionist at SE.	Dental	24,000
Cut the call in pedodontal support budget.	Dental	5,000
Cut one Field Nurse, SEFT.	Field	51,000
Cut the 1.0 Mid County Field Manager.	Field	60,000
Cover 0.2 of the SE Field Manager from the new CISS grant, require that person to do double duty.	Field	13,000
Cut the program evaluation contract.	HIV	15,000
Eliminate existing County support for federally funded Substance Abuse program.	HIV	89,000
End County Support for the Needle Exchange program at Outside In.	HIV	5,000
Require additional cost sharing by Pacific University for the optometric program.	Primary Care	30,000
End County Support for the Prenatal care program at Outside In.	Primary Care	15,000
Do not use County General Fund to replace lost Great Start revenue, NEHC Prenatal services.	Primary Care	45,000
Do not fill behind maternity absence, Coalition Support position.	Primary Care	8,000
Reduce ADC referrals, assume no cost of living adjustment.	Primary Care	60,000
Reduce County funded Health Source referrals for unrepresented clients.	Primary Care	100,000
Use new MCH, and FP revenues to supplant existing GF program support, rather than to increase case loads.	Primary Care	93,000
Reduce a Community Health Nurse to Health Info Spec, TB Clinic.	Specialty	8,000
Cut the 0.7 County funded home care nurse in HIV Home Care.	Specialty	31,000
Postpone upgrading of the Communicable Disease computer system.	Specialty	35,000
Cut resources for hospital services for HIV Clinic clients, Good Sam hospital.	Specialty	29,000
Cut Departmental Capital Budget from 1992-93 level.	Support	94,000
Cut the call in graphics support budget.	Support	8,000
Cut the outside programming support contract for the HMIS system.	Support	84,000
Cut the Wang System maintenance agreement.	Support	7,000
Reduce training funds.	Support	10,000
Assume no inflation in the cost of reference lab work.	Support	20,000
Budget no cost of living increase for General Fund Contractors.	Various	29,000
		\$984,500

Summary of Cut Packages:

After cutting \$985,000 from the initial continuation budget, the Department was left with what it defined as its "Current Service Level Budget". To get to its General Fund Target, \$1.64 million of additional cuts were assigned to cut packages. These packages were then prioritized in order of least to most damaging:

Priority	Cut Package	FTE Cut	General Fund Savings
1	Reduce Administrative services in Business and Support Divisions. Discontinue central word processing support. Push time keeping into the field from the central office. Reduce general clerical support.	3.40	\$134,313
2	Eliminate General Fund subsidy for illegal dumping enforcement.	1.00	\$21,450
3	Close a school based clinic. Open a middle school clinic, mid year.	2.68	\$91,804
4	Eliminate any local general fund subsidy for state wide autopsy functions.	2.00	\$75,403
5	Eliminate one medical provider team at each of two County Health Centers. Further reduce Health Source referrals.	8.80	\$507,240
6	Increases in medical supplies and pharmaceuticals that have grown at a rate faster than the general CPI.	0.00	\$367,634
7	Fully budgeting the ongoing costs of providing medical services in a second language.	10.20	\$444,664
		28.08	\$1,642,508

PROGRAMS AFFECTED						
Business Services, Support Services, MultiCare						
DESCRIPTION						
<p>Several Support positions are cut as part of this package. A half time Office Assistant and a half of a full time Senior Office Assistant are cut in Business Services, reducing clerical support and forcing the Department to push responsibility for time sheet processing out of a central location and into the field. The central word processing unit is disbanded, with two positions cut and the remainder returned to general clerical duties. Two full time PDS's in MultiCare will be reduced to 0.8 time employees.</p>						
PROGRAM IMPACT						
Support in the affected units will be reduced. Programs around the Department will assume a greater work load, as they lose both the central Word Processing service and the Central Payroll processing of Departmental time sheets.						
PERSONNEL CHANGES						
FTE	CLASS	JCN	BASE	FRINGE	INSURANCE	TOTAL
0.40	Program Development Specialist - MultiCare	6021	(13,592)	(3,663)	(3,371)	(20,626)
1.00	Word Processing Operator	6004	(22,006)	(5,930)	(2,905)	(30,841)
1.00	Word Processing Supervisor	6012	(29,817)	(8,034)	(3,201)	(41,052)
0.50	Office Asst 2 - Business Svcs	6001	(9,588)	(2,583)	(2,478)	(14,649)
0.50	Senior Office Asst - Business Services	6002	(11,750)	(3,166)	(3,428)	(18,344)
						0
			(86,753)	(23,376)	(15,383)	(125,512)
MATERIALS AND SERVICES CHANGE						
OBJECT	LINE ITEM	TOTAL				
6230	Supplies - Word Processing	(6,310)				
7150	Telephones - Word Processing	(2,491)				
7100	Indirect Cost Recovery	(13,713)				
		(22,514)				
CHANGE IN CASH TRANSFER						
Reduce Cash Transfer to Federal State		(148,026)				
REVENUE CHANGES						
None						
NET GENERAL FUND CHANGE						
Reduces General Fund Requirement by:		(134,313)				

PROGRAMS AFFECTED

Vector Control

DESCRIPTION

This program activity involves enforcement of county's illegal dumping ordinance (Ordinance # 717, MCC 8.75). Fiscal Year 92-93 costs included 1.0 FTE Nuisance Enforcement Officer (\$38,052), and minimal M & S (\$5,230), primarily for local travel.

It will cost \$51,450 to fund the program at current service level in the 1993-94 fiscal year. We have budgeted revenue of \$30,000 from garbage franchise fees in the current year. However, we anticipate receiving only \$15,000. This leaves a gap of \$36,450. In 1992-93 the gap will be filled by a County General Fund subsidy. This cut package would eliminate the program, and would eliminate the currently budgeted revenue.

Another budget issue for this program is that it anticipates use of a hearings officer for enforcement in selected cases. This program component has never been budgeted and is not included in the 1993-94 budget. We estimate that the cost of a hearings officer could be as much as \$5,000 per year.

PROGRAM IMPACT

Illegal dumping enforcement would be ended.

PERSONNEL CHANGES

FTE	CLASS	JCN	BASE	FRINGE	INSURANCE	TOTAL
1.00	Sanitarian	6356	32,865	8,855	3,566	45,286
			32,865	8,855	3,566	45,286

MATERIALS AND SERVICES CHANGE

OBJECT	LINE ITEM	TOTAL
6230	Supplies	2,508
7150	Telephones	212
7300	Motor Pool	3,444
		6,164

CHANGE IN CASH TRANSFER

None.

REVENUE CHANGES

SOURCE	SOURCE NAME	TOTAL
4004	Franchise Fees	(30,000)
		(30,000)

NET GENERAL FUND CHANGE

Decreases General Fund requirement by:

21,450

PROGRAMS AFFECTED

School Based Clinics

DESCRIPTION

This package proposed to eliminate one entire School Based Clinic with one half of the current funding used to contribute to the budget short fall and the other half of the funds used to initiate primary care clinical services at George Middle school.

Ever since the first SBHC opened at Roosevelt in 1986, Multnomah County has been working towards the goal of clinics in all high schools. Measure 5 stalled work toward this goal and no clinics have been added since April of 1990. This proposal is not an attempt to eliminate this goal but rather to redistribute current resources into a pilot project with a middle school to see if health promotion, prevention, education, diagnosis and treatment at an earlier age can make a greater impact on the wellness of children in Multnomah County.

For two years now the Roosevelt Cluster of the Leaders Roundtable has been meeting to address the issues identified in their cluster as barriers to children staying in school. Availability of more health care services to middle school children was identified as one of the top priorities needed for "100% graduation by 1996".

This proposal adds nurse practitioner and community health nursing time to be housed at the Roosevelt Clinic and outstationed at a Satellite Clinic at George Middle School. School enrollment at George Middle School is approximately one half of Roosevelt High School and it is estimated the half time resources will be adequate to meet the primary care needs.

Birth control services will not be provided in the middle schools. Pregnant or suspected pregnancies in middle school females will be referred to the high school clinic. A strong emphasis will be placed on individual and group abstinence education. Long range evaluation plans will be developed to address the issue of health intervention at an earlier age ie., middle school vs high school.

We would also have an opportunity to measure the impact of a longer intervention time as care providers for children for 7 years instead of 4.

This proposal allows for a county contribution towards the many efforts discussed by the Roosevelt Cluster to ultimately add resources to Portsmouth, the other middle school, and expand the Roosevelt School Based Health Center to serve families. The Roosevelt Cluster steering Committee will continue it's efforts to seek state, foundations and other resources to expand health care in the Cluster area. The Multnomah County Health Department's school based staff will also continue their efforts to find outside resources to help fund Adolescent Health Care.

PROGRAM IMPACT

Close one School Based Health Center. Maintain one half of the financial resources for redistribution into a middle school.

PERSONNEL CHANGES

FTE	CLASS	JCN	BASE	FRINGE	INSURANCE	TOTAL
-0.50	Community Health Nurse	6315	(20,416)	(5,501)	(2,951)	(28,868)
-0.60	Nurse Practitioner	6314	(29,597)	(7,985)	(4,468)	(42,050)
-0.58	Office Assistant	6001	(12,140)	(3,272)	(2,067)	(17,479)
-1.00	Health Assistant	6294	(22,644)	(6,101)	(6,792)	(35,537)
						0
			(84,797)	(22,859)	(16,278)	(123,934)

MATERIALS AND SERVICES CHANGE

OBJECT	LINE ITEM	TOTAL
7100	Indirect	(13,596)
7150	Telephones	(944)
7200	Data Processing	(1,626)
7560	Distribution	(1,800)
6230	Supplies	18,000
8300	Renovation	18,500
		18,534

CHANGE IN CASH TRANSFER

Reduces Cash Transfer to F/S (105,400)

NET GENERAL FUND CHANGE

Reduces GF requirement by: (91,804)

PROGRAMS AFFECTED**Medical Examiner****DESCRIPTION**

Death investigation in Multnomah County has long been a cooperative effort between the state and county Medical Examiner programs. Under the Medical Examiner law, ORS 146, counties are mandated to fund and carry out death investigation activities. The State Medical Examiner has the responsibility for autopsy services.

Despite this legal structure, for more than 20 years Multnomah County has funded and employed pathology assistants to assist the State Medical Examiner in performing autopsies, and to carry out related duties. This represents a county subsidy to the state program.

We propose to remove this subsidy by cutting \$111,403 of County General Fund support from the Medical Examiner program. This amount represents 2.00 full-time Pathology Assistant positions, along with additional funds for on-call personal services for holiday and weekend coverage.

PROGRAM IMPACT

While we recognize the both the necessity for the combined state/county program to have pathology assistants, and the excellence of the employees who are filling these positions, we believe this program component should be supported by state rather than county funds. In preliminary discussions with the Oregon Health Division, there is conceptual agreement on this approach. However, the State Medical Examiner program is facing proposed cuts for the 1993-95 biennial budget. Thus state replacement funds for these positions are not assured.

PERSONNEL CHANGES

FTE	CLASS	JCN	BASE	FRINGE	INSURANCE	TOTAL
2.00	Pathology Assistants	6287	(61,964)	(16,695)	(10,614)	(89,273)
0.00	Temporary Coverage	5200	(18,590)	(3,160)	(380)	(22,130)
			(80,554)	(19,855)	(10,994)	(111,403)

CHANGE IN CASH TRANSFER

None.

REVENUE CHANGES

SOURCE	SOURCE NAME	TOTAL
2702	Clackamas/Washington Counties	(36,000)
		(36,000)

NET GENERAL FUND CHANGE

This reduction would reduce this program's GF requirement by: **(75,403)**

PROGRAMS AFFECTED

Primary Care Clinics

DESCRIPTION

This cut package will reduce primary health care clinical services by cutting two provider teams, one each at each of the Department's two largest clinics, Northeast Health Center and Southeast Health Center. Each of these two provider teams, made up of a Nurse Practitioner, Health Assistant, Community Health Nurse, and the affiliated laboratory, pharmacy, interpreter, medical records, and clerical support, serve approximately 900 unduplicated clients annually.

PROGRAM IMPACT

If these two provider teams are cut, 1,800 fewer low income clients without access to health care will join the many others who currently are being turned away from our already overloaded clinics. Overall, the Primary Care Division would be able to provide 5,800 fewer primary care visits to poor children, adolescents, and adults for a variety of health risks and problems.

In addition to primary care services provided at our sites, clients needing specialty care (referrals for diagnostic X-ray and lab work, referral to a medical specialist for diagnosis and treatment of some complicated conditions, and access to critical outpatient surgery) will not have the "Health Source" resource to assist them.

PERSONNEL CHANGES

FTE	CLASS	JCN	BASE	FRINGE	INSURANCE	TOTAL
-0.90	Nurse Practitioner SEHC	6314	(44,401)	(11,963)	(3,734)	(60,098)
-1.00	Health Assistant SEHC	6294	(19,398)	(5,227)	(5,102)	(29,727)
-1.00	Community Health Nurse SEHC	6315	(31,373)	(8,453)	(2,732)	(42,558)
-1.00	Office Asst 2 SEHC	6001	(19,368)	(5,219)	(4,965)	(29,552)
-0.20	Lab Tech SEHC	6333	(4,864)	(1,311)	(600)	(6,775)
-0.10	Physician SEHC	9490	(6,706)	(1,748)	(527)	(8,981)
-0.50	Health Assistant Language Svcs	6294	(9,588)	(2,583)	(2,549)	(14,720)
-0.50	Health Assistant Language Svcs	6294	(9,588)	(2,583)	(2,549)	(14,720)
-0.50	Nurse Practitioner NEHC	6314	(24,760)	(6,647)	(3,911)	(35,318)
-0.50	Nurse Practitioner NEHC	6314	(24,760)	(6,647)	(3,911)	(35,318)
-1.00	Health Assistant NEHC	6294	(19,914)	(5,366)	(2,817)	(28,097)
-1.00	Office Asst 2 NEHC	6001	(23,365)	(6,295)	(3,168)	(32,828)
-0.50	Community Health Nurse NEHC	6315	(16,514)	(4,450)	(1,399)	(22,363)
-0.10	Lab Tech NEHC	6333	(2,421)	(653)	(688)	(3,762)
						0
			(257,020)	(69,145)	(38,652)	(364,817)

MATERIALS AND SERVICES CHANGE

OBJECT	LINE ITEM	TOTAL
6550	Pharmaceuticals	(56,981)
6110	Health Source	(85,442)
7100	Indirect Costs	(51,789)
		(194,212)

CHANGE IN CASH TRANSFER

Reduces Cash Transfer by: (559,029)

REVENUE CHANGES

None.

NET GENERAL FUND CHANGE

Reduces General Fund Requirement: (507,240)

PROGRAMS EFFECTED

Primary and Specialty Care Clinics; Corrections Health

DESCRIPTION

The cost of medical consumables and drugs continues to outpace general inflation. The use of the same level of supply items and drugs in our clinical practice would cause the Department in its Current Service Level Budget to exceed the 0% growth allowed in establishment of targets. The projected difference is :

Drugs	\$39,382
Medical Supplies	\$328,252
	\$367,634

The increase in Drugs is virtually entirely within Corrections Health. The increase in medical supplies is spread throughout the clinical system.

PROGRAM IMPACT

If these increases are not funded the Department will need to prepare a package of additional reductions in direct service staff at a level allowing full funding of the supply and drug line. Medical supplies and drugs are an integral part of our medical practice; these costs, as dictated by market pressures, are unavoidable.

PERSONNEL CHANGES

FTE	CLASS	JCN	BASE	FRINGE	INSURANCE	TOTAL
						0
						0
						0
			0	0	0	0

MATERIALS AND SERVICES CHANGE

OBJECT	LINE ITEM	TOTAL
6230	Supplies - Specialty Care	(\$111,346)
6230	Supplies - Primary Care	(\$194,637)
6230	Supplies - Corrections Health	(\$22,269)
6550	Drugs - Corrections Health	(\$39,382)
7100	Indirect Cost Recovery	(\$31,241)
		(\$398,875)

CHANGE IN CASH TRANSFER

Reduces Cash Transfer to F/S by: (\$337,224)

REVENUE CHANGES

SOURCE	SOURCE NAME	TOTAL
		0

NET GENERAL FUND CHANGE

Reduces General Fund requirement by: (367,634)

PROGRAMS AFFECTED

Language Services

DESCRIPTION

One in four client visits to the Health Department are now interpreted visits. Requests for an interpreter have increased at a much faster rate than we predicted, and our use of on-call interpreters has led to a large over expenditure of our on-call interpreter resources.

Federal resources fund interpreters for new refugees via the REEP Program at International Health Clinic but many refugees continue to seek care at our Primary Care clinics after their REEP benefits expire.

Requests for Spanish speaking interpreters have increased 22% over the last year alone to become the major language requested for service, as Hispanic families move into Multnomah County.

The resources identified on this package represent the difference between the current budget for language services and the current actual expenditure level. These resources would allow us to implement a strategic plan to lower interpreter costs, implement changes to make more efficient use of interpreter costs, implement changes to make more efficient use of interpreter resources, and do a better job of managing fiscal resources.

Where interpreter visit volume exceeds a full time position, we are proposing converting on-call current expenditures into bilingual Health Assistants. This 10.2 FTE Health Assistant level is our most conservative estimate of the minimum amount of time needed in clinics. Full time on-site availability of an interpreter will allow for maximum utilization of the language resource. On-call resources are also budgeted at a no growth rate. On-call resources will be reserved for languages needed less than full time and urgent situations.

This reallocation of resources is just one piece of the plan to manage interpreter resources. Over this next year the other pieces of the plan will include:

- * An evaluation of all new vacancies for bilingual recruitment.
- * Clinic on-site evaluation of current interpreter utilization and recommendations to maximize scheduling efficiency
- * An assessment of automated resources available for centralized interpretation, ie., visual telephones, visual computers. This could lead to perhaps a pilot project to experiment with these.
- * An assessment of, and plan for marketing interpreter resources to others.

PERSONNEL CHANGES

FTE	CLASS	JCN	BASE	FRINGE	INSURANCE	TOTAL
10.20	Health Assistant	6294	(195,595)	(52,693)	(51,849)	(300,137)
0.00	Temporary Interpreter Time	5200	(123,249)	(11,091)	(2,387)	(136,727)
			(318,844)	(63,784)	(54,236)	(436,864)

MATERIALS AND SERVICES CHANGE

OBJECT	LINE ITEM	TOTAL
6110	Sign Language translators	(6,000)
6110	ATT Language Line	(1,800)
7100	Indirect Cost Recovery	(45,400)
		(53,200)

CHANGE IN CASH TRANSFER

Reduces Cash Transfer to F/S by: (490,064)

REVENUE CHANGES

None.

NET GENERAL FUND CHANGE

Reduces General Fund Requirement by: (444,664)

BCC Work Session
3/3/93

Exhibit C

MULTNOMAH COUNTY
HEALTH DEPARTMENT
PRESENTATION OF FY 1993-94 BUDGET PROPOSAL
TO THE BOARD OF COUNTY COMMISSIONERS

WEDNESDAY, MARCH 3, 1993

9:30	Introduce Community Health Council and Central CBAC Guests	Billi Odegaard Joanne DeHoff
9:35	Budget Manual and Summary Packet	Tom Fronk
9:40	Mission	Gary Oxman and Patsy Kullberg
9:50	Overview of Facilities	Dwayne Prather
10:00	Organizational "Sketch" Client Characteristics	Billi Odegaard
10:10	Specialty Services	Jan Sinclair and Charlesetta Levias
10:25	Dental	Gordon Empey
10:40	Primary Care	Mary Lou Hennrich
10:55	Break	
11:05	Regulatory Health	Gary Oxman
11:20	AIDS/HIV and Program Development	Jeanne Gould and Chonitia Smith
11:40	Field Services	Mary Lou Hennrich and Connie Leben, CHN

- BREAK -

1:30	Corrections Health	Mary Loos
1:45	Support Services	Dwayne Prather
2:00	Business Services	Tom Fronk
2:10	Budget Overview	Tom Fronk
2:40	Cut Package Review	
3:20	Break	
3:30-4:30	Discussion; Questions	

APEX II Community Health Assessment

1-11-93

The following is a report for Multnomah County for the presentation of data by three broad areas. The three areas are demographics, socioeconomic, and health status.

Demographics

There were 583,887 individuals living in Multnomah County in 1990. Females made up 51.4% of the population; while males made up 48.6%. The racial/ethnic composition of the county was 86.9% Caucasian, 6.0% African American, 1.2% Native American, 4.7% Asian, 3.1% Hispanic, and 1.2% Other. (See Table 1)

Table 1. 1990 Composition of population, race, Hispanic origin. Comparison of Multnomah County, Oregon, and the Nation

Group	Percent in County	Percent in State	Percent in Nation
Caucasian	86.9%	92.8%	80.3%
African American	6.0%	1.6%	12.1%
Native American	1.2%	1.4%	0.8%
Asian	4.7%	2.4%	2.9%
Other	1.2%	1.8%	3.9%
Hispanic Origin	3.1%	4.0%	9.0%

The racial/ethnic composition in Multnomah County was different than Oregon statewide figures. The composition for the state was 92.8% Caucasian, 1.6% African American, 1.4% Native American, 2.4% Asian, 4.0% Hispanic, and 1.8% Other. The composition of the racial/ethnic groups for the US was 80.3% Caucasian, 12.1% African American, 0.8% Native American, 2.9% Asian, 9.0% Hispanic, and 3.9% Other.

Table 2 shows percent change in population size from 1980 to 1990 for the different racial groups in Multnomah County, Oregon, and the Nation. Multnomah County had a 3.8% change in population size from 1980 to 1990. Asians had the greatest percent change (93%). Hispanics had a 63.6% percent change, Native Americans 35% change, and African Americans 17.7% change.

Table 2. Population changes, race and Hispanic origin, 1980-1990. Comparison of Multnomah County, Oregon, and the Nation.

Population Group	1980 <u>Census</u>	Mult Co 1990 <u>Census</u>	Mult Co %Change <u>County</u>	%Change <u>State</u>	%Change <u>Nation</u>
Total Population	562,640	583,887	3.8%	7.9%	9.8%
Caucasian	504,113	507,890	.7%	5.9%	6.0%
African American	29,844	35,133	17.7%	24.6%	13.2%
Native American	4,998	6,734	35.0%	40.9%	37.9%
Asian	14,163	27,326	93.0%	99.2%	107.8%
Other	9,522	6,804	(-28.5%)	19.0%	45.1%
Hispanic Origin (of any race)	11,239	18,390	63.6%	71.2%	53.0%

Figure 1 shows the county population by gender for the different racial/ethnic groups. Among the Caucasian, African American, and Native American populations there were more females than males. For example, among the African American population females made up 51.6% of the population and males made up 48.4%. To the contrary among the Hispanic and "Other" populations there were more males than females. For example, among the Hispanic population males made up 54.9% of the population and females 45.1%.

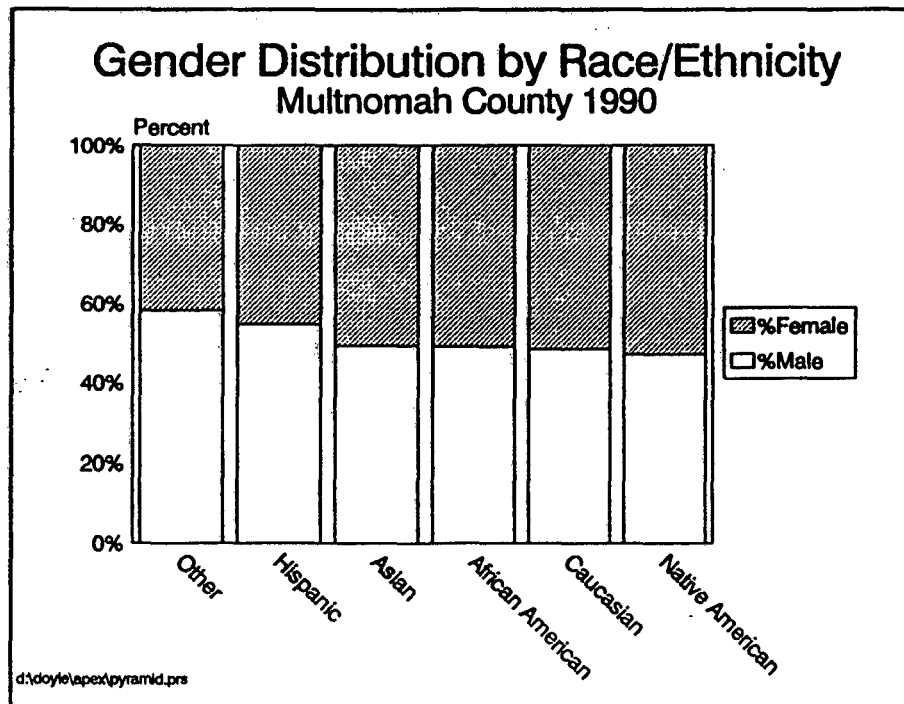
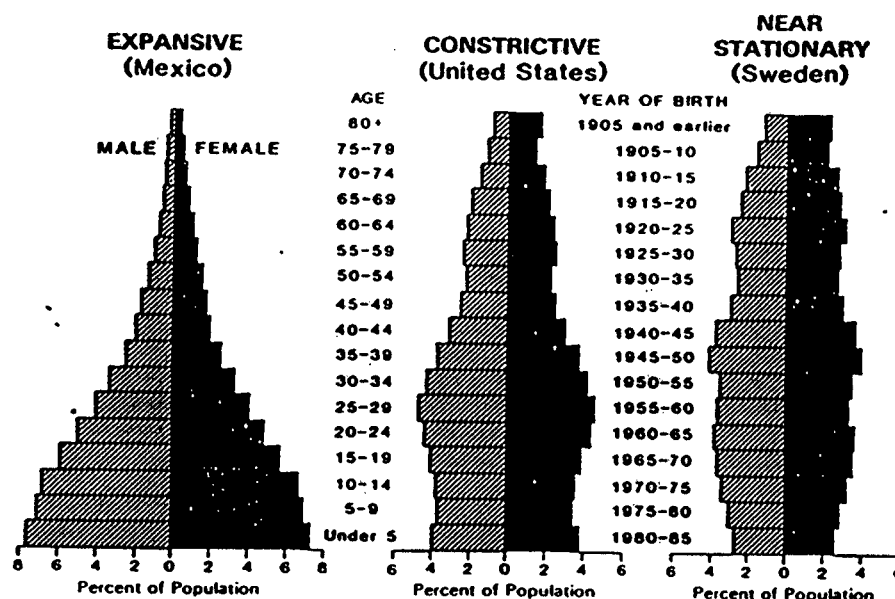


Figure 1

Of the 583,887 individuals living in Multnomah County, 1.3% were less than one year of age, 18.5% were between 1 and 14 years of age, 13.3% were between 15 and 24, 36.1% were between 25 and 44, 17.1% were between 45 and 64, 7.4% were between 65 and 74, and 6.2% were 75 years or older.

To better understand differences in gender and age between the different racial/ethnic groups and to better understand the implications of different age-sex compositions, Figure 2 shows age-sex compositions (known as population pyramids) for the US, Mexico, and Sweden for comparison with Multnomah County. The population pyramid shows the proportion of males and females for each age group. The bottom bar represents the proportion of males and females that are less than 5 years of age.



The Three General Profiles of Age Composition

Source: Population Reference Bureau, using estimates for 1985.

Figure 2

Mexico represents an expansive population (rapid growth) with a larger number of individuals at the bottom of the pyramid in the younger age groups. The US represents a constrictive population (slower growth) with fewer individuals at the bottom and more individuals at the top of the pyramid. Sweden represents a stationary population with about the same proportion of individuals for all age groups.

Figure 3 shows a population pyramid for the total population and the different racial/ethnic groups for Multnomah County for 1990. For the total population approximately 8% of the male population was less than 5 years of age. As the figure shows the African American population in Multnomah County shows a similar pattern to Mexico with a larger number of individuals at the bottom of the pyramid in the younger age groups. The figure also shows that the Caucasian population in Multnomah County shows a similar pattern to the US population with fewer individuals at the bottom and more individuals at the top of the pyramid.

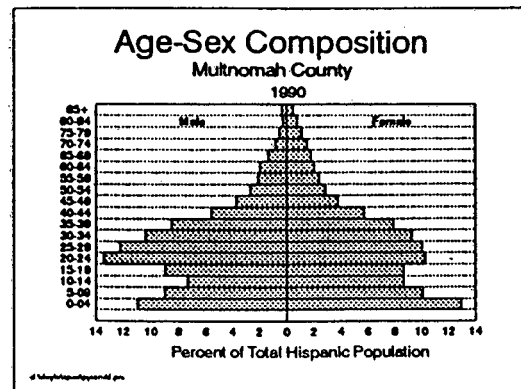
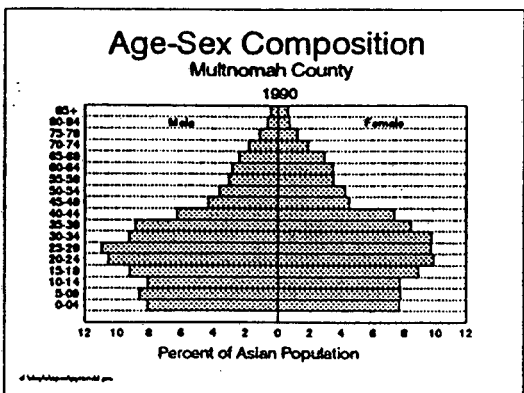
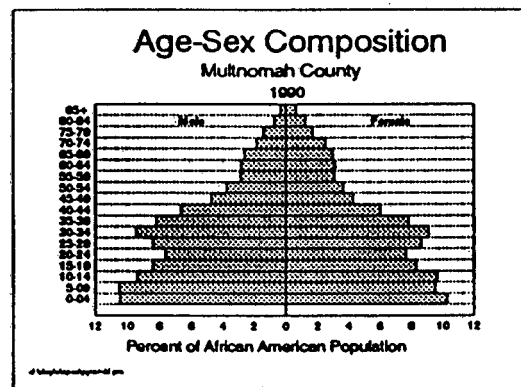
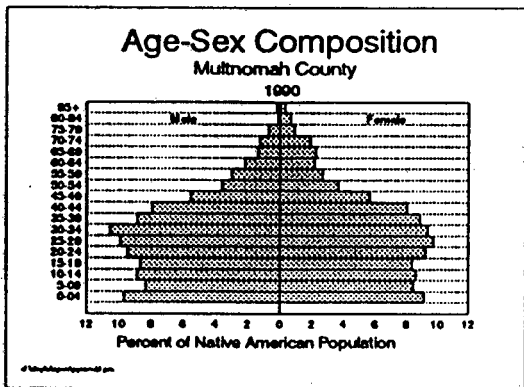
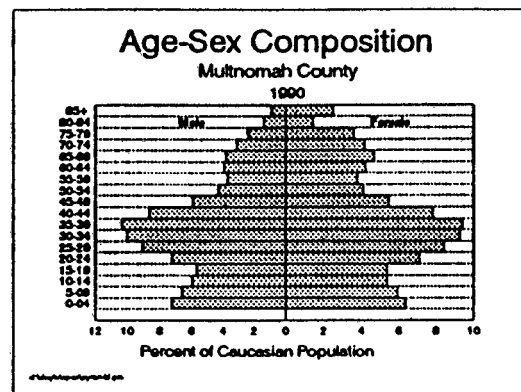
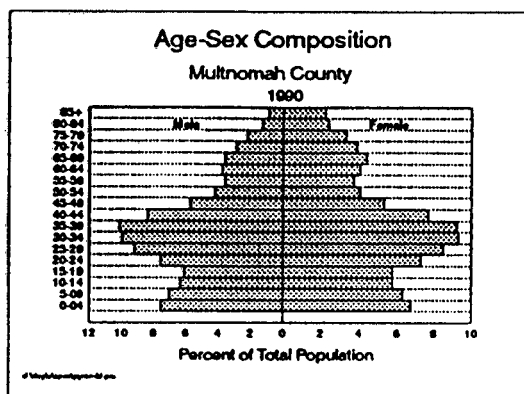


Figure 3

Births, deaths, and migration can affect the age-sex structure of a population. Crude birth rate and crude death rate are influenced by age distribution. For example, in 1986 in the United States the death rate for Caucasians for all ages was higher than the death rate for "Other" racial group for all ages (896.0 deaths per 100,000 population vs. 745.6 deaths per 100,000 populations, respectively). The age-specific deaths rates for the "Other" racial group are much higher, however, than the age-specific death rates for Caucasians. Other implications from differing age-sex compositions is that the size of the population under 15 years of age places increased demands for education, health care, employment, and housing.

Figure 4 shows by census tract where the Caucasian population resides in Multnomah County. Figure 5 shows by census tract where the African American population resides. Figure 6 shows by census tract where the Hispanic population resides, and Figure 7 shows where the Native American population resides. Figure 8 shows where the Asian population resides in Multnomah County according to the 1990 Census.

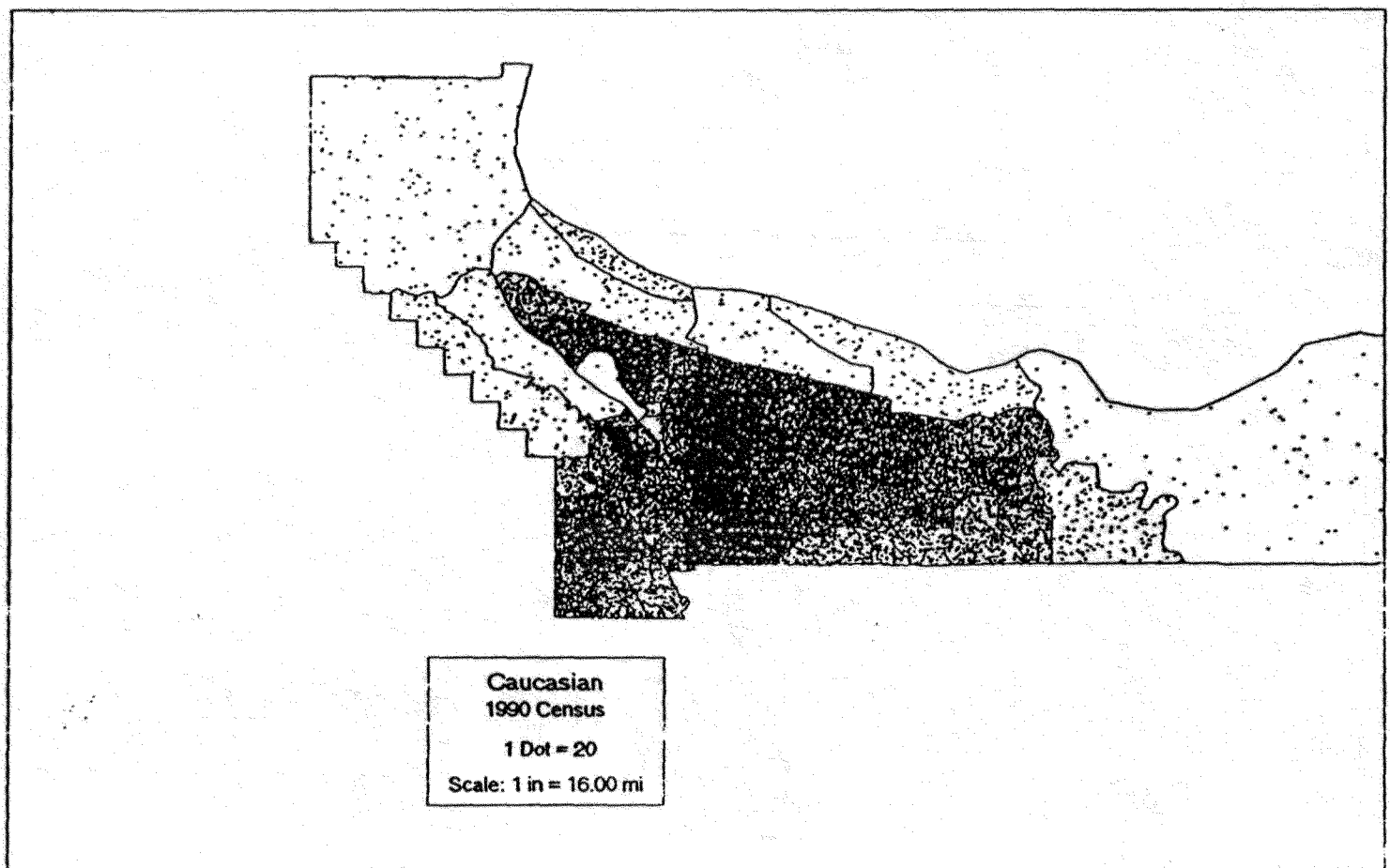
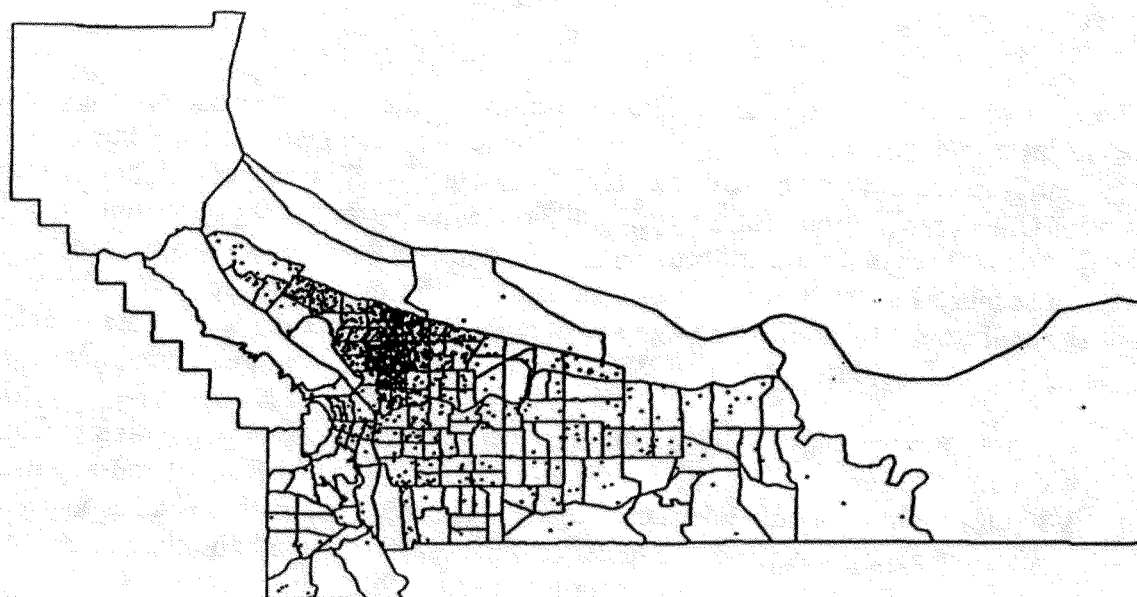


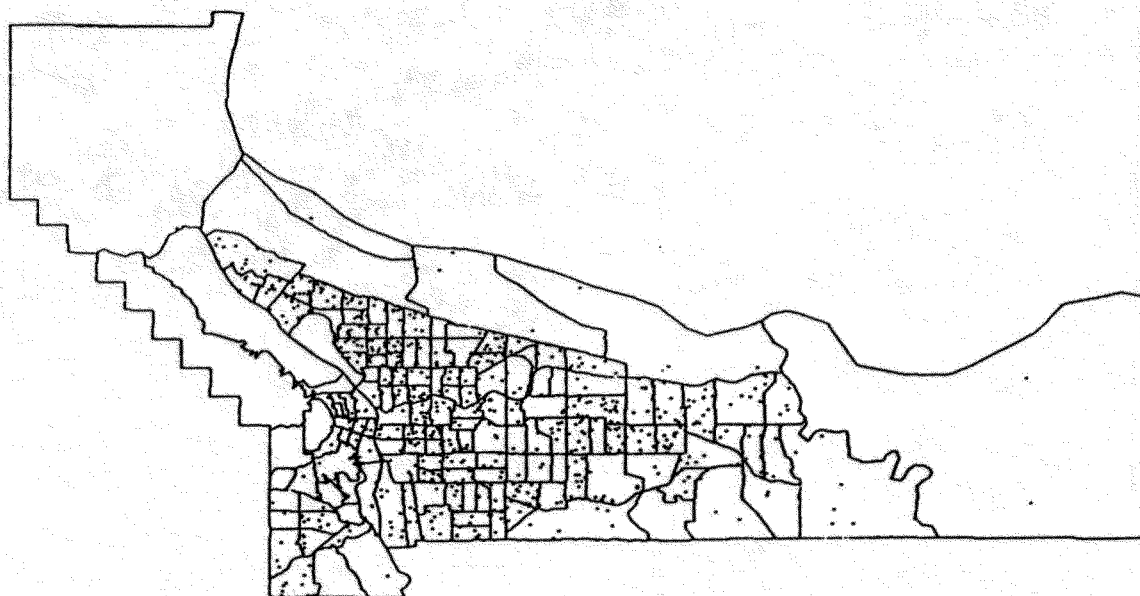
Figure 4

Figure 5

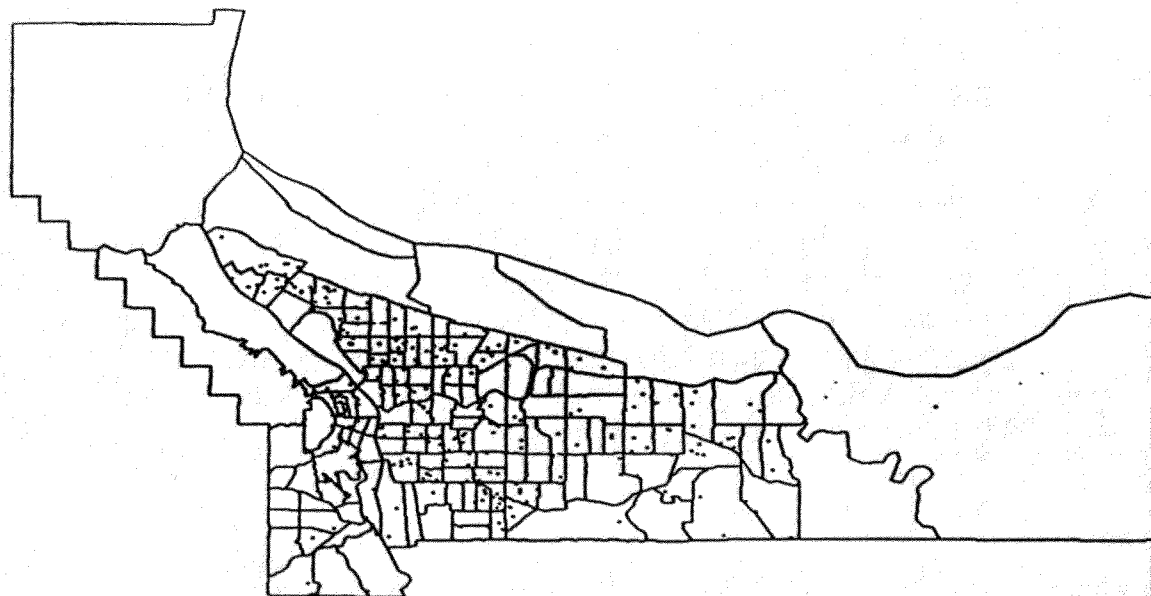


African American
1990 Census
1 Dot = 20
Scale: 1 in = 16.00 mi

Figure 6

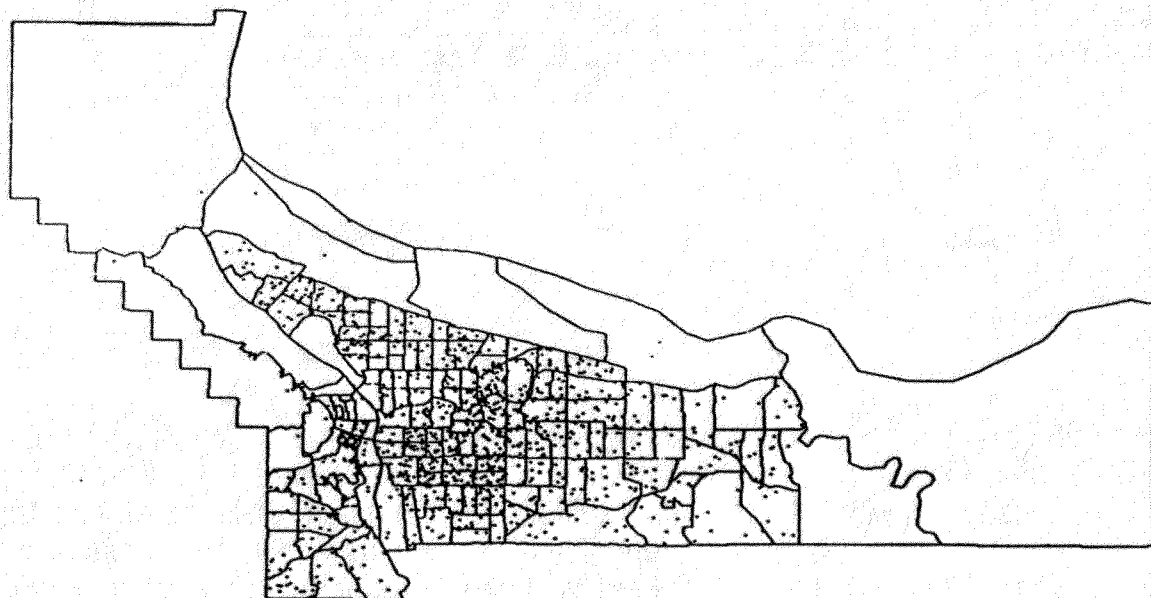


Hispanic
1990 Census
1 Dot = 20
Scale: 1 in = 16.00 mi



Native American
1990 Census
1 Dot = 20
Scale: 1 in = 16.00 mi

Figure 7



Asian
1990 Census
1 Dot = 20
Scale: 1 in = 16.00 mi

Figure 8

II. DESCRIPTION OF MULTNOMAH COUNTY POPULATION: SOCIOECONOMIC FACTORS, 1990 CENSUS DATA

The per capita income in Multnomah County (1989 income, from 1990 Census data) was \$14,462. The figure below shows per capita income by Racial/Ethnic groups in the County. White residents have the largest per capita income, and Hispanic residents have the smallest per capita income. White County residents have a per capita income that is 1.56 times greater than Asian residents; 1.70 times greater than Native American residents; 1.85 times greater than African American residents; and 1.91 times greater than Hispanic residents of the County.

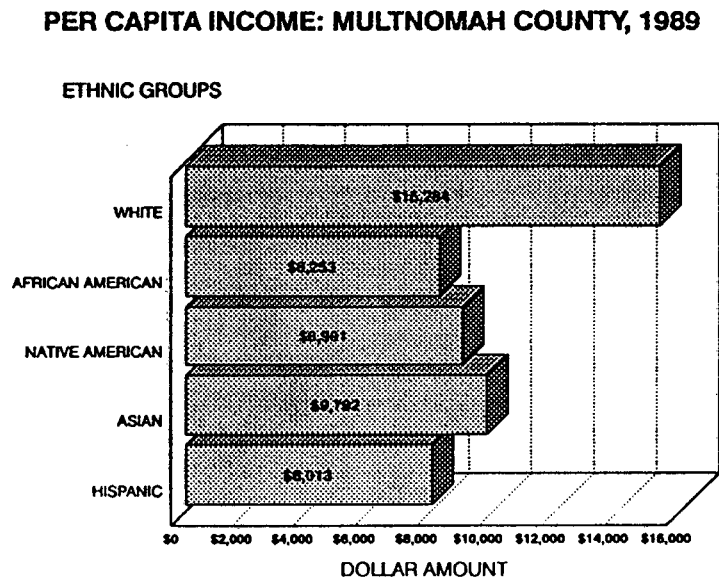
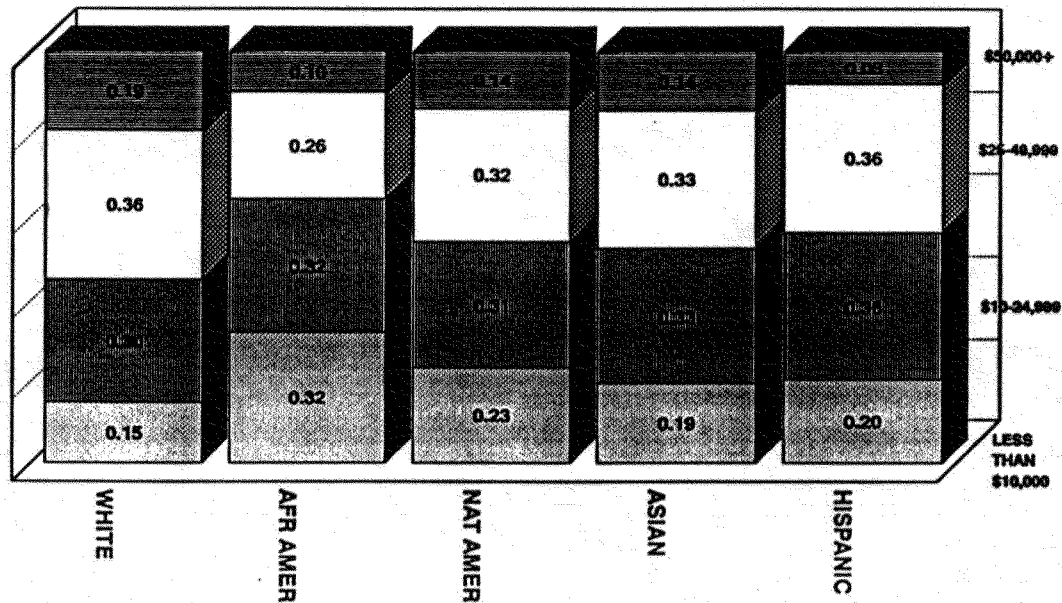


Figure 2 on the next page shows the income distribution in Multnomah County for households in each Racial/Ethnic group. White residents have the smallest proportion of households with incomes less than \$10,000 per year (15%); and African American residents have the largest proportion of households with incomes less than \$10,000 per year (32%). White residents have the largest proportion of households with incomes of \$50,000 or greater (19%); and Hispanic residents have the smallest proportion of households with incomes of \$50,000 or greater (8%).

Figure 2

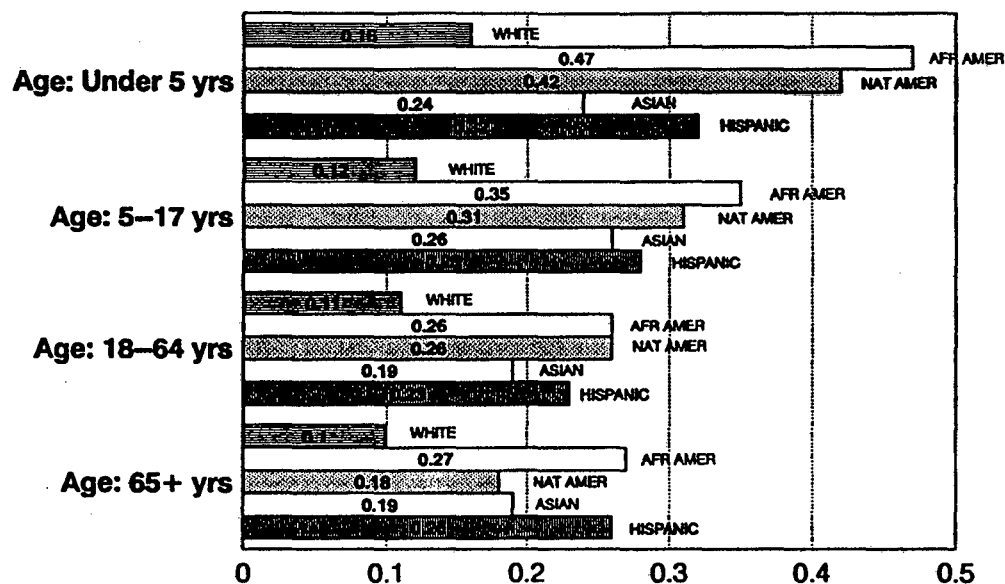
INCOME DISTRIBUTION: MULTNOMAH COUNTY, 1990

PERCENT OF HOUSEHOLDS AT EACH INCOME LEVEL



The next figure shows the percent of individuals below the poverty level for each Racial/Ethnic group in each of 4 age groups. Consistent with other income data, the proportion of White residents below the poverty level is the lowest of any Racial group at each age level. Almost one in two African American County residents under the age of 5 years was below the poverty level (47%); and more than 1 in 3 of those between the ages of 5 and 17 were below the poverty level (35%). For Native American residents, 42% of those under the age of 5 were below the poverty level; and 31% of those between the ages of 5 and 17 were below the poverty level. For Asian residents, 24% of those under age 5 were below the poverty level; and 26% of those between the ages of 5 and 17 were below the poverty level. For Hispanics, 32% of those under the age of 5 and 28% of those between the ages of 5 and 17 were below the poverty level.

PERCENT OF INDIVIDUALS BELOW THE POVERTY LEVEL BY AGE AND ETHNIC GROUP: MULTNOMAH COUNTY



POVERTY

Figure 4 shows the type of household for each Racial/Ethnic group. White residents have the smallest proportion of households headed by single females with children under the age of 18 (5%); and African American residents have the highest proportion of households headed by single females with children under the age of 18 (19%). Asian residents have the largest proportion of married couple with children under the age of 18 households; and the smallest proportion of nonfamily households, (28%).

Figure 4

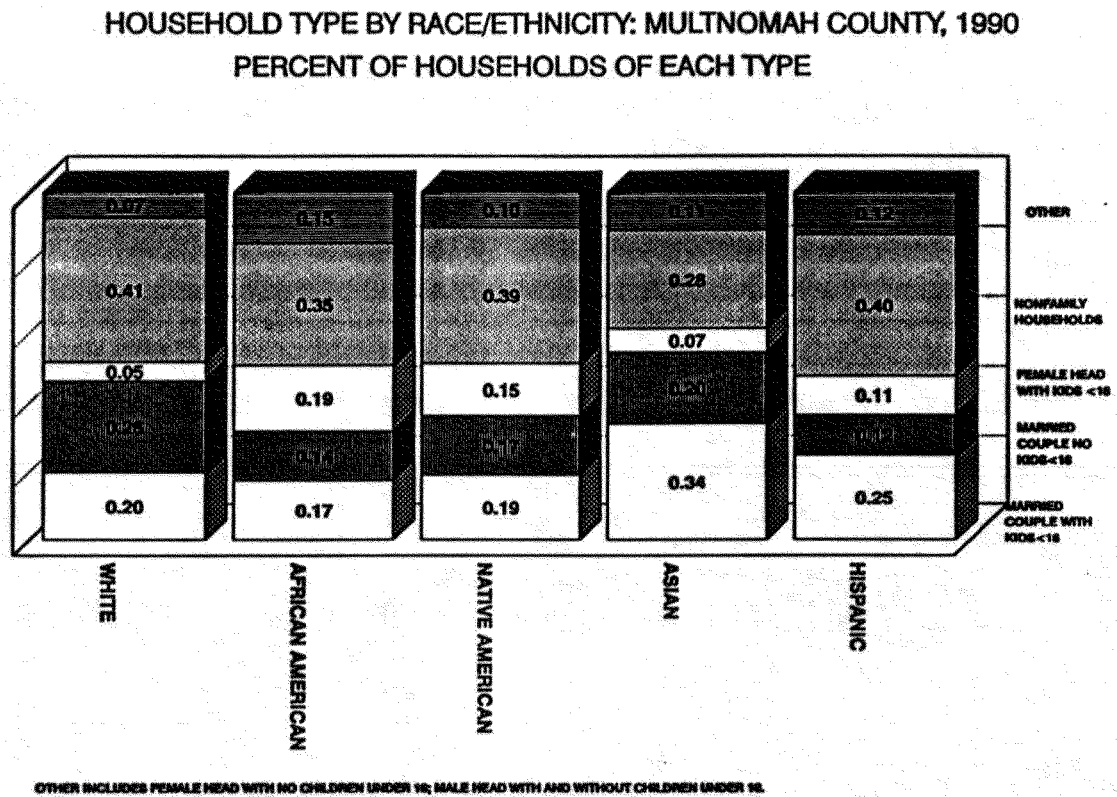


Figure 5 shows employment status of those ages 16 and over for each Racial/Ethnic group in the County. For all groups, most individuals are employed.

EMPLOYMENT STATUS OF THOSE AGES 16+: ETHNIC GROUPS, MULTNOMAH COUNTY, 1990
PERCENT OF INDIVIDUALS 16+ IN EACH CATEGORY

Fig 5

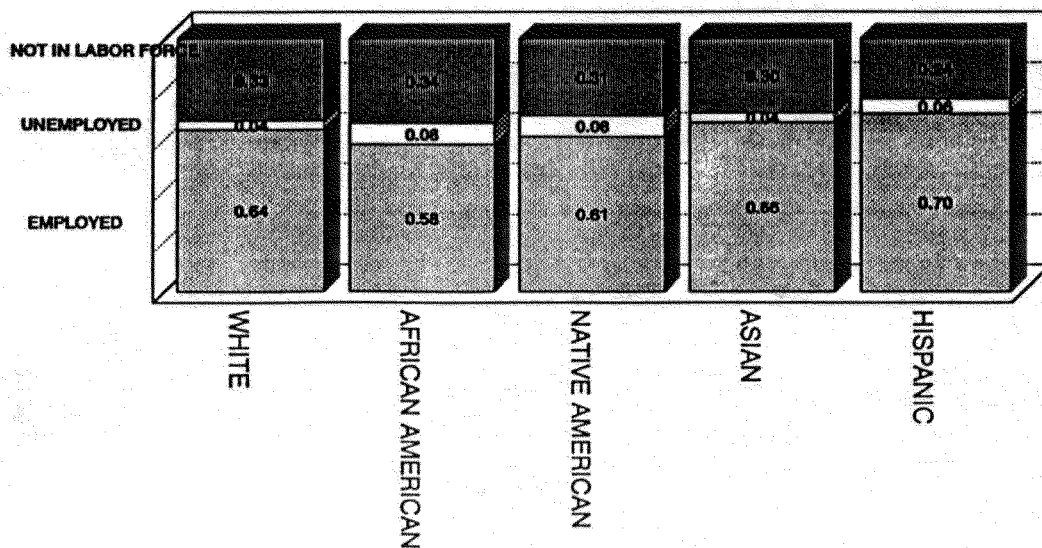
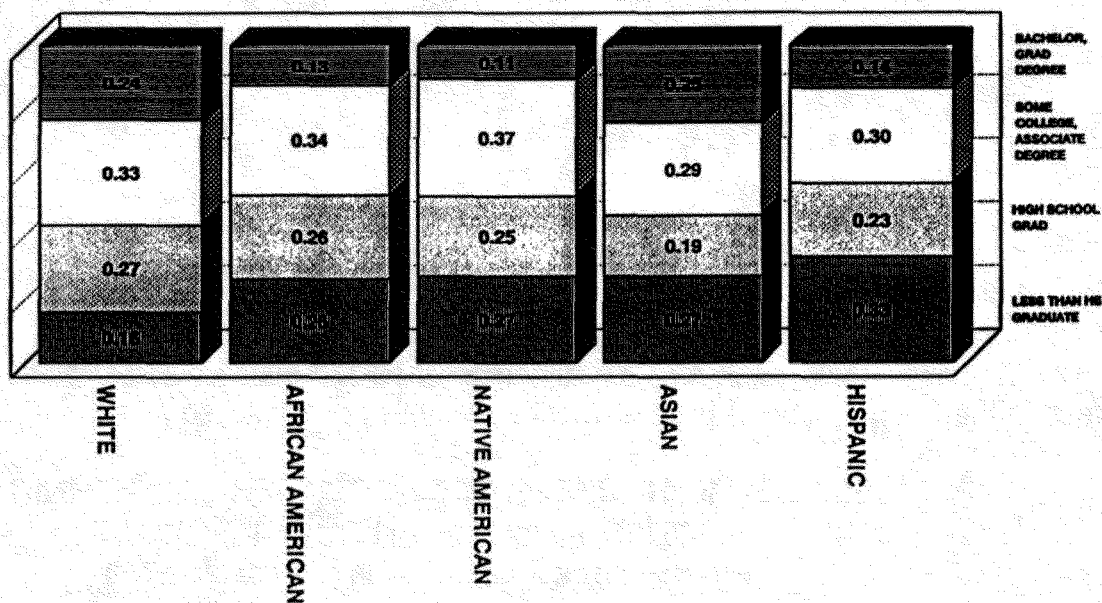


Figure 6 shows educational attainment of those over the age of 25 for each Racial/Ethnic group in the County. White residents have the smallest proportion of individuals who are not high school graduates (16%); and Hispanic residents have the largest proportion of individuals who are not high school graduates (33%). Asian residents have the highest proportion of individuals who obtain Bachelor or Graduate college degrees (25%); and Native American residents have the smallest proportion of individuals who obtain Bachelor or Graduate college degrees (11%).

EDUCATIONAL ATTAINMENT OF THOSE AGES 25+: MULTNOMAH COUNTY, 1990
PERCENT OF INDIVIDUALS IN EACH CATEGORY

Fig
6



III. BIRTHS/PERINATAL

Crude birth rate (CBR) is the number of births per 1,000 individuals in the population (this includes males and females). Figure 1 shows the CBR for Multnomah County over time. CBR in Multnomah County has increased since 1986 when it was 15.2 births per 1,000 individuals. The CBR was the highest during 1990 when it was 16.1 births per 1,000 individuals. In 1991 the CBR was 15.7 births per 1,000 individuals.

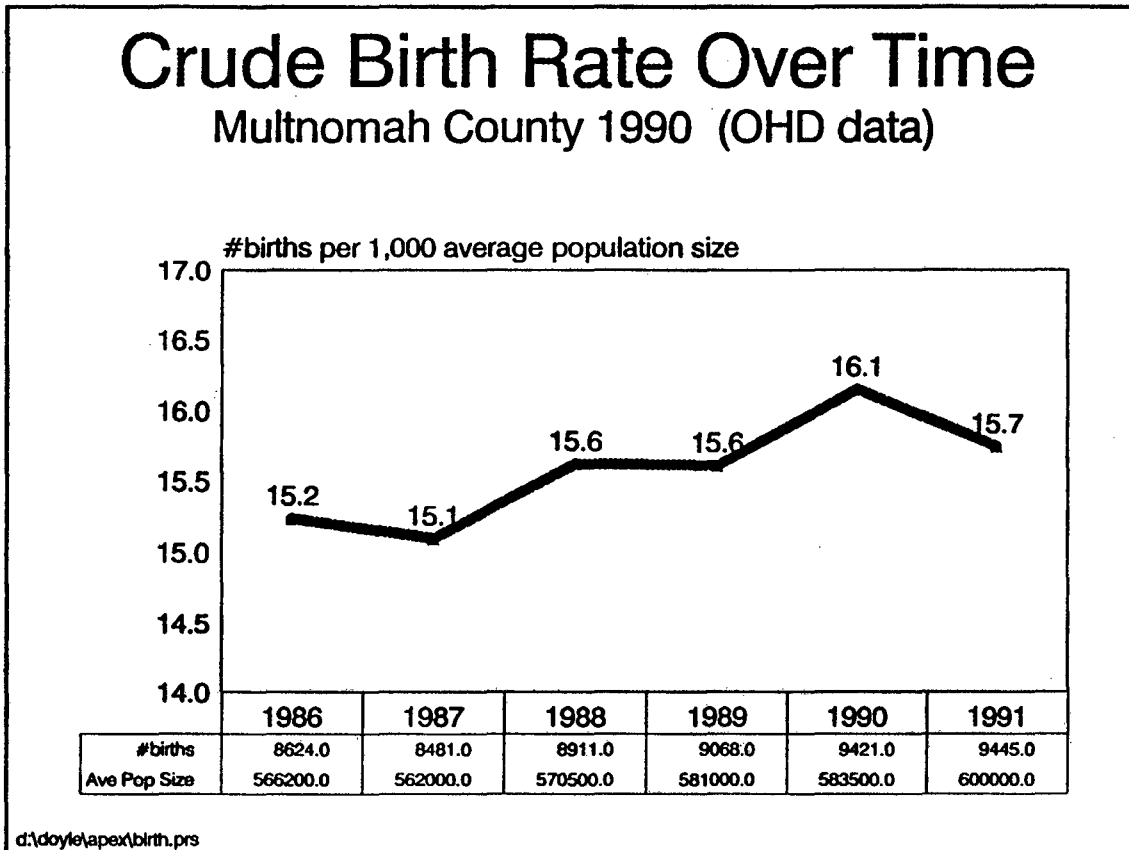


Figure1

Age-sex structures can affect crude birth rates which does not allow us to see differences between age groups. The age-specific birth rate is the number of births per 1,000 females of a particular age. Figure 2 shows that the age-specific birth rates for Multnomah County for 1990. In 1990 females between 25 and 29 years of age had the highest age-specific birth rate at 109 births per 1,000 females aged 25 to 29. Females less than 15 years of age had an age-specific birth rate of approximately 1.5 births per 1,000 females.

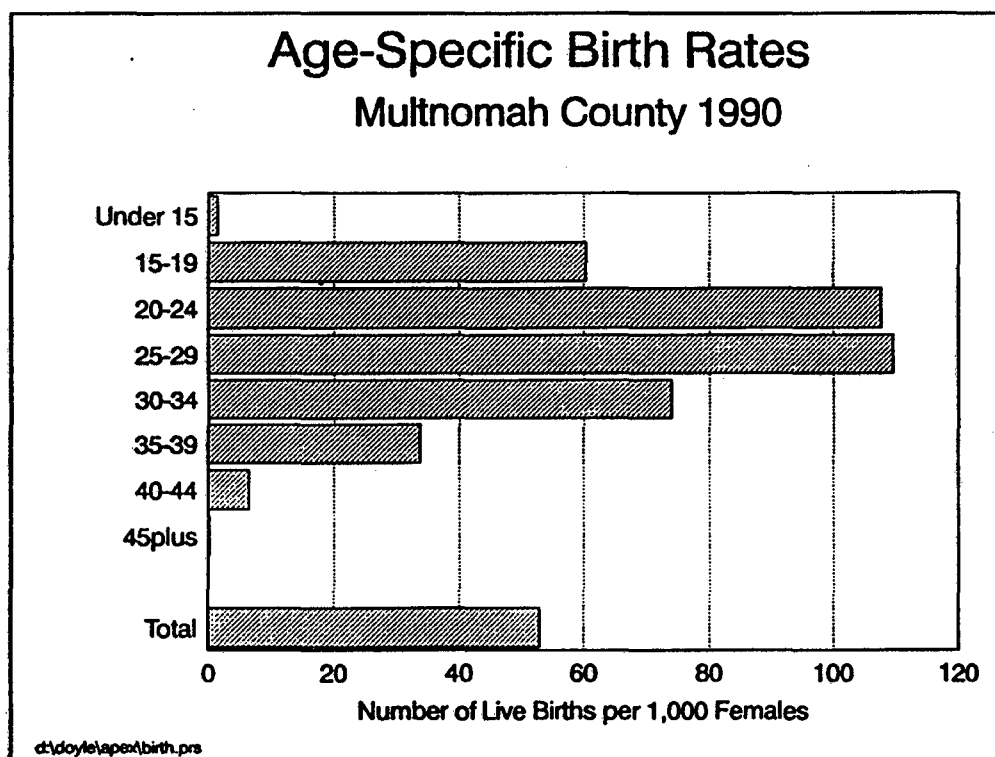


Figure 2

Birth rates do not apply evenly across all racial, ethnic, or socioeconomic groups. Pockets of high birth rates exist in Multnomah County. Figure 3 shows that in 1990 the CBR for Hispanics in Multnomah County was 22 births per 1,000 Hispanic individuals compared to 15 births per 1,000 Caucasian individuals.

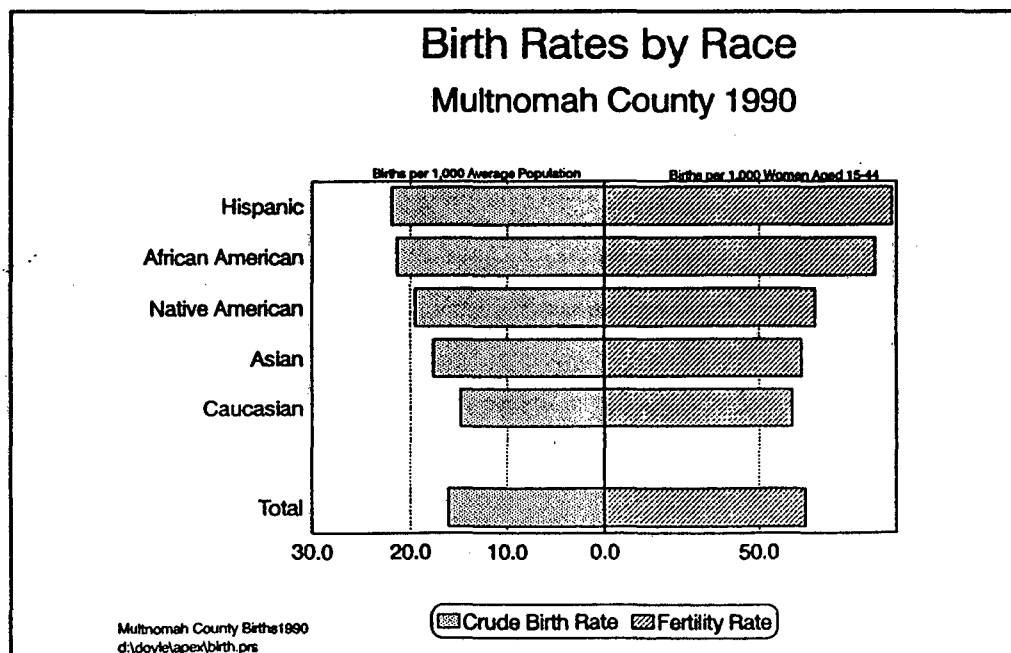


Figure 3

Fertility rate is the number of births born to 1,000 females between 15 and 44 years of age. **Figure 3** on the previous page also shows race-specific fertility rates for Multnomah County for 1990 for different racial/ethnic groups. Hispanics had the highest fertility rate with 94 births per 1,000 females between 15 and 44. African American fertility rate was 88 births per 1,000 females between 15 and 44. The overall fertility rate for the county for 1990, however, was 66 births per 1,000 females between 15 and 44 years of age.

The teen pregnancy rate is shown in **Figure 4** for two groups of teenagers (i.e., 15 to 17 years and 18 to 19 year olds). The teen pregnancy rate has remained about the same over time for the 15 to 17 year olds. In 1987 there were 74.1 teen pregnancies per 1,000 females aged 15 to 17 compared to 80.1 teen pregnancies per 1,000 females in 1991. To the contrary, the teen pregnancy rate has fluctuated over time for the 18 to 19 year olds. The rate for 1987 was 154.9 teen pregnancies per 1,000 females aged 18 to 19 compared to 179.9 teen pregnancies per 1,000 females aged 18 to 19 in 1991.

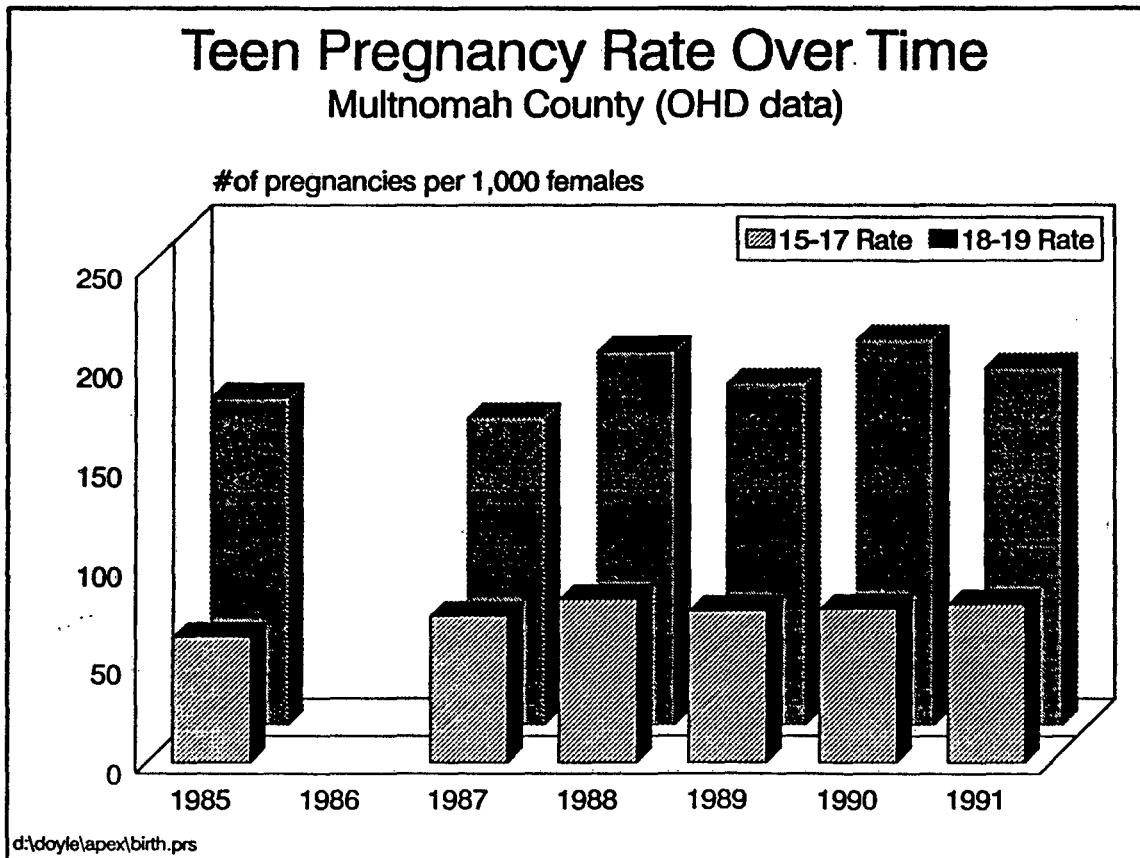


Figure 4

Figure 5 shows the percent of births by race with inadequate prenatal care. Inadequate prenatal care is defined as less than five prenatal visits or care begun in third trimester. There were 183.2 Native American births with inadequate prenatal care per 1,000 births. There were 176.6 Hispanic births with inadequate prenatal care per 1,000 births. This is compared to 73.3 inadequate prenatal care births per 1,000 births in Oregon overall.

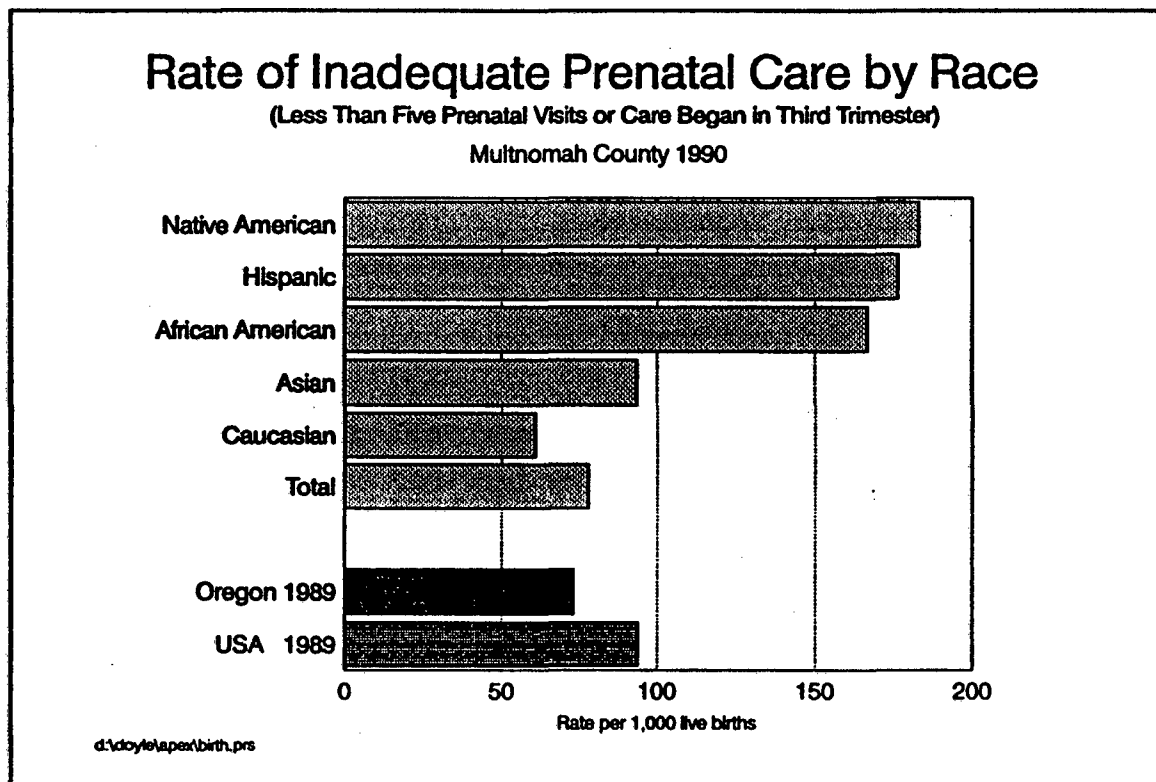


Figure 5

Low Birth Weight

In Oregon in 1989, 5.2% of the babies born weighed less than 2500 grams (low birth weight (LBW)). In Multnomah County in 1990, 5.7% of the babies were LBW. Figure 6 shows the distribution of low birth weight infants (less than 2500 grams) by mother's age in Multnomah County in 1990. This figure graphically ranks the age groups according the proportion of low birth weight babies within each group. Nearly 26% of the low birth weight infants were born to women between 20 and 24 years of age compared to almost 1% that are born to women less than 15 years of age.

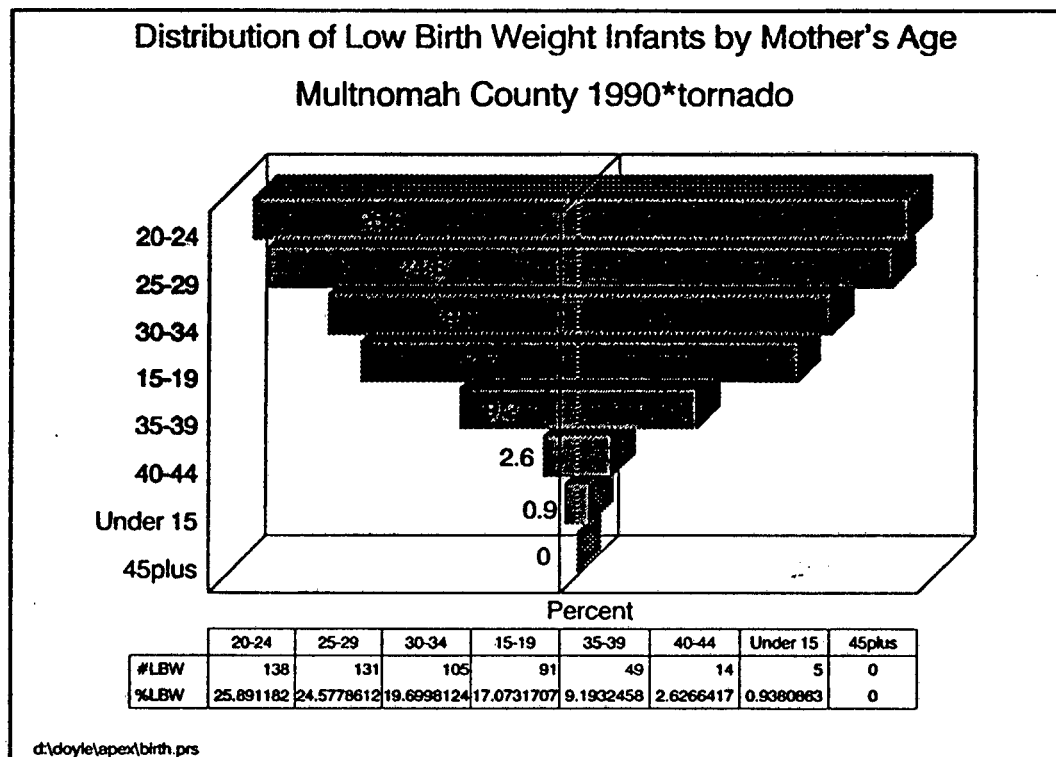


Figure 6

Figure 7 shows the age-specific low birth weight rates. This shows that 20% of the babies born to mothers less than 15 years of age were low birth weight. (The reason for the discrepancy between tornado figure and the previous figure is that there are fewer babies in number born to mothers less than 15 years of age compared to an older age group like the 30 to 35 year olds. Therefore, the rates for Figure 6 are lower for the mothers less than 15 years of age.)

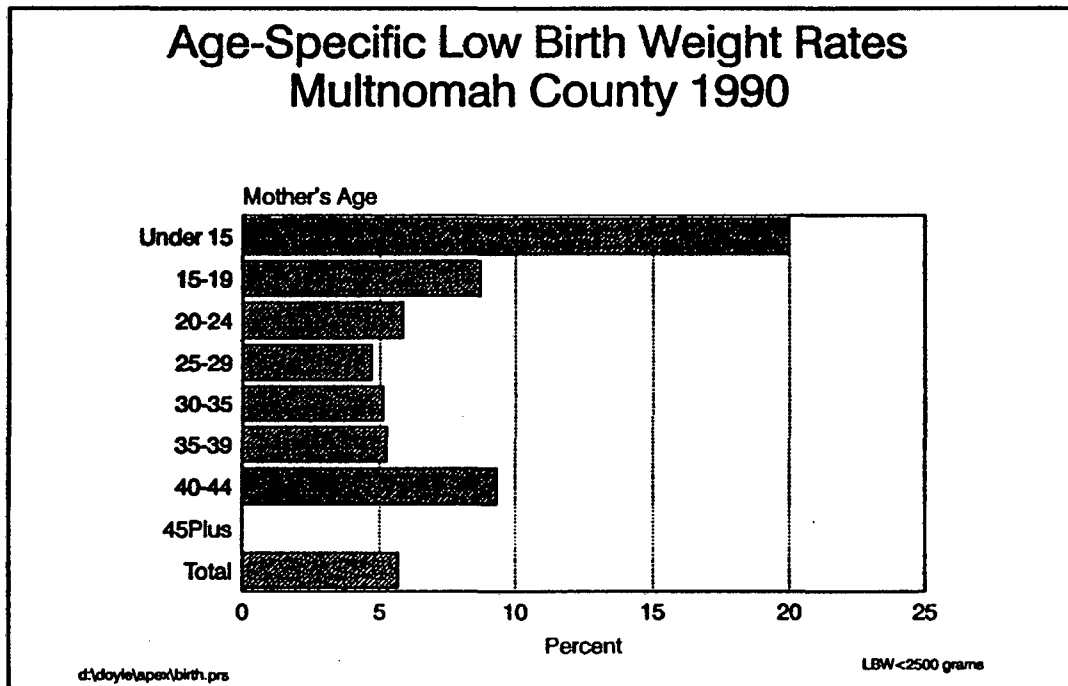


Figure 7

As with infant mortality, low birth weight is not comparable between subpopulations in Multnomah County. Figure 8 shows the race-specific low birth weight rates for Multnomah County for 1990. Almost 11% of the babies born to African American women were low birth weight compared to 5% for Caucasian women.

Race-Specific Low Birth Weight Rate Multnomah County 1990

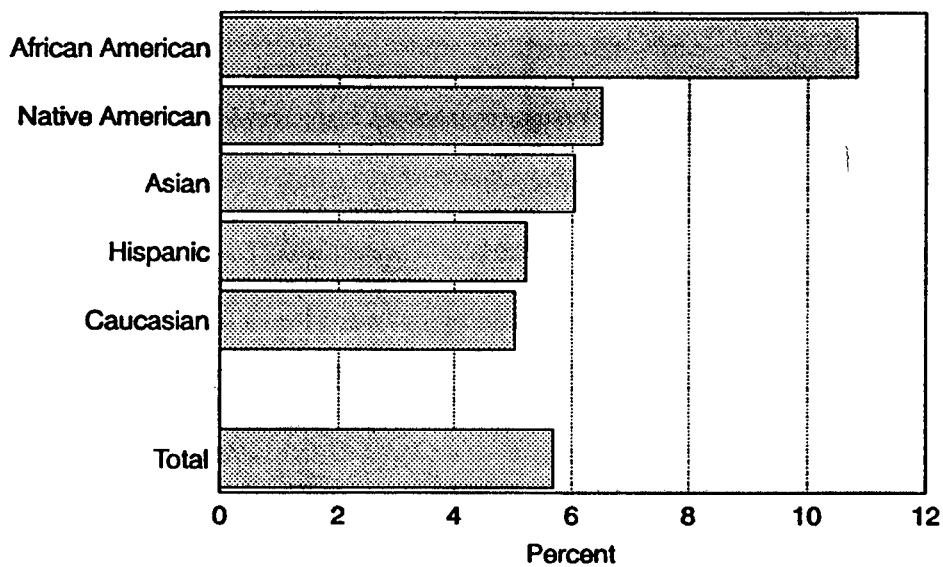


Figure 8

d:\doyle\apes\birth.prs

LBW < 2500 grams

Deaths

Infant mortality rate (IMR) is the number of infant deaths during the first year of life per 1,000 live births. IMR has increased since 1985 but no consistent trend exists over the last few years in Multnomah County (Figure 9). The IMR was 9.2 infant deaths per 1,000 births in 1985 compared to 10.9 infant deaths in 1991. IMR for Oregon in 1989 was 8.9. (Kids Count: State Profiles of Child Well-Being, 1992)

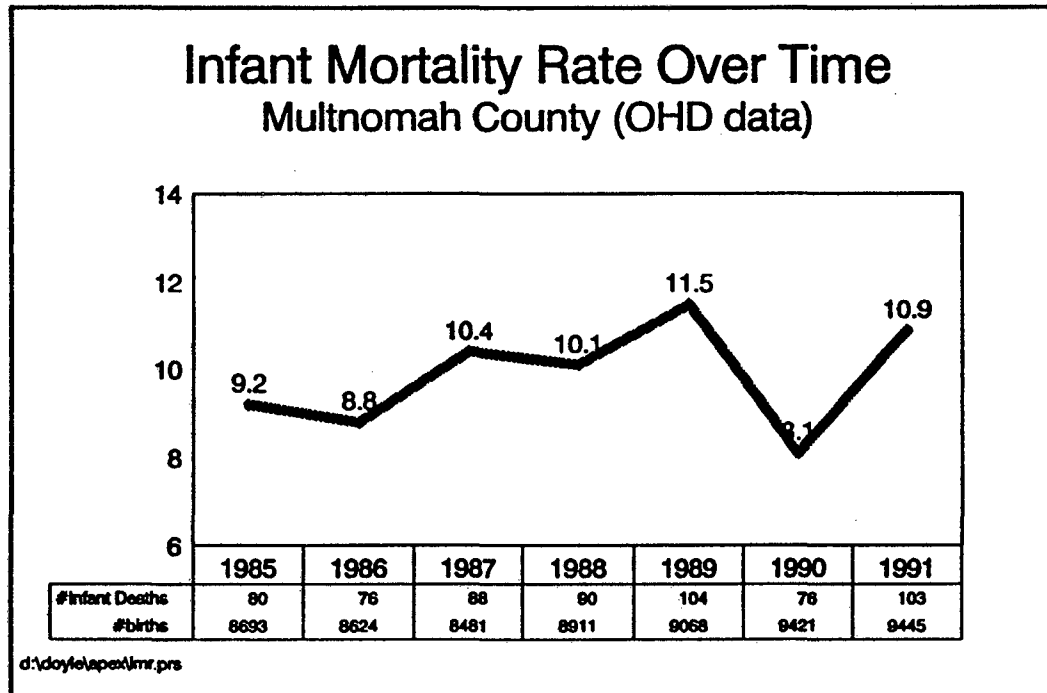


Figure 9

Figure 10 shows, however, a consistent increase in infant mortality rates over time for three year periods for Multnomah County. The IMR for the period 1985-1987 was 9.5 infant deaths per 1,000 live births. This is compared to 10.1 infant deaths per 1,000 live births for 1989-1991.

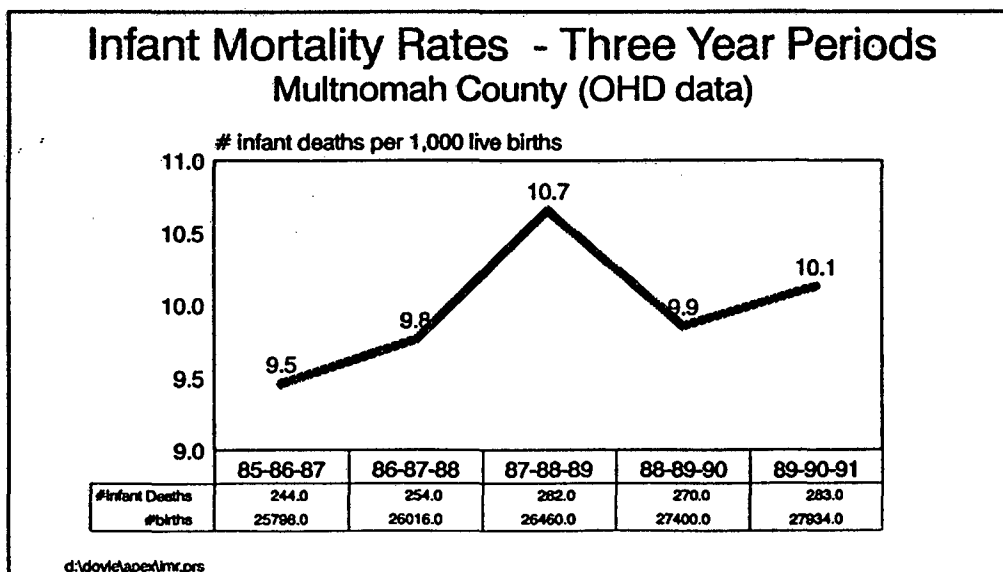


Figure 10

The fetal death rate is the number of fetal deaths 20 to 41 plus weeks gestation per 1,000 live births. The fetal death rate has increased in Multnomah County since 1988 (Figure 11). The fetal death rate was 5 fetal deaths per 1,000 births in 1988 compared to 6.7 fetal deaths per 1,000 births in 1990.

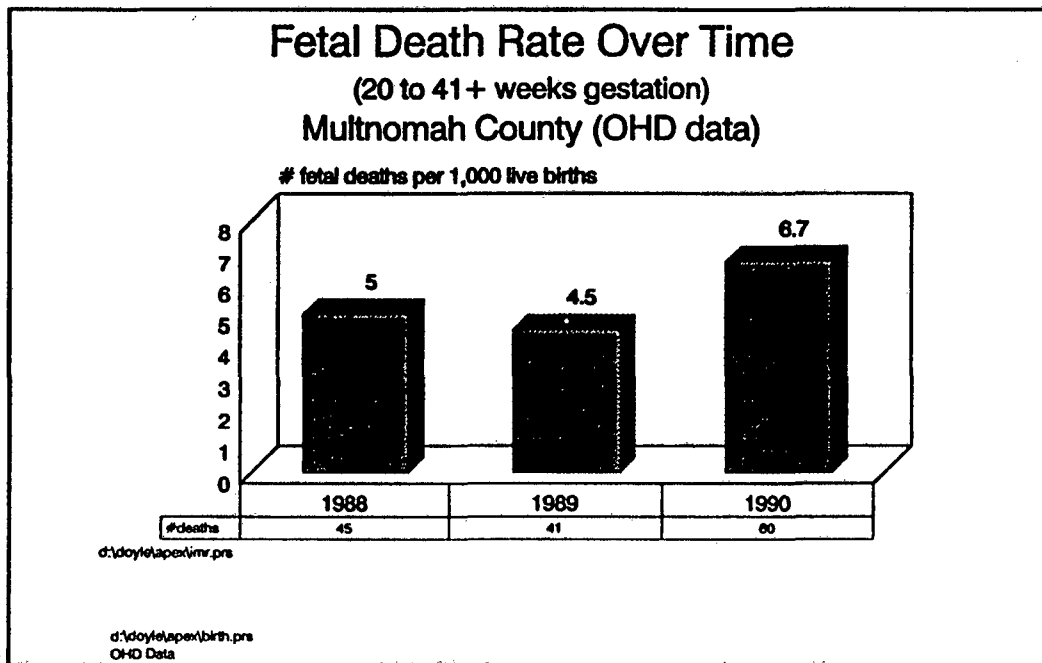


Figure 11

Figure 12 shows the neonatal and postneonatal death rates over time. Each bar represents the total number of infant deaths and what proportion occurred during the neonatal time period and what proportion occurred during the postneonatal time period.

The neonatal death rate is the number of neonatal deaths age less than 28 days per 1,000 live births. The neonatal death rate has remained about the same since 1988 in Multnomah County. The neonatal death rate was 6.5 neonatal death per 1,000 births in 1988 compared to 6.1 neonatal deaths per 1,000 births in 1991. The postneonatal death rate is the number of deaths occurring after 28 days but within the first year of life per 1,000 live

births. The postneonatal death rate has increased since 1988, yet is about the same for 1990 and 1991. The postneonatal death rate was 3.6 postneonatal deaths per 1,000 births in 1988 compared to 4.8 postneonatal death per 1,000 births in 1991.

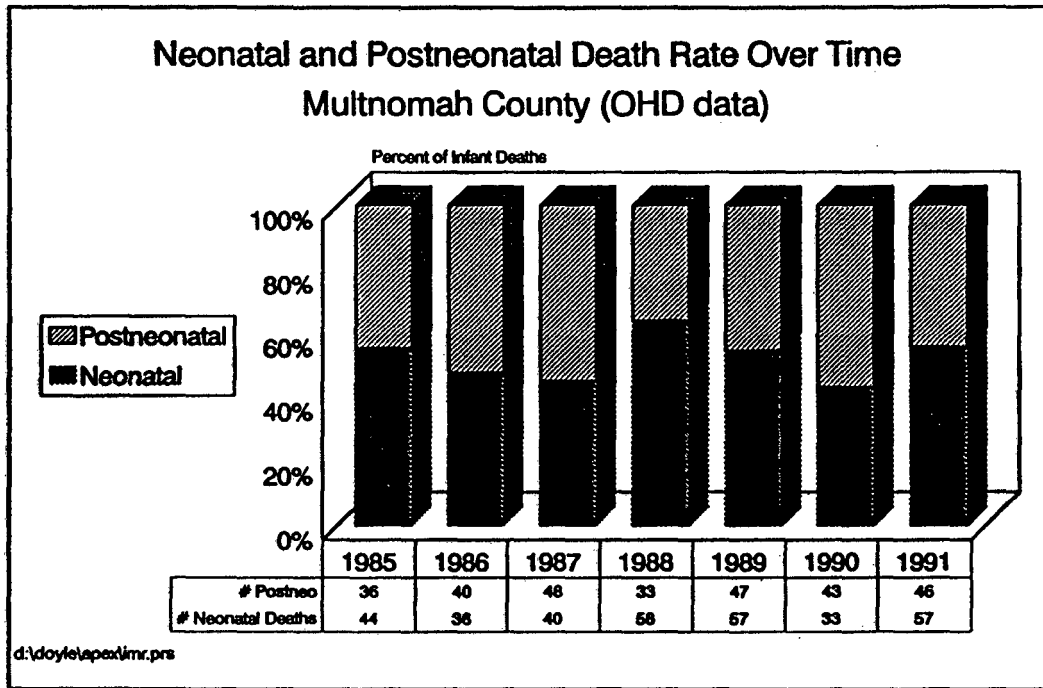


Figure 12

Although the infant death rate has shown only a slight increase in Multnomah County for a few years, infant mortality for African American infants is three times that of Caucasian infants. Figure 13 shows that the IMR for African Americans was 24 infant deaths per 1,000 African American births. This is compared to 7.4 for Caucasians and 5.0 for Hispanics for that same time period.

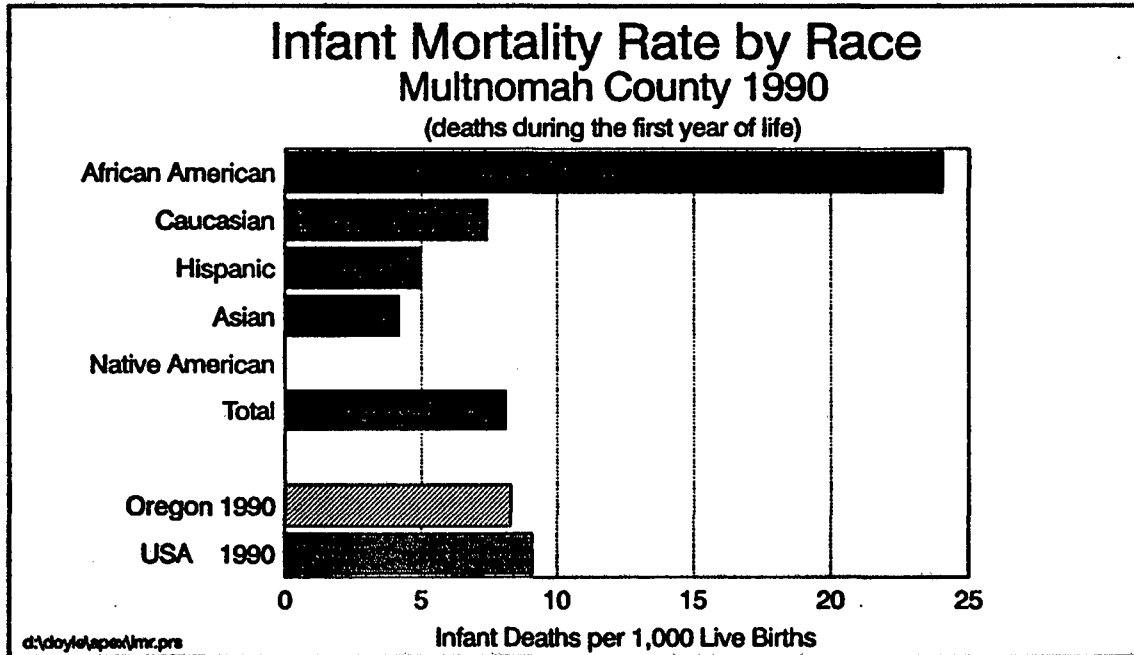


Figure 13

Figure 14 shows race-specific infant mortality rates over time for Caucasians and African Americans. As the figure shows African American IMR has always been greater than that for Caucasians. The IMR for 1991 is encouraging, though, as the gap has narrowed between the two groups.

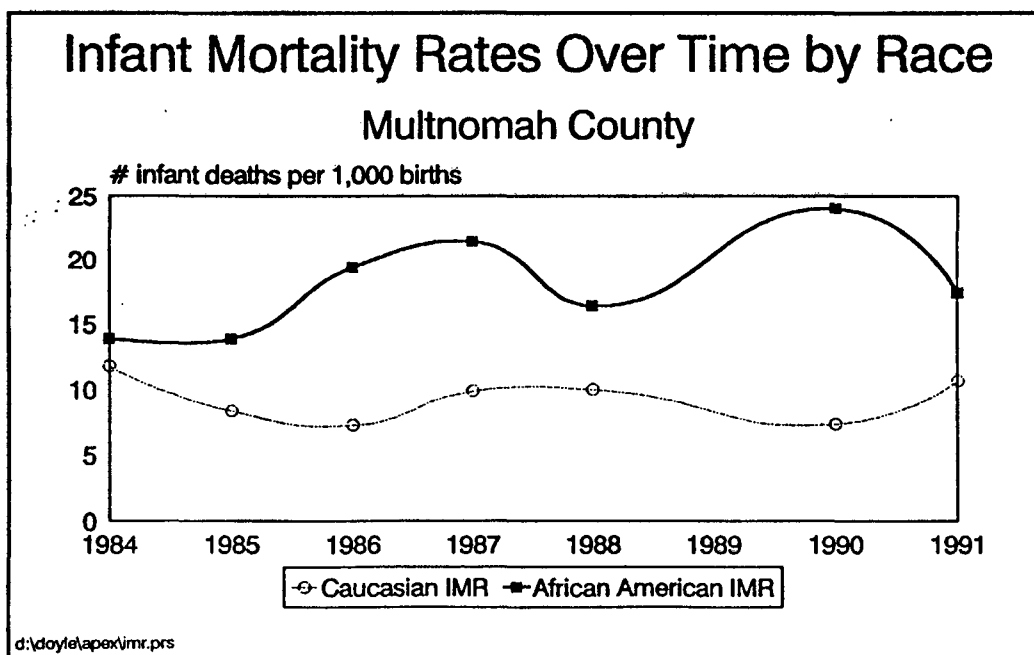


Figure 14

Figure 15 shows race-specific neonatal mortality rates for Multnomah County for 1990. African American neonatal mortality rate was 10.8 neonatal deaths per 1,000 births compared to 3.5 for the county as a whole.

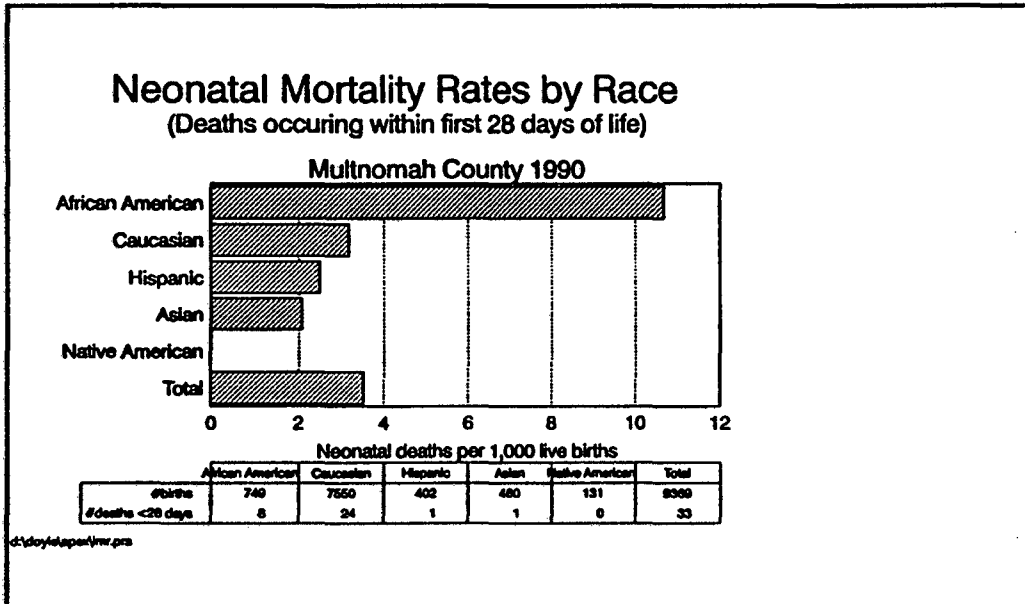


Figure 15

Figure 16 shows race-specific neonatal mortality rates over time for Caucasians and African Americans. As with IMR, African American IMR has always been greater; however, there appears to be no consistent pattern for either group.

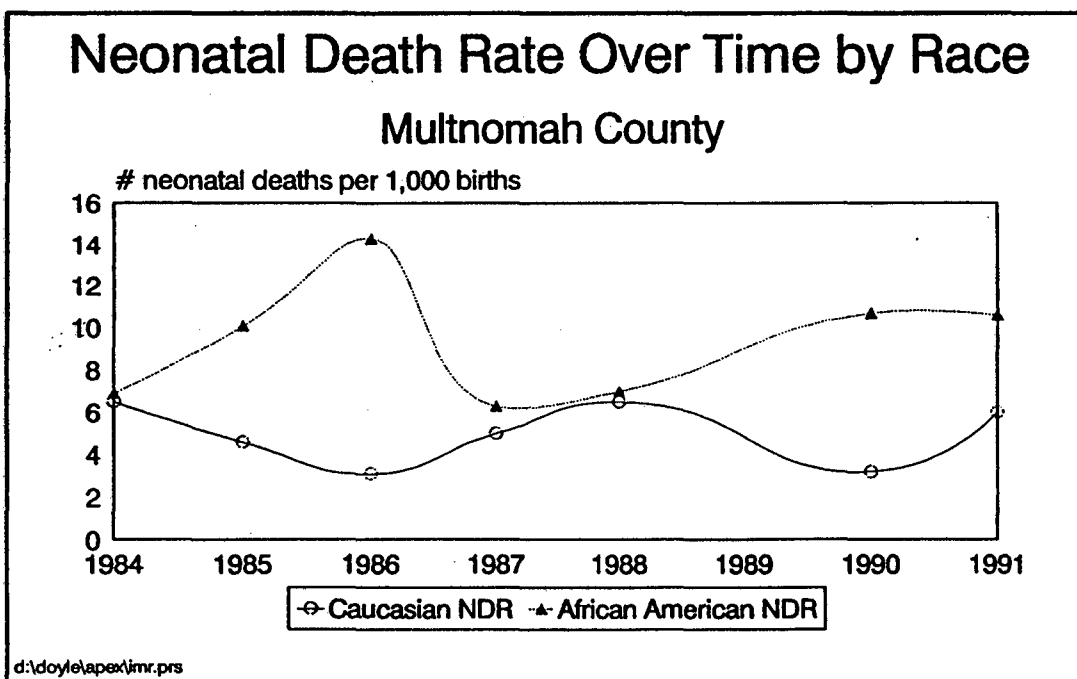


Figure 16

Figure 17 shows a similar trend with race-specific postneonatal mortality rates. The African American postneonatal death rate was 13.5 deaths per 1,000 births compared to the overall postneonatal death rate for Multnomah County which was 4.6 deaths per 1,000 births for 1990.

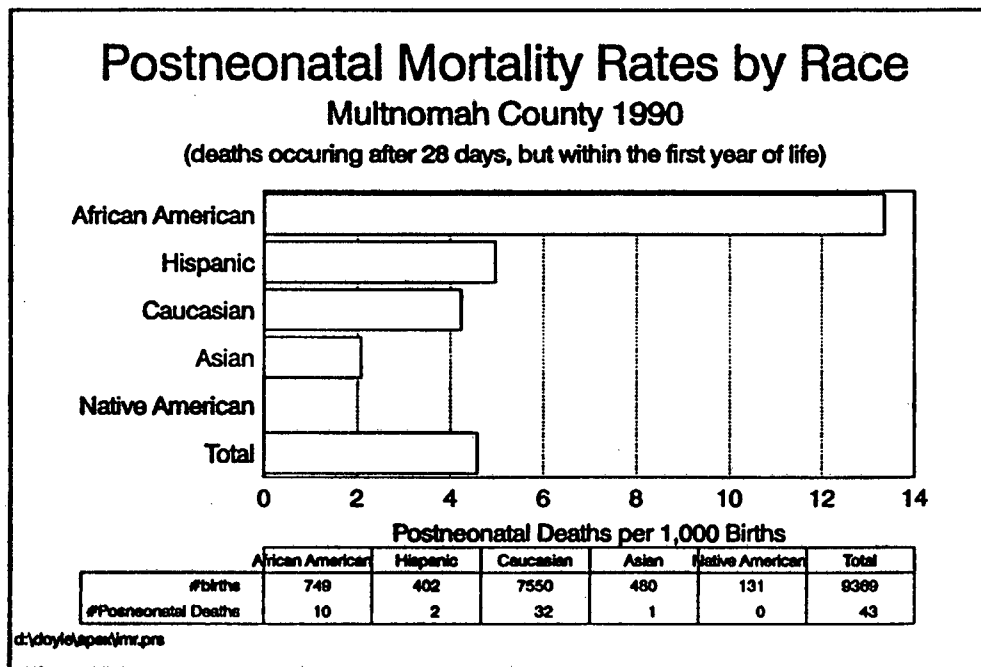


Figure 17

Figure 18 shows the race-specific postneonatal death rates over time for Caucasians and African Americans. The Caucasian postneonatal death rate has fluctuated somewhat over time but shows no consistent increase. The African American postneonatal death rate, though, has fluctuated dramatically over time. The figure for 1991 for African Americans is encouraging, however, as it has decreased and is closer to that of Caucasians.

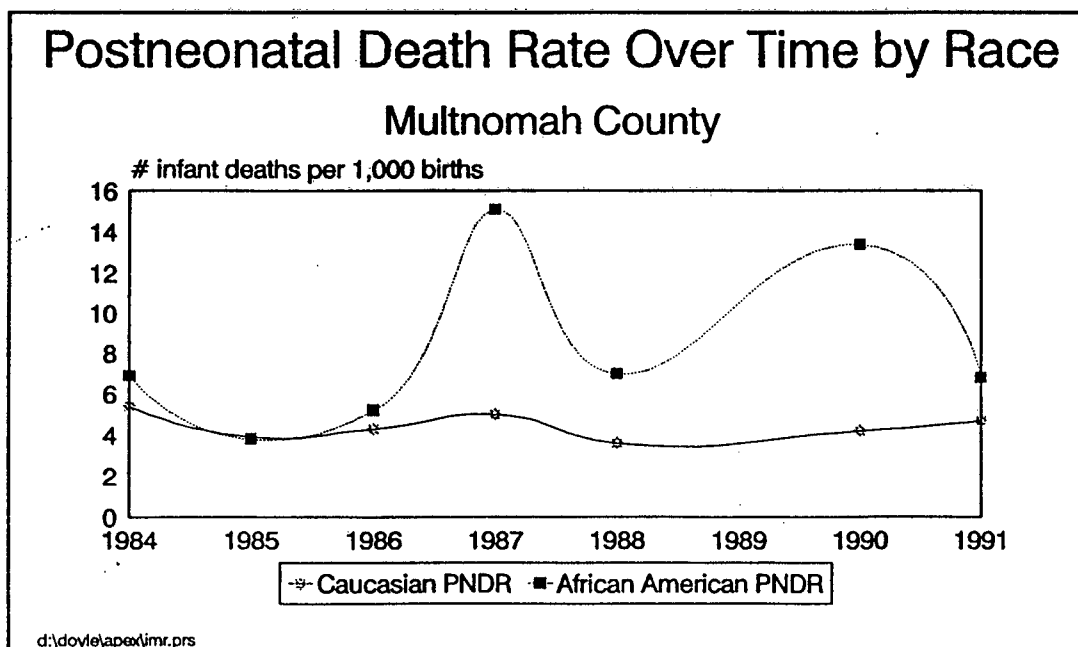


Figure 18

IV. DEATH DATA: MULTNOMAH COUNTY, 1989-1991

Years of Potential Life Lost (YPLL) is a measure of mortality that looks at premature deaths. The calculation used in the following presentation counts deaths prior to age 65 as premature, and looks at the number of years of life lost when a death occurs prior to age 65. So, for example, a death occurring at age 40 results in 25 years of potential life lost; a death occurring at age 1 results in 64 years of potential life lost; a death occurring at age 67 results in 0 years of potential life lost. YPLL is a measure of mortality that emphasizes deaths that occur at younger ages, and thus emphasizes causes of death that tend to occur to younger people.

In looking at YPLL across different groups in the County (males, females, and racial/ethnic groups), we have calculated YPLL rates because the sizes of the groups are so different. Calculating rates allows for comparison across groups. YPLL rates were calculated by dividing the total YPLL for a group by the population <65 for that group (and multiplying by 100,000). A YPLL rate is actually the number of years of potential life lost per 100,000 population in the group.

Death rates are calculated by dividing the number of deaths (for a group) by the population (for that group) and multiplying by 100,000. Deaths rates are the number of deaths per 100,000 population in a group.

Table I shows Years of Potential Life Lost (YPLL) rates, the ranking of YPLL rates; Death rates, with the ranking of the death rate; death rates for males and females for each Racial/Ethnic group in Multnomah County. In this table cause of death appears in the order of YPLL ranking for each racial group. It is apparent from a quick review of the table that racial groups vary in the leading cause of years of life lost; and in leading causes of death.

**TABLE I. YPLL RATES AND DEATH RATES: RACIAL/ETHNIC GROUPS
MULTNOMAH COUNTY: 1989-91**

GROUP: WHITE						DEATH	DEATH
<u>CAUSE</u>	<u>YPLL RATE</u>	<u>RANK</u>	<u>TOTAL</u>			<u>RATE</u>	<u>RATE</u>
			<u>DEATH RATE</u>	<u>RANK</u>	<u>MALE</u>	<u>FEMALE</u>	
CANCER	997.8	1	236.1	2	245.9	226.9	
INJURY	853.9	2	36.2	3	49.5	23.7	
HEART/VESSEL	727.2	3	406.9	1	368.1	443.4	
AIDS	530.8	4	18.2	6	36.3	1.1	
SUICIDE	455.1	5	18.8	5	28.6	9.7	
ALCOHOL	224.4	6	19.7	4	32.2	7.8	
HOMICIDE	187.7	7	5.0	7	8.1	2.0	
GROUP: AFRICAN AMERICAN						DEATH	DEATH
<u>CAUSE</u>	<u>YPLL RATE</u>	<u>RANK</u>	<u>TOTAL</u>			<u>RATE</u>	<u>RATE</u>
			<u>DEATH RATE</u>	<u>RANK</u>	<u>MALE</u>	<u>FEMALE</u>	
INJURY	1690.1	1	49.3	3	77.3	22.3	
HOMICIDE	1516.9	2	42.7	4	65.7	20.5	
HEART/VESSEL	1036.0	3	295.1	1	288.1	301.7	
CANCER	943.2	4	179.3	2	220.4	139.7	
AIDS	365.9	5	13.3	6	27.1	0	
ALCOHOL	329.9	6	17.1	5	25.1	9.3	
SUICIDE	293.8	7	6.6	7	13.5	0	
GROUP: NATIVE AMERICAN						DEATH	DEATH
<u>CAUSE</u>	<u>YPLL RATE</u>	<u>RANK</u>	<u>TOTAL</u>			<u>RATE</u>	<u>RATE</u>
			<u>DEATH RATE</u>	<u>RANK</u>	<u>MALE</u>	<u>FEMALE</u>	
INJURY	1691.4	1	59.4	3	83.9	37.5	
HOMICIDE	1066.9	2	29.7	5	52.4	9.4	
ALCOHOL	832.7	3	49.5	4	73.4	28.1	
CANCER	468.4	4	79.2	2	52.5	103.1	
HEART/VESSEL	572.5	5	99.0	1	136.4	65.6	
AIDS	520.4	6	19.8	6	42.0	0	
SUICIDE	0	7	0	7	0	0	
GROUP: ASIAN						DEATH	DEATH
<u>CAUSE</u>	<u>YPLL RATE</u>	<u>RANK</u>	<u>TOTAL</u>			<u>RATE</u>	<u>RATE</u>
			<u>DEATH RATE</u>	<u>RANK</u>	<u>MALE</u>	<u>FEMALE</u>	
CANCER	511.0	1	80.5	2	96.5	64.9	
HOMICIDE	448.1	2	11.0	4	12.4	9.6	
SUICIDE	349.8	3	9.7	5	12.4	7.2	
INJURY	314.4	4	13.4	3	83.9	37.5	
HEART/VESSEL	294.8	5	119.5	1	136.4	65.6	
AIDS	13.1	6	1.2	6-7	2.5	0	
ALCOHOL	13.1	7	1.2	6-7	2.5	0	
GROUP: HISPANIC						DEATH	DEATH
<u>CAUSE</u>	<u>YPLL RATE</u>	<u>RANK</u>	<u>TOTAL</u>			<u>RATE</u>	<u>RATE</u>
			<u>DEATH RATE</u>	<u>RANK</u>	<u>MALE</u>	<u>FEMALE</u>	
INJURY	973.0	1	28.7	3	46.3	8.0	
HOMICIDE	843.6	2	21.5	4-5	33.0	8.0	
SUICIDE	506.2	3	12.6	7	19.8	4.0	
ALCOHOL	337.4	4	21.5	4-5	33.0	8.0	
CANCER	313.1	5	30.5	2	23.1	32.1	
AIDS	300.0	6	14.3	6	19.8	8.0	
HEART/VESSEL	75.0	7	41.3	1	56.2	20.1	

1. YPLL RATES ARE CALCULATED BY (A) SUMMING THE TOTAL YEARS OF POTENTIAL LIFE LOST FOR 1989, 1990, 1991 (B) DIVIDING BY THE 1990 POPULATION UNDER AGE 65; (C) DIVIDING THE THREE YEAR RATE BY THREE.

2. DEATH RATES ARE THREE YEAR RATES (TOTAL DEATHS FOR YEARS 1989, 1990, 1991) USING THE 1990 POPULATION, AND THEN DIVIDED BY THREE TO GET A SINGLE YEAR RATE.

ypldr89

Table II shows Years of Potential Life Lost (YPLL) rates by cause for Multnomah County as a whole (TOT); for males and females in the County; and for Racial/Ethnic groups in the County. It is apparent that rates for males and females are different; and that rates across racial/ethnic groups are different. The leading cause of years of potential life lost for males is injury, while the leading cause for females is cancer. Males have higher YPLL rates for every cause of death listed, except for cancer, where the rates for males and females are about the same. Among racial/ethnic groups, both African Americans, and Native Americans have much higher injury YPLL rates than the population of the County as a whole. All races of color show higher homicide YPLL rates than the county as a whole, with the African American rate being five times higher and the Native American rate 3.5 times higher than the County as a whole. The Native American alcohol YPLL rate is 3.7 times higher than the County as a whole.

TABLE II. YPLL RATES FOR PRIMARY CAUSES OF DEATH:
MULTNOMAH COUNTY: 1989-1991

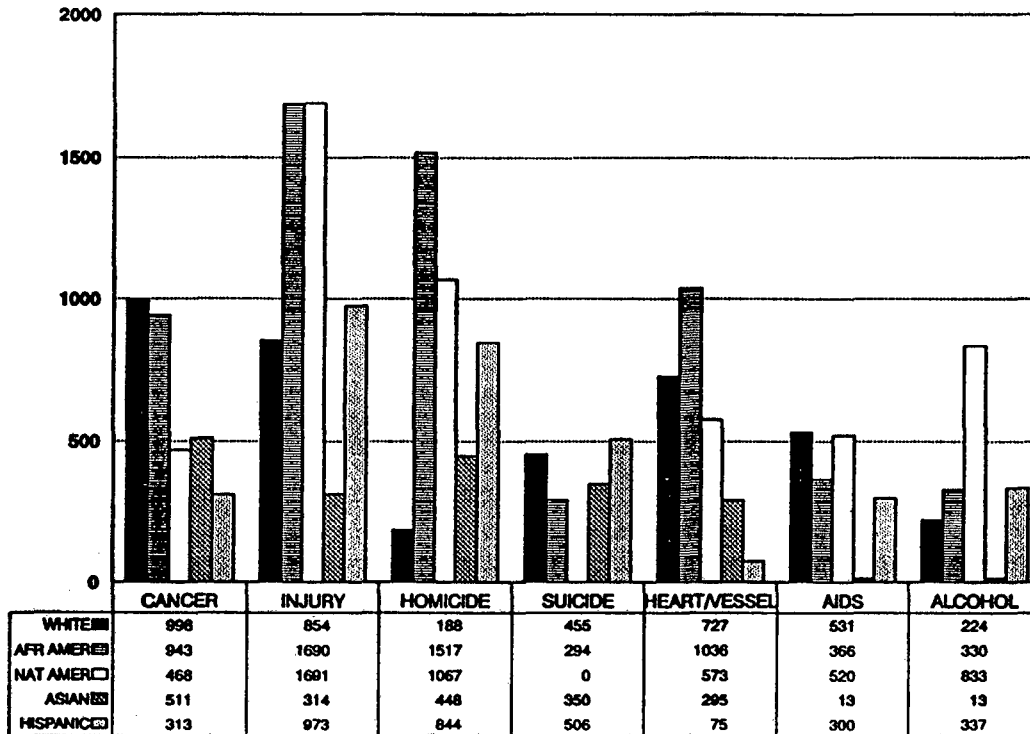
CAUSE:	TOT	MALE	FEMALE	WHITE	AFR AMR	NAT AMR	ASIAN	HISP
INJURY	899	1318	476	854	1690	1691	314	973
HOMICIDE	300	452	147	188	1517	1067	448	844
SUICIDE	430	648	209	455	294	0	350	506
HEART/VESSEL	719	984	452	727	1036	573	295	75
CANCER	952	975	928	998	943	468	511	313
AIDS	487	945	25	531	366	520	13	300
ALCOHOL	225	346	103	224	330	833	13	337

Rates are calculated by : (1) determining years of potential life lost (YPLL) for a group for 1989, 1990, 1991; (2) dividing that number (Total YPLL) by the population age 64 and younger in that group and multiplying by 100,000; this gives a three-year rate; (3) dividing by three to get a one year rate. YPLL rates allow comparison across groups of varying sizes.

Figure 1 is a graphic display of YPLL rates for the primary causes of death for each racial/ethnic group in Multnomah County.

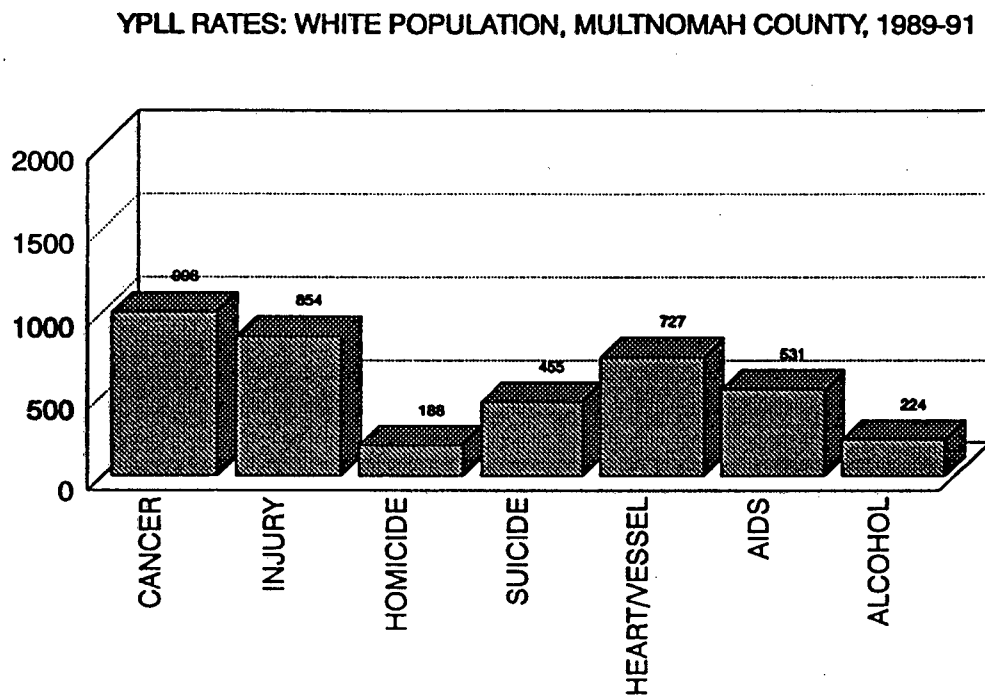
Figure 1

YPLL RATES FOR SELECTED CAUSES OF DEATH: MULTNOMAH COUNTY, 1989-91
A COMPARISON BY RACE



Figures 2 through 6 display YPLL rates for each racial/ethnic group separately.

Figure 2



YPLL RATES: AFRICAN AMERICAN POPULATION, MULTNOMAH COUNTY, 1989-91

Figure 3

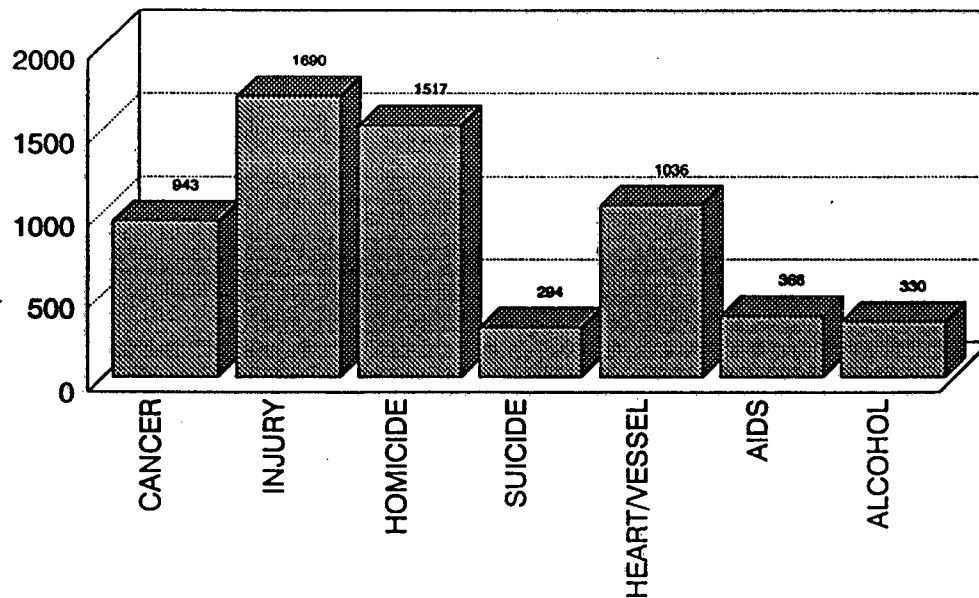


Figure 4

YPLL RATES: NATIVE AMERICAN POPULATION, MULTNOMAH COUNTY, 1989-91

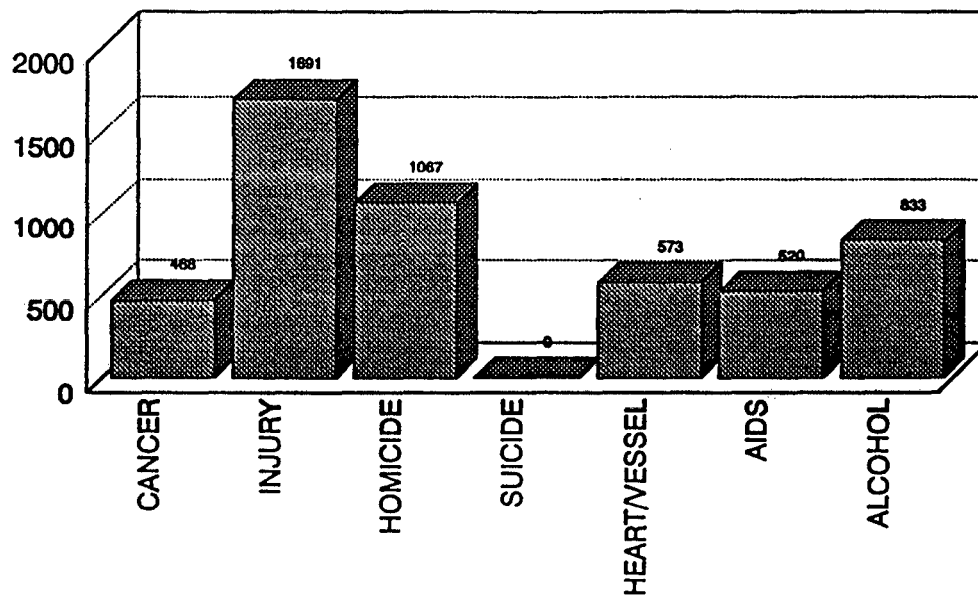


Figure 5

YPLL RATES: ASIAN POPULATION, MULTNOMAH COUNTY, 1989-91

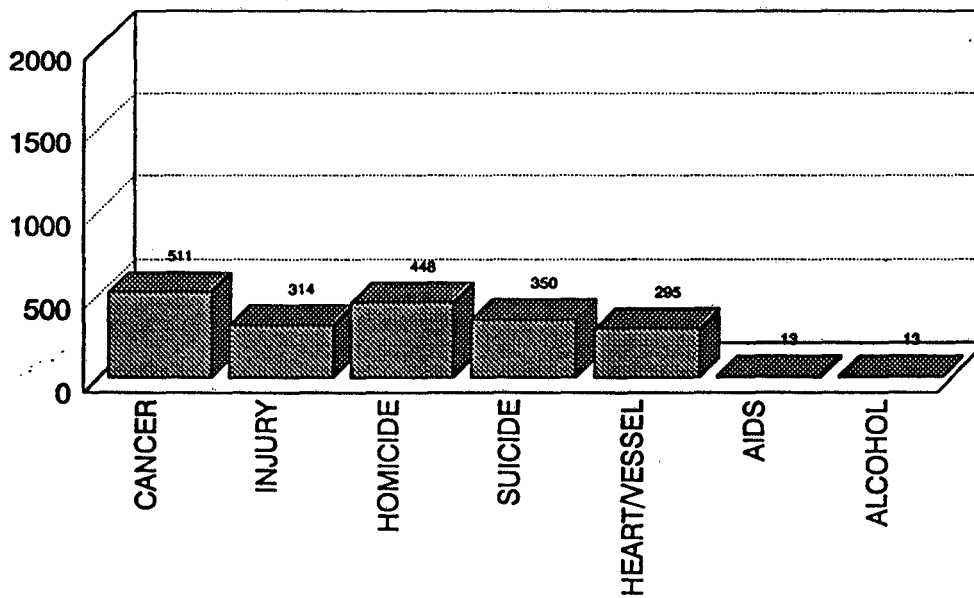


Figure 6

YPLL RATES: HISPANIC POPULATION, MULTNOMAH COUNTY, 1989-91

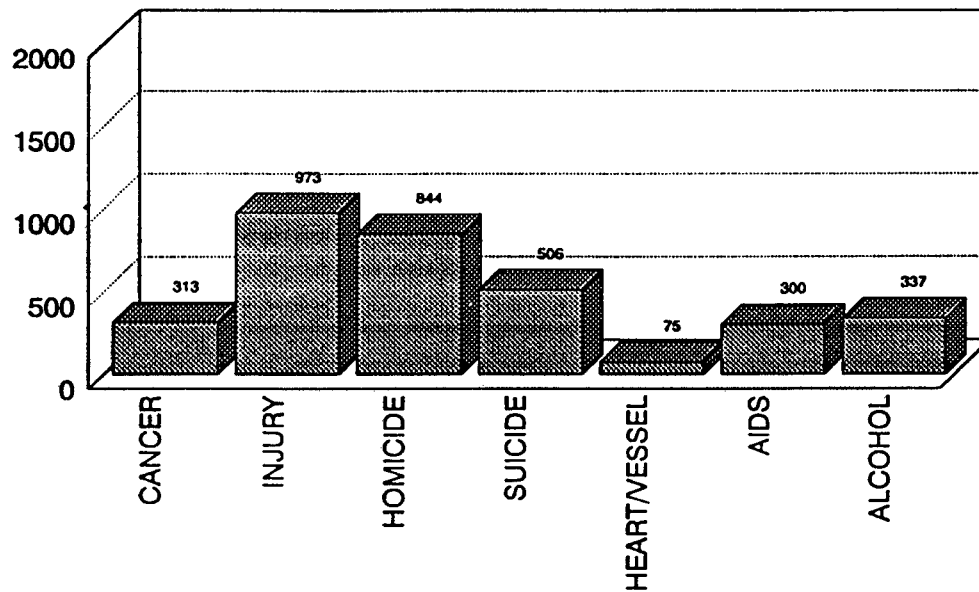
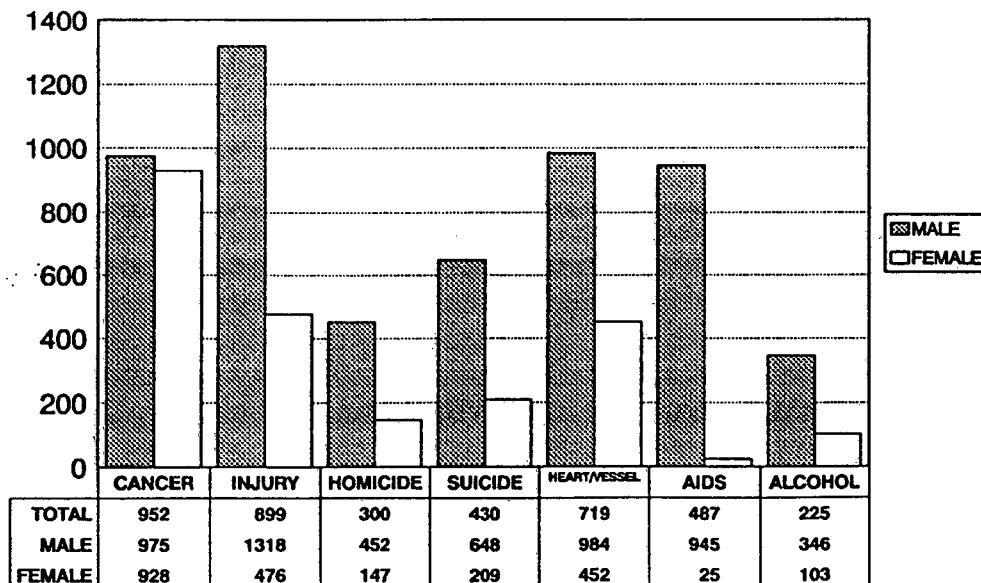


Figure 7 displays YPLL rates for males and females in Multnomah County.

**YPLL RATES FOR PRIMARY CAUSES OF DEATH:
MULTNOMAH COUNTY, 1989-91**

Figure 7

A COMPARISON OF MALES AND FEMALES



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V. SOCIOECONOMIC AND DEMOGRAPHIC DESCRIPTION OF MULTNOMAH COUNTY INTEGRATED SERVICE AREAS

We are currently compiling data from the 1990 Census that will describe Multnomah County Integrated Service Areas. The service areas are East County, Mid County, Northeast Portland, North Portland, Southeast Portland, Westside Portland, and Burnside. The following demographic and socioeconomic data will be presented for each service area: population, number of households, population by age and sex, racial/ethnic distribution, numbers of persons on public assistance, individuals below the poverty level, household income, household type (e.g. single females with children <18) by race/ethnicity, language spoken in household.

After the descriptive demographic census data has been tabulated for each service area, we will begin an analysis of birth and death data for each service area.

II. OPPORTUNITIES FOR IMPROVEMENT: (Building on the Foundation)

1. The Department does not do community health assessment or develop a community health plan including:
 - (a) risk factor surveys
 - (b) data review, trend review
 - (c) developing objectives
 - (d) setting priorities
 - (e) reviewing the plan with the community
2. There is no public review and discussion of the Department mission and role.
3. There is no means of regular public communication, or a plan for informing the public about community public health issues.
4. The Department does not include the following community groups to determine community need:
 - (a) key individuals and organizations
 - (b) interest groups
 - (c) hospitals/health human service agencies
 - (d) educational institutions
 - (e) other stakeholders

III. CONCLUSION

In reviewing the strengths and opportunities for improvement it appears that the Department has built the foundation that must be in place for daily operation. The authority to operate, advocacy, the working relationship with the state health authority, sound financial management, and strong staff and personnel policies are all in place. With the foundation in place, it would seem logical to proceed with the next steps of fostering relationships with community groups; doing a community health assessment; and developing a community health plan.

APEX FINDINGS: GENERAL SUMMARY AND CONCLUSIONS

I. STRENGTHS: (The Department Foundation)

1. The Department has legislative/statutory responsibilities and authorities that it understands and carries out.
2. Cupboard (AKA DAT) acts as an advocate regarding public policy, policy setting, state and local decision making, securing resources.
3. The Department receives local tax funds, and programs are authorized by the Board of County Commissioners.
4. The Department has a good working relationship with the State Health Division, and is well represented on the Conference of Local Health Officials (CLHO.)
5. The Department director is responsible for internal administration of the department and selects qualified staff.
6. The Department has the following personnel strengths:
 - (a) recruitment, selection, appointment policies and procedures
 - (b) grievance procedures and policies
 - (c) job descriptions
 - (d) confidential personnel files
 - (e) working relationship between labor unions and management
7. The Department has staff expertise in:
 - (a) a health officer who maintains relationships with the private medical community
 - (b) staff who review/analyze morbidity/mortality data
 - (c) staff experienced as grant writers
 - (d) staff with planning/evaluation skills
8. The Department has a strong financial management system, including:
 - (a) a budget is adopted by cupboard (AKA DAT)
 - (b) management/staff involvement in budget development
 - (c) an understanding of the responsibility to the public for wise financial management
 - (d) a diverse funding base
 - (e) a budget that reflects problem areas
 - (f) a finance director who oversees all financial transactions
 - (g) use of generally accepted accounting procedures