

# Health Department

---



---

## Table of Contents

Departmental.....	1	1
Mission.....		1
Vision.....		1
Department Goals.....		1
Measure 47 Response.....		1
Department Services.....		5
Performance Trends.....		6
Expenditure and Revenue Graphs.....		8
Budget Trends.....		9
Issues and Opportunities.....		10
Oregon Quality Assessment Summary.....		12
Director's Office.....		13
Regulatory Health.....		15
Division Management.....		17
Medical Examiner.....		18
Emergency Medical Services.....		19
Violence Prevention.....		20
Disease Control.....		21
Division Management.....		24
Immunization.....		25
HIV Prevention.....		26
Health Inspectors.....		27
Vector Control.....		28
Lead Screening.....		29
STD Clinic/Epidemiology.....	30	30
HIV Client Services.....		31
HIV Treatment Clinic.....		32
TB Management Clinic.....		33
Communicable Disease.....		34
Occupational Health.....		35
Neighborhood Health.....		36
Division Management.....		39
School Health Centers.....		40
Field Teams.....		41
Teen Family Support.....		42
Neighborhood Access Sites.....		43
Field Program Management.....		44
WIC.....	45	45
Breast & Cervical Cancer Partnership.....		46

# Health Department

CareOregon.....	47. 47
Primary Care Division.....	48. 48
Division Management.....	50. 50
Medical Director.....	51
Homeless Children's Project.....	52
Primary Care Clinics.....	53
Linkage.....	55. 55
Dental Services.....	56. 56
Division Management.....	58
School & Community Dental Services.....	59
Clinical Services.....	60. 60
Multi-Care Managed Dental Care Organization.....	61
Support Services.....	62. 62
Division Management.....	64. 64
Pharmacy Services/SSS.....	65. 65
Laboratory Services.....	66. 66
Information & Referral.....	67. 67
Language Services.....	68. 68
Communications.....	69. 69
Business & Administrative Services.....	70. 70
Division Management.....	72. 72
Grants Management.....	73. 73
Medical Claims Processing.....	74. 74
Human Resources.....	75. 75
Data Systems.....	76. 76
Medicaid/Medicare Eligibility.....	77. 77
Corrections Health.....	78. 78
Clinical Services.....	80. 80
Mental Health Services.....	81

# Health Department

---

---

## Mission

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

## Vision

Healthy People in Healthy Communities

## Department Goals

- Maintain or decrease levels of reportable diseases.
- Contribute to a reduction in the incidence and impact of disease.
- Improve access to health care (including dental care) services for medically underserved residents.
- Contribute to a reduction in the teen pregnancy rate.
- Decrease substance abuse and its impact on families.
- Contribute to a reduction in all forms of violence in our community.
- Improve the percentage of babies born healthy in our community.

## Measure 47 Response

Most of the Health Department is funded through a mix of categorical grants, fee revenues, and general funds. Categorical grants and fee revenues are generally declining. However, the loss of general funds is by far the largest loss.

In absolute terms (adopted 1997 to adopted 1998) the gross FTE count drops by slightly less than 40 FTE.

## Reduction Strategies Measure 47

Immediately following the passage of Measure 47, the Department developed a decision making framework for the 1997-98 budget. Selected examples of the framework include:

- The agency must not become only an assessment/policy/planning agency; our strength comes from bringing service delivery to the policy table.
- Our services must remain grounded, visible, and integrated into the community.
- We must constantly use our resources to not just provide, but to also leverage access to needed services for residents.

# Health Department

---

---

- We would not use as a cost saving approach a reduction in quality in all programs.
- We would stay open to revised or new roles for the Department, which support and strengthen the national continuum of health care for all residents.

The Department then developed a set of specific strategic directions to guide it through developing its first Measure 47 Budget. These directions were organized by Division, and may be generalized into the following groups:

1. Immediate one-time only cuts designed to enhance existing working capital.
2. Immediate, continuing cuts into next fiscal year. Not starting a project budgeted to begin during 1996-97 fits into this group.
3. Program cuts in existing, developed programs.
4. Efficiencies that would make less dependence on Measure 47.

These strategic directions served two purposes. First, they formed the Department's plan for hitting its goal for reduced spending in 1996-97. Second, they formed the framework for spreading the effect of Measure 47, when that effect becomes assigned to health.

Reductions submitted were as follows:

## Primary Care

- Close East County and North Portland Health Centers. Up to 75 – 90% of the Division's current 10,500 self-pay clients will lose access to care. These closures result in the loss of 51 FTEs.
- The Budget includes \$1.3 million to allow flexibility in exploring partnerships with the community in reaching a long-term solution to the problem of access for the uninsured.
- WIC transfer to Neighborhood Health; the program is redesigned to allow elimination of \$700,000 General Funds and a reduction of 40 FTEs.

## Neighborhood Health

- Two new Neighborhood Access sites will be opened with new funding provided in 1996-97. The first site, at SEI, will be opened with existing field resources. This loss annualizes to six FTEs.
- Efforts to improve African American birth outcomes is focused into a single work unit.
- Additional school is added to School Based Health Clinics.
- Immunizations Unit is eliminating the bilingual Spanish outreach position. This will result in a decline in contacts/children served per month from 2,560 to 1,000.
- General Fund support for the STARS program is cut by 40% (approximately \$140,000), with the budgetary assumption that private funds will make up the difference.

# Health Department

---

---

## Regulatory Health

- A decrease in Medical Examiner staffing in anticipation of savings under a management agreement with the Oregon State Police.
- Indirect Costs are assigned to the Ambulance Facility rate calculation.
- Decreased contracts for community activities and violence prevention training grants.

## Disease Control

- In the STD Clinic, over five FTEs in nursing, epidemiological, and support staff are cut.
- A net of 2.2 FTEs are cut in the Tuberculosis Management Program.
- Disease Control unit has reduced support staff and eliminated one nurse position.
- Elimination of nuisance control activities in unincorporated Multnomah County and reduction in housing inspections and technical assistance to public water supplies.
- The HIV Treatment Clinic is reducing by nearly 2.50 FTEs, largely in nursing and social worker staff.

## Dental Services

- North Portland clinic is budgeted to close. Reductions in available acute dental care for uninsured residents will be made system wide. The Dental School/Community Program has budgeted for a 10% service reduction.
- A net of 3.60 FTEs are lost.

## Support Services

- Along with Primary Care service reductions, central Lab and Pharmacy cuts are made. These cuts include 2.00 FTEs in Pharmacy and 2.00 FTEs in Laboratory.
- Support Services has also cut 0.50 FTE Graphic Artist.

## Business Services

- The budget assumes that a narrow bank to ISD occurs, with a resulting net savings to Health of \$180,000, with the remainder of a \$400,000 OHSU cost available to cover the cost of the return and to lower other ISD user's rates. In addition, funds are budgeted over five years to allow the replacement of the current health information system.
- Positions or pieces of positions are cut in the Director's Office, Human Resources, and central travel and training support. Positions are added to data systems support to allow growth of the Wide Area Network to remaining primary care sites.

## Director's Office

- Central Outreach training is moved from Health to Employee Services, and its funding is halved.
- Funds are budgeted on a one time only basis in support of the Coalition of Community Health Centers (\$75,000).
- In Planning and Development, support for development of new program initiatives in cooperation with community coalitions is reduced.

# Health Department

## Corrections Health

- Food handler screening program, which certified 1,555 clients in 1996, is eliminated. This will result in food handlers working in correctional facilities who fail to meet the community standards set by Environmental Health.
- System wide staffing reductions are made; netting out the increased number of jail beds, 3.00 FTEs are cut in the levy budget and 5.50 FTEs are cut from the general fund budget.

## Board Action:

- Restore East and North Primary Clinics, using the \$1,300,000 set aside for partnership and anticipating an amount of \$2.7 million from Community Partnership initiatives.
- Restored \$235,000 WOC funds for case finding of high risk clients and to extend WOC into SEI, Inc. and Westside Family Center
- Restore integrated Mental Health in primary care clinical system.
- Create larger clinic space at La Clinica de Buena Salud
- Fund efficiency measures for SSPDR Services
- Transfer Medical Examiner to District Attorney
- Restores food handler in Corrections; partial FTE's for Communicable Disease, Lead Poisoning, nuisance code enforcement and administrative funding of Outside In.

## FY 1997-98 Summary Information

	1995-96	1996-97	1996-97	1997-98	
	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	755.388	812.465	812.465	773.20	(39.265)
Departmental Costs	\$108,525,080	\$115,499,166	\$113,863,153	\$72,483,973	(\$41,377,180)
Program Revenues	\$74,374,168	\$82,193,427	\$81,647,344	\$42,389,731	(\$39,257,633)
General Fund Support	\$34,150,992	\$33,298,286	\$32,213,809	\$30,094,242	(\$2,119,567)

# Health Department

---

---

## Department Services

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

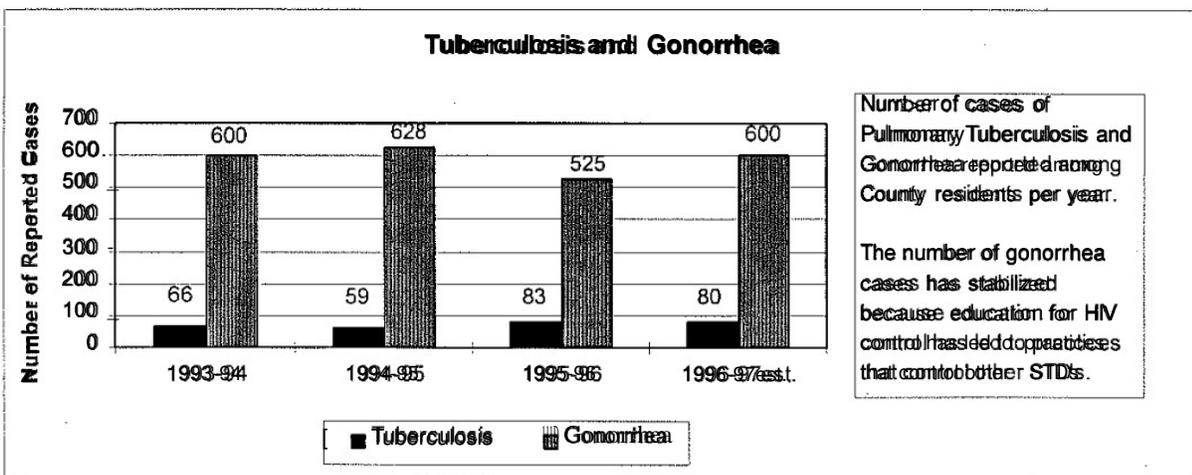
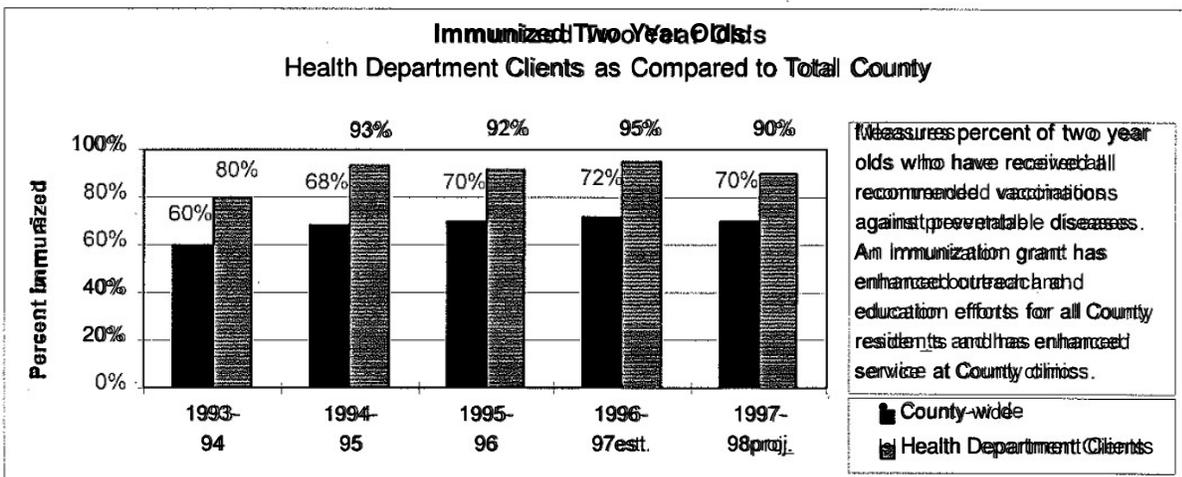
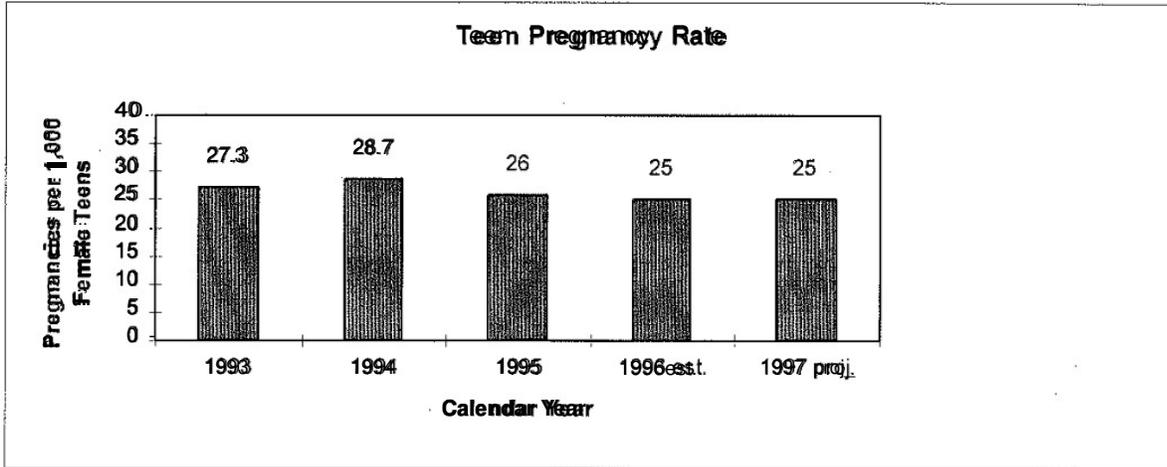
- Primary health care services for 90,500 users of medical and dental services at primary care centers, dental clinics, school based health centers, and correctional facilities;
- home visits to high risk families, offering child abuse prevention, parenting skills training, and health education;
- The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

Local policy discretion is limited by the regulation and policy direction associated with the various granters that fund the Department, including the Federal and State Governments and Federal and State law.

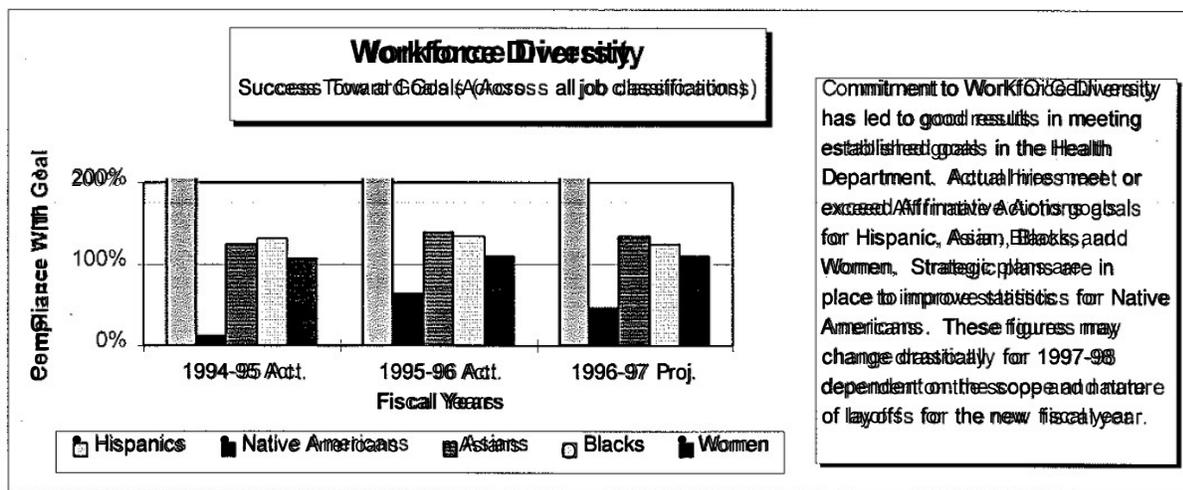
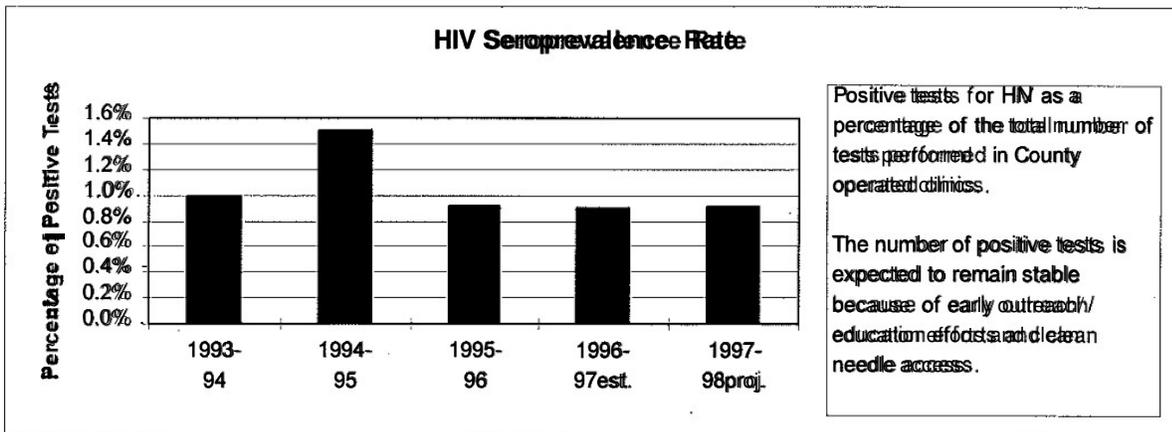
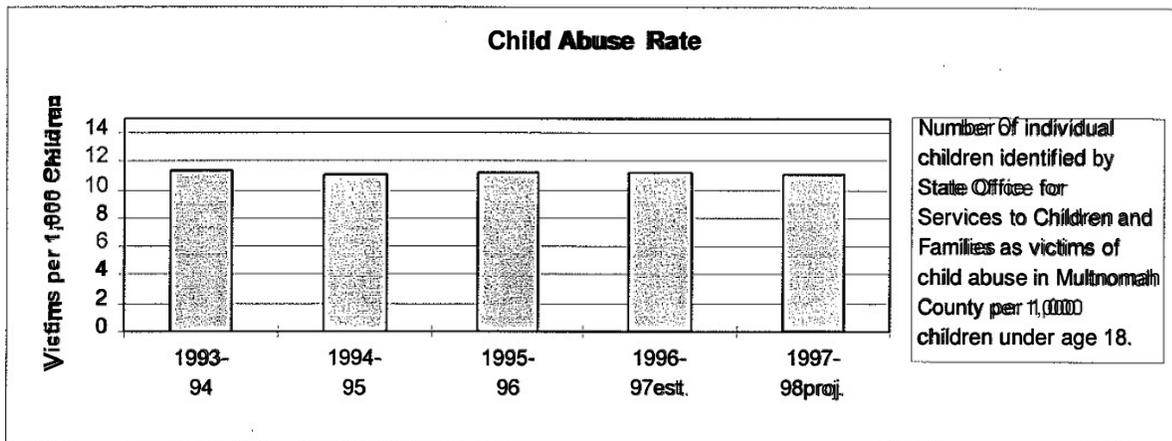
Several groups have oversight or advisory responsibility over program of the Health Department. The main group is Community Health Council, which provides oversight of federally funded primary care services and acts as the Department's Budget Advisory Committee.

# Health Department

## Performance Trends



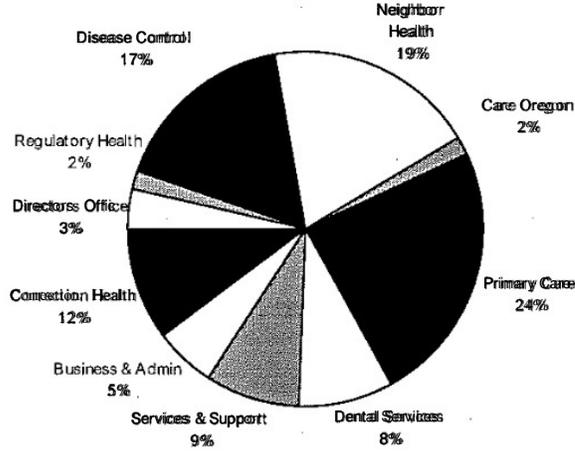
# Health Department



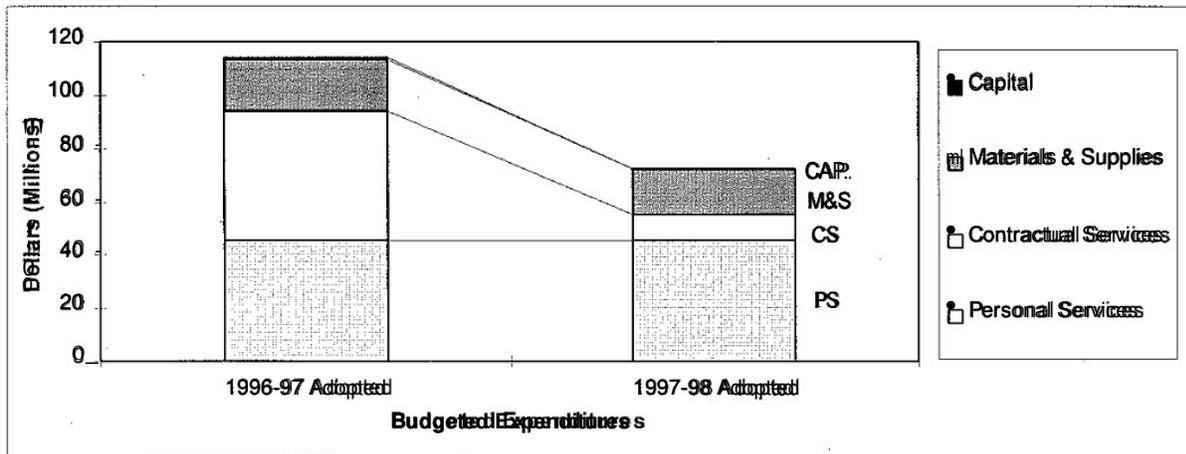
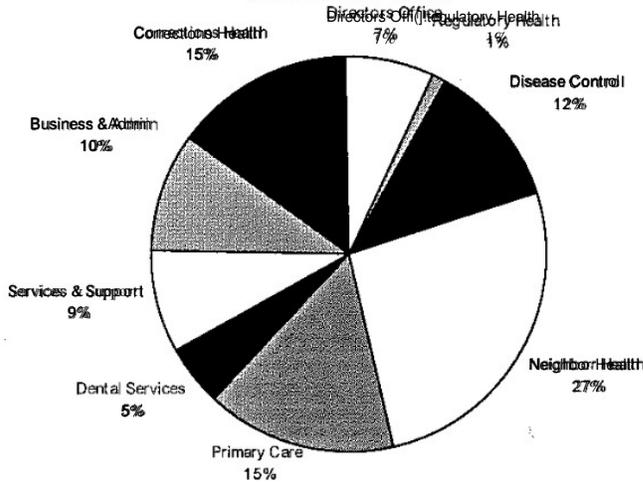
# Health Department

## Expenditure and Revenue Graphs

**All Funds**



**General Fund**



# Health Department

## Budget Trends

	1995-96 <u>Actual</u>	1996-97 <u>Current Estimate</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	755.388	812.465	812.465	773.200	(39.265)
Personal Services	41,809,7699	41,295,1033	45,360,7522	45,113,42663	(226,4889)
Contractual Services	46,886,9044	54,895,1222	48,591,6331	9,965,8811	(38,625,7400)
Materials & Supplies	19,436,4744	18,719,11799	19,393,5877	16,832,6988	(2,560,8899)
Capital Outlay	391,932	582,2399	515,1833	551,121	35,938
<b>Total Costs</b>	<b>108,525,0800</b>	<b>115,491,6653</b>	<b>113,861,1553</b>	<b>72,483,9723</b>	<b>(41,377,1800)</b>
Program Revenues	74,374,1688	82,193,4277	81,647,3444	42,389,7831	(39,257,6833)
General Fund Support	34,150,9122	33,298,2866	32,213,8099	30,094,2422	(2,119,5677)

## Costs by Division

	1995-96 <u>Actual</u>	1996-97 <u>Current Estimate</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Director's Office	\$1,315,9155	\$1,844,9177	\$1,932,5011	\$2,517,7773	\$585,2722
Regulatory Health	1,576,6988	1,777,3999	1,925,8088	1,231,2855	(694,5233)
Disease Control	13,688,4233	12,529,6100	12,888,4922	12,572,1771	(316,3211)
Neighborhood Health	8,289,1366	9,289,2866	9,756,7463	13,581,9255	3,825,1822
Care Oregon	42,981,9944	50,567,6614	44,772,0899	1,382,0777	(43,390,0322)
Primary Care	18,393,2188	18,658,7166	19,808,4299	17,226,2722	(2,582,1577)
Dental Services	5,484,7111	6,061,5388	6,186,0833	5,980,3922	(205,6911)
Services & Support	6,885,6044	6,717,1334	6,100,3088	6,610,8888	510,5300
Business & Admin	3,838,6533	3,495,8055	3,690,3221	3,648,2199	(42,1022)
Corrections Health	6,070,749	4,549,6444	6,800,3799	7,733,0211	932,6422
<b>Total Costs</b>	<b>\$108,525,0800</b>	<b>\$115,491,6653</b>	<b>\$113,861,1553</b>	<b>\$72,483,9723</b>	<b>(\$41,377,1800)</b>

## Staffing by Division

	1995-96 <u>Actual</u>	1996-97 <u>Current Estimate</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Director's Office	10.18	20.75	20.75	25.82	5.07
Regulatory Health	18.18	19.00	19.00	9.15	-9.85
Disease Control	136.11	133.49	133.49	109.24	-24.25
Neighborhood Health	104.22	117.71	117.71	165.62	47.91
Care Oregon	20.22	26.45	26.45	26.25	-0.20
Primary Care	248.26	262.70	262.70	196.98	-65.72
Dental Services	54.14	63.20	63.20	59.40	-3.80
Services & Support	51.53	47.85	47.85	45.73	-2.12
Business & Admin	38.82	42.55	42.55	44.85	2.30
Corrections Health	73.72	78.75	78.75	90.16	11.41
<b>Total Staffing FTE's</b>	<b>755.388</b>	<b>812.465</b>	<b>812.465</b>	<b>773.200</b>	<b>-39.265</b>

# Health Department

---

---

## Issues and Opportunities

### Issue: Long-Term Financing for the Medically Uninsured

While Oregon has made real strides in expanding health insurance coverage to low income persons through the Oregon Health Plan (OHP), funding for the approximately 64,000 who remain uninsured continues uncertain as Federal, State, and local policies change. The question becomes: What is the County's role in light of Measure 47 with the drastic decline of General Funding?

The County has had a long term commitment to assuring access to primary care services. Historically, the primary care clinics have served to provide access through integrated primary health care to low-income and high risk residents in geographically accessible locations throughout the County. Each primary care clinic serves as a major provider of health care to area residents. The clinics target services to medically indigent infants and children, and women in need of prenatal and family planning services, in addition to providing general primary care to children and adults. The demand for basic health care remains high. We believe this provision of primary care is part of the health care continuum that includes the Oregon Health Plan, Non-Profit clinics, and private health systems.

With deep cuts in General Fund contributions, complicated by losses in State and Federal reimbursements, the Health Division has budgeted to close two clinics. East County was selected because of structural deficiencies of the building which need to be repaired or the building replaced, and because there is no debt to service if the clinic is closed. North Portland was chosen because we lease the buildings.

### Alternatives

Close the two clinics (East County and North Portland), and save \$4 million of County General Funds. Approximately 77 percent of the currently uninsured clients of our primary care clinics would not be served.

Offer a reduced service package at current sites. This has the effect of greatly increasing the average cost of a medical visit. This would cost approximately \$266 million of County General Funds. Significant changes would have to be made in the payer mix in order to maintain other sources of revenue and avoid other clinic closures, additionally reducing the access of the uninsured.

Develop a more comprehensive funding mechanism to maintain a significant portion of the uninsured, which would not delete the County's commitment to the parties in the Health Care business. Provision of health care to the uninsured represents an investment that benefits all parties. The client gets more consistent access to care. The state gains in meeting its

# Health Department

---

---

goals since capitated OHP payments should be less if clients take care of their health before problems become chronic. Private health care systems benefit since clients would be less chronic when they were seen, a decrease in the number of Emergency Room visits by "special need clients" would occur, and babies would be added to have had prenatal care and require fewer intensive services. Other payers in the system, such as employers and individuals, benefit by seeing uncompensated care reflected in their cost of coverage. The County benefits through a healthier community, and a sharing of the financial responsibility.

## **Board Action:**

A General Fund contribution of \$1,300,000 earmarked for Community solutions is being used in the 97/98 budget to assist in keeping the East and North Portland clinics open. An additional \$2.7 million is expected to be raised from Community Partnership initiatives. The Board is actively seeking a long-term funding source, other than the County General Fund, to cover the cost of primary care for the uninsured.

# Health Department

---

---

## Oregon Quality Assessment Summary

### I. INTRODUCTION

The Health Department has undertaken an assessment process to measure organizational effectiveness in integrating diversity and quality into the work environment and in its service to the community. The results of the assessment will be incorporated in the Health Department Strategic Plan, and provide a baseline against which to measure progress over time. The components of this assessment process include:

- A departmental Quality self assessment, facilitated by Nancy Howard, using the criteria of the Oregon Quality Award. The participants in this two day assessment included representatives of the Health Department administrative team (DAAT), the Department, RESULTS Steering Committee (RSSC), the Department's Cross Cultural Committee (CCC), and other employees of the health department chosen to represent the diversity of the staff and clients of the Health Department.
- A survey to assess and provide a baseline for employee perceptions and satisfaction with the department's integration of quality and diversity principles with each other and throughout the organization. It was designed and developed by a sub-committee of the Quality self assessment team.
- An assessment of the Health Department conducted by a team of OSU business graduate students using the criteria from the Oregon Quality Award. Their final report was presented to the MOHDA administrative team in May, 1996.

### II. OQI SELF ASSESSMENT SUMMARY

The discussion and scoring indicates that the Health Department is primarily functioning at the "Focused Approach" level on the OQI Scale, with some areas reflecting "Strong Implementation" and others "Quality Awareness."

### III. ACTION PLAN

Based upon the Department self assessment, several opportunities for improvement were identified as part of the Department's 1998 Action Plan. These include:

- Development of a department communication plan/strategy.
- Development and implementation of a code based organizational assessment.
- Development of systems to support change
- Increased training on CQI principles and tools for staff.

# Director's Office

# Health Department

## Description

The Office of the Director is responsible for ensuring that the Department provides quality services to achieve the mission. This office supervises the division managers and the Office of Planning and Development, supervises the Coalition Support effort, facilitates the administrative details of the planning and policy making, and serves as a liaison to the Board to County Commissioners, Community Health Council, and to the community agencies.

The Office of Planning and Development provides consultation, facilitation and training to Health Department staff in the following areas:

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

The mission of the Office of Planning and Development is to: 1) assess public health needs through data collection, analysis, and dissemination; 2) assist the Health Department to develop programs and acquire resources to meet identified needs; and 3) evaluate the effectiveness of Health Department programs and activities.

Coalition Support acts as staff coordination for the Coalition of Community Health Clinics which is a network of eight nonprofit clinics in partnership with Multnomah County to provide health care services to the uninsured and underinsured. Clinics provide medical, dental, chiropractic, naturopathic, counseling, and advocacy services to over 21,000 homeless individuals, families, street youth, the working poor, the elderly, and other low income residents of the Portland Metropolitan area.

### Significant Changes - Revenue

	<b>Amount</b>
Evaluation grant	\$249,024
Violence Prevention grant	112,434

### Significant Changes - Expenditures

	<b>FTEs</b>	<b>Amount</b>
Health Service Specialist	2.30	111,795
Support staff for Violence Prevention	1.25	40,000
Health Services Administrator decreased	(0.10)	(8,221)
Data Analyst Senior	1.00	59,000
Move HSS from School District to P&D		50,000
Co-Principal Investigator	1.62	123,000
Health Services Manager/Senior	(1.00)	(96,555)
Health Services Manager	1.00	86,387
Program Development Specialist	(1.00)	(50,000)

# Director's Office

# Health Department

<u>Budget Trends</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Currentt</u>	<u>Adoptedt</u>	<u>Adoptedt</u>	<u>Differanee</u>
		<u>Estimatee</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	10.18	20.75	20.75	25.82	5.07
Personal Services	\$813,2468	\$1,327,3866	\$1,310,229 1	\$1,698,1400	\$387,8109
Contractual Services	157,1132	175,0983	227,7188	340,0266	112,3088
Materials & Supplies	316,5983	339,9388	391,9922	477,1077	85,1155
Capital Outlay	28,9433	2,5000	2,5000	2,5000	0
<b>Total Costs</b>	<b>\$1,315,9155</b>	<b>\$1,844,9177</b>	<b>\$1,932,5011</b>	<b>\$2,517,7733</b>	<b>\$585,2722</b>
Program Revenues	\$24,4755	\$0	\$38,1288	\$431,9831	\$393,8033
General Fund Support	\$1,291,4411	\$1,844,9177	\$1,894,3733	\$2,085,8422	\$191,4699

# Regulatory Health

Health Department

## Description

The mission of the Regulatory Health Division is to protect and enhance public health by regulating certain businesses and facilities, and helping to analyze and address a wide range of community health problems. The Division is responsible for enforcing state and local public health laws and rules; investigating and analyzing community health problems; and providing consultation and leadership to government and other sectors in addressing community health problems. The Division inspects and licenses selected businesses with potential for health impacts; enforces public health laws and rules; investigates important community health problems; and provides consultation and assistance to government, various organizations, and individuals regarding a wide range of public health problems.

The Division deals with community health problems that are best addressed through "population-based services" - i.e., activities aimed primarily at communities. This body of problems is growing through recognition that population based services are often more appropriate and cost effective than individual services.

County discretion is limited by a variety of federal and state grant requirements.

## Action Plan

- By July 1997, with other county staff, community organizations, and interested parties, complete a comprehensive tobacco use reduction plan for the county.
- By February 1998, with Disease Prevention and Control staff, reevaluate and begin redesign of the Health Department's approach to prevention and control of communicable diseases (e.g., Tuberculosis, Sexually Transmitted Diseases, and other reportable diseases).
- By December 1997, in partnership with major private and public health care providers, design a perinatal data system to serve as the basis of a community-wide pregnancy outcomes improvement effort. By July 1998, implement a pilot version of the data system which is capable of providing useful data to participating health care providers.

### Significant Changes - Revenue

	<u>Amount</u>
Transfer of funds from TB and STD for Medical direction	\$84,000
Move Medical Examiner to District Attorney	(657,000)
Decrease autopsy support fee revenue for Medical Examiner	(11,500)
Decrease General Fund for Violence Prevention	(11,900)
County General Fund for Healthy Communities initiative decreased	(21,000)
Initiate collection of indirect cost recovery by EMS Program	53,600

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
TB/STD Medical Director transferred into division	0.80	\$119,000
Eliminate Medical Examiner staffing	(9.50)	(693,000)
OA/Sr moved from Disease Control	.50	20,000
Violence Prevention to P&D	(1.50)	(42,000)
EMS Medical Director staff	(.15)	(10,400)
Professional services contracts for Healthy Communities decreased		(21,000)

# Regulatory Health

# Health Department

## Budget Trends

	1995-966	1996-977	1996-977	1997-988	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	18.18	19.00	19.00	9.15	(9.85)
Personal Services	\$1,176,0199	\$1,255,1681	\$1,306,6699	\$769,9188	(\$536,7511)
Contractual Services	222,3355	336,8300	403,6000	390,2000	(13,4000)
Materials & Supplies	160,4066	185,4088	215,5399	71,1677	(144,3722)
Capital Outlay	17,9377	@	@	@	@
<b>Total Costs</b>	<b>\$1,576,6988</b>	<b>\$1,777,3999</b>	<b>\$1,925,8088</b>	<b>\$1,231,2855</b>	<b>(\$694,5233)</b>
Program Revenues	\$690,5088	\$826,8300	\$861,7266	\$882,9388	\$21,2122
General Fund Support	\$886,1900	\$950,5699	\$1,064,0822	\$348,3477	(\$715,7355)

## Costs by Program

	1995-966	1996-977	1997-988	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$232,1483	\$313,1266	\$444,3255	\$131,1999
Medical Examiner	657,6166	693,0088	0	(693,0088)
Emergency Medical Service	615,4188	795,3600	786,9600	(8,4000)
Violence Prevention Program	71,5211	124,3144	@	(124,3144)
<b>Total Costs</b>	<b>\$1,576,6988</b>	<b>\$1,925,8088</b>	<b>\$1,231,2855</b>	<b>(\$694,5233)</b>

## Staffing by Program

	1995-966	1996-977	1997-988	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	3.03	3.00	4.30	1.30
Medical Examiner	9.69	9.50	0.00	(9.50)
Emergency Medical Service	4.68	5.00	4.85	(0.15)
Violence Prevention Program	0.78	1.50	0.00	(1.72)
<b>Total Staffing FTE's</b>	<b>18.18</b>	<b>19.00</b>	<b>9.15</b>	<b>(9.85)</b>

# Division Management

**Description**

Division Management's mission is to ensure that the Division's programs achieve maximum effectiveness and efficiency; and to promote the Department's and community's use of structured, creative, and scientifically appropriate approaches to analyzing and addressing community health problems. Division Management is responsible for supervision and support of its programs; technical support to various parties ensuring that public health laws are appropriately enforced; and providing leadership to address community health problems. It supervises program managers, provides consultation to groups and individuals inside and outside of government, develops and analyzes public health data; helps develop appropriate public health policies; and evaluates the effectiveness of activities, programs, and policies relevant to the public health.

The Office of Division Management addresses the community's need for well-designed, rational approaches to public health problems. This need is increasing as the complexity of community health problems increases and resources decrease.

**Budget Overview**

	<b>1995-96</b>	<b>1996-97</b>	<b>1997-98</b>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	3.03	3.00	4.30	1.30
Program Costs	\$232,1483	\$313,1285	\$444,3255	\$131,1999

**Significant Changes - Expenditures**

	<u>FTEs</u>	<u>Amount</u>
Decrease prof services contracts for Healthy Communities Initiative.		(\$21,000)
Budget TB/STD Medical Director in Regulatory Health Division - Physician	0.80	119,000
OA/2 cut .5; new Admin Seer	.50	17,600

# Medical Examiner

## Description

The mission of the Medical Examiner office is to determine the cause of death of county residents who die under special circumstances, including accidents, violence, drug involvement, employment, and other specified situations. The Office is responsible for establishing the cause and manner of death, notifying the next-of-kin, and protecting the property of the deceased person until a personal representative can take charge. Program staff investigate the circumstances of death, direct the disposition of the deceased's remains, interview witnesses, obtain personal and medical histories, and write reports of findings for a forensic pathologist, who certifies the cause and manner of death.

Approximately 3,800 of the County's 7,000 deaths each year fall into categories which must be reported and investigated by the Medical Examiner Office. These numbers are gradually increasing due to population growth and increasing rates of violent death.

The Medical Examiner's program was moved to the District Attorney's office effective 7/1/97.

Local discretion is limited by the mandates and State Medical Examiner supervision authority arising from ORS 146.

### Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTEE	9.69	9.50	0.00	(9.50)
Program Costs	\$657,616	\$693,008	\$0	(\$693,008)

### Significant Changes--Expenditures

Program moved to District Attorney's office

<u>FTEs</u>	<u>Amount</u>
(9.50)	(\$693,008)

# Emergency Medical Services

## Description

The mission of the Emergency Medical Services (EMS) Program is to assure access to high quality, timely, cost-effective emergency pre-hospital medical care and ambulance service. The EMS Program is responsible for planning, coordinating, regulating, and assuring implementation of the county's EMS system. The program prepares a state-required ambulance service plan, promulgates rules and protocols that direct the system, monitors performance, and develops and monitors agreements which define conditions of participation for all system participants including an exclusive ambulance service contract.

The program addresses the need for an effective and efficient response to the county's 48,000 requests for emergency medical response each year. This problem is slowly increasing with the growth and aging of the county's population.

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	4.68	5.00	4.85	(0.15)
Program Costs	\$615,418	\$795,360	\$786,960	(\$8,400)

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
% of emergency response calls served within 8 minutes	87%	91.5%	90%	90%	90%
Twenty minute rural response time percentage	NA	NA	90%	90%	90%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
EMS Medical Director is decreased	(0.15)	(\$19,066)
Medical direction services for non-emergency providers are obtained by contract		36,000

# Violence Prevention

## Description

The purpose of the Violence Prevention Program is to promote long-term reductions in violence in our community. The program is responsible for: 1) providing a focal point in local government for policy development and community mobilization around the issue of violence; 2) carrying out community assessments, and helping develop resources for violence prevention; and 3) supporting implementation of conflict resolution and other violence prevention programs in schools throughout the county. The Program convenes community members and groups to plan for violence prevention activities, carries out data analyses, and, in cooperation with schools and community-based organizations, plans and supports violence prevention activities. Effective July, 1997 the Violence Prevention program will be in the Director's office-Planning and Development.

## Budget Overview

	<del>1995-96</del>	<del>1996-97</del>	<del>1997-98</del>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	0.78	1.50	0.00	(1.50)
Program Costs	\$71,521	\$124,314	\$0	(\$124,314)

## Key Results

	<del>1994-95</del>	<del>1995-96</del>	<del>1996-97</del>	<del>1996-97</del>	<del>1997-98</del>
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
% of middle and high schools with ongoing organized violence prevention activities	53%	78.4%	90%	90%	90%

## Significant Changes--Expenditures

	<u>FTEs</u>	<u>Amount</u>
Move program to Planning and Development	(1.50)	(\$124,314)

# Disease Control

Health Department

## Description

The mission of the Disease Prevention and Control Division is the control of selected communicable and environmentally mediated diseases. Control of diseases is fundamental to achieving the Department's mission of healthy people in healthy communities. The importance of disease control activities has long been expressed through their prominence in health departments at the local, state, and federal levels.

## Action Plan:

- Design a plan of potential restructure of our system of STD service delivery by December 1997; study the potential for a community oriented system.
- If appropriate, implement the revised STD service delivery system by the end of the fiscal year, to address STD prevention and treatment for a community that has a high incidence.
- Evaluate the efficacy of merging the HIV Treatment clinic into the Primary Care Division by June 1998; to assess potential efficiencies and cost savings while maintaining quality.

### Significant Changes - Revenue

	<u>Amount</u>
NIDA grant 3 month carryover only	(104,000)
HIV in Women and Children grant 3 month carryover	(181,000)
Ryan White pass through increase	760,000
Reduction in State HIV grant	(46,000)
Lead Prevention grant	231,309

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Multiple FTE changes detailed at program level	(24.25)	(1,400,000)
HIV in Women and Children grant add		(181,000)
Ryan White pass through increase		760,000
NIDA		(104,000)

# Disease Control

Health Department

## Budget Trends

	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	136.111	133.499	133.499	109.244	(24.255)
Personnel Services	\$7,287,0583	\$6,791,8866	\$7,177,3311	\$6,100,8997	(\$1,089,4444)
Contractual Services	3,823,4899	3,403,3077	3,380,9322	4,220,6377	839,7055
Materials & Supplies	2,531,9999	2,309,5687	2,298,4499	2,193,9877	(104,5122)
Capital Outlay	45,9822	24,9000	38,8000	56,7000	17,9000
<b>Total Costs</b>	<b>\$13,688,4233</b>	<b>\$12,529,6600</b>	<b>\$12,889,4922</b>	<b>\$12,572,1771</b>	<b>(\$316,3211)</b>
Program Revenues	\$10,048,4077	\$9,045,2555	\$9,003,1755	\$9,046,0722	\$42,8977
General Fund Support	\$3,640,0166	\$3,484,3555	\$3,886,3177	\$3,526,0999	(\$359,2188)

## Costs by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$220,6557	\$220,0322	\$178,3315	(\$41,7177)
Immunization	643,4700	266,4001	177,7500	(88,6611)
HIV Prevention	2,829,8822	2,023,7400	1,224,8226	(798,9144)
Health Inspectors	1,385,9988	1,553,7631	1,435,4667	(118,2944)
Vector Control	352,1277	377,6211	352,1766	(25,4455)
Lead Screening	185,5188	230,1466	455,2533	225,1077
STD Clinic & Epidemiology	1,406,1033	1,567,1400	1,228,8699	(338,2711)
HIV Client Services	2,676,7855	2,297,5244	3,427,2183	1,129,6899
HIV Treatment Clinic	1,788,5229	1,833,9229	1,672,1000	(161,8229)
Tuberculosis Clinic	1,263,2255	1,446,8844	1,341,2999	(105,5845)
Communicable Diseases	608,7077	735,3633	739,5499	4,1866
Occupational Health	327,4722	335,9991	339,3544	3,3633
<b>Total Costs</b>	<b>\$13,688,4233</b>	<b>\$12,889,4922</b>	<b>\$12,572,1771</b>	<b>(\$316,3211)</b>

# Disease Control

Health Department

## Staffing by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Division Management	1.88	1.66	1.00	(0.66)
Immunization	3.46	4.00	2.00	(2.00)
HIV Prevention	24.48	15.95	7.80	(8.15)
Health Inspectors	21.73	23.10	19.86	(3.24)
Vector Control	5.73	6.00	5.50	(0.50)
Lead Screening	2.53	3.50	2.55	(0.95)
STD Clinic & Epidemiology	21.10	21.53	16.10	(5.43)
HIV Client Services	3.45	3.65	4.35	0.70
HIV Treatment Clinic	20.24	20.00	17.58	(2.43)
Tuberculosis Clinic	18.99	19.20	18.70	(0.50)
Communicable Diseases	8.39	10.50	9.80	(0.70)
Occupational Health	4.13	4.40	4.00	(0.40)
<b>Total Staffing FTE's</b>	<b>136.111</b>	<b>133.49</b>	<b>109.24</b>	<b>(24.25)</b>

# Division Management

## Disease Control Health Department

### Description

Division Management is responsible for defining the mission and establishing the policies of the Division. Disease Control focuses on control of communicable and environmentally mediated diseases. Disease Control activities have historically been a focus of health departments at the local, state, and federal levels.

### Budget Overview

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	1.88	1.66	1.00	(0.66)
Program Costs	\$220,6557	\$220,0832	\$178,33165	(\$41,7177)

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Office Assistant 2 decreased	(0.83)	(\$22,000)
Health Service Manager increased	0.17	15,023

# Immunization

## Description

Immunizations have been identified as a benchmark for the state and Multnomah County. This unit manages the vaccines, processes the ordering from clinics, manages the delegate agencies and conducts secondary review and other state-mandated requirements in order to receive free vaccine through the state. The Immunization Unit provides publicity and marketing for immunization services, conducts outreach to families whose children are not up-to-date, mails reminder postcards to children who are behind and provides incentive materials and recommended schedules to families. The Immunization Unit develops partnerships in the community with other stakeholders regarding the health of children especially as it relates to immunization levels. These partnerships assist in direct delivery of immunization services and advertising and promoting the importance of immunizations. The Immunization Unit provides consultant services to private health care providers regarding immunization levels by assessing child's records and enhancing compliance of their clients.

### Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.46	4.00	2.00	(2.00)
Program Costs	\$643,470	\$266,401	\$177,730	(\$88,651)

### Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Actual</u>	1996-97 <u>Original Projection</u>	1996-97 <u>Current Estimate</u>	1997-98 <u>Projected</u>
Contacts/children served per month	2,600	2,100	2,500	2,500	2,500

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Office Assistant 2 decreased	(1.00)	(\$30,969)
Health Information Specialist decreased	(0.50)	(20,566)
Community Health Nurse decreased.	(0.50)	(31,862)

# HIV Prevention

## Description

The mission of the program is to prevent the further spread of HIV infection among the most at risk members of our community. This is done by planning culturally appropriate interventions which seek to change risky behaviors, and by collaborating and cooperating with others providing HIV prevention in our community. Program activities include: street outreach services, distribution of prevention items such as bleach and condoms, HIV counseling and testing services at health department and community sites, needle exchange, group presentations, seroprevalence studies, contracts with community agencies providing HIV prevention, and convening and staffing of the county Community HIV Prevention Planning Team. Program staff provide these services in a number of venues, such as county corrections, alcohol and drug treatment agencies, schools, public sex environments such as bars and clubs, and agencies serving homeless individuals.

The HIV Women's Project and the Risk Behavior Intervention Project were grants devoted to helping women take responsibility for protecting themselves from HIV and to prevent further spread of HIV infection among injection drug users, respectively. These projects ended in the 1996-97 fiscal year.

In the state of Oregon, there were 3,400 diagnosed AIDS cases as of December, 1995 (2,215 in Multnomah County). The Oregon Health Division estimates that there are 3,800 to 8,600 other Oregonians who are HIV infected. HIV education is the only tool we currently have to prevent this figure from growing.

Local discretion is limited by federal, state, and local laws.

### Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTEE	24.48	15.95	7.80	(8.15)
Program Costs	\$2,829,882	\$2,023,740	\$1,224,826	(\$798,914)

### Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
Rate of new HIV infection in injection drug users in Multnomah County	NA	1%	1%	1%	1%
% of people of color requesting HIV counseling and testing	NA	18% (CY1995)	18%	18%	18%
% of HIV prevention services delivered in the community based on Community Planning Team's 1996-97 HIV Prevention Plan	NA	95%	95%	95%	95%

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Co-Principal Investigator decreased	(.70)	(\$70,000)
Data Analyst/Senior	(1.00)	(62,187)
Health Information Specialist 2	(3.60)	(157,064)
Health Services Specialist	(0.90)	(49,908)
Health Services Administrator	(1.00)	(79,976)
Program Development Specialist	0.10	5,025
Program Development Technician	(0.40)	(11,540)
Health Educator	(.50)	(40,000)
Office Assistant 2 decreased	(0.40)	(12,000)
Snr Word Processor	.25	12,000
NIDA grant ended		(179,000)
HIV in Women and Children grant ended		(290,000)

# Health Inspectors

## Description

The mission of the Health Inspections Program is to protect the public's health and quality of life by promoting a healthful environment that is free of environmental hazards. The unit is responsible for analyzing community environmental health problems, regulating specified businesses and accommodations, and enforcing state and local environmental health laws and rules. The Program inspects restaurants, swimming pools, child and adult foster care centers, and other facilities for compliance with health and safety standards; enforces the state, city and county health codes; assures environmental follow-up of young children with head lice; provides education to the regulated industries; provides technical assistance to small community drinking water systems; and responds to public concerns regarding licensed facilities and other environmental health problems and issues.

The unit also houses the Vital Records Office which registers all births and deaths in the county and issues certificates of birth and death for six months after the event.

Discretion of the County Board is limited by state and local laws and regulations

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	21.73	23.100	19.86	(3.24)
Program Costs	\$1,385,998	\$1,553,761	\$1,435,467	(\$118,294)

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
% of restaurant food handlers with County food handler certificates	85%	82.7%	90%	86%	86%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Office Assistant 2 decreased	(2.00)	(\$66,920)
Office Assistant/Senior	(1.00)	(36,601)
Clerical Unit Supervisor	(0.10)	(3,994)
Sanitarian	(0.10)	(4,500)
Health Services Manager	(0.04)	(3,524)

# Vector Control

## Description

The mission of Vector Control is to protect the health and enhance the livability of the community through control of rat and mosquito populations, and to serve as a resource for addressing other public health vector problems that may arise. The program assists citizens in controlling rats by providing rodent inspections, education, advice and control tools; monitors and controls rats in municipal sewer systems; and monitors and controls sources of mosquitoes.

The program is intended to minimize the hazards and discomfort associated with rat and mosquito infestations. These problems appear to be stable in the long term, with significant short term fluctuations caused by natural conditions.

Local discretion is limited by state statutes pertaining to vector control by counties (ORS Chapter 495) and pesticide use (ORS 6334)

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	5.73	6.00	5.50	(0.50)
Program Costs	\$352,1277	\$377,8211	\$352,11766	(\$25,4455)

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
Rat complaints per 11,000 County residents	3.4	3.3	3.2	3.4	3.4

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Nuisance Enforcement Officer reduced	(0.50)	(\$21,500)

# Lead Screening

**Description**

The Oregon Childhood Lead Poisoning Prevention Program (OCLPPP) is charged with identifying children aged six months to six years who have elevated blood lead levels (BLLs), coordinating medical and environmental case management follow-up to those that do, and working to prevent elevated BLLs in those who do not. OCLPPP is responsible for seeing that blood lead screening is carried on in Multnomah County and that the public is educated about preventing childhood lead poisoning. OCLPPP does blood lead testing at the primary care and International Health Clinics, coordinates environmental follow-up and case management for children with elevated BLLs, and does lead poisoning prevention education.

**Budget Overview**

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	2.53	3.50	2.55	(0.95)
Program Costs	\$185,518	\$230,146	\$455,253	\$225,107

**Key Results**

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
% of children receiving basic lead poisoning prevention services	78%	35%	35%	35%	37.5%

**Comments**

Change of methodology in 1994-95 Actual; denominator is 0-6 year olds instead of all children under 18

**Significant Changes - Expenditures**

	<u>FTEs</u>	<u>Amount</u>
Increased grant funds		231,000
OA/2	(.50)	(17,000)
Health Info Spec 22	(.50)	(22,000)
Health Services Mgr	.05	4,000

# STD Clinic/Epidemiology

## Description

The goal of this program is to reduce the spread of sexually transmitted diseases and HIV. The responsibilities of the epidemiology unit are: to provide prevention information, perform surveillance, and identify and refer persons at risk for evaluation and treatment. Activities include: conducting interviews and completing case investigations on reported cases of gonorrhea, syphilis, chlamydia, and HIV; providing individual counseling and education; providing referral for evaluation of symptoms and/or exposure to a sexually transmitted disease; providing education to the community; and to monitor disease trends in the community through surveillance methods. This program provides control and prevention services to all citizens of Multnomah County in both the public and private sectors.

The clinical portion of the program provides comprehensive medical services for the evaluation and treatment of sexually transmitted diseases and other reproductive disorders. This clinic provides low cost, quality services to all persons seeking this service and referral. No one is refused service for an inability to pay. The clinic provides HIV counseling and testing to all members of the community. Additional services available on a limited basis include family planning and immunizations for Hepatitis B.

It is the goal of the entire program through the melding of the epidemiology unit with access to the clinical unit to reduce the overall disease levels within Multnomah County.

## Budget Overview

	1995-96 Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTE	21.10	21.53	16.10	(5.43)
Program Costs	\$1,406,103	\$1,567,140	\$1,228,859	(\$338,271)

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Original Projection	1996-97 Current Estimate	1997-98 Projected
% of reported cases of the following STDs interviewed by County Disease Intervention Specialists for contacts	100%	100%	50%	50%	50%
Gonorrhea	89%	89%	90%	94%	90%
Syphilis	100%	100%	95%	95%	95%
Chlamydia	39%	34%	50%	50%	50%
% of funds allocated for health and support services to people living with HIV/AIDS within 60 days of Ryan White Title I supplemental grant	NA	NA	90%	90%	90%

## Significant Changes - Expenditures

	FTEs	Amount
Clinical Coordinator cut	(0.30)	(\$16,012)
Program Development Specialist	(0.80)	(33,000)
Office Assistant 2 decreased	(1.00)	(33,000)
Physician cut	(0.20)	(29,082)
Community Health Nurse	(1.83)	(116,615)
Health Services Administrator	(0.10)	(7,968)
Health Information Specialist/Senior	(1.20)	(62,000)

# HIV Client Services

## Description

The Ryan White Comprehensive AIDS Resources Emergency (CARE) authorizes emergency funding to areas that are disproportionately affected by the HIV/AIDS epidemic, providing health and support services to people living with HIV/AIDS. Funds are awarded for the six county area of Clackamas, Columbia, Multnomah, Washington, and Yamhill Counties in Oregon, and Clark County in Washington, by the County Chair as the chief elected official of Multnomah County. The County Chair appoints the HIV Services Planning Council, which is responsible for setting priorities and amounts of funding for each service supported by the grant. Responsibility for administering Ryan White Title I and II funds is delegated to the Multnomah County Health Department.

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	3.45	3.65	4.35	0.70
Program Costs	\$2,676,735	\$2,297,524	\$3,427,213	\$1,129,689

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
Percent of funds allocated for health and support services to people living with HIV/AIDS within 60 days of Ryan White Title I supplemental grant award. The same key result is used for Title II.	NA	NA	90%	90%	90%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Ryan White pass through Formula increased		\$650,000
Health Services Specialist	(0.90)	(42,415)
Office Assistant/Senior	(0.10)	(3,125)
Program Development Specialist	0.80	29,258
Program Development Technician	0.40	12,287
Social Worker	.20	10,000
Community Health Nurse	.20	12,000
Physician Assistant	.10	7,000

# HIV Treatment Clinic

## Description

The mission of this clinic is to provide high quality primary health care to HIV infected persons who have no other source of care. This program is responsible for delivery of quality care in both the clinic and the home setting and for referral to ancillary services such as dental care, mental health treatment and social support. Primary activities include health assessment and client and home care, patient education and support to avoid unnecessary institutionalization. This program addresses the increasing need for cost effective, quality primary care for medically indigent persons with HIV disease.

This program must comply with Oregon Statutes which assure confidentiality to persons with HIV/AIDS diagnosis and to the assurances mandated by the Federal funding agency.

## Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	20.24	20.00	17.58	(2.43)
Program Costs	\$1,788,529	\$1,833,929	\$1,672,100	(\$161,829)

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Actual</u>	1996-97 <u>Original Projection</u>	1996-97 <u>Current Estimate</u>	1997-98 <u>Projected</u>
% of potential clients who receive clinical services within 3 weeks of initial clinic contact	65%	76%	70%	85%	90%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Principal Investigator	(0.33)	(\$32,580)
Social Worker	(0.30)	(17,400)
Community Health Nurse	(1.70)	(106,613)
Health Services Administrator	(0.50)	(42,773)
Nurse Practitioner	0.10	7,809
Physician	0.05	12,310
Office Assistant 2	0.25	7,742

# TB Management Clinic

Disease Control  
Health Department

## Description

The purpose of tuberculosis management services is to prevent the transmission of tuberculosis in Multnomah County. It is responsible for the investigation and implementation of control measures for tuberculosis within the County. The program's activities include screening, evaluating, providing treatment for patients, interviewing case contacts to obtain information needed to control further spread of the disease, case management to assure that clients initiate and maintain appropriate therapy, and educating the public on tuberculosis by distributing pamphlets and delivering group presentations.

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	18.99	19.20	18.70	(0.50)
Program Costs	\$1,263,225	\$1,446,844	\$1,341,299	(\$105,545)

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
% of TB patients who complete a course of TB treatment (active TB)	94%	95%	90%	90%	90%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Community Health Nurse	(1.00)	(\$63,724)
Office Assistant/Senior	(0.80)	(34,535)
Physician decreased	(0.40)	(59,868)
Materials & Services are reduced by \$21,000; On-Call reduced by \$6,900.		(28,000)
ON2	1.70	65,000

# Communicable Disease

## Description

The goal of the Communicable Disease program is to protect the public from the spread of communicable disease and to decrease the level of communicable disease in Multnomah County. The rate per 100,000 population varies with each disease and is affected by availability of vaccinations, access to medical care, personal hygiene, and the cyclical nature of each disease. The program is responsible for investigation and implementation of control measures for all reportable communicable diseases except for diseases investigated by the Tuberculosis and STD programs. The program screens, refers, diagnoses, advises appropriate control measures, and counsels clients who have reportable communicable disease and no other source of medical care for hepatitis and other communicable diseases. The program assists in the identification of exposed individuals so that treatment can be provided and the spread of disease contained; provides prophylaxis as needed; provides education to clients, staff and the community; and provides surveillance and crisis intervention in outbreaks of communicable disease.

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	8.39	10.50	9.80	(0.70)
Program Costs	\$608,707	\$735,363	\$739,549	\$4,186

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
# of preventable Hepatitis A cases transmitted by workers in high risk settings	0	0	0	0	0

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Clinical Coordinator	(0.30)	(\$16,021)
Community Health Nurse decreased	(0.50)	(30,000)
Office Assistant 2	0.10	3,681

# Occupational Health

## Description

The goal of the Occupational Health program is to reduce the risk of an employee acquiring a communicable disease at work. The Occupational Health program provides the OSHA Blood borne Pathogens and Tuberculosis Programs to bring employees into compliance and to increase workplace safety for both Multnomah County and other employers through contract.

The Blood borne pathogens program includes development of an "exposure control plan" for each work site, training new employees within 10 days of assignment, annual training updates, Hepatitis B vaccination for all at risk employees, and blood borne pathogen exposure counseling. The TB program includes a risk analysis of each work site, training of employees, written policies and procedures for early identification and triage of patients/inmates who may have infectious TB, periodic screening of employees, and oversight of the development and use of personal protective equipment. Employee medical records are kept confidential. The program has also training and other immunization to other employers; e.g. rabies for veterinarians, tetanus/diphtheria for sewer workers.

## Budget Overview

	<del>1995-96</del> 1995-96 <u>Actual</u>	<del>1996-97</del> 1996-97 <u>Adopted Budget</u>	<del>1997-98</del> 1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	4.13	4.40	4.00	(0.40)
Program Costs	\$327,472	\$335,991	\$339,354	\$3,363

## Key Results

	<del>1994-95</del> 1994-95 <u>Actual</u>	<del>1995-96</del> 1995-96 <u>Actual</u>	<del>1996-97</del> 1996-97 <u>Original Projection</u>	<del>1996-97</del> 1996-97 <u>Current Estimate</u>	<del>1997-98</del> 1997-98 <u>Projected</u>
% of Multnomah County employees who have received bloodborne pathogen training	74%	93%	95%	95%	95%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Office Assistant 2	(0.40)	(\$14,724)

## Description

This Division in the Health Department combines the efforts of the Community Health Field Teams and the School Based Health Centers. To have health people in healthy communities individuals and families must have access to health care. Through home visits, groups, partnerships, and outreach by providing in school preventative and primary health care, the Neighborhood Health Division provides this access.

Field Services serve clients and families with multiple and complex health needs by visiting clients in homes, schools and other community locations and providing services of assessments, screening, teaching, advocacy, counseling, and linking clients and families with community resources.

School Based Health Centers now exist in Elementary, Middle and High Schools in the County. All have the same overall goal of access to health care, reducing teen pregnancy and helping to assure children stay in school.

Reducing teen pregnancy requires multiple strategies particularly abstinence counseling in schools, family planning services in health centers and linking with other community providers to promote comprehensive coordinated services, e.g., CameraaWoods.

School Based Health Centers and Field Services are linked with Caring Community efforts, including Family Resource Centers; Community Field Nurses are full time members of Family Service Centers and the State Office Services to Children and Family Support Projects.

Developing neighborhood access points is another function of this Division. The neighborhood site in the Brentwood Darlington area targeted its outreach to improve birth outcomes and it has significantly reduced infant mortality. The new site providing after hour services for families at Roosevelt concentrates on Oregon Health Plan eligibility screening, WIC nutrition services, family planning and limited acute primary care.

Over the next year a great deal of emphasis will be put on developing and implementing more neighborhood access sites for WIC services.

## Action Plan

- Child Abuse Prevention - Implement recommendations from Family Support and Preservation plan.
- Field Services - Work with the Office of Planning and Development to design and then implement a project to improve African American Birth Outcomes.
- WIC - Restructure WIC Services, services and staff will become part of Neighborhood Health. Deliver quality services within grant resources.
- School-Based - Implement results of 10 month work group task forces (SBHC Management, staff, Labor Relations, Union Leadership).
- STARS - Secure local resources outside the County General Fund to maintain the program.

# Neighborhood Health

Health Department

## Significant Changes – Revenue

	<b>Amount</b>
Family Planning revenue for dental deduction	\$16,073
Robert Wood Johnson year 2 program deduction	(15,812)
Managed Care contracts for SHC Services assumed	175,000
Moved WIC to NHS from Primary Care	1,944,644
Received federal Family Support and Preservation Grant via CECF	547,000
Providence Health Systems CAMM revenue agreements	127,000
Casey Foundation, State funds for African American Birth Outcomes	250,000
Assumed external fund contribution to STRARS	188,000

## Significant Changes – Expenditures

	<b>FTEs</b>	<b>Amount</b>
Add WIC Program from Primary Care	36.70	\$1,475,000
Received federal Family Support and Preservation Grant	1.00	547,000
Other WIC costs		440,000
Other multiple FTE changes show at program level	10.21	525,000

## Budget Trends

	<b>1995-96</b>	<b>1996-97</b>	<b>1996-97</b>	<b>1997-98</b>	
	<b>Actual</b>	<b>Current Estimate</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	104.22	117.71	117.71	165.62	47.91
Personal Services	\$5,932,223	\$6,481,219	\$6,685,199	\$9,119,152	\$2,433,953
Contractual Services	740,003	760,265	958,288	1,482,653	524,365
Materials & Supplies	1,581,057	1,773,967	1,849,282	2,625,820	776,538
Capital Outlay	35,883	273,835	263,974	354,300	90,326
<b>Total Costs</b>	<b>\$8,289,166</b>	<b>\$9,289,286</b>	<b>\$9,736,743</b>	<b>\$13,381,925</b>	<b>\$3,825,182</b>
Program Revenues	\$2,385,864	\$2,724,763	\$2,832,543	\$5,652,273	\$2,819,730
General Fund Support	\$5,903,301	\$6,564,523	\$6,924,200	\$7,929,652	\$1,005,452

# Neighborhood Health

# Health Department

## Costs by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Division Management	\$199,506	\$164,509	\$184,116	\$19,607
School-Based Clinics	2,884,051	3,686,784	3,815,904	129,120
Field Teams	3,890,325	4,207,570	4,263,955	56,425
Teen Family Support	454,948	513,280	495,897	(17,383)
Neighborhood Access Sites	379,943	405,733	1,204,437	798,704
Field Program Management	301,809	367,593	1,166,255	798,672
WIC	0	0	2,013,545	2,013,545
Breast & Cervical Cancer	178,583	411,274	437,766	26,492
<b>Total Costs</b>	<b>\$8,289,166</b>	<b>\$9,736,743</b>	<b>\$13,581,925</b>	<b>\$3,825,182</b>

## Staffing by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Division Management	2.25	2.00	2.00	0.00
School-Based Clinics	38.04	47.56	44.09	(3.47)
Field Teams	52.95	54.25	54.35	0.10
Teen Family Support	0.48	1.40	1.40	0.00
Neighborhood Access Sites	6.06	6.70	17.18	10.48
Field Program Management	2.45	3.50	5.60	2.10
WIC	0.00	0.00	36.70	36.70
Breast & Cervical Cancer	1.99	2.30	4.30	2.00
<b>Total Staffing FTE's</b>	<b>104.22</b>	<b>117.71</b>	<b>165.62</b>	<b>47.91</b>

# Division Management

## Description

The Office of the Director of Neighborhood Health is responsible for providing oversight and assuring quality services are directed toward the vision and mission of the department and division. This office supervises the division managers and program coordinators. Division management provides policy direction for the division and participates in policy development for the department. Division management is also responsible for key coordination and planning efforts for children within the County, e.g., community Family Services and the Commission on Children and Families and with the Community e.g., Caring Community and Integrated Service Sites.

### Budget Overview

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	2.25	2.00	2.00	0.00
Program Costs	\$199,506	\$164,509	\$184,116	\$19,607

### Significant Changes - Expenditures

No Significant Changes

# School Based Health Centers

## Description

The mission of the School Based Health Center Program is to provide comprehensive, confidential and accessible primary health care to an under-served population of children and adolescents in a school setting. The major responsibilities are to identify students with unmet physical and mental health needs and provide necessary treatment and/or referral and follow up. The School Based Health Center Program provides physical exams, immunizations, diagnosis and treatment of illness and injury. It also provides reproductive health care, pregnancy testing, contraceptive counseling and services, sexually transmitted disease diagnosis and treatment, HIV counseling and testing, mental health counseling and health promotion activities such as smoking cessation.

The School Based Health Center Program has three goals: 1) To reduce the incidence of teen pregnancy in its client population. 2) To increase access to primary care for children and adolescents with out-of-pocket, affordable options. 3) To reduce school absenteeism by keeping kids healthy and ready to learn. These problems are increasing as adolescents become sexually active at earlier ages and as the uninsured population increases.

The program is limited by restrictions placed on it by local school districts where clinics are located. Restrictions usually occur around reproductive health services

## Budget Overview

	1995-96 Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTEE	38.04	47.56	44.09	(3.47)
Program Costs	\$2,834,051	\$3,686,784	\$3,815,904	\$129,120

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Original Projection	1996-97 Current Estimate	1997-98 Projected
% of 15-19 year old female family planning clients who do not get pregnant during the year	91.7%	96.2%	94%	96.2%	96.5%

## Significant Changes -- Expenditures

	FTEs	Amount
Community Health Nurse increased	.35	\$24,000
Health Assistant decreased	(2.06)	(75,000)
Health Educator decreased	(0.17)	(10,000)
Health Information Specialist (2) decreased	(2.42)	(70,000)
Health Services Administrator decreased	(1.10)	(86,000)
Health Services Specialist	(0.70)	(32,000)
Licensed Community Practical Nurse	1.83	65,000
Mental Health Consultant	(0.25)	(12,500)
Nurse Practitioner	0.61	46,000
Office Assistant 2	(1.00)	(37,000)
Office Assistant/Sr.	1.25	55,000
Physician's Assistant	(0.01)	(1,000)
Co-Principal Investigator	.20	16,000

# Field Teams

## Description

The goal of the Field Teams is to support the Health Department's focus on the protection of the community, the prevention of illness, the promotion of health, and the provision of services throughout the life span. Each geographically placed field team has community health nurses and other workers who provide assessment, screening and procedures, counseling, teaching, advocacy, referral and case management services to vulnerable individuals, families, and groups living in that community. The multi-disciplinary teams provide health-related services to targeted populations such as young, pregnant and/or parenting families, low birth weight babies, developmentally compromised infants, children with chronic health care needs, formerly incarcerated pregnant women, homeless individuals and families, the aged, victims of violence, families affected by alcohol and other drugs, and families with complex and health and social needs. The Field Team staff deliver services through many avenues such as consulting with and coordinating with other care providers, representing health care providers on community boards and action teams, educating others about health care concerns of their community and their clients, teaching classes, and visiting the client and their family. Visits can occur in the home, the Field Team offices, the hospital, schools, other service delivery sites in the community. Field Team staff actively participate in coordinated community-based activities offered through schools, community agencies, and integrated service projects.

In summary, the Field Team staff advocate for county residents to assure them a healthy life and a safe environment. Field services to families with young children will increase the chance for children to experience age-appropriate growth and development and to live in safe, supportive families and communities.

## Budget Overview

	1995-96	1996-97	1997-98	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	52.95	54.25	54.35	0.10
Program Costs	\$3,890,325	\$4,207,570	\$4,263,995	\$56,425

## Key Results

	1994-95	1995-96	1996-97	1996-97	1997-98
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
% of families with newborns living in PCDS service area offered initial growth and developmental assessment and/or referral for health care and community-based services	80%	85%EST.	85%	85%	85%
% of high risk pregnant women, ie., Medicaid eligible perinatal women who receive maternity case management services through home visits will increase	0%	15%EST.	20%	20%	5%

## Significant Changes - Expenditures

	FTEs	Amount
Family Preservation and Support grant funds		\$326,000
Close North Portland field office		(30,000)
Community Health Nurse	(0.40)	(47,411)
Health Information Specialist 2	0.50	21,131

# Teen Family Support

## Description

The Connections Program for Young Parents is a comprehensive system for delivering services to teen parents and their families. This program provides intake, assessment, referral, and case management services to the approximately 1,100 teens giving birth this year in Multnomah County. This program includes three separate but coordinated elements.

- Assessment and referral to the appropriate services. Assessments are done by a Community Health Nurse, in the home, clinic or school before birth, or at birth in the hospital.
- Case management, support groups, and interactive parent education, which is provided by non-profit community agencies.
- Systems coordination implemented through the Connections Program Coordinator.

Teen parents and their children are at risk for health and social problems and need specialized services. By centrally tracking all teen parents, the program reduces duplication of services and provides information on risks and needs of parents to assist with program planning and evaluation.

## Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	0.48	1.40	1.40	0.00
Program Costs	\$454,948	\$513,280	\$495,897	(\$17,383)

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Actual</u>	1996-97 <u>Original Projection</u>	1996-97 <u>Current Estimate</u>	1997-98 <u>Projected</u>
% of teen mothers assessed for health, social, and parenting needs	83%	83%	90%	70%	90%

## Significant Changes - Expenditures

5% reduction in contracts to community based agencies

**Amount**  
(\$18,360)

# Neighborhood Access Sites

## Description

The Department is developing neighborhood access sites to have a neighborhood based system of services in collaboration with other community-based service providers. The purpose is to address special needs identified in a specific neighborhood or community.

The Brentwood-Darlington Health Team collaborated with Portland's public health department to establish a community family center. Currently co-housed with the Lane School Based Health Center, the Health Team provides preventive clinical and home visit services to pregnant women and families with young children in the neighborhood. The goal of the team is to improve the health status of women and children by reducing post-neonatal mortality among infants born to families in the neighborhood and by reducing the incidence of inadequate prenatal care to Brentwood-Darlington women. Well child screenings, immunizations, and referrals to other needed resources are available and provided by community health nurses and family health workers.

Two new Neighborhood Access Sites are currently in the planning stages. Field and School Based staff are working closely with Self Enhancement Inc. This Spring, clinical services should start in their new building. The second Access Project will focus on reducing African American Infant Mortality in Northeast Portland. A community mobilization intervention model will target high risk pregnant African American women and will provide support, guidance, education, and advocacy from female indigenous outreach workers and peer volunteers to achieve the desired outcome. Current partners in this project include the Casey Foundation and the Oregon Health Division.

## Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	6.06	6.70	17.18	10.48
Program Costs	\$379,943	\$405,733	\$1,204,437	\$798,704

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Actual</u>	1996-97 <u>Original Projection</u>	1996-97 <u>Current Estimate</u>	1997-98 <u>Projected</u>
Rate of adequate prenatal care in the Brentwood-Darlington area	87%	72.8%	85%	85%	85%

## Significant Changes - Expenditures

	FTEs	Amount
Co-Principal Investigator added	0.38	\$34,369
Senior Data Analyst added	0.83	49,306
Community Health Nurse increased	3.05	183,000
Health Services Specialist	1.30	70,000
Health Information Specialist 2	2.95	140,000
Health Educator	0.37	17,718
Office Assistant/Senior	0.30	13,000
Office Assistant 2	1.00	31,695
Health Assistant	.10	3,500
Nurse Practitioner	.20	15,000

# Field Program Management

**Description**

The Field Countywide Program Management Unit provides direction, oversight, program development, evaluation and resource development for five geographically defined field teams, countywide field programs like the Family Support and Preservation Program and to the community outreach units. The Family Support and Preservation Program is responsible for implementing the 1995 Multnomah County Commission on Children and Families (MCCF) Child Welfare Plan to reduce child abuse and neglect. Field Countywide Program staff facilitate coordinated services between the Field Services programs, other health department divisions and the Oregon Health Division, other community health and social service providers and other community based services. This office seeks and obtains State, Federal and private resources to support effective community-based programs. The staff continually assesses Field Service needs, conducts program evaluations, maintains revenue agreements and looks for ways to establish linkages with the health and social service agencies and, in some cases, to provide direct health services at a countywide or neighborhood level.

**Budget Overview**

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTEE	2.45	3.50	5.60	2.10
Program Costs	\$301,8099	\$367,5983	\$1,166,2655	\$798,6722

**Significant Changes--Expenditures**

	<u>FTEs</u>	<u>Amount</u>
Community Health Nurse	0.80	\$53,497
Office Assistant 2	0.30	9,741
Health Services Specialist	1.00	50,000

**WIC**

**Description**

The mission of the federally funded WIC program is to improve the health of pregnant and breast feeding women and young children. The responsibilities of the program in Multnomah County are to assess participant eligibility, provide nutrition education, issue vouchers for specially chosen nutritious foods, and provide referral into health care. As a Neighborhood Health Division program WIC services are offered in six Multnomah County Primary Care clinic sites and at six additional satellite sites in the community to approximately 17,000 participants each month.

The WIC program is a prevention oriented program that addresses the issues of reducing rates of low birth weight infants, increasing duration of pregnancy, improving growth of at-risk infants and children, reducing rates of iron deficiency, and decreasing infant mortality. With changes in Multnomah County primary care services, WIC recently moved to the Neighborhood Health Division to focus on cost effective community based access to WIC services, without use of County General funds.

**Budget Overview**

	<b>1995-96</b>	<b>1996-97</b>	<b>1997-98</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	0.00	0.00	36.70	36.70
Program Costs	\$0	\$0	\$2,013,534.55	\$2,013,534.55

**Key Results**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	<b>1996-97</b>	<b>1997-98</b>
	<b>Actual</b>	<b>Actual</b>	<b>Original Projection</b>	<b>Current Estimate</b>	<b>Projected</b>
Average## of women, infants and children served/month	NA	16,795	17,000	17,000	17,000

**Significant Changes - Expenditures**

Program is transferred from Primary Care Division:

	<b>FTEs</b>	<b>Amount</b>
Health Services Administrator	1.00	\$68,646
Nutritionist	3.00	186,722
Nutritionist Assistant	16.90	626,809
Office Assistant 2	13.30	492,531
Other WIC costs		442,282
Community Health Nurse	2.50	146,375

# Breast & Cervical Cancer Partnership

Neighborhood Health  
Health Department

## Description

The purpose of this program is to increase the number of women 40 years of age and older who get regular Pap tests and mammograms, by offering free breast and cervical cancer screening and diagnostic services to older, low-income, and uninsured women. The program is delivered through health department and community clinics that offer a Women's Health Check exam which includes a Pap Test, pelvic exam, clinical breast exam and referral for a mammogram. An outreach component includes recruitment and education efforts through presentations, posters in community sites, partnerships with other agencies, and media outreach.

This program is delivered in partnership with the Oregon Breast and Cervical Cancer Coalition, the Susan G. Komen Foundation, the American Cancer Society, the Oregon Health Division, the National Black Leadership Initiative on Cancer, and numerous community health care agencies. Funding is provided by the Centers for Disease Control and the Susan G. Komen Foundation.

## Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	1.99	2.30	4.30	2.00
Program Costs	\$178,5883	\$4111,2744	\$437,7666	\$26,4922

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Actual</u>	1996-97 <u>Original Projection</u>	1996-97 <u>Current Estimate</u>	1997-98 <u>Projected</u>
# of women screened by BCCP in health department clinics					
# of women age 40+ screened by BCCP in health department clinics	NA	316	700	500	NA

## Significant Changes - Expenditures

	FTEs	Amount
Community Health Nurse	0.55	\$30,685
Health Information Specialist	0.60	24,000
Health Services Specialist	0.10	6,265
Office Assistant 2	0.75	27,049

### Description

CareOregon began as a collaborative partnership between Multnomah County Health Department, Oregon Health Sciences University, Clackamas County Health Department, and private non-profit Community and Migrant Health Centers across Oregon. Multnomah County Health Department was the administrative agent for this collaborative fully capitated managed health care option. CareOregon contracts with primary care clinics, specialty and ancillary health care providers and Oregon Health Sciences University for hospital services and alternatives to hospital care. CareOregon is responsible for assuring quality, cost effective managed care health services to eligible clients who enroll in CareOregon as an Oregon Health Plan option. CareOregon monitors providers' compliance with the care and fiscal standards, member satisfaction and overall financial solvency of the plan.

As of April 1997, CareOregon operates as an independent non-profit organization. The budget in the Health Department is to pay salaries of CareOregon employees that elected to remain Multnomah County employees. CareOregon pays reimbursement under a contract with Multnomah County for expenses associated with these employees.

### Significant Changes Revenue

All State/Federal revenues will go directly to CareOregon	<b>Amount</b> (43,000,000)
Payment from CareOregon to general fund	1,417,000

### Significant Changes Expenditures

Program transferred to non-profit	<b>FTEs</b>	<b>Amount</b> (43,000,000)
-----------------------------------	-------------	-------------------------------

### Budget Trends

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	20.22	26.45	26.45	26.25	(0.20)
Personal Services	\$1,069,183	\$1,143,668	\$1,348,921	\$1,382,077	\$33,156
Contractual Services	38,581,901	46,663,822	40,179,167	0	(40,179,167)
Materials & Supplies	3,330,859	2,760,124	3,244,001	0	(3,244,001)
Capital Outlay	0	0	0	0	0
<b>Total Costs</b>	<b>\$42,981,944</b>	<b>\$50,567,614</b>	<b>\$44,772,089</b>	<b>\$1,382,077</b>	<b>(\$43,390,012)</b>
Program Revenues	\$44,319,735	\$50,244,836	\$44,449,311	\$1,417,735	(\$43,031,576)
General Fund Support	(\$1,337,791)	\$322,778	\$322,778	(\$35,658)	(\$358,436)

# Primary Care Division

Health Department

## Description

The Primary Care Division is in partnership with the other Health Department divisions and the community to develop and assess services to ensure equitable access for the screening and treatment of illness. A primary focus of services is on prevention and client education to promote healthy choices. Primary medical health care services are available to County residents who choose Care Oregon as their managed care organization, who hold fee-for-service Medicaid cards, or who are unable to access medical care through private health care providers due to financial or other barriers. The Division provides primary health care services to 25,000 primary care clients (excludes WIG) annually in geographically dispersed sites throughout the county, with the exception of North Portland and Gresham, and screens and predetermines Medicaid eligibility for low income residents.

## Action Plan

- Redesign and centralize, by March, 1998, client appointments, phone triage, and interpreter systems in order to improve client access, service delivery, quality, and to reduce costs.
- Develop a pre-qualification office at each clinic site to increase accuracy of client demographics; improve self-pay collection activity; form foundation for an enrollment system; and to provide privacy for clients during interviews with full implementation by January 1998.
- Centralize staffing and work with unions to delete primary care new work units to decrease cost of on call personnel, decrease costs and improve quality of service delivery with implementation by July, 1998.
- Implement a quality improvement plan that is written and encompasses benchmarks, key results, and grant assurances; measures outcomes; documents trends; and provides the baseline for developing the strategy for improvement.

## Significant Changes Revenue

	<u>Amount</u>
Title 19 Federal Qualified Health Center (FQHC)	(\$550,000)
WIG	(1,776,630)
Linkage	(300,000)
Refuge Screening grant	(550,000)
Reduced fees	(200,000)
Breast and Cervical Cancer grant	(60,000)
Expected Community Partnership contribution	2,700,000

## Significant Changes Expenditures

	<u>FTEs</u>	<u>Amount</u>
Multiple FTE changes detailed at program level	(65.72)	(\$3,000,000)
Decrease in cost of specialty care		(230,000)
Drug Free program reduction		(103,000)
Professional Services reduction		(100,000)
Reduced indirect		(300,000)

# Primary Care Division

Health Department

## Budget Trends

	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	248.26	262.70	262.70	196.98	(65.72)
Personal Services	\$13,543,183	\$13,194,834	\$14,406,896	\$12,087,043	(\$2,319,853)
Contractual Services	774,898	967,081	749,923	633,867	(116,056)
Materials & Supplies	4,044,840	4,380,801	4,614,225	4,479,862	(134,363)
Capital Outlay	30,297	116,000	37,385	25,500	(11,885)
<b>Total Costs</b>	<b>\$18,393,218</b>	<b>\$18,658,716</b>	<b>\$19,808,429</b>	<b>\$17,226,272</b>	<b>(\$2,582,157)</b>
Program Revenues	\$8,900,892	\$11,157,760	\$13,425,442	\$12,352,838	(\$1,072,604)
General Fund Support	\$9,492,326	\$7,500,956	\$6,382,987	\$4,873,434	(\$1,509,553)

## Costs by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$599,685	\$576,427	\$584,815	\$8,388
Medical Director	776,657	791,174	498,851	(292,323)
Homeless Child Care Project	298,606	329,634	324,707	(4,927)
Primary Care Clinics	16,316,674	17,706,390	15,712,146	(1,994,244)
LINKAGE	401,596	404,804	105,753	(299,051)
<b>Total Costs</b>	<b>\$18,393,218</b>	<b>\$19,808,429</b>	<b>\$17,226,272</b>	<b>(\$2,582,157)</b>

## Staffing by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	5.50	6.00	6.00	0.00
Medical Director	3.44	3.60	3.30	(0.30)
Homeless Child Care Project	4.52	4.75	4.40	(0.35)
Primary Care Clinics	229.27	243.05	181.91	(61.14)
LINKAGE	5.53	5.30	1.38	(3.95)
<b>Total Staffing FTEE's</b>	<b>248.26</b>	<b>262.70</b>	<b>196.98</b>	<b>(65.72)</b>

# Division Management

**Description**

Division Management is responsible for five Primary Care sites, and provides physical support to the Coalition of Community Health Clinics. The Division management is focusing its efforts in the following areas: collecting and analyzing data regarding community health; establishing linkages with other community health care systems to meet identified community health needs; developing and employing ongoing procedures that incorporate client participation in the development, planning and implementation of health services; identifying, analyzing, and redesigning primary care systems in order to decrease cost, improve revenue potential, improve quality and achievement of key results, and improve client access; promoting a culturally competent workforce; and ensuring the continued pursuit of quality services.

**Budget Overview**

	<del>1995-96</del> <u>1995-96</u> <u>Actual</u>	<del>1996-97</del> <u>1996-97</u> <u>Adopted Budget</u>	<del>1997-98</del> <u>1997-98</u> <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.50	6.00	6.00	0.00
Program Costs	\$599,685	\$576,427	\$584,815	\$8,388

**Significant Changes - Expenditures**

No significant changes

# Medical Director

## Primary Care Health Department

### Description

The Medical Director is responsible for clinical oversight of all primary care activities within the Health Department.

The Medical Director's activities include: recruitment, hiring and clinical supervision of providers; management of in-house continuing education programs; development, review and revision of clinical protocols and policies; oversight of in-patient services; coordination and oversight of in-house clinical teaching activities for providers; monitoring outside specialty, ambulatory and hospital utilization; coordination and oversight of CQI activities that pertain to clinical practice; setting standards for clinical care; setting productivity standards; liaison to outside clinical affiliates; and ensuring cultural appropriateness of clinical services.

### Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	3.44	3.60	3.30	(0.30)
Program Costs	\$776,657	\$791,174	\$498,851	(\$292,323)

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Health Services Administrator	(0.50)	(\$40,000)
Nurse Practitioner	0.10	8,000
Physician	0.10	13,000
Decrease in cost of specialty care		(230,000)

# Homeless Children's Project

Primary Care  
Health Department

## Description

The Homeless Children's Project ensures availability and access to preventive and primary health care for children and their families who are at risk of being homeless with a focus on Latino children and their families. Clinical services are delivered at La Clínica de Buena Salud located at La Villa de Clara Vista apartments. An outreach component also provides home visits, health education, and related services of families as well as contact with other agencies. The project also provides basic preventive, diagnostic and treatment services which include: well-child exams, immunizations, lead screenings, prenatal care, family planning, WIG, communicable disease screening, care of acute and chronic medical conditions.

The Homeless Children's Project responds to the demands, by homeless families, for health care. The Homeless Children's project has experienced a continual increase in demand for services since the opening of La Clínica de Buena Salud in March, 1993.

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTEE	4.52	4.75	4.40	(0.35)
Program Costs	\$298,606	\$329,634	\$324,707	(\$4,927)

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
% of 2 Year Olds who are appropriately immunized	91%	100%	90%	90%	100%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Health Assistant	(0.25)	(\$9,000)
Health Information Specialist	(0.25)	(12,000)
Nurse Practitioner	0.15	11,776

# Primary Care Clinics

## Description

The primary care clinics provide integrated primary health care to low-income and high risk residents of the county. Each primary care clinic serves as a major provider of health care to area residents. The clinics provide basic preventive, diagnostic and treatment services to all ages; e.g. family planning/birth control, prenatal care, immunizations, well-child exams, nutrition services, communicable disease screening (including STD, HIV, TB), drug and alcohol screening, management of low risk TB clients on preventive treatment, and care of acute and chronic medical conditions. The clinics target services to medically indigent infants and children, women in need of prenatal and family planning services in addition to providing general primary care to children and adults.

The demand for basic health care remains high. Out of a total of 98,900 annual visits, 31% had no source of health insurance; 47% were covered by the Oregon Health Plan; 61% were female, 40% were under the age of 18 years; 55% were minorities, and 47% required interpretation.

Approximately 2,000 clients formerly receiving health care services from the Burnside Health Center, are now seen at the Westside Health Center (WHC). They are culturally diverse, medically indigent and homeless, residing in single room occupancy (SRO) hotels and on the streets in the central city core and West Burnside area of Portland. The WHC clinic is responsible for prevention of illness, promotion of health, and the protection of the community through accessible health services.

A portion of services delivered by this clinic are federally funded and, therefore, there is a responsibility for meeting grant specific guidelines including serving clients who fit the federal definition of homeless. The Primary Care Clinics are influenced by Federal and State requirements, as well as medical practice standards.

## Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	229.27	243.05	181.91	(61.14)
Program Costs	\$16,316,674	\$17,706,390	\$15,712,146	(\$1,994,244)

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Actual</u>	1996-97 <u>Original Projection</u>	1996-97 <u>Current Estimate</u>	1997-98 <u>Projected</u>
% of pregnant women in County clinics who receive prenatal care beginning in first trimester (Oregon Benchmark)	70%	71%	80%	80%	80%
% of BHC clients immunized for Pneumovax and Tetanus	75%	65%	83%	80%	56% each 80% of homeless

# Primary Care Clinics

## Primary Care Health Department

<u>Significant Changes - Expenditures</u>	<u>FTEs</u>	<u>Amount</u>
OA & QM2	(20.47)	(300,000)
Health Info Spec22	(1.00)	(35,000)
Health Assistant	(17.50)	(450,000)
Social Worker	1.55	80,000
Community Practitioner Nurse	(.60)	(25,000)
Nurse Practitioner	(1.01)	(75,000)
Community Health Nurse	(9.30)	(530,000)
Physicians Assistant	.22	20,000
Medical Records Tech	2.12	75,000
Lab Tech	.38	14,000
X-ray tech	(.07)	(4,000)
Nutritionist Assistant	(14.90)	(650,000)
Pharmacist	(.05)	(3,500)
Physician	(.77)	(90,000)
Health Operations Sppv	2.64	160,000
Health Services Admin	(2.38)	(115,000)
Drug Free Program		(103,000)

# Linkage

**Description**

The purpose of this program is to provide a continuum of linked primary care, drug treatment and mental health services for primary care clients, their sexual partners and family members. The program has responsibility for the delivery of alcohol and drug evaluation, counseling and referral; mental health evaluation, treatment and referral; and assurance of HIV counseling and testing; and linkage to primary care services to chemically dependent Northeast Health Center primary care clients (and/or chemically dependent sexual partners or family members of primary care clients).

We are limited by the assurances of the funding source and restrictions of federal, state and local law.

**Budget Overview**

	<b>1995-96</b>	<b>1996-97</b>	<b>1997-98</b>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.53	5.30	1.38	(3.93)
Program Costs	\$401,596	\$404,804	\$105,753	(\$299,051)

**Key Results**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	<b>1996-97</b>	<b>1997-98</b>
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
# of NE Health Clinic Primary Care clients and/or partners evaluated and enrolled in Linkage program	NA	128	400	110	20

**Significant Changes - Expenditures**

Grant funding of Linkage ends on 9/29/97. FY 97 - 98 budget reflects 33 months of operations.

Pass through for evaluation is based on 3 months at a reduced annual contract amount.

<u>FTEs</u>	<u>Amount</u>
(3.93)	(\$212,799)
	(36,544)

# Dental Services

Health Department

## Description

The Mission of the Dental Services Division is to improve the oral health of Multnomah County residents. The Division is responsible for facilitating and advocating for the delivery of dental services to County residents who are at-risk, low income, and the underserved (including direct provision of dental services), providing primary preventive dental services (targeted for children), and monitoring the prevalence of oral disease among Multnomah County residents.

The Division addresses the following needs: 1) Statistics indicate that Oregon pre-school and school age children have tooth decay rates that are higher than national surveys. The data also indicate that minority children have much higher decay rates than the average child; 2) the Division's Dental Managed Care Organization (DMCO), MultiCare, has responsibility for over 14,000 enrolled members who are insured under the Oregon Health Plan and have significant backlog of dental needs; and 3) an estimated 230,000 County residents are without dental insurance, and therefore have limited access to dental care.

## Action Plan

- Complete and evaluate an infant caries program and pilot test within Health Department clinic by June 1998.
- Participate with a Tri-County Dental Access Action Team to develop and implement a program to address the need for access for urgent dental care for uninsured County residents.
- Develop and implement marketing strategies to increase enrollment in the Division's DMCO

## Significant Changes - Revenue

Amount

No Significant Changes

## Significant Changes - Expenditures

FTEs

Amount

No significant changes

# Dental Services

Health Department

## Budget Trends

	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	54.14	63.20	63.20	59.40	(3.80)
Personal Services	\$2,840,3994	\$3,068,6388	\$3,325,8366	\$3,238,6144	(\$87,2222)
Contractual Services	1,490,624	1,650,000	1,504,5333	1,434,8337	(69,6966)
Materials & Supplies	1,137,228	1,226,900	1,239,7144	1,289,9411	50,2277
Capital Outlay	16,465	116,000	116,000	17,000	(99,000)
<b>Total Costs</b>	<b>\$5,484,7111</b>	<b>\$6,061,5388</b>	<b>\$6,186,0833</b>	<b>\$5,980,3922</b>	<b>(\$205,6911)</b>
Program Revenues	\$4,152,1244	\$4,151,1200	\$4,478,4700	\$4,514,2900	\$35,8200
General Fund Support	\$1,332,5887	\$1,910,4188	\$1,707,6183	\$1,466,1022	(\$241,5111)

## Costs by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$650,8499	\$1,645,1966	\$490,6922	(\$1,153,4504)
School & Community Dental Service	416,3344	484,4322	459,9388	(24,4944)
Dental Clinics	4,417,5288	4,056,4655	3,812,6666	(243,7899)
Multi-Care Dental	Q	Q	1,217,0986	1,217,0986
<b>Total Costs</b>	<b>\$5,484,7111</b>	<b>\$6,186,0833</b>	<b>\$5,980,3922</b>	<b>(\$205,6911)</b>

## Staffing by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	4.38	3.50	1.50	(2.00)
School & Community Dental Service	6.69	7.10	6.60	(0.50)
Dental Clinics	43.07	52.60	48.80	(3.80)
Multi-Care Dental	0.00	0.00	2.50	2.50
<b>Total Staffing FTE's</b>	<b>54.14</b>	<b>63.20</b>	<b>59.40</b>	<b>(3.80)</b>

# Division Management

## Description

The mission of Division Management is to ensure that dental programs (Dental Clinics, subcontracted dental providers, and School/Community Program) are operated productively and with a high quality of services, to monitor the dental health of the community, and to coordinate community dental needs with community resources, including department resources. Division Management is responsible to serve as a resource for information about oral health issues that affect county residents, monitor the prevalence of oral disease, facilitate the delivery of dental care to at-risk populations, and provide managerial oversight to the Dental Division Clinics and School/Community Dental Services program. Activities include development and monitoring of dental policies, quality assurance practices, program development and evaluation, personnel management, budget administration, clinic administration and client relations, and liaison efforts with local private and public sector dental resources.

## Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	4.38	3.50	1.50	(2.00)
Program Costs	\$650,849	\$1,645,196	\$490,692	(\$1,154,504)

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Dental Assistant/Receptionist	(1.00)	(\$33,598)
Office Assistant 2	(1.00)	(35,459)
MultiCare DCO activities were separated from Division Management		(1,100,000)

# School & Community Dental Services

Dental Services  
Health Department

## Description

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

## Budget Overview

	1995-96 Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTE	6.69	7.10	6.60	(0.50)
Program Costs	\$416,334	\$484,432	\$459,938	(\$24,494)

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Original Projection	1996-97 Current Estimate	1997-98 Projected
% of 6-8 year olds who are caries free	NA	46.7%	50%	46.2%	46%

## Significant Changes - Expenditures

	FTEs	Amount
Dental Hygienist	(0.50)	(\$28,838)

# Dental Clinics

## Description

The Dental Clinics' mission is to reduce the level of untreated dental diseases in low-income under-served Multnomah County residents. The Dental Clinics participate with other community resources in providing access to routine and limited urgent dental care services for children and adults enrolled in the DCO (including diagnosis, preventive and restorative services).

Dental Clinic services help address the problem of lack of access to dental care for low-income and uninsured (including Medicaid) County residents (an estimated 250,000 County residents have no dental insurance, and therefore limited access to care).

## Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTEE	43.07	52.60	48.80	(3.80)
Program Costs	\$4,417,528	\$4,056,455	\$3,812,666	(\$243,789)

## Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
Dental relative value productivity units per dentist	9,800	8800	10,000	8,900	9,800

## Significant Changes--Expenditures

	<u>FTEs</u>	<u>Amount</u>
Dental Assistant/Receptionist	(4.50)	(\$195,199)
Dental Hygienist	(.70)	(40,000)
Health Operations Supervisor	(0.50)	(29,268)
Health Information Specialist	1.00	37,500
Health Assistant increased to meet interpretation needs.	1.00	30,000

# MultiCare Managed Care Dental

## Description

MultiCare Managed Dental Care Organization (DCO) is responsible for access and delivery of dental services to plan-enrolled clients under the Oregon Health Plan. The DCO has over 14,000 enrollees which represent approximately 20% of those eligible in Multnomah County.

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

### Budget Overview

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	0.00	0.00	2.50	2.50
Program Costs	\$0	\$0	\$1,217,096	\$1,217,096

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Dental Assistant/Receptionist added	1.00	\$33,598
Office Assistant 2	1.00	35,459
Health Operations Supervisor	0.50	29,268
Transfer function from Division Management		1,100,000

# Support Services

Health Department

## Description

The Support Services Division provides diagnostic, pharmaceutical and ancillary health services required to meet the health needs of the client population. This division is responsible for the operation of laboratory services, pharmacy services, medical supplies/forms/pamphlets, language services, information and referral services, medical records management, and coordination of facilities management. Some activities include performing diagnostic laboratory testing, dispensing medications, coordination and planning for electronic medical records, and supervision of medical equipment and supplies purchasing.

The support programs meet the needs of the Department in the special areas identified. The need for the above mentioned services is based upon client activities throughout the Department.

## Action Plan

- Continue effort to automate laboratory services by June 1998.
- Outsource payroll for interpreter services for "bone and all" interpreters effective July 1, 1997.
- Outsource graphic artist work effective July 1, 1997.

## Significant Changes - Revenue

Increase in Safenet Teen Pregnancy Prevention

## Amount

\$300,000

## Significant Changes - Expenditures

No significant changes

## FTEs

## Amount

# Support Services

Health Department

## Budget Trends

	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>	<u>Difference</u>
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	51.53	47.85	47.85	45.73	(2.12)
Personal Services	\$2,565,157	\$2,462,342	\$2,481,593	\$2,515,835	\$34,242
Contractual Services	468,480	430,000	511,044	709,848	198,804
Materials & Supplies	3,825,306	3,810,662	3,093,541	3,378,975	285,434
Capital Outlay	<u>26,662</u>	<u>14,130</u>	<u>14,130</u>	<u>6,180</u>	<u>(7,950)</u>
<b>Total Costs</b>	<b>\$6,885,604</b>	<b>\$6,717,134</b>	<b>\$6,100,308</b>	<b>\$6,610,838</b>	<b>\$510,530</b>
Program Revenues	\$3,389,890	\$2,984,500	\$3,122,368	\$4,037,904	\$915,566
General Fund Support	\$3,495,714	\$3,732,634	\$2,977,940	\$2,572,934	(\$405,006)

## Costs by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management -	\$1,035,787	\$318,510	\$368,525	\$50,015
Pharmacy Services	3,407,753	3,320,259	3,554,133	233,874
Laboratory Services	903,943	965,723	958,399	(7,324)
Information & Referral Services	805,907	895,074	1,235,986	340,912
Language Services	391,526	278,284	246,240	(32,044)
Communications	<u>340,688</u>	<u>322,458</u>	<u>247,555</u>	<u>(74,903)</u>
<b>Total Costs</b>	<b>\$6,885,604</b>	<b>\$6,100,308</b>	<b>\$6,610,838</b>	<b>\$510,530</b>

## Staffing by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	4.80	2.50	2.50	0.00
Pharmacy Services	15.19	15.85	15.13	(0.72)
Laboratory Services	12.53	13.00	12.40	(0.60)
Information & Referral Services	9.69	8.90	10.15	1.25
Language Services	3.59	3.00	2.00	(1.00)
Communications	<u>5.73</u>	<u>4.60</u>	<u>3.55</u>	<u>(1.05)</u>
<b>Total Staffing FTE's</b>	<b>51.53</b>	<b>47.85</b>	<b>45.73</b>	<b>(2.12)</b>

# Division Management

## Description

Support Services Division management has the mission to direct the division in providing necessary services in an efficient and least costly manner. Management oversees Support Services by setting output and service delivery goals and resolving problems in achieving those goals. Division management meets with the program management team to evaluate service needs, goals, and problems.

Division Manager organizes available resources to meet the field and clinical support services needs in a timely, efficient, and cost effective manner. This manager has experience in developing the management team in RESULTS and Project Improvement Teams (PIT). The teams are working more effectively.

## Budget Overview

	<del>1995-96</del> Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTE	4.80	2.50	2.50	0.00
Program Costs	\$1,035,787	\$318,510	\$368,525	\$50,015

## Significant Changes - Expenditures

No Significant Changes

# Pharmacy Services/SOS

## Description

Pharmacy Services provides medications and pharmaceutical counseling and education to County clinic clients and is available to medical staff for pharmaceutical consultation and information. Pharmacy Services is responsible for supporting the provision of medication dispensing services in all County clinics. Six pharmacies are staffed and operated in County clinics to provide medications to all eligible County clinic clients.

Medications are an integral part of the total care of patients; as medications become increasingly expensive, patients are often not able to afford the drugs to treat their medical problems. As medication costs rise and new, innovative (and generally more expensive) drugs are marketed, obtaining quality health care is a problem for the many clients who cannot afford the prescribed medication.

Pharmacy Services must comply with the Oregon State Board of Pharmacy Administrative Rules in its operation of County pharmacies.

## Budget Overview

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	15.19	15.85	15.13	(0.72)
Program Costs	\$3,407,753	\$3,320,259	\$3,554,133	\$233,874

## Key Results

	<u>1994-95</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
Total cost per prescription dispensed to County clients	\$16.04	\$16.67	\$18.68	\$18.68	\$19.80

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Pharmacist	(.10)	(\$6,000)
Pharmacy Technician	.38	15,000
Purchasing Specialist 1	(1.00)	(47,573)

# Laboratory Services

## Description

Laboratory Services provides testing of health and environmental specimens for the Department. This section tests specimens for a variety of medical conditions, and performs environmental surveillance at known or actual problem areas (such as the Blue Lake swim area). This section supports the Environmental Health unit with food poisoning testing and evaluation. This section also monitors many units (clinics) for quality assurance in their testing.

Laboratory Services directly supports testing or requirements from: clinics, the Office of Communicable Diseases, the Environmental Health Unit, the Health Officer, the State Health Division, and the Federal Government ((CWA- 88 and EPA)).

## Budget Overview

	<del>1995-96</del>	<del>1996-97</del>	<del>1997-98</del>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	12.53	13.00	12.40	(0.60)
Program Costs	\$903,943	\$965,723	\$958,399	(\$7,324)

## Key Results

	<del>1994-95</del>	<del>1995-96</del>	<del>1996-97</del>	<del>1996-97</del>	<del>1997-98</del>
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
Unit cost of laboratory tests	\$8.08	\$8.86	\$9.10	\$9.10	\$9.25

## Significant Changes--Expenditures

	<u>FTEs</u>	<u>Amount</u>
Office Assistant 2	(.40)	(15,000)
Laboratory Technician	(0.20)	(9,152)

# Information & Referral

## Description

A team of information and referral specialists link County residents in need of health services to existing community resources. This unit researches what health care services are offered in the community with a focus on low income or uninsured persons.

Under contract with the State Health Division and the Office of Medical Assistance, this unit also operates a statewide health care referral service called SafeNet, intended to help low income individuals access health and dental care services in their local communities. The Teen Health Infoline, a program of SafeNet, provides non-judgmental sexuality information to adolescents and families.

## Budget Overview

	1995-96 Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTE	9.69	8.90	10.15	1.25
Program Costs	\$805,907	\$895,074	\$1,235,986	\$340,912

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Original Projection	1996-97 Current Estimate	1997-98 Projected
Human Services referral calls taken per FTE	7,515	11,409	8,000	7,940	8,000

## Significant Changes - Expenditures

	FTEs	Amount
Health Services Administrator	0.25	\$21,044
Health Info Specialist	1.00	34,000

# Language Services

## Description

The mission of Language Services is to ensure efficient delivery of culturally competent Health Department interpretation, translation and bilingual services. Language Services is responsible for seeing that non-English speaking clients are provided health services and information in the language that they understand. The program's services include: direct assignment of one or all or contracted interpreters to client appointments or to support after hours medical advice services; translation of non-English patient education and consent material; implementing bilingual hiring and decentralizing scheduling at multiple direct health care service sites; and analysis of non-English encounters, related staffing patterns and control of interpreter costs.

The Health Department encounters over 63,000 non-English speaking client visits per year in over 30 different languages. The annual growth rate is 20%.

Federal law and regulations for Community Health Centers require arrangements to provide services "in the language and cultural context most appropriate" for clients with limited English speaking ability. In addition, the Americans with Disability Act requires that people with disabilities (e.g., hearing impaired) be integrated into services.

## Budget Overview

	1995-96 Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTE	3.59	3.00	2.00	(1.00)
Program Costs	\$391,526	\$278,284	\$246,240	(\$32,044)

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Original Projection	1996-97 Current Estimate	1997-98 Projected
Interpretation cost per visit	\$18.30	\$16.76	\$17.50	\$17.50	\$16.76

## Significant Changes--Expenditures

	FTEs	Amount
Office Assistant/Senior	(1.00)	(\$39,668)

# Communications

## Support Services Health Department

### Description

The Communications unit provides support to Health Department staff in the areas of policy development, form and pamphlet distribution, health education, medical records, and safety.

### Budget Overview

	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>1997-98</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	5.73	4.60	3.55	(1.05)
Program Costs	\$340,688	\$322,458	\$247,555	(\$74,903)

### Key Results

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Actual</u>	<u>1996-97</u> <u>Original</u> <u>Projection</u>	<u>1996-97</u> <u>Current</u> <u>Estimate</u>	<u>1997-98</u> <u>Projected</u>
Human service referral calls taken per FTE	7,515	11,409	8,000	7,940	8,000

### Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Support Services Technician	(0.80)	(\$28,824)
Health Services Administrator	(0.25)	(21,044)

# Business & Administrative Services

Health Department

## Description

The Business Services Division is responsible for financial management, human resource, Medicaid enrollment, and data processing support to the operational divisions of the Health Department. It accounts for grants; bills third party payers for medical dental and other health services; pays charges resulting from referrals to specialty medical, dental, and ancillary providers; manages employee selection and payroll; develops and maintains computer applications providing needed management information; screens clinical users for eligibility for the Oregon Health Plan, and provides for the special personnel needs of medical operations.

The Division tracks and reports on \$18 million of grant funds annually to assure timely, defensible collection of grant awards; bills for \$15 million of receivable, and pays \$650,000 of medical claims. It also provides required human resource services for 1,000 employees filling over 800 FTEs, and screens over 12,500 clients annually for the Oregon Health Plan.

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

## Action Plans

- Purchase and install a replacement health information system that provides appropriate balance between clinical and managerial support by January 1998.
- Extend the WAN to three additional remote sites and within existing resources, bringing the total to six; continue to grow internal LAN support systems.
- Complete modernization of departmental A/R systems by September 1997.
- Explore and implement as appropriate cross-departmental administrative systems.

## Significant Changes Revenue

The Robert Wood Johnson Making the Grade TAG grant has added.  
Care Oregon

**Amount**  
(\$17,000)  
658,000

## Significant Changes Expenditures

No significant changes

**FTEs**

**Amount**

# Business & Administrative Services

Health Department

<u>Budget Trends</u>	1995-96	1996-97	1996-97	1997-98	<u>Difference</u>
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	38.82	42.55	42.55	44.85	2.30
Personal Services	\$1,966,814	\$1,974,627	\$2,119,161	\$2,375,925	\$256,764
Contractual Services	95,907	51,677	57,200	110,900	53,700
Materials & Supplies	1,613,276	1,451,107	1,495,566	1,132,600	(362,966)
Capital Outlay	162,656	18,394	18,394	28,794	10,400
<b>Total Costs</b>	<b>\$3,838,653</b>	<b>\$3,495,805</b>	<b>\$3,690,321</b>	<b>\$3,648,219</b>	<b>(\$42,102)</b>
Program Revenues	\$25,429	\$682,000	\$736,222	\$806,000	\$69,778
General Fund Support	\$3,813,223	\$2,813,805	\$2,954,099	\$2,842,219	(\$111,880)

## Costs by Program

	1995-96	1996-97	1997-98	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	\$369,108	\$369,088	\$417,165	\$48,067
Grants Management & Accounting	231,669	231,270	251,759	20,489
Medical Claims Processing	477,826	528,806	463,726	(65,080)
Human Resources	305,304	338,573	233,568	(105,005)
Health Information Systems	1,942,403	1,611,409	1,629,809	18,400
Medical/Medicare Eligibility	512,343	611,165	652,192	41,027
<b>Total Costs</b>	<b>\$3,838,653</b>	<b>\$3,690,321</b>	<b>\$3,648,219</b>	<b>(\$42,102)</b>

## Staffing by Program

	1995-96	1996-97	1997-98	<u>Difference</u>
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Management	4.96	5.00	5.50	0.50
Grants Management & Accounting	3.83	3.25	3.85	0.60
Medical Claims Processing	8.70	9.00	8.50	(0.50)
Human Resources	4.89	5.00	3.50	(1.50)
Health Information Systems	6.63	8.90	11.50	2.60
Medical/Medicare Eligibility	9.81	11.40	12.00	0.60
<b>Total Staffing FTE's</b>	<b>38.82</b>	<b>42.55</b>	<b>44.85</b>	<b>2.30</b>

# Division Management

Health Department

**Description**

The Business Services Administration section is responsible for providing management and policy development for Accounting, Personnel, Accounts Payable, Accounts Receivable, Contracting, Eligibility Screening, and Information Services function. The unit manages day to day operations and the development of operational improvements to the business functions that support the operational divisions of the Health Department. The Division also represents the Department's business interests to community partners, grantors, third party payers, clients, and other County agencies. It provides leadership at the County level in improving administrative systems, and staffs the CHSC development process.

**Budget Overview**

	<b>1995-96</b>	<b>1996-97</b>	<b>1997-98</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTEE	4.96	5.00	5.50	0.50
Program Costs	\$369,1088	\$369,0988	\$417,1355	\$48,0677

**Significant Changes--Expenditures**

	<b>FTEs</b>	<b>Amount</b>
Office Assistant 2	(0.50)	(\$16,737)
County Health Nurse	1.00	58,000

# Grants Management

**Description**

Grants Management and Accounting is responsible for monitoring Federal and State grants, maximizing revenues collected, and providing for continual improvement in accounting systems in the Health Department. This unit tracks and matches grant revenues and expenditures, develops and prepares required reports to grantors, produces reports for managers, and develops accounting controls. Grants accounting reports on and collects \$18 million of Federal and State grants annually. This unit is responsible for collecting funds from 50 different Federal and State grantors.

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

**Budget Overview**

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.83	3.25	3.85	0.60
Program Costs	\$231,689	\$231,270	\$251,759	\$20,489

**Key Results**

	<u>1994-95</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>
	<u>Actual</u>	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projected</u>
% of grant awards collected	94%	92.4%	98%	96%	96%

**Significant Changes - Expenditures**

	<u>FTEs</u>	<u>Amount</u>
Fiscal Specialist 1	0.35	\$13,914
Fiscal Specialist/Senior	0.25	17,112

# Medical Claims Processing

Health Department

## Description

This unit pays medical claims against the Health Department and bills for services provided by the department.

The Accounts Payable unit processes claims for payment for services that medical specialists provide to County clients on a referral basis. This unit receives, researches, authorizes payments, and files Health Source claims received from medical providers who serve Department clients. This unit also reconciles the Department's management information system to the County's LGFS accounting system.

The Accounts Receivable unit manages collections for the Departments and billings to Care-Oregon, insurance companies, and Medicaid/Medicare. This unit trains and assists clinic staff in the collection of fees, processing of cash, reconciliation's, LGFS coding, and deposits receipts daily. It is responsible for coordinating the activities between clinic staff, clients and insurance companies to ensure the maximum collection of revenue. Accounts receivable bills for and collects \$11 million annually from billings to Medicaid, Medicare, other third party insurance companies, and directly from clients.

## Budget Overview

	<del>1995-96</del> 1995-96 <u>Actual</u>	<del>1996-97</del> 1996-97 <u>Adopted Budget</u>	<del>1997-98</del> 1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTEE	8.70	9.00	8.50	(0.50)
Program Costs	\$477,8286	\$528,8086	\$463,7286	(\$65,0800)

## Key Results

	<del>1994-95</del> 1994-95 <u>Actual</u>	<del>1995-96</del> 1995-96 <u>Actual</u>	<del>1996-97</del> 1996-97 <u>Original Projection</u>	<del>1996-97</del> 1996-97 <u>Current Estimate</u>	<del>1997-98</del> 1997-98 <u>Projected</u>
% of Medicaid and other third party bills processed within 30 Days	70%	87%	80%	70%	90%

## Significant Changes - Expenditures

	<u>FTEs</u>	<u>Amount</u>
Fiscal Assistant/Senior	(0.50)	(\$20,335)

**Human Resources**

**Health Department**

**Description**

The Human Resources Section is responsible for recruiting, examination, and position control functions for the Health Department. The unit provides technical assistance to managers in dealing with employee problems; represents the Department at the County level on personnel issues; logs and corrects payroll expenditure codes for employees; analyzes vacant positions for proper classification, laggage, and FTEE requirements, coordinates payroll with Department timekeepers, seeds transfer notices, and assists with inter divisional placements of employees, including coverage for leaves of absence and permanent positions.

In a normal year, Human Resources manages the selection process for 100 positions annually, with the greatest volume in Nurses and Office Assistants. However, it is anticipated that during 1997-98 the unit will focus on management of placements from the various layoff/recall lists of the Department, as most vacancies for next fiscal year will be filled from layoff lists or similar means.

**Budget Overview**

	<b>1995-96</b>	<b>1996-97</b>	<b>1997-98</b>	
	<b>Actual</b>	<b>Adopted Budget</b>	<b>Adopted Budget</b>	<b>Difference</b>
Staffing FTE	4.89	5.00	3.50	(1.50)
Program Costs	\$305,304	\$338,573	\$233,588	(\$105,005)

**Key Results**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	<b>1996-97</b>	<b>1997-98</b>
	<b>Actual</b>	<b>Actual</b>	<b>Original Projection</b>	<b>Current Estimate</b>	<b>Projected</b>
% of vacancies posted within 1 week of notification by hiring authority	97%	99%	98%	97%	97%

**Significant Changes - Expenditures**

	<b>FTEs</b>	<b>Amount</b>
Community Health Nurse	(1.00)	(\$62,957)
Fiscal Assistant/Senior	(0.50)	(20,335)

# Data Systems

**Description**

Data Systems is responsible for supporting the diverse data needs of all other sections and divisions of the Health Department. This section maintains, enhances, and operates the mainframe based Health Information System; supports the 500 terminals, printers, and personal computers in use by the department; coordinates and provides installation and support of the network; directs the activities of two programmer analysts; trains department staff; coordinates access to external data systems and networks; maintains user documentation; and fills ad hoc data requests.

Two major changes in direction will mark the unit for 1997-98: 1) The importance of Local Area Network (LAN) administration will continue to grow, as the Department finishes linking sites into the County's Wide Area Network (WAN), and 2) During 1997-98, the Department plans to replace its health information system, involving a major purchase of software, hardware, and training.

**Budget Overview**

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTEE	6.63	8.90	11.50	2.60
Program Costs	\$1,942,403	\$1,611,409	\$1,629,809	\$18,400

**Key Results**

	<u>1994-95</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>
	<u>Actual</u>	<u>Actual</u>	<u>Original</u>	<u>Current</u>	<u>Projected</u>
			<u>Projection</u>	<u>Estimate</u>	
Ad hoc data requests fulfilled	280	379	340	494	500

**Significant Changes - Expenditures**

	<u>FTEs</u>	<u>Amount</u>
Data Analyst	1.00	\$50,354
Data Analyst/Senior	2.00	118,334
Office Assistant 2	(0.40)	(13,389)
First year interest expense on \$1.5 million Certificate of Participation for new Health MIS system		43,000

# Medicaid/Medicare Eligibility

Health Department

## Description

The Medicaid Eligibility Screening Unit works to increase access to benefits of clients who are entitled to them by educating and assisting clients with the Oregon Health Plan (OHP) application process. The unit is responsible for interviewing clients to assess eligibility for the OHP. The Eligibility Specialists act as continuing advocates with Adult and Family Services and the Medicaid agency on behalf of clients.

The program is intended to decrease the barriers clients experience in attempting to access entitled medical benefits. Over the next year the unit will experience structural changes tied to the integration of Medicaid screening into the Primary Care Clinic Pre-qualification (Business) Office

## Budget Overview

	1995-96 <u>Actual</u>	1996-97 <u>Adopted Budget</u>	1997-98 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	9.81	11.40	12.00	0.60
Program Costs	\$512,343	\$611,165	\$652,192	\$41,027

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Actual</u>	1996-97 <u>Original Projection</u>	1996-97 <u>Current Estimate</u>	1997-98 <u>Projected</u>
% of clients potentially eligible for Medicaid screened for eligibility	60%	60%	70%	70%	90%

## Significant Changes- Expenditures

	<u>FTEs</u>	<u>Amount</u>
Health Services Administrator	0.60	\$42,846

# Corrections Health

Health Department

## Description

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

The Division is responsible for covering six correctional facilities of various sizes and in various locations. As the incidence of crime continues to grow, bookings have increased from last year. The population has a higher incidence of health problems than the general population due to life style, social economic level, and neglect.

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

## Action Plan

- Implement fully the state Board of Pharmacy's adopted rules regulating the provision of pharmaceutical services in correctional facilities by January 1998.
- Evaluate and make changes in the Correction Health service delivery by July 1998, in order to make impact on cost containment.

## Significant Changes - Revenue

State Felon Impact  
Jail Levy

Amount  
\$715,807  
185,676

## Significant Changes - Expenditures

Multiple FTE changes shown at program level  
Increased M & S for Jail Additions

FTEs      Amount  
11.41      \$600,000  
280,000

# Corrections Health

# Health Department

<u>Budget Trends</u>	<u>1995-96</u>	<u>1996-97</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Current</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	73.72	78.75	78.75	90.16	11.41
Personal Services	\$4,616,495	\$3,595,412	\$5,205,875	\$5,846,662	\$640,787
Contractual Services	532,185	457,047	619,226	642,923	23,697
Materials & Supplies	894,911	480,685	951,278	1,183,289	232,011
Capital Outlay	27,158	16,500	24,000	60,147	36,147
<b>Total Costs</b>	<b>\$6,070,749</b>	<b>\$4,549,644</b>	<b>\$6,800,379</b>	<b>\$7,733,021</b>	<b>\$932,642</b>
Program Revenues	\$436,843	\$376,363	\$2,699,959	\$3,247,750	\$547,791
General Fund Support	\$5,633,906	\$4,173,281	\$4,100,420	\$4,485,271	\$384,851

## Costs by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Clinic Services	\$5,375,460	\$6,067,779	\$6,825,465	\$757,686
Mental Health Services	695,299	732,600	907,556	174,956
<b>Total Costs</b>	<b>\$6,070,749</b>	<b>\$6,800,379</b>	<b>\$7,733,021</b>	<b>\$932,642</b>

## Staffing by Program

	<u>1995-96</u>	<u>1996-97</u>	<u>1997-98</u>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Clinic Services	63.09	67.05	78.16	11.11
Mental Health Services	10.63	11.70	12.00	0.30
<b>Total Staffing FTE's</b>	<b>73.72</b>	<b>78.75</b>	<b>90.16</b>	<b>11.41</b>

# Clinical Services

## Description

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

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

## Budget Overview

	1995-96 Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTEE	63.09	67.05	78.16	11.11
Program Costs	\$5,375,450	\$6,067,779	\$6,825,465	\$757,686

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Original Projection	1996-97 Current Estimate	1997-98 Projected
% of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	92%	89%	90%	NA	50%

## Significant Changes - Expenditures

	FTEs	Amount
Community Health Nurse	3.40	\$170,000
Physician	1.10	135,100
Pharmacist	0.10	7,500
Pharmacist Technician	0.50	18,710
Dentist	0.40	41,456
Dental Assistant/Receptionist	0.40	13,180
Fiscal Assistant/Senior	0.50	19,522
Office Assistant/Senior	0.50	20,143
Office Assistant 2	2.58	82,000
Health Assistant	1.13	36,294
Health Services Administrator	.50	25,000
Pass Through for Hospital In patient and Out patient services		50,622
Increased M & S for Jail Additions		280,000

# Mental Health Services

## Description

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

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

## Budget Overview

	1995-96 Actual	1996-97 Adopted Budget	1997-98 Adopted Budget	Difference
Staffing FTE	10.63	11.70	12.00	0.30
Program Costs	\$695,2999	\$732,6000	\$907,5566	\$174,9566

## Key Results

	1994-95 Actual	1995-96 Actual	1996-97 Original Projection	1996-97 Current Estimate	1997-98 Projected
% of incarcerated clients with known mental health needs who receive psychiatric intervention	65%	56.2%	25%	NA	10%

## Significant Changes - Expenditures

	FTEs	Amount
Pharmacist increased (0.10) FTEE	0.10	\$7,884
Nurse Practitioner increased (0.20) FTEE	0.20	14,074