

# Health Department

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## Vision

By the year 2015, county citizens and leaders will look back with pride on the accomplishments of the community in improving its health since the mid-1990's. In the broadest sense of the word, the health of our citizens has improved.

Most of the problems our citizens faced in accessing basic medical care have been resolved as a result of state and national reforms, and continued County advocacy and service delivery. The role of the Health Department in direct medical care delivery has gradually evolved. Beyond its role in medical care service delivery, the Health Department has assumed greater responsibility for both assuring and providing special services for populations at risk of identified priority health problems. The Department has also assumed a stronger role in the community of health providers as conveyer, partner, and participant in comprehensive community-wide efforts emphasizing health promotion, prevention, and early intervention.

Objective measures of our community's health status have improved markedly.

The first wave of the AIDS epidemic has passed, leaving a legacy of a human and public health tragedy that was met with compassionate care and effective prevention. Thanks to the lessons of the first wave, the impact of the second wave of the epidemic continues to be mild compared with that of other communities.

Rates of low birth weight and infant mortality have dropped significantly, largely as the result of reducing the discrepancies in birth outcomes among rich and poor, and among our diverse racial and ethnic populations. Teen pregnancy rates have also dropped, as have rates of abortion. Overwhelmingly, babies are born healthy, and into homes where they are wanted, loved, and well cared for.

The Health Department has also grown in becoming better connected with consumers, citizens in general, and the range of health and social service providers in the community. The Department continues to carry out activities and provide services which it is uniquely positioned and qualified to do. It also fills a broader leadership role. In partnership with citizens, other governmental agencies, the private sector, and many others, the Department actively helps to identify priority community health concerns, shapes sensible policy responses, assures that efficiently delivered services are available to address priority concern, and analyzes the effectiveness of the community's policies and responses.

# Health Department

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## Budget Overview

	1994-95	1995-96	1995-96	1996-97	
	<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	721.61	809.51	809.51	812.45	2.94
Departmental Costs	\$88,055,647	\$111,062,529	\$114,644,663	\$113,861,153	(\$783,510)
External Revenues	\$60,904,444	\$82,233,550	\$85,415,053	\$81,647,344	(\$3,767,709)
General Fund Support	\$49,778,664	\$28,828,979	\$29,229,610	\$32,437,349	\$3,207,739

## 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;
- 32,000 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 grantors that fund the Department, including the Federal and State Governments and Federal and State law.

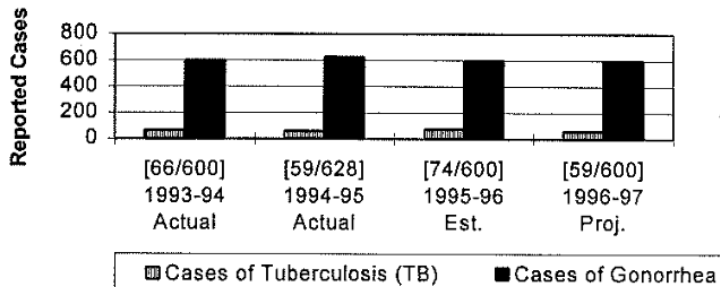
Several groups have oversight or advisory responsibility over program of the Health Department. The main group is Community Health Council, which provides oversight of federally funded primary care services and acts as the Department's Budget Advisory Committee.



# Health Department

## Performance Trends

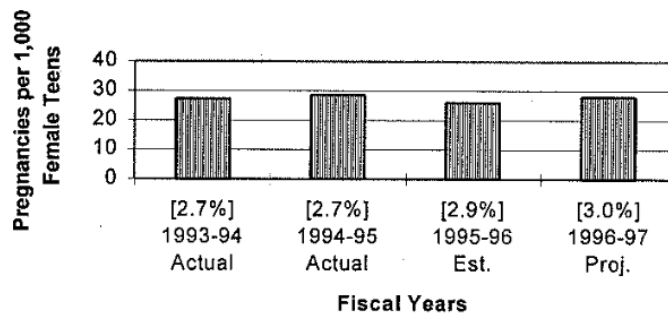
### Tuberculosis and Gonorrhea



Measures numbers of cases of Pulmonary Tuberculosis and Gonorrhea reported among County residents per year.

The number of gonorrhea cases has stabilized because education for HIV control has led to practices that control other STD's.

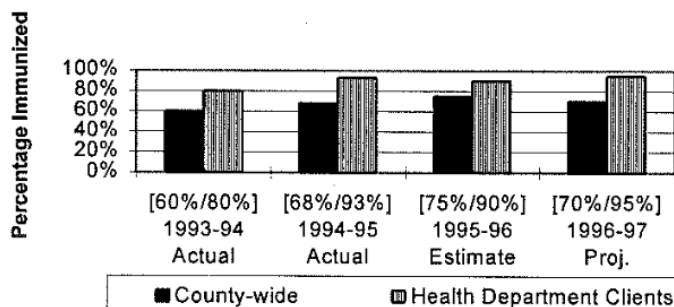
### Teen Pregnancy Prevention



Rate of pregnancy among female County residents between the ages of 10 and 17. Calculated as the total number of live births and abortions divided by the total number of females in this age group.

### Immunized Two Year Olds

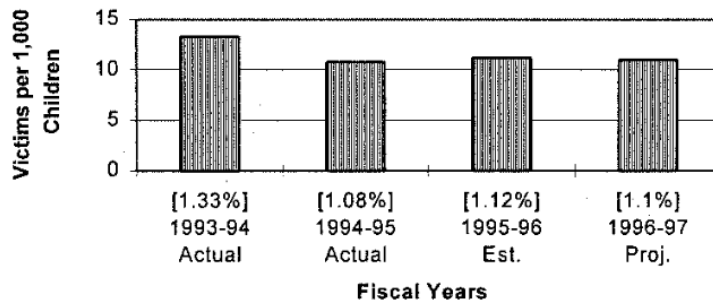
Health Department Clients as Compared to Total County



Measures percentage of two year olds County-wide who have received all recommended vaccinations against preventable diseases and percentage of two year olds receiving clinical services from the Multnomah County Health Department who are similarly immunized. An Immunization grant has enhanced outreach/education efforts for all County residents and enhanced service at County clinics.

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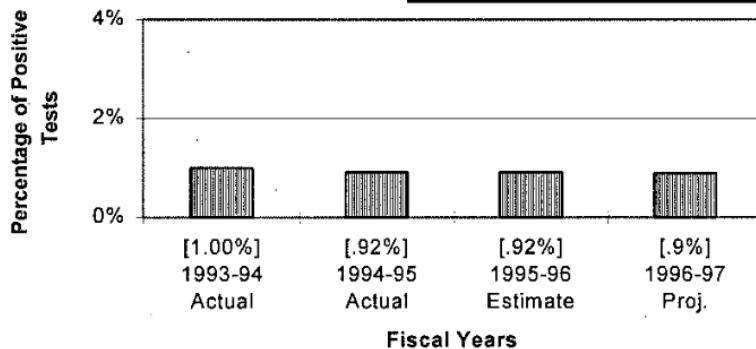
## Child Abuse Rate



Number of individual children identified by CSD as victims of child abuse in Multnomah County per 1,000 children under 18 in Multnomah County.

Structural and funding changes at CSD in current biennium will have an unknown effect on child abuse cases in 1995-96.

## HIV Seroprevalence Rate

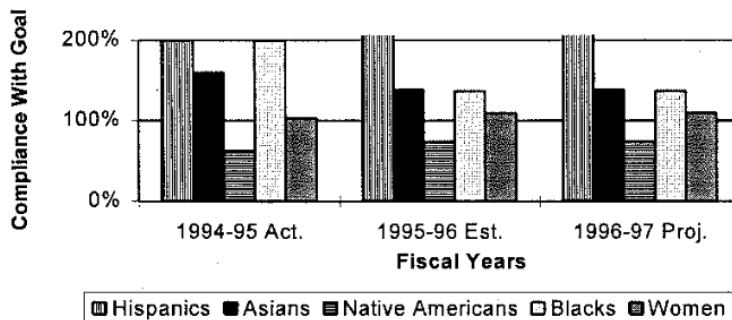


Positive tests for HIV as a percentage of the total number of tests performed in County operated clinics.

The number of positive tests is expected to remain stable because of early outreach/education efforts and clean needle access.

## Workforce Diversity

Success Towards Goals (Across all job classifications)



Commitment to Workforce Diversity has led to good results in meeting established goals in the Health Department. Actual hires meet or exceed Affirmative Action goals for Hispanics, Asians, Blacks, and Women. Strategic plans are in place to improve statistics for Native Americans.

# Health Department

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## Recent Accomplishments

- Opened Portsmouth, George, and Lane School Based clinics; opened Roosevelt evening clinic for families in the community, in conjunction with the Primary Care system.
- Completed transition of budget preparation and control from a centralized management model to a site based model, enhancing accountability and ownership of the financial performance at the unit level.
- Implemented the Postponing Sexual Involvement (STARS) Program in all of Portland and Parkrose Middle schools; implemented a modified STARS program with teen mothers through community based providers.
- Successfully started Exceptional Needs Dental Services (ENDS), a non-profit agency with community dental providers to service the dental needs of difficult to reach enrolled dental clients.
- Successfully implemented an county-wide system to provide emergency ambulance services through a single contracted provider, achieving decreased patient costs and improved quality of care.
- The Primary Care Division has performed successfully in the CareOregon Managed Care model, proving to be the most cost efficient CareOregon provider. CQI/RESULTS activities are spreading rapidly throughout the Primary Care Division. Diversity has been institutionally integrated as a focus of Primary Care discussions and learning. The Primary Care Division has an agreement with OHSU to jointly provide service in the new North Portland site. A RESULTS activity has produced a set of new nursing triage documents.
- Formalized a community partnership with Pacific Vision to provide vision care at the Southeast Health Center and at the soon to be remodeled Northeast Health Center.
- Have committed to partnering with Parkrose School District in not only a School Based Health Clinic, but a facility that can serve the whole community. This will fit nicely into the Community Center concept.
- In response to the RESULTS initiative and because "it works" this Department has the most staff who have attended the CQI Training, and have made the most presentations at the RESULTS celebrations.

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## Budget Highlights

### Staffing

- The adopted budget contains a net increase of 2.94 FTE when compared to the adopted 1995-96 budget. The Primary Care Division was reduced by 3.44 FTE as a result of declining Medicaid fees, capitation, and grant revenues. In the Disease Control Division 7.75 FTE were cut from the HIV/Women's Project funded by the Center for Disease Control(CDC). In addition, 9.68 FTE funded by a National Institute of Drug Abuse(NIDA) grant were also cut. The NIDA and the CDC grants will end in August 1996. A three year Center for Substance Abuse Treatment (CSAT) continuation grant, received in the current budget year, added 7.00 FTE partially offsetting the other reductions. The Neighborhood Health Division had a net increase of 7.75 FTE in the School Based Health Clinic Program, to staff a new Health Clinic and to expand the STARS/WYN program. Field Nursing added 3.70 FTE with Babies First and Oregon Commission of Children & Youth revenue. 4.70 FTE were cut from Support Services to meet constraint and to reflect Division restructuring. CareOregon funded the addition of 4.45 FTE with Medicaid revenue. The Health Department also created a Quality Office, adding 3.70 FTE. Other numerous small changes in staffing make up the remaining 1.91 increase in FTE.

### Structural Changes

- The Department made some changes to their organizational structure. The Planning and Development Program, along with the addition of new staff, create the new Quality Office. The new Quality Office, along with the Training and Development Program will report to the Department Director and appear in the Director's budget.
- HIV Services, the TB Clinic, Communicable Diseases, and Occupational Health make up the Disease Control Division. The programs that remained in the Specialty Services Division - School Based Clinics, Field Services, Teen Family Support, and the Parent/Child Center, are now renamed Neighborhood Health.
- The International Health Center is now part of the Primary Care Division and combined with the MidCounty Health Center. The Burnside Clinic will close, with staff and clients reassigned to the Westside Clinic.

### RESULTS Efforts

For 1996-97 the Department has made a number of organizational changes, including creating a Quality/RESULTS Office. This office has explicitly been designed to integrate RESULTS and Quality Improvement efforts, and the Department's ongoing efforts to achieve cultural competence. This dual focus is intended to weave both active approaches to RESULTS and cultural diversity throughout the fabric of the Department.

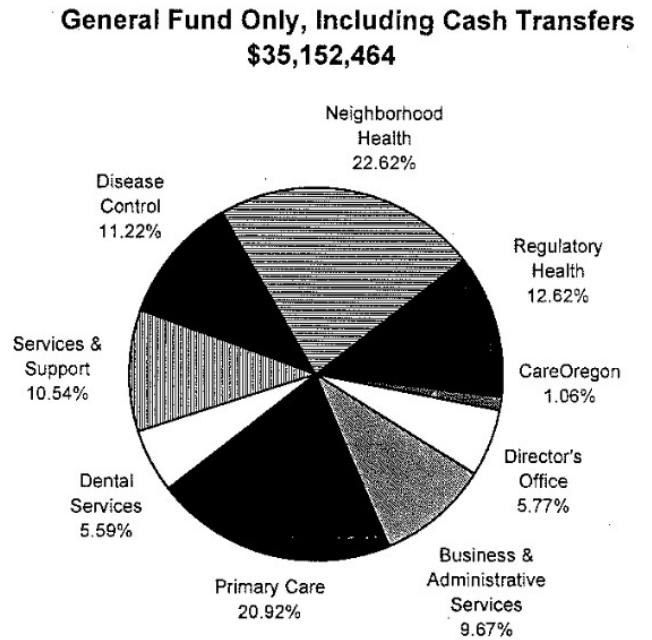
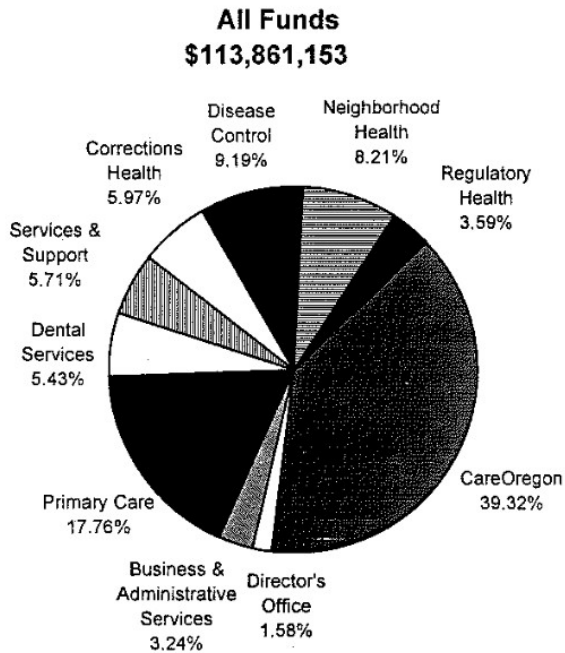
# Health Department

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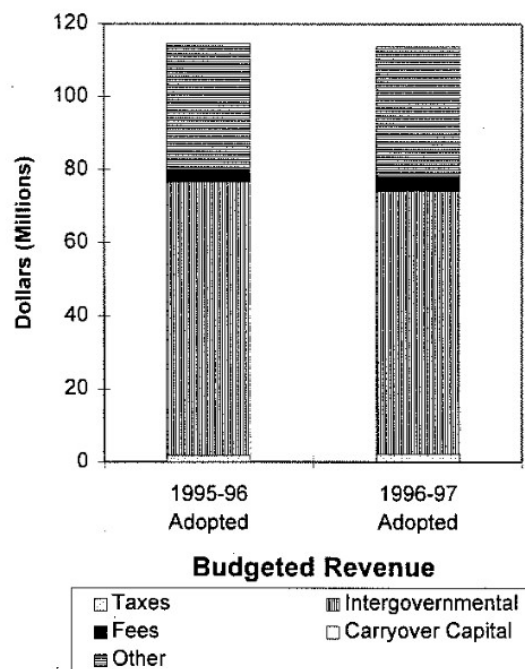
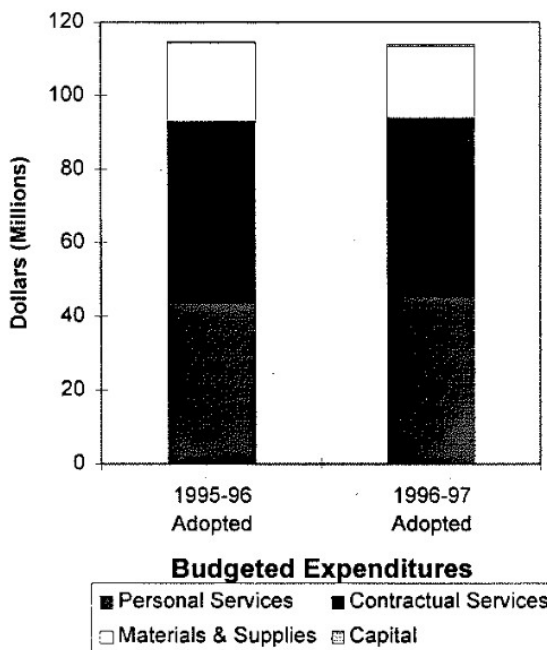
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# Health Department

## TOTAL EXPENDITURES BY DIVISION 1996-97 ADOPTED BUDGET



## EXPENDITURE AND REVENUE COMPARISON 1995-96 Adopted Budget and 1996-97 Adopted Budget All Funds, Including Capital Projects



# Health Department

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 <u>Current Estimate</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	721.61	809.51	809.51	812.45	2.94
Personal Services	\$38,881,092	\$42,102,393	\$43,604,416	\$45,360,752	\$1,756,336
Contractual Services	31,430,961	52,269,503	49,394,185	48,591,631	(802,554)
Materials & Supplies	17,241,468	16,240,689	21,307,780	19,393,587	(1,914,193)
Capital Outlay	<u>502,126</u>	<u>449,944</u>	<u>338,282</u>	<u>515,183</u>	<u>176,901</u>
<b>Total Costs</b>	<b>\$88,055,647</b>	<b>\$111,062,529</b>	<b>\$114,644,663</b>	<b>\$113,861,153</b>	<b>(\$783,510)</b>
External Revenues	\$60,904,444	\$82,233,550	\$85,415,053	\$81,647,344	(\$3,767,709)
General Fund Support	\$49,778,664	\$28,828,979	\$29,229,610	\$32,437,349	\$3,207,739

## Costs by Division

	1994-95 <u>Actual</u>	1995-96 <u>Current Estimate</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Director's Office	\$748,127	\$1,020,861	\$1,002,434	\$1,803,166	\$800,732
Regulatory Health	3,031,282	3,250,118	3,386,574	4,087,336	700,762
Disease Control	8,560,265	9,929,518	10,541,846	10,460,563	(81,283)
Neighborhood Health	7,708,182	7,915,655	8,283,023	9,345,469	1,062,446
Dental Services	4,670,092	5,003,660	5,513,562	6,186,083	672,521
Primary Care	18,116,832	19,403,413	19,456,683	20,219,703	763,020
Support Services	7,226,714	7,485,580	7,514,666	6,496,044	(1,018,622)
Business Services	3,347,805	4,235,916	4,278,714	3,690,321	(588,393)
Corrections Health	5,783,879	5,862,923	6,236,058	6,800,379	564,321
CareOregon	<u>28,862,469</u>	<u>46,954,886</u>	<u>48,431,103</u>	<u>44,772,089</u>	<u>(3,659,014)</u>
<b>Total Costs</b>	<b>\$88,055,647</b>	<b>\$111,062,529</b>	<b>\$114,644,663</b>	<b>\$113,861,153</b>	<b>(\$783,510)</b>

## Staffing by Division

	1994-95 <u>Actual</u>	1995-96 <u>Current Estimate</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Director's Office	6.83	10.83	10.83	20.25	9.42
Regulatory Health	45.33	50.48	50.48	51.60	1.12
Disease Control	102.08	107.03	107.03	96.89	(10.14)
Neighborhood Health	97.88	105.93	105.93	115.41	9.48
Dental Services	47.67	63.75	63.75	63.20	(0.55)
Primary Care	244.89	268.44	268.44	265.00	(3.44)
Support Services	57.13	62.80	62.80	52.35	(10.45)
Business Services	35.12	41.40	41.40	42.55	1.15
Corrections Health	71.24	76.85	76.85	78.75	1.90
CareOregon	<u>13.43</u>	<u>22.00</u>	<u>22.00</u>	<u>26.45</u>	<u>4.45</u>
<b>Total Staffing FTE's</b>	<b>721.61</b>	<b>809.51</b>	<b>809.51</b>	<b>812.45</b>	<b>2.94</b>

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## Issues and Opportunities

### 1. Primary Care

Medicaid fee-for-service (FFS) and capitated revenues continue to decline for the 1996-97 fiscal year. Medicaid revenue for primary and specialty care clinics dropped \$1.9 million. The decline in FFS revenue (\$1.6 million) is a result of open card clients being successfully moved into managed care plans under the Oregon Health Plan (OHP). Additionally, FFS reimbursements have been capped resulting in less revenue per visit for those remaining FFS/open-card clients. The remaining revenue reduction (\$300,000) is the result of reduced capitation rates for clients in managed care plans (CareOregon.)

Because of the reduced revenue, the County clinic system cannot continue to operate at the same level. This has immediate consequences for the 1996-97 budget. In response to the revenue shortage, the Burnside Clinic will close and merge with the Westside clinic in the McCoy Building and the International Health Clinic will merge with the MidCounty Clinic. Other clinics have reduced provider teams and/or decreased clinic hours. This represents cuts in service for approximately 5,000 clients, representing 15,000 Primary care visits.

The problem is part of a larger and more difficult, issue. While federal and state revenue continues to decline, demand for services by the medically indigent population continues to grow.

- The OHP screens out many clients who meet the 100% of poverty income requirement. For example, the OHP has now started charging a premium to some clients, with failure to pay resulting in exclusion from the plan for several years. The OHP has already seen a decline in enrollment over the past few months, since the premium was instituted. These people have moved from being insured to being uninsured.
- Surveys, for the State and Multnomah County, also indicate a decline in the number of employers offering health insurance. This has the potential to increase the pool of working poor who do not qualify for the OHP and have no other insurance coverage.

These trends will continue to place pressure on the County General Fund to replace lost Medicaid dollars for Primary Care services. However, it is unlikely that the General Fund support of the Primary Care system can effectively solve the underlying problem.

### Major Alternatives:

- Provide \$1.9 million to backfill lost Medicaid dollars and maintain current service levels. Current service levels will probably require approximately another \$1.2 million in the



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following year to replace anticipated additional Medicaid revenue reductions. This will allow us to minimally address the health care for the 1995-96 client service level.

- Provide one time only revenue to allow Department time to plan for service reductions and/or find alternative funding sources. This will require a phase-down of clinic services but offers some potential to find ways to confront the underlying access issue.
- Cut Primary Care services across clinic sites, or close whole clinics. This option would immediately cut 5,000 clients off from health care.
- Redirect general fund support from other Health Department services ( i.e. School Base Clinics, Field Teams, HIV services) to fund Primary Care. This would require dismantling whole programs to generate \$1.9 million to maintain current service level.

## **Board Action:**

*Provide \$600,000 in one-time-only support, with Health Department raising an additional \$200,000 in client fees. This will restore services for approximately 3,500 clients (10,400 visits). This will give the Department time for planning, to clarify roles, and set service priorities, while keeping service disruption to a minimum. Additionally, \$50,000 in one-time-only for Professional Services to assist the Department with this strategic planning process.*

## **2. Brentwood-Darlington Community Health Team**

This health team serves families within the Brentwood-Darlington neighborhood. It offers home visits to all families with a pregnant woman or young child, and one stop shopping for neighborhood services including immunization, well child care, WIC, pregnancy tests, and initial prenatal visits. The Maternal Child Health Bureau Community Integrated Service System (CISS) grant will fund this project through mid October 1996. As of October this program must be funded from the General Fund or terminate.

This project was developed based on community needs expressed in a neighborhood assessment done by Portland Impact in 1992. Residents identified the need for accessible preventive health care as a priority concern. The health team has been well received by the neighborhood, and response to customer satisfaction surveys indicates a very high level of satisfaction with clinic services. During the time the health team has been present in the neighborhood, postneonatal mortality has improved from 6.5 per 1,000 births to 3.53 per 1,000 births, compared to a state-wide average that started at 4.4 per 1,000 and dropped to 3.58 per 1,000.

## **Major Alternatives:**

- Provide replacement funding for Health Team.

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- Cut program after grant funding ends in October 1996.

## **Board Action:**

*Provide \$194,198 to replace lost grant revenue for the Brentwood-Darlington Community Health Team. Also, an additional \$73,950 for expansion of the Community Health Team model to other neighborhoods, to start January 1997.*

## **3. Refugee Health Care**

Two significant program planning processes are occurring simultaneously at the International Health Clinic. The first is the structural merging of the entire clinic with the Mid-County Primary Health Care Center, thus making the International Clinic part of the Primary Care Division. It is anticipated that the merging of these clinics will result in approximately \$70,000 in savings for the units and these savings are reflected in the budget. The second issue is the new fee for service reimbursement system for refugees that has been established with OMAP.

For 17 years the Health Department has been providing primary care for all new refugees to Multnomah County. For the last 10 years, the federal Refugee Early Employment Program (REEP) has provided full funding for refugee screening and primary care on a capitated basis. The REEP program, terminated in April 1995 and Multnomah County negotiated a new fee for service system for refugees with the Oregon Medical Assistance Programs (OMAP). Under this program, OMAP agreed to provide newly arriving refugees with a fee for service Medicaid card restricting their primary care to Multnomah County. The Health Department then agreed to provide primary care, orientation and facilitate patient access into the Oregon Health Plan (OHP). Refugees would subsequently select an OHP provider of their choice.

However, there have been problems with the implementation of this new system. Refugees are being enrolled by Adult and Family Services (AFS) like any other plan participant and given a choice of providers. Consequently, reimbursements to the Primary Care clinic, have been based on the capitated rate, rather than the higher FQHC fee for service rate agreed upon by OMAP.

## **Major Alternatives:**

- Replace lost REEP/Medicaid revenue to maintain current Primary Care service level to Refugees.
- Discontinue Refugee services. Refugees would still be eligible for the Oregon Health plan and could enroll with CareOregon and receive Primary Care services.

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## **Board Action:**

*No action or financial support is required at this time. If the Health Department is unable to resolve this problem they may recommend that the Board terminate its relationship with the State as the provider of refugee health services. Additionally, the Department may recommend discontinuing its refugee screening program.*

## **4. CareOregon**

Out of 20 OHP contractors, CareOregon is the third largest Oregon Health Plan participant, with a membership of approximately 24,000. Managed care experts advise that healthy plans achieve membership of 50,000-75,000 members within two to three years. This level of enrollment will best guarantee the long term financial solvency of the plan and its ability to assure quality services to members.

Since the statewide enrollment for OHP has reached its target (300,000), there is little hope of gaining the needed 25,000-50,000 additional members through new enrollees. Experts predict consolidation, mergers and acquisitions of the current 20 plans in the near future. Under the current structure of ownership by Multnomah County, d.b.a. CareOregon, CareOregon cannot enter into what may be necessary affiliations or mergers that will assure CareOregon's survival. The CareOregon Advisory Board, with assistance from the County Counsel's office, is exploring possible alternatives.

## **Major Alternatives:**

- Remain as an administrative unit of Multnomah County, as a Medicaid "only" managed care plan. Membership is expected to continue a gradual decline from its current level of 24,000 members.
- Transfer administration of CareOregon to one of the other partners, Oregon Health Sciences University a "Public Corporation," or Oregon Primary Care Association, a private non-profit 501C-3 corporation.
- Create a new stand alone organization/administrative structure for CareOregon with the three collaborating partners (Multnomah County, OHSU, and Oregon Primary Care Assoc.). This structure would most likely be a non-profit corporation or a limited liability company. Both of these entities would be exempt from taxation allowing revenues to be directed to provision of health services for members.

## **Board Action:**

*No action required at this time. The Department plans to brief the Board on the possible alternatives after they have been further developed.*

## 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, facilitates the administrative team's planning and policy making and serves as a liaison to the Board to County Commissioners, Community Health Council, and other community agencies.

### Significant Changes - Revenue

County General Fund revenue moved from other Divisions to fund the Quality , Planning and Development, and Training programs now reflected in the Department Director's budget.

### Amount

\$790,000

### Significant Changes - Expenditures

Training and Development staff moved into Directors Office. One full time Health Services Admin. and an OA2, a 1.5 FTE PDS, a half time Support Services Tech., and a 0.80 FTE Health Services Specialist. The OA2 is reclassified to a OA Senior.

### FTE's

4.80

### Amount

\$263,959

The Support Services Tech transferred in is cut and several new positions are added to create the Quality Office. 2.00 FTE Health Services Administrators, a full time Health Services Manager, 0.20 FTE Health Services Specialist, and a half time Administrative Secretary are added.

3.20

\$217,826

The Planning and Development program was moved from the former HIV Division and several changes were made. An Administrative Secretary 0.50 FTE, Health Information Specialist 0.80 FTE and a Health Services Manager Sr. are added. A PDS is reduced by (0.39) FTE and a Health Services Administrator (0.60) FTE are cut. A 0.25 FTE Co-Principle Investigator is moved from the Disease Control Division and then reduced by (0.14) FTE.

1.42

\$106,700

## Budget Trends

	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>	
	<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	6.83	10.83	10.83	20.25	9.42
Personal Services	\$462,908	\$706,909	\$668,788	\$1,285,699	\$616,911
Contractual Services	25,410	56,392	53,200	141,570	88,370
Materials & Supplies	251,638	246,360	269,246	373,397	104,151
Capital Outlay	<u>8,171</u>	<u>11,200</u>	<u>11,200</u>	<u>2,500</u>	<u>(8,700)</u>
<b>Total Costs</b>	<b>\$748,127</b>	<b>\$1,020,861</b>	<b>\$1,002,434</b>	<b>\$1,803,166</b>	<b>\$800,732</b>
External Revenues	\$0	\$0	\$0	\$38,128	\$38,128
General Fund Support	\$748,127	\$1,020,861	\$1,002,434	\$1,765,038	\$762,604

## Costs by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Director's Office	\$748,127	\$1,002,434	\$1,803,166	\$800,732

## Staffing by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Director's Office	6.83	10.83	20.25	9.42



# Regulatory Health

## Health Department

### Budget Trends

	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>	
	<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	45.33	50.48	50.48	51.60	1.12
Personal Services	\$2,400,456	\$2,710,493	\$2,780,507	\$2,958,737	\$178,230
Contractual Services	226,709	58,923	166,255	561,968	395,713
Materials & Supplies	385,048	465,167	430,512	541,731	111,219
Capital Outlay	<u>19,069</u>	<u>15,535</u>	<u>9,300</u>	<u>24,900</u>	<u>15,600</u>
<b>Total Costs</b>	<b>\$3,031,282</b>	<b>\$3,250,118</b>	<b>\$3,386,574</b>	<b>\$4,087,336</b>	<b>\$700,762</b>
External Revenues	\$1,533,662	\$2,022,682	\$2,159,138	\$2,680,604	\$521,466
General Fund Support	\$1,497,620	\$1,227,436	\$1,227,436	\$1,406,732	\$179,296

### Costs by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Health Officer	\$234,613	\$222,927	\$313,126	\$90,199
Violence Prevention	46,142	115,170	124,314	9,144
Environmental Health	1,277,641	1,383,746	1,553,761	170,015
Vector Control	327,196	354,164	377,621	23,457
Lead Screening	136,895	169,782	230,146	60,364
Emergency Medical Srv	374,040	503,327	795,360	292,033
Medical Examiner	<u>634,756</u>	<u>637,458</u>	<u>693,008</u>	<u>55,550</u>
<b>Total Costs</b>	<b>\$3,031,282</b>	<b>\$3,386,574</b>	<b>\$4,087,336</b>	<b>\$700,762</b>

### Staffing by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Health Officer	3.00	3.00	3.00	0.00
Violence Prevention	0.41	1.38	1.50	0.12
Environmental Health	21.44	22.45	23.10	0.65
Vector Control	5.42	6.00	6.00	0.00
Lead Screening	1.63	3.05	3.50	0.45
Emergency Medical Srv	4.00	5.10	5.00	(0.10)
Medical Examiner	<u>9.43</u>	<u>9.50</u>	<u>9.50</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>45.33</b>	<b>50.48</b>	<b>51.60</b>	<b>1.12</b>

# Health Officer

Regulatory Health  
Health Department

## 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 Division's 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>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted</u></b>	<b><u>Adopted</u></b>	<b><u>Difference</u></b>
		<b><u>Budget</u></b>	<b><u>Budget</u></b>	
Staffing FTE	3.00	3.00	3.00	0.00
Program Costs	\$234,613	\$222,927	\$313,126	\$90,199

## Significant Changes - Expenditures

Professional Services for Health Communities Initiative.

**FTE's**

**Amount**  
\$50,000



# Violence Prevention

Regulatory Health  
Health Department

## 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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	0.41	1.38	1.50	0.12
Program Costs	\$46,142	\$115,170	\$124,314	\$9,144

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percent of middle and high schools with ongoing organized violence prevention activities	53%	90%	90%	90%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Services Specialist increased	0.12	\$6,500

# Environmental Health

Regulatory Health

Health Department

## Description

The mission of the Health Inspections Program is to improve the public health through promoting a healthful environment and protecting the community from environmental health hazards. It 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, care centers, and other facilities for compliance with health and safety standards; enforces the state, city and county health codes; assures identification of young children with lead poisoning; surveys small community water systems; and responds to public concerns regarding licensed facilities and other environmental health problems and issues.

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

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	21.44	22.45	23.10	0.65
Program Costs	\$1,277,641	\$1,383,746	\$1,553,761	\$170,015

## Key Results

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

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Operations Supervisor (0.70) FTE, Health Services Mgr (0.10) FTE, and (0.05) FTE Sanitarian are all reduced. A Clerical Unit Supervisor 1.00 FTE and a 0.50 FTE Office Assistant 2 are added.	0.65	\$32,500
Building Management services no longer budgeted in Business Srv		\$30,000
Inspection fees that are returned to the State have doubled.		\$75,000

# Vector Control

Regulatory Health  
Health Department

## Description

The mission of Vector Control is protect the health and enhance the livability of the community through control of rodent and insect populations, and investigation and abatement of nuisance conditions. The program is responsible for control of rats and mosquitoes, and enforcement of nuisance and illegal dumping codes. It assists citizens in controlling rats by providing advice and control services; controls rats in municipal sewer systems; monitors and controls sources of mosquitoes; and enforces the nuisance and illegal dumping codes in unincorporated Multnomah County, Fairview, and Troutdale.

The program is intended to minimize the hazards and discomfort associated with rat and mosquito infestations, as well as those associated with nuisance conditions. These problems are stable in the long term, with significant short term fluctuations caused by natural conditions, and in the case of nuisance and dumping problems, changing economic conditions.

Local discretion is limited by state statutes pertaining to vector control by counties (ORS Chapter 452) and pesticide use (ORS 634).

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.42	6.00	6.00	0.00
Program Costs	\$327,196	\$354,164	\$377,621	\$23,457

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Rat complaints per 1,000 County residents	3.4	3.4	3.2	3.2

## Significant Changes - Expenditures

No significant changes.

FTE's      Amount

# Lead Screening

Regulatory Health  
Health Department

## 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), providing treatment 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 Clinic, provides environmental follow-up and case management for children with elevated BLLs, and does lead poisoning prevention education.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	1.63	3.05	3.50	0.45
Program Costs	\$136,895	\$169,782	\$230,146	\$60,364

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percent of children receiving basic lead poisoning prevention services	78%	35%	30%	35%

## Comments

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

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Assistant is cut (0.80) FTE, Health Information Specialist 2 for 1.00 FTE and 0.25 Sanitarian are added.	0.45	\$30,900

# Emergency Medical Services

Regulatory Health

Health Department

## Description

The mission of the Medical Services (EMS) Program is to assure access to high quality, timely, cost-effective emergency pre-hospital medical care and ambulance service. It 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

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	4.00	5.10	5.00	(0.10)
Program Costs	\$374,040	\$503,327	\$795,360	\$292,033

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Eight minute urban response time percentage	87%	90%	90%	90%
2) Twenty minute rural response time percentage	NA	NA	90%	90%

## Significant Changes - Expenditures

EMS Medical Director is increased by 0.20 FTE and a Data Analyst is reduced by (0.30) FTE.

FTE's  
(0.10)

Amount

Ambulance fees

\$275,000

# Medical Examiner

Regulatory Health  
Health Department

## 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 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.

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	9.43	9.50	9.50	0.00
Program Costs	\$634,756	\$637,458	\$693,008	\$55,550

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Reported Cases handled per investigator FTE	394	395	389	395

## Significant Changes - Expenditures

No significant changes.

FTE's

Amount

### Description

The mission of the disease control division is the control of selected communicable and environmentally mediated diseases. Control of disease is fundamental to achieving the Health Department's Vision of Healthy people in Healthy Communities. The importance of disease control activities has long been expressed through their prominence in health departments at local, state, and national levels.

### Action Plan

- Hire a Division Director by September 1997.

### Significant Changes - Revenue

	<u>Amount</u>
HIV/Women's Project grant ends and CDC revenue declines	\$460,000
Risk Behavior Intervention project - NIDA funding ends	\$695,660
HIV Federal Block grant increased	\$110,000
CSAT continuation grant	\$46,000
General Fund moved to support HIV Outreach and Education	\$300,000
General Fund used to fund Disease Control Division Management	\$220,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Multiple changes to FTE, detailed in individual programs.	(10.14)	(\$617,089)
Two large grant funded projects are ending, reducing overall operating expenses for the Division, this is partially off set by CSAT continuation grant that expands AIDS prevention services.		(\$79,516)
Building management expenses increased. Health now occupies most of the McCoy building and clinic space for Disease Control programs has expanded.		\$208,800

# Disease Control

Health Department

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	102.08	107.03	107.03	96.89	(10.14)
Personal Services	\$5,348,856	\$5,215,603	\$5,608,175	\$5,339,442	(\$268,733)
Contractual Services	1,315,565	2,970,668	3,120,450	3,207,564	87,114
Materials & Supplies	1,862,565	1,724,246	1,794,221	1,899,657	105,436
Capital Outlay	33,279	19,000	19,000	13,900	(5,100)
<b>Total Costs</b>	<b>\$8,560,265</b>	<b>\$9,929,518</b>	<b>\$10,541,846</b>	<b>\$10,460,563</b>	<b>(\$81,283)</b>
External Revenues	\$5,314,496	\$7,627,467	\$8,097,834	\$7,032,607	(\$1,065,227)
General Fund Support	\$5,406,481	\$2,302,050	\$2,444,012	\$3,427,956	\$983,944

## Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Division Management	\$216,012	\$242,620	\$220,032	(\$22,588)
TB Management Clinic	1,218,065	1,323,949	1,446,844	122,895
Communicable Diseases	518,730	545,416	735,363	189,947
Occupational Health	369,926	381,798	335,991	(45,807)
HIV Prevention Services	1,603,874	3,215,926	3,321,575	105,649
STD Clinic	1,051,442	992,076	1,110,580	118,504
HIV Women's Project	641,977	747,882	290,231	(457,651)
NIDA Project	769,056	874,276	178,616	(695,660)
HIV Homeless Outreach	364,520	58,228	530,842	472,614
STD Epidemiology	523,780	525,083	456,560	(68,523)
HIV Treatment Clinic	1,282,884	1,634,592	1,833,929	199,337
<b>Total Costs</b>	<b>\$8,560,265</b>	<b>\$10,541,846</b>	<b>\$10,460,563</b>	<b>(\$81,283)</b>

## Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Division Management	1.56	2.70	1.66	(1.04)
TB Management Clinic	18.59	19.75	19.20	(0.55)
Communicable Diseases	7.71	8.10	10.50	2.40
Occupational Health	4.40	4.40	4.40	0.00
HIV Prevention Services	7.29	7.75	9.30	1.55
STD Clinic	15.23	14.85	13.53	(1.32)
HIV Women's Project	7.25	8.50	0.75	(7.75)
NIDA Project	10.58	10.93	1.25	(9.68)
HIV Homeless Outreach	6.26	0.91	8.30	7.39
STD Epidemiology	8.93	9.00	8.00	(1.00)
HIV Treatment Clinic	14.28	20.14	20.00	(0.14)
<b>Total Staffing FTE's</b>	<b>102.08</b>	<b>107.03</b>	<b>96.89</b>	<b>(10.14)</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 is a new division focusing on control of communicable and environmentally mediated diseases. Disease control activities have historically been a focus of health departments at local, state, and national levels. An action plan will be developed after a new division director is in place.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	1.56	2.70	1.66	(1.04)
Program Costs	\$216,012	\$242,620	\$220,032	(\$22,588)

## Significant Changes - Expenditures

A half time Office Assistant is transferred to Business Services Division, the Medical Director (0.20) FTE is cut.  
Health Services Mgr Sr. and Administrative Secretary each reduced by (0.17) FTE to fund additional Professional Services.

<u>FTE's</u>	<u>Amount</u>
(0.70)	(\$30,200)
(0.34)	(\$16,978)

# 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. In 1995, out of 5,322 clients seen and tested for tuberculosis, 450 were put on preventive therapy and an additional 59 were treated for active TB. Compared to the previous year, tuberculosis rates showed a 22% decline in Multnomah County.

The decline is attributed to intensified outreach activities and collaborative efforts with many programs providing service to clients with high risk for tuberculosis. These activities included TB screenings, aggressive searches for lost clients, and follow up services for those who missed treatment regimen as prescribed by the medical treatment team.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	18.59	19.75	19.20	(0.55)
Program Costs	\$1,218,065	\$1,323,949	\$1,446,844	\$122,895

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percentage of TB patients who complete a course of TB treatment (active TB)	94%	85%	90%	90%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
An Office Assistant is reclassified to a OA Senior, a full time Health Information Spec is added. A full time Health Assistant, Operations Supervisor (0.15) FTE, and LCPN (0.40) FTE are all cut.	(0.55)	(\$7,500)
Building Management expenses are increased.		\$30,000

# Communicable Disease

## Disease Control Health Department

### 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

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	7.71	8.10	10.50	2.40
Program Costs	\$518,730	\$545,416	\$735,363	\$189,947

### Key Results

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

### Significant Changes - Expenditures

Two new grants fund the addition of a Health Information Specialist and 1.50 FTE Community Health Nurses. An Office Assistant 2 is reclassified to a OA Senior. Technical Amendments eliminated OA Sr. and added 0.90 FTE for an Operations Supervisor.

<u>FTE's</u>	<u>Amount</u>
2.40	\$142,200

# Occupational Health

## Disease Control Health Department

### 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 Bloodborne Pathogens and Tuberculosis Programs to bring employees into compliance and to increase workplace safety for both Multnomah County and other employers through contract.

The Bloodborne 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 bloodborne 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

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	4.40	4.40	4.40	0.00
Program Costs	\$369,926	\$381,798	\$335,991	(\$45,807)

### Key Results

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

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
A part time Nurse is cut and a part time Office Assistant is added.		(\$14,000)
Pharmacy cost are reduced to reflect projected lower need for inoculations.		(\$25,000)

# HIV Prevention Services

Disease Control  
Health Department

## Description

The HIV Community Education Program provides HIV education and infection control for Multnomah County employees, Health Department contract agencies and the community at large. Activities of the program include: health department staff updates on HIV educational materials; provision of HIV education to employees of community organizations, drug treatment agencies, and businesses; provision of HIV education and policy development for public and private schools, including colleges; outreach and prevention activities to gay bars, adult bookstores, other public sex environments, public parks; and outreach to high-risk youth.

In the State of Oregon, there were 3,458 diagnosed AIDS cases as of 1/4/96 (2,214 in Multnomah County). The Oregon Health Division estimates that there are 10,000 HIV infected individuals in the State. HIV education is the only tool we currently have to prevent this figure from growing.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	7.29	7.75	9.30	1.55
Program Costs	\$1,603,874	\$3,215,926	\$3,321,575	\$105,649

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percent of persons who demonstrate an improved knowledge base following an HIV education session	73%	85%	85%	86%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
A full time Office Assistant 2 and a Program Development Tec 0.8 FTE are added with Ryan White grant revenue, and a Principal Investigator (0.25) FTE is moved to Director's Office, Planning and Development.	1.55	\$15,700
Pass Through contracts for HIV education and prevention are increased.		\$90,600

# STD Clinic

## Disease Control Health Department

### Description

The purpose of the Sexually Transmitted Disease Clinic is the prevention and control of sexually transmitted diseases within Multnomah County. The clinic is responsible for the diagnosis and treatment of sexually transmitted diseases (STD). Activities include active partner notification disease surveillance which provides information on community trends and high risk populations, consultation and/or training to health professionals, and HIV counseling and testing which is part of the routine STD visit.

The Sexually Transmitted Disease Clinic and Community Test Site addresses the need for diagnosis and treatment for anyone who believes he/she has been exposed to a sexually transmitted disease or HIV. The need for testing for STDs is currently stable; however, as public education about the need to test for chlamydia increases, the need will increase. The demand for HIV counseling and testing is increasing.

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	15.23	14.85	13.53	(1.32)
Program Costs	\$1,051,442	\$992,076	\$1,110,580	\$118,504

### Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Prevent an increase in the number of gonorrhea cases per 100,000 county residents between 15 and 44 years of age.	210	200	200	190
2) Prevent an increase in the number of chlamydia cases per 100,000 county residents between 15 and 44 years of age.	NA	NA	NA	700

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
(1.2) FTE Office Assistant 2 and (0.25) FTE Health Information Specialist are cut, a 0.33 FTE Community Health Nurse is added. Amendments reduced HIS by 1.00 FTE and added 0.80 FTE Program Development Specialist.	(1.32)	(\$74,365)
Building occupancy costs as the clinic expands in the McCoy building.		\$101,400

# HIV Women's Project

Disease Control  
Health Department

## Description

The purpose of the Women's Project is to help women take responsibility for protecting themselves from HIV and other sexually transmitted disease and from unwanted pregnancies. Attempts are made to: promote changes in condom use behavior through peer supported HIV education sessions; and through distribution of appropriate media materials which are specific to this population of women. The Health Department contracts with the Oregon Health Division to conduct a comprehensive outcome evaluation of this project. Project staff collect outcome evaluation data.

In August 1992 reported AIDS cases in women in the State of Oregon represented 2% of the total cases. In January 1995, that percentage had increased to 5%. HIV prevention services are critical to this population. This grant funded project will end in August, 1996.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	7.25	8.50	0.75	(7.75)
Program Costs	\$641,977	\$747,882	\$290,231	(\$457,651)

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of women in project neighborhood who are practicing safer sex	69%	70%	65%	70%

## Significant Changes - Expenditures

This project ends in August 1996. Health Information Specialist (5.00) FTE are cut, as are a full time Health Services Administrator, Program Development Specialist, and Office Assistant 2. The Principal Investigator is increased by 0.25 FTE to complete data analysis and results reporting.

<u>FTE's</u>	<u>Amount</u>
(7.75)	(\$359,000)

# NIDA Project

## Description

The goal of the Risk Behavior Intervention Project (RBIP) is to prevent the further spread of HIV infection among injection drug users (IDUs) and their sexual partners. The two primary objectives of RBIP are to establish a system for monitoring HIV related risk taking behavior and to assess the efficacy of interventions in reducing drug and sexual risk taking behaviors among IDUs and their sexual partners. The activities performed by RBIP include data collection, delivery of substance abuse and HIV/AIDS prevention interventions, and HIV counseling and testing (Oregon Benchmarks for HIV early diagnosis). This grant funded program will end August 31, 1996. Three FTE outreach workers have been added to the Division. Two of these FTE will be devoted to HIV prevention among drug users. We will work with community based organizations to increase their efforts with this special population.

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

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	10.58	10.93	1.25	(9.68)
Program Costs	\$769,056	\$874,276	\$178,616	(\$695,660)

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) % of injection drug users (IDUs) who engage in safer drug use behaviors	60%	70%	60%	60%

## Significant Changes - Expenditures

This project will end in August 1996. A Senior Data Analyst is added and principal Investigator is cut by (0.38) FTE, keeping 0.25 FTE in budget to complete outcome evaluation. All other positions are cut. Full time Health Services Administrator, Office Assistant 2, and a Data Analyst are cut, as well as (7.30) FTE Health Information Specialists.

Material and service and Pass Through expenses for project are also cut.

**FTE's**  
(9.68)

**Amount**  
(\$495,100)

(\$170,000)



# HIV Homeless Outreach

Disease Control  
Health Department

## Description

The mission of the program is to promote positive sexual and drug behavioral changes among injection drug users and their sexual partners, thereby reducing HIV, STD, and TB risk among homeless county residents. Activities include street outreach services, distribution of bleach and condoms, education, assessment of risk, measuring behavioral changes, providing HIV, STD, TB testing and referral of clients to drug treatment, health and social services. Three FTE positions will be funded by general fund to expand these efforts beyond the homeless population, to add more emphasis to HIV prevention with women and to add needle exchange to the activities of the outreach workers.

There are an estimated 22,350 homeless people in Multnomah County, an increase of 17.5% in the last year, and of 97.5% in the last 4 years. The homeless population is at extreme risk for HIV disease due to behaviors such as needle sharing, selling sex for drugs, and engaging in unprotected sex. Homelessness and drug use are both increasing each year in Multnomah County.

The federal funding source assurances as well as federal, state, and local law restrict the activities of this project.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	6.26	0.91	8.30	7.39
Program Costs	\$364,520	\$58,228	\$530,842	\$472,614

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Prevent an increase in the % of the homeless persons testing positive for HIV virus in the Health Dept. system	1.95%	1.5%	1.5%	1.5%

## Significant Changes - Expenditures

A CSAT continuation grant allowed for the continuation of the project. Last years adopted budget assumed project termination. 6.23 FTE Health Service Specialists are added and 0.83 FTE Health Services Administrator. An Administrative Secretary (0.17) FTE is cut and replaced with a 0.50 FTE Office Assistant 2.

<u>FTE's</u>	<u>Amount</u>
7.39	\$446,750

# STD Epidemiology

## Description

The goal of the STD/HIV Epidemiology program is to reduce the spread for sexually transmitted diseases and HIV. The responsibilities include detection of disease and preventative education to decrease the level of reportable diseases. Activities include: conducting interviews and completing case investigations on reported cases of gonorrhea, syphilis, chlamydia, and HIV, providing individual counseling and education, assisting in information on prevention and identification of STDs through community education.

The STD/HIV Epidemiology program addresses the need to prevent and control STDs and HIV. Currently, the number of cases of gonorrhea and syphilis are stable. The number of chlamydia cases has risen markedly due to increased awareness, increased screening, and change in Oregon Statutes making it reportable. Follow-up on all chlamydia cases in Multnomah County will be undertaken by staff.

Limitations on this program include State Statutes governing HIV and confidentiality of medical records.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	8.93	9.00	8.00	(1.00)
Program Costs	\$523,780	\$525,083	\$456,560	(\$68,523)

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of reported cases of the following STDs interviewed by County Disease Intervention Specialists for contacts				
Gonorrhea	89%	92%	90%	90%
Syphilis	100%	95%	95%	95%
Chlamydia	39%	45%	45%	50%
2) % of HIV positive tests performed within the Multnomah County Public Health System who are provided post-test counseling and referral	NA	NA	NA	75%

## Significant Changes - Expenditures

A Health Information Specialist Lead has been reclassified to a Health Services Supervisor. A full time Community Health Nurse and a part time Health Information Specialist are cut. An Office Assistant 2 is increased from 0.50 FTE to 1.00 FTE.

<u>FTE's</u>	<u>Amount</u>
(1.00)	(\$69,587)

# HIV Treatment Clinic

Disease Control  
Health Department

## 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 caregiver 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

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	14.28	20.14	20.00	(0.14)
Program Costs	\$1,282,884	\$1,634,592	\$1,833,929	\$199,337

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original</u> <u>Projection</u>	1995-96 <u>Current</u> <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percent of potential clients who receive clinical services within 3 weeks of initial contact with clinic	65%	60%	65%	70%

## Significant Changes - Expenditures

Multiple small changes to staffing are made to reflect department need. 2.35 FTE Community Health Nurse, 0.50 FTE Health Information Specialist Sr., and 0.50 FTE Principal Investigator are increased. (0.15) FTE Health Operations Supervisor, full time Psychologist, (0.80) FTE NP, (0.20) FTE Nutritionist, (0.52) FTE Office Assistant, (0.12) Physician, and (0.70) FTE Social Worker are all reduced.

Occupancy costs increase as the clinic was expanded in the McCoy building.  
Professional Services for HIV reference lab services increased.

FTE's      Amount  
(0.14)      (\$146,000)

\$98,400  
\$35,700

### Description

The mission of the Neighborhood Health Division is to promote community health goals in a partnership with other public and private agents. This newly named Division in the Health Department combines the efforts of the Community Health Field Teams and the School Based Health Centers. To have *healthy people in healthy communities*, individuals and families must have access to health care. Through home visits, groups, partnerships, and school based preventative and primary health care services the Neighborhood Health Division provides this access.

Partnerships with Integrated Service Projects are a characteristic of this Division. Both 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.

### Action Plan

- The School Based Health Center Program will develop contractual relationships with Medicaid and private managed care organizations to provide reimbursement to School based Health Centers for services provided to students with managed care coverage by June 97.
- The School Based Health Center Program will explore the potential for contracts with ONA and Local 88 to have school based staff work 10 months rather than 12 months, effective September 1997.
- Implement the STARS Abstinence Peer Education Programs in all Middle Schools in Multnomah County by June 97.
- Assuming completion of the recommendations by a joint County, ESD, school committee by July 1, 1996, implement strategies for a School Health Resource Partnership with the Multnomah County ESD School Health Nursing Program by Dec. 1996.

### Significant Changes - Revenue

	Amount
CISS grant funding for Brentwood-Darlington ends in August	(\$245,000)
Great Start grant for Field Services ended	(\$114,000)
General Fund increased to support Brentwood-Darlington, along with expansion of the model to other neighborhoods	\$267,950
General Fund increased for STAR & WYN expansion	\$161,382
Annualized General Fund support for Lane Middle School clinic	\$24,000
General Fund moved to other Divisions to cover reassigned staff	\$50,000
Robert Wood Johnson foundation revenue for Whitaker MS clinic	\$107,000

### Significant Changes - Expenditures

	FTE's	Amount
Multiple positions changed, details in individual programs.	9.48	\$196,931
Unspent Capital in 95/96 budget carried over into 96/97 for SBHC		\$157,000
Building management no longer budgeted in Business Services Division		\$86,600

# Neighborhood Health

Health Department

## Budget Trends

	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Current Estimate</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Staffing FTE	97.88	105.93	105.93	115.41	9.48
Personal Services	\$5,468,542	\$5,847,116	\$5,960,363	\$6,568,939	\$608,576
Contractual Services	616,706	577,454	713,788	711,288	(2,500)
Materials & Supplies	1,604,237	1,336,384	1,454,172	1,801,268	347,096
Capital Outlay	<u>18,697</u>	<u>154,700</u>	<u>154,700</u>	<u>263,974</u>	<u>109,274</u>
<b>Total Costs</b>	<b>\$7,708,182</b>	<b>\$7,915,655</b>	<b>\$8,283,023</b>	<b>\$9,345,469</b>	<b>\$1,062,446</b>
External Revenues	\$2,113,199	\$3,062,285	\$3,204,407	\$2,432,943	(\$771,464)
General Fund Support	\$13,149,389	\$4,853,369	\$5,078,616	\$7,078,387	\$1,999,771

## Costs by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Division Management	\$319,877	\$178,126	\$164,509	(\$13,617)
School Health Centers	2,227,184	2,984,427	3,686,784	702,357
Field Services Mgmt	324,960	353,126	367,593	14,467
Field Teams	3,987,175	3,806,063	4,207,570	401,507
Teen Family Support	461,733	455,812	513,280	57,468
Community Health Team	<u>387,253</u>	<u>505,469</u>	<u>405,733</u>	<u>(99,736)</u>
<b>Total Costs</b>	<b>\$7,708,182</b>	<b>\$8,283,023</b>	<b>\$9,345,469</b>	<b>\$1,062,446</b>

## Staffing by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Division Management	2.77	2.50	2.00	(0.50)
School Health Centers	30.67	39.81	47.56	7.75
Field Services Mgmt	2.81	3.00	3.50	0.50
Field Teams	54.85	52.15	54.25	2.10
Teen Family Support	0.53	0.50	1.40	0.90
Community Health Team	<u>6.26</u>	<u>7.97</u>	<u>6.70</u>	<u>(1.27)</u>
<b>Total Staffing FTE's</b>	<b>97.88</b>	<b>105.93</b>	<b>115.41</b>	<b>9.48</b>

# Division Management

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## Description

The School Based Health Centers and the Community Health Field Teams direct efforts toward the goal of promoting healthy communities. The Division administration provides direction, oversight, and program development for Neighborhood Health. Division management is responsible for recruitment, hiring, performance evaluation, professional development of mid level providers, and coordinating services between Neighborhood Health and other health services both within and outside the Health Department.

## Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted</u></b>	<b><u>Adopted</u></b>	<b><u>Difference</u></b>
		<b><u>Budget</u></b>	<b><u>Budget</u></b>	
Staffing FTE	2.77	2.50	2.00	(0.50)
Program Costs	\$319,877	\$178,126	\$164,509	(\$13,617)

## Significant Changes - Expenditures

	<b><u>FTE's</u></b>	<b><u>Amount</u></b>
Office Assistant 2 moved to Primary Care	(0.50)	(\$17,000)

# School Health Centers

Neighborhood Health

Health Department

## 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 without other accessible, 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

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	30.67	39.81	47.56	7.75
Program Costs	\$2,227,184	\$2,984,427	\$3,686,784	\$702,357

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of 15-19 year old female family planning clients who do not get pregnant during the year	91.7%	93%	93%	94%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Educator moved from Support services Division	1.00	\$47,900
Office Assistant Sr and LCPN both increased by 0.40 FTE, NP by 0.57 FTE, and a Health Services Admin. increased by 0.5 FTE. Health Assistant was reduced by (0.17) FTE, Community Health Nurse by (0.04) FTE, Physician Assistant by (0.89) FTE, and Co-Principle Investigator by (0.30) FTE.	0.47	\$34,600
4.0 FTE Health Information Specialists and 0.13 FTE Office Assistant Sr. are added to expand STARS to all schools.	4.13	\$120,150
RWJ grant added 0.25 FTE NP, 0.40 FTE Com Hth Nurse and Health Asst, 0.10 FTE Hth Srv Admin., 0.50 FTE Mntl Hth Consultant, 0.05 FTE OA Senior, and a 0.50 FTE Hth Service Spec. A LCPN is cut by (0.05) FTE.	2.15	\$65,579

# Field Services Management

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## Description

The Field Services Division Administration provides direction, oversight, program development, evaluation and resource development for five geographically defined field service teams and community outreach units. Program staff facilitate coordinated services between the Field Program and other community health and social service providers. This office seeks and obtains State, Federal and private resources to support effective community based programs. This office is continually assessing field service needs and looking for ways to establish linkages with other health and social service agencies and in some cases to provide the direct health services at the decentralized neighborhood level. This office is also responsible for program evaluation and maintenance of revenue agreements for field services.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted</u>	<u>Adopted</u>	<u>Difference</u>
		<u>Budget</u>	<u>Budget</u>	
Staffing FTE	2.81	3.00	3.50	0.50
Program Costs	\$324,960	\$353,126	\$367,593	\$14,467

## Significant Changes - Expenditures

A full time Health Services Administrator is moved into Field Mgmt from Field Nursing. An Office Assistant 2 is reduced by on half. On call expenses are also cut.

<u>FTE's</u>	<u>Amount</u>
0.50	\$17,100



# Field Teams

## Neighborhood Health Health Department

### Description

The Goal of the Field Services 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 lifespan. Each geographically placed field team has community health nurses who provide identification, assessment, and case management 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 health and social needs. The field teams provide services through home visits, group teaching, information and referral, and community advocacy. They actively participate in coordinated community-based activities offered through schools, community agencies, and integrated service projects.

Primarily, the Field Services Teams advocate for county residents to assure them a health life and a supportive environment. Field services to pregnant women, newborns, and families with young children will increase the chance that children will live in safe, supportive families and communities and that their growth and development is age-appropriate.

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	54.85	52.15	54.25	2.10
Program Costs	\$3,987,175	\$3,806,063	\$4,207,570	\$401,507

### Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original</u> <u>Projection</u>	1995-96 <u>Current</u> <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of families with newborns living in PCDS service area who will be offered initial growth and developmental assessment and/or referral for health care and community-based services as needed	NA	85%	85%	85%
2) The percent of high risk pregnant women, ie., Medicaid eligible perinatal women who receive maternity case management services through home visits will increase.			15%	20%

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Staffing increased as new grant revenue increased. A Community Health Nurse is moved from the Brentwood-Darlington program and 3.10 FTE of new CHN are added. Health Services Administration is decrease by (0.80) FTE, Health Info. Spec by (1.00) FTE, and Office Assistant 2 by (0.20) FTE.	2.10	\$135,800
Building management is no longer budgeted in Business Services Division		\$86,600

# Teen Family Support

Neighborhood Health  
Health Department

## Description

The Teen Family support Program 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 case management, is provided by a Community Health Nurse, in the home, clinic or school before birth, or at birth, or at birth in the hospital.
- Case management, support groups, and interactive parent education, is provided by non-profit community agencies.
- Systems coordination implemented through the Teen Family Services Coordinator.

Teen parents and their children are at risk for health and social problems and need targeted services. by centrally tracking all teen parents, the program will reduce duplication of service. The number of teen parents has continued to rise in the county.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	0.53	0.50	1.40	0.90
Program Costs	\$461,733	\$455,812	\$513,280	\$57,468

## Key Results

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

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
A Program Development Tech is added	0.90	\$35,800

# Community Health Team

Neighborhood Health

Health Department

## Description

The purpose of the Community Health Team is to develop a neighborhood based system of services addressing child health and maternity needs in the Brentwood-Darlington neighborhood. The program is responsible for developing a four year community plan, collaborating with Portland impact to establish the community family center, and providing preventive clinical and home visits to pregnant women and families with young children in the neighborhood. The services available through home visits and clinics done by community health nurses and family health workers include well child screenings, immunizations, and referral to other needed resources.

The goal of the project 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 women in Brentwood-Darlington. The rates of inadequate prenatal care and infant mortality have been higher in Brentwood-Darlington than the County average. This program provides after hour services for families at Roosevelt concentrates on Oregon Health Plan eligibility screening, WIC nutrition services, family planning and limited acute primary care.

In 1996-97 services will be expanded to one or more neighborhoods in Multnomah County. This new Neighborhood Access project will build on the strengths and lessons learned from the Brentwood-Darlington Community Health Team. The Brentwood-Darlington project was designed to meet child health needs in that neighborhood based on an analysis of community health statistics and a community needs assessment. To achieve the same success, the Neighborhood Access project will follow a similar process of reviewing health statistics (especially birth outcomes and infant mortality), identifying current services, and determining community support to select a location(s) and the service mix for the new project. Developing an integrated service system at a community family center or school based family resource center will be a critical component.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	6.26	7.97	6.70	(1.27)
Program Costs	\$387,253	\$505,469	\$405,733	(\$99,736)

## Key Results

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

## Significant Changes - Expenditures

Community Health Nurse is reduced by (2.87) FTE and Office Assistant 2 is cut by (0.48) FTE and replaced with 0.28 FTE OA Senior. A (0.20) FTE Health Services Administrator is moved to Field Services.

Neighborhood Access expansion adds 0.75 FTE Community Health Nurse and 1.25 FTE Health Information Specialist 2

<u>FTE's</u>	<u>Amount</u>
(3.27)	(\$223,979)

2.00	\$95,150
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## Description

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

The Division addresses the following needs: (1) an estimated 300,000 County residents are without dental insurance, and therefore have limited access to dental care and (2) the Division's Dental Managed Care Organization (DCO), MultiCare, has responsibility for over 14,000 enrolled members who are insured under the Oregon Health Plan and have significant back log of dental needs.

Statistics indicate that Oregon pre-school and school age children have tooth decay rates that are higher than national surveys. The data also indicates that minority children have much higher decay rates than the average child.

## Action Plan

- Develop an infant caries program and begin pilot testing within the Health Department by January 1997.
- Assist in the establishment of a broad based county wide pro-fluoridation committee, by June 1997, for the purpose of exploring strategies for water fluoridation.
- Complete first phase of statewide child abuse prevention education project (P.A.N.D.A.) in Multnomah County, with volunteer dentists and hygienists having completed at least one training to private practice colleagues by February 1997.
- By October 1996, evaluate the feasibility of a joint effort with Russell Street Dental Clinic to establish an in-house dental lab to provide most of the laboratory services for the two dental programs.

### Significant Changes - Revenue

	<u>Amount</u>
Medicaid FFS revenue declines	(\$400,000)
Medicaid Capitated revenue increases	\$1,000,000
General Fund increased for one-time-only Capital purchases	\$92,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Multiple changes detailed in program narrative	(0.55)	(\$11,411)
Professional Services for specialty care at OHSU increased corresponding to increase in number of capitated clients.		\$438,200
Building mgmt services no longer budgeted in Business Services Division		\$59,700

# Dental Services

Health Department

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	47.67	63.75	63.75	63.20	(0.55)
Personal Services	\$2,438,310	\$2,834,926	\$3,232,071	\$3,325,836	\$93,765
Contractual Services	970,807	1,112,241	1,112,241	1,504,533	392,292
Materials & Supplies	1,231,985	1,033,493	1,146,250	1,239,714	93,464
Capital Outlay	28,990	23,000	23,000	116,000	93,000
<b>Total Costs</b>	<b>\$4,670,092</b>	<b>\$5,003,660</b>	<b>\$5,513,562</b>	<b>\$6,186,083</b>	<b>\$672,521</b>
External Revenues	\$3,071,495	\$3,422,660	\$3,932,562	\$4,478,470	\$545,908
General Fund Support	\$3,268,327	\$1,581,000	\$1,581,000	\$1,707,613	\$126,613

## Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Division Management	\$547,967	\$1,358,560	\$1,645,196	\$286,636
School/Comm. Dental	381,924	457,269	484,432	27,163
Clinical Services	3,740,201	3,697,733	4,056,455	358,722
<b>Total Costs</b>	<b>\$4,670,092</b>	<b>\$5,513,562</b>	<b>\$6,186,083</b>	<b>\$672,521</b>

## Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Division Management	3.30	4.30	3.50	(0.80)
School/Comm. Dental	6.08	7.15	7.10	(0.05)
Clinical Services	38.29	52.30	52.60	0.30
<b>Total Staffing FTE's</b>	<b>47.67</b>	<b>63.75</b>	<b>63.20</b>	<b>(0.55)</b>

# Division Management

Dental Services  
Health Department

## 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. The Division Management is responsible to serve as a resource for information about oral health issues that effect 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

	1994-95 Actual	1995-96 Adopted Budget	1996-97 Adopted Budget	Difference
Staffing FTE	3.30	4.30	3.50	(0.80)
Program Costs	\$547,967	\$1,358,560	\$1,645,196	\$286,636

## Significant Changes - Expenditures

	FTE's	Amount
Dental contracts for capitated clients increased as number of clients increased.		\$378,400
Building mgmt. costs moved to clinic budget		(\$25,500)
A full time Dental Assistant is added and a full time Operations Supervisor is cut, as well as a 0.80 FTE Program Development Specialist.	(0.80)	(\$56,789)

# 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.

This program addresses the problem of dental disease, especially tooth decay, in County children by providing dental sealants, fluoride supplements, education and screening/referral. The problem is dental decay in children in general is decreasing, however the rate among low-income and minority children is staying the same.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	6.08	7.15	7.10	(0.05)
Program Costs	\$381,924	\$457,269	\$484,432	\$27,163

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) % of 6-8 year olds who are caries free	NA	50%	50%	50%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
0.7 FTE Dental Assistant added, while (0.5) FTE Hygienist and (0.25) FTE Office Assistant 2 are cut.	(0.05)	(\$13,500)
Building management costs no longer centrally budgeted		\$13,100

# Clinical Services

## Dental Services Health Department

### Description

The Dental Clinics' mission is to reduce the level of untreated dental disease in low-income under-served Multnomah County residents. The Dental Clinics are responsible for providing access to urgent and routine dental care services to county residents who have no other access to dental care. The Dental Clinics provide urgent care services for adults and children (relief of pain, infection, bleeding and trauma; including diagnosis, extraction, fillings), and routine dental care to children and adults enrolled in the DCO (including diagnosis, preventive and restorative services).

Dental Clinic services address the problem of lack of access to dental care for low-income and uninsured (including Medicaid) County residents (an estimated 300,000 County residents have no dental insurance, and therefore limited access to care).

### Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	38.29	52.30	52.60	0.30
Program Costs	\$3,740,201	\$3,697,733	\$4,056,455	\$358,722

### Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Dental relative value units per dentist	9,800.4	10,000	9,800	10,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
2.5 FTE Dental Assistants and 0.1 FTE Hygienist are cut. One full time Office Assistant 2 added. Amendments added 1.90 FTE Dentists, and 2.00 FTE Operations Supervisors. A full time Dentist Senior and a Dental Assistant are cut.	0.30	\$58,878
Dental lab and referral dental work increased with increases in client numbers		\$59,800
Building management costs no longer centrally budgeted		\$72,100



### 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 chose CareOregon as their managed care organization, who hold fee-for-service Medicaid cards or who are unable to access medical care through private health care providers due to financial or other barriers. The Division provides primary health care services to 43,323 unduplicated clients (November 1, 1994 - October 30, 1995) annually in geographically dispersed sites throughout the county and screens and predetermines Medicaid eligibility for low income residents.

### Action Plans

- Build on Multnomah County/OHSU partnership to collaborate on a joint MCHD/OHSU clinic, to be opened by June 1997, in St. John's to increase primary care service capacity in the North Portland Community.
- Develop, by January 1997, an enrollment health care system for clients seeking comprehensive primary care services from MCHD primary care clinics, with full implementation by July 1997.
- Establish a Benchmark Forum with the Chair's office to address access to health care in the context of declining Medicaid revenue.
- By March 1997, complete an evaluation of the Refugee Health Contracts fiscal performance to assure its viability.

### Significant Changes - Revenue

	<u>Amount</u>
Client fee revenue increased	\$200,000
Breast and Cervical Cancer grant declines	(\$46,000)
Linkage grant declines	(\$254,000)
Portion of CareOregon FCHP revenue now reflected in Primary Care	\$689,000

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Multiple cuts to FTE detailed in programs.	(3.44)	(\$558,017)
Pass Through payments reduced, primarily in the Community Based Linkage program. Grant funding will end in FY 97.		(\$160,332)
Other material and service expenses, tied to level of clients served, are reduced as Primary Care services are reduced and Linkage grant funding ends.		(\$162,708)
Occupancy costs are increased as expenses are no longer centrally budgeted in Business Services.		\$402,000

# Primary Care

## Health Department

### Budget Trends

	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Current Estimate</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Staffing FTE	244.89	268.44	268.44	265.00	(3.44)
Personal Services	\$12,928,542	\$13,937,600	\$14,309,651	\$14,523,156	\$213,505
Contractual Services	1,118,093	1,291,424	1,076,187	996,923	(79,264)
Materials & Supplies	3,990,918	4,152,262	4,070,845	4,662,239	591,394
Capital Outlay	<u>79,279</u>	<u>22,127</u>	<u>0</u>	<u>37,385</u>	<u>37,385</u>
<b>Total Costs</b>	<b>\$18,116,832</b>	<b>\$19,403,413</b>	<b>\$19,456,683</b>	<b>\$20,219,703</b>	<b>\$763,020</b>
External Revenues	\$14,697,560	\$13,019,927	\$13,055,672	\$13,825,042	\$769,370
General Fund Support	\$6,555,375	\$6,383,486	\$6,401,011	\$6,394,661	(\$6,350)

### Costs by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Division Management	\$461,363	\$472,461	\$576,427	\$103,966
Medical Director	430,519	1,107,120	791,174	(315,946)
Breast&Cervical Cancer	18,152	0	411,274	411,274
Primary Care Clinics	16,383,285	16,826,698	17,603,339	776,641
Clinica de Buena Salud	329,192	318,005	329,634	11,629
Linkage	428,010	634,505	404,804	(229,701)
Drug Free Babies	<u>66,312</u>	<u>97,894</u>	<u>103,051</u>	<u>5,157</u>
<b>Total Costs</b>	<b>\$18,116,832</b>	<b>\$19,456,683</b>	<b>\$20,219,703</b>	<b>\$763,020</b>

### Staffing by Program

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Division Management	5.03	5.50	6.00	0.50
Medical Director	3.11	6.50	3.60	(2.90)
Breast&Cervical Cancer	0.21	0.00	2.30	2.30
Primary Care Clinics	224.67	243.40	241.55	(1.85)
Clinica de Buena Salud	5.05	4.85	4.75	(0.10)
Linkage	5.61	6.69	5.30	(1.39)
Drug Free Babies	<u>1.23</u>	<u>1.50</u>	<u>1.50</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>244.89</b>	<b>268.44</b>	<b>265.00</b>	<b>(3.44)</b>

# Division Management

Primary Care  
Health Department

## Description

Division Management is responsible for seven Primary Care sites\*, and provides 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; promoting a culturally competent workforce; and ensuring the continued pursuit of quality services.

\* International Health Clinic will be incorporated into Mid-County Clinic as one Primary Care site in July, 1996; Burnside and Westside Health Clinics will be incorporated into one site in July, 1996. There are current Departmental discussions regarding incorporating the Specialty Services HIV clinic into the Primary Care Division in 1996 or 1997.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.03	5.50	6.00	0.50
Program Costs	\$461,363	\$472,461	\$576,427	\$103,966

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Nutritionist time increased in response to increased WIC caseloads.	0.50	\$24,000

# 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, ancillary 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

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	3.11	6.50	3.60	(2.90)
Program Costs	\$430,519	\$1,107,120	\$791,174	(\$315,946)

## Significant Changes - Expenditures

Full time Health Services Specialist and Health Information Specialist are moved to Breast & Cervical Cancer program. 0.25 FTE Community Health Nurse is moved also, 0.75 FTE of the position is cut. (0.20) FTE Nurse Practitioner is cut, while a 0.20 FTE Health Services Admin. is added. There is also a 0.10 FTE increase in the Medical Director.

<u>FTE's</u>	<u>Amount</u>
(2.90)	(\$160,500)

# Breast & Cervical Cancer Partnership

Primary Care  
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

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	0.21	0.00	2.30	2.30
Program Costs	\$18,152	\$0	\$411,274	\$411,274

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Total number of women screened by BCCP in health department clinics.			1,600	1,200
2) Total number of women age 40+ screened by BCCP in health department clinics.			600	700

## Significant Changes - Expenditures

A full time Health Services Specialist and Health Information Specialist are moved into program from Medical Director's Office, both are reduced to 0.90 FTE. A 0.25 FTE Community Health Nurse is also moved. A 0.25 FTE Office Assistant 2 is added.

<u>FTE's</u>	<u>Amount</u>
2.30	\$116,260

# Primary Care Clinics

Primary Care  
Health Department

## Description

The seven primary care clinics provide integrated primary health care to low-income and high risk residents of the county in geographically accessible locations throughout 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, mental health, 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; nearly 99% of clients served had incomes below 200% of poverty level, 39% were minorities, about 31% were emotionally disabled, and 35% were members of a family headed by a young, single mother.

Burnside-Westside Health Center is a newly integrated clinic, serving clients who formerly received health care services from Burnside Health Center and Westside Health Center. Approximately 2,000 clients of this clinic were previously served at Burnside Health Center. They were 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 BHC-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

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	224.67	243.40	241.55	(1.85)
Program Costs	\$16,383,285	\$16,826,698	\$17,603,339	\$776,641

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of pregnant women in County clinics who receive prenatal care beginning in first trimester.	65%	80%	75%	80%
2) Percentage of BHC clients immunized for Pneumovax and Tetanus.	75%	80%	80%	80%

## Significant Changes - Expenditures

Multiple adjustments were made as positions and services were reconfigured to meet funding constraints. OA2 was reduced by (3.35) FTE, Health Asst. (7.20) FTE, CHN (3.02) FTE, Medical Records Tech (0.20) FTE, X-Ray Tech (0.60) FTE, Pharmacist (0.05) FTE, Physician (0.60) FTE, Health Op Sup (0.90) FTE, (1.00) FTE OA Sr., and a LCPN (0.22) FTE. OA1 was increased by 1.40 FTE, NP 0.19 FTE, a full time Admin Secretary, 2.90 FTE Hth Info. Spec. a 0.90 FTE Social Worker, 0.80 FTE Physician Assist., 1.50 FTE Nutritionist, 0.80 Nutrition Asst., 0.60 FTE Medical Director, 3.30 Hth Srv. Admin., 0.90 Hth Srv Spec, and a full time Hth Srv Mgr were also added. Occupancy costs increased for the program, as they are no longer centrally budgeted in Business Services

**FTE's**  
(1.85)

**Amount**  
(\$470,259)

\$385,600

# La Clinica De Buena Salud

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 Clinica de Buena Salud located at La Villa de Clara Vista apartments. An outreach component also provides home visits, health education, and related services to 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, WIC, communicable disease screening, care of acute and chronic medical conditions, and a family planning and STD prevention Latina project in partnership with Planned Parenthood of the Columbia Willamette's Northeast Clinic.

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 Clinica de Buena Salud in March, 1993.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.05	4.85	4.75	(0.10)
Program Costs	\$329,192	\$318,005	\$329,634	\$11,629

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percentage of 2 year olds who are properly immunized	91%	82%	82%	90%

## Significant Changes - Expenditures

A (0.05) FTE Physician is cut as is (0.05) FTE Nurse Practitioner time.  
0.20 FTE are added to Health Assistant and cut from Health Information Specialist.

**FTE's**  
(0.10)

**Amount**  
(\$9,518)

# Linkage

## Primary Care Health Department

### 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

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	5.61	6.69	5.30	(1.39)
Program Costs	\$428,010	\$634,505	\$404,804	(\$229,701)

<u>Key Results</u>	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Number of Northeast Health Clinic Primary Care clients and/or partners and family members of clients, evaluated and enrolled into the Linkage program.	NA	NA	320	400

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Linkage staff are cut at end of grant, (0.20) FTE Nurse Practitioner, a (0.19) FTE Office Assistant, and a full time Health Information Specialist are cut.	(1.39)	(\$58,000)
Pass Through services to community service providers is reduced.		(\$141,000)



# Drug Free Babies

Primary Care  
Health Department

## Description

This program is aimed at reducing substance abuse during pregnancy through intensive intervention with prenatal clients and women of child bearing age. The program enhances linkages between prenatal medical services, treatment and social services and by supporting pregnant women to successfully refrain from using alcohol and drugs during pregnancy and after delivery. The enhanced intervention service builds on clinic and field services to intervene with clients, link them to services and provide on-site support. This year, the team will also follow mother and infants for up to one year.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	1.23	1.50	1.50	0.00
Program Costs	\$66,312	\$97,894	\$103,051	\$5,157

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of infants born with negative urine drug screens.	NA	NA	90%	92%

## Significant Changes - Expenditures

No significant changes.

FTE's      Amount

## 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, health education classes, 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 increasing based upon increased client activities throughout the Department.

## Action Plan

- Complete effort to automate laboratory services and to coordinate laboratory automation with OHSU; by June 1997
- Complete the remodeling project for the McCoy Building and the Northeast Health Center by December 1996.
- Complete selection process for North Portland Health Center site by June 1997.
- Eliminate the central forms and pamphlet warehouse function and move to automated inventory ordering with direct shipment to user sites; complete by August 1996.

### Significant Changes - Revenue

	<b>Amount</b>
Medicaid FFS lab revenue reduced	(\$205,000)
Material & Service expense no longer budgeted centrally, General Fund moved to other Divisions along with expense	(\$360,000)
Positions supported with General Fund moved to SBHC	(\$167,000)

### Significant Changes - Expenditures

	<b>FTE's</b>	<b>Amount</b>
Position changes detailed at program level.	(10.45)	(\$520,899)
Building management and repair and maintenance charges, formerly centrally budgeted in this Division, spread to other Divisions based on use.		(\$325,669)
Supplies and Drugs are reduced based on reduction in Primary Care services.		(\$197,002)

# Support Services

Health Department

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 Current <u>Estimate</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	57.13	62.80	62.80	52.35	(10.45)
Personal Services	\$2,851,580	\$3,082,076	\$3,078,071	\$2,684,986	(\$393,085)
Contractual Services	619,262	497,482	551,344	612,192	60,848
Materials & Supplies	3,625,818	3,866,622	3,845,851	3,184,736	(661,115)
Capital Outlay	<u>130,054</u>	<u>39,400</u>	<u>39,400</u>	<u>14,130</u>	<u>(25,270)</u>
<b>Total Costs</b>	<b>\$7,226,714</b>	<b>\$7,485,580</b>	<b>\$7,514,666</b>	<b>\$6,496,044</b>	<b>(\$1,018,622)</b>
External Revenues	\$2,947,180	\$3,520,229	\$3,549,315	\$3,274,058	(\$275,257)
General Fund Support	\$8,420,448	\$3,965,351	\$3,965,351	\$3,251,145	(\$714,206)

## Costs by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Division Management	\$836,795	\$1,073,250	\$318,510	(\$754,740)
Pharmacy/ SOS	3,090,768	3,410,831	3,320,259	(90,572)
Health Education	339,200	423,563	266,401	(157,162)
Lab Services	1,294,472	926,893	965,723	38,830
Coalition Support	132,067	123,332	129,335	6,003
Info. & Referral/SafeNet	837,584	887,340	895,074	7,734
Language Services	361,803	362,685	278,284	(84,401)
Communications	<u>334,025</u>	<u>306,772</u>	<u>322,458</u>	<u>15,686</u>
<b>Total Costs</b>	<b>\$7,226,714</b>	<b>\$7,514,666</b>	<b>\$6,496,044</b>	<b>(\$1,018,622)</b>

## Staffing by Program

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Division Management	5.42	6.80	2.50	(4.30)
Pharmacy/ SOS	15.07	15.90	15.85	(0.05)
Health Education	4.21	5.90	4.00	(1.90)
Lab Services	12.78	13.00	13.00	0.00
Coalition Support	0.68	0.50	0.50	0.00
Info. & Referral/SafeNet	9.12	11.15	8.90	(2.25)
Language Services	4.19	4.00	3.00	(1.00)
Communications	<u>5.66</u>	<u>5.55</u>	<u>4.60</u>	<u>(0.95)</u>
<b>Total Staffing FTE's</b>	<b>57.13</b>	<b>62.80</b>	<b>52.35</b>	<b>(10.45)</b>

# Division Management

Services and Support

Health Department

## 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 experienced an increasing demand for services for field and clinical programs, but also from infrastructure issues such as; purchasing, data systems, contracting, OSHA, risk management/safety, and facilities management.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	5.42	6.80	2.50	(4.30)
Program Costs	\$836,795	\$1,073,250	\$318,510	(\$754,740)

## Significant Changes - Expenditures

Training and Development staff moved into Directors Office. One full time Health Services Admin. and an OA2, a 1.5 FTE PDS, a half time Support Services Tech., and a 0.80 FTE Health Services Specialist.

An Administrative Secretary is added.

Building Management and repair and maintenance charges, formerly budgeted centrally in this program, are spread to other Divisions base on usage.

<u>FTE's</u>	<u>Amount</u>
(4.80)	(\$263,959)
0.50	\$18,560
	(\$359,000)

# 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 and with medications becoming 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, there is a problem in obtaining quality health care for many clients in that they cannot afford medical treatment in the form of prescription medication.

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	15.07	15.90	15.85	(0.05)
Program Costs	\$3,090,768	\$3,410,831	\$3,320,259	(\$90,572)

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Total cost per prescription dispensed to County clients	\$16.04	\$20.10	\$17.30	\$18.68

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Budget for pharmaceuticals is cut, as Primary Care services are reduced.		(\$61,000)
Family planning purchases are reduced, based on projected need.		(\$67,800)
A Pharmacist was increased by 0.15 FTE and a Pharmacist Tech. was decreased by (0.20) FTE.	(0.05)	\$3,500

# Health Education

Services and Support

Health Department

## Description

The Health Education unit is responsible for ensuring that quality health educational and informational materials are available for all County residents seeking information and that this material conforms to all current standards of education and adult learning concepts. The Health Education unit enhances the skills and abilities of medical providers and other staff in providing health education and health information to clients in our clinics, increases the skills and abilities of clients by ensuring that educational materials are at the appropriate reading level, culturally sensitive and diverse. The unit provides the following services: consultation in teaching, presentations for various settings, interviews, focus groups, and developing new materials. Health issues will continue to become more and more complex and require more individual empowering than before.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	4.21	5.90	4.00	(1.90)
Program Costs	\$339,200	\$423,563	\$266,401	(\$157,162)

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Contacts/children served per month	2,600	3,220	2,000	2,500

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
One Health Educator is moved to SBHC program and a part time Health Educator is moved to the Communications program within this Division. Another part time Health Educator is cut.	(2.00)	(\$96,000)
A half time Health Information Specialist 2 is cut while a Community Health Nurse is added. A 0.10 FTE Program Development Tech. is also added within the Immunization Action Plan (IAP) grant.	0.10	\$1,000
IAP grant funded volunteer an clinical coverage is reduced corresponding to a reduction in grant revenue.		(\$32,600)

# Laboratory Services

Services and Support  
Health Department

## Description

The Laboratory Section provides testing of client and environmental specimens for the Department. This section tests specimens for a variety of medical conditions as well as does environmental surveillance at known or actual problem areas (such as the Blue Lake Swim Center). This section also monitors many units (clinics) for quality assurance in their testing.

This section directly supports testing or requirements from: clinics, the Communicable Disease Office, the Environmental Health Unit, the Health Officer, the State Health Division, and the Federal Government (CLIA - 88 & EPA).

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	12.78	13.00	13.00	0.00
Program Costs	\$1,294,472	\$926,893	\$965,723	\$38,830

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Maintain or reduce unit cost of laboratory tests	\$8.08	\$8.68	\$9.15	\$9.10

## Significant Changes - Expenditures

No significant changes.

FTE's      Amount

# Coalition Support

Services and Support

Health Department

## Description

The Coalition of Community Health Clinics 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, and advocacy services to homeless individuals, families, street youth, the working poor, the elderly, and other low income residents of the Portland Metropolitan area.

Last year Coalition clinics provided over 22,000 visits for people with few or no health care resources. Through its Prescriptions Assistance Fund, the Coalition provided 1,257 prescriptions to 1,059 people who didn't have resources to obtain medications themselves.

Although the Oregon Health Plan has increased health services to previously under served populations, 400,000 people who remain uninsured throughout the state. An estimated 100,000 uninsured live in the Portland Metropolitan area. The Coalition of Community Health Clinics is collaborating with other provider groups to assess how best to meet the health care needs the uninsured. Proposed projects include a map of services, expansion of the Medications Project to include assistance for refills, and closer monitoring of clinic contracts with Multnomah County to ensure delivery of quality services.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	0.68	0.50	0.50	0.00
Program Costs	\$132,067	\$123,332	\$129,335	\$6,003

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) # visits provided to Uninsured & Underinsured	16,141	NA	16,500	18,000
2) # of prescriptions provided to uninsured and underinsured	1,059	NA	1,150	1,300
3) of people assisted with prescription medication	1,257	NA	1,300	1,500

## Significant Changes - Expenditures

No significant changes.

FTE's

Amount



# Information & Referral/SafeNet

Services and Support

Health Department

## 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.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	9.12	11.15	8.90	(2.25)
Program Costs	\$837,584	\$887,340	\$895,074	\$7,734

## Key Results

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

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Community Information Specialist and a Health Information Specialist 1 are cut.	(2.00)	(\$71,000)
The portion of a Health Services Administrator, previously budgeted in this program, is moved to the Communications program within this Division.	(0.25)	(\$20,000)
State funded SafeNet contract is increased as is the County Supplement, for the local share of Medicaid match, for SafeNet services are also increased.		\$91,200

# Language Services

Services and Support

Health Department

## Description

The mission 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 or information in the language that they understand. The program's services include: direct assignment of on-call 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; analysis of non-English encounter trends, 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. Americans with Disability Act require that people with disabilities (e.g., hearing impaired), be integrated into services.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	4.19	4.00	3.00	(1.00)
Program Costs	\$361,803	\$362,685	\$278,284	(\$84,401)

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Interpretation cost per visit	\$18.30	\$17.50	\$17.50	\$17.50

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Services Administrator is cut.	(1.00)	(\$74,000)

# Communications

Services and Support

Health Department

## Description

Provides support to Health Department staff in the areas of policy development, graphic arts, health education, medical records, and safety.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	5.66	5.55	4.60	(0.95)
Program Costs	\$334,025	\$306,772	\$322,458	\$15,686

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Human service referral calls taken per FTE	NA	NA	3,800	3,800

## Significant Changes - Expenditures

Forms management and supplies are converted to electronic inventory. The result is a reduction of Warehouse workers by (2.50) FTE and the addition of a 0.80 FTE Forms Analyst.

A Health Educator is moved from Health Education program within this Division.

A Health Services Administrator was moved from the Information and Referral program.

<u>FTE's</u>	<u>Amount</u>
(1.70)	(\$63,000)

0.50	\$24,000
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0.25	\$20,000
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## Description

The Business Services Division is responsible for financial management, human resource, 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 \$15 million of grant funds annually to assure timely, defensible collection of grant awards; bills for \$6 million of receivable, and pays \$350,000 of medical claims. It also provides required human resource services for 1,000 employees filling nearly 800 FTEs, and screens over 17,500 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 Plan

- Complete the Department's first information technology strategic planning process; integrate the results into resource allocation decisions by fall 1996.
- Develop the ability to provide professional level personal computer hardware and software support, within existing resources; expand the Department's ability to install, maintain, and utilize LAN based technologies June 1997.
- Convert Departmental data to MS Office , financial and personnel utilization sub-systems by October 1996, create budget development tools by November 1996, and complete Department wide financial and budgeting tools training by December 1996.
- Develop and implement a modernized, efficient recruitment and selection process, in conjunction with a County wide work team, by June 1997.
- Design and implement a community based planning effort, including health systems, insurers, public health agencies, and purchasers of health care; secure funding by June 1996 and have planning in process by Sept. 1996.

## Significant Changes - Revenue

	<b>Amount</b>
NACCHO grant award for data systems development	\$70,000
OHSU Integrated Services grant ends	(\$215,000)
General Fund moved from Data Systems to other Divisions	(\$100,000)
Building management expense no longer budgeted centrally, General Fund moved to other Divisions along with expense	(\$410,000)

## Significant Changes - Expenditures

	<b>FTE's</b>	<b>Amount</b>
Net staffing changes in Business Services	1.15	\$60,541
Building mgmt services no longer budget centrally, spread to other divisions		(\$410,000)
Contract with OPCA for network development ends		(\$212,400)
Data Systems supplies reflect infrastructure development plan		(\$166,400)
Data Systems contract with OHSU for Data Processing		\$68,000

# Business & Administrative Services

Health Department

## Budget Trends

	1994-95	1995-96	1995-96	1996-97	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	35.12	41.40	41.40	42.55	1.15
Personal Services	\$1,912,568	\$2,064,152	\$1,952,840	\$2,119,161	\$166,321
Contractual Services	161,647	287,594	271,315	57,200	(214,115)
Materials & Supplies	1,099,595	1,834,188	2,004,577	1,495,566	(509,011)
Capital Outlay	<u>173,995</u>	<u>49,982</u>	<u>49,982</u>	<u>18,394</u>	<u>(31,588)</u>
<b>Total Costs</b>	<b>\$3,347,805</b>	<b>\$4,235,916</b>	<b>\$4,278,714</b>	<b>\$3,690,321</b>	<b>(\$588,393)</b>
External Revenues	\$64,842	\$838,662	\$847,136	\$736,222	(\$110,914)
General Fund Support	\$6,881,120	\$3,397,253	\$3,431,578	\$2,957,261	(\$474,317)

## Costs by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	\$287,826	\$658,379	\$369,098	(\$289,281)
Grants Management	248,532	256,594	231,270	(25,324)
Fiscal Services	500,859	601,360	528,806	(72,554)
Medicaid Screening	591,208	578,136	611,165	33,029
Human Resources	303,554	338,187	338,573	386
Data Systems	<u>1,415,826</u>	<u>1,846,058</u>	<u>1,611,409</u>	<u>(234,649)</u>
<b>Total Costs</b>	<b>\$3,347,805</b>	<b>\$4,278,714</b>	<b>\$3,690,321</b>	<b>(\$588,393)</b>

## Staffing by Program

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Division Management	3.44	3.50	5.00	1.50
Grants Management	3.69	4.00	3.25	(0.75)
Fiscal Services	9.26	11.00	9.00	(2.00)
Medicaid Screening	9.57	11.40	11.40	0.00
Human Resources	4.39	5.00	5.00	0.00
Data Systems	<u>4.77</u>	<u>6.50</u>	<u>8.90</u>	<u>2.40</u>
<b>Total Staffing FTE's</b>	<b>35.12</b>	<b>41.40</b>	<b>42.55</b>	<b>1.15</b>

# Division Management

Business Services

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 representing the Department's business interests to community partners, grantors, third party payors, clients, and other County agencies.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.44	3.50	5.00	1.50
Program Costs	\$287,826	\$658,379	\$369,098	(\$289,281)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Building mgmt services no longer budgeted centrally, spread to other divisions		(\$410,000)
Health Service Specialist from Fiscal Services program	1.00	\$56,700
Health Service Specialist added as Budget Manager	1.00	\$65,000
Fiscal Specialist 2 cut	(1.00)	(\$57,800)
OA2 moved from Disease Control	0.10	(\$3,200)
RWJ grant added 0.30 FTE for an OA2 and Homeless grant funded an additional 0.10 FTE.	0.40	\$8,291

# Grants Management

Business Services  
Health Department

## Description

The Grants Management and Accounting section is responsible for monitoring Federal and State grants, maximizing revenues collected, and specialized 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 \$14 million of Federal and State grants annually. The unit is responsible for collecting funds from 40 different Federal and State grantors.

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

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	3.69	4.00	3.25	(0.75)
Program Costs	\$248,532	\$256,594	\$231,270	(\$25,324)

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Percent of grant awards collected	94%	98%	98%	98%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Fiscal Specialist 1 cut	(0.50)	\$23,050)
Fiscal Specialist Senior cut	(0.25)	(\$15,700)

# Fiscal Services

Business Services

Health Department

## Description

Fiscal Services has two components: Accounts Payable and Accounts Receivable.

The Accounts Payable unit is responsible for processing claims for payment for services that medical specialists provided 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. They also reconcile the Department's management information system to the County's LGFS accounting system. The Accounts Payable unit receives 36,000 claims annually totaling \$5.6 million in charges and approves 19,000 payments totaling \$2.8 million.

Accounts Receivable and Medical Billing is responsible for collections for the Departments and billings to patients, 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 to clients directly. With the elimination of the PCO and REEP programs (Medical Claims Processing), it is expected that billings for Medicaid Fee for Service will increase as a result of clients from these programs moving to open card or Oregon Health Plan. Available resources from the Medical Claims Processing unit will be transferred to this unit to offset the increased billings.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	9.26	11.00	9.00	(2.00)
Program Costs	\$500,859	\$601,360	\$528,806	(\$72,554)

## Key Results

	1994-95	1995-96	1995-96	1996-97
	<u>Actual</u>	<u>Original Projection</u>	<u>Current Estimate</u>	<u>Projection</u>
1) Percentage of Medicaid and other third party bills processed within 30 Days	70%	85%	85%	80%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Service Specialist to Division Management	(1.00)	(\$56,700)
Fiscal Assistant cut	(1.00)	(\$40,600)



# Medicaid Screening

Business Services

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 Health Department 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 Health Department clients.

The program is intended to decrease the barriers clients experience in attempting to access entitled medical benefits. Over the next year the unit must change its focus from large scale uptake activities to maintaining the enrollment of continuing clients. This will be especially difficult with the implementation of a client premium by the State.

## Budget Overview

	1994-95	1995-96	1996-97	
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	9.57	11.40	11.40	0.00
Program Costs	\$591,208	\$578,136	\$611,165	\$33,029

## Key Results

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

## Significant Changes - Expenditures

No significant changes

FTE's

Amount

# Human Resources

Business Services

Health Department

## Description

Human Resources is responsible for recruiting, examination, and position control functions for the Health Department. The program 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, language, and FTE requirements, coordinates payroll with Department timekeepers, sends transfer notices, and assists with inter divisional placements of employees.

Human Resources manages the selection process for 100 positions annually, with the greatest volume in Nurses and Office Assistants. Personnel functions are provided in support of 1,000 total employees filling 810 positions (FTE). The number of Health employees has increased from 507 in 1990 to 1,000 currently.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	4.39	5.00	5.00	0.00
Program Costs	\$303,554	\$338,187	\$338,573	\$386

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percentage of vacancies posted within 1 week of notification by hiring authority	97%	97%	97%	98%

## Significant Changes - Expenditures

No significant changes

FTE's

Amount

# Data Systems

Business Services  
Health Department

## Description

This section is responsible for supporting the diverse data needs of all other sections and divisions of the Health Department. It maintains, enhances, and operates the mainframe-based Health Information System; supports the 500 terminals, printers, and personal computers the department uses; directs the activities of two programmer analysts; trains department staff; maintains user documentation; and fills ad hoc data requests.

Studies have shown medical applications to be more than four times as information intensive as financial applications. This, coupled with demands made by the Health Department's funding sources for expenditure data, results in 235 - 285 work orders annually for Information Services.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	4.77	6.50	8.90	2.40
Program Costs	\$1,415,826	\$1,846,058	\$1,611,409	(\$234,649)

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) Ad hoc data requests fulfilled	280	325	325	340

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Data Systems supplies reduced to reflect infrastructure development plan		(\$166,400)
Data Systems contract with OHSU for Data Processing		\$68,000
Other internal services reduced		(\$99,424)
Senior Data Analyst added with NACCHO grant	1.00	\$70,000
LAN Data Tech added	1.00	\$44,700
Office Assistant 2 moved from Disease Control Division	0.40	\$12,900

### Description

The Corrections Health Division is the sole health care provider for the incarcerated population, the majority of whom have had minimal or no access to medical, mental health, or dental services prior to arrest and present with acute and chronic problems including communicable disease and substance abuse. As the crime incidence continues to grow, bookings have increased an average of 19% from last year,, with an even larger corresponding increase in identified health problems requiring intervention.

The division is regulated by Oregon Statutes 169.07, 169.077, 169.760, 169.080 and professional licensure rules and regulations and is in compliance with national standards for correctional health services in jail and juvenile facilities.

### Action Plan

- To implement the State Board of Pharmacy's adopted rules, by January 1997, regulating the provision of pharmaceutical services in correctional facilities in order to comply with current statutes and minimize cost of compliance.
- Train managers and develop a process for implementation of the Manager's Cross Cultural Strategic Plan as adopted by the Health Department by July 1997.

### Significant Changes - Revenue

Inverness Levy revenue increased.

### Amount

\$389,000

### Significant Changes - Expenditures

Office Assistant 2 for 1.30 FTE, Health Assistant 0.25 FTE, and 0.60 FTE RN time are added, 0.25 FTE Nurse Practitioner are cut. Most of this increase and the related increase in other Personal Services are funded with the Levy increase.

Pass Through for Hospital In patient and Out patient services funded by Levy increase.

### FTE's

1.90

### Amount

\$136,500

\$106,000

\$50,622

# Corrections Health

## Health Department

### Budget Trends

	<b>1994-95 Actual</b>	<b>1995-96 Current Estimate</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
Staffing FTE	71.24	76.85	76.85	78.75	1.90
Personal Services	\$4,316,993	\$4,618,306	\$4,822,301	\$5,205,875	\$383,574
Contractual Services	626,520	417,324	564,370	619,226	54,856
Materials & Supplies	829,773	730,293	835,687	951,278	115,591
Capital Outlay	<u>10,593</u>	<u>97,000</u>	<u>13,700</u>	<u>24,000</u>	<u>10,300</u>
<b>Total Costs</b>	<b>\$5,783,879</b>	<b>\$5,862,923</b>	<b>\$6,236,058</b>	<b>\$6,800,379</b>	<b>\$564,321</b>
External Revenues	\$1,907,153	\$1,764,751	\$2,137,886	\$2,699,959	\$562,073
General Fund Support	\$3,876,726	\$4,098,172	\$4,098,172	\$4,100,420	\$2,248

### Costs by Program

	<b>1994-95 Actual</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
Clinical Services	\$5,136,441	\$5,509,225	\$6,067,779	\$558,554
Mental Health Services	647,439	726,833	732,600	5,767
<b>Total Costs</b>	<b>\$5,783,879</b>	<b>\$6,236,058</b>	<b>\$6,800,379</b>	<b>\$564,321</b>

### Staffing by Program

	<b>1994-95 Actual</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
Clinical Services	63.22	65.45	67.05	1.60
Mental Health Services	8.02	11.40	11.70	0.30
<b>Total Staffing FTE's</b>	<b>71.24</b>	<b>76.85</b>	<b>78.75</b>	<b>1.90</b>

# Clinical Services

## Description

Clinical Services provide 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), for prenatal screening and treatment, and polysubstance drug detoxification. Medical screening at booking identifies an increasing number of clients requiring complex medical interventions.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 Adopted <u>Budget</u>	1996-97 Adopted <u>Budget</u>	<u>Difference</u>
Staffing FTE	63.22	65.45	67.05	1.60
Program Costs	\$5,136,441	\$5,509,225	\$6,067,779	\$558,554

## Key Results

	1994-95 <u>Actual</u>	1995-96 Original <u>Projection</u>	1995-96 Current <u>Estimate</u>	1996-97 <u>Projection</u>
1) % of pregnant females (adults and juveniles) receiving prenatal care while incarcerated	92%	90%	80%	90%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Office Assistant 2 increased by 1.30 FTE, Health Assistant increased by 0.25 FTE, RN increased by 0.60 FTE, and Nurse Practitioner decreased by (0.05) FTE. Part time Health Services Administrator moved to Mental Health Program. Related Personal Services ( temporaries, overtime, fringe) also increased, funded with Levy revenue.	1.60	\$103,060
Pass Through for Hospital In patient and Out patient services		\$106,000
		\$50,622

# Mental Health Services

Corrections Health  
Health Department

## Description

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

Mental Health Services are required to deal with adults and juveniles who are often violent, frequently have suicidal thoughts, and who 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

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	8.02	11.40	11.70	0.30
Program Costs	\$647,439	\$726,833	\$732,600	\$5,767

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Current Estimate</u>	1996-97 <u>Projection</u>
1) Percent of incarcerated clients with known mental health needs who receive psychiatric interventions	65%	42%	20%	25%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Health Services Administrator 0.50 FTE moved from Clinical program,	0.30	\$23,000
Psychiatric Nurse Practitioner reduced by (0.20) FTE		

## Description

CareOregon is 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 is the administrative agent for this collaborative fully capitated managed health care option in 12 Oregon counties. 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 a Oregon Health Plan option. CareOregon monitors providers' compliance with the care and fiscal standards, member satisfaction, and overall financial solvency of the plan.

## Action Plan

- Reevaluate and finalize necessary changes in CareOregon's financial incentive model by September 1, 1996 to assure that financial incentives to Primary Care Providers (PCP's) reward good care management, quality service and member satisfaction.
- Change contracts with PCP's as of October 1, 1996 to reflect modifications finalized as a result of a revised financial incentive model per above action plan.
- Re-engineer the referral authorization process by January 30, 1997 to decrease non-effective requirements and redirect professional nursing and medical staff resources in improvement of cost effective evaluation of quality of care and partnerships with PCP's.
- Finalize recommendations to CareOregon Advisory Board and BCC by September 30, 1996 regarding most effective corporate administrative entity to assure long term organizational viability and achievement of CareOregon mission.

## Significant Changes - Revenue

	<u>Amount</u>
Medicaid revenues declined based on current enrollment patterns and capitation rates	(\$3,440,000)
General fund moved from other Divisions to off set indirect expense	\$297,420

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
One full time Office Assistant 2 and three Program Development Techs are added for member/provider relation services. An Amendment increased Program Development Specialists by 0.15 FTE and added another full time Office Assistant 2.	5.15	\$279,420
A Nurse is cut by (0.10) FTE and Health Services Administrator is reduced by (0.60) FTE.	(0.70)	(\$101,000)
County Supplement reduced		(\$259,500)
Pass Through payments and Other Internal reimbursements for Health Services reduced to reflect lower enrollment and lower capitated rates.		(\$3,912,639)



## Budget Trends

	<b>1994-95 Actual</b>	<b>1995-96 Current Estimate</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
Staffing FTE	13.43	22.00	22.00	26.45	4.45
Personal Services	\$752,337	\$1,085,212	\$1,191,649	\$1,348,921	\$157,272
Contractual Services	25,750,243	45,000,000	41,765,035	40,179,167	(1,585,868)
Materials & Supplies	2,359,889	851,674	5,456,419	3,244,001	(2,212,418)
Capital Outlay	0	18,000	18,000	0	(18,000)
<b>Total Costs</b>	<b>\$28,862,469</b>	<b>\$46,954,886</b>	<b>\$48,431,103</b>	<b>\$44,772,089</b>	<b>(\$3,659,014)</b>
External Revenues	\$29,254,857	\$46,954,886	\$48,431,103	\$44,449,311	(\$3,981,792)
General Fund Support	(\$24,950)	\$0	\$0	\$348,136	\$348,136

## Key Results

	<b>1994-95 Actual</b>	<b>1995-96 Original Projection</b>	<b>1995-96 Current Estimate</b>	<b>1996-97 Projection</b>
1) Compliance with Oregon Health Plan Quality of Care Requirements and Standards	90%		87%	89%

## Costs by Program

	<b>1994-95 Actual</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
CareOregon	\$28,862,469	\$48,431,103	\$44,772,089	(\$3,659,014)

## Staffing by Program

	<b>1994-95 Actual</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
CareOregon	13.43	22.00	26.45	4.45