

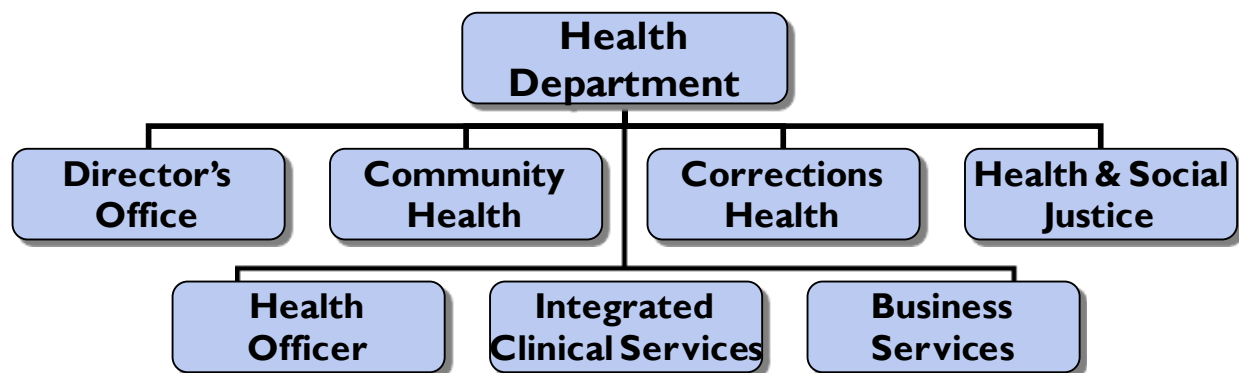
## Department Overview

The Multnomah County Health Department is guided by our vision of Healthy People in Healthy Communities. We seek to protect against threats to health, to ensure access to health care for Multnomah County residents, and to promote health. We do this by focusing our limited resources on creating policies that promote or protect the community's health; preventing the conditions that lead to illness and disease and by forming public and private partnerships to stretch our capacity to achieve our mission.

Our five-year strategic plan for FY 2010-2014 establishes our priorities for the FY 2013. The plan contains three goals with specific strategies for the next few years, they are:

1. To ensure all individuals, families and communities gain greater control of the factors that influence their health.
2. To improve the health of our diverse communities.
3. Be an adaptive, learning organization that serves as an effective and accountable local public health authority and provider of community health services.

Our day-to-day activities and work is central to the Department achieving its mission. These strategic activities are those which reflect new or enhanced goals; they are direct, focused and prioritized over our every day work; and they lay a pathway for us to measure and account for our progress over time. This plan guides our work, our budget decision-making, funding priorities, and trade-offs. It not only shapes what we do but how we do it.



### Budget Overview

The FY 2013 budget for the Health Department is \$160.4 million with 998.22 FTE. Slightly more than one-half, or \$85.6 million, of the budget comes from the County General Fund with the remaining \$74.8 million coming from Federal and State revenue, Medicaid and other medical fee revenue, and emergency response and ambulance fees. In FY 2012 a significant accounting change occurred, moving Federally Qualified Health Center (FQHC) wrap-around funds out of the Federal/State Fund and into the General Fund. In the FY 2013 Health Department budget, \$27.4 million dollars have been moved into the General Fund from the Federal/State Fund.

The FY 2013 Health Department budget has decreased 0.42%, or \$671,553, in total spending from the FY 2012 adopted budget. FTE have decreased from 1,004.94 in FY 2012 to 998.22 in FY 2013, a 0.67% decrease. A significant portion of the decrease in funding is due to expiring grants from the Federal American Recovery and Reinvestment Act (ARRA), specifically impacting Community Wellness and Prevention (40047).

Additionally, a number of changes occurring in the Integrated Clinical Services Division are impacting the budget. The Westside Health Clinic (40021) is ramping down operations, with a decrease in spending from FY 2012 of \$3.4 million and 28.52 FTE. The Southeast Health Clinic (40027) is expanding operations to include a primary care clinic, with an increase of \$1.3 million and 9.12 FTE. The Health Department is also expanding downtown with Dental Services – Downtown Dental (40017B), an increase of \$761,000 and 5.70 FTE. Additional information on the changes in these programs, as well as changes in other programs, can be found in the individual program offers.

<b>Budget Trends*</b>					
	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2012</b>	<b>FY 2013</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	980.74	1,004.94	1,004.94	998.22	(6.72)
Personnel Services	\$97,647,595	\$101,353,790	\$103,711,312	\$105,713,205	\$2,001,893
Contractual Services	19,349,144	16,354,207	16,797,111	13,741,299	(3,055,812)
Materials & Supplies	41,993,213	40,528,971	40,527,542	40,909,908	382,366
Capital Outlay	447,332	1,053,365	0	0	0
<b>Total Costs</b>	<b>\$159,437,284</b>	<b>\$159,290,332</b>	<b>\$161,035,965</b>	<b>\$160,364,412</b>	<b>(671,553)</b>

\*Does not include cash transfers, contingencies or unappropriated balances.

## Successes and Challenges

Our key successes this year position us for continued success in 2013. We have supported our goals for a healthy community by focusing resources on high risk populations and allocating funds to support evidence based best practices. Chronic diseases are among the most prevalent, costly, and preventable of all health problems. Both our clinical delivery system and our public health community engagement and policy activities have prioritized and refocused activities into a more comprehensive approach to prevention work in the community and in individual encounters. We have evaluated our work processes in light of innovation, equity, quality and community involvement. We began using Lean process improvement tools to eliminate duplication and non-value in our delivery systems and to assure transparency of results both to our employees and our clients. We have maintained and enhanced our role to conduct and disseminate assessments focused on population health in our county and designed to provide important information on understanding health status, recognizing emerging trends, identifying risk factors both personal and environmental to guide programs and policy decisions.

Challenges for the coming year can be summed up under the heading: designing a robust County structure to confront the changes in Federal and State transformation efforts around financing and service delivery of medical care and public health. While we do not know exactly what the changes will be, we do know we will be expected to design and deliver our services and policies in a way that integrates and consolidates interventions to increase health impact, health outcomes, streamline programs and enhance accountability. We anticipate an influx of need for new services as more people are covered and inadequate reimbursement limits community providers beyond safety net services.

ARRA awards have totaled \$11.2 million over the last three years. The stimulus funding added medical provider teams at Mid-County, East-County and La Clinica, which has increased access to services. Capital improvement funding paid for remodeling and equipment at Northeast, Westside and the HIV clinic. Equipment and software for our six pharmacies automated prescription tracking and dispensing in conjunction with our conversion to electronic patient records. ARRA funding covered start-up costs and now Medicaid revenue for the services we provide covers the ongoing cost in the medical and dental clinics.

Now with ARRA funding coming to an end, our budget is shrinking. Grant programs are ending, Medicaid match rates are increasing, and fees and General Fund must shoulder the cost of new investments.

### Diversity and Equity

Our departmental diversity and equity programs and activities contribute to the countywide diversity and equity goals. Diversity and equity are threaded throughout departmental values, strategic plan, and program practices and objectives. As an example, our budgeting process includes several program pilots for applying an equity lens when making budgeting decisions. Departmental values and strategic plan provide a framework and road map for our work. The explicit departmental values around diversity and equity pertain to both employees and the community we serve: 1) We honor the diversity of the individuals and communities we serve and value their differing approaches to health and well-being. 2) We value a diverse staff and believe our staff should be selected with care, treated with respect, held accountable for their performance, and encouraged in their personal growth. Our strategic plan listed above specifically addresses diversity in several objectives and explicitly in goal #2 to improve the health of our diverse communities.

A primary focus on diversity and equity is also present in the work of our Diversity and Quality Team (DQT), Health Equity Initiative (HEI) and our Building Partnership Across Difference Initiative (BPAD). The core mission of the DQT is to monitor the progress of the Health Department's strategies around diversity, quality and equity. The group monitors, measures and makes recommendations regarding departmental policies, programs and initiatives and supports the development of an increasingly competent departmental workforce. The mission of the HEI is to eliminate the root causes of racial and ethnic inequities. BPAD is an employee-focused initiative which combines the disciplines of leadership development and diversity. It provides an opportunity for employees to practice building diversity partnerships. It will help us to achieve our goal of reducing health disparities and propel us closer to our mission of "Healthy People in Healthy Communities."

### Budget by Division

Division Name	FY 2013 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$2,319,961	\$0	\$2,319,961	13.80
Community Health	19,721,362	24,742,401	44,463,763	268.14
Corrections Health	13,521,368	0	13,521,368	90.00
Health and Social Justice	2,531,768	2,000,150	4,531,918	29.60
Health Officer	4,098,139	1,220,683	5,318,822	27.46
Integrated Clinical Services	34,886,324	46,793,106	81,679,430	511.89
Business & Quality Services	<u>8,529,150</u>	<u>0</u>	<u>8,529,150</u>	<u>57.33</u>
<b>Total Health Department</b>	<b>\$85,608,072</b>	<b>\$74,756,340</b>	<b>\$160,364,412</b>	<b>998.22</b>

### Director's Office

The Health Department Director and Director's Office is responsible for providing leadership committed to the Health Department's vision of Healthy People in a Healthy Community; its mission is to ensure, promote and protect the health of Multnomah County residents; and to set its strategic direction to fulfill its mission.

The Director's Office leads and is responsible for a Department of more than 1,200 full and part time employees with more than \$160 million in State, County and Federally funded programs and services. The Director is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership.

The members of the Department Leadership Team report to the Health Department Director and are responsible for leading the six major Divisions in the Health Department: Business Services, Community Health Services, Corrections Health, Health and Social Justice, Integrated Clinical Services, and the office of the Tri-County Health Officer.

The leadership team is responsible for the provision of quality best practice services; strategic partnerships; leadership and direction for public health issues; assurance that financial commitments are met; continuous improvement of service delivery systems; public health emergency preparedness and maintenance of a diverse and qualified workforce with high job satisfaction.

### Significant Changes

The Oregon Health Policy Board chartered the Oregon Health System Transformation Team at the request of Governor Kitzhaber. In FY 2012 Health Transformation has and continues to be a major focus for the Director's Office. According to the Oregon Health Authority, the purpose of Oregon Health Transformation is "to improve the health delivery system for Oregon Health Plan and Medicaid clients. The plan focuses on coordinated mental, physical, behavioral, and oral health to free up dollars trapped in an inefficient system, increase focus on prevention, and improve care." We are working across County departments, counties and private organizations such as hospitals to prepare and position ourselves for the transformation.

In FY 2012, the Health Equity Program Manager was given a two year assignment in the Chairs Office under the Office of Diversity and Equity. The Program Manager will oversee the roll out of the countywide Equity Lens. The Health Equity Initiative program activities and associated staff remained in the Directors Office under the Deputy Director.

### Community Health Services

Community Health Services (CHS) addresses public health issues through direct services, initiatives, policy interventions, and community partnerships. Our focus is on health equity, prevention, and health promotion. There are seven program areas: 1) Communicable Disease Services fulfills our mandate to limit the spread of reportable communicable diseases through timely identification, investigation, and treatment of infectious disease. 2) The Community Wellness and Prevention Program forms community partnerships and implements policy strategies to create conditions where county residents can have better health and reduce the burden of chronic disease. 3) Early Childhood Services works to ensure that basic health and developmental needs of mothers, infants and young children are met through programs for high risk pregnant women and newborns. 4) The Women, Infants and Children (WIC) Program supports breast feeding and provides developmental screenings, referrals and supplemental nutrition to young families. 5) Environmental Health Services protects the safety of our county by providing health inspections of licensed facilities, controlling vector-borne disease, and assuring healthy indoor environments. 6) The STD/HIV/Hepatitis C Program addresses sexually transmitted disease and those living with the chronic illness associated with these infections. Their Adolescent Health Promotion program helps adolescents reduce participation in risky sexual activities while building healthy relationships. 7) The Community Epidemiology Services Program provides core Public Health services (epidemiology, informatics, communications, quality improvement) to all CHS programs.

### Significant Changes

The Early Childhood Services (ECS) program is positioning to respond to changes and opportunities coming with health system transformation (CCOs) and the expansion of patient-centered primary care medical homes. Services will include both evidence-based home visiting models focusing on interventions with first birth families, as well as more community-based services with a continued focus on health disparities. Significant reductions and changes in revenue streams will be addressed using alternate resources where possible. An example is the addition of 2.00 Healthy Start Family Support Workers focused on teens of color (funded through a new federal Home Visiting grant).

The Adolescent Health Promotion program has entered into a 3 year contract with NW Family Services to provide a Healthy Relationship curriculum to 3,000 high school students. This program is also receiving new federal funding to implement a Latina teen pregnancy prevention curriculum.

WIC has started a program that enlists pregnant WIC clients to participate in monthly group meetings facilitated by a trained Breast Feeding Peer Counselor. The goal is to significantly increase breast feeding duration.

Community Wellness and Prevention has funds through the "Communities Putting Prevention to Work" grant which will ramp down during FY 2013, resulting in program changes. The CPPW funding was meant to catalyze two years of intensive health promotion activities and job creation across the county. The program is working to maintain community partnerships and prevention activities addressing healthy active living despite reduced resources.

### Corrections Health

The Corrections Health program meets mandated standards that assure access to care, safeguards the health of those who are in detention and controls the legal risk to the County. A wide variety of health care services are in place to meet the urgent needs of detained adults in the Multnomah County Detention Center (MCDC) and the Multnomah County Inverness Jail (MCIJ) and youth in the Donald E. Long Home.

From first entering the jail at booking until being released or transferred to another jail, prison or US Marshal custody; professionally trained health care personnel provide around-the-clock health evaluation, illness identification and treatment services for over 38,000 adults a year. Over 60% have serious, unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal and major mental /behavioral illnesses. Communicable disease screening and isolation are key to keeping employees, visitors and detainees safe. Stabilizing health conditions allows detainees to participate in their legal cases, which is their right as a citizen.

At the juvenile facility, licensed nursing staff provides services 16 hours a day, including screening, symptom evaluation and treatment for over 2,000 youth per year. More than 35% of the youth are receiving mental health treatment including medications. Health promotion and sexually transmitted disease (STD) treatment are a focus for the youth to improve their health and lower the rate of STD transmission once they return to the community. Healthy transition from jail to the community is a focus of our work.

### Significant Changes

In FY 2013 Corrections Health plans to continue strengthening its focus on quality, efficiency, and cost containment. Efforts to support this work have been ongoing through FY 2012 (and prior). For example:

- During FY 2012, the Corrections Health program received a site survey and evaluation by the National Commission on Correctional Health Care (NCCHC) accreditation, a nationally recognized measure of quality health care delivery. Corrections Health received accreditation in March 2012.
- Corrections Health has successfully collaborated with the Sheriff's Office to conduct an 8 hour class for deputies on suicide prevention, as well as monthly joint meetings to discuss suicide prevention strategies employed at the jails.
- An implementation team was chartered to launch Electronic Health Records at both adult jail sites. The new electronic records will go-live before the end of 2012.
- Program staff are working closely with Community Health Partners, a utilization management service that was contracted with to help the program lower its cost of outside hospital and diagnostic services by managing outside appointments and monitoring claims.



### Health and Social Justice

The mission of the Office of Health and Social Justice (HSJ) is to increase departmental and community capacity to promote health, health equity and social justice. HSJ provides leadership in the use of health promotion tools and policies; designing, funding and implementing health programs; informing the community of the health status of Multnomah County residents and assuring accountability through program evaluation. HSJ addresses three broad areas of work: Health Assessment, Planning and Evaluation, Health Promotion and Community Capacity Building, and Program and Fund Development.

The combination of four HSJ program areas brings together expertise in health promotion and social justice, community health assessment, health impact assessment, policy analysis, fund and program development and program evaluation. Locating these programs together in the Director's Office allows for greater collaboration across disciplines and increases their ability to support and influence the organization across organizational boundaries.

### Significant Changes

During FY 2012, organizational changes within the Department resulted in a restructuring of the Health Equity Initiative. The Health Equity Initiative now sits under the Deputy Director. Though no longer a program within HSJ, the Health Equity Initiative remains within the Director's Office and collaboration with HSJ programs will continue.



### Health Officer

Oregon Revised Statutes (ORS) 431.418 require each local health department to employ or contract with a physician to serve as County Health Officer. The Office of the Health Officer provides physician consultation, technical direction and leadership to support public health activities and clinical services. The Health Officer is also responsible for these operating programs:

- Tri-County Health Officer (40002) provides public health physician consultation, technical direction, and leadership for Multnomah, Clackamas, and Washington counties. These activities focus on improving the consistency and quality of public health services in the Tri-County area.
- Emergency Medical Services (EMS) (40004) coordinates, regulates, and improves the quality of ambulance and other pre-hospital medical services for people experiencing a medical emergency, and provides physician medical direction to all EMS responders in the County.
- Public Health & Regional Health System Emergency Preparedness (40005) assure the Health Department and the community is prepared to manage the public health aspects of emergencies (e.g., disease investigation and mass vaccination), and that health care delivery providers in the six-county NW Oregon region are prepared to provide effective medical care in the face of emergencies with large and complex health impacts.
- Medical Examiner (40052) establishes the cause and manner of deaths which occur under specific circumstances in Multnomah County, notifying next of kin, and temporarily protecting the property of the deceased.

### Significant Changes

In FY 2013 budgeting for the Emergency Medical Services (EMS) Program will be moved to the County General Fund to meet revised accounting standards included in GASB 54. Franchise fees along with performance penalties (“fines”) levied against the ambulance contractor per provisions of the franchise agreement will both become part of the general fund. Work is ongoing to ensure that accounting methods produce the results contemplated in the contractual framework: a) ensuring that penalties retain their financial consequences for the contractor, and b) applying fine revenues to support EMS system enhancements.

### Integrated Clinical Services

Integrated Clinical Services (ICS) provides quality health services for people who experience barriers to accessing health care. Culturally appropriate clinical services provided by ICS link physical and behavioral health and social services for the poor, uninsured and homeless populations. Services include dental and medical care, disease management for chronic illness, specialized care for HIV positive individuals, behavioral health, family planning, prenatal care, and preventive services such as well child health care. Integrating these personal health care services provides clients with continuity of care; improves quality and operational efficiencies; and maximizes opportunities with grants and programs for special populations.

Clinical services are provided in seven primary care clinic sites. Oral health and prevention services provided through five dental clinics provide much needed access to dental care for children and adults. Thirteen School Based Health clinics (SBHCs) provide primary care services to adolescents in the schools and from surrounding community.

Integrated Clinical Services is well positioned to participate in health transformation efforts happening now in Oregon. The success of our Building Better Care initiative (the name of our patient centered medical home/quality improvement initiative) aligns with the framework adopted to improve quality and reduce costs. In 2012 Primary Care, Dental, SBHCs and Early Childhood services served approximately 69,700 people in 300,000 encounters.

### Significant Changes

In FY 2012 Primary Care was recognized by the Oregon Primary Care Association for excellence in service and programming developed to improve management of Chronic Diseases. Primary Care was certified by the Joint Commission (JCAHO) as a "Patient Centered Medical Home" and was recognized by the Oregon Health Authority as a Tier 3 Patient-Centered Primary Care Home, the highest achievement for person-centered primary care health centers in Oregon.

In an effort to provide additional supportive services to the homeless population, Westside Health Center is working with downtown providers to provide options for our clients to establish new medical homes at sites closer to where they live and offering more services (housing, A&D treatment, etc.).

The opening of two new clinics is planned for FY 2013. A new dental clinic located at Central City Concern will provide high quality, affordable urgent and comprehensive oral health services for low income individuals, and a primary care clinic at the Southeast Health Center will provide comprehensive, culturally competent services for residents of Southeast Portland.

Corrections Health received accreditation through the National Commission on Correctional Health Care. Corrections Health will also implement electronic medical records in an effort to reduce costs and improve quality. Dental clinics spent FY 2012 preparing for Electronic Dental Records and will implement a new system in FY 2013.

### Business and Quality Services

The Division of Business and Quality Services includes Workforce Development, Human Resources, and Training services for more than 1,200 full/part time permanent and temporary employees. The Budget, Accounting, Financial and Contracting services manage all financial activity for a \$160 million organization. They are liaisons for the Department with the Department of County Management, coordinating the provision of services such as IT, Facilities and Fleet services.

Workforce Development, Human Resources and Training is committed to meeting customer needs by providing guidance and consultation in the areas of administrative procedures, recruitment, employee/labor management issues, management competency, labor contract interpretation, and legal compliance. This is achieved by applying business best practices; being proactive and collaborative with key stakeholders, partners, and having reliable data and information to measure results and quality performance.

Business Services - Accounts Payable, Contracts and Purchasing Services and Support teams along with the Accounting, Financial, and Medical Billing teams, are responsible for providing all payments, grant accounting, budget development and monitoring, medical billing and client collection services for the Health Department. We strive to do this in a manner which supports and advances the strategic initiatives and mission of the Department and County.

### Significant Changes

The Business Services Accounting, Financial and Medical Billing services structure and staffing have not changed significantly for FY 2013. Human Resources and Training have a small increase in limited duration positions in response to an increased demand for staffing to support achieving departmental performance standards and meeting Public Health accreditation standards, which includes assuring a technically and culturally competent public health workforce.

Business and Quality is poised to quickly respond once State and Federal reform, Medicaid transformation and the Early Childhood system redesigns begin to take shape. These initiatives will have a significant impact on how we obtain compensation for our services, how we document and substantiate those services, our contractual relationships with other systems, and what type, classification and training the Department will need to staff the new model.

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The following table shows the programs by division that make up the departments total budget. The individual programs follow in numerical order.

Prog. #	Program Name	FY 2013 General Fund	Other Funds	Total Cost	FTE
<b>Director's Office</b>					
40000	Health Department Leadership Team	\$1,631,435	\$0	\$1,631,435	7.00
40003	Health Department Leadership Administrative Support	688,526	0	688,526	6.80
<b>Community Health</b>					
40007	Health Inspections & Education	3,347,801	22,715	3,370,516	26.70
40008	Vector-Borne Disease Prevention and Code Enforcement	1,316,689	0	1,316,689	10.50
40009	Vital Records	2,181	631,622	633,803	5.70
40010	Communicable Disease Prevention and Control	2,284,250	1,253,748	3,537,998	28.18
40011	STD/HIV/Hep C Community Prevention Program	2,671,548	1,177,725	3,849,273	24.95
40012	Services for Persons Living with HIV	402,589	6,325,574	6,728,163	29.16
40013A	Early Childhood Home Based Services	3,697,347	3,314,780	7,012,127	32.95
40013B	Early Childhood Home and Community Based Services	2,587,223	2,487,448	5,074,671	31.80
40014	Immunizations	199,784	3,876,336	4,076,120	3.85
40015	Lead Poisoning Prevention	21,101	137,000	158,101	0.90
40018	Women, Infants and Children (WIC)	1,238,406	3,140,831	4,379,237	40.55
40025	Adolescent Health Promotion	298,936	396,206	695,142	6.55
40037	Environmental Health Education, Outreach & Housing	632,053	604,794	1,236,847	7.95
40047	Community Wellness and Prevention	419,667	1,373,622	1,793,289	14.00
40048	Community Epidemiology	601,787	0	601,787	4.40

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Prog. #	Program Name	FY 2013 General Fund	Other Funds	Total Cost	FTE
<b>Corrections Health</b>					
40049	Corrections Health Juvenile Detention, Admissions and Housing	811,336	0	811,336	4.70
40050A	Corrections Health MCDC	3,457,386	0	3,457,386	23.70
40050B	Corrections Health MCDC Clinical Services and 4th Flr Housing	2,933,553	0	2,933,553	16.40
40050C	Corrections Health MCDC Housing Floor 5, 6, 7 & 8	1,416,748	0	1,416,748	11.40
40051A	Corrections Health MCIJ Base Services and Clinical Services	2,324,232	0	2,324,232	15.70
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,316,105	0	1,316,105	10.10
40051C	Corrections Health MCIJ Dorms 12-18 Including Infirmary	1,262,008	0	1,262,008	8.00
<b>Health and Social Justice</b>					
40035	Health Assessment, Planning and Evaluation	1,492,984	1,732,150	3,225,134	18.90
40038	Health Promotion & Community Capacity Building	613,366	268,000	881,366	6.80
40045	Health Equity Initiative (Racial Justice Focus)	425,418	0	425,418	3.90
<b>Health Officer</b>					
40002	Tri-County Health Officer	234,530	375,000	609,530	2.80
40004	Ambulance Services (EMS)	1,814,776	0	1,814,776	5.40
40005	Public Health and Regional Health Systems Emergency	0	727,451	727,451	4.60
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	1,031,318	118,232	1,149,550	5.46
40052A	Medical Examiner's Office	943,995	0	943,995	9.00
40052B	Medical Examiner	73,520	0	73,520	0.20

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Prog. #	Program Name	FY 2013 General Fund	Other Funds	Total Cost	FTE
<b>Integrated Clinical Services</b>					
40016	Medicaid/Medicare Eligibility	289,432	1,022,277	1,311,709	13.40
40017A	Dental Services	7,385,412	6,767,717	14,153,129	93.85
40017B	Dental Services -- Downtown Dental	524,023	236,965	760,988	5.70
40019	North Portland Health Clinic	1,864,919	2,382,123	4,247,042	29.40
40020	Northeast Health Clinic	2,607,838	3,118,355	5,726,193	39.60
40021	Westside Health Clinic	648,889	1,429,006	2,077,895	6.98
40022	Mid County Health Clinic	5,556,121	5,138,943	10,695,064	70.20
40023	East County Health Clinic	4,864,552	4,323,580	9,188,132	63.10
40024	School Based Health Centers	3,346,446	2,239,363	5,585,809	34.89
40026	La Clinica de Buena Salud	737,587	1,164,973	1,902,560	11.40
40027	Southeast Health Clinic	856,558	461,725	1,318,283	9.12
40029	Rockwood Community Health Clinic	1,809,598	2,366,034	4,175,632	29.90
40031	Pharmacy	0	13,183,400	13,183,400	44.25
40032	Lab, X-Ray and Medical Records	3,028,699	0	3,028,699	27.60
40033	Primary Care and Dental Access and Referral	650,838	588,240	1,239,078	11.50
40034	Quality Assurance	475,820	2,370,405	2,846,225	19.70
40036	Community Health Council and Civic Governance	239,592	0	239,592	1.30
<b>Business and Quality Services</b>					
40039	Business and Quality - Human Resources and Training	2,280,243	0	2,280,243	17.23
40040	Business and Quality - Accounting and Financial Services	3,178,333	0	3,178,333	27.10
40041	Business and Quality - Medical Billing	<u>3,070,574</u>	<u>0</u>	<u>3,070,574</u>	<u>13.00</u>
<b>Total Health Department</b>		<b>\$85,608,072</b>	<b>\$74,756,340</b>	<b>\$160,364,412</b>	<b>998.22</b>

**Lead Agency:** Health Department

**Program Contact:** SHIRLEY Lillian

**Program Offer Type:** Administration

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Members of the Health Department's Leadership Team are the Department Director, Deputy Director, the Health Officer, Directors of Business Services, Human Resources & Workforce Development, Health and Social Justice, Community Health Services, Public Health & Community Initiatives, Integrated Clinical Services, and the Director of Nursing Practice.

### Program Description

DLT is responsible for systems-based integration of health services and operations to provide quality best practice services; strategic partnerships; leadership and direction for public health issues; assurance that financial commitments are met; continuous improvement of service delivery systems; public health emergency preparedness and maintenance of a diverse and qualified workforce with high job satisfaction. The Director's Office is responsible for leadership committed to the Health Department's mission, vision, values and strategic objectives and is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership. The Health and Social Justice Director is responsible for partnerships which support health disparity reductions and creates links within community systems. The Director supervises programs that provide best practices and timely health information and education to County, communities, policy makers and citizens. The Community Health Services (CHS) Director supervises communicable and environmentally influenced disease programs and services for families with young children and Oregon Health Plan enrollment, and is responsible for partnerships with CDC, State, Conference of Local Health Officials, businesses and citizens. The Senior Advisor of Public Health and Community Initiatives oversees efforts related to developing, implementing, monitoring and maintaining policies that support outreach and delivery of culturally appropriate services, and coordinates with programs that work cross functionally to support the health prevention needs of all communities, and evaluates the quality of services and the impact of policy changes on community perception. The Integrated Clinical Services (ICS) Director is responsible for developing and maintaining strategic external (hospital systems, health insurance systems, state, and community) and internal partnerships; providing leadership for the efficient and cost-effective performance of a complex integrated clinical delivery system; and working with community, state and federal agencies to ensure access to high quality clinical care.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Increased access to Health Dept. services as measured by # of clients served.	157,483	177,600	177,600	177,600
Outcome	Annual Federal and State resources \$ leveraged for services.	109,000,000	105,000,000	103,000,000	102,000,000
Output	Number of business related/professional "all staff" Dept communications	84	55	85	85

### Performance Measure - Description

Our ability to serve increasing numbers of uninsured clients is dependent on the availability of general fund or grant revenue to cover the cost of their care.

Note: 4REAL federal grant funding ended in Sept. 2010. This led to a drop of 13,732 clients seen in the Adolescent Health Program for FY 2011. The Dental Education program also had a decrease. However, with the re-opening of the Southeast Health Center, the addition of provider teams at Rockwood and Mid-County Health Centers, and the restructuring of the 4REAL program including three year contract funding from Northwest Family Services will most likely result in an overall increase in the number of clients served by the Health Department.

Business related/professional "all staff" Dept communications = Notes from the Director, brown bags, all health emails.



### Legal/Contractual Obligation

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,138,510	\$0	\$1,162,160	\$0
Contracts	\$108,596	\$0	\$89,300	\$0
Materials & Supplies	\$232,637	\$0	\$231,845	\$0
Internal Services	\$143,375	\$0	\$148,130	\$0
Total GF/non-GF:	<b>\$1,623,118</b>	<b>\$0</b>	<b>\$1,631,435</b>	<b>\$0</b>
Program Total:	<b>\$1,623,118</b>		<b>\$1,631,435</b>	
Program FTE	7.00	0.00	7.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Explanation of Revenues

Health Department Leadership Team is funded with \$723,925 county general fund and \$907,510 county general fund indirect revenue.

### Significant Program Changes

Last year this program was: #40000, Health Department Leadership Team

**Lead Agency:** Health Department

**Program Contact:** OXMAN Gary L

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Office of the Tri-County Health Officer provides public health physician consultation, medical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to:

- (1) Improve the consistency and quality of public health services in the three counties,
- (2) Increase learning and collaboration across the counties, and
- (3) Improve the quality, efficiency and effectiveness of health officer services, both as a region and for individual counties.

### Program Description

The Tri-County Health Officer Program (TCHO) provides medical consultation, technical counsel, and leadership by three public health physicians to Multnomah, Clackamas and Washington County Health Departments and their respective community partners. Historically, each of the three counties employed or contracted with an individual to serve as County Health Officer. Through IGA's with Clackamas and Washington county health departments, the TCHO is better able to provide high quality health officer services, and maximize the departments' relatively small amount of public health physician resources more effectively and efficiently. In Multnomah County for example, the TCHO: (1) participates in enforcement of public health laws; (2) supervises select public health programs; (3) works with department staff, other county agencies, and community groups to manage critical public health problems; and, (4) participates in department administration.

The program supports Multnomah County Health Department's goals (i.e. goal #3) by providing effective and accountable local public health practice leadership and medical direction that result in quality clinical and health promotion programs. In the current fiscal year, through the joint efforts of the TCHO, health officer program staff were able to provide leadership on chronic disease prevention programs, address issues of communicable disease control, and advise county and department staff on individual case management for communicable diseases.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Contract deliverables are met by the end of fiscal year.	85.0%	85.0%	90.0%	90.0%
Outcome	County stakeholders express satisfaction in program delivery and results.	90.0%	90.0%	98.0%	98.0%

### Performance Measure - Description

The satisfaction of key customers with Health Officer services is a critical measure of program success. The TCHO program team meets monthly with stakeholders, both health department administrators and public health staff, and provide regular updates to health department administrators on the progress of workplan deliverables. Department administrators meet regularly with health officers to provide feedback on service delivery, program satisfaction, and progress of individual workplan items.

The TCHO program assures completion of agreed-upon deliverables. Contract deliverables for FY13 will be negotiated and finalized by July 1, 2012. These will provide guidance for work priorities and program activities.

### Legal/Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. IGA's with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide, as well as expected outcomes and evaluation measures.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$253,069	\$297,548	\$210,858	\$326,605
Contracts	\$3,500	\$0	\$3,334	\$0
Materials & Supplies	\$6,764	\$12,569	\$5,648	\$6,512
Internal Services	\$31,076	\$37,401	\$14,690	\$41,883
Total GF/non-GF:	<b>\$294,409</b>	<b>\$347,518</b>	<b>\$234,530</b>	<b>\$375,000</b>
Program Total:	<b>\$641,927</b>		<b>\$609,530</b>	
Program FTE	1.00	1.90	0.80	2.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$20,764	\$0	\$23,259	\$0
Intergovernmental	\$0	\$347,518	\$0	\$375,000
<b>Total Revenue:</b>	<b>\$20,764</b>	<b>\$347,518</b>	<b>\$23,259</b>	<b>\$375,000</b>

### Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through IGA's with Multnomah County. These IGA's are revenue agreements. Contractual revenues of \$375,000 (FY12-13) cover the full cost to provide services to Clackamas and Washington counties. Multnomah County General Funds of \$234,530 cover the cost to provide services in Multnomah County.

### Significant Program Changes

Last year this program was: #40002, Tri-County Health Officer

**Lead Agency:** Health Department

**Program Contact:** SHIRLEY Lillian

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

This program pools administrative support to the Department's senior leadership team under one supervisor, so staff and resources can be shared and responsive.

### Program Description

By coordinating workloads and cross-training, this team reduces duplication of effort and increases effectiveness of administrative support to leaders and program staff. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, minutes and project support for the Department Director, Deputy Director, Director of Nursing Practice, Public Health and Community Initiatives Executive Advisor, Health Officer, Health and Social Justice Program Manager Senior, Community Health Services Program Manager Senior, Business Services Program Manager Senior and their managers. Team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor. This program offer supports the Health Department's Leadership Team's ability to achieve accountability, to manage resources and service delivery costs effectively, to evaluate and streamline delivery of service and County operations, and to provide reliable information for decision making, improving and reporting results.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	% of projects completed on time with an error rate not to exceed 3%.	90	88	90	90
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	6	8	8

### Performance Measure - Description

Survey of Department Leadership members conducted at end of fiscal year will meet or exceed 8 (on a scale of 1-10).

**Legal/Contractual Obligation****Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$594,674	\$0	\$501,034	\$0
Contracts	\$10,146	\$0	\$65,000	\$0
Materials & Supplies	\$51,081	\$0	\$51,541	\$0
Internal Services	\$55,358	\$0	\$70,951	\$0
Total GF/non-GF:	<b>\$711,259</b>	<b>\$0</b>	<b>\$688,526</b>	<b>\$0</b>
Program Total:	<b>\$711,259</b>		<b>\$688,526</b>	
Program FTE	7.80	0.00	6.80	0.00
<b>Program Revenues</b>				
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

Health Department Leadership Administrative Support is funded by \$305,523 county general fund and \$383,000 county general fund indirect revenue.

**Significant Program Changes**

**Last year this program was:** #40003, Health Department Leadership Administrative Support

The decrease in FTE is the result of a transfer of an 1.0 FTE Administrative Specialist to Business Services. Contractual expenditures were increased for strategic planning.

**Lead Agency:** Health Department

**Program Contact:** Darrell Knott

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Emergency Medical Services (EMS), plans, regulates, coordinates, and provides medical supervision and quality assurance for all pre-hospital emergency care provided by an exclusive ambulance contractor and the fire departments in the County.

### Program Description

The EMS program has five major functions: 1) The emergency ambulance contract: Emergency ambulance service is provided through an exclusive franchise agreement with a single ambulance company. This is a performance contract; the EMS program administers the contract and assures that performance criteria are met. 2) Medical supervision: The EMS Medical Director supervises all medical care provided by 911 dispatchers, paramedics, EMTs and first responders. Immediate medical advice for responders is provided via radio by OHSU under the supervision of the EMS Medical Director. 3) Quality of Service: MCEMS defines the quality of emergency medical services provided to the citizens of Multnomah County). Components of quality include: (a)the types of emergency medical response, (b)the configuration of the response, (c)the timing of the response, (d)the integration with other health services (i.e. hospitals/ primary care providers).

MCEMS uses the process of Continuous Quality Improvement (CQI) to monitor the quality of service: The EMS Program coordinates a data-driven approach to improve the EMS system service quality. The program gathers, maintains, and analyzes data on patient care and outcomes necessary for the CQI process. Results are used for planning, improving operations and the quality of pre-hospital patient care. 4) The EMS program regulates all ambulance business in the County in accordance with the ambulance ordinance, MCC 21.400. This includes licensing, inspections, review of operations, and supervision of medical care. 5) Coordination of medical first response and medical dispatch: 9-1-1 Dispatch is provided by the City of Portland Bureau of Emergency Communication. The Fire departments of Portland and Gresham, Portland International Airport and volunteer fire districts throughout the County provide first response.

MCEMS coordinates medical supervision, medical protocols, public safety medical communications, major event planning, and medical equipment specifications. The Program's visibility within public safety contributes to citizens feeling safe. The EMS Program ensures that timely medical response is available to all County residents and visitors experiencing a medical emergency. The program emphasizes collaborative coordination of services provided by multiple public and private agencies.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Ambulance response times - 8 min. 90% of calls	90.1%	90.0%	89.8%	90.0%
Outcome	Cardiac arrest survival to hospital	28.0%	35.0%	31.0%	32.0%
Quality	Cardiac arrest survival to hospital discharge	14.5%	12.0%	11.0%	10.0%

### Performance Measure - Description

The major contract performance measure is the percentage of urban emergency calls in which the ambulance arrives on scene in 8:00 minutes or less. The method for computing this percentage has changed, potentially resulting in a figure of <90.0% even when the ambulance provider meets contract requirements.

One of the best and most common measurements for EMS medical quality measures is the use of outcomes of patients presenting in cardiac arrest. Cardiac arrest survival demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. It requires an integrated response system to achieve good patient outcomes including access to 911, bystander CPR, timely first response and EMS transport, and effective hospital resuscitation. This single benchmark is one of the best measurements of the overall quality and integration of the EMS system in the community and the health system. These medical outcomes are benchmarked against other communities. Current year estimates of cardiac arrest survival are best estimates with the data available.

"Cardiac arrest survival to hospital discharge" data was previously obtained from the Resuscitation Outcome Consortium study. For logistical reasons, Multnomah County EMS (MCEMS) no longer participates in the ROC study, and thus does not have ROC data. MCEMS has obtained preliminary data directly from hospitals. This data is incomplete but was used for estimation of the current year (FY11-12) hospital discharge outcomes.

## Legal/Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. It is the County's choice as to how much to invest to achieve this mandate.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$674,327	\$728,573	\$0
Contracts	\$0	\$693,875	\$737,363	\$0
Materials & Supplies	\$0	\$205,064	\$270,295	\$0
Internal Services	\$0	\$218,586	\$78,545	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$1,791,852</b>	<b>\$1,814,776</b>	<b>\$0</b>
Program Total:	<b>\$1,791,852</b>		<b>\$1,814,776</b>	
Program FTE	0.00	5.20	5.40	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$107,008	\$0	\$0	\$0
Fees, Permits & Charges	\$0	\$957,681	\$975,486	\$0
Intergovernmental	\$0	\$562,000	\$612,290	\$0
Other / Miscellaneous	\$0	\$272,171	\$227,000	\$0
<b>Total Revenue:</b>	<b>\$107,008</b>	<b>\$1,791,852</b>	<b>\$1,814,776</b>	<b>\$0</b>

## Explanation of Revenues

All costs of the program are recovered from licenses, fees and reimbursement for supplies and training for other jurisdictions. The fees are established and collected through revenue agreements with American Medical Response (AMR) and other jurisdictions in Multnomah County. The fines fund system improvements for EMS providers.

Ambulance licenses: \$28,500

Franchise Fee: \$846,986

Supply and joint training reimbursements: \$839,290

Fines: \$100,000

## Significant Program Changes

Last year this program was: #40004, Ambulance Services (EMS)



**Lead Agency:** Health Department

**Program Contact:** OXMAN Gary L

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

### Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts requires multi-agency, multijurisdictional, and public/private sector collaboration. Two Health Department programs contribute to this: 1) Public Health Preparedness assures that we can carry out the County's unique public health responsibilities in an emergency; 2) Regional Health System Emergency Preparedness assures that hospitals and other health care providers in the 6-county NW Oregon region have a proven capacity to care for victims of large scale emergencies. Both programs apply the National Incident Management System (NIMS) framework and coordinate with the County's Office of Emergency Management.

### Program Description

Responding to emergencies with severe health impacts (e.g., natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs, and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) a trained and exercised Health Department Incident Management Team; 3) exercises to test and refine plans and capacities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts). The Advanced Practice Center (APC) project continues to refine its national benchmarks for just-in-time staff training for mass prophylaxis and disease investigation operations by updating complementary APC tools. Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties, and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs utilize coordination and collaboration to develop effective governmental and private sector health response capacities in the county and region. This program offer relates to the Climate Action Plan items 17-1, 17-2, and 17-3 specifically as it relates to piloting a new CDC State PH-Hazard Vulnerability Assessment related to climate change, and as a key stakeholder in adaptation planning. Minimum resources are available for this participation.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of Incident Mgmt team members trained & annually exercised	90	240	220	240
Outcome	Score on Centers for Disease Control's technical assistance review	90.0%	90.0%	98.0%	90.0%
Outcome	Improved health emergency response	100.0%	95.0%	95.0%	95.0%
Quality	Program satisfaction	100.0%	95.0%	95.0%	95.0%

### Performance Measure - Description

- 1) Output: # of Incident Mgmt team members trained & annually exercised (team expanded from ~90 to 240).
- 2) Outcome: Score on Centers for Disease Control's technical assistance review.
- 3) Outcome: Regional stakeholders expressing program has improved health emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities based on Likert scale.

## Legal/Contractual Obligation

ORS 431 and 433 empower the County and Health Department to supervise matters related to preserving the life and health of the people of the County. An IGA with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A contract with the National Association of County and City Health Officials (NACCHO) specifies requirements for the APC project. A separate IGA with Oregon Health Authority guides regional health system preparedness goals and activities supported with federal US Dept. of Health and Human Services funds. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$651,359	\$0	\$529,313
Contracts	\$0	\$5,500	\$0	\$23,459
Materials & Supplies	\$0	\$37,209	\$0	\$24,322
Internal Services	\$0	\$158,044	\$0	\$150,357
Total GF/non-GF:	<b>\$0</b>	<b>\$852,112</b>	<b>\$0</b>	<b>\$727,451</b>
Program Total:	<b>\$852,112</b>		<b>\$727,451</b>	
Program FTE	0.00	6.26	0.00	4.60
<b>Program Revenues</b>				
Indirect for dep't Admin	\$51,025	\$0	\$45,118	\$0
Intergovernmental	\$0	\$852,112	\$0	\$727,451
<b>Total Revenue:</b>	<b>\$51,025</b>	<b>\$852,112</b>	<b>\$45,118</b>	<b>\$727,451</b>

## Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via Oregon DHS. Additional funds from the CDC are passed through to Multnomah County from NACCHO to support the APC project; the project may not be funded beyond September 2012. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority.

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$346,400  
NACCHO Medical Reserve Corp and Advance Practice Center: \$85,694  
State Health Preparedness: \$295,357

## Significant Program Changes

**Last year this program was:** #40005, Public Health and Regional Health Systems Emergency

The three year Advanced Practice Center (APC) grant is ending September 30, 2012, resulting in the reduction in FTE and other revenue in this program offer. This grant funded the development of public health preparedness tools for some 2,500 local health authorities. The department was one of only eight APCs in the nation and acted as a laboratory for the development of public health tools. We will continue to reap the benefits of this investment even after the grant ends.

**Lead Agency:** Health Department

**Program Contact:** WICKHAM Lila A

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

This fee-supported program reduces risk to County residents and visitors from disease and injury by investigating food and waterborne disease, educating the public about food safety, and performing routine inspections of licensed facilities (restaurants, swimming pools, hotels, child care centers, adult foster care, correctional facilities and small public drinking water systems). The Inspections Program received an outstanding rating during its 2011 Triennial review.

### Program Description

**Inspected Facilities:** The Health Inspections program has responsibility for assuring the health and safety in 4,083 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive more than one inspection per year. **Swimming pools & spas:** The program inspects and licenses 559 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to pool operators (i.e. the recently adopted Virginia Graeme Baker Pool and Spa Safety Act will require increased education with pool and spa operators to facilitate compliance). **Schools, Child and Adult Foster Care Facilities:** The program inspects 507 schools, childcare centers, and other service providers to ensure they handle food properly, are clean and are free of health and safety hazards. **Drinking Water Systems:** Inspected to ensure they are properly maintained and meet EPA water quality standards. **Food Borne Illness Outbreaks:** Registered Environmental Health Specialists respond to and investigate local Food Borne Illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. Multnomah County has significantly less food borne illness outbreaks than other counties. **Food Handler Training and Certification:** Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 7,000 facilities. A monthly newsletter is electronically distributed to food operators.

This legally mandated program protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving safety in the work place and reducing unintentional injuries as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the program functions.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of licenses issue	7,250	6,858	7,422	8,100
Outcome	Critical violations per year	5,894	6,275	5,978	5,900
Output	Facility inspections	14,492	14,310	15,500	14,900
Output	Total number certified Food Workers eligible for employment	14,825	15,401	14,035	13,800

### Performance Measure - Description

**Output:** Licenses issued excludes facilities inspected but not licensed (ie. schools, day care centers, etc.). The measure is designed to evaluate trend facilities licensed annually. Licenses directly reflect program workload.

**Outcome:** Critical violations are items noted during inspections that can directly affect the health and well being of the consumer, leading to elevated food safety risk and requiring immediate correction.

**Output:** Facilities (e.g. restaurants, mobile units, vending machines, temporary event units, schools, child-care facilities, tourist accommodations, surveillances) inspected on-site.

**Output:** This number reflects the number of people who completed certification in the given year. The certificate is a three-year certificate and makes food workers employable in the food industry. On-line and on-site Food Handler training and testing provides food workers with knowledge about preventing disease transmission to food consumers. Decrease in number of Food Handlers certified is primarily a result of the economic downturn, and are expected to recover.

## Legal/Contractual Obligation

Legal mandates are 2009, FDA Food Code; 2012, OR Food Sanitation Rules; ORS Chapt. 30.890 (gleaning); ORS Chapt. 624; ORS Chapt. 448; MCC 21.612 (license fees); MCC Chapt. 5; MCC Chapt. 21 (Civil Penalty Ordinance); OR Dept. of Education Division 51 (Schools); OARS 581-051-0305; OARS Chapt. 333 (Licensed Programs); ORS 183 (Civil Penalty), ORS 164 (Food); ORS 700 (EHS License); ORS 414 (Childcare). OARS 333-018 Communicable Disease and Reporting 333-019 Communicable Disease Control.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$2,464,175	\$20,698	\$2,545,106	\$20,700
Contracts	\$217,482	\$0	\$177,963	\$0
Materials & Supplies	\$105,075	\$131	\$164,642	\$172
Internal Services	\$431,804	\$1,885	\$460,090	\$1,843
Total GF/non-GF:	<b>\$3,218,536</b>	<b>\$22,714</b>	<b>\$3,347,801</b>	<b>\$22,715</b>
Program Total:	<b>\$3,241,250</b>		<b>\$3,370,516</b>	
Program FTE	26.35	0.00	26.50	0.20
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,357	\$0	\$1,409	\$0
Fees, Permits & Charges	\$3,114,786	\$0	\$3,253,712	\$0
Intergovernmental	\$0	\$22,714	\$0	\$22,715
<b>Total Revenue:</b>	<b>\$3,116,143</b>	<b>\$22,714</b>	<b>\$3,255,121</b>	<b>\$22,715</b>

## Explanation of Revenues

The Health Inspections and Education program is funded by inspections fees set by ordinance, (Chapter 21 MC Ordinance 08-140): The fees for services provided to the public shall be based generally on the cost of providing the services. In April 19 2012, the Board of County Commissioners adopted Resolution 2012-040 amending fees and charges.

Fed/State Drinking Water grant: \$22,715  
Food Handler Fees: \$133,131  
Inspection Fees: \$3,214,670

## Significant Program Changes

**Last year this program was:** #40007, Health Inspections & Education

#40007 Health Inspection and Education

FDA 2009, Food Code projected to be implemented July 1, 2012. Significant rule changes may impact number of 'Critical Violations' outcome. Changes to Temporary Restaurant rules, as a result of HB2868, may impact 'Number of licenses issued' outcome.

**Lead Agency:** Health Department

**Program Contact:** WIRTH Chris M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

### Executive Summary

Program protects the public from emerging and imminent vector-borne diseases and reduces the social/economic impact of uncontained outbreaks. Vector-borne diseases are transmitted from animal to humans. The major emerging diseases are vector borne (WNV, avian influenza, SARS). Current analysis of evidence shows that environmental indicators such as dead birds predict the prevalence of human cases of West Nile virus in a community. Climate changes in the NW, such as warming winter temperatures, increase in rainfall, and urban landscape management will increase the risk of vector-borne diseases. Intervention strategies include surveillance, analysis, proactive control/abatement of rodent and mosquito populations and public education. Program includes enforcement of nuisance codes. The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

### Program Description

**Objectives:** Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector borne disease such as H1N1 and West Nile Virus. Perform laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size. Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitat. Educate the average citizen and vulnerable people about preventing vectors and their habitat through community meetings, pamphlets and the media. **COMPONENTS:** Mosquito Control – majority of funds/staffing. Rodent Control - primary service provider for rodent control countywide. Nuisance Code Enforcement – addresses public health code violations, esp. restaurant enforcement, dumping and harboring unspecified animals (e.g., bees, livestock, and birds).

Multnomah County (MC) climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in MC in the 1930's when malaria was endemic. Although no WNV cases occurred in MC in 2011, two counties in Oregon reported five cases of infected mosquitoes and horses. This is an increase of three since last year. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A current survey in the MC rat population is showing Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

This program offer supports the climate action plan for work done in surveying mosquito populations for emerging vectorborne diseases that are related to changes in our climate. Vector Control is able to minimally support adaptation assessment and planning as a key stakeholder. Action items: 17-1, 17-2, 17-3.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of acres treated for mosquitoes	1,043	4,000	4,000	3,700
Outcome	Mosquitoes prevented (In billions)	5	20	20	19
Efficiency	Number of acres treated for mosquitoes per FTE	190	800	800	740
Output	Number of rodent inspections conducted	881	925	845	845

### Performance Measure - Description

Output: 1) Total acreage where mosquito suppression activities occurred and is subject to variance in weather patterns, seasonal flooding, characteristics, presence/absence of disease.

Outcome: 2) Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water X number of acres treated estimates mosquitoes prevented (to nearest whole number).

Efficiency: 3) Total acreage treated per one FTE.

Output: 4) On-site inspections stemming from rodent complaints (i.e. rat in toilet received). Measures were refined to reflect industry standards.

## Legal/Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968, Agreement City of Portland and Multnomah County – Title 13 and Title 8; 6 contractual mandates include grants, contracts, Federal, regional and local mandates.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2012	2012	2013	2013
Personnel	\$945,832	\$0	\$957,761	\$0
Contracts	\$66,350	\$0	\$61,350	\$0
Materials & Supplies	\$112,712	\$11,004	\$124,840	\$0
Internal Services	\$193,413	\$996	\$172,738	\$0
Total GF/non-GF:	<b>\$1,318,307</b>	<b>\$12,000</b>	<b>\$1,316,689</b>	<b>\$0</b>
Program Total:	<b>\$1,330,307</b>		<b>\$1,316,689</b>	
Program FTE	10.65	0.00	10.50	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$717	\$0	\$0	\$0
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Intergovernmental	\$235,166	\$12,000	\$235,166	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Total Revenue:	<b>\$237,383</b>	<b>\$12,000</b>	<b>\$236,666</b>	<b>\$0</b>

## Explanation of Revenues

Vector-borne Disease Prevention and Code Enforcement is funded by county general fund as well as with revenue from intergovernmental agreements with the City of Portland and other local and state jurisdictions that is recognized in the general fund.

County General Fund: \$1,080,023

City of Portland Bureau of Environmental Services: \$224,000

Oregon Zoo: \$5,000

Oregon Department of Transportation: \$2,500

City of Durham: \$2,166

City of Maywood Park: \$1,500

Fees from permits & fines: \$1,500

## Significant Program Changes

**Last year this program was:** #40008, Vector-Borne Disease Prevention and Code Enforcement

Enforcement of MCC order #2011-129 regarding the restriction or sale of reusable beverage containers made from plastics containing Bisphenol A in Multnomah County.



**Lead Agency:** Health Department

**Program Contact:** WICKHAM Lila A

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Vital Records is a legislatively mandated, fee supported program that produces birth and death certificates in accordance with federal and state statutes to maintain the integrity and accuracy of birth and death information. The information is analyzed to provide essential public health information that is used to plan prevention and intervention activities for positive health outcomes. An example of an analytical function of vital records is the ability to identify high risk groups for influenza and pneumonia deaths so that scarce resources (influenza vaccine) can be provided to the people at greatest risk of death, resulting in fewer deaths. The program received high marks on a state triennial evaluation which assesses the quality and accountability of the program.

### Program Description

Birth and Death Certification: Multnomah County is responsible for issuing birth and death certificates within the first six months after the birth or death, and within 24-hours of receipt of a request for certificate. Death certificates can be issued to family members, legal representatives, governmental agencies, or to the person or agency with personal or property rights. Birth records can be released to immediate family including grandparents, parents, brothers/sisters, legal representatives or governmental agencies. Employees working in this program must be registered with the state to assure competency. An electronic birth and death data certification model was implemented requiring a significant increase in individual education with community partners.

The Vital Records Program addresses the Accountability strategy of providing reliable information for decision-making in public health. Populations at risk for poor health outcomes are identified for the provision of proactive interventions. For example: Pregnant women were identified as being at great risk for death from H1N1 influenza by reviewing hospitalization data and death certificates. As a result physicians and clinical services providing care to pregnant women were prioritized for receipt of vaccine averting deaths in this high risk population. Vital Records assures accurate, timely and confidential registration of birth and death events minimizing the opportunity for identity theft and assuring accurate record of cause of death and the identification of parents of the born child.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of birth and death certificates issued	39,980	40,095	39,381	40,715
Outcome		0	0	0	0
Efficiency	Average number of days to issue error free certificate	1	1	1	1

### Performance Measure - Description

- 1) Certificates issued: Measures program volume.
- 2) Days to issue: Measures rapidity of issuance process. The 24-hour timeframe from receipt to issuance is mandatory.



## Legal/Contractual Obligation

Legal mandates are ORS 97, 146, 432; OAR 830 and 333.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$495,071	\$0	\$485,608
Contracts	\$0	\$16,478	\$0	\$20,725
Materials & Supplies	\$0	\$23,977	\$0	\$20,162
Internal Services	\$0	\$101,983	\$2,181	\$105,127
Total GF/non-GF:	<b>\$0</b>	<b>\$637,509</b>	<b>\$2,181</b>	<b>\$631,622</b>
Program Total:	<b>\$637,509</b>		<b>\$633,803</b>	
Program FTE	0.00	5.90	0.00	5.70
<b>Program Revenues</b>				
Indirect for dep't Admin	\$38,175	\$0	\$39,175	\$0
Fees, Permits & Charges	\$0	\$637,509	\$0	\$631,622
<b>Total Revenue:</b>	<b>\$38,175</b>	<b>\$637,509</b>	<b>\$39,175</b>	<b>\$631,622</b>

## Explanation of Revenues

This is a fee driven, self-sustaining program. Despite the weakened economy, revenue appears to be stable. Per ORS 432.146, fees for records are established by the Oregon Health Authority, subject to the review of the Oregon Department of Administrative Services, and authorized by the Legislative Assembly. Fees (for both birth and death certificates) are \$20 for the first certificate ordered and \$15 for additional copies ordered at the same time (OAR 333-011-0106). Fees were last increased in 2003. Vital Records is a fee supported program however the estimated revenue was less than was need to cover increased costs so a small amount of county general fund was budgeted.

Death Certificate Fees: \$493,561

Birth Certificate Fees: \$138,061

County General Fund: \$2,181

## Significant Program Changes

**Last year this program was:** #40009, Vital Records

There have been no significant program changes.

**Lead Agency:** Health Department

**Program Contact:** Amy Sullivan

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

### Executive Summary

Communicable Disease Services (CDS) protects the health of our community by responding to reportable communicable diseases with prompt disease investigation, and by limiting the spread of these diseases in the population through assuring treatment as needed. The program upholds and enforces Oregon state statues requiring investigation of and response to dozens of reportable diseases varying from tuberculosis (TB) and pertussis to E. coli 0157 and anthrax. CDS responds 24/7 to events of public health importance.

### Program Description

CDS directly provides services that protect the health and safety of our community by limiting the spread of life-threatening infectious diseases through investigatory and clinical interventions. This type of work has been the backbone of public health for over 100 years. It includes investigations that find people who have been exposed to serious diseases, making sure they get the information and care they need to stay healthy. CDS provides education and screening to communities and assures access to medicine for people with diseases like TB. To ensure that healthcare providers can access appropriate diagnostic tests, CDS provides a link to state and national laboratories that test for rare pathogens. Our staff includes highly-trained public health nurses supported by health assistants, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and state reporting rules. We are culturally and linguistically competent. The program works closely with other Health Department programs, including Environmental Health and the Office of the Health Officer and provides educational opportunities for public health and nursing students.

Examples of the types of work we do are as follows:

- Comprehensive TB prevention and control activities through clinic and home visits, nursing case management, and TB screening. This includes following up as directed by federal authorities with newly arrived refugees and immigrants who may have TB infection, and working with Portland homeless shelters to identify TB in this high-risk group.
- Epidemiologic investigation, health education, and provision of preventive health measures in response to reportable disease exposures and outbreaks, including collaboration with state, national, and international officials as needed, and with law enforcement when an intentional cause is suspected.
- Provision of occupational health measures related to blood-borne pathogens, TB exposure, and post-exposure prophylaxis for county employees to meet county OSHA requirements.

CDS supports the Climate Action Plan through public health surveillance of emerging pathogens like *Vibrio* spp. and West Nile Virus. (CAP Action Items: 17-1, 17-2, and 17-3 per CDS's role in adaptation assessment and planning as a key stakeholder).

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Disease report responses	5,707	4,000	5,100	5,100
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	Proportion of cases investigations completed within 14 days (goal, 80%)	0.0%	0.0%	78.0%	80.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	100.0%	90.0%	95.0%	90.0%

### Performance Measure - Description

✓ **Measure Changed**

1) Output-All disease reports and suspect case referrals received, processed, and responded to, per state ORPHEUS database. 2) Outcome-Reflects effectiveness of case contact investigation/response in life threatening disease. 3)& 4) Quality-Measures reflect standards and are reported to the state for CD case investigations and TB patients completing treatment within 12 months as set by Oregon and CDC; investigation timeframes can not be measured in ORPHEUS (initiated April 7, 2011); completion of case investigations excludes Pertussis and reportable diseases not requiring investigation. \*To 4/6/11.

## Legal/Contractual Obligation

1) OAR 333-018 and 019: Disease Reporting and investigation and Control of Diseases, Oregon Health Services and CLHO. BT/CD & TB Assurances; OAR 437: OR-OSHA: Bloodborne Pathogens 1910.1030. 2) CDC: Immunization of Health-Care Workers, Vol. 46/RR-18. 3) CDC: Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$2,154,106	\$828,128	\$2,104,156	\$793,310
Contracts	\$0	\$39,534	\$0	\$40,254
Materials & Supplies	\$6,994	\$91,073	\$10,580	\$85,215
Internal Services	\$200,705	\$278,516	\$169,514	\$334,969
Total GF/non-GF:	<b>\$2,361,805</b>	<b>\$1,237,251</b>	<b>\$2,284,250</b>	<b>\$1,253,748</b>
Program Total:	<b>\$3,599,056</b>		<b>\$3,537,998</b>	
Program FTE	20.74	7.83	20.43	7.75
<b>Program Revenues</b>				
Indirect for dep't Admin	\$73,973	\$0	\$77,762	\$0
Fees, Permits & Charges	\$0	\$34,284	\$0	\$47,399
Intergovernmental	\$0	\$1,151,651	\$0	\$1,137,063
Other / Miscellaneous	\$0	\$51,316	\$0	\$69,286
<b>Total Revenue:</b>	<b>\$73,973</b>	<b>\$1,237,251</b>	<b>\$77,762</b>	<b>\$1,253,748</b>

## Explanation of Revenues

Communicable Disease Prevention & Control is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority that includes both state and federal funds. Other funding includes direct federal grants, patient fees for occupational health services, and county general fund. Hepatitis C Registry funding was eliminated effective December 2011, and will not be renewed. In FY13 \$38,159 is budgeted as one-time only funding, and will end in October. No replacement funding has been identified.

TB Outreach grant: \$25,422  
Refugee grant: \$100,000  
State of Oregon LPHA: \$1,002,230  
Patient Fees: \$126,096  
County general fund: \$2,284,250

## Significant Program Changes

**Last year this program was:** #40010, Communicable Disease Prevention & Control

To maintain effectiveness in the face of reduced funding from county, state, and federal sources we are proposing to change our workflows and guidelines to integrate LPN-level nurses into provision of clinical services and adding a non-nursing investigations position to support existing CHN positions in the investigation of chronic hepatitis cases.

**Lead Agency:** Health Department

**Program Contact:** TOEVS Kim

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

HIV, STDs and Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost effective program prevents and reduces epidemics, and their consequent toll on individual health, by controlling disease spread using evidence-based prevention interventions and STD treatment for those at highest risk.

### Program Description

PREVENTION is the key strategy, using culturally specific, evidence-based population focused approaches. Disease spread is reduced by: 1) PARTNER SERVICES: Staff contact infected people, encourage treatment, partner notification and behavior change. 2) COMMUNITY TESTING: Staff visit bars, jails, internet and other "hookup" sites to test, educate, and promote behavior change. 3) STD CLINIC: Provides timely evaluation, treatment, and prevention counseling for people without health care access. STD rates highly correlate to poor access to quality, timely health care. 4) PARTNERSHIPS: Collaborates with businesses, community organizations, and other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. 5) SYRINGE EXCHANGE: Proven to keep infection rates low among injectors, partners and their infants. 6) BEHAVIOR CHANGE/EDUCATION: Community-based interventions to reduce risky sexual and drug behavior. 7) SUCCESS: County HIV, syphilis, and gonorrhea rates are the lowest of major west coast cities, due in large part to this program. Because these diseases disproportionately affect racial, ethnic and sexual minority communities, we base our service delivery on local epidemiology to prioritize reducing disparities. In place for 20+ yrs, this program is demonstrably effective. 8) COST EFFECTIVE: Preventing disease saves money over time. Delayed treatment increases disease spread and costly chronic conditions such as AIDS, liver disease, infertility and poor maternal/child health. Untreated, HIV leads to poverty, inability to work or maintain stable housing.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of community outreach/health promotion encounters	56,089	45,000	48,880	45,000
Outcome	% of ALL county gonorrhea/syphilis/HIV cases diagnosed through this program	30.0%	30.0%	29.8%	30.0%
Quality	% of gonorrhea/syphilis/HIV cases investigated	84.0%	90.0%	89.8%	90.0%
Output	#STD clinical encounters (visit/phone results)	16,510	12,500	14,416	12,500

### Performance Measure - Description

1. This performance measure quantifies the amount of community-based work the program provides each year.
2. This performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV, more than the previous measure "stable or decreased # of HIV cases based on 5 year rolling average". This measure also demonstrates the program's capacity to target services to those at highest risk for STDs.
3. The 90% goal is negotiated with the Oregon State STD Program, and is comparable to benchmarks set by other states nationally.
4. This measure quantifies the amount of clinical/individual client work the program provides each year.

## Legal/Contractual Obligation

Yes. ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A (see Services for Persons Living with HIV) requires a local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,988,399	\$784,265	\$2,055,147	\$383,664
Contracts	\$196,965	\$371,108	\$149,571	\$390,484
Materials & Supplies	\$101,339	\$161,976	\$178,694	\$107,353
Internal Services	\$296,421	\$342,252	\$288,136	\$296,224
Total GF/non-GF:	<b>\$2,583,124</b>	<b>\$1,659,601</b>	<b>\$2,671,548</b>	<b>\$1,177,725</b>
Program Total:	<b>\$4,242,725</b>		<b>\$3,849,273</b>	
Program FTE	19.05	8.80	20.85	4.10
<b>Program Revenues</b>				
Indirect for dep't Admin	\$99,332	\$0	\$73,045	\$0
Fees, Permits & Charges	\$0	\$137,162	\$0	\$115,988
Intergovernmental	\$0	\$1,504,439	\$0	\$1,043,737
Other / Miscellaneous	\$0	\$18,000	\$0	\$18,000
<b>Total Revenue:</b>	<b>\$99,332</b>	<b>\$1,659,601</b>	<b>\$73,045</b>	<b>\$1,177,725</b>

## Explanation of Revenues

As the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services that includes both state and federal funds, a grant from Cascade AIDS project, medical fees from Medicaid, Medicare, private insurance and patient fees, and county general fund.

Federal Ryan White grant: \$39,200  
Fed/State HIV/STD/VD Prevention grant: \$783,807  
State Support for Public Health grant: \$162,347  
Medical fees: \$174,371  
Cascade AIDS Project: \$18,000  
County General Fund: \$2,671,548

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #40011, STD/HIV/Hep C Community Prevention Program

Two cuts to federal/state HIV prevention funds FY2012-one at beginning of year, second mid year. Total cut is \$176,000 from FY 2011 grant of \$1,106,100 to \$930,000. In FY 2013, due to an additional mid-year cut we are budgeting \$738,807 total from State/federal funds.

We have reduced or transferred assignment of FTE mid-year FY12, and will have a total reduction of 4.73 FTE from this program for FY13. We are attempting to maintain our subcontracts with CBOs as intact as possible, and to leverage the efforts of other program staff promoting sexual health to address HIV and STD prevention more actively. Our staff are working with higher workloads per hour than previously. Nonetheless, we'll have a reduction in services including health promotion and outreach to high risk MSM, needle exchange service hours, hepatitis C education, condom distribution, and community awareness campaigns.

**Lead Agency:** Health Department

**Program Contact:** TOEVS Kim

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The HIV Care Services Program (HCS) and HIV Health Services Center (HIV Clinic) provide community-based primary care and support services to highly vulnerable populations living with HIV. Services target low income, uninsured, mentally ill, substance abusing, and other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications, and reduced transmission of HIV in the community.

### Program Description

The HIV Clinic serves over 1,100 clients each year. Clinic services include outpatient medical care, mental health and substance abuse counseling, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Access to and use of HIV medications is optimized by clinical pharmacy services. On-site chronic disease self management workshops and peer support are also offered to clinic clients. The HIV Clinic integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Board and a well established network of HIV social services providers. The clinic is an AIDS Education and Training Center site training over 40 doctors, nurses and pharmacists each year.

HIV Care Services Program coordinates a regional care system that promotes access to high quality HIV services through contracts with health departments and community organizations. HCS funded services include: **EARLY INTERVENTION:** Outreach ensures early identification and treatment. **CARE:** A coordinated primary care system provides medical, dental, mental health and substance abuse treatment. **SERVICE COORDINATION:** Case management connects clients with health insurance, housing, and other services critical to staying in care. **BASIC NEEDS:** Housing focuses on building life skills and access to permanent housing. **HEALTH PROMOTION:** Behavioral education provides clients with self-management skills. **PLANNING:** A community-based council does service planning. Over the past three years, the number of persons living with AIDS has increased 15.3%. HCS clients continue to be severely affected by poverty, lack of stable housing, and reductions in insurance and medication programs.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of unduplicated HCS clients served (all srv types/whole system)	2,753	2,450	2,565	2,450
Outcome	% of uninsured HCS clients who gained insurance	65.0%	70.0%	65.0%	70.0%
Output	# of unduplicated HIV CLINIC clients	1,075	975	1,150	1,150
Quality	% of medical clients who do not progress to AIDS	99.8%	93.0%	95.0%	93.0%

### Performance Measure - Description

4) Quality: % of medical clients who do not progress to AIDS, helps to determine how well medical and support services contained in this offer support the health outcomes of people living with HIV disease. Ninety three percent is our Ryan White established goal.

## Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, which requires the County to cover some indirect costs; and 4) Maintenance of effort where the County must spend local funds for HIV services at least at the level spent in the previous year.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$120,149	\$2,825,291	\$251,215	\$2,981,279
Contracts	\$10,236	\$2,517,733	\$0	\$2,495,438
Materials & Supplies	\$58,396	\$266,244	\$44,461	\$126,625
Internal Services	\$24,155	\$788,327	\$106,913	\$722,232
Total GF/non-GF:	<b>\$212,936</b>	<b>\$6,397,595</b>	<b>\$402,589</b>	<b>\$6,325,574</b>
Program Total:	<b>\$6,610,531</b>		<b>\$6,728,163</b>	
Program FTE	0.50	26.15	2.25	26.91
<b>Program Revenues</b>				
Indirect for dep't Admin	\$253,207	\$0	\$247,035	\$0
Fees, Permits & Charges	\$0	\$896,737	\$0	\$581,526
Intergovernmental	\$0	\$5,500,858	\$343,593	\$5,634,048
Other / Miscellaneous	\$0	\$0	\$0	\$110,000
<b>Total Revenue:</b>	<b>\$253,207</b>	<b>\$6,397,595</b>	<b>\$590,628</b>	<b>\$6,325,574</b>

## Explanation of Revenues

HIV Care Services receives flat funding from federal Ryan White Care Act (RWCA) Part A grant. County general fund is used to leverage HCS grant funding. The HIV Clinic revenues include several federal grants, local contracts and third party billing- primarily OMIP, CareAssist, Oregon Health Plan and Medicare. The federal grants have not kept pace with the growth in number of patients served or with increased costs of clinic operations. The increase in General Fund support is a result accounting rules changes related to GASB 54 which classifies \$343,593 wraparound revenue as General Fund.

FY2013 HIV Clinic Revenue Summary:

3rd Party Revenue: \$1,394,264 (includes \$343,593 wraparound revenue)

AETC Contract: \$111,289; OSHU Dental Contract: \$10,120

Ryan White Grant Part A: \$910,321, Part C: \$900,514, Part D: \$323,855

Michael Bolton Trust: \$110,000

TOTAL: \$3,760,363

FY2013 CARE Services Revenue Summary:

Federal Ryan White Part A grant: \$2,908,804

County General Fund: \$58,996

TOTAL: \$2,967,800

## Significant Program Changes

Last year this program was: #40012, Services for Persons Living with HIV



**Lead Agency:** Health Department

**Program Contact:** RUMINSKI Diane T

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Early Childhood Home Based Services provides evidence based home visiting programs to first birth parents and children. The goal is to assure that children at risk for poor health outcomes receive the support, education and resources needed to achieve optimal health during the critical early years of life. These programs include Nurse Family Partnership (NFP) and Healthy Families America (Healthy Start of Oregon). We expect to screen approximately 2,800 first birth families for eligibility for home visiting services, and to enroll approximately 400 families in NFP and over 600 families in Healthy Start.

### Program Description

Voluntary home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, reductions in the incidence of child abuse and neglect, low birth weight and prematurity, and improvements in maternal life course. The program targets high risk families including teens and racial and ethnic groups experiencing health disparities. Low income, single, first birth parents benefit the most from these interventions which help establish positive lifelong parenting practices. Long term benefits to the county include healthy children ready to learn, a healthier work force, and decreased costs related to school failure, juvenile crime, and chronic disease.

The Nurse Family Partnership Program (NFP) is offered to first-time low income pregnant women. Services begin in early pregnancy and follow families up to their child's second birthday. NFP evaluations demonstrate improved prenatal outcomes, fewer subsequent births, increased intervals between births, increased rates of breast feeding, and fewer childhood injuries. Research on the long-term benefits for children receiving NFP services has shown at age 15 they are more likely to be in school, and less likely to be in the criminal justice system. The mothers who received NFP services are more likely to have finished high school, be in the workforce, and not use public assistance.

Healthy Start is a state wide program also serving first birth families with the overall goals to reduce child abuse/neglect, improve school readiness and promote healthy growth and development of young children up to age three years. Last year over 2,850 families received screening at the time of birth and over 600 families were served in home visits. Healthy Start follows the "Healthy Families America (HFA)" model of home visiting--a best practice model delivered by highly trained staff through community-based agencies. These agencies include IRCO (Immigrant and Refugee Community organization), Impact NW and Insights Teen parent program. Nurse consultants provide additional health support to families and staff.

A \$300,000 HRSA Maternal Infant and Early Childhood Home Visiting grant will expand services to an additional 62 pregnant and parenting teens of color served through our Healthy Start Teen Insights program and Early Head Start programs at Albina, Mt. Hood and Oregon Child Development Coalition.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	% of infants 0-12 months with developmental screening	70.0%	70.0%	70.0%	75.0%
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	50.0%	50.0%	50.0%	50.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	0.0%	80.0%	98.0%	98.0%
Output	% Healthy Start parents who report reading to /with child at least 3X/week	95.0%	90.0%	95.0%	95.0%

### Performance Measure - Description

\*Performance measure designed to obtain client input on services offered by measuring client satisfaction.

## Legal/Contractual Obligation

Nurse Family Partnership (NFP) complies with contractual program guidelines set forth by the NFP National Service Office to assure fidelity to the model. Healthy Start must comply with Healthy Families America (HFA) credentialing requirements and the state OCCF Healthy Start contract requirements. Failure to comply may result in disaffiliation with HFA and withholding of funding. OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,476,272	\$1,950,831	\$1,796,316	\$1,795,625
Contracts	\$804,582	\$94,224	\$1,590,412	\$1,118,307
Materials & Supplies	\$37,868	\$159,108	\$92,205	\$84,934
Internal Services	\$182,623	\$337,440	\$218,414	\$315,914
Total GF/non-GF:	<b>\$2,501,345</b>	<b>\$2,541,603</b>	<b>\$3,697,347</b>	<b>\$3,314,780</b>
Program Total:	<b>\$5,042,948</b>		<b>\$7,012,127</b>	
Program FTE	16.10	17.85	16.15	16.80
<b>Program Revenues</b>				
Indirect for dep't Admin	\$150,914	\$0	\$122,164	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$666,297
Intergovernmental	\$0	\$2,541,603	\$0	\$2,648,483
<b>Total Revenue:</b>	<b>\$150,914</b>	<b>\$2,541,603</b>	<b>\$122,164</b>	<b>\$3,314,780</b>

## Explanation of Revenues

The Nurse Family partnership Program is funded by county general fund, and Medicaid fees from: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and 2) Targeted Case Management (TCM) for infants and children up to age 5 years. CaCoon is a Care Coordination grant designed to serve children with special health care needs.

NFP Revenue Summary--Medicaid Maternity Case Management: \$314,356; Medicaid Targeted Case Management: \$1,270,025; Federal CaCoon Grant: \$62,024; county general fund: \$2,951,006. The Healthy Start Program is funded with a combination of state and federal grant funds and county general fund support. The Healthy Start grant has a 25% match requirement. There are significant decreases to Healthy Start due to prior year reductions in funding and Medicaid rule changes which no longer reimburse Healthy Start patient visits.

Healthy Start Revenue Summary--Healthy Start grant: \$1,399,962; Medicaid Administrative Claiming: \$120,000; CaCoon grant: \$23,259; county general fund \$612,729.

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #40013A, Early Childhood Services for Pregnant/Parenting Families - N/NE

This program offer has changed to specifically reflect evidence based home visiting models focusing on interventions with first birth families. The Healthy Birth Initiative Program (HBI) and general home visiting services are now reflected in program offer 40013B as part of restructuring of our services to better align with health care reform, the expansion of patient centered primary care medical homes, and the delivery of more community based services focused on addressing health disparities. The two NFP teams will be consolidated under this single program offer rather than divided between the two Early Childhood offers. One of 5 Healthy Start Family Support teams was cut (IRCO). The team at IRCO was partially restored with 2 Healthy Start Family Support Workers focusing on teens of color funded through a new federal home visiting grant and a family support worker funded by one-time only funds approved by the Board. The Board also funded a family support worker at Impact NW and Teen Insights with one-time only general fund.

**Lead Agency:** Health Department

**Program Contact:** RUMINSKI Diane T

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

ECS provides home and community based services to pregnant women and families with young children to assure optimal maternal and infant health and to assist parents in meeting their child's basic health and developmental needs. The conditions of early life have a profound impact on our long-term health and stability. We expect to serve approximately 900 families in this program offer. Of these 900 families approximately 72% are ethnic minorities including 13% African American, 1% Native American and 39% Hispanic (all races).

### Program Description

Voluntary home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, reductions in the incidence of child abuse and neglect, low birth weight and prematurity, and improvements in maternal life course. The program targets high risk families including teens and racial and ethnic groups experiencing health disparities. Low income, single, first birth parents benefit the most from these interventions which help establish positive lifelong parenting practices. Long term benefits to the county include healthy children ready to learn, a healthier work force, and decreased costs related to school failure, juvenile crime, and chronic disease.

The Healthy Birth Initiative Program (HBI) is designed to reduce the historical disparities in poor birth outcomes by addressing the social determinants of health in the African American community. Core service components include outreach, case management, health education, interconceptual care and depression screening and referral. A community consortium, education/support groups, and men's groups are unique components of HBI. Transportation and childcare support are wraparound services available to families enrolled in HBI. Services begin in early pregnancy and continue through the child's second birthday.

Public Health Nursing Services: Families who do not meet the criteria or do not choose to enter the Nurse Family Partnership/Healthy Start programs may also be offered home visits. These include pregnant women with medical conditions, and women experiencing domestic violence or alcohol/drug use. Infants born prematurely, of low birth weight, with medical conditions, or having parents unable to provide appropriate care without support are also referred for home visiting support. With health care transformation and the development of Coordinated Care Organizations, public health nurses will work closely with MCHD primary care clinical teams to provide continuity of care in the home/community setting for our highest risk and vulnerable populations. They provide significant support to families, tailored to their needs as observed in their home environment. Services include health screening/assessment, case management, health promotion, breast feeding/parenting support, childbirth classes, and community referrals. Nursing consultation is also provided to pregnant and parenting families enrolled in the Mt Hood Head Start program and to pregnant/parenting parolees through the ADAPT (Alcohol and Drug Addicted Prenatal Treatment) program.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	% infants 0-12 months with developmental screening	76.0%	80.0%	80.0%	80.0%
Outcome	% HBI clients receiving depression screening	67.0%	95.0%	70.0%	95.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	0.0%	80.0%	98.0%	98.0%
Outcome		0.0%	0.0%	0.0%	0.0%

### Performance Measure - Description

\* Performance measure designed to obtain client input on services offered by measuring client satisfaction.

**Legal/Contractual Obligation**

OMB Circular A-87, LPHA State/Federal Program Requirements, FQHC Rulebook OAR 410-147-0595, MCM OAR 410-130-0595, TCM OAR 410-138-0000 through 410-138-0420, Title V/Maternal Child Health.

**Revenue/Expense Detail**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,930,619	\$2,744,014	\$1,773,369	\$1,703,973
Contracts	\$1,161,360	\$1,028,215	\$535,292	\$143,094
Materials & Supplies	\$74,811	\$121,181	\$26,263	\$162,488
Internal Services	\$220,263	\$497,222	\$252,299	\$477,893
Total GF/non-GF:	<b>\$3,387,053</b>	<b>\$4,390,632</b>	<b>\$2,587,223</b>	<b>\$2,487,448</b>
Program Total:	<b>\$7,777,685</b>		<b>\$5,074,671</b>	
Program FTE	16.80	25.60	17.47	14.33
<b>Program Revenues</b>				
Indirect for dep't Admin	\$164,606	\$0	\$154,280	\$0
Fees, Permits & Charges	\$0	\$586,123	\$0	\$73,579
Intergovernmental	\$0	\$3,804,509	\$0	\$2,413,869
<b>Total Revenue:</b>	<b>\$164,606</b>	<b>\$4,390,632</b>	<b>\$154,280</b>	<b>\$2,487,448</b>

**Explanation of Revenues**

Early Childhood Home/Community based services is funded by county general fund, Medicaid fees for: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum, and 2) Targeted Case Management (TCM) for infants and children up to age 5. CaCoon is a Care Coordination grant serving children with special health care needs and is shared with Program Offer 40013A. The Healthy Birth Initiative is funded by \$850,000 HRSA grant. Medicaid revenue has significantly decreased for both Targeted Case Management and Maternity Case Management services due to State DMAP and State Maternal Child Health Program Rule Changes. Rule changes affect provider types, initial assessment visits, maternity case management place of service restrictions. Medicaid rule changes result in the same number of patient visits; however this results in fewer reimbursable patient visits.

Healthy Birth Initiative Summary--Federal Healthy Birth Initiative grant : \$850,000; Medicaid Maternity Case Management: \$73,579; Medicaid Targeted Case Management: \$56,358; and county general fund: \$453,129. General Field Summary--Medicaid Maternity Case Management: \$259,029; Medicaid Targeted Case Management: \$1,040,805; Federal CaCoon grant: \$54,271; State Babies First grant: \$81,556; Mt Hood Community College Head Start contract: \$71,850; Fed/State Maternal Infant & Early Childhood Home Visiting grant: \$300,000; and county general fund: \$2,267,706.

**Significant Program Changes**

 **Significantly Changed**

**Last year this program was:** #40013B, Early Childhood Services-Pregnant/Parenting Families-Mid/East/Healthy Start  
This Early Childhood Home and Community based services program offer has been restructured to respond to changes and opportunities coming with health care transformation and the formation of Coordinated Care Organizations. An increased focus on health disparities in the African American community is driving new models of community work and service delivery. Changes in the way we expect to deliver services and how we are able to bill for services have resulted in some staff reductions. Several of these reductions came from unfilled vacant positions.

**Lead Agency:** Health Department

**Program Contact:** SCHMITZ Virginia S

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment for learning, ensuring that children are protected from life-threatening, vaccine-preventable diseases by implementing the federally subsidized Vaccines for Children (VFC) Program and helping schools and childcare facilities comply with state school immunization rules.

### Program Description

Vaccine-preventable diseases like measles can spread from one child to another, childhood vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school. No child should be unvaccinated because a parent is unable to pay for vaccine. CIP ensures that the basic disease prevention needs of children are met through several interrelated program components:

- Increased access to immunizations by providing childhood immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay.
- Providing a safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers by monitoring the cold chain and conducting physical inventories to meet county quality assurance requirements.
- Enforcing the state-mandated obligation to ensure that all children in certified day care centers, preschools, kindergartens, Head Start Programs and students in private, alternative and public schools are complete or up-to-date on their immunizations in the following ways:
  - Helping schools, including those in the Multnomah Education Service District (MESD) and other facilities, maintain their licensure and assist in mandatory reporting by reviewing and compiling reports related to the immunization status of their students.
  - Helping parents navigate the exclusion process and assisting with documentation to prevent school exclusion.
  - Enforcing the law in cases where it has not been met and issuing exclusion orders as needed.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of immunizations directly provided to keep children in school	1,625	1,100	1,300	950
Outcome	Of facilities assisted those successful in meeting immunization law requirements	100.0%	100.0%	100.0%	100.0%
Output	Number of schools and childcare facilities we assisted with state immunization law reporting requirements	349	364	376	370

### Performance Measure - Description

Output 1: The number of children vaccinated in February, the month when parents start receiving school exclusion letters for children who are not up-to-date, and the month including the first day on which children could actually be excluded from school. The decrease in this measure for FY12-13 reflects the decreasing trend in need for service due to expanded coverage through primary care clinic medical homes.

Outcome: The percentage of the facilities we assisted which met state immunization reporting requirements, thus maintaining their licensure requirements in this area.

Output 2: The number of certified day care centers, preschools, kindergartens, Head Start Programs and private, alternative and public schools that we assisted through the state school immunizations law reporting process from December through March of the fiscal year.

**Legal/Contractual Obligation**

ORS 433-235 through 433.280 and Administrative Rules 333-19-021 through 333-19

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$129,877	\$257,822	\$178,108	\$206,877
Contracts	\$5,783	\$683	\$0	\$20,919
Materials & Supplies	\$58,949	\$3,025,228	\$0	\$3,559,096
Internal Services	\$84,144	\$78,431	\$21,676	\$89,444
Total GF/non-GF:	<b>\$278,753</b>	<b>\$3,362,164</b>	<b>\$199,784</b>	<b>\$3,876,336</b>
Program Total:	<b>\$3,640,917</b>		<b>\$4,076,120</b>	
Program FTE	1.59	2.41	2.21	1.64
<b>Program Revenues</b>				
Indirect for dep't Admin	\$21,640	\$0	\$23,342	\$0
Fees, Permits & Charges	\$0	\$158,484	\$0	\$176,332
Intergovernmental	\$0	\$3,203,680	\$0	\$3,700,004
<b>Total Revenue:</b>	<b>\$21,640</b>	<b>\$3,362,164</b>	<b>\$23,342</b>	<b>\$3,876,336</b>

**Explanation of Revenues**

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority, patient fees, the value of federally subsidized vaccine provided by the state, and by county general fund.

Cash value of donated vaccines: \$3,500,000

Fed/State LPHA Immunization Special Payments grant: \$200,004

Patient Fees: \$176,332

County General Fund: \$199,784

**Significant Program Changes**

**Last year this program was:** #40014, Immunizations

The program will be focusing on recent increases in vaccine hesitancy (increased rate of exemptions) in FY12-13.



**Lead Agency:** Health Department

**Program Contact:** WICKHAM Lila A

**Program Offer Type:** Existing Operating

**Related Programs:** 40037

**Program Characteristics:**

### Executive Summary

This program prevents childhood lead poisoning. Lead causes brain damage in children resulting in behavior, learning, and health problems that impacts their economic, academic and social future. The program administers a statewide LeadLine, providing information and referral in multiple languages and screens for lead levels in blood, environmental investigations, case management, advocacy for services and community education/outreach.

### Program Description

Multnomah County Environmental Health Services works collaboratively with the City of Portland lead partners and Oregon Health Authority to ensure continuity of care and early intervention for children at risk of lead poisoning. The Lead Program: 1) Educates parents, landlords, property owners, and contractors about lead exposure causes and effects, screening, and reducing home lead hazards; 2) Tests children and pregnant women for high blood lead levels; 3) Promotes lead screening in primary care clinics; 4) Provides investigation of high lead levels by an Environmental Health Specialist by conducting an in home assessment to identify causes and eliminate exposures to lead for children at high to moderate risk; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks; 7) Screens for risk of lead exposure of low-income children in support of improving health equity; 8) Educates contractors and residents about new EPA lead-based paint rules, and 9) Provides education and outreach to medical providers and community.

The lead poisoning prevention program continues to increase its focus on outreach and education services targeting the most vulnerable populations. Leadline provides targeted prevention messaging and advocacy for rigorous policy initiatives. This program offer relies almost exclusively on grants and contracts. Electronic newsletter distributed to community and providers quarterly. Children who have lead poisoning can develop significant brain damage and learning disabilities, impacting normal growth and development and reducing their ability to function in school, at home and develop into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead and promote safe housing conditions. Medicaid reimbursement for Lead Investigations began July 2010.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Total # of children screened by MCHD primary care and immunization providers	3,428	4,000	3,000	3,000
Outcome	Total # of successfully identified children with EBLLs*	36	40	18	25
Output	# of community members receiving information on lead prevention**	10,719	14,000	6,386	7,000
Quality	%home investigations where lead exposure risk hazards/factors are identified***	100.0%	95.0%	100.0%	95.0%

### Performance Measure - Description

\*Children screened: Counts lead screening services provided by Multnomah County Health Department care providers, immunization unit and MCHD outreach testing (expanded service).

\*\*Children with EBLL: Elevated Blood Lead Levels (EBLL) identified by any health care provider within Multnomah County. EBLL investigation criteria changed from 15 mg/dl to 10 mg/dl. Health Department proactively began investigating children with lead levels over 5 mg/dl in FY 2011. Intervening at a lower lead level should prevent more severe cases.

\*\*\*Community Information: Measure to quantify reach of program through phone counseling, referral, educational materials, website and community events. Our web hit estimates may have been less than accurate due to problems with Google Analytics. This year's projection is more conservative.

\*\*\*\*Percentage of home investigations with identified contributing factors for lead source. Lead hazards have been identified and/or the house has been deemed to be free from lead hazards as demonstrated by a reduction in blood lead level Program goal is 95%.



## Legal/Contractual Obligation

Legal mandates are City of Portland codes 8.20.210 (Maintenance of Health Hazard not Permitted); 8.20.200 (Notice of Unsanitary or Unhealthful Condition of Premises to be Given and Posted – Unlawful to Remove); 29.30.110 (interior walls, floors, and ceilings); 29.30.060 (exterior walls and exposed surfaces); Some activities under this program offer are subject to contractual obligations under Inter-Governmental Agreement #0607105.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$122,751	\$0	\$112,688
Contracts	\$0	\$2,370	\$2,370	\$0
Materials & Supplies	\$10,101	\$1,243	\$6,943	\$0
Internal Services	\$11,289	\$11,436	\$11,788	\$24,312
Total GF/non-GF:	<b>\$21,390</b>	<b>\$137,800</b>	<b>\$21,101</b>	<b>\$137,000</b>
Program Total:	<b>\$159,190</b>		<b>\$158,101</b>	
Program FTE	0.00	0.90	0.00	0.90
<b>Program Revenues</b>				
Indirect for dep't Admin	\$8,235	\$0	\$8,497	\$0
Fees, Permits & Charges	\$0	\$800	\$0	\$0
Intergovernmental	\$0	\$137,000	\$0	\$137,000
<b>Total Revenue:</b>	<b>\$8,235</b>	<b>\$137,800</b>	<b>\$8,497</b>	<b>\$137,000</b>

## Explanation of Revenues

City of Portland Leadline grant: \$135,000

State Leadline grant: \$2,000

County General Fund: \$21,101

## Significant Program Changes

**Last year this program was:** #40015, Lead Poisoning Prevention

- 1) There was a significant increase in the education and outreach associated with this change in action level. This increased workload is reflected in the output measure of community members receiving information about lead poisoning prevention. Partnering with WIC and Head Starts to target at risk populations has generated more interest and screening.
- 2) The MC Leadline program began investigating children with lead levels at five to be proactive and intervene to eliminate sources of lead in the home. Although the official action level for dangerous blood level remains at 10, the CDC Lead Poisoning advisory committee has recommended the action level be lowered to five because this level is deemed as dangerous for children 6 and under as well as the unborn. We believe that by intervening at lead levels of five, we will reduce the number of cases that develop higher levels of 10 and above. We are beginning to see this trend in Multnomah County since we started investigating lead levels of 5+.
- 3) Improvements in telephone systems and websites have increased efficiency in responding to calls and generating community interest.

**Lead Agency:** Health Department

**Program Contact:** Marilyn Boss

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Backfill State/Federal/Grant

### Executive Summary

Medicaid Enrollment assists uninsured and under-insured Oregonians gain access to health services by providing application and enrollment assistance and advocacy to families and children applying for Medicaid Oregon Health Plan (OHP) benefits, Medical Assistance Assumed (MAA), Medical Assistance for Families (MAF), Temporary Assistance For Needy Families (TANF), Family Health Insurance Assistance Program (FHIAP), Children's Health Insurance Program (CHIP), Healthy Kids Plan & Kids Connect, Oregon Prescription Drug Program (OPDP), and Kaiser Child Health Program. The Medicaid Program operates under contract with the State Division of Medical Assistance Programs (DMAP).

### Program Description

The Medicaid Enrollment program provides outreach and education efforts which increases the number of clients who complete the OHP enrollment process, increases access to health care services, particularly for pregnant women and children, and ensures continuity of coverage at recertification. The program aims to provide dignified access to health care for all citizens in collaboration with existing Multnomah County services, and addresses the Basic Needs strategy to provide access to care, by securing insurance coverage for eligible individuals. Approximately 90% of Medicaid eligible clients select MCHD clinics as their provider. In addition, the program addresses the strategy to educate, prevent, and/or intervene to keep individuals from experiencing health or economic crisis due to lack of coverage.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Annual number of clients screened	39,411	40,500	37,431	36,780
Outcome	Uninsured children in Multnomah County insured through program	6,280	6,000	5,435	5,500

### Performance Measure - Description

- 1) Output: Reflects service volume.
- 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program. Placed (2) OEW at MESD and concentrated efforts at School Based Health Centers to increase enrollment in Healthy Kids.

## Legal/Contractual Obligation

The Medicaid Enrollment Program is on contract with the State Division of Medical Assistance Programs (DMAP) to provide application and enrollment assistance to all OHP/Medicaid eligibles including education regarding managed health care. Information shall include establishing a Date of Request (DOR) or effective date of coverage, managed medical, dental, and mental health care, covered services (including preventive and emergent), client rights and responsibilities, and the grievance and appeal process.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$302,798	\$1,134,329	\$220,852	\$851,137
Contracts	\$3,137	\$0	\$5,770	\$0
Materials & Supplies	\$25,334	\$343	\$2,687	\$13,541
Internal Services	\$41,026	\$163,195	\$60,123	\$157,599
Total GF/non-GF:	<b>\$372,295</b>	<b>\$1,297,867</b>	<b>\$289,432</b>	<b>\$1,022,277</b>
Program Total:	<b>\$1,670,162</b>		<b>\$1,311,709</b>	
Program FTE	3.50	14.50	2.40	11.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$77,550	\$0	\$63,405	\$0
Intergovernmental	\$0	\$1,297,867	\$0	\$1,022,277
<b>Total Revenue:</b>	<b>\$77,550</b>	<b>\$1,297,867</b>	<b>\$63,405</b>	<b>\$1,022,277</b>

## Explanation of Revenues

Medicaid/Medicare Eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. Compensation is related to the receipt and initial processing of applications for individuals, including low-income pregnant women and children, to apply for Medicaid at out station locations other than state offices. DMAP provides for compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The costs are based on actual expenses from FY2010 and DMAP disallows the cost of supervision, office support and interpretation services. The rate for FY2013 is \$6.03 per visit and the medical fee revenue is based on 161,240 visits.

Medical fees: \$1,022,277  
County general fund,: \$289,432

## Significant Program Changes

**Last year this program was:** #40016, Medicaid/Medicare Eligibility

This program has received reduced state funding for this function. To work within this constraint, we will need to reduce staffing (through not filling vacancies and/or attrition). Our goal is to NOT negatively impact the number of clients who are eligible for OHP getting access to those services. We will evaluate current output (number of applications) across our system and develop a target number of applications per day per Eligibility worker. We believe this can be done with fewer people.

**Lead Agency:** Health Department

**Program Contact:** Susan Kirchoff

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Dental Services provides Multnomah County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. The Dental Program works with many community partners, targeting un-served populations, treating nearly 15,000 uninsured children in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in Multnomah County. We provide unique child based services to uninsured and under-insured and focus on access for pregnant women due to the link with early childhood cavity prevention, using evidence based practice guidelines. The Dental Services program is supported in part by serving MultiCare Dental plan members, one of several dental care organizations (DCO) that serve patients in the tri-county area under the Oregon Health Plan. MultiCare Dental is funded entirely by OHP revenue and most members receive their dental care from Multnomah County Dental Clinics along with two other partner Health Clinics in the Tri-County area.

### Program Description

The Dental program has four distinct service components. Five dental clinics provide comprehensive dental treatment for Medicaid (Oregon Health Plan) and uninsured patients. The clinics specifically focus on outreach to uninsured patients with chronic health conditions seeking care at primary care sites. The School and Community Dental program provides dental education, fluoride, and dental sealant services to children in Multnomah County schools and provides outreach, education, and dental treatment specifically to pregnant women and children 0-24 months. Recent research indicated that dental hygiene services provided during pregnancy decreases preterm delivery and improves infant health outcomes. For uninsured Multnomah County residents with critical, urgent or specialty dental needs the Dental Access Program (DAP) provides triage and referrals to County dental clinics and private dentists. MultiCare Dental plan enrolls approximately 30,000 Medicaid members which provides access within four dental clinics in Multnomah County to provide dental services to the under-served population. MultiCare Dental works closely with dental clinic operations and School and Community dental supporting such projects as the Baby Day Program and the Pregnant Women's Project. In addition, MultiCare collaborates with various community partners to provide dental services for clients in long-term care facilities and nursing homes. Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable population.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Billable patient visits	60,415	62,102	63,470	65,423
Outcome	Percentage patients who complete treatment plan within 12 months	53.0%	60.0%	60.0%	60.0%
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	67.0%	70.0%	70.0%	75.0%

### Performance Measure - Description

✓ **Measure Changed**

**Output:** Billable patient visits-The number of patient visits measures access to dental services within the County clinics and the School Community Dental Program. The intent is to increase access to care for both Medicaid and uninsured clients.

**Outcome:** New measure; percentage of patients who complete treatment plan within 12 months. "Completing the treatment plan" measures our ability to keep patients engaged in comprehensive care (may require multiple visits over time) to maintain good oral health.

**Quality:** % of patients who would strongly agree-clinic focus group formed to address specific identified issues.

## Legal/Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$10,014,721	\$6,106,641	\$4,116,170
Contracts	\$7,410	\$3,143,990	\$83,853	\$282,472
Materials & Supplies	\$32,857	\$981,578	\$234,808	\$790,107
Internal Services	\$59,213	\$2,654,253	\$960,110	\$1,578,968
Total GF/non-GF:	<b>\$99,480</b>	<b>\$16,794,542</b>	<b>\$7,385,412</b>	<b>\$6,767,717</b>
Program Total:	<b>\$16,894,022</b>		<b>\$14,153,129</b>	
Program FTE	0.00	97.21	63.42	30.43
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,003,996	\$0	\$419,756	\$0
Fees, Permits & Charges	\$0	\$282,930	\$0	\$291,676
Intergovernmental	\$0	\$16,511,612	\$7,385,412	\$6,398,041
Other / Miscellaneous	\$0	\$0	\$0	\$78,000
<b>Total Revenue:</b>	<b>\$1,003,996</b>	<b>\$16,794,542</b>	<b>\$7,805,168</b>	<b>\$6,767,717</b>

## Explanation of Revenues

The primary source of revenue is Medicaid funds; a combination of capitation and FQHC wrap around payments. Additional revenue is received from the Primary Care 330 Grant, and patient fees.

Medicaid fees: \$13,257,992  
Primary Care 330 grant: \$525,461  
Patient fees: \$291,676  
Kaiser Oral Health grant: \$78,000

## Significant Program Changes

**Last year this program was:** #40017, Dental Services

This program offer doesn't include the revenue, expenses and FTEs associated with Multicare Dental insurance functions. The Department is currently in negotiations with the State of Oregon to transfer this function. Dental clinic revenue is adjusted downward in anticipation of lower provider productivity during the implementation of electronic dental records.

**Lead Agency:** Health Department

**Program Contact:** Susan Kirchoff

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Low income residents of downtown and central Portland of whom a large percentage are homeless, unemployed or underemployed, and experience serious co-morbidities such as mental health issues, addictions, compromised immune systems, and other chronic conditions. Access to oral health care is extremely limited for this population, and as a result, these individuals often suffer with pain, infection and other oral health issues until they become unbearable, often seeking treatment in hospital emergency departments as a last resort. Access to oral health care is a critical piece of the overall health and well being of the population.

### Program Description

This dental clinic will be located in the newly expanded Central City Concern building on West Burnside. The clinic will provide high quality, affordable urgent and comprehensive oral health services for 1200-1500 low income individuals (including homeless, uninsured and under-insured populations) who reside in the central Portland service area. A strong partnership will be established with downtown homeless service providers to maximize outreach. This will be a Clinical internship site for students from OHSU school of Dentistry. Planned opening date is August 2012.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of clients served	0	0	0	1,250
Outcome	% of clients who complete treatment plan within 12 months	0.0%	0.0%	0.0%	60.0%
Output	# of clients referred by Emergency Departments	0	0	0	125

### Performance Measure - Description

Output: Number of clients served indicates access for previously unserved or underserved individuals

Outcome: % who complete treatment plan within 12 months indicates how many patients complete comprehensive care plan

Output: Number of clients referred by Emergency Departments indicates success in avoiding unnecessary ED visits

**Legal/Contractual Obligation****Revenue/Expense Detail**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$0	\$446,304	\$63,504
Contracts	\$0	\$0	\$0	\$29,761
Materials & Supplies	\$0	\$0	\$7,600	\$60,850
Internal Services	\$0	\$0	\$70,119	\$82,850
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$524,023</b>	<b>\$236,965</b>
Program Total:	<b>\$0</b>		<b>\$760,988</b>	
Program FTE	0.00	0.00	5.35	0.35
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$14,697	\$0
Intergovernmental	\$0	\$0	\$231,007	\$236,965
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$245,704</b>	<b>\$236,965</b>

**Explanation of Revenues**

The primary source of revenue is Medicaid funds; a combination of capitation and FQHC wrap around payments.

Medicaid fees: \$467,972

County General Fund: \$293,016

**Significant Program Changes****Last year this program was:**

This is a new program offer with targeted start date for operations of August 2012



**Lead Agency:** Health Department

**Program Contact:** David Brown

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

### Executive Summary

The Women, Infants and Children Program (WIC) serves lower-income pregnant, post-partum and breastfeeding women, infants and children under age five who have health or nutrition risks. WIC sees every participant at least four times per year to provide individual growth and health assessments, education on nutrition and physical activity, nutritious foods purchased with WIC vouchers, breastfeeding education and support and referrals to other preventive health and support services. Other support services include prenatal and other medical care, immunizations, Head Start, housing and day care assistance, social services, etc. WIC served over 32,000 clients in 2011, and received a State WIC award for exceeding contract performance measures by averaging >100% of assigned caseload for the entire year. This included over 35% of all pregnant women in Multnomah County. WIC leverages federal funds to pay for almost 78% of the program's costs. WIC brought in over \$12 million dollars to local grocery stores and, through the Farm Direct Nutrition Program (Farmer's Market), over \$70,000 to local farmers. WIC is one of the few health promotion programs the federal government has sponsored. It is estimated that for every \$1 spent on WIC over \$3 is saved in Medicaid expenses. Programs like Oral Health, Lead Screening, Head Start and others are realizing the tremendous access WIC provides to the community. Since it is a federal mandate that WIC provide referral services to other valuable community programs, for the individual client, WIC becomes the web that connects all the programs together for easy access – seamless service.

### Program Description

The WIC Program's mandate is to provide food, nutrition education, growth monitoring and support services to our most vulnerable population – low income pregnant, breastfeeding women, infants and children up to five years of age. The potential for WIC's success is based on the premise that access to food is of primary concern for low-income families. With the availability of nutritious foods offered each month, families in need seek out the program. To receive the food vouchers all participants must be certified on the program which includes weighing and measuring every 6 months as well as hemoglobin screenings. Clients are counseled by registered dietitians and nutrition assistants on the current best practices for diet during pregnancy, lactation, infancy and early childhood based on the Academy of Nutrition and Dietetics and the National WIC Association's recommendations. For high risk pregnancies, children with special needs and breastfeeding complications individual counseling is provided by registered dietitians. In between certifications, clients are required to attend additional nutrition education classes on specific topics relevant to their individual needs. Nutrition classes include infant and child nutrition, nutrition during pregnancy, breastfeeding, low-fat cooking, increasing fruits, vegetables and whole grains in the diet. In all, over 90 nutrition education classes are taught each month. Poor nutrition during the first three years can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, etc. Research demonstrates that families on WIC are in overall better health, have less dental related Medicaid costs, have less underweight infants and demonstrate a lower prevalence of anemia than low-income children not on WIC. Four and five year-olds whose mothers participated in WIC during pregnancy have better vocabulary test scores than those that didn't receive WIC benefits. WIC positively influences the nutrient intakes of children, dramatically improves Healthy Eating index scores for the household, reduces the risk of child abuse or neglect and WIC participation is associated with increased use of preventative care and improved health status of children.

This program offer relates to the Climate Action Plan for work that supports and promotes the purchase of locally grown, low carbon, sustainable foods purchased at farmer's markets, and as well as providing insight into the acute vulnerabilities faced by this population. CAP specific items include: 14-1, 15-4, 16-1.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Average number of clients served each month	19,206	19,400	19,511	19,500
Outcome	% of mothers initiating breastfeeding on WIC	89.7%	91.0%	89.5%	91.0%
Outcome	Show rate for WIC nutrition education follow-up	66.0%	70.0%	66.0%	68.0%

### Performance Measure - Description

Output: Average number of clients served each month measures the average number of clients receiving WIC food vouchers. Outcome: % of mothers who initiated breast feeding after delivery. Data Source - WIC TWIST system. Outcome: return for education required each six months to continue participation.

## Legal/Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants and Children is authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$912,771	\$2,552,138	\$930,336	\$2,485,888
Materials & Supplies	\$74,781	\$26,500	\$32,131	\$54,012
Internal Services	\$262,084	\$559,339	\$275,939	\$600,931
Total GF/non-GF:	<b>\$1,249,636</b>	<b>\$3,137,977</b>	<b>\$1,238,406</b>	<b>\$3,140,831</b>
Program Total:	<b>\$4,387,613</b>		<b>\$4,379,237</b>	
Program FTE	6.25	34.10	7.69	32.86
<b>Program Revenues</b>				
Indirect for dep't Admin	\$187,501	\$0	\$194,806	\$0
Intergovernmental	\$0	\$3,137,977	\$0	\$3,140,831
<b>Total Revenue:</b>	<b>\$187,501</b>	<b>\$3,137,977</b>	<b>\$194,806</b>	<b>\$3,140,831</b>

## Explanation of Revenues

Women, Infants and Children program's revenue is federal funds included in the intergovernmental revenue agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with county general fund. The WIC Program has seen a significant increase in pregnant women requiring WIC services. County general funds assist the WIC Program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program.

Fed/State WIC grant: \$2,919,032  
Fed/State WIC Breastfeeding/Peer Counselors grant: \$221,799  
County General Fund: \$1,238,406

## Significant Program Changes

**Last year this program was: #40018, Women, Infants and Children (WIC)**  
Several significant Program changes include:

WIC has started a Breast Feeding Peer Counseling Program (BFPC) that enlists pregnant WIC clients to participate in monthly group meetings facilitated by a trained Breast Feeding Peer Counselor. The goal is to have a significant effect on breast feeding duration.

Multnomah County WIC has also opened a new satellite clinic at the Native American Youth Association (NAYA). Native American participation in county health programs has been traditionally very low and this is a wonderful opportunity to build a bridge of access to not only WIC but potentially other maternal and child health programs.

**Lead Agency:** Health Department

**Program Contact:** THIELE Margaret

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who are uninsured or underinsured and otherwise might not have access to healthcare.

### Program Description

North Portland Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center serves a population of which 70% who are below 100% of the Federal Poverty level, 25% are uninsured, 65% are Medicaid and 7% are Medicare. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of annual client visits	17,099	18,858	15,500	17,756
Outcome	% of children who are up to date on immunizations at 35 months of age	62.0%	75.0%	82.0%	85.0%
Efficiency	Number of days for a new patient appointment	7	5	7	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	62.0%	70.0%	70.0%	75.0%

### Performance Measure - Description

Output: Total number of client visits.

Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

Performance Measures Variance Explanation:

# of annual client visits has been negatively impacted by prolonged physician vacancies.

## Legal/Contractual Obligation

North Portland Health Clinic complies with the Bureau of Primary Health Care (BPHC) grant, JCAHO accreditation requirements and CareOregon contractual obligations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$2,844,953	\$1,658,079	\$1,514,258
Contracts	\$0	\$76,060	\$0	\$39,721
Materials & Supplies	\$0	\$179,083	\$4,508	\$135,775
Internal Services	\$99,197	\$763,981	\$202,332	\$692,369
Total GF/non-GF:	<b>\$99,197</b>	<b>\$3,864,077</b>	<b>\$1,864,919</b>	<b>\$2,382,123</b>
Program Total:	<b>\$3,963,274</b>		<b>\$4,247,042</b>	
Program FTE	0.00	27.80	20.00	9.40
<b>Program Revenues</b>				
Indirect for dep't Admin	\$230,888	\$0	\$147,747	\$0
Fees, Permits & Charges	\$4,000	\$119,246	\$0	\$129,760
Intergovernmental	\$0	\$3,744,831	\$1,809,040	\$2,252,363
<b>Total Revenue:</b>	<b>\$234,888</b>	<b>\$3,864,077</b>	<b>\$1,956,787</b>	<b>\$2,382,123</b>

## Explanation of Revenues

North Portland Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients. In addition, the program collects \$4,000 general fund income from property rental.

Medical fees: \$3,301,917  
Federal Primary Care grant: \$790,449  
State Family Planning: \$48,167  
State Maternal & Child Health: \$46,630  
County General Fund: \$59,879

## Significant Program Changes

Last year this program was: #40019, North Portland Health Clinic

**Lead Agency:** Health Department

**Program Contact:** Michael Crocker

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Northeast Health Center (NEHC), provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in NE Portland. The Northeast clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care.

### Program Description

Northeast Health Clinic primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Northeast Health Clinic serves a racially diverse population of which 75% are below 100% of the Federal Poverty level, 25% are uninsured, 70% are Medicaid recipients and 4% use Medicare. Northeast Health Clinic plays a significant role in providing safety net medical services to residents in the community.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of annual client visits	24,859	25,284	24,656	26,214
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	74.0%	85.0%	83.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	7	7	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	64.0%	70.0%	71.0%	75.0%

### Performance Measure - Description

Output: Total number of client visits.

Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

## Legal/Contractual Obligation

The NEHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. The NEHC contracts with CARES Northwest at Legacy Emanuel Hospital to provide two days per week of medical assessment services for children suspected to be victims of child abuse.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$4,070,354	\$2,342,659	\$1,945,188
Contracts	\$0	\$141,526	\$0	\$124,050
Materials & Supplies	\$0	\$206,314	\$0	\$220,068
Internal Services	\$130,443	\$928,703	\$265,179	\$829,049
Total GF/non-GF:	<b>\$130,443</b>	<b>\$5,346,897</b>	<b>\$2,607,838</b>	<b>\$3,118,355</b>
Program Total:	<b>\$5,477,340</b>		<b>\$5,726,193</b>	
Program FTE	0.00	39.30	15.00	24.60
<b>Program Revenues</b>				
Indirect for dep't Admin	\$319,518	\$0	\$193,410	\$0
Fees, Permits & Charges	\$0	\$221,901	\$0	\$235,642
Intergovernmental	\$0	\$5,124,996	\$2,559,529	\$2,882,713
<b>Total Revenue:</b>	<b>\$319,518</b>	<b>\$5,346,897</b>	<b>\$2,752,939</b>	<b>\$3,118,355</b>

## Explanation of Revenues

Northeast Health Clinic is supported by federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical fees: \$4,848,246  
Federal Primary Care grant: \$692,581  
State Family Planning: \$69,639  
State Maternal & Child Health: \$67,418  
County General Fund: \$48,309

## Significant Program Changes

Last year this program was: #40020, Northeast Health Clinic

**Lead Agency:** Health Department

**Program Contact:** DAVICH Jodi W

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Westside Health Center (WSHC) and its outreach programs are the primary hub for Multnomah County's (MC) homeless, providing comprehensive medical, behavioral and addictions (A&D) case management, access to medications and social services. The WSHC outreach clinic at St. Francis Dining Hall engages and serves the most disenfranchised homeless.

### Program Description

WSHC is the anchor of the Health Care for the Homeless Program. Sixty-five percent of Westside Clients are homeless. WSHC serves the County's most medically complex clients, providing significant mental health and addictions care. Many clients have dual diagnoses, such as bipolar/schizophrenia, drug/alcohol abuse and serious medical conditions. Many have hepatitis C, MRSA or diabetes. Westside Health Center plays a key role in stopping the cycle of incarceration by providing healthcare access to over 200 chronically mentally ill clients from corrections. Services are provided in collaboration with community mental health, corrections, drug treatment and shelters to provide access to their neediest homeless clients. Case management includes coordination with housing providers to increase supportive housing units and works to meet the goals of the 10 year plan to End Homelessness. Last year, WSHC and outreach programs helped 1,500 severely mentally ill clients access psychiatric medications, who may otherwise remain untreated on the streets, posing a potentially greater risk to the general population.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of client visits	20,042	26,248	10,295	3,450
Outcome	Patients will be screened for depression on an annual basis	73.0%	90.0%	82.0%	90.0%
Efficiency	Number of days for a new patient appointment	5	5	7	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	63.0%	70.0%	65.0%	70.0%

### Performance Measure - Description

**Output:** Output: Total number of client visits.

**Outcome:** Percentage of patients who are screened for depression. This is important in this population due to the high penetration of serious mental illness.

**Efficiency:** # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

**Quality:** Client satisfaction survey question which asks if they would recommend this clinic to family/friends.



## Legal/Contractual Obligation

WSHC complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. WSHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay are two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$3,809,951	\$298,298	\$666,725
Contracts	\$0	\$494,032	\$53,419	\$302,940
Materials & Supplies	\$59,496	\$155,345	\$8,299	\$80,219
Internal Services	\$238,075	\$757,095	\$288,873	\$379,122
Total GF/non-GF:	<b>\$297,571</b>	<b>\$5,216,423</b>	<b>\$648,889</b>	<b>\$1,429,006</b>
Program Total:	<b>\$5,513,994</b>		<b>\$2,077,895</b>	
Program FTE	0.00	35.50	0.56	6.42
<b>Program Revenues</b>				
Indirect for dep't Admin	\$311,735	\$0	\$88,631	\$0
Fees, Permits & Charges	\$0	\$69,488	\$0	\$9,680
Intergovernmental	\$0	\$5,146,935	\$347,271	\$1,419,326
Total Revenue:	<b>\$311,735</b>	<b>\$5,216,423</b>	<b>\$435,902</b>	<b>\$1,429,006</b>

## Explanation of Revenues

Westside Health Clinic is supported by federal BPHC grant as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and to serve uninsured patients.

Medical fees: \$690,067

Federal Primary Care Homeless grant: \$1,086,210

County general fund: \$301,618

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:** #40021, Westside Health Clinic

As a result of an expansion of medical capacity in the downtown service area and community partnership with Central City Concern, downtown Westside primary care clients are being offered a transfer to either Central City Concern or other downtown providers. The remaining patients will be offered the opportunity to relocate to the new Southeast primary care clinic in Feb 2013. This program offer is for 7 months of operations with a significantly reduced staffing level.

**Lead Agency:** Health Department

**Program Contact:** COCKRELL Deborah S

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Mid-County Health Center (MCHC) serves clients in the poorest and most culturally diverse area of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from traditional forms of medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for thousands of uninsured and underinsured members of the community.

### Program Description

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses their beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak a second language, many were refugees themselves. Sixty-eight percent of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The refugee population often receive no preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Most client families have three or more children; some 10 or 11 - often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of annual client visits	45,054	47,418	45,765	45,287
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	67.0%	75.0%	82.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	5	6	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	72.0%	70.0%	70.0%	75.0%

### Performance Measure - Description

Output: Total number of client visits.

Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

## Legal/Contractual Obligation

MCHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations.

MCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$7,340,001	\$4,830,423	\$2,797,659
Contracts	\$0	\$302,707	\$250,109	\$337,693
Materials & Supplies	\$0	\$553,169	\$5,867	\$437,622
Internal Services	\$178,326	\$1,767,327	\$469,722	\$1,565,969
Total GF/non-GF:	<b>\$178,326</b>	<b>\$9,963,204</b>	<b>\$5,556,121</b>	<b>\$5,138,943</b>
Program Total:	<b>\$10,141,530</b>		<b>\$10,695,064</b>	
Program FTE	0.00	70.50	55.30	14.90
<b>Program Revenues</b>				
Indirect for dep't Admin	\$595,321	\$0	\$318,734	\$0
Intergovernmental	\$0	\$9,963,204	\$5,263,335	\$5,138,943
<b>Total Revenue:</b>	<b>\$595,321</b>	<b>\$9,963,204</b>	<b>\$5,582,069</b>	<b>\$5,138,943</b>

## Explanation of Revenues

Mid County Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical fees: \$9,295,453

State Refugee Screening grant: \$449,800

Federal Primary Care grant: \$467,408

State Maternal & Child Health grant: \$93,270

State Family Planning: \$96,347

County general fund: \$292,786

## Significant Program Changes

Last year this program was: #40022, Mid County Health Clinic

**Lead Agency:** Health Department

**Program Contact:** MORROW Marcia M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The East County Health Center (EHC) provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in East Multnomah County. The clinic serves seasonal migrant workers, pregnant women, infants, children that reside in East Multnomah County who, even if insured, would remain isolated from traditional forms of medical care because of where they live, the language they speak and their higher level of complex healthcare needs.

### Program Description

East County Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center serves a culturally diverse population (59% Latino) of which 80% who are below 100% of the Federal Poverty Level, 20% are uninsured, 75% use Medicaid and 3% use Medicare. East County Health Center plays a significant role in providing safety net medical services to residents in the community.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of annual client visits	39,632	42,905	40,555	41,915
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	73.0%	85.0%	81.0%	85.0%
Efficiency	Number of days for a new patient appointment	8	5	7	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	76.0%	70.0%	75.0%	75.0%

### Performance Measure - Description

Output: Total number of clients served

Outcome: Percentage of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: Number of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access healthcare services.

Quality: % of patients who would strongly agree--clinic focus group formed to address specific identified issues.

## Legal/Contractual Obligation

The ECHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$5,964,572	\$4,212,785	\$2,337,148
Contracts	\$0	\$237,036	\$227,924	\$211,859
Materials & Supplies	\$67,673	\$257,260	\$580	\$321,735
Internal Services	\$39,905	\$1,766,497	\$423,263	\$1,452,838
Total GF/non-GF:	<b>\$107,578</b>	<b>\$8,225,365</b>	<b>\$4,864,552</b>	<b>\$4,323,580</b>
Program Total:	<b>\$8,332,943</b>		<b>\$9,188,132</b>	
Program FTE	0.00	57.40	48.60	14.50
<b>Program Revenues</b>				
Indirect for dep't Admin	\$491,715	\$0	\$268,163	\$0
Fees, Permits & Charges	\$0	\$231,204	\$0	\$239,350
Intergovernmental	\$0	\$7,994,161	\$4,585,405	\$4,084,230
<b>Total Revenue:</b>	<b>\$491,715</b>	<b>\$8,225,365</b>	<b>\$4,853,568</b>	<b>\$4,323,580</b>

## Explanation of Revenues

East County Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical fees: \$8,285,915

Federal Primary Care grant: \$431,646

State Maternal & Child Health grant: \$94,160

State Family Planning: \$97,264

County general fund: \$279,147

## Significant Program Changes

Last year this program was: #40023, East County Health Clinic

**Lead Agency:** Health Department

**Program Contact:** Susan Kirchoff

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The School-Based Health Center program provides access to comprehensive preventive, primary, and mental healthcare for Multnomah County school-aged youth to keep them healthy and ready to learn. Without this safety net many school aged youth would not receive necessary health care. The 13 School-Based and School-Linked sites provide critical points of access to health care regardless of insurance status. SBHC's contribute to learning readiness through optimizing the learning environment by linking health and education for student success in school and life. This work is achieved through partnerships with schools, families, healthcare providers and community agencies.

### Program Description

The School-Based Health Center program operates 13 fully equipped medical clinics. Twelve clinics are located in schools and one clinic is school linked. This program assures access to care by providing service ties beyond regular school times, with multiple sites open during the summer and school breaks to ensure continuity of care. Staffing includes a nurse practitioner, registered nurse, medical support staff and an office assistant. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Program locations are geographically diverse and all MC school aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral needs of youth are met to help them attend, participate and remain in school. Healthcare for school aged youth is a basic need.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	% of patients with three or more visits with a risk assessment in the last year	72.0%	75.0%	68.0%	75.0%
Outcome	% of patients with persistent asthma prescribed appropriate medications	0.0%	80.0%	83.0%	80.0%
Quality	% of patients who would "strongly agree" to recommend to family and friends	73.0%	80.0%	78.0%	80.0%

### Performance Measure - Description

Program measures were chosen reflect work related to our patient centered medical home initiative (Building Better Care).

Key areas of focus include:

- integration of effective methods for disease management,
- reduction in barriers to access to care
- services are organized to be "patient centered"

Conducting risk assessments leads to achieving the program goal of early identification and timely intervention for risk reduction and health promotion.

## Legal/Contractual Obligation

SBHC complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SBHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,400,409	\$2,257,099	\$2,629,310	\$1,132,854
Contracts	\$25,035	\$13,806	\$10,667	\$219,082
Materials & Supplies	\$81,830	\$422,431	\$204,839	\$385,254
Internal Services	\$240,696	\$636,932	\$501,630	\$502,173
Total GF/non-GF:	<b>\$1,747,970</b>	<b>\$3,330,268</b>	<b>\$3,346,446</b>	<b>\$2,239,363</b>
Program Total:	<b>\$5,078,238</b>		<b>\$5,585,809</b>	
Program FTE	14.03	20.95	21.67	13.22
<b>Program Revenues</b>				
Indirect for dep't Admin	\$199,020	\$0	\$122,441	\$0
Fees, Permits & Charges	\$0	\$217,148	\$0	\$222,771
Intergovernmental	\$0	\$3,113,120	\$1,591,242	\$2,016,592
<b>Total Revenue:</b>	<b>\$199,020</b>	<b>\$3,330,268</b>	<b>\$1,713,683</b>	<b>\$2,239,363</b>

## Explanation of Revenues

School Based Health Centers are supported by federal BPHC grant, state family planning grant, State School Based Health Centers grant through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical fees: \$2,780,575

State School Based Health Centers grant: \$492,000

Primary Care grant: \$212,835

State Family Planning grant: \$80,000

Capital Expenditures Grant for Roosevelt, Grant & Madison SBHC: \$265,195

County general fund: \$1,755,204

## Significant Program Changes

Last year this program was: #40024, School Based Health Centers



**Lead Agency:** Health Department

**Program Contact:** TOEVS Kim

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Measure 5 Education

### Executive Summary

The Adolescent Health Program implements community and school-based parent and youth education and teacher training designed to address key health disparities among adolescents that include: teen pregnancy, educational attainment, sexually transmitted infections, and other health concerns.

### Program Description

The overall teen pregnancy rate in Multnomah County is higher than the state's rate. Significant disparities exist among Latinas, American Indians, and African Americans when compared to the County as a whole. A recent study of drop out rates in Oregon showed that Multnomah County high schools have the worst graduation rate in the state with dropout rates ranging from 43% to 47%. Teen pregnancy is a factor contributing to dropout rates. Furthermore, STD rates are highest among teens of any age range, and significant disparities exist within this subset as well for African Americans, Latinos, and gay youth.

This program works to reduce teen pregnancy, delay the onset of sexual activity, and strengthen healthy relationship and sexuality skills of adolescents. All program components stress prevention and use culturally specific, evidence based, population focused approaches. Youth education and skill building: Health Educators teach high school and middle school youth directly, using evidence-based culturally specific or general education approaches as appropriate. Sites include public and alternative high schools, SUN programs, public housing units, congregations, and other community sites. Community Services: Based on the theoretical framework of positive youth development, best practice models provide educational sessions that increase skills and knowledge of parents and other supportive adults to communicate with youth about sexual health, relationship skills, and decision making. Teacher Training: Due to ongoing budget deficits, Multnomah County middle schools have eliminated many health teachers and reassigned health education to other areas. The program will support school districts in providing evidence-based comprehensive sexuality education through technical assistance and capacity building effort for teachers, including co-teaching, training, and coaching, as well as curriculum support. Efforts are focused on highest areas of need demographically/geographically based on current local epidemiology.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of participants in educational sessions/training	0	1,200	4,094	3,750
Outcome	Percent of participants demonstrating increased knowledge	0	80	85	80
Quality	% of participants utilizing skills to increase parent to youth communication	0	80	80	80

### Performance Measure - Description

1) Since the beginning of FY12, two grants have been secured, increasing the FTE available and the # of participants to be served. Current year estimate and next year offer reflect the change in capacity. 2) The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills. 3) The percentage of parent program participants that feel confident they can implement new or improved skills to communicate effectively with their youth.

**Legal/Contractual Obligation****Revenue/Expense Detail**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$241,583	\$20,442	\$245,341	\$333,876
Materials & Supplies	\$26,122	\$703	\$17,694	\$8,747
Internal Services	\$54,465	\$1,914	\$35,901	\$53,583
Total GF/non-GF:	<b>\$322,170</b>	<b>\$23,059</b>	<b>\$298,936</b>	<b>\$396,206</b>
Program Total:	<b>\$345,229</b>		<b>\$695,142</b>	
Program FTE	3.00	0.06	2.70	3.85
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,381	\$0	\$24,574	\$0
Intergovernmental	\$0	\$23,059	\$0	\$396,206
<b>Total Revenue:</b>	<b>\$1,381</b>	<b>\$23,059</b>	<b>\$24,574</b>	<b>\$396,206</b>

**Explanation of Revenues**

NW Family Services/Healthy Relationships grant - \$309,000  
 Fed/State Latina Teen Pregnancy Prevention grant - \$87,206  
 County General Fund: \$298,936

**Significant Program Changes**
 **Significantly Changed**

**Last year this program was:** #40025, Adolescent Health Promotion

This program has entered into a three year contract with NW Family Services to provide healthy relationship curriculum to 3,000 high school students. This program is receiving new federal funding through the State Office of Family Health to implement a Latina teen pregnancy prevention curriculum.

**Lead Agency:** Health Department

**Program Contact:** WILEY Lynne

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

La Clinica de Buena Salud (The Clinic of Good Health), provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in the NE Portland Cully Neighborhood. La Clinica was strategically placed, in partnership with the local community, to provide culturally competent care to a population that otherwise may not have access to medical care.

### Program Description

La Clinica provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Eighty percent are at or below 100% Federal Poverty Level (FLP). La Clinica health and social services team includes: primary, preventive and urgent health care behavioral health services, case management and resource referral. Although La Clinica was initially intended to primarily serve the Latino community, the program has expanded and responded to the area's changing demographics which include culturally-specific services for Somali immigrants and refugees, and Russian speaking families in the Cully neighborhood and beyond. La Clinica is the County's anchor health care program for homeless children and families. This program supports many of the basic living needs priorities. The offer links closely with the School-aged Policy and Early Childhood Frameworks as well as the Health Equity Initiative. Of those receiving health services, 32% have no insurance. The program initiates consultation and coordination efforts with other providers to build cultural competency among other service providers and lead efforts to solve community problems.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of annual client visits	6,961	6,823	6,836	7,880
Outcome	% of children who are up to date on immunizations at 35 months of age	70.0%	85.0%	82.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	5	6	6
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	71.0%	70.0%	75.0%	75.0%

### Performance Measure - Description

Output: Total number of client visits.

Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life.

Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services.

Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

## Legal/Contractual Obligation

La Clinica complies with the Bureau of Primary Health Care grant, JCAHO accreditation requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. La Clinica meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$1,155,227	\$611,692	\$708,918
Contracts	\$0	\$37,167	\$0	\$37,674
Materials & Supplies	\$0	\$91,529	\$30,312	\$65,321
Internal Services	\$99,408	\$320,978	\$95,583	\$353,060
Total GF/non-GF:	<b>\$99,408</b>	<b>\$1,604,901</b>	<b>\$737,587</b>	<b>\$1,164,973</b>
Program Total:	<b>\$1,704,309</b>		<b>\$1,902,560</b>	
Program FTE	0.00	10.90	3.60	7.80
<b>Program Revenues</b>				
Indirect for dep't Admin	\$95,897	\$0	\$72,255	\$0
Fees, Permits & Charges	\$0	\$46,736	\$0	\$68,186
Intergovernmental	\$0	\$1,558,165	\$698,693	\$1,096,787
<b>Total Revenue:</b>	<b>\$95,897</b>	<b>\$1,604,901</b>	<b>\$770,948</b>	<b>\$1,164,973</b>

## Explanation of Revenues

La Clinica de Buena Salud is supported by federal BPHC grant, state Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical fees: \$1,244,269

Federal Primary Care/Homeless grant: \$564,245

State Maternal & Child Health grant: \$27,129

State Family Planning: \$28,023

County general fund: \$38,894

## Significant Program Changes

Last year this program was: #40026, La Clinica de la Buena Salud

**Lead Agency:** Health Department

**Program Contact:** Susan Kirchoff

**Program Offer Type:** Innovative/New Program

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The residents of Southeast Portland experience multiple barriers to accessing medical and other safety net health services. Poverty, lack of access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 29% of the Health Department's clients live in Southeast Portland, 22% are homeless or at risk for homelessness. Data shows these clients also have higher rates of chronic diseases resulting in the need for frequent visits to primary care providers. However currently these high needs clients are forced to travel longer distances to access services, creating a significant barrier to care and a negative impact on health and well being. In addition there are a number of Southeast residents who are unable to access comprehensive care due to a lack of providers who serve Medicaid and uninsured individuals.

### Program Description

The Southeast Primary Care clinic will be located in the Southeast Health Center (34th/Powell). Dental services are currently provided at this site. The clinic will provide comprehensive, culturally competent primary care services which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations) primary care and enabling services and is intended to serve as a medical home for residents of Southeast Portland. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of new clients served	0	0	0	3,000
Outcome	% of patients who are screened for depression	0.0%	0.0%	0.0%	85.0%
Quality	%who would strongly recommend to family and friends	0.0%	0.0%	0.0%	75.0%

### Performance Measure - Description

**Output:** Number of new clients served, indicates access to primary care for residents.

**Outcome:** Percentage of patients who are screened for depression. This is important in this population due to the high penetration of serious mental illness.

**Quality:** Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

### Legal/Contractual Obligation

SEHC primary care will comply with the Bureau of Primary Health Care grant, JCAHO accreditation's requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SEHC primary care must meet all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$0	\$713,185	\$159,064
Contracts	\$0	\$0	\$0	\$32,700
Materials & Supplies	\$0	\$0	\$14,996	\$161,869
Internal Services	\$0	\$0	\$128,377	\$108,092
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$856,558</b>	<b>\$461,725</b>
Program Total:	<b>\$0</b>		<b>\$1,318,283</b>	
Program FTE	0.00	0.00	6.62	2.50
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$29,059	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$40,594
Intergovernmental	\$0	\$0	\$607,032	\$421,131
Other / Miscellaneous	\$0	\$0	\$249,526	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$885,617</b>	<b>\$461,725</b>

### Explanation of Revenues

Southeast Health Clinic will be supported by Medicaid/Medicare fee revenue and medical fees from prior fiscal years classified in FY2012 as beginning working capital.

\$249,526 in beginning working capital will be used in FY2013 to fund initial start up costs of the new clinic. The \$607,032 in county general fund support reflected herein is Medicaid wraparound revenue now classified as general fund as a result of the change in accounting rules.

Medical fees: \$1,068,757

Beginning Working Capital: \$249,526

### Significant Program Changes

#### Last year this program was:

This is a new program offer with a proposed clinic opening date of February 2013.

**Lead Agency:** Health Department

**Program Contact:** WILEY Lynne

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Rockwood Community Health Center (RCHC) provides comprehensive primary care and behavioral health services to the diverse, poor, under-served residents in the East County Rockwood area the Rockwood clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care.

### Program Description

Rockwood Community Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. From 2000 to 2007, the number of persons of color in Rockwood increased by 54% (the countywide increase was 27%). Furthermore, 62% of the 7,000 plus Rockwood residents living below 100% of the federal poverty level are persons of color (which is 20% higher than the countywide average) and five of the area's eight census tracts are designated as medically underserved populations in recognition of access issues residents faced.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# new clients served	2,675	3,640	3,740	4,800
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	74	85	83	85
Quality	% "strongly agree" they would recommend this clinic to friends and family	76.0%	70.0%	75.0%	75.0%

### Performance Measure - Description

Output: # of new clients served--measures success in serving residents not previously receiving services from MCHD (source: EPIC system report).

Outcome: Percentage of children who are up to date on immunizations (source: state immunization data).

Quality: % strongly agree they would recommend this clinic to friends and family (source:quarterly patient satisfaction survey).



## Legal/Contractual Obligation

The Rockwood Community Health Center complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. RCHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services are available to all regardless of ability to pay as two examples.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$2,381,376	\$1,615,247	\$1,511,590
Contracts	\$0	\$59,635	\$0	\$52,452
Materials & Supplies	\$0	\$156,735	\$221	\$213,786
Internal Services	\$0	\$562,379	\$194,130	\$588,206
Total GF/non-GF:	<b>\$0</b>	<b>\$3,160,125</b>	<b>\$1,809,598</b>	<b>\$2,366,034</b>
Program Total:	<b>\$3,160,125</b>		<b>\$4,175,632</b>	
Program FTE	0.00	23.30	19.70	10.20
<b>Program Revenues</b>				
Indirect for dep't Admin	\$183,013	\$0	\$146,749	\$0
Fees, Permits & Charges	\$0	\$56,678	\$0	\$140,876
Intergovernmental	\$0	\$3,103,447	\$1,758,114	\$2,225,158
<b>Total Revenue:</b>	<b>\$183,013</b>	<b>\$3,160,125</b>	<b>\$1,904,863</b>	<b>\$2,366,034</b>

## Explanation of Revenues

Rockwood Community Health Center is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical fees: \$3,413,394

Federal Primary Care grant: \$661,591

State Maternal & Child Health grant: \$24,182

State Family Planning: \$24,981

County general fund: \$51,484

## Significant Program Changes

Last year this program was: #40029, Rockwood Health Clinic

**Lead Agency:** Health Department

**Program Contact:** ABDELLATIF Vanetta M

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Clinical Directors ensure that MDs, NPs, PAs, RNs, and LPNs have the necessary training, skills and knowledge to practice competently; patient care adheres to all pertaining regulations; clinical quality improvement (QI) initiatives are effective and appropriate for the communities we serve; and patient care is safe, cost effective, and based on proven best practices.

### Program Description

Medical services:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees in-house nursing and medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies untoward clinical incidents and errors.
5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
6. Ensures that administrative practices are consistent with quality patient care.

Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	80% (or more) of our providers are meeting their minimum productivity goals.	80.0%	75.0%	72.0%	80.0%
Outcome		0	0	0	0
Quality	Maintain compliance with regulatory and licensing standards/boards	100.0%	100.0%	100.0%	100.0%

### Performance Measure - Description

1) 80% (or more) of providers meet their current productivity goals. By recruiting and retaining providers as well as providing leadership and support to existing providers, they will increase access through meeting productivity goals.

## Legal/Contractual Obligation

Oregon State Board of Nurses, Oregon State Board of Medical Examiners, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, stipulations of multiple federal and state grants, CareOregon contract, Central City Concern contract.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$652,679	\$103,161	\$881,818	\$101,050
Contracts	\$15,096	\$0	\$14,096	\$0
Materials & Supplies	\$77,325	\$7,500	\$74,085	\$7,588
Internal Services	\$37,782	\$7,571	\$61,319	\$9,594
Total GF/non-GF:	<b>\$782,882</b>	<b>\$118,232</b>	<b>\$1,031,318</b>	<b>\$118,232</b>
Program Total:	<b>\$901,114</b>		<b>\$1,149,550</b>	
Program FTE	3.70	0.00	5.36	0.10
<b>Program Revenues</b>				
Indirect for dep't Admin	\$5,463	\$0	\$7,334	\$0
Intergovernmental	\$0	\$118,232	\$0	\$118,232
<b>Total Revenue:</b>	<b>\$5,463</b>	<b>\$118,232</b>	<b>\$7,334</b>	<b>\$118,232</b>

## Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. Additionally the Department has been awarded 2 research grants: 1) Kaiser Foundation grant to participate in a research project for cardiovascular disease risk factors among diabetic patients in federally qualified health centers, and 2) Health Resources Services Administration grant through OCHIN, for support of a project to build research infrastructure to support effectiveness studies.

Kaiser Foundation: \$91,232

OCHIN: \$27,000

County General Fund: \$1,031,318

## Significant Program Changes

**Last year this program was:** #40030, Medical Directors (Physician, Nurse Practitioner and Nursing)

Added a deputy medical director to this program offer. With Health Transformation and the need to coordinate medical records across systems, there is a need to optimize our Electronic health records (EHR) which requires clinical leadership and oversight. The new deputy medical director has responsibility for providing EHR leadership, as well as maintaining a clinical practice and supporting providers in their clinical practice.

**Lead Agency:** Health Department

**Program Contact:** Carol Richmond

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Pharmacy provides essential clinical support to health delivery and emergency preparedness programs in the Health Department.

### Program Description

Pharmacy Services utilizes various contracts to procure medication for dispensing to Health Department clients. Medications are dispensed to uninsured clients including high numbers of mentally ill, clients of public health programs such as the Sexually Transmitted Disease Prevention and the Tuberculosis Clinics as well as youth in School Based Health Clinics. The program bills third parties, assists clients in obtaining low-cost/free drugs from manufacturers, and provides staff consultation and patient education regarding medications. Pharmacy Services provides essential support to the health delivery and emergency preparedness programs within the Health Department; and assists in the treatment and monitoring of clients receiving health care in Health Department facilities and programs. Uninsured, public health programs (TB, STD, CD) and School Based Health clients comprise close to 40% of the total work of the program.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Prescriptions Filled	353,260	401,000	320,000	350,000
Outcome	Average prescription cost	33	35	41	38

### Performance Measure - Description

The prescription volume reflects staffing needs, materials and supplies, expenditures and revenue. The average prescription cost reflects prescription volume, expenditures, staffing, materials and supplies but not revenue.

## Legal/Contractual Obligation

Various grants require a provision for pharmacy services. State mandated public health services are provided.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$4,624,364	\$0	\$4,950,677
Contracts	\$0	\$220,305	\$0	\$209,800
Materials & Supplies	\$291,501	\$7,070,723	\$0	\$6,556,161
Internal Services	\$141,052	\$1,291,608	\$0	\$1,466,762
Total GF/non-GF:	<b>\$432,553</b>	<b>\$13,207,000</b>	<b>\$0</b>	<b>\$13,183,400</b>
Program Total:	<b>\$13,639,553</b>		<b>\$13,183,400</b>	
Program FTE	0.00	42.75	0.00	44.25
<b>Program Revenues</b>				
Indirect for dep't Admin	\$789,150	\$0	\$817,678	\$0
Fees, Permits & Charges	\$0	\$780,000	\$0	\$674,000
Intergovernmental	\$0	\$12,427,000	\$0	\$12,509,400
<b>Total Revenue:</b>	<b>\$789,150</b>	<b>\$13,207,000</b>	<b>\$817,678</b>	<b>\$13,183,400</b>

## Explanation of Revenues

Pharmacy is funded through prescription fees and revenue from pharmacy patient assistance programs. Pharmacy was not allocated an county general fund support because reimbursement from 3rd party fees, patient fees and assistance program have been sufficient to cover costs of the program.

Third Party Fees: \$12,509,400

Patient Fees: \$395,000

Patient Assistance Programs: \$279,000

## Significant Program Changes

Last year this program was: #40031, Pharmacy

**Lead Agency:** Health Department

**Program Contact:** ABDELLATIF Vanetta M

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Lab, X-ray, and Health Information Management provide essential clinical support to health delivery and emergency preparedness programs in the Health Department. These programs provide service support to delivery of care to clients of Health Department services including Primary Care, School Based Health Clinics, Disease Prevention Clinics, Dental and Corrections Health. A large percentage of uninsured clients are experiencing homelessness, mental illness and/or are women and children.

### Program Description

Laboratory: Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and emergencies and surveillance of emerging infections. X-ray: Maintain diagnostic imaging and film archives. Health Information Management: Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. Also fulfills role of Health Department's Privacy Official as required by HIPAA. The Clinical Infrastructure Services Group provides essential support to the health delivery and emergency preparedness programs within the Health Department. Laboratory and X-ray assist in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities. Health Information Management ensures proper documentation of health care services and provides direction, monitoring and reporting of federally required HIPAA compliance activities.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of records requests completed	10,500	9,700	11,000	10,000
Outcome	X-rays taken	6,262	6,600	6,100	6,500
Outcome	Number of laboratory specimens handled	233,092	275,000	253,000	268,180
Quality	Lab proficiency/competency levels through internal and external testing program	95.0%	95.0%	95.0%	95.0%

### Performance Measure - Description

### Legal/Contractual Obligation

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions of laboratory and X-ray services. The EMR and Practice Management contractual obligations will be as per the contractual agreement between Multnomah County Health Department (MCHD) and OCHIN. Multnomah County Health Department is the client receiving services from OCHIN in this agreement.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$2,494,844	\$0	\$2,567,938	\$0
Contracts	\$10,750	\$0	\$8,850	\$0
Materials & Supplies	\$74,685	\$0	\$78,328	\$0
Internal Services	\$364,043	\$0	\$373,583	\$0
Total GF/non-GF:	<b>\$2,944,322</b>	<b>\$0</b>	<b>\$3,028,699</b>	<b>\$0</b>
Program Total:	<b>\$2,944,322</b>		<b>\$3,028,699</b>	
Program FTE	26.90	0.00	27.60	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Explanation of Revenues

Revenue for laboratory and X-ray services are included in medical visit revenue. It is a reflection of medical visits and payor mix. General fund is used to pay for services to the uninsured clients served by the Health Department as well as deliver mandated public health services.

County General Fund: \$3,028,699

### Significant Program Changes

**Last year this program was:** #40032, Lab, X-Ray and Medical Records

Plans to eliminate radiology services at Westside Health Center during FY 12-13 to correspond with the transition of patients to other downtown clinics and/or SEHC.



**Lead Agency:** Health Department

**Program Contact:** Marilyn Boss

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Primary Care and Dental Access and Referral (PCARD) Program is the gateway for new patients appointed into Multnomah County Health Department's (MCHD) Primary Care and Dental System, and for established uninsured patients referred into community specialty care.

MCHD Information and Referral and Languages Services provide written translation, oral and sign language interpretation throughout the department's programs and services.

### Program Description

PCARD is the point of entry for scheduling new clients for both the Primary Care and dental clinics. PCARD also facilitates access to specialty referrals and charity care for uninsured patients in collaboration with Project Access. PCARD provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PCARD also provides information and referral for MCHD medical, dental and social services and key community service partners. MCHD Language Services provides interpretation in over 50 languages and sign language for all MCHD services and programs and for established patients who access specialty care in the community. Comprehensive written translation for clinical and non-clinical programs and services is also provided. MCHD Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This key service ensures that patients and clients through the department's Refugee and Screening Program, and those who have Limited English Proficiency, receive culturally competent interpretation.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of new patients who receive appointments	10,836	11,500	10,200	10,365
Outcome	# of uninsured patients who receive specialty care	1,285	1,250	1,340	1,450

### Performance Measure - Description

Output: Number of new patients who receive a new patient appointment (medical and dental). This has been negatively impacted in FY 12 by prolonged provider vacancies due to difficulty recruiting physicians.

Outcome: Number of uninsured patients who receive specialty care referral-measures the success of efforts to connect uninsured clients to community charity care.

**Legal/Contractual Obligation****Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$910,142	\$0	\$549,952	\$421,587
Contracts	\$90,989	\$23,848	\$28,917	\$59,483
Materials & Supplies	\$0	\$22,828	\$24,518	\$0
Internal Services	\$42,700	\$68,324	\$47,451	\$107,170
Total GF/non-GF:	<b>\$1,043,831</b>	<b>\$115,000</b>	<b>\$650,838</b>	<b>\$588,240</b>
Program Total:	<b>\$1,158,831</b>		<b>\$1,239,078</b>	
Program FTE	11.00	0.00	7.50	4.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$6,871	\$0	\$36,485	\$0
Intergovernmental	\$0	\$115,000	\$0	\$588,240
<b>Total Revenue:</b>	<b>\$6,871</b>	<b>\$115,000</b>	<b>\$36,485</b>	<b>\$588,240</b>

**Explanation of Revenues**

Primary Care and Dental Access and Referral is funded with county general fund and is also supported with revenue from the Bureau of Primary Health Care.

County general fund: \$650,838

Federal Primary Care grant: \$588,240

**Significant Program Changes**

**Last year this program was:** #40033, Primary Care and Dental Access and Referral

**Lead Agency:** Health Department

**Program Contact:** ABDELLATIF Vanetta M

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Clinical Infrastructure (Quality and Support) Program provides pivotal oversight by managing the Bureau of Primary Health Care (BPHC) grant, developing and implementing fiscal accountability programs and access to health care, initiating and sustaining clinical and administrative quality and safety activities and improvements, and coordinating adherence to healthcare standards and regulations.

### Program Description

This program supports services within the project scope of the BPHC grant, which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts are maintained at acceptable thresholds. This program supports the ongoing delivery of Primary Care, Homeless, Dental and School Based Health clinical services through the following activities: Management of all aspects of the BPHC grant, including adherence to all federal program requirements. Review, audit and maintain standards of clinical quality and safety as required to maintain Joint Commission (JCAHO) accreditation, which the BPHC strongly supports. Emphasis on use of data and provision of evidence-based care to increase performance outcomes. Provision of financial analysis, monitoring and revenue development for revenue generating program areas. Development and implementation of systems and processes to streamline service delivery, maintain quality and safety, and increase customer satisfaction. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external bench-marking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output		0	0	0	0
Outcome	Maintain compliance with Joint Commission standards	100.0%	100.0%	100.0%	100.0%
Outcome	BPHC grant renewed annually	100.0%	100.0%	100.0%	100.0%

### Performance Measure - Description

1. Reflects maintaining good standing as a fully accredited organization under the Joint Commission's standards for BPHC sponsored FQHC's. Conducted through unannounced surveys by the Joint Commission once every three years.
2. Reflects maintenance FQHC standing through meeting all federal rules and requirements; evaluated annually through the grant continuation application process. (Program must meet benchmark of 90% compliance is required to meet standards/rules governing quality and safety, per Bureau of Primary Health Care (BPHC) Accreditation Initiative.)

**Legal/Contractual Obligation****Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$269,441	\$1,596,538	\$316,459	\$1,867,803
Contracts	\$500	\$119,650	\$0	\$143,400
Materials & Supplies	\$8,212	\$88,872	\$55,859	\$121,401
Internal Services	\$58,873	\$187,440	\$103,502	\$237,801
Total GF/non-GF:	<b>\$337,026</b>	<b>\$1,992,500</b>	<b>\$475,820</b>	<b>\$2,370,405</b>
Program Total:	<b>\$2,329,526</b>		<b>\$2,846,225</b>	
Program FTE	2.80	14.90	2.90	16.80
<b>Program Revenues</b>				
Indirect for dep't Admin	\$113,027	\$0	\$140,830	\$0
Intergovernmental	\$0	\$1,105,000	\$0	\$1,122,500
Other / Miscellaneous	\$0	\$887,500	\$0	\$1,247,905
<b>Total Revenue:</b>	<b>\$113,027</b>	<b>\$1,992,500</b>	<b>\$140,830</b>	<b>\$2,370,405</b>

**Explanation of Revenues**

Quality Assurance and Quality Improvement activities are funded primarily from the federal Bureau of Primary Care with additional funding provided by CareOregon based upon eligibility criteria and quality outcome measures described in the CareOregon Medical Home Payment Model.

Federal Primary Care grant: \$1,122,500

CareOregon: \$1,247,905

County general fund: \$475,820

**Significant Program Changes**

Last year this program was: #40034, Quality Assurance

**Lead Agency:** Health Department

**Program Contact:** SARAGOZA Consuelo C

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Health Assessment, Planning and Evaluation informs and supports health program and policy decisions through providing research, evaluation, and program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and concerns within the county, provides leadership for department-wide strategic planning, procures grant funds, and develops and evaluates evidence-based programs. Evaluation efforts are aimed at examining the effectiveness of programs and initiatives and identifies opportunities for community health improvement.

### Program Description

Health Planning and Evaluation provides support through three program areas: Health Assessment and Evaluation (HAE), Program Design and Evaluation Services (PDES), and Grant Development. HAE provides data analysis and evaluation support for program planning and quality improvement efforts across the Health Department, reports on the health status of Multnomah County residents, and provides data support for Grant Development efforts. HAE supports county-wide efforts to achieve health equity and social justice through monitoring and disseminating reports documenting health inequities and conducting health impact assessments. PDES provides evaluation support to county and state programs, initiates and conducts applied research studies to improve community health, shape public policy, and reduce health disparities. PDES designs public health interventions by identifying and applying best practices and generates knowledge about promising new approaches through research and evaluation. Grant Development identifies and tracks public and private sector funding opportunities, develops grant proposals and budgets, and provides technical assistance to Health Department staff and community partners in program planning, proposal writing, and grant management. Over \$25 million was procured to address health issues in FY10-11. Health Planning and Evaluation projects address key areas including tobacco control, obesity, early childhood, school-aged policy, homelessness, poverty, and emergency preparedness. Examples include evaluation of the Healthy Birth Initiative, the Communities Putting Prevention to Work program, and the development of a Community Health Assessment. Grant Development has secured program funds to support early childhood, adolescent health, public health infrastructure, and clinical services. Health Planning and Evaluation programs identify health priorities and direct resources toward improving health. The investment of \$1.49 million in general funds results in over \$23 million in returns from foundation, state and federal grants, and contracts. HAE analyses and reports inform Health Department program planning and improvement and keep communities apprised of health issues of importance.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of requests for data analysis (1)	556	600	200	200
Outcome	Number of grant proposals written (2)	42	37	37	39
Output	Number of reports and presentations disseminated (4)	31	60	56	56
Outcome	Dollar amount (in millions) of grants funded (3)	26	24	24	24

### Performance Measure - Description

- 1) Includes HAE planned projects and ad hoc requests. Note: During FY11-12 the data analyst that runs almost all of the ongoing and special clinical reports for quality improvement and ongoing program monitoring for Integrated Clinical Services (ICS) moved from HAE into a new program within ICS. As a result, the CYE and the NYO numbers have been reduced. The funding for this analyst was never included within the HAE budget.
- 2) Includes Grant Development and PDES proposals.
- 3) Includes HAE and PDES reports and articles.
- 4) Total grant awards in \$millions. FY10-11 actuals reflect American Reinvestment and Recovery Act funding.

## Legal/Contractual Obligation

Program Design and Evaluation Services (PDES) is primarily grant funded, and program continuation is required by grant and contractual obligations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,156,667	\$892,352	\$1,324,591	\$978,991
Contracts	\$0	\$290,444	\$0	\$545,360
Materials & Supplies	\$35,638	\$79,117	\$24,796	\$80,182
Internal Services	\$155,195	\$114,204	\$143,597	\$127,617
Total GF/non-GF:	<b>\$1,347,500</b>	<b>\$1,376,117</b>	<b>\$1,492,984</b>	<b>\$1,732,150</b>
Program Total:	<b>\$2,723,617</b>		<b>\$3,225,134</b>	
Program FTE	10.50	8.13	11.35	7.55
<b>Program Revenues</b>				
Indirect for dep't Admin	\$82,403	\$0	\$93,930	\$0
Intergovernmental	\$0	\$1,079,800	\$0	\$1,360,630
Other / Miscellaneous	\$0	\$296,317	\$0	\$371,520
Total Revenue:	<b>\$82,403</b>	<b>\$1,376,117</b>	<b>\$93,930</b>	<b>\$1,732,150</b>

## Explanation of Revenues

Health Assessment, Planning and Evaluation is funded by county general fund and from grants through the state Local Public Health Agency award and from other jurisdictions and organizations for evaluation and educational services provided by the Program Design and Evaluation Services (PDES) unit.

State Local Public Health Agency grant: \$581,105  
State of Alaska Tobacco grant: \$607,000  
Oregon Assoc. of Hospitals & Health Systems: \$256,000  
Mercy Corps Health Education Services: \$105,520  
Federal Health & Human Services/HIV Care Smoking Cessation: \$54,525  
State DHS Office of Multicultural Services: \$50,000  
City of Portland Lead Hazard Control Program: \$35,000  
University of Wyoming Tobacco Prevention: \$33,000  
Northwest Health Foundation: \$10,000  
County general fund: \$662,489  
County general fund indirect: \$830,495

## Significant Program Changes

**Last year this program was:** #40035, Health Assessment, Planning and Evaluation

The FTE increase is the result of the transfer of 1.0 FTE grant writer from Integrated Clinical Services. Other funds increased for new evaluation projects for Program Design & Evaluations Services (PDES).

**Lead Agency:** Health Department

**Program Contact:** ABDELLATIF Vanetta M

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The Community Health Council (CHC) is a mandated community-based planning body that facilitates community involvement in quality assurance, public policy advocacy, and management accountability for the Health Department. CHC provides oversight of community health center services which include primary care, dental, early childhood services, nursing, school-based health, lab, pharmacy and radiology. The Council is comprised of a minimum 51% consumer – majority membership to ensure that health center users have a voice in the decision making process. The 13 Coalition of Community Health Clinics (CCHC) are community based clinics that have a pivotal role in serving individuals who are under or uninsured in Multnomah County. The Health Department's indemnification program screens volunteer health care professionals for CCHC.

### Program Description

The CHC offers an entry point for residents to give input about how the County can better meet the health needs of the community. The CHC has a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by the Federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant.

The 13 member Coalition of Community Health Clinics (CCHC) are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people. The Council plays a critical role in assuring access to health care for our most vulnerable residents and by serving as the governing board required by the Federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. At minimum, 51% of Council Members are county residents who use the Health Department's clinical services. Participation on the Council allows them to better understand and influence how the County system works. Through effective partnerships, the County has leveraged millions of dollars of local, state, and federal revenue, increasing access to services for vulnerable populations through funding of the Community Health Council. County funding of the Coalition of Community Health Clinics' infrastructure fuels the engine that leveraged significant funding. It allowed CCHC to secure additional resources from foundations and other government partners to fund a total organizational budget of \$515,261; and the County's contract for volunteer indemnification provided an additional \$1,558,734 value in volunteer time with an estimated 64,885 total volunteer hours. The County's support of the coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many who would otherwise be without care.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of volunteer hours	65,121	16,700	65,000	65,000
Outcome	Percentage of consumers involved	64.0%	64.0%	64.0%	64.0%

### Performance Measure - Description

Number of volunteer hours includes volunteer hours at the 13 Coalition Clinics for licensed health care professionals that utilize the indemnification program as well as Community Health Council participation at meetings and community events. Percentage of consumers involved includes patient advisory boards represented through the CCHC and consumers represented on the CHC. FY11 actuals, FY12 estimate and FY13 includes volunteer hours from both the Community Health Clinics and the 13 member Coalition of Community Health Clinics.



### Legal/Contractual Obligation

The CHC is federally mandated by the Bureau of Primary Health Care. The CHC’s role as the Citizen Budget Advisory Committee is mandated by County Charter.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2012	2012	2013	2013
Personnel	\$114,163	\$0	\$119,979	\$0
Contracts	\$106,060	\$0	\$102,833	\$0
Materials & Supplies	\$6,645	\$0	\$4,800	\$0
Internal Services	\$12,724	\$0	\$11,980	\$0
Total GF/non-GF:	\$239,592	\$0	\$239,592	\$0
Program Total:	\$239,592		\$239,592	
Program FTE	1.30	0.00	1.30	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

### Explanation of Revenues

Community Health Council and Civic Governance is funded by county general fund, \$239,592.

### Significant Program Changes

Last year this program was: #40036, Community Health Council and Civic Governance

**Lead Agency:** Health Department

**Program Contact:** WICKHAM Lila A

**Program Offer Type:** Existing Operating

**Related Programs:** 40007, 40008, 40015

**Program Characteristics:** Climate Action Plan

### Executive Summary

Supports community housing, health interventions, and development of environmental health policy recommendations to reduce health disparities exacerbated by negative and disparate exposure to environmental, social, and economic factors. The Healthy Homes and Housing programs focus on vulnerable/ill families living in substandard housing to reduce asthma triggers, exposure to mold, toxins, vectors, and lead paint through family/home assessments. The program addresses emerging environmental health issues. Strategies include education, advocacy, policy analysis, referral, and community organizing to build community capacity. Focus areas include health impacts of global climate change, toxins exposure, indoor air quality, transportation, bedbugs, and the built environment. The program will pilot the integration and analysis of the health equity lens in the policy analysis process.

### Program Description

The program addresses the root causes of health inequities through chronic disease prevention (asthma, cancer) by improving the health and livability of the home and addressing environmentally related health concerns. Healthy Home Priorities: 1) Provide home based environmental and medical assessment/interventions for high risk asthmatic children; 2) Consultation with medical providers; 3) Create partnerships between landlords and tenants; 4) Provide environmental assessments and interventions for children and families whose health is impacted by their home environment; 5) Address substandard housing complaints in unincorporated area; and 6) Provide home environmental assessments for sick children and improve housing conditions. Housing Education Priorities: Conduct community-based training related to mold, indoor air quality, hazards, toxins, and safety. The Healthy Homes asthma intervention has been shown to improve asthma control resulting in reduced emergency department visits and improved quality of life. Environmental Health Education: 1) Conduct education and outreach related to global climate change, toxin exposure, indoor air quality, bedbugs, and the built environment; 2) Provide empowering environmental health education related to housing, diseases transmitted from animals to humans (vector borne disease), food borne illness, and emerging environmental health issues. Environmental Health Policy Analysis: 1) Coordinate implementation of the Climate Action Plan action items; 2) Participate in the Climate Action Plan (CAP) revision steering committee; 3) Integrate environmental health risk reduction with other Health Department and County-wide initiatives; 4) Address emerging issues (such as, BPA ban and bedbugs). Environmental Health Advocacy: 1) Participate in committees that address health disparities and environmental justice; 2) Provide remediation services related to health and housing; 3) Coordinate stakeholder work groups to provide recommendations on emerging toxic-free policies such as banning of bisphenol A (BPA). Supports the CAP for its overall coordination of implementation of the CAP within MCHD for items 14-1, 14-2, 5-7, and for technical expertise and coordination on 17-1, 17-2, and 17-3 related to a CDC State grant on conducting public health hazard vulnerability assessments with priority climate change indicators.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of families receiving environmental home inspection from any HH programs	153	225	160	140
Outcome	Emergency Dept & hospitalization costs averted	124,214	161,874	143,888	124,721
Outcome	Dollars leveraged	444,733	573,696	645,617	660,256
Output	Recommendations/policies adopted or influenced related to Environmental Health interventions	0	12	12	12

### Performance Measure - Description

Output: Decrease due to final year of HUD Healthy Homes CAIR grant--ends April, 2013. (No new CAIR clients enrolled after December, 2012.) Outcome: These savings are estimated from client related-data obtained from CareOregon emergency room and hospitalization data and costs averted. This does not include physician costs or societal data such as lost work or school days averted. The costs of both are likely to be substantial but difficult to obtain. Outcome: Dollars leveraged include the total sum of dollars leveraged in housing program grants by MCEH and revenue acquired through Targeted Case Management billing. This amount does not include the increased community capacity by MCEH providing technical assistance to community environmental health partners to leverage grant funded resources. Output: Number of recommendations/policies adopted or influenced through participation in work groups, coalitions, and advisory groups.

### Legal/Contractual Obligation

Some activities under this program offer are subject to contractual obligations under the HUD Healthy Homes Demonstration Grant # ORRLHH029-09; DMAP Targeted Case Management/Healthy Homes Oregon Administrative Rules.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$492,720	\$319,451	\$456,983	\$336,724
Contracts	\$78,400	\$108,217	\$70,384	\$125,348
Materials & Supplies	\$34,647	\$107,182	\$61,287	\$47,727
Internal Services	\$39,459	\$108,368	\$43,399	\$94,995
Total GF/non-GF:	<b>\$645,226</b>	<b>\$643,218</b>	<b>\$632,053</b>	<b>\$604,794</b>
Program Total:	<b>\$1,288,444</b>		<b>\$1,236,847</b>	
Program FTE	4.97	3.88	4.54	3.41
<b>Program Revenues</b>				
Indirect for dep't Admin	\$38,438	\$0	\$37,512	\$0
Fees, Permits & Charges	\$0	\$215,040	\$0	\$188,160
Intergovernmental	\$0	\$428,178	\$0	\$416,634
<b>Total Revenue:</b>	<b>\$38,438</b>	<b>\$643,218</b>	<b>\$37,512</b>	<b>\$604,794</b>

### Explanation of Revenues

Final year of HUD Healthy Homes CAIR grant--ends April, 2013.

Healthy Homes Targeted Case Management: \$235,200  
Federal HUD Healthy Homes CAIR grant: \$286,638  
City of Portland/Bureau of Housing & Community Development: \$65,000  
Fed/State Climate Change Action Plan grant: \$17,956  
County General Fund: \$632,053

### Significant Program Changes

**Last year this program was:** #40037A, Environmental Health Education Outreach & Housing

**Lead Agency:** Health Department

**Program Contact:** WIGGINS Noelle

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

A key role of health departments and other government agencies is to support communities to identify and solve persistent problems. This program increases community capacity to identify and solve health problems. It also builds capacity within the Health Department to work in a way that empowers individuals and communities. Activities include training Community Health Workers (CHWs), preventing youth violence before it starts, teaching empowering health promotion approaches including popular education, conducting community-based participatory health research (CBPR), and coordinating the Health Promotion Change Process throughout the Health Department. These activities support health care reform and cut health care costs by giving people and communities the tools they need to protect and promote their own health.

### Program Description

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to improve health, increase health equity, and cut health care costs by addressing the social determinants of health, via five primary strategies: 1) providing state-approved, credit-bearing training for Community Health Workers (CHWs); 2) assisting a variety of groups to learn to use empowering strategies such as popular education to promote health; 3) conducting community-based participatory research (CBPR) projects that increase power and improve health in communities most affected by inequities; 4) preventing youth violence through relationship building and comprehensive planning; and 5) leading the MCHD Health Promotion (HP) Change Process. In the last year, CCC staff has provided revenue-producing CHW training courses to 7 agencies. Bi-monthly popular education (PE) workshops and ongoing consultation about PE are provided to staff from the Health Department, other County departments, and other organizations. A CBPR project designed to measure the clinical outcomes of a community garden program is in development. A project aimed at reducing violence affecting youth of color brings together youth and police officers at 8 schools, agencies, or faith communities, while another project supports coalition building and the development of a comprehensive plan to prevent violence affecting youth. During 2010 the HP Change Process: 1) conducted a follow-up survey with all Health Department staff; 2) continued a series of "Introduction to Empowering Health Promotion" trainings for all HD staff; and 3) engaged in multiple projects aimed at increasing health promotion competence at the Health Department.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of participants in training classes	1,230	1,200	1,200	1,500
Outcome	% of participants in training courses who report increased ability to promote hlt	90.9%	96.0%	95.4%	95.0%
Outcome	% of participants who demonstrate increased knowledge	0.0%	70.0%	70.0%	70.0%
Outcome	% of HD staff who report increased understanding of health promotion	0.0%	85.0%	50.0%	60.0%

### Performance Measure - Description

1) Number of participants in training classes represents the sum of all participants in each training class offered. The same participant may be counted more than once. 2) Percentage of participants in training courses who report increased ability to promote health is defined as participants who rate this item one or two on a post-evaluation survey. A score of one is the highest score. 3) Percentage of participants who demonstrate increased knowledge is defined as those who increase the number of correct items on a survey from baseline to follow-up. 4) Percentage of HD staff who report increased understanding of health promotion is defined as those who rate any of three items on a survey more positively from baseline to follow-up.

Please note: For FY11, Outcome three was calculated as an average of correct responses. The average of correct responses increased from 2.7/8 (33%) at baseline to 4/8 (50%) at follow-up. Follow-up data for Outcome four has been collected but not analyzed; this data will be available by the end of FY12.

**Legal/Contractual Obligation**

CDC standards for local public health agencies will soon make health promotion a mandatory service.

**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$565,612	\$0	\$524,301	\$215,702
Contracts	\$750	\$0	\$750	\$331
Materials & Supplies	\$0	\$10,893	\$16,962	\$11,126
Internal Services	\$52,738	\$7,107	\$71,353	\$40,841
Total GF/non-GF:	<b>\$619,100</b>	<b>\$18,000</b>	<b>\$613,366</b>	<b>\$268,000</b>
Program Total:	<b>\$637,100</b>		<b>\$881,366</b>	
Program FTE	5.80	0.00	4.82	1.98
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,075	\$0	\$16,621	\$0
Fees, Permits & Charges	\$0	\$3,000	\$0	\$3,000
Intergovernmental	\$0	\$0	\$0	\$265,000
Other / Miscellaneous	\$0	\$15,000	\$0	\$0
<b>Total Revenue:</b>	<b>\$1,075</b>	<b>\$18,000</b>	<b>\$16,621</b>	<b>\$268,000</b>

**Explanation of Revenues**

Health Promotion & Community Capacity Building is funded with \$613,366 in county general fund. Revenue also includes the 5-year STRYVE grant \$225,000 and 3 revenue contracts (\$20,000 subcontract from Lane County 100% Access Coalition, \$20,000 subcontract from the Defending Childhood Initiative, and \$3,000 subcontract from Parish Health Promoter Program) reimburse the program for providing training for Community Health Workers.

**Significant Program Changes**

**Last year this program was:** #40038, Health Promotion & Community Capacity Building

During FY12, this program was the recipient of a \$1,125,000, 5-year grant from the Centers for Disease Control and Prevention (CDC), to conduct the STRYVE Project. STRYVE stands for "Striving to Reduce Youth Violence Everywhere." Funding supports communities to develop and implement a comprehensive plan to prevent youth violence before it starts.

**Lead Agency:** Health Department

**Program Contact:** Kathleen Fuller-Poe

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Business and Quality Services - Workforce Development Human Resources and Training Unit provides guidance and consultation in administrative procedures, recruitment, employee/labor management relations, core management competencies, personnel policies and labor contract interpretation, web design, training facilitation, legislative review and legal compliance. Objectives are achieved through (a) applying business best practices (b) being collaborative with key stakeholders and partners, and (c) providing reliable data and information to measure results and quality of performance. We strive to be an adaptive learning organization and support effective and accountable services to our communities.

### Program Description

This Program consists of three primary operating components that support the Health Department's human resources and workforce development objectives:

- 1) **Organizational Effectiveness:** Provides staff and organization, development opportunities that support high performance, nurse development, facilitative leadership, change management, and succession planning. Other support includes managing and maintaining Department training content, administrative guidelines dissemination and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 2) **Public Health Competence:** Assess, identify and provide training resources to employees to strengthen performance in public health and health provider competencies with attention paid to continuous learning, quality improvement and cultural competence.
- 3) **Human Resources:** Ensures human resources systems are implemented and consistently followed to guide and direct all Human Resources activities of the Health Department by providing internal consultation with legal counsel, to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, recruitment to attract highly qualified diverse applicants, records maintenance and compliance with county personnel rules, department guidelines and labor contracts, to reduce liability and costs of unlawful employment practices.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output		0	0	0	0
Outcome	% of 7 service areas that successfully piloted the cultural competency model.	0.0%	0.0%	25.0%	25.0%
Outcome	% of 195 mgmt employees who are trained in performance management principles	0.0%	0.0%	50.0%	50.0%

### Performance Measure - Description

✓ **Measure Changed**

In FY11-12, we are replacing both performance measures from last year because we successfully increased the number of probationary employees who receive reviews and the percentage of all employees who receive reviews. Cultural competence is directly aligned with public health essentials, the Health Department's mission, values and strategic plan, and the County's annual performance evaluation process. Human Resources Workforce Development proposes to develop a plan for a department cultural competence model, integrating approaches used in different parts of the Health Department, and to pilot it with 1-2 service areas. For continuous quality improvement and in line with our core functions, Human Resources also proposes to target a minimum number of managers and supervisors to train in performance management principles.

### Legal/Contractual Obligation

Two collective bargaining agreements; federal, state, county and department regulations covering compensation, disciplinary action, vacation and work schedules.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,817,887	\$0	\$1,872,958	\$0
Contracts	\$103,000	\$0	\$101,000	\$0
Materials & Supplies	\$58,145	\$0	\$59,816	\$0
Internal Services	\$218,945	\$0	\$246,469	\$0
Total GF/non-GF:	<b>\$2,197,977</b>	<b>\$0</b>	<b>\$2,280,243</b>	<b>\$0</b>
Program Total:	<b>\$2,197,977</b>		<b>\$2,280,243</b>	
Program FTE	17.53	0.00	17.23	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Explanation of Revenues

Business and Quality - Human Resources and Training is funded by \$1,011,823 county general fund and \$1,268,420 county general fund indirect revenue.

### Significant Program Changes

Last year this program was: #40039, Business and Quality - Human Resources and Training



**Lead Agency:** Health Department

**Program Contact:** LEAR Wendy R

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Business and Quality Services - Accounting and Financial Services is responsible for providing all grant accounting, budget development and monitoring, accounts payable, contracts and purchasing services and support for the Health Department. They are liaisons for the Department with County Business Services, coordinating the provision of services such as Information Technology, Facilities and Fleet Services.

### Program Description

This group manages all of the financial reporting, billing and collection services for grant-funded programs. It prepares and reviews the Health Department financial reports and develops and maintains the Department's budget. The Contracts Team advises, prepares and processes all contracts, intergovernmental agreements and professional service agreements for the Department. Accounts payable, purchasing and travel and training services are also provided. This group also includes the Facility and Safety Manager who acts as the Safety Coordinator and is responsible for managing compliance with federal, state and county safety regulations. This position is liaison to Facilities and Property Management, FREDS and works closely with the County's Health, Safety and Risk Management Division. Financial and Business Services and support for organizational effectiveness are required for a department responsible for managing over \$161 million in County resources and more than 1,000 full and part-time personnel.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Percent of contracts executed by start of contract	98.0%	98.0%	99.0%	98.0%
Outcome	Percentage of grant reports submitted on time	95.0%	100.0%	98.0%	100.0%
Quality	Number of repeated audit or unresolved audit findings	1	0	0	0

### Performance Measure - Description

**Legal/Contractual Obligation****Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$2,363,028	\$0	\$2,622,919	\$0
Contracts	\$69,593	\$0	\$21,748	\$0
Materials & Supplies	\$160,793	\$0	\$94,572	\$0
Internal Services	\$403,597	\$0	\$439,094	\$0
Total GF/non-GF:	<b>\$2,997,011</b>	<b>\$0</b>	<b>\$3,178,333</b>	<b>\$0</b>
Program Total:	<b>\$2,997,011</b>		<b>\$3,178,333</b>	
Program FTE	24.30	0.00	27.10	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$5,941,209	\$0	\$5,856,884	\$0
<b>Total Revenue:</b>	<b>\$5,941,209</b>	<b>\$0</b>	<b>\$5,856,884</b>	<b>\$0</b>

**Explanation of Revenues**

Business and Quality - Accounting and Financial Services is funded by \$1,394,644 county general fund and \$1,775,912 county general fund indirect revenue.

The general fund revenue in this program offer, \$5,856,884 is the amount of department indirect that is charged to federal/state revenue sources.

**Significant Program Changes**

**Last year this program was:** #40040, Business and Quality - Accounting and Financial Services

Changes to FTE include creating a permanent part-time clerical assistant using money previously budgeted as temporary. Moving one clerical specialist position from Program Offer 40003, Health Department Leadership Administrative Support, to Business Services and adding a new position to support the Immunization program with the receipt, monitoring and tracking of immunizations and vaccines.

**Lead Agency:** Health Department

**Program Contact:** LEAR Wendy R

**Program Offer Type:** Support

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Business and Quality Services-Medical Billing Unit is responsible for providing medical billings and cash collection services for the Health Department.

### Program Description

Provides claims processing services and cash collection services for all of the Health Department's Primary Care and specialty clinics. Responsible for all billing and collection from Medicaid, Medicare, and commercial insurance. Medical billing is an essential part of any clinical system. This team is responsible for the collection of all patient fees, insurance payments, Medicare and Medicaid claims processing. The Medical Accounts Receivable Team is responsible for collecting nearly \$40 million in annual medical billing revenue. This represents about 1/3 of the Department's total budget.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of encounters processed for payment	320,000	325,000	324,000	328,000
Outcome	Percent of Receivables aged (older than 90 days)	39.0%	33.0%	25.0%	22.0%
Quality	% of FQHC claims unpaid	2.9%	2.6%	2.4%	2.2%

### Performance Measure - Description

Measures reflect data now readily available and reported monthly to management. Number of encounters demonstrates volume of work. % of receivables older than 90% should be a % and declining %. Since older claims are less likely to be collected, claims should ideally be paid and resolved in less than 90 days. Finally there are many reasons why a claim might not be paid (client ineligible for service, didn't have insurance coverage on the date of service) but this should be a small and declining % of total claims.

**Legal/Contractual Obligation****Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,087,176	\$0	\$1,125,390	\$0
Contracts	\$359,000	\$0	\$457,400	\$0
Materials & Supplies	\$1,402,297	\$0	\$1,379,888	\$0
Internal Services	\$106,147	\$0	\$107,896	\$0
Total GF/non-GF:	<b>\$2,954,620</b>	<b>\$0</b>	<b>\$3,070,574</b>	<b>\$0</b>
Program Total:	<b>\$2,954,620</b>		<b>\$3,070,574</b>	
Program FTE	12.00	0.00	13.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

Business and Quality - Medical Billing is funded by \$2,379,029 county general fund and \$691,545 county general fund indirect revenue.

**Significant Program Changes**

**Last year this program was:** #40041, Business and Quality - Medical Billing  
One position was added to process Dental claims.

**Lead Agency:** Health Department

**Program Contact:** JOHNSON KaRin R

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The mission of Multnomah County's Health Equity Initiative (HEI) is to eliminate the root causes of social injustices leading to racial and ethnic health inequities. The definition of health equity that grounds HEI's mission is the fair/just distribution of resources and power that supports the achievement of full health potential. HEI engages community members and policy makers in understanding the root causes of health inequities experienced by people of color, immigrants, and refugees, highlighting current efforts, and advancing policy and practice solutions. HEI integrates findings from research in racial justice, social justice, community empowerment, community priorities, and local data to advance immediate and long-term solutions to address the root causes of inequities.

### Program Description

In Multnomah County people of color, immigrants, and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. This program advocates addressing racial and ethnic health inequities with an explicit focus on justice and equity. To eliminate racial and ethnic health disparities by addressing root inequities, HEI analyzes, educates, and advocates for equitable social policies.

This program offer will continue HEI's work to continue refining and piloting three fronts: organizational development, public policy, and community engagement and empowerment. HEI makes change in these areas in two key ways: as a leader (framing policy issues and ensuring a common understanding of key health equity definitions and practices) and as an educator (being a resource in terms of providing education/training on best practices, connections between the 'isms,' social determinants of health, and programs). To advance organizational development, HEI is continuing to pilot the use of an Equity and Empowerment Lens (racial justice focus, E&E Lens) and accompanying training in several service areas in the Health Department, in strong partnership with Business Services. Countywide, HEI provides technical assistance as needed to County leadership and efforts focusing on social justice and equity. To advance public policy, HEI will use policy options generated by HEI and other community policy initiatives to support policy advocacy with local elected officials, community based organizations, and community members promoting an equity policy agenda. To advance community empowerment, the HEI will support health promotion, health equity, and quality improvement trainings for County staff and community members to create common understanding on health equity and disparities, and to provide information on how best to connect with current efforts and conduct policy advocacy.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Community members & organizations engaged in learning about & utilizing the Lens	500	182	250	500
Outcome	Doc. evals of EEQ processes of int./ext. partner use	500	170	250	500
Output	% of developed and implemented communication plan and strategy.	0.0%	30.0%	40.0%	90.0%
Output	Number of Equity Lens training and application	0	8	10	10

### Performance Measure - Description

✓ **Measure Changed**

1) Community engagement measures are key to maintaining cultural factors that protect against health risks. In FY13, the Initiative will continue community empowerment through community education, policy advocacy training, and community-led policy creation. 2) FY13 will focus on strengthening our health equity policy agenda, organizational development changes, and building on existing and potential partnerships within and external to the County, based on Foundational Principles and E&E Lens main Questions. 3) In FY13, the Initiative will develop and implement an on-going community-based communication plan and strategy for health equity 4) Increased integration of organizational change initiatives will allow HEI to continue to advocate for greater and more widespread application of Lens principles and practices in the department, as well as County-wide.

**Legal/Contractual Obligation****Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$293,307	\$0	\$392,023	\$0
Materials & Supplies	\$10,689	\$0	\$11,833	\$0
Internal Services	\$30,317	\$0	\$21,562	\$0
Total GF/non-GF:	<b>\$334,313</b>	<b>\$0</b>	<b>\$425,418</b>	<b>\$0</b>
Program Total:	<b>\$334,313</b>		<b>\$425,418</b>	
Program FTE	3.00	0.00	3.90	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues**

Health Equity Initiative (racial justice focus) is funded with county general fund, \$425,418.

**Significant Program Changes**

Last year this program was: #40045, Health Equity Initiative (racial justice focus)

**Lead Agency:** Health Department

**Program Contact:** MANHAS Sonia X

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

### Executive Summary

The Community Wellness and Prevention Program develops and implements environment, systems, and policy-based change strategies to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition, and tobacco use, including cancer, diabetes, obesity, heart disease, asthma, and stroke. The Program also houses the Department's Office of Public Health Policy which coordinates the Department's local, state, and federal policy activities, facilitates strategic partnerships, and supports the county board of health. In late FY10, Community Wellness and Prevention received a large Center for Disease Control (CDC) "Communities Putting Prevention to Work" grant. The grant will extend into FY13 and is continuing to transform the impact of the program.

### Program Description

Tobacco use is the single most preventable cause of death and disease in Multnomah County, and poor nutrition and physical inactivity closely follow. Each year in the United States, tobacco use accounts for \$96 billion in direct medical expenses, and more than \$147 billion is spent treating obesity-related illnesses. This Program manages six prevention areas which work to change the community conditions that contribute to chronic disease, such as lack of access to safe places to walk and play, low availability of fresh fruits and vegetables, or exposure to second-hand smoke, including: 1) healthy school environments, 2) land use and transportation planning, 3) tobacco prevention & control, 4) community food programs and policy initiatives, 5) It Starts Here media campaign and 6) the Department-wide Office of Public Health Policy. Examples of program responsibilities include enforcement of the Oregon Indoor Clean Air Act, implementation of the Multnomah County Healthy Retail Initiative, coordination of the Multnomah Food Initiative and the Portland Multnomah Food Policy Council. The Office of Public Health Policy plays a lead coordinating role of the Department's public policy activities in close collaboration with Department Leadership and the Board of County Commissioners, such as staffing the county's policy action to restrict the use of Bisphenol-A in beverage containers as well as staffing health care reform efforts to negotiate the county's role within a regional coordinated care organization. The policies and environmental changes being advanced and implemented by the Program are critical to changing social norms and behaviors, improving the health of county residents, and saving health care costs in the years to come.

This program relates to the Climate Action Plan for its work related to the built environment, transportation and land use planning, and sustainable, healthy food policy and practice, specific action items include: 14-1, 15-2, 15-1, 15-2, and 17-1, 17-2, and 17-7 as a key stakeholder in major planning scenarios and adaptation planning.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of community partners in Healthy Active Multnomah County coalition	0	40	40	40
Outcome	Number of policies established to slow and reduce rates of chronic disease	0	10	22	10
Quality	Federal CPPW grant-defined progress milestones are met quarterly.	0.0%	100.0%	90.0%	100.0%
Output	Public exposure to "It Starts Here" media campaign	0.0%	25.0%	50.0%	25.0%

### Performance Measure - Description

✓ **Measure Changed**

1-Number of community partners in Healthy Active Multnomah County coalition. Partners will be tracked by # of contracts the program establishes as well as # of non-funded partnerships established through policy teams. 2-Number of policies established: This is an outcome measure that enables the program to track and monitor whether its partnership activities result in concrete changes in policy. 3-Tracks progress towards meeting objectives in the program's Healthy Active Multnomah County action plan. Ratings: In-progress on schedule, in-progress behind schedule, or completed. 4-Public exposure to "It Starts Here" media campaign. Output goal: By February 2013, there will be a 10% increase in those who believe that availability of healthy food and beverages is an important health issue requiring community action. Exposure will be tracked by # of visits to campaign website and exposure to television ads.



## Legal/Contractual Obligation

Communities Putting Prevention to Work is funded through the American Recovery and Reinvestment Act (ARRA) and the County and funded partners must comply with extensive financial and performance reporting requirements. Tobacco prevention and chronic disease prevention programs funded by Oregon Public Health Division must comply with required work plans and assurances. Smoke-free workplaces and public places law must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$407,269	\$1,373,825	\$366,626	\$890,473
Contracts	\$16,033	\$1,582,250	\$10,995	\$160,739
Materials & Supplies	\$12,273	\$68,361	\$22,322	\$26,266
Internal Services	\$24,176	\$457,890	\$19,724	\$296,144
Total GF/non-GF:	<b>\$459,751</b>	<b>\$3,482,326</b>	<b>\$419,667</b>	<b>\$1,373,622</b>
Program Total:	<b>\$3,942,077</b>		<b>\$1,793,289</b>	
Program FTE	4.90	15.00	3.85	10.15
<b>Program Revenues</b>				
Indirect for dep't Admin	\$208,524	\$0	\$85,195	\$0
Intergovernmental	\$0	\$3,482,326	\$0	\$1,313,655
Other / Miscellaneous	\$0	\$0	\$0	\$59,967
<b>Total Revenue:</b>	<b>\$208,524</b>	<b>\$3,482,326</b>	<b>\$85,195</b>	<b>\$1,373,622</b>

## Explanation of Revenues

Community Wellness and Prevention received approval for a no-cost extension to its funding from the federal American Recovery and Reinvestment Act (ARRA) grant "Communities Putting Prevention to Work"; the Program receives state/federal grant funds through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services; the Program received a grant from the National Association of Chronic Disease Directors (NACCD) to enable local communities to address chronic disease risk factors; the Program received a grant from Kaiser Permanente to continue implementation of its Healthy Retail Initiative; and the Program receives county general fund.

ARRA Communities Putting Prevention to Work (ends Mar 2013): \$815,000

State Tobacco Prevention grant: \$397,405

Fed/State Health Communities grant: \$81,250

Federal NACCD Achieve grant: \$20,000

Kaiser Permanente grant: \$59,967

County General Fund: 419,667

## Significant Program Changes

✓ Significantly Changed

**Last year this program was:** #40047, Community Wellness and Prevention

Federal funds through Communities Putting Prevention to Work will ramp down during FY13, resulting in significant program changes: 1) reduction of staffing including 3.5 FTE health educator, 1.50 FTE program coordinators, and 2.0 FTE program supervisors, 2) end of contracts with a network of over thirty community partners including school districts, community-based organizations, and governmental entities, 3) scaled back "It Starts Here" campaign. The Communities Putting Prevention to Work funding was meant to catalyze two years of intensive health promotion activities and job creation across the county which it has successfully accomplished. The Health Department is actively working to maintain a scaled back, yet still impactful program.

**Lead Agency:** Health Department

**Program Contact:** Robert Johnson

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:** Climate Action Plan

### Executive Summary

The Community Epidemiology Services (CES) program provides core public health functions to all Community Health Services (CHS) programs. These activities are the "front line" governmental public health essential services required by all CHS programs serving county residents. They include:

- epidemiologic surveillance and outbreak response
- population health data collection and analysis
- application of best and promising evidence-based practices in public health
- effective financial management and fiscal accountability
- quality improvement and performance management
- supportive and strategic communications and health alerts

### Program Description

The Community Epidemiology Services (CES) program provides the Department's core public health services to CHS programs. Population data are analyzed to assist programs in optimizing quality and accountability to the communities they serve. CHS programs provide clinical, technical, field-based outreach, and community engagement functions across diverse professional disciplines such as medicine, nursing, public health inspections (food and water), entomology (vector control), and health promotion. These programs must operate in compliance with a substantial body of public health and environmental statutes and ordinances to monitor and control disease. Accurate collection and analysis of programmatic, epidemiological, and environmental data is essential to focus resources on preventing disease and promoting health in vulnerable populations. The CES unit leads CHS programs in implementation of efficient and safe service delivery, coordinated public health data, epidemiologic analysis, and coordinated communication activities. CES optimizes resources to assure quality and effectiveness of clinical services, data management, and prevention projects. The program provides demographic data for strategic program planning and to assist our community partners in coordinating efforts. Outbreak response is provided through epidemiologic support, statistical modeling, and standardized Investigative Guidelines. CES also supports the Department with implementation of best practices, coordination with prioritized County initiatives, and Public Health Accreditation. This program assures that all CHS services align with the Multnomah County Health Department Strategic Plan.

This program offer is directly related to the Climate Action Plan because of its vital function of epidemiological surveillance and analysis. Action items are 17-1, 17-2, 17-3 as a key stakeholder in adaptation planning and assessment.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Quality Improvement methods training for identified priority CHS programs	7	9	9	12
Outcome	Timely epidemiology surveillance reports detect unusual public health events	100.0%	100.0%	90.0%	100.0%
Quality	Population data projects completed on time	100.0%	90.0%	95.0%	90.0%

### Performance Measure - Description

Three of the major essential public health services provided by CES to CHS programs are epidemiologic surveillance and analysis, population health data management, and quality improvement.

## Legal/Contractual Obligation

Oregon Revised Statutes (ORS) 431.416 Local public health authority duties

- (a) Epidemiology and control of preventable diseases and disorders
- (b) Parent and child health services
- (c) Collection and reporting of health statistics
- (d) Health information and referral services
- (e) Environmental health services

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$489,245	\$0	\$493,438	\$0
Contracts	\$50,000	\$0	\$9,000	\$0
Materials & Supplies	\$47,120	\$0	\$32,024	\$0
Internal Services	\$47,000	\$0	\$67,325	\$0
Total GF/non-GF:	<b>\$633,365</b>	<b>\$0</b>	<b>\$601,787</b>	<b>\$0</b>
Program Total:	<b>\$633,365</b>		<b>\$601,787</b>	
Program FTE	4.30	0.00	4.40	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Community Epidemiology Services is funded with county general fund, \$601,787.

## Significant Program Changes

**Last year this program was:** #40048, Community Epidemiology Services

Staff has increased focus on MCH strategic planning within the Department. The Quality Manager position was tasked to perform additional duties as MCH Coordinator.

Communications activities address acute disease outbreak messaging (e.g. pertussis/whooping cough or tuberculosis in schools and day care settings) and supporting public health alerts and other reports. Communication staff in this program offer consists of a 0.8 FTE web specialist that supports the public messaging mentioned above within the Health Department.

**Lead Agency:** Health Department

**Program Contact:** CHESNEY Jeannie M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. JDH health personnel care for 80 detained youth from Multnomah, Washington and Clackamas Counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes. Trained, skilled professional nursing staff, scheduled 16 hrs/day, provide effective illness screening, evaluation of symptoms and effective, targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 2,000 youth are cared for each year with over 40% having major mental health and unstable health conditions. Routine health screenings include STD and TB screening to protect both the health of the clients, custody staff and the broader public health.

### Program Description

This offer ensures that the health needs for 80 youth meet the standards that assure access to care, safeguards the health of all those who are in detention and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 6 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of emotional and mental illness. Registered nurses work one day/week with a provider in clinic, to plan examine and order the care necessary to keep the youth safe. In partnership with the DCJ custody staff, Corrections Health identifies and responds to emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other counties occurs so transferring of health care to other jurisdictions is achieved effectively. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	# of clients visits conducted by a CH nurse per yr	3,000	3,500	3,500	3,600
Outcome	% of detained youth receiving mental health medications monthly	30.0%	50.0%	50.0%	50.0%

### Performance Measure - Description

## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they do not have the freedom to obtain care on their own. Access to care, an evaluation by a health professional, and the right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs brings harm to individuals entrusted to our care and increases liability for the County. Corrections Health is bound by ethical standards to provide unbiased care to all individuals based on community standards of care.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$495,552	\$100,004	\$632,283	\$0
Contracts	\$77,407	\$10,000	\$87,407	\$0
Materials & Supplies	\$76,179	\$8,987	\$23,246	\$0
Internal Services	\$61,220	\$10,769	\$68,400	\$0
Total GF/non-GF:	<b>\$710,358</b>	<b>\$129,760</b>	<b>\$811,336</b>	<b>\$0</b>
Program Total:	<b>\$840,118</b>		<b>\$811,336</b>	
Program FTE	4.40	1.20	4.70	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$7,770	\$0	\$0	\$0
Fees, Permits & Charges	\$7,238	\$0	\$7,238	\$0
Intergovernmental	\$103,000	\$129,760	\$103,000	\$0
Total Revenue:	<b>\$118,008</b>	<b>\$129,760</b>	<b>\$110,238</b>	<b>\$0</b>

## Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. There is no co-pay system for youth, however, those youth in the Alcohol and Drug Treatment Program have OHP coverage so some of their clinic appointments with a physician and medications are billed through the community or health department to OHP. Corrections Health Juvenile Detention/Admissions and Housing is funded by \$811,336 in county general fund which includes \$103,000 in intergovernmental revenue from Washington and Clackamas Counties. The program estimates to collect \$7,238 in medical fees that are included in the county general fund.

The other revenue in FY12 is part of a grant funded project with the Morrison Center. At the time the budget was developed, it appeared this project would be ending. We are waiting for final confirmation but may add back this revenue during the amendment phase of the budget process.

## Significant Program Changes

Last year this program was: #40049, Corrections Health Juvenile Detention/Admissions and Housing

**Lead Agency:** Health Department

**Program Contact:** CHESNEY Jeannie M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 160-170 US Marshall (USM) detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

### Program Description

This offer represents Corrections Health MCDC basic administration, support, booking and mental health care delivery programs for the right care to be provided in the right setting. MCDC averages 110 newly booked individuals each day. Nurses(24 hrs/7 days/wk) evaluate each detainee to identify critical health issues and make plans for scheduled care for stabilization. Screening includes health history, chronic disease, substance abuse, communicable disease evaluation and current prescriptions. Through these evaluations, treatments, medications, provider appointments, mental health referrals and housing decisions are made. Suicide symptom inventory and TB screening are vitally important at booking for safety while incarcerated. The Mental Health Team is composed of PMHNP, mental health consultants and mental health nurses for evaluation, monitoring and treatment for the many mentally ill clients coming into jail. Over 60% of all medications prescribed are for mental health conditions.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Average # of health screenings completed in an 8 hr shift	35	40	40	40
Outcome	% of + screenings resulting in a referral to the mental health team per year	35.0%	35.0%	35.0%	37.0%

### Performance Measure - Description

## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$2,764,760	\$0	\$2,985,488	\$0
Contracts	\$219,181	\$0	\$222,648	\$0
Materials & Supplies	\$133,780	\$0	\$98,370	\$0
Internal Services	\$123,200	\$0	\$150,880	\$0
Total GF/non-GF:	<b>\$3,240,921</b>	<b>\$0</b>	<b>\$3,457,386</b>	<b>\$0</b>
Program Total:	<b>\$3,240,921</b>		<b>\$3,457,386</b>	
Program FTE	23.70	0.00	23.70	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$34,972	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$26,511	\$0
<b>Total Revenue:</b>	<b>\$34,972</b>	<b>\$0</b>	<b>\$26,511</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge to the individuals in order to provide care that is needed.

Corrections Health MCDC Base Services and Booking Floor is funded by \$3,457,386 in county general fund. The program estimates to collect \$26,511 in medical fees that are included in the county general fund.

## Significant Program Changes

Last year this program was:



**Lead Agency:** Health Department

**Program Contact:** CHESNEY Jeannie M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and classification housing. Approximately 160-170 USM detainees

are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

### Program Description

This offer represents the MCDC 4th floor which is composed of 46 beds, two general and two mental health clinic rooms, one dental operatory, X-ray and lab services as well as 10 mental health and 10 general infirmary skilled care beds, plus four housing areas for high level discipline. Also, a nurses station, chart room and medication/supplies room. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical and terminal care provided in jail instead of high cost hospital care. Mental health is managed by a team of mental health nurses, consultants and providers. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency response. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Avg # inmate medical requests for care evaluated by nurse monthly	700	720	725	725
Outcome	Avg suicide watches per month to prevent inmate injury or death.	30	50	50	55

### Performance Measure - Description

FY13 -Performance measures reflect care delivered for 5 floors in MCDC as we do not separate suicide watches or medical request evaluations per floor.

## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,844,408	\$0	\$1,951,150	\$0
Contracts	\$425,093	\$0	\$525,904	\$0
Materials & Supplies	\$319,309	\$0	\$379,446	\$0
Internal Services	\$73,503	\$0	\$77,053	\$0
Total GF/non-GF:	<b>\$2,662,313</b>	<b>\$0</b>	<b>\$2,933,553</b>	<b>\$0</b>
Program Total:	<b>\$2,662,313</b>		<b>\$2,933,553</b>	
Program FTE	14.14	0.00	16.40	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$20,866	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$18,720	\$0
<b>Total Revenue:</b>	<b>\$20,866</b>	<b>\$0</b>	<b>\$18,720</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostics tests and communicable diseases are at no charge to the individuals in order to provide safety.

Corrections Health MCDC Clinical Services and 4th Flr Housing is funded by \$2,933,553 in county general fund. The program estimates to collect \$18,720 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40050B, Corrections Health MCDC Clinical Services and 4th Flr Housing

**Lead Agency:** Health Department

**Program Contact:** CHESNEY Jeannie M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 160-170 USM detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental /behavioral illnesses.

### Program Description

This offer represents the health services to all four housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	700	720	725	725
Outcome	Avg suicide watches per month to prevent inmate injury or death	30	50	50	55

### Performance Measure - Description

## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$961,038	\$0	\$994,512	\$0
Contracts	\$208,944	\$0	\$208,350	\$0
Materials & Supplies	\$124,527	\$0	\$173,680	\$0
Internal Services	\$54,062	\$0	\$40,206	\$0
Total GF/non-GF:	<b>\$1,348,571</b>	<b>\$0</b>	<b>\$1,416,748</b>	<b>\$0</b>
Program Total:	<b>\$1,348,571</b>		<b>\$1,416,748</b>	
Program FTE	10.40	0.00	11.40	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$15,347	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$9,768	\$0
<b>Total Revenue:</b>	<b>\$15,347</b>	<b>\$0</b>	<b>\$9,768</b>	<b>\$0</b>

## Explanation of Revenues

Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge to the individuals in order to provide safety.

Corrections Health MCDC Housing Floor 5, 6, 7 & 8 is funded by \$1,416,748 in county general fund. The program estimates to collect \$9,678 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40050C, Corrections Health MCDC Housing Floor 5, 6, 7 & 8

**Lead Agency:** Health Department

**Program Contact:** CHESNEY Jeannie M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

### Program Description

This offer represents MCIJ base and clinical services which is administrative, support, diagnostic and clinical services. Three general provider clinics, one dental operatory, one mental health and one triage/treatment room provides office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Xray and lab services support diagnosing health problems. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel so health care can be delivered. By providing 24/7 skilled health care on site for this vulnerable, under served population, we minimize the high cost of outside medical care. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive health care.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	900	950	949	955
Outcome	% of medical requests that are resolved by RN staff	70.0%	75.0%	76.0%	76.0%

### Performance Measure - Description

FY13 performance measures reflect the entire facility.

## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$1,707,254	\$0	\$1,871,068	\$0
Contracts	\$236,699	\$0	\$140,729	\$0
Materials & Supplies	\$95,701	\$0	\$120,461	\$0
Internal Services	\$127,047	\$0	\$191,974	\$0
Total GF/non-GF:	<b>\$2,166,701</b>	<b>\$0</b>	<b>\$2,324,232</b>	<b>\$0</b>
Program Total:	<b>\$2,166,701</b>		<b>\$2,324,232</b>	
Program FTE	13.76	0.00	15.70	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$19,525	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$33,851	\$0
<b>Total Revenue:</b>	<b>\$19,525</b>	<b>\$0</b>	<b>\$33,851</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge to the individuals in order to provide safety.

Corrections Health MCIJ Base Services and Clinical Services is funded by \$2,324,232 in county general fund. The program estimates to collect \$33,851 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40051A, Corrections Health MCIJ Base Services and Clinical Services

**Lead Agency:** Health Department

**Program Contact:** CHESNEY Jeannie M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

### Program Description

This offer represents a variety of health, mental health, and dental services to 430 men and women in DORMS 4-11 at MCIJ (DORMS 1,2,3 are closed). Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. Inside and outside inmate workers are monitored by Health for ability to work, injuries and medication management when out of the facility. Chronic disease monitoring is key to preventing hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics support in jail care. In partnership with custody staff, health responds to emergencies and screens for communicable diseases to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	900	950	949	955
Outcome	% of medical requests that are resolved by RN staff	70.0%	75.0%	76.0%	76.0%

### Performance Measure - Description

FY13 performance measures reflect the entire facility.



## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$885,297	\$0	\$1,122,421	\$0
Contracts	\$137,617	\$0	\$24,433	\$0
Materials & Supplies	\$55,640	\$0	\$72,261	\$0
Internal Services	\$120,308	\$0	\$96,990	\$0
Total GF/non-GF:	<b>\$1,198,862</b>	<b>\$0</b>	<b>\$1,316,105</b>	<b>\$0</b>
Program Total:	<b>\$1,198,862</b>		<b>\$1,316,105</b>	
Program FTE	8.00	0.00	10.10	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$11,352	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$20,306	\$0
<b>Total Revenue:</b>	<b>\$11,352</b>	<b>\$0</b>	<b>\$20,306</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge to the individuals in order to provide safety.

Corrections Health MCIJ General Housing Dorms 1 - 10 is funded by \$1,316,105 in county general fund. The program estimates to collect \$20,306 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40051B, Corrections Health MCIJ General Housing Dorms 4 - 11

**Lead Agency:** Health Department

**Program Contact:** CHESNEY Jeannie M

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

### Program Description

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical infirmary provides skilled nursing and protective isolation in house and not at higher cost hospitals. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics support in house care. In partnership with custody staff, health responds to emergencies and screens for communicable disease to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Avg # of inmate medical requests for care evaluated by the Traige Nurse monthly	900	950	949	955
Outcome	% of medical requests that are resolved by RN staff	70.0%	75.0%	76.0%	76.0%

### Performance Measure - Description

FY13 Performance measures reflect the entire facility.

## Legal/Contractual Obligation

From the US Supreme Court to the Oregon State Revised Statutes, necessary health care for incarcerated individuals is a right because they have lost their freedom to obtain care on their own. Access to care, an evaluation by a health professional and a right to receive care that is ordered is mandated by the 4th, 8th and 14th amendments. When serious health needs are not addressed by professionals, deliberate indifference to medical needs bring harm to individuals entrusted to our care. Corrections Health is bound by ethical standards to provide unbiased care to all individuals.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$864,299	\$0	\$820,433	\$0
Contracts	\$137,617	\$0	\$317,859	\$0
Materials & Supplies	\$55,640	\$0	\$52,821	\$0
Internal Services	\$91,022	\$0	\$70,895	\$0
Total GF/non-GF:	<b>\$1,148,578</b>	<b>\$0</b>	<b>\$1,262,008</b>	<b>\$0</b>
Program Total:	<b>\$1,148,578</b>		<b>\$1,262,008</b>	
Program FTE	8.00	0.00	8.00	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$11,352	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$14,843	\$0
<b>Total Revenue:</b>	<b>\$11,352</b>	<b>\$0</b>	<b>\$14,843</b>	<b>\$0</b>

## Explanation of Revenues

As a result of the laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payers, insurance companies, Medicare, etc. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. A co-pay system is in place that charges the inmate accounts for a nominal fee for evaluations, clinic visits and medications. Many treatments, screenings, diagnostic tests and communicable diseases testing are at no charge to the individuals in order to provide safety.

Corrections Health MCIJ Dorms 11-17 Including Infirmary is funded by \$1,262,008 in county general fund. The program estimates to collect \$14,843 in medical fees that are included in the county general fund.

## Significant Program Changes

**Last year this program was:** #40051C, Corrections Health MCIJ Dorms 12-18 Including Infirmary

**Lead Agency:** Health Department

**Program Contact:** OXMAN Gary L

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,300 yearly deaths fall into this category. ME Office activities are highly visible to the public when an investigable death occurs in the community. ME staff are directly involved with the families and loved ones of deceased individuals as well as the responder community (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

### Program Description

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office to investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to prescription medication or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County. The County ME Office was transferred from the District Attorney to the Health Department in July 2011. The Health Department is re-establishing the ME Office's alignment with general Multnomah County procedures, systems, and culture.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of deaths requiring investigation	0	0	2,200	2,200
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	0.0%	0.0%	90.0%	90.0%

### Performance Measure - Description

✓ **Measure Changed**

Output: Number of deaths in Multnomah County that require investigations

Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.

## Legal/Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$814,318	\$0	\$818,301	\$0
Contracts	\$65,500	\$0	\$50,000	\$0
Materials & Supplies	\$11,933	\$0	\$7,349	\$0
Internal Services	\$45,523	\$0	\$68,345	\$0
Total GF/non-GF:	<b>\$937,274</b>	<b>\$0</b>	<b>\$943,995</b>	<b>\$0</b>
Program Total:	<b>\$937,274</b>		<b>\$943,995</b>	
Program FTE	9.00	0.00	9.00	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

The Medical Examiner's Office is funded by \$943,995 in county general fund

## Significant Program Changes

✓ Significantly Changed

**Last year this program was:** #40052, Medical Examiner's Office

On July 1, 2011 management of the Medical Examiner's Office was transferred from the District Attorney's Office to the Health Department. Although the importance of the Office's contribution to law enforcement is well understood, the bulk of the Office's time and effort is dedicated to public health and safety or protecting the public from disease and injury. In the past, the Office had limited day-to-day interaction with the District Attorney's Office which resulted in a backlog of supervisory, supply, and management issues that need attention (e.g. job descriptions, performance evaluations, OSHA-required equipment, etc.). The Health Department's FY 2012-13 budget constraint is inadequate to support current ME Office services. This program offer includes no managerial or supervisory oversight for the program and staff. It reduces the Oregon State Police building support contract, which jeopardizes the State/County hybrid structure. It removes funding for OSHA-required equipment and for American Board of Medicolegal Death Investigators certification training. Overtime for Deputy Medical Examiners is reduced by 67% and on-call for Deputy Medical Examiners and Pathologist Assistants by 62% relative to current utilization. This will significantly impact the ability of Deputy Medical Examiners to respond to death investigations 24/7/365, and Pathology Assistants' support of autopsies to certify cause and manner of death.

**Lead Agency:** Health Department

**Program Contact:** OXMAN Gary L

**Program Offer Type:** Existing Operating

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The County Medical Examiner's Office (ME) investigates and determines the cause and manner of deaths which occur under specific circumstances in Multnomah County. Approximately 2,200 of the County's 6,300 yearly deaths fall into this category. ME Office activities are highly visible to the public when an investigable death occurs in the community. ME staff are directly involved with the families and loved ones of deceased individuals as well as the responder community (police, fire, mortuary services, accident investigators) on a daily basis. The Office operates 24/7/365.

### Program Description

Under ORS Chapter 146, the County is required to have a Medical Examiner (ME) Office to investigate deaths that occur under specific circumstances. These include deaths a) that are apparently homicidal, suicidal or occurring under suspicious circumstances, b) resulting from unlawful use of controlled substances or toxic agents, c) following an accident or injury, d) occurring under incarceration or police custody, and e) during or arising from employment. They also include deaths that are sudden, unexpected or that are unattended by a physician.

As most deaths investigated by the ME are sudden and unexpected, the ME Office is in a unique position to identify unusual and emerging causes of death and injury, and to contribute to preventive public health interventions. Examples include clusters of death due to prescription medication or illicit drug use.

ORS 146 establishes a hybrid state/county approach to ME services. Counties and the state share authority and responsibility for staffing, supervision, operations, and technical direction. Multnomah County staff carry out field death investigations, authorize removal of deceased persons from the place of death, notify next-of-kin, and protect decedents' property until a personal representative takes charge. They also work in collaboration with state physician Medical Examiners who perform autopsies and certify the cause and manner of death. The Multnomah County ME Office is physically co-located with the Clackamas County and Oregon ME Offices in an Oregon State Police facility in Clackamas County. The County ME Office was transferred from the District Attorney to the Health Department in July 2011. The Health Department is re-establishing the ME Office's alignment with general Multnomah County procedures, systems and culture.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY10-11)	Current Year Purchased (FY11-12)	Current Year Estimate (FY11-12)	Next Year Offer (FY12-13)
Output	Number of deaths requiring investigation	0	0	2,200	2,200
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	0.0%	0.0%	90.0%	90.0%

### Performance Measure - Description

✓ **Measure Changed**

Output: Number of deaths in Multnomah County that require investigations

Outcome: A Deputy Medical Examiner arrives on-scene in 90% of calls requiring on-scene investigation within one hour of first notification in order to support public safety, law enforcement, and affected members of the public.

## Legal/Contractual Obligation

ORS 146 specifies responsibilities and authorities for the Office (i.e. deaths requiring investigation; responsibility for investigation; notification of death; removal of body; authority to enter and secure premises; notification of next of kin; authority to order removal of body fluids; autopsies; disposition of personal property; unidentified human remains). ORS 146 also establishes a hybrid state/county program structure which limits the county's authority over operations, procedures, and technical functions.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2012	2012	2013	2013
Personnel	\$0	\$0	\$50,591	\$0
Contracts	\$0	\$0	\$15,000	\$0
Materials & Supplies	\$0	\$0	\$7,929	\$0
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$73,520</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$73,520</b>	
Program FTE	0.00	0.00	0.20	0.00
<b>Program Revenues</b>				
Total Revenue:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This scaled program offer for the Medical Examiner's Office would be funded by additional general fund support of \$73,520.

## Significant Program Changes

✔ **Significantly Changed**

### Last year this program was:

On July 1, 2011 management of the Medical Examiner's Office was transferred from the District Attorney's Office to the Health Department. Although the importance of the Office's contribution to law enforcement is well understood, the bulk of the Office's time and effort is dedicated to public health and safety, protecting the public from disease and injury. In the past, the ME Office had limited day-to-day interaction with the District Attorney's Office. This resulted in a backlog of supervisory, supply, and management issues needing attention (e.g. job descriptions, performance evaluations, OSHA-required equipment, etc.). The Health Department identified a manager to address these issues and provide overall support and direction to the Office.