

Health Department

Budget for FY 2010

The Health Department seeks to protect against threat to health, to ensure access to healthcare for Multnomah County residents, and to promote health. Despite financial constraints, the Health Department's FY 2010 budget sustains health services for the most vulnerable population of Multnomah County. Changes to service delivery format and personnel levels were made in order to maintain capacity in most areas of service.

The Health Department's FY 2010 adopted budget totals \$137,155,977, which is a 0.75% decrease from the FY 2009 adopted budget. This budget includes \$84,205,392 in Federal, State and Medicaid revenue, \$51,110,095 in General Fund, and \$1,840,490 in Ambulance/Emergency response fees.

Overall revenues in the Health Department's adopted budget were increased by approximately \$2.0 million. This was a result of a number of efficiency, collection, and operational improvements within clinical services. This increase in other revenue will help to alleviate the impact General Fund reductions may have on service levels.

The decrease in overall budget is primarily due to the following reductions;

- Adult Dental Services reduced by approximately \$3.5 million in state funding
- Wage freeze and cost of living adjustments for Local 88 and management employees \$1,987,795

The FY 2010 program offers contain 871.16 FTE, which is 50.01 FTE less than the FY 2009 adopted FTE.

The approved budget funds approximately 8.75 FTE with one-time-only General Fund resources of \$787,000. These positions are identified as promoting the Health Department's ability to produce more revenue in future years.

Budget Trends	FY 2008	FY 2009	FY 2009	FY 2010	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	909.53	865.33	921.17	871.16	(50.01)
Personal Services	\$79,798,420	\$85,362,856	\$89,821,528	\$85,684,824	(4,136,704)
Contractual Services	16,138,644	\$16,131,605	14,905,433	16,672,648	1,767,215
Materials & Supplies	32,977,172	\$31,195,983	33,378,621	34,648,505	1,269,884
Capital Outlay	<u>0</u>	<u>\$92,000</u>	<u>92,000</u>	<u>150,000</u>	<u>58,000</u>
Total Costs	\$128,914,235	\$132,782,444	\$138,197,582	\$137,155,977	(\$1,041,605)

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Health Department FY 2010 Summary by Program Offer					
Prog #	Name	FY 2010 General Fund Adopted	Other Funds	Total Program Cost	Total FTE
<u>Operating Programs</u>					
40004	Emergency Medical Services	\$120,258	\$1,892,618	\$2,012,876	5.00
40005	Public Health & Regional Health Systems Emergency	334,601	1,446,134	1,780,735	6.91
40007	Health Inspections & Education	3,406,355	55,875	3,462,230	24.45
40008	Vector-Borne Disease Prevention & Code Enforcement	1,438,124	38,318	1,476,442	10.45
40009	Vital Records	81,440	676,495	757,935	6.35
40010	Communicable Disease Prevention & Control	3,256,299	2,254,437	5,510,736	30.12
40011	STD/HIV/Hep C Community Prevention Program	3,098,734	1,830,173	4,928,907	28.37
40012	Services for Persons Living with HIV	1,277,991	6,435,094	7,713,085	21.63
40013A	Early Childhood Svcs for First Time Parents	2,962,160	3,930,435	6,892,595	34.66
40013B	Early Childhood Svcs for High-Risk Prenatal	1,182,526	2,810,378	3,992,904	24.23
40013C	Early Childhood Svcs for High-Risk Infants & Children	2,505,526	1,830,620	4,336,146	20.96
40014	Immunization	252,327	2,043,185	2,295,512	2.00
40015	Lead Poisoning Prevention	28,352	148,911	177,263	0.60
40016A	Medicaid/Medicare Eligibility	537,799	1,162,358	1,700,157	20.00
40017A	Dental Services	1,577,957	10,491,646	12,069,603	57.13
40018	Women, Infants, & Children (WIC)	873,468	2,464,746	3,338,214	31.29
40019	North Portland Health Clinic	1,579,218	5,275,305	6,854,523	27.15
40020	Northeast Health Clinic	1,777,749	6,088,194	7,865,943	29.75
40021A	Westside Health Clinic	2,692,496	9,031,284	11,723,780	35.18
40022	Mid County Health Clinic	2,456,226	10,641,465	13,097,691	68.75
40023	East County Health Clinic	2,061,440	9,147,260	11,208,700	54.75
40024	School-Based Health Centers	3,470,996	3,202,834	6,673,830	34.00
40025	Adolescent Health Promotion Program	61,894	855,984	917,878	7.94
40026	La Clinica de la Buena Salud	588,776	2,195,374	2,784,150	11.60
40027	Early Childhood Prevention Restoration	75,000	630,427	705,427	8.35
40028	Early Childhood Expanded Prevention Capacity	308,576	0	308,576	3.00
40045A	Health Equity Initiative	349,574	2,265	351,839	2.80

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Health Department (cont.) FY 2010 Summary by Program Offer

Prog #	Name	FY 2010 General Fund Adopted	Other Funds	Total Program Cost	Total FTE
<u>Operating Programs (cont)</u>					
40049A	Corrections Health Juvenile Detention Services: 80 Beds	\$1,070,575	\$17,909	\$1,088,484	4.00
40050A	Corrections Health MCDC Booking	2,086,915	6,125	2,093,040	12.30
40050B	Corrections Health MCDC 4th Floor, Clinical Services & Infirmaries	2,158,809	3,523	2,162,332	11.20
40050C	Corrections Health MCDC Mod 5A-B	624,815	3,523	628,338	3.80
40050D	Corrections Health MCDC Mod 5C-D	516,316	3,523	519,839	2.90
40050E	Corrections Health MCDC Mod 6A-B	454,572	3,523	458,095	3.80
40050F	Corrections Health MCDC Mod 6C-D	363,077	3,523	366,600	1.90
40050G	Corrections Health MCDC Mod 7A-B	378,200	3,523	381,723	2.70
40050H	Corrections Health MCDC Mod 7C-D	233,185	3,523	236,708	1.20
40050I	Corrections Health MCDC Mod 8A-B	204,741	3,523	208,264	1.00
40050J	Corrections Health MCDC Mod 8C-D	187,232	3,523	190,755	0.60
40051A	Corrections Health MCIJ Dorms 10, 11, 18	2,208,003	24,661	2,232,664	11.70
40051B	Corrections Health MCIJ Dorms 12&13	432,608	3,523	436,131	2.70
40051C	Corrections Health MCIJ Dorms 14&15	1,422,333	3,523	1,425,856	7.70
40051D	Corrections Health MCIJ Dorms 16&17	930,470	3,523	933,993	6.10
40051E	Corrections Health MCIJ Dorms 6&7	85,478	0	85,478	0.40
40051F	Corrections Health MCIJ Dorms 8&9	585,742	3,523	589,265	3.80
40051G	Corrections Health MCIJ Dorms 3	36,459	0	36,459	0.20
40051H	Corrections Health MCIJ Dorms 4	41,214	0	41,214	0.10
40051I	Corrections Health MCIJ Dorms 5	41,144	0	41,144	0.10
40051K	Corrections Health MCIJ Dorms 2	49,713	0	49,713	0.20
	Wage Freeze and COLA Adjustments	(1,357,368)	(630,427)	(1,987,795)	
Total Operating Programs		\$51,110,095	\$86,045,882	\$137,155,977	685.82

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Health Department (cont.)

FY 2010 Summary by Program Offer

Administrative & Support Programs provide supervision or support to some or all of the operating programs above. Their costs are "spread" to the operating programs and are factored into the costs above. Note FTE were not "spread;" to get the total FTE, add both operating and administration and support FTE totals for the department total.

Prog #	Name	FY 2010 General Fund Adopted	Other Funds	Total Program Cost	Total FTE
<i>Administration & Support Programs</i>					
40000	Health Department Leadership Team	\$1,583,364	\$0	\$1,583,364	7.50
40002	Health Officer	258,060	347,518	605,578	2.82
40003	HD Leadership Team Administration	677,368	0	677,368	6.80
40030	Physician, Nurse Practitioner, and Nursing Directors	1,042,272	8,000	1,050,272	4.50
40031A	Pharmacy	1,100,772	8,819,000	9,919,772	31.00
40031B	Mental Health Rx	137,325	150,000	287,325	0.00
40032	Lab, X-Ray, and Medical Records	2,953,089	0	2,953,089	26.90
40033	Clinic Appointment Center	1,107,711	0	1,107,711	7.00
40034	Quality Assurance	673,244	913,776	1,587,020	11.10
40035	Health Planning & Evaluation	1,433,818	1,826,678	3,260,496	20.87
40036	Civic Governance, Citizen & Community	245,390	0	245,390	1.30
40037	Community Environmental Health	286,402	173,000	459,402	3.85
40038A	Health Promotion Coordination &	505,499	16,000	521,499	4.70
40039	B&Q Human Resources & Training	2,070,207	0	2,070,207	15.50
40040	B&Q Accounting & Financial Services	2,486,799	0	2,486,799	20.00
40041	B&Q Medical Billing	3,020,738	0	3,020,738	11.00
40047	Chronic Disease Prevention	269,499	489,217	758,716	6.45
40048	Systems and Quality Support	634,450	0	634,450	4.05
Total Admin/Support Programs					185.34

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FY 2010 Summary of One-Time-Only Funds

This supplemental table contains a list of program offers partially or completely funded one-time-only resources.

Prog #	Name	FY 2010	Other Funds	OTO Only	% OTO
		General Fund Adopted		General Funds	General Funds
40016A	Medicaid/Medicare Eligibility	\$537,799	\$1,162,358	\$292,000	54.3%
40013A	Early Childhood Svcs for First Time Parents	2,962,160	3,930,435	100,000	3.4%
40027	Early Childhood Prevention Restoration	75,000	630,427	75,000	100.0%
40035	Health Planning & Evaluation	1,433,818	1,826,678	205,000	14.3%
40041	B&Q Medical Billing	<u>3,020,738</u>	<u>0</u>	<u>115,000</u>	3.8%
Total One-Time-Only Funds		\$8,029,515	\$7,549,898	\$787,000	9.8%

Priority: Accountability

Lead Agency: Health Department

Program Offer Type: Administration

Program Contact: SHIRLEY Lillian

Related Programs:

Program Characteristics:

Executive Summary

The Department Director, Deputy Director and the Directors for the three large service areas within the Department: Community Health Promotion, Partnerships and Planning (CHP3), Community Health Services (CHS) and Integrated Clinical Services (ICS) are members of the Health Department's Leadership Team (DLT).

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; 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. The Director is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership. The Community Health Promotion, Partnerships and Planning (CHP3) Director is responsible for partnerships which support health disparities reduction and create linkages within community systems. The Director supervises CHP3 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 CHS services: 1) communicable and environmentally influenced disease programs; 2) services for families with young children and Oregon Health Plan enrollment; and 3) public health emergency preparedness. The Director is responsible for partnerships with CDC, State, Conference of Local Health Officials, business and citizens. 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.

Program Justification

The Health Department's Leadership Team creates and communicates a clear vision and direction for County government: its programs, its partnerships; establishing processes for citizen involvement in decision making; managing resources and service delivery costs effectively through maintenance of a diverse and qualified workforce; through continuous evaluation of and streamlining the delivery of service and operations through results-based processes; and by providing reliable information for decision making, improving results, and reporting results through community health reports and processes for community partnerships in addressing community health issues.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Increased access to Health Dept. services as measured by # of clients served.	163,000	157,000	165,500	168,000
Outcome	Annual increase in Federal and State resources leveraged for services.	87,000,000	82,000,000	83,000,000	83,000,000
Output	Number of "all staff" Dept communications (NFD, brown bags, media releases).	0	30	50	70

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.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$1,000,526	\$0	\$1,184,321	\$0
Contracts	\$72,412	\$0	\$63,863	\$0
Materials & Supplies	\$170,946	\$0	\$193,922	\$0
Internal Services	\$122,189	\$0	\$141,258	\$0
Subtotal: Direct Exps:	\$1,366,073	\$0	\$1,583,364	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$0	\$0
Total GF/non-GF:	\$1,366,073	\$0	\$1,583,364	\$0
Program Total:	\$1,366,073		\$1,583,364	
Program FTE	7.00	0.00	7.50	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

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

Priority: Accountability

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: OXMAN Gary L

Related Programs:

Program Characteristics:

Executive Summary

The Office of the Tri-County Health Officer provides public health physician consultation, technical direction, and leadership for Multnomah, Clackamas, and Washington counties' health departments. This regional partnership became fully implemented during FY 2008-09. It is intended to improve the consistency and quality of public health services in the three county areas, increase learning and collaboration across the counties, and improve the quality and efficiency of Health Officer services.

Program Description

The program provides consultation, medical/technical direction and leadership by public health physicians to support effective public health practice. The program promotes health department and community understanding of health issues, and guides appropriate and effective action to address these issues. Program activities address 1) identified public health situations, 2) public health program design and operations 3) application of appropriate public health practices, and 4) wider community approaches to public health issues. Program staff provide medical and technical consultation, direction and leadership; participate in enforcement of public health laws; supervise selected public health programs; work with department staff, other agencies, and community groups to analyze and find solutions for critical public health problems; and also participate in department administration.

Program Justification

The program supports the Accountability Outcome by providing reliable information for decision making, improving results, and reporting results. Specifically, the program's public health, medical and regulatory leadership and consultation define appropriate policy, service and regulatory goals, and methods.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Prioritized objectives completely met by end of fiscal year	0	0	50	85
Outcome	Stakeholder orgs. express improved ability to respond to health emergencies.	91.0%	90.0%	100.0%	90.0%
Quality	Stakeholders satisfied Health Officer services (based on Likert scale)	91.0%	90.0%	100.0%	90.0%

Performance Measure - Description

The Office assures its programs meet their performance measures. For example, Regional Health System Emergency Preparedness meets State IGA requirements, and accomplishes critical preparedness objectives specified by state and federal funders.

With implementation of the Tri-County Health Officer approach, satisfaction of key customers with Health Officer services is a critical measure. Survey of key stakeholders in Multnomah, clackamas, and Washington Counties conducted at midyear and end of fiscal year will meet or exceed 4 (on a scale of 1-5).

Output measure is new: implementation of tri-county approach is now complete enough to have identified specific program and cross-program deliverables.

Legal/Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer.

IGAs 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
Program Expenses	2009	2009	2010	2010
Personnel	\$226,530	\$308,680	\$226,137	\$304,285
Contracts	\$4,800	\$0	\$3,000	\$0
Materials & Supplies	\$5,450	\$13,352	\$3,775	\$3,500
Internal Services	\$12,513	\$29,828	\$15,140	\$39,733
Subtotal: Direct Exps:	\$249,293	\$351,860	\$248,052	\$347,518
Administration	\$8,665	\$0	\$10,008	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$8,665	\$0	\$10,008	\$0
Total GF/non-GF:	\$257,958	\$351,860	\$258,060	\$347,518
Program Total:	\$609,818		\$605,578	
Program FTE	1.00	2.10	0.92	1.90
Program Revenues				
Indirect for dep't Admin	\$20,456	\$0	\$21,068	\$0
Intergovernmental	\$0	\$351,860	\$0	\$347,518
Program Revenue for Admin	\$0	\$351,860	\$0	\$0
Total Revenue:	\$20,456	\$703,720	\$21,068	\$347,518

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through IGAs with Multnomah County. These IGAs are revenue agreements. Contractual revenues cover the full costs to provide services to Clackamas and Washington counties. Multnomah County General Funds cover the costs to provide services in Multnomah County.

Significant Program Changes

Last year this program was: #40002, Health Officer

Priority: Accountability

Lead Agency: Health Department

Program Offer Type: Administration

Program Contact: SHIRLEY Lillian

Related Programs:

Program Characteristics:

Executive Summary

This program pools administrative support to the Department's senior leadership team.

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, CHP3 Program Manager Senior, CHS Program Manager Senior, Health Officer, Business Services Program Manager 2 and their managers. Team members provide general office services, such as copying, travel and training, time and attendance record (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main administrative telephone lines and front office reception on the Director's floor.

Program Justification

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 (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	% of projects completed on time with an error rate not to exceed 3%.	90.0%	85.0%	95.0%	90.0%
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	8	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
Program Expenses	2009	2009	2010	2010
Personnel	\$500,493	\$0	\$528,580	\$0
Contracts	\$66	\$0	\$77,896	\$0
Materials & Supplies	\$28,884	\$0	\$35,775	\$0
Internal Services	\$26,435	\$0	\$35,117	\$0
Subtotal: Direct Exps:	\$555,878	\$0	\$677,368	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$0	\$0
Total GF/non-GF:	\$555,878	\$0	\$677,368	\$0
Program Total:	\$555,878		\$677,368	
Program FTE	7.00	0.00	6.80	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

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

Priority: Safety

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: COLLINS William E

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. The EMS program supports the Communities factor of the Safety Outcome team.

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 pre-hospital medical care provided by paramedics, basic EMTs and first responders. Immediate medical advice for responders is provided via radio by OHSU under supervision of the EMS Medical Director. 3. Continuous Quality Improvement (CQI): The EMS Program coordinates a system-wide data-driven approach to improving the quality of service provided by the EMS system. The program gathers, maintains, and analyzes data on patient care and outcomes necessary for the CQI process. Results are used for planning, and for improving EMS operations and the quality of pre-hospital patient care. 4. The EMS program regulates all emergency and non-emergency 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 dispatch and medical first response: Dispatch is provided by the City of Portland. The fire departments of Portland and Gresham and districts throughout the County provide first response. EMS coordinates medical supervision, operating protocols, communications, major event planning, and equipment specifications.

Program Justification

The EMS Program is a visible part of the public safety system and contributes to citizens feeling safe. The EMS Program ensures that an immediate medical response is available to all County residents and visitors experiencing a medical emergency. Having this rapid response available increases the public's perception of safety. The program emphasizes coordination of services provided by multiple public and private agencies, and takes collaborative approaches to prepare for individual and community emergencies.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Ambulance response times - 8 min. 90% of calls	90.0%	90.0%	90.5%	90.0%
Outcome	Cardiac arrest survival to hospital	30.0%	30.0%	30.0%	30.0%
Quality	Cardiac arrest survival to hospital discharge	12.0%	12.0%	12.0%	12.0%

Performance Measure - Description

The major contract performance measure is the percentage of urban emergency calls in which the ambulance arrives onscene in 8:00 minutes or less. System quality measures include medical care outcomes such as survival from cardiac arrest.

Cardiac arrest is an often-fatal cessation of the heartbeat that requires immediate medical intervention. Cardiac arrest survival until arrival at the hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. Cardiac arrest survival at hospital discharge shows how EMS contributes to cardiac arrest survival in the larger health care system. Medical outcomes are benchmarked against other communities with an eye towards improving on results over time.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$0	\$605,313	\$0	\$687,414
Contracts	\$0	\$667,000	\$0	\$665,481
Materials & Supplies	\$0	\$200,350	\$0	\$275,330
Internal Services	\$0	\$197,695	\$0	\$212,265
Subtotal: Direct Exps:	\$0	\$1,670,358	\$0	\$1,840,490
Administration	\$23,971	\$0	\$27,616	\$0
Program Support	\$91,430	\$52,779	\$92,642	\$52,128
Subtotal: Other Exps:	\$115,401	\$52,779	\$120,258	\$52,128
Total GF/non-GF:	\$115,401	\$1,723,137	\$120,258	\$1,892,618
Program Total:	\$1,838,538		\$2,012,876	
Program FTE	0.00	4.70	0.00	5.00
Program Revenues				
Indirect for dep't Admin	\$97,105	\$0	\$111,591	\$0
Fees, Permits & Charges	\$0	\$813,129	\$0	\$1,533,490
Intergovernmental	\$0	\$673,000	\$0	\$0
Other / Miscellaneous	\$0	\$184,229	\$0	\$307,000
Program Revenue for Admin	\$0	\$52,779	\$0	\$52,128
Total Revenue:	\$97,105	\$1,723,137	\$111,591	\$1,892,618

Explanation of Revenues

All costs of the program are recovered through various fees.

Significant Program Changes

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

Priority: Safety

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: NICHOLS Loreen

Related Programs:

Program Characteristics:

Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts requires multi-agency, multi-jurisdictional, 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 private health care providers in the 6-county NW Oregon region have proven capacity to care for victims of large scale emergencies. Both programs apply the National Incident Management System (NIMS) framework and are coordinated 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 activities include: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) a trained and exercised Incident Management Team to lead the Department's response; 3) exercises to test and refine plans and capacities, and 4) surge capacity for key public health functions (e.g., epidemiology resources to investigate, and analyze an emergency's health impacts). Regional Health System Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties. 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).

Program Justification

This offer supports the Safety strategy: "to prepare, prevent, and respond to emergencies." The programs utilize coordination and collaboration to develop effective governmental and private sector health response capacities in the county and region.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of Incident Mgmt membs trained & annually exercised.	90	93	90	90
Outcome	Hlth Orgs. expressing program has improved ability to respond to Hlth Emergency	90.0%	95.0%	90.0%	95.0%
Quality	Stakeholders satisfied w/program activities, based on Likert scale.	95.0%	95.0%	95.0%	95.0%
Outcome	Score on Centers for Disease Controls technical assistance review	0	0	63	70

Performance Measure - Description

1) PH Preparedness: Number of staff receiving NIMS-approved training, and participating in response exercises. 2&3) Regional Health Preparedness: Key stake-holders' and organizations' perceived progress on program goals, and satisfaction with program activities/services.

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 Oregon DHS (Public Health Division) provides funding from CDC and guidance for Public Health preparedness activities, including pandemic influenza preparedness. A separate IGA with DHS provides funding from the US Dept. of Health and Human Services, and guides regional health system preparedness goals and activities. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general capacities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$0	\$621,471	\$0	\$793,577
Contracts	\$0	\$19,979	\$0	\$146,250
Materials & Supplies	\$0	\$40,385	\$0	\$36,658
Internal Services	\$0	\$126,698	\$0	\$194,687
Subtotal: Direct Exps:	\$0	\$808,533	\$0	\$1,171,172
Administration	\$10,969	\$0	\$19,680	\$0
Program Support	\$269,072	\$284,870	\$314,921	\$274,962
Subtotal: Other Exps:	\$280,041	\$284,870	\$334,601	\$274,962
Total GF/non-GF:	\$280,041	\$1,093,403	\$334,601	\$1,446,134
Program Total:	\$1,373,444		\$1,780,735	
Program FTE	0.00	5.99	0.00	6.91
Program Revenues				
Indirect for dep't Admin	\$44,596	\$0	\$71,874	\$0
Intergovernmental	\$0	\$808,533	\$0	\$1,171,172
Program Revenue for Admin	\$0	\$284,870	\$0	\$274,962
Total Revenue:	\$44,596	\$1,093,403	\$71,874	\$1,446,134

Explanation of Revenues

Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via the Oregon Department of Human Services (DHS), Public Health Division. Regional Health System Emergency Preparedness is funded by 1) The US Dept. of Health and Human Services via the Oregon DHS/Public Health Division and the Oregon Association of Hospitals and Health Systems; and 2) Federal Centers for Disease Control (CDC) funds received via the Oregon Department of Human Services (DHS), Public Health Division.

Significant Program Changes

Last year this program was: #40005, Public Health and Regional Health Systems Emergency
The CDC Pandemic Influenza Preparedness grant that funded institutional and community education and capacity development ended. The new CDC Pandemic Influenza grant funds the development of a replicable model for how to deliver essential healthcare services during a severe influenza pandemic.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: WICKHAM Lila A

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). Participating in a FDA Food Standardization assessment will help us align our program with national standards for critical food safety issues. The inspection program received an outstanding rating during its 2008 Triennial review.

Program Description

Health Inspection Facilities: The Health Inspections program has responsibility for assuring the health and safety in 10,522 facilities including restaurants, mobile restaurants, temporary events, 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 628 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). **Child and Adult Foster Care Facilities:** The program inspects 604 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 disaster/bio-terrorism response. The program received a 1-year FDA Food Defense grant to develop and implement strategies that will assist restaurants in preventing and responding to intentional food contamination. 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. The online Food Handler website has been revised to support food industry participation in food handler certification.

Program Justification

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 (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Facility inspections	11,800	10,800	11,294	11,500
Outcome	Critical violation per year	6,090	9,359	6,008	6,295
Output	Total number certified Food Workers eligible for employment	24,047	22,692	23,669	22,250

Performance Measure - Description

Output: 1) Facilities (e.g. restaurants, mobile units, vending machines, temporary event units, schools, child-care facilities, tourist accommodations) inspected on-site. Outcome: 2) 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 corrections. Data was included in previous year program offer that should not have been, which inflated "current year purchased" data. Output: 3) 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.

Legal/Contractual Obligation

Legal mandates are 1999 FDA Food Code 2002 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
Program Expenses	2009	2009	2010	2010
Personnel	\$2,208,500	\$0	\$2,203,050	\$5,435
Contracts	\$234,578	\$0	\$229,798	\$0
Materials & Supplies	\$98,358	\$0	\$86,279	\$17,427
Internal Services	\$365,425	\$0	\$609,437	\$2,138
Capital Outlay	\$12,000	\$0	\$0	\$0
Subtotal: Direct Exps:	\$2,918,861	\$0	\$3,128,564	\$25,000
Administration	\$39,545	\$0	\$52,570	\$0
Program Support	\$192,831	\$33,659	\$225,221	\$30,875
Subtotal: Other Exps:	\$232,376	\$33,659	\$277,791	\$30,875
Total GF/non-GF:	\$3,151,237	\$33,659	\$3,406,355	\$55,875
Program Total:	\$3,184,896		\$3,462,230	
Program FTE	25.65	0.00	24.45	0.00
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$1,516	\$0
Fees, Permits & Charges	\$2,841,806	\$0	\$2,839,524	\$0
Intergovernmental	\$0	\$0	\$0	\$25,000
Program Revenue for Admin	\$0	\$33,659	\$0	\$30,875
Total Revenue:	\$2,841,806	\$33,659	\$2,841,040	\$55,875

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140. Typically fees are adjusted every two years, so cost and revenue do not always balance out within the fiscal year, but should be fully fee supported when viewed over multiple years.

Significant Program Changes

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

A Board of County Commissioner approved license fee increase went into effect January 1, 2009. The program received a 1-year FDA Food Defense grant to educate restaurant operators how to prevent and respond to intentional food contamination. The program is implementing a web-based data system designed to align the program with national inspection standards and emergent technology. The system will improve our ability to collect and analyze quality science-based inspection data that will increase accountability.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: WIRTH Chris M

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. Although no positive cases of WNV occurred in Multnomah County in 2008, 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. A collaborative tri-county mosquito education/outreach campaign may have contributed to the suppression of local WNV in 2008. Program includes enforcement of nuisance codes. The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

Program Description

Objectives: Surveillance –collection/identification of mosquitoes, birds and rats. Laboratory analysis to determine species, diseases carried, preferred habitats, and population size. Abatement -suppression via species-specific, least impact pesticides, reduction in habitat, water control, vegetation management. Education/outreach –public information on preventing vectors and their habitation by community meetings, pamphlets, media to provide equitable access to information for the average citizen and vulnerable populations. **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).

Program Justification

Multnomah County (MC) climate supports ideal mosquito and rat habitat. 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 2008, eight counties in Oregon reported WNV cases with 36 cases. It is necessary to maintain current level 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. In recent active surveillance of the rat population, 12% of the local deer mouse population were found + for Hantavirus. 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.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of acres treated for mosquitos	3,005	2,056	3,308	3,308
Outcome	Mosquitoes prevented (In billions tool will not accept decimal or a billion)	1	1	2	2
Efficiency	number of acres treated for mosquito per 1 FTE	601	411	662	662
Output	number of rodent inspections conducted	1,034	880	1,170	1,170

Performance Measure - Description

1) Output: Total acreage where mosquito suppression activities occurred and is subject to variance in weather patterns, seasonal flooding, characteristics, presence/absence of disease. 2) Outcome: Based on industry standard methodology: 500,000 mosquitoes per surface acre of water X number of acres treated estimates mosquitoes prevented. 3) Efficiency: Total acreage treated per one FTE. 4) Output: 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; 9 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	2009	2009	2010	2010
Personnel	\$889,524	\$16,845	\$886,731	\$0
Contracts	\$83,250	\$3,000	\$68,200	\$0
Materials & Supplies	\$161,500	\$3,224	\$102,397	\$0
Internal Services	\$200,830	\$1,931	\$240,769	\$0
Subtotal: Direct Exps:	\$1,335,104	\$25,000	\$1,298,097	\$0
Administration	\$19,519	\$0	\$21,812	\$0
Program Support	\$112,568	\$50,125	\$118,215	\$38,318
Subtotal: Other Exps:	\$132,087	\$50,125	\$140,027	\$38,318
Total GF/non-GF:	\$1,467,191	\$75,125	\$1,438,124	\$38,318
Program Total:	\$1,542,316		\$1,476,442	
Program FTE	10.86	0.10	10.45	0.00
Program Revenues				
Indirect for dep't Admin	\$1,453	\$0	\$0	\$0
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Intergovernmental	\$237,500	\$25,000	\$238,666	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Program Revenue for Admin	\$0	\$50,125	\$0	\$38,318
Total Revenue:	\$240,453	\$75,125	\$240,166	\$38,318

Explanation of Revenues

Significant Program Changes

Last year this program was:

General health education funding is being sought due to the loss of grant funding that supported the Health Educator role. In collaboration with the Health Department Chronic Disease unit, additional enforcement services will be required due to the adoption of smoke-free and menu labeling ordinances. We have been very focused in minimizing the work health inspectors will perform related to these new ordinances. They will observe if there is smoking taking place; if the menus have calories & will check a box on their report for chain restaurants meeting the criteria. A report will be queried & sent to chronic disease for f/u. The Enforcement Officer will have an increased workload.

Acres treated for mosquitoes are primarily accomplished by helicopter application and is not FTE intense. The program cuts were specifically focused on elimination of treatment of catchment basins which is not reflected in acres treated. Rodent inspections are basically a one person operation and that position nor function has been reduced. This is why we are able to show performance improvement while still showing a reduced # of FTE.

Priority: Accountability
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: WICKHAM Lila A

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 a prevention function is assuring the communicable disease program has immediate access to birth records so that vaccines can be given to newborns to prevent them from acquiring Hepatitis B from their mother. 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.

Program Justification

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: Infants of hepatitis B carrier mothers receive 3 immunization vaccines in the first six months of life. Prevention of hepatitis B is critical as hepatitis B infected individuals have a 30% lifetime risk of liver cancer. Mothers transmitting Perinatal Hepatitis B to their infants are decreasing in Oregon as early immunization of infants occurs. 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 (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of birth and death certificates issued	39,508	37,216	39,370	41,562
Outcome	% of children who receive the series of three Hepatitis B vaccine by 15 months	85.0%	94.0%	95.0%	95.0%
Efficiency	Average number of days to issue error free certificate	1	1	1	1

Performance Measure - Description

1) Certificates issued: measures program volume. Oregon State Health Division will also be offering birth certification as an improved service resulting in a reduction of birth certificate projections.
2) Outcome: Revised to reflect percent of completely immunized children instead of number receiving immunization at birth. Infants of hepatitis B carrier mothers immunized: Infants need to receive 3 vaccines by fifteen months of life. Outcome: Prevention of hepatitis B is critical as hepatitis B infected individuals have a 30% lifetime risk of liver cancer.
3) Days to issue: Measures rapidity of issuance process. The 24 hours from receipt to issuance is a mandatory timeframe. Quality measure (percent of certificates requiring edits) was eliminated due implementation of electronic birth and death records.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$34,955	\$481,425	\$0	\$528,405
Contracts	\$831	\$289	\$0	\$1,190
Materials & Supplies	\$7,200	\$14,870	\$2,654	\$22,027
Internal Services	\$0	\$78,416	\$0	\$93,129
Subtotal: Direct Exps:	\$42,986	\$575,000	\$2,654	\$644,751
Administration	\$8,869	\$0	\$10,879	\$0
Program Support	\$61,300	\$34,539	\$67,907	\$31,744
Subtotal: Other Exps:	\$70,169	\$34,539	\$78,786	\$31,744
Total GF/non-GF:	\$113,155	\$609,539	\$81,440	\$676,495
Program Total:	\$722,694		\$757,935	
Program FTE	0.40	5.95	0.00	6.35
Program Revenues				
Indirect for dep't Admin	\$33,427	\$0	\$39,087	\$0
Fees, Permits & Charges	\$0	\$575,000	\$0	\$644,751
Program Revenue for Admin	\$0	\$34,539	\$0	\$31,744
Total Revenue:	\$33,427	\$609,539	\$39,087	\$676,495

Explanation of Revenues

This is a fee driven self-sustaining program.

If the state is now offering birth certificates, would we expect to see a decline in the number of certificates we issue? We were anticipating a potential reduction in birth certificates but that has not proven to be the case since the introduction of the state program. We have also received some additional funeral home customers resulting in an increase in the Death Certificates that we issue. The combined birth and death certifications continue to show the increase we projected.

Significant Program Changes

Last year this program was: #40009, Vital Records

The transition to electronic data transfer has been labor intensive and necessitated the elimination of transmitting death certificates via the fax machine. As a result, the program has had to revise its business practices and increase education and outreach to community partners.

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Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: Arlene Warren

Executive Summary

This program limits the spread of up to 100 different communicable diseases (CD) through prompt scientific-based investigation & treatment of reported/suspected cases, including TB, meningitis, whooping cough & food/waterborne illnesses such as national outbreaks of diseases caused by contaminated commercial food products, e.g. salmonella in pot pies and Veggie Booty snacks. This program is poised to respond instantly anytime day & night, to any CD event or threat of public health importance.

Program Description

This program is staffed to respond 24/7 by highly-trained public health nurses (PHN) & support staff. Staff is culturally & linguistically competent, speaking 11 languages. This program addresses health inequities & operates 4 functions: 1) Comprehensive TB prevention & control activities provided through a clinic, home visits, a homeless shelter clinic & outreach. RN case management is provided for anyone with active TB disease. High risk screening & prevention services are also provided. Most active TB cases are in foreign born refugees/immigrants. The homeless account for most of the remaining cases & are offered screening using the locally developed & nationally recognized "TB Card" model. 2) Aggressive epidemiologic investigation is provided in response to outbreaks through structured interviews, & education is provided. PHNs work with state, national & international officials when outbreaks affect County residents & will work with the FBI when an intentional cause is suspected. 3) Occupational Health Office – OSHA requirements are met by providing employees vaccinations, antibody testing & education for blood borne pathogens & TB. Post-exposure assessment & immediate response is provided as necessary. Employees are monitored to ensure compliance with OSHA standards. 4) Traveler's Clinic – Persons traveling out of the US receive vaccines for diseases, e.g., malaria & yellow fever. Medications are recommended/offered after careful review of a traveler's itinerary & history.

Program Justification

The program directly addresses the basic needs of the community by preventing/controlling the spread of CD with a timely & thorough investigation of suspected cases, providing education to the client & all potential contacts, distributing medications, providing antibody testing & vaccines, requiring isolation/quarantine as necessary & providing treatment for those who have contracted or been exposed to a CD. Delay in treatment can allow the disease to spread to others. Untreated diseases are more expensive to treat & may become debilitating. This program minimizes public health costs and promotes residents' health.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Client visits for all services	15,952	17,000	16,429	14,883
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	CD case investigation started within timeframes set by Oregon & CDC: goal 90%	96.6%	90.0%	97.6%	90.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	94.1%	90.0%	93.3%	90.0%

Performance Measure - Description

1)Output-All home/shelter/clinic client visits. 2)Outcome-Reflects effectiveness of case contact investigation/response in life-threatening disease. 3)Quality-Measures reflect standards and are reported to the state for CD case investigations & TB patients completing treatment within 12 months as set by Oregon & CDC: standard 90%.

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: Blood borne 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
Program Expenses	2009	2009	2010	2010
Personnel	\$1,757,318	\$1,275,300	\$2,060,122	\$904,331
Contracts	\$22,590	\$14,177	\$18,969	\$13,429
Materials & Supplies	\$27,062	\$288,618	\$63,203	\$259,632
Internal Services	\$286,323	\$236,232	\$141,764	\$694,160
Subtotal: Direct Exps:	\$2,093,293	\$1,814,327	\$2,284,058	\$1,871,552
Administration	\$44,502	\$0	\$69,828	\$0
Program Support	\$792,632	\$456,067	\$902,413	\$382,885
Subtotal: Other Exps:	\$837,134	\$456,067	\$972,241	\$382,885
Total GF/non-GF:	\$2,930,427	\$2,270,394	\$3,256,299	\$2,254,437
Program Total:	\$5,200,821		\$5,510,736	
Program FTE	19.45	13.15	20.45	9.67
Program Revenues				
Indirect for dep't Admin	\$105,617	\$0	\$113,465	\$0
Fees, Permits & Charges	\$0	\$72,630	\$6,388	\$94,350
Intergovernmental	\$0	\$1,741,697	\$0	\$1,765,194
Other / Miscellaneous	\$0	\$0	\$0	\$12,008
Program Revenue for Admin	\$0	\$456,067	\$0	\$636,013
Total Revenue:	\$105,617	\$2,270,394	\$119,853	\$2,507,565

Explanation of Revenues**Significant Program Changes**

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

There are several factors leading to the decrease in client visits:

1. The Traveler's Clinic is experiencing a drop in client visits presumably due to people traveling less due to the economy.
2. The Occupational Health Office will have a decrease in visits due to a change in employee TB skin testing guidelines by the CDC. The CDC no longer recommends TB skin tests for every employee but only for those employees who are in high risk exposure areas, such as the TB Program, HIV Program, and Corrections.
3. Due to the decrease in TB Program staff, the TB clinic will be closed one day a week, resulting in fewer clinic visits.
4. It will be necessary to decrease the number of health education trainings and community outreach due to the proposed decrease in CD/TB Program staff.

Program # 40011 - STD/HIV/Hep C Community Prevention Program

Version 3/31/2009 s

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: LENTELL Margaret M

Executive Summary

HIV, STDs & Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost effective program prevents epidemics seen in other west coast cities by controlling disease spread using evidence-based prevention interventions & STD treatment for those at highest risk.

Program Description

HIV, STDs, & Hepatitis C account for over 80% of the reportable diseases in the County. This cost effective program prevents epidemics seen in other west coast cities by controlling disease spread using evidence-based prevention interventions & 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: **PARTNER SERVICES:** Staff contact infected people, encourage treatment, partner notification & behavior change. **COMMUNITY TESTING:** Staff visit bars, jails, internet & other "hookup" sites to test, educate, and promote behavior change. **STD CLINIC:** Provides timely evaluation, treatment, & prevention counseling for people without health care access. **PARTNERSHIPS:** Collaborates with businesses, community organizations, & other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. **SYRINGE EXCHANGE:** Proven to keep infection rates low among injectors, partners & their infants. Reduces infected syringes. **BEHAVIOR CHANGE/EDUCATION:** Community-based interventions to reduce risky sexual and drug behavior.

Program Justification

This program prevents & treats diseases that can jeopardize the health & independence of county residents. STD rates highly correlate to poor access to quality, timely health care. **SUCCESS:** County HIV, syphilis, & gonorrhea rates are the lowest of major west coast cities, due in large part to this program. In place for 20+ yrs, this program is demonstrably effective. **COST EFFECTIVE:** Preventing disease saves money over time. Delayed treatment increases disease spread & costly chronic conditions such as AIDS, liver disease, & infertility. STDs can cause poor maternal/child health, infected babies, miscarriages, & tubal pregnancy. Untreated, HIV especially, leads to poverty, inability to work & maintain stable housing. The program's emphasis on community prevention, outreach, & early diagnosis reduces disease transmission & the likelihood of devastating long-term outcomes. Each prevented hepatitis C case saves about \$66K. Each prevented HIV case saves about \$360K over a lifetime. **COMMUNITY DISPARITIES:** These diseases disproportionately affect racial, ethnic & sexual minority communities, specifically: gay & bisexual men affected by HIV, syphilis, & gonorrhea; African Americans by gonorrhea & Chlamydia; and Latinos by Chlamydia. Funding this program helps address such health inequities & provides these populations with needed services.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of HIV tests performed	5,670	5,600	5,700	5,500
Outcome	Stable or decreased # of new HIV cases based on 5yr rolling average	119	161	148	148
Quality	% of gonorrhea/syphilis/HIV cases investigated	91.0%	80.0%	90.0%	90.0%
Output	#STD clinical encounters (visit/phone results)	12,439	11,500	12,000	12,000

Performance Measure - Description

2) Outcome - HIV/AIDS incidence estimates use a 5 year rolling average to stabilize numbers. This estimate is an indicator of the number of new cases prevented.

3) Quality: FY07-08 - Rule change resulted in 2-3x more HIV cases to investigate. Successful community collaborations allowed for high investigation rates.

4) Output: FY07-08 increase above amount purchased due to STD Clinic process improvements.

Legal/Contractual Obligation

Yes. ORS 433 mandates disease prevention & control. Ryan White CARE Act Title I (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
Program Expenses	2009	2009	2010	2010
Personnel	\$1,960,138	\$868,563	\$1,961,058	\$653,732
Contracts	\$200,031	\$405,304	\$185,993	\$381,371
Materials & Supplies	\$107,702	\$194,611	\$116,996	\$140,324
Internal Services	\$379,578	\$148,545	\$267,665	\$447,362
Subtotal: Direct Exps:	\$2,647,449	\$1,617,023	\$2,531,712	\$1,622,789
Administration	\$50,520	\$0	\$69,809	\$0
Program Support	\$366,099	\$233,768	\$497,213	\$207,384
Subtotal: Other Exps:	\$416,619	\$233,768	\$567,022	\$207,384
Total GF/non-GF:	\$3,064,068	\$1,850,791	\$3,098,734	\$1,830,173
Program Total:	\$4,914,859		\$4,928,907	
Program FTE	20.16	11.69	20.12	8.25
Program Revenues				
Indirect for dep't Admin	\$94,004	\$0	\$98,388	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$121,137
Intergovernmental	\$0	\$1,617,023	\$0	\$1,501,652
Program Revenue for Admin	\$0	\$233,768	\$0	\$219,830
Total Revenue:	\$94,004	\$1,850,791	\$98,388	\$1,842,619

Explanation of Revenues

Significant Program Changes

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

The management structure of this Program was reduced in order to maintain services to highest risk county residents. One program manager II position was eliminated, and a harm reduction manager was reduced by 0.8 FTE. In addition, the following positions have been eliminated: health educator, web development specialist, 0.6 nursing support, disease intervention specialist, and a 0.75 FTE operations supervisor and 0.5 FTE research analysts. As a result of these cuts, management and staff will be re-prioritizing and discontinuing some services. In addition, staff will be required to work at multiple sites; there will be reduced staff supervision, reduced ability to track and report data, and reduced communication capacity.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: Graham Harriman

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 900 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 mentoring 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 100 doctors, nurses and pharmacists each year. The clinic is also a member of the Research and Education consortium which coordinates the majority of HIV clinical research in the service area. Clients have access to clinical trials because of the clinic's participation in the Consortium and access to cutting-edge developments in HIV care. HCS 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.

Program Justification

Over the past three years, the number of persons living with AIDS has increased 12%, fueling a continuing public health problem. The majority of new cases are among low-income, uninsured populations. Over 4,000 people with HIV live in Multnomah County and The HIV Clinic serves almost 1 out of 4 persons living with HIV in the greater Portland area. 55% have a mental illness, 23.6% have both mental health and substance abuse issues. 71% are <100% FPL, 29% are minorities, 23% lack permanent housing, and 16% lack health insurance. This program provides a strong continuum of HIV care through a network of community organizations. Funding awarded to these agencies leverage additional resources from other social service and medical systems. Ongoing HIV medical care, linked with case management and support services, prevents costly health crises and hospitalization. Being actively engaged in their health care enables clients to better control their disease and reduce the risk of transmitting HIV to others. Addiction treatment, mental health therapy, and prevention counseling address behavior change. A well-established quality management program shows measurable results. Due to health care and medication access, HIV mortality dropped 86% from 1994 to 2004 in Multnomah County. Programs targeted for racial/ethnic minorities and women have resulted in no disparities in HIV mortality for African American or women.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of unduplicated HCS clients served (all srv types/whole system)	2,331	2,200	2,400	2,200
Outcome	% of uninsured HCS clients who gained insurance	69.0%	70.0%	71.0%	70.0%
Output	# of unduplicated HIV CLINIC clients	911	850	925	925
Quality	% of medical clients who do not progress to AIDS	93.0%	93.0%	93.0%	93.0%

Performance Measure - Description

4) %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.

Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties; 2) Community-based Planning Council; 3) 10% expenditure cap on planning and 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
Program Expenses	2009	2009	2010	2010
Personnel	\$421,028	\$1,453,138	\$169,213	\$2,321,370
Contracts	\$137,006	\$2,579,912	\$20,723	\$2,883,750
Materials & Supplies	\$14,197	\$115,960	\$30,331	\$117,063
Internal Services	\$61,827	\$581,952	\$43,247	\$739,710
Subtotal: Direct Exps:	\$634,058	\$4,730,962	\$263,514	\$6,061,893
Administration	\$87,038	\$0	\$101,561	\$0
Program Support	\$719,823	\$302,838	\$912,916	\$373,201
Subtotal: Other Exps:	\$806,861	\$302,838	\$1,014,477	\$373,201
Total GF/non-GF:	\$1,440,919	\$5,033,800	\$1,277,991	\$6,435,094
Program Total:	\$6,474,719		\$7,713,085	
Program FTE	4.54	20.11	1.70	19.93
Program Revenues				
Indirect for dep't Admin	\$146,658	\$0	\$223,221	\$0
Fees, Permits & Charges	\$0	\$555,232	\$0	\$710,655
Intergovernmental	\$0	\$4,175,730	\$0	\$5,351,238
Program Revenue for Admin	\$0	\$302,838	\$0	\$273,570
Total Revenue:	\$146,658	\$5,033,800	\$223,221	\$6,335,463

Explanation of Revenues

HCS 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.

Significant Program Changes

✔ Significantly Changed

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

This program offer reflects a significant reduction in general fund support for medical case management, mental health counseling and quality management. Despite this clinic visits and HCS clients served remains level with prior year purchase. Building Better Care are fully implemented, which has resulted in increased productivity in other clinics. Additionally we have made improvements by getting uninsured clients covered sooner. Reduction in wrap-around services have been made. For example, less mental health counseling, peer mentor counseling, case management, nursing support. HCS management/administrative structure has also been impacted (see notes for Program #40011 up above).

Priority: Education
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: WALLINDER Janet L

Executive Summary

First-time parents can receive a range of services, including home visits, hospital visits, classes and groups. Services begin in early pregnancy and continue through infancy to assure optimal maternal and infant health and assist parents in meeting their infant's basic health and developmental needs. 2325 parents will receive hospital Welcome Baby visits. 850 parents will receive intensive home visit services.

Program Description

This offer includes a range of services for first-time parents using evidence-based models. Nurse Family Partnership (NFP) is a nurse home visit program for first-time pregnant women that starts early in pregnancy and follows families to their child's 2nd birthday. Health Dept. nurse home visitors follow a nationally researched curriculum that focuses on mother and infant health, parenting education, and family relationships. NFP targets families at or below 185% of the Federal Poverty Level. Healthy Start (based on the Healthy Families America model) includes hospital-based Welcome Baby visits at birth to all first-time parents in Multnomah County to identify families in need. Based on risk, families are referred for intensive home visit services provided by contracts with community agencies. Young teen parent services are also provided by a contracted community agency and include home visits and support groups.

Program Justification

Helping first-time parents, who are the most inexperienced, develop the skills and abilities needed to best support their child establishes lifelong parenting patterns which benefit multiple generations. These programs focus on three major outcomes: improving pregnancy outcomes by helping women engage in good preventive health practices; improving child health and development by helping parents provide responsible and competent care; and improving the economic self-sufficiency of families. Well-documented research on the impact of prenatal and infant home visits (David Olds, Nurse Family Partnership Program) has shown long-term benefits for children receiving home-based services. When such children reach age 15 they are more likely to be in school, and less likely to be in the criminal justice system. The women are more likely to have finished high school, be in the workforce, and not use public assistance. This program offer supports the outcomes and strategies in the County's Early Childhood Framework.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of maternity case management (MCM) visits to pregnant and postpartum women	5,714	5,025	5,675	5,675
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	45.0%	50.0%	45.0%	50.0%
Outcome	% of Healthy Start families reading to or with their children 3 time per week	97.0%	95.0%	97.0%	97.0%
Outcome	% of children within normal limits for development at 1 year of age	96.0%	83.0%	87.0%	87.0%

Performance Measure - Description

- 2) The goal for % of women breastfeeding at 6 months of age is based on the Healthy People 2010 goal of 50%.
- 3) Required outcome of state Healthy Start program. State benchmark - 85%; state average for 07/08 - 92%
- 4) No national standard. Most work is focused on increasing the number of children screened early in life for early identification of problems. Academy of Pediatrics cites 1994 study estimating 12-16% of children have a developmental or behavioral problem.

Legal/Contractual Obligation

Healthy Start must comply with Healthy Families America credentialing requirements and state OCCF Healthy Start requirements.

Nurse Family Partnership (NFP) must follow the program guidelines set forth by the NFP National Service Office.

Services reimbursed by Medicaid must comply with Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,246,801	\$1,988,864	\$1,675,235	\$1,833,521
Contracts	\$575,076	\$1,390,840	\$384,821	\$1,647,699
Materials & Supplies	\$67,636	\$24,967	\$42,450	\$97,196
Internal Services	\$17,878	\$613,194	\$100,326	\$304,363
Capital Outlay	\$0	\$0	\$50,000	\$0
Subtotal: Direct Exps:	\$1,907,391	\$4,017,865	\$2,252,832	\$3,882,779
Administration	\$87,813	\$0	\$91,424	\$0
Program Support	\$598,116	\$56,776	\$617,904	\$47,656
Subtotal: Other Exps:	\$685,929	\$56,776	\$709,328	\$47,656
Total GF/non-GF:	\$2,593,320	\$4,074,641	\$2,962,160	\$3,930,435
Program Total:	\$6,667,961		\$6,892,595	
Program FTE	13.50	20.70	15.71	18.95
Program Revenues				
Indirect for dep't Admin	\$233,576	\$0	\$120,545	\$0
Intergovernmental	\$0	\$4,017,865	\$0	\$3,882,779
Program Revenue for Admin	\$0	\$56,776	\$0	\$47,656
Total Revenue:	\$233,576	\$4,074,641	\$120,545	\$3,930,435

Explanation of Revenues

- Healthy Start grant, state general funds from OCCF

- Medicaid reimbursement for maternity case management, targeted case management and Healthy Start administrative claiming

Significant Program Changes

Last year this program was: #40013A, Early Childhood Svcs for First Time Parents

Healthy Start grant funding is reduced by 7% based on Governor's proposed budget. Staff reductions were in support staff, changing Welcome Baby staff from Community Health Nurse to Community Health Worker, and 2% reduction in community contracts. Program staffing reduced by nearly 1/2 across all EC offers to meet funding constraints. Additional Local 88 positions were funded using funds made available by Local 88's approval of a wage freeze for FY 2010.

Priority: Education
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: WALLINDER Janet L

Executive Summary

Pregnant women at risk of not having a healthy pregnancy can receive a range of services including home visits, classes and groups. Services begin in early pregnancy & continue through infancy to assure optimal maternal and infant health and assist parents in meeting their infant's basic health & developmental needs.

Program Description

This offer includes a range of services to reduce the risk of poor pregnancy outcomes in women at risk. 2260 mothers and babies will receive services. Home visits by nurses & health workers focus on health promotion, risk reduction, early screening, & linkage to community resources. Services are provided to women most at risk including pregnant teens, women with medical conditions, women experiencing domestic violence, or alcohol/drug use. Activities include:

- health education on pregnancy and infant care
- screening for health risks: hypertension, gestational diabetes, substance use, domestic violence
- nutrition education: prenatal diet, vitamins, infant feeding
- breastfeeding assistance: preparation, techniques, support, & linkage with community resources.
- infant screening for growth and development.

Healthy Birth Initiative(HBI) is a special project focused on African-American women who have historical birth outcome disparities. In addition to services listed, a community consortium supports community activities to improve health of pregnant women.

Program Justification

Reducing the risk of poor pregnancy outcomes reduces the number of County infants born prematurely, at low birth weight, or with health problems and other conditions that interfere with their ability to learn. Readiness to learn is best ensured if children are born healthy, have parents prepared to support their growth & development, & where infants and toddlers have experiences that promote healthy child development. Providing parents appropriate health and development education prepares & supports parents' abilities to meet their child's needs. The services in this program offer support the outcomes and strategies identified in the County's Early Childhood Framework.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of maternity case management visits to pregnant and postpartum women	3,921	4,280	3,675	2,955
Outcome	% of children within normal limits for development at 1 year of age	84.0%	77.0%	80.0%	80.0%
Output	% of pregnant and postpartum women screened for domestic violence	96.0%	95.0%	94.0%	96.0%
Outcome	% of low birth wt infants born to women enrolled in svcs by 28 wks gestation	5.9%	6.0%	5.9%	5.9%

Performance Measure - Description

The number of MCM visits has been reduced to reflect decreased FTE to provide services.

Legal/Contractual Obligation

Healthy Birth Initiative (HBI) services must comply with grant guidelines from HRSA MCH Bureau. Services reimbursed by Medicaid must comply with Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,315,517	\$1,825,119	\$351,716	\$2,120,136
Contracts	\$292,709	\$189,761	\$155,659	\$128,740
Materials & Supplies	\$42,012	\$122,586	\$29,275	\$96,311
Internal Services	\$36,912	\$619,513	\$115,830	\$417,585
Capital Outlay	\$0	\$0	\$50,000	\$0
Subtotal: Direct Exps:	\$1,687,150	\$2,756,979	\$702,480	\$2,762,772
Administration	\$46,287	\$0	\$48,191	\$0
Program Support	\$418,025	\$53,698	\$431,855	\$47,606
Subtotal: Other Exps:	\$464,312	\$53,698	\$480,046	\$47,606
Total GF/non-GF:	\$2,151,462	\$2,810,677	\$1,182,526	\$2,810,378
Program Total:	\$4,962,139		\$3,992,904	
Program FTE	9.26	16.79	3.61	20.62
Program Revenues				
Indirect for dep't Admin	\$160,277	\$0	\$151,600	\$0
Intergovernmental	\$0	\$2,756,958	\$0	\$2,762,772
Program Revenue for Admin	\$0	\$53,698	\$0	\$47,656
Total Revenue:	\$160,277	\$2,810,656	\$151,600	\$2,810,428

Explanation of Revenues

- Medicaid reimbursement for maternity case management, targeted case management and family planning services
- Federal grant from HRSA MCH Bureau for Healthy Birth Initiative

Significant Program Changes

Last year this program was: #40013B, Early Childhood Svcs for High Risk Prenatal
Program staffing reduced by nearly 1/2 across all EC offers to meet funding constraints.

Priority: Education
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: WALLINDER Janet L

Executive Summary

The High-Risk Infants and Children program serves families with an infant or child at risk for poor growth and development. Services are provided in home to parents or through community providers such as Head Start, crisis relief nursery and child care providers.

Program Description

This offer focuses on services to families with an infant or child at risk for poor growth and development. Infants can be at risk due to being born premature/low birth weight, having medical conditions, or having parents who are not able to fully meet their needs or need education and support to provide responsible and competent care. The home visit services are part of two statewide programs, Babies First & CaCoon. County funds are crucial to reaching the greatest number of families. Babies First! identifies and screens infants at risk over time to assess growth and development. CaCoon serves children with known medical problems (e.g., cerebral palsy, Down's Syndrome), connecting them with community care services such as special education or special needs clinics. Services for all families include infant screening for growth and development; parent education such as discussing child development (what to expect when baby is 6 mos., 9 mos., etc.), age-appropriate stimulation, nurturing, and discipline. Nurses observe parent/child interaction and look for "teachable moments" that can give parents cues to their baby's behavior. Case management assists families to meet their basic needs. Health consultation to child care providers ensures the health needs of infants and children will be met when in child care.

Program Justification

To assure an infant/child is ready to learn, parents need to be prepared to support their growth and development. This program's unique emphasis on home visits by nurses provides significant support to parents, tailored to their needs as observed in their home environment. The program empowers parents with information and promotes positive maternal behavior. With support, families can learn how to cope with existing health issues and prevent or reduce the consequences of future health problems. These services help parents manage their children's health issues, making success in school more likely. The services in this program offer support the outcomes and strategies identified in the County's Early Childhood Framework.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of home visits to infants & children under age 5	10,187	10,000	10,983	9,280
Outcome	% of children within normal limits for development at 1 year of age	84.0%	80.0%	82.0%	82.0%
Output	% of families screened for domestic violence	57.0%	75.0%	57.0%	60.0%
Output	% of children with medical problems receiving appropriate community care	94.0%	89.0%	90.0%	90.0%

Performance Measure - Description

- 1) Number of home visits has been decreased due to reduced FTE to provide services.
- 2) No national standard. Most work is focused on increasing the number of children screened early in life for early identification of problems. Academy of Pediatrics cites 1994 study estimating 12-16% of children have a developmental or behavioral problem.

Legal/Contractual Obligation

Babies First & CaCoon services must comply with contract requirements.
Crisis Relief Nursery funds must comply with requirements from OCCF.
Services reimbursed by Medicaid must comply with Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,235,728	\$1,143,019	\$863,412	\$1,397,417
Contracts	\$268,939	\$716,808	\$710,964	\$16,600
Materials & Supplies	\$27,512	\$67,635	\$26,325	\$53,361
Internal Services	\$36,912	\$439,447	\$163,163	\$315,941
Capital Outlay	\$0	\$0	\$50,000	\$0
Subtotal: Direct Exps:	\$1,569,091	\$2,366,909	\$1,813,864	\$1,783,319
Administration	\$83,812	\$0	\$87,260	\$0
Program Support	\$585,046	\$36,137	\$604,402	\$47,301
Subtotal: Other Exps:	\$668,858	\$36,137	\$691,662	\$47,301
Total GF/non-GF:	\$2,237,949	\$2,403,046	\$2,505,526	\$1,830,620
Program Total:	\$4,640,995		\$4,336,146	
Program FTE	25.32	12.13	8.18	12.78
Program Revenues				
Indirect for dep't Admin	\$104,554	\$0	\$124,001	\$0
Intergovernmental	\$0	\$2,315,501	\$0	\$1,783,319
Other / Miscellaneous	\$0	\$51,387	\$0	\$0
Program Revenue for Admin	\$0	\$36,137	\$0	\$47,613
Total Revenue:	\$104,554	\$2,403,025	\$124,001	\$1,830,932

Explanation of Revenues

-Babies First grant, state general funds; CaCoon contract with CDRC, federal Title V funds; Crisis Relief Nursery funds from OCCF; Mt Hood Community College Head Start contract; State DHS contract for child care health consultation
-Medicaid reimbursement for targeted case management

Significant Program Changes

Last year this program was: #40013C, Early Childhood Svcs for High Risk Infants and Children

Program staffing reduced by nearly 1/2 accross all EC offers to meet funding constraints.

\$403,723 Revenue from the Multnomah County Commission on Children & Families for Crisis Relief Nurseries was moved back to the Commission and pass-through was reduced by \$403,723. This funding source didn't not allow either central or department indirect.

Priority: Education
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: SCHMITZ Virginia S

Executive Summary

The Community Immunization Program (CIP) implements the federally subsidized Vaccines for Children (VFC) Program, to provide childhood vaccination services at little or no cost to uninsured and underinsured children. This ensures children's readiness to learn and makes the classroom safe for all by preventing communicable diseases.

Program Description

The Community Immunization Program (CIP) consists of several program components with the primary goal of ensuring childhood immunity from vaccine-preventable diseases through vaccination services. Components include: 1) Immunization Clinic: Vaccination services provided at a central location during the week and various off-site community locations on Saturdays. 2) Immunization Support: CIP provides support to MCHD Integrated Clinical Services health clinics for vaccine management services, namely procurement, storage, handling, inventory and technical assistance. 3) School Exclusion: Per Oregon statute, MCHD is mandated 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. If not, these children are excluded from attending school until immunized. 4) Collaboration: The CIP works with the Oregon DHS Public Health Immunization Program to implement the Vaccines for Children (VFC) Program and participates in the Oregon Partnership to Immunize Children coalition. 5) Partnerships: CIP has ongoing partnerships to support childhood immunizations with Multnomah Education Service District (MESD) and MCHD delegate agencies, several of which are among the Coalition of Community Health Clinics.

Program Justification

The Community Immunization Program addresses Education Strategy by ensuring that the basic disease prevention needs of children are met and by assisting parents with documentation to prevent school exclusion. To achieve this, the CIP works closely with MESD to review the immunization status of Multnomah County children and students (adjusted enrollment of 111,170 as of April 2008) and issues exclusion orders as needed. To increase access to immunizations, the CIP holds clinics for no-cost and low-cost childhood immunization services at various community sites and at its central clinic throughout the year. No VFC-eligible child is turned away due to inability to pay.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Annual number of immunization doses administered	11,192	11,000	10,551	9,000
Outcome	Children and 7th grade students up to date on required vaccinations	93.4%	90.0%	90.0%	90.0%

Performance Measure - Description

Output: Annual vaccine doses administered directly by the Community Immunization Program current year estimate is as projected.

Outcome: Measuring immunization status of children in: 1) childcare facilities, preschools and Head Starts; 2) Kindergarten; and 3) 7th grade students. These are the reporting age groups per State and Federal guidelines.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$118,099	\$207,805	\$0	\$253,504
Contracts	\$0	\$35,296	\$21,458	\$15,528
Materials & Supplies	\$2,148	\$1,305,235	\$3,423	\$1,687,753
Internal Services	\$284,267	\$95,090	\$110,795	\$68,133
Subtotal: Direct Exps:	\$404,514	\$1,643,426	\$135,676	\$2,024,918
Administration	\$29,390	\$0	\$36,305	\$0
Program Support	\$81,231	\$20,598	\$80,346	\$18,267
Subtotal: Other Exps:	\$110,621	\$20,598	\$116,651	\$18,267
Total GF/non-GF:	\$515,135	\$1,664,024	\$252,327	\$2,043,185
Program Total:	\$2,179,159		\$2,295,512	
Program FTE	0.80	2.00	0.00	2.00
Program Revenues				
Indirect for dep't Admin	\$22,872	\$0	\$23,381	\$0
Fees, Permits & Charges	\$0	\$202,796	\$0	\$75,533
Intergovernmental	\$0	\$1,440,630	\$0	\$1,949,385
Program Revenue for Admin	\$0	\$20,598	\$0	\$18,267
Total Revenue:	\$22,872	\$1,664,024	\$23,381	\$2,043,185

Explanation of Revenues**Significant Program Changes****Last year this program was: #40014, Immunization**

A decrease in the number of immunizations is projected due to:

1. This year is the first year that Hepatitis A and Tdap were required by school law. A majority of children have now received these vaccines. Therefore, there will be less of a demand for these vaccines in the coming year.
2. To meet our FY10 general fund constraint while preserving as many services as possible, the Community Immunization Program will be relocated to the McCoy building and consolidated with the CD/OHO/Travel/TB Programs. We are projecting a decrease in client visits during the relocation period until the public is familiar with the new location.
3. In the past the Community Immunization Program has only used on-call staff. A reduction in on-call staff will be necessary. CD/TB staff will be trained to provide immunization services once the relocation is completed. The service level will be impacted during the learning process

Program # 40015 - Lead Poisoning Prevention

Version 3/02/2009 s

Priority: Education
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: WICKHAM Lila A

Executive Summary

This program prevents childhood lead poisoning and is primarily funded with city, state and federal funding. 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, and advocacy for services.

Program Description

Multnomah County Environmental Health Services works collaboratively with the City of Portland lead partners and the State Health Department to ensure a seamless system of lead prevention and early intervention for children identified with elevated blood lead levels. The Lead Program: 1) Educates: parents, landlords, property owners, and contractors about lead exposure causes and effects, lead screening, and reducing home lead hazards; 2) Tests children for blood lead levels and provide information about free lead screening locations in the county; 3) Promotes lead screening in primary care clinics.; 4) investigates elevated blood lead levels (EBLL) within 5 days of identification by conducting an assessment of the home and family lifestyle to identify causes and/or exposures to lead; 5) Provides the family with a lead remediation plan and follow up; 6) Tracks all lead screening results and all EBLL to detect program trends/risks and identify future direction of the program; 7) Screens for risk of lead exposure of low-income children in support of improving health equity. During this year, LeadLine will incorporate education and outreach associated with the implementation of new EPA lead-based paint and will continue outreach to pediatric medical care providers. Consistent with recent years, the lead poisoning prevention program continues to increase its focus on outreach and education services targeting the most vulnerable populations that are under-represented in the blood lead level statistics. By combining targeted prevention messaging, advocacy for rigorous policy initiatives, and developing community capacity to address lead prevention, this program offer leverages limited general funds to address a significant public health risk factor for children.

Program Justification

Children who have lead poisoning develop significant brain damage and learning disabilities, which impacts their normal growth and development and reduces 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 houses children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead, to promote safe housing conditions. With increasing community awareness of lead risks, there is an increase demand for lead screening, education, and information and referral services. CDC lowered their EBLL investigation criteria from 15 mg/dl to 10 mg/dl, the program has experienced an increase in the number of Home Risk Assessments conducted.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Total # of children screened by MCHD primary care and immunization providers	3,551	3,500	3,470	3,500
Outcome	Total # of successfully identified children with EBLLs	22	80	24	30
Output	# of community members receiving information on lead prevention	5,129	2,500	3,100	3,500
Quality	% home investigations where lead exposure risk hazards/factors are identified	90.0%	90.0%	90.0%	90.0%

Performance Measure - Description

1) Output: Counts MCHD lead screening services. 2) Outcome: Elevated Blood Lead Levels found by MC health care providers. EBLL criteria changed from 15mg/dl to 10 mg/dl. National average from CDC 2006 data is 1.1% prevalence rate. 3) Output: New Measure to quantify level of outreach. 4) Quality: revised to identify risk factors instead of source because there are often multiple factors and an indirect relationship to exposure. Eliminated measure "Days from EBLL report to investigation" because program maintains efficient 5 day average response time.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$9,086	\$109,065	\$0	\$96,673
Contracts	\$8,520	\$0	\$0	\$8,520
Materials & Supplies	\$3,116	\$1,569	\$0	\$4,035
Internal Services	\$0	\$34,366	\$11,430	\$30,772
Subtotal: Direct Exps:	\$20,722	\$145,000	\$11,430	\$140,000
Administration	\$2,378	\$0	\$2,545	\$0
Program Support	\$15,759	\$9,926	\$14,377	\$8,911
Subtotal: Other Exps:	\$18,137	\$9,926	\$16,922	\$8,911
Total GF/non-GF:	\$38,859	\$154,926	\$28,352	\$148,911
Program Total:	\$193,785		\$177,263	
Program FTE	0.10	1.10	0.00	0.60
Program Revenues				
Indirect for dep't Admin	\$8,429	\$0	\$8,487	\$0
Intergovernmental	\$0	\$145,000	\$0	\$140,000
Program Revenue for Admin	\$0	\$9,926	\$0	\$8,911
Total Revenue:	\$8,429	\$154,926	\$8,487	\$148,911

Explanation of Revenues

A one-year EPA funded lead screening in primary care clinics pilot project has been completed, resulting in a decrease of program revenue. We expect to maintain the same level of services however, by changing our personnel mix to .5 Lead Community Health Worker and .5 temporary EHS. The FTE and cost is reflective of the new personnel service mix. The services in the outcome measures are purchased by the City of Portland and they have agreed to the change in personnel

Significant Program Changes

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

The Centers for Disease Control change in the action level for elevated blood lead levels (from 15 mg/dl to 10 mg/dl) was expected to increase the number of home-based risk assessments conducted by staff. While the increase in home visits did not materialize, 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. The goal of home investigations is to successfully identify the risk factors in order to prevent continued exposure to lead. Statewide according to 2000-2004 data, 16% of EBL exposures are unknown. MCHD has set 90% as the quality standard that indicates our diligence in identifying risk factors. For MCEH, the number of unknown EBL sources, remain above 90%. 90% becomes the standard of concern that might indicate incomplete lead risk assessments.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: Marcy Sugarman

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 benefits (Oregon Health Plan (OHP), Medical Assistance Assumed (MAA), Medical Assistance for Families (MAF), Temporary Assistance For Needy Families (TANF), Family Health Insurance Assistance Program (FHIAP), and State Children's Health Insurance Program (S-CHIP); Oregon Prescription Drug Program (OPDP); Kaiser Child Health Program. The Medicaid Program operates under contract with the State Division of Medical Assistance Programs (DMAP).

Program Description

The program goals are 1) educate the uninsured population about OHP and other state insurance expanded services; 2) increase the number of clients who complete the OHP enrollment process; 3) increase access to health care services, particularly for pregnant women and children. Medicaid Enrollment Eligibility Specialists are stationed in Health Department clinical sites using outreach strategies to screen individuals for Medicaid programs, expedite applications to ensure prompt coverage, monitor Medicaid enrollees, particularly those at high risk, to assure continuity of coverage and care, and recertify for continuity of coverage. Insurance coverage under Medicaid provides access to preventive medical, dental, and mental health services and care for hard-to-cover pre-existing conditions and costly medications. The program aims to provide dignified access to health care for all citizens in collaboration with existing Multnomah County services and community partners.

Program Justification

Medicaid Enrollment addresses the Basic Needs strategy to provide access to care, including behavioral and physical health, by securing insurance coverage for eligible individuals. 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; assist individuals with enrollment in the appropriate Medicaid program, and assist individuals whose coverage has been denied or terminated, the opportunity for reinstatement of benefits. Approximately 90% of MCHD eligible clients select CareOregon. Multnomah County is CareOregon's single largest Medicaid provider.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Annual number of clients screened	31,947	26,000	32,200	32,500
Outcome	Uninsured children in Multnomah County insured through program	10,435	11,550	12,200	12,300
Efficiency	Annual number of clients screened per FTE	3,200	3,450	3,450	3,500
Outcome	OHP retention rate for adults	61.0%	60.0%	60.0%	50.0%

Performance Measure - Description

1) Output: Reflects service volume.
 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program.
 4) Outcome: OHP retention percentage-Fiscal year total of adults who remain covered through two six month certification periods. OHP coverage for adults closed to new enrollment (July, 2004) and has dropped significantly. It is important to note that 1) The percentage of adults now covered by Medicare, OMIP (medical insurance pool through the state for high risk coverage), and private employer sponsored insurance has stabilized as a result of the program's active retention efforts.
 Additionally, 2,000+ referrals received from MESD nurses (1,530 kids insured as a result); 791 referrals from SBHC (346 kids & 69 adults insured as a result).

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
Program Expenses	2009	2009	2010	2010
Personnel	\$670,257	\$662,216	\$372,093	\$987,505
Contracts	\$10,580	\$0	\$3,080	\$0
Materials & Supplies	\$45,018	\$17,122	\$29,884	\$6,920
Internal Services	\$0	\$135,526	\$8,887	\$167,933
Subtotal: Direct Exps:	\$725,855	\$814,864	\$413,944	\$1,162,358
Administration	\$22,111	\$0	\$21,581	\$0
Program Support	\$107,986	\$0	\$102,274	\$0
Subtotal: Other Exps:	\$130,097	\$0	\$123,855	\$0
Total GF/non-GF:	\$855,952	\$814,864	\$537,799	\$1,162,358
Program Total:	\$1,670,816		\$1,700,157	
Program FTE	10.00	9.00	5.00	15.00
Program Revenues				
Indirect for dep't Admin	\$47,371	\$0	\$70,434	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$1,162,358
Intergovernmental	\$0	\$814,864	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$47,371	\$814,864	\$70,434	\$1,162,358

Explanation of Revenues

These services are currently funded based on last years actual program costs. CGF funded program expansion, so that they became part of our base cost and are now eligible for reimbursement.

Significant Program Changes

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

This offer now includes most of the staff previously included in 40016B, funded last year with CGF. There is now sufficient State revenue to support the expanded program. More clients were screened as a result of a new patient intake workflow to ensure all potential Medicaid eligible families with pregnant women and children were screened for Medicaid benefits prior to receiving services. Through this process the Medicaid Program staff established a fiscally responsible business practice that would directly support revenue to the Health Department. The workflow standardized how patients were screened for medical benefit eligibility, identified best business practices for primary care, and assured that all patients received benefits they were eligible for. All new patients were scheduled with Eligibility Specialists prior to their medical visit to initiate the application process for medical benefits and establish a date-of-request or effective date of coverage. All medical expenses incurred from that day forward would be billed to Medicaid if eligibility criteria was met. Established patients were screened semi-annually to ensure continuity of coverage. Additional Local 88 positions were funded using funds made available by Local 88's approval of a wage freeze for FY 2010.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: Susan Kirchoff

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 underinsured and focus on access for pregnant women due to the link with early childhood cavity prevention, using evidence based practice guidelines. This program also includes the MultiCare Dental insurance plan. Multicare is the only public sector dental plan in the State of Oregon. Multicare is funded entirely by Oregon Health Plan revenue and most members receive their dental care from the Multnomah County Dental Clinics.

Program Description

The Dental program has four distinct service components. Four 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. And MultiCare Dental ensures access to preventive, restorative and emergency dental services to the underserved Medicaid population in the tri-county area. 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.

Program Justification

Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable. In FY08, 3,875 uninsured children and adults were served. Poor dental health has been shown to affect a person's overall health which can result in unnecessary and costly medical care. All dental programs target underserved populations including uninsured, at-risk children, pregnant women, homeless, disabled, minorities, and non-English speaking residents. School-based sealants and early childhood cavity prevention programs are validated in the scientific literature as effective strategies to prevent dental disease.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Billable patient visits (assumes no Adult Dental)	44,213	48,212	45,000	33,342
Outcome	Percentage of dental clinic clients receiving prevention services	47.0%	45.0%	47.0%	47.0%
Quality	Parents indicating positive experience with school dental program	0.0%	70.0%	75.0%	80.0%
Outcome	Percentage of uninsured pregnant women referred for dental services	0.0%	80.0%	80.0%	80.0%

Performance Measure - Description

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 using efficiencies and changes in staffing mix. Quality: Measure parent's perception of a positive experience for child receiving services in School and Community Dental Program. Both Outcome measures focus on Prevention services and Public Health.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$742,508	\$7,073,734	\$114,715	\$5,445,773
Contracts	\$14,611	\$1,873,729	\$27,116	\$2,275,137
Materials & Supplies	\$43,618	\$442,917	\$16,492	\$409,902
Internal Services	\$135,492	\$1,844,644	\$80,639	\$1,991,374
Subtotal: Direct Exps:	\$936,229	\$11,235,024	\$238,962	\$10,122,186
Administration	\$174,671	\$0	\$174,102	\$0
Program Support	\$1,154,452	\$392,971	\$1,164,893	\$369,460
Subtotal: Other Exps:	\$1,329,123	\$392,971	\$1,338,995	\$369,460
Total GF/non-GF:	\$2,265,352	\$11,627,995	\$1,577,957	\$10,491,646
Program Total:	\$13,893,347		\$12,069,603	
Program FTE	8.49	73.85	1.44	55.69
Program Revenues				
Indirect for dep't Admin	\$653,137	\$0	\$563,468	\$0
Fees, Permits & Charges	\$0	\$243,662	\$0	\$279,930
Intergovernmental	\$0	\$10,983,862	\$0	\$9,834,756
Other / Miscellaneous	\$0	\$7,500	\$0	\$7,500
Program Revenue for Admin	\$0	\$392,971	\$0	\$456,579
Total Revenue:	\$653,137	\$11,627,995	\$563,468	\$10,578,765

Explanation of Revenues

The primary source of revenue is Medicaid funds; a combination of capitation and FQHC wrap around. Additional revenue is received from the Primary Care 330 Grant, patient fees, and other small grants that require services be provided to the target population. A small portion of the revenue is received from interest on a \$250,000 note required for MultiCare DCO to maintain its status as a managed care plan with the Oregon Health Plan.

Significant Program Changes

Last year this program was: #40017, Dental Services

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: Susan Kirchoff

Executive Summary

Approximately 46% of the 9,300 infants born to Multnomah County (MC) women each year participate in the Women, Infants and Children's (WIC) supplemental nutrition program. WIC serves approximately 36% of all pregnant women in MC. WIC participation decreases hunger rates and health care costs and improves prenatal outcomes by providing health and nutrition screening, education, food vouchers and referral to health and social services.

Program Description

WIC operates 3 clinics: NE, Mid County, East County. Caseload 18,565/month. The program serves at-risk pregnant, postpartum and breastfeeding women up to 1 year post delivery, and children under 5, with household incomes of less than 185%

of the FPL. It provides monthly food vouchers, health and nutrition screening, nutrition education, breastfeeding support, referrals.

Components:

- Nutrition Education: 1 on 1 education for high risk pregnancy, special needs children, breastfeeding. Group education including healthy weight and food choices,
- Screening and evaluations for medical/nutritional risks.
- Monthly vouchers for nutritious foods
- WIC is a gateway for access to healthcare and other services.

Program Justification

Serving approximately 46% of MC infants, this program has an outsized impact on MC health. Poor nutrition during the first 3 years can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, etc. The program's core breastfeeding emphasis produces results: the national breastfeeding rate for mothers under 100% of the FPL is 66%; the rate for MC WIC mothers was 85% last year. Breastfed infants have 20% lower risk of death, reduced risk of SIDS, infection protection, lower health care costs. WIC strengthens MC's economy and leverages receipt of Federal funds. Federal and state funds for this program cover 74% of the actual cost of program services. MC funds help fill the gap and cover new costs from increased Federal/state program requirements.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of WIC clients served each month	18,260	18,565	17,983	18,793
Outcome	% of WIC mothers initiating breastfeeding	85.0%	87.0%	87.0%	87.0%
Outcome	Show rate for WIC nutrition education follow up	73.0%	70.0%	68.0%	70.0%

Performance Measure - Description

Output: Average # of WIC clients served measures # of clients receiving WIC food vouchers each month.

Outcome: Percent of WIC mothers initiating breastfeeding. This is measured through WIC data system (TWIST) reporting based on eligibility documentation following delivery.

Outcome: Show rate for WIC nutrition education follow up. Client return for education following the initial eligibility is required each 6 months for continued program participation.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$615,650	\$1,745,289	\$134,551	\$2,147,612
Contracts	\$7,467	\$0	\$6,111	\$4,098
Materials & Supplies	\$26,025	\$28,487	\$31,611	\$102,287
Internal Services	\$1,889	\$599,082	\$479,112	\$210,749
Subtotal: Direct Exps:	\$651,031	\$2,372,858	\$651,385	\$2,464,746
Administration	\$43,396	\$0	\$52,361	\$0
Program Support	\$158,475	\$0	\$169,722	\$0
Subtotal: Other Exps:	\$201,871	\$0	\$222,083	\$0
Total GF/non-GF:	\$852,902	\$2,372,858	\$873,468	\$2,464,746
Program Total:	\$3,225,760		\$3,338,214	
Program FTE	8.95	25.08	0.85	30.44
Program Revenues				
Indirect for dep't Admin	\$137,944	\$0	\$149,422	\$0
Intergovernmental	\$0	\$2,372,858	\$0	\$2,464,746
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$137,944	\$2,372,858	\$149,422	\$2,464,746

Explanation of Revenues**Significant Program Changes**

Last year this program was: #40018, Women, Infants and Children (WIC)

We have experienced challenges with serving clients at Mid-County due to space limitations for classes. This site will be relocated in the next few months to accommodate the space needs which will allow us to increase the number of women and children served.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: THIELE Margaret

Executive Summary

The North Portland Health Center provides access to care that links the poor, uninsured and homeless populations to culturally competent, comprehensive, primary health care.

Program Description

North Portland Health Clinic is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), which is a national health care quality review organization. We provide culturally competent primary health care that includes acute and chronic illness care, family planning, prenatal, behavioral health treatment and preventive services (immunizations, well child, and nutrition services). Services also include Medicaid eligibility screening, medical specialty care (endocrinology, rheumatology), obstetrics and gynecology services, ancillary support such as laboratory, pharmacy, interpretation (provided by certified medical interpreters who are bilingual and often from the same culture as the clients served), and case management. The Health Department has a well established infrastructure that ensures provision of high quality physical and behavioral health care, education, intervention, preventive care and information and referral services for underserved populations throughout the County. The services delivered are in adherence with all the over-arching values described by the Basic Living Needs team.

Program Justification

North Portland Health Center provides care to vulnerable citizens who, without the Health Department, would have little to no access to medical care. Residents with Oregon Health Plan coverage find that many physicians' offices will not treat them, choosing instead to serve only those with commercial insurance coverage. NPHC population includes 68.9% Care Oregon, 0.42 % Medicaid and 4.66% Medicare. NPHC is a vital safety net for both individuals and families in Multnomah County.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of annual client visits	14,099	18,000	16,798	18,673
Outcome	% of children who are up to date on immunizations at 35 months of age	66.0%	85.0%	73.0%	90.0%
Efficiency	Number of days for a new patient appointment	8	8	8	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	71.0%	81.0%	64.0%	80.0%

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 impacted by a provider vacancy

of children who are up to date on immunizations--current improvement efforts across Primary Care clinics is underway to improve rate of immunization

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

Legal/Contractual Obligation

North Portland Health Clinic complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and Care Oregon contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$450,114	\$2,692,938	\$0	\$2,785,428
Contracts	\$0	\$90,444	\$0	\$122,395
Materials & Supplies	\$3,943	\$134,655	\$0	\$135,040
Internal Services	\$0	\$1,196,819	\$238,063	\$1,077,118
Subtotal: Direct Exps:	\$454,057	\$4,114,856	\$238,063	\$4,119,981
Administration	\$65,569	\$0	\$72,411	\$0
Program Support	\$1,285,937	\$1,103,321	\$1,268,744	\$1,155,324
Subtotal: Other Exps:	\$1,351,506	\$1,103,321	\$1,341,155	\$1,155,324
Total GF/non-GF:	\$1,805,563	\$5,218,177	\$1,579,218	\$5,275,305
Program Total:	\$7,023,740		\$6,854,523	
Program FTE	5.00	26.00	0.00	27.15
Program Revenues				
Indirect for dep't Admin	\$239,214	\$0	\$249,767	\$0
Fees, Permits & Charges	\$0	\$124,238	\$0	\$144,408
Intergovernmental	\$0	\$3,990,618	\$0	\$3,975,573
Program Revenue for Admin	\$0	\$1,103,321	\$0	\$1,272,698
Total Revenue:	\$239,214	\$5,218,177	\$249,767	\$5,392,679

Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/ Medicare 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.

Significant Program Changes

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

The performance measures improvements we anticipate are from target outreach in the community, increased productivity and greater attention to patient satisfaction. We do not anticipate an increased wait for most clients as we plan to have more available appointments in each day's schedule. Nor should we see a decline in the quality of services (or poor health outcomes). The budgets focused on maintaining as many services as possible. Our goal is to do this by lowering our per unit costs, by increasing both productivity and the number of people who are covered by Medicaid.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: SAUM Robert E

Executive Summary

Northeast Health Center (NEHC), provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in NE Portland. NE Portland is the most racially diverse area of Multnomah County and the clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care. When community members do not have access to quality health care the results are increased rates of disease and higher costs to the community as a result of increased Emergency Room visits by individuals who have no other option for health care.

Program Description

NEHC 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. 63% Caucasian, 21% African American, 8% Hispanic, 5% Asian and 1% Native American. Approximately 48% of the medical visits require a language interpreter. 24% are uninsured, 74% are at or below 100% Federal Poverty Level (FPL), 97.3% are at or below 200% FPL.

Program Justification

NEHC services are specifically designed to prevent people from needing more costly and often less appropriate care. Services are low cost, high quality clinical and community based care that help vulnerable members of our community maintain their self sufficiency, keeping their conditions from becoming chronic and debilitating. Services are operationally integrated and provide easy one stop service. Insurance eligibility and enrollment, medical, dental, food vouchers and pharmacy services are all available at this site.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of annual client visits	22,085	21,424	22,150	21,210
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	69.0%	85.0%	75.0%	90.0%
Efficiency	Number of days for a new patient appointment	8	6	9	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	65.0%	80.0%	75.0%	80.0%

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 Measure variance Explanation:

of annual client visits--has been impacted by a provider vacancy

of children who are up to date on immunizations-- progress towards goal achieved current improvement efforts across Primary Care clinics is underway to improve rate of immunization

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

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 2 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
Program Expenses	2009	2009	2010	2010
Personnel	\$104,129	\$3,358,335	\$0	\$3,162,087
Contracts	\$0	\$141,393	\$0	\$242,984
Materials & Supplies	\$9,787	\$182,531	\$4,777	\$173,529
Internal Services	\$0	\$1,148,914	\$47,827	\$1,151,186
Subtotal: Direct Exps:	\$113,916	\$4,831,173	\$52,604	\$4,729,786
Administration	\$70,967	\$0	\$79,350	\$0
Program Support	\$1,582,563	\$1,288,751	\$1,645,795	\$1,358,408
Subtotal: Other Exps:	\$1,653,530	\$1,288,751	\$1,725,145	\$1,358,408
Total GF/non-GF:	\$1,767,446	\$6,119,924	\$1,777,749	\$6,088,194
Program Total:	\$7,887,370		\$7,865,943	
Program FTE	0.40	33.85	0.00	29.75
Program Revenues				
Indirect for dep't Admin	\$280,856	\$0	\$286,736	\$0
Fees, Permits & Charges	\$0	\$184,276	\$0	\$199,599
Intergovernmental	\$0	\$4,646,897	\$0	\$4,530,187
Program Revenue for Admin	\$0	\$1,288,751	\$0	\$1,497,020
Total Revenue:	\$280,856	\$6,119,924	\$286,736	\$6,226,806

Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured clients.

Significant Program Changes

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

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: TIERNEY Kim H

Executive Summary

This is the anchor healthcare and mental health program for Multnomah County's (MC) homeless. The Westside Health Center (WSHC) and its outreach programs are the primary hub, 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 heart of the Health Care for the Homeless Program. 65% of Westside Clients are homeless. WSHC sees the County's sickest clients. It provides significant mental health and addictions care. WSHC provides care to 42% of the MCHD's severe Mental Health (MH) clients and 58% of the MCHD (A&D) clients. Many have dual diagnoses, such as bipolar/schizophrenia, drug/alcohol abuse and serious medical conditions. Many have Hepatitis C, MRSA or Diabetes. MC Healthcare for Homeless: *42% of visits are MH; *10% of visits are for addictions

*Stop cycle of incarceration by providing access to over 200 Chronically Mentally Ill clients from Corrections. *Collaborates with Mental Health, Corrections, Drug Treatment and Shelters to provide access to their neediest homeless clients.

*Coordinates with housing providers to increase supportive housing units and works to meet the goals of the 10 yr. Plan to End Homelessness.

*Partnership with Central City Concern and CODA for substance abuse

*Project Homeless Connect

Program Justification

This is the lifeline medical and mental health program for MC's poorest and most vulnerable homeless. 50%+ have untreated mental health issues, 25% untreated addictions – problems that MC pays for through police interventions, jail beds, hospitalizations, reduced quality of life. Huge disparities exist between the homeless and MC population in physical health, chronic mental illness (46% v. 21%) and substance abuse (31% vs. 9%). Last year, WSHC and Outreach programs helped 1800

severely mentally ill clients access psychiatric medications, who may otherwise remain untreated on the streets, posing a potentially greater risk to the general population. Westside is the provider of last resort for these difficult to serve clients, whom other clinics will refuse to see.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of client visits	18,308	26,065	24,079	23,302
Outcome	Patients will be screened for depression on an annual basis	0.0%	60.0%	60.0%	60.0%
Quality	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	57.0%	75.0%	75.0%	80.0%

Performance Measure - Description

Performance Measure Variance Explanation:

Number of client visits: There has been a provider vacancy which impacted access and decreased number of available appointments.

% of Patients who would strongly agree to recommend to friends and family: Significant improvement in results has been achieved and work continues to achieve goal.

Legal/Contractual Obligation

WSHC complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and CareOregon contractual obligations. Federally Qualified Health Center (FQHC) designation requires:

- Provision of comprehensive primary care and supportive care services.
- Services be available to all regardless of availability to pay.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$380,858	\$3,984,116	\$0	\$3,733,970
Contracts	\$2,640	\$356,927	\$275,314	\$332,605
Materials & Supplies	\$5,595	\$268,268	\$0	\$161,025
Internal Services	\$38,054	\$1,174,357	\$141,024	\$1,128,930
Subtotal: Direct Exps:	\$427,147	\$5,783,668	\$416,338	\$5,356,530
Administration	\$94,478	\$0	\$97,036	\$0
Program Support	\$2,152,161	\$3,947,414	\$2,179,122	\$3,674,754
Subtotal: Other Exps:	\$2,246,639	\$3,947,414	\$2,276,158	\$3,674,754
Total GF/non-GF:	\$2,673,786	\$9,731,082	\$2,692,496	\$9,031,284
Program Total:	\$12,404,868		\$11,723,780	
Program FTE	3.70	41.45	0.00	35.18
Program Revenues				
Indirect for dep't Admin	\$336,230	\$0	\$324,730	\$0
Fees, Permits & Charges	\$0	\$189,230	\$0	\$111,096
Intergovernmental	\$0	\$5,449,823	\$0	\$5,245,434
Other / Miscellaneous	\$0	\$144,615	\$0	\$0
Program Revenue for Admin	\$0	\$3,947,414	\$0	\$2,313,381
Total Revenue:	\$336,230	\$9,731,082	\$324,730	\$7,669,911

Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants.

Significant Program Changes

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

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: COCKRELL Deborah S

Related Programs:

Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) is the highest volume primary care clinic and 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 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). In 2006, 963 refugees were screened; of these 55% received on-going medical care. Mid-County has the highest proportion of non-English speaking residents. About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak another language, many were refugees themselves. 68% of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL.

Program Justification

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 3+ 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 pre-natal services as well as referrals. These children often haven't been immunized for polio, tetanus, measles, TB etc. except for the bare minimum needed to enter this country. Many children receive their 1st complete vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of annual client visits	34,828	34,260	35,122	42,015
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	59.0%	85.0%	63.0%	90.0%
Efficiency	Number of days for a new patient appointment	7	6	7	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	58.0%	70.0%	70.0%	80.0%

Performance Measure - Description

Performance Measure Variance Explanation:

of children who are up to date on immunizations-- progress towards goal achieved current improvement efforts across Primary Care clinics is underway to improve rate of immunization

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

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.

Federally Qualified Health Center (FQHC) designation requires:

- Provision of comprehensive primary care and supportive care services.
- Services be available to all regardless of ability to pay.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$68,773	\$5,397,207	\$0	\$6,393,409
Contracts	\$0	\$205,661	\$0	\$336,357
Materials & Supplies	\$0	\$290,057	\$2,466	\$309,588
Internal Services	\$0	\$1,624,209	\$59,797	\$1,857,752
Subtotal: Direct Exps:	\$68,773	\$7,517,134	\$62,263	\$8,897,106
Administration	\$110,625	\$0	\$152,113	\$0
Program Support	\$2,217,329	\$1,576,895	\$2,241,850	\$1,744,359
Subtotal: Other Exps:	\$2,327,954	\$1,576,895	\$2,393,963	\$1,744,359
Total GF/non-GF:	\$2,396,727	\$9,094,029	\$2,456,226	\$10,641,465
Program Total:	\$11,490,756		\$13,097,691	
Program FTE	0.00	56.80	0.00	68.75
Program Revenues				
Indirect for dep't Admin	\$437,001	\$0	\$539,369	\$0
Fees, Permits & Charges	\$0	\$183,220	\$0	\$228,004
Intergovernmental	\$0	\$7,307,914	\$0	\$8,669,102
Other / Miscellaneous	\$0	\$26,000	\$0	\$0
Program Revenue for Admin	\$0	\$1,576,895	\$0	\$2,222,648
Total Revenue:	\$437,001	\$9,094,029	\$539,369	\$11,119,754

Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants.

Significant Program Changes

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

Annual client visits are up because of expansion. Adding providers to this high volume, high Medicaid covered population, high need community. More visits will not mean longer wait time for an appointments because more providers have been added. Immunizations as a measure of improved health outcomes will improve because this site has fully implemented Building Better Care, which re-designed the primary care model, focuses on quality improvement and a provider team organized around patient need. We measure and watch that which we want to affect.

Priority: Basic Needs
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: MORROW Marcia M

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

EHC 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. Services include acute and chronic illness care, family planning, prenatal, behavioral health treatment and preventive services (immunizations, well child, and nutrition services) to Latinos (57%), women (67%), children (46%), uninsured (27%), and 17% are below the Federal Poverty Level (FPL).

Program Justification

EHC provides services that are low cost, high quality and community based care that helps vulnerable members of the community maintain self sufficiency, keeping their health conditions from becoming chronic and debilitating. Services are operationally integrated to provide easy one stop service including insurance eligibility and enrollment, medical, dental, food vouchering and pharmacy services.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of annual client visits	29,557	33,480	32,455	39,341
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	69.0%	85.0%	62.0%	90.0%
Efficiency	Number of days for a new patient appointment	11	6	12	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	69.0%	78.0%	70.0%	80.0%

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.

Performance Measure variance Explanation:

of annual client visits--has been impacted by a provider vacancy

of children who are up to date on immunizations-- Improvement efforts across Primary Care clinics is underway to improve rate of immunization

%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.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$0	\$4,622,309	\$0	\$5,363,220
Contracts	\$0	\$172,529	\$15,425	\$172,315
Materials & Supplies	\$0	\$228,512	\$0	\$241,632
Internal Services	\$0	\$1,703,163	\$52,227	\$1,841,353
Subtotal: Direct Exps:	\$0	\$6,726,513	\$67,652	\$7,618,520
Administration	\$96,533	\$0	\$129,385	\$0
Program Support	\$1,840,992	\$1,400,507	\$1,864,403	\$1,528,740
Subtotal: Other Exps:	\$1,937,525	\$1,400,507	\$1,993,788	\$1,528,740
Total GF/non-GF:	\$1,937,525	\$8,127,020	\$2,061,440	\$9,147,260
Program Total:	\$10,064,545		\$11,208,700	
Program FTE	0.00	47.50	0.00	54.75
Program Revenues				
Indirect for dep't Admin	\$391,041	\$0	\$461,860	\$0
Fees, Permits & Charges	\$0	\$228,951	\$0	\$256,864
Intergovernmental	\$0	\$6,471,562	\$0	\$7,361,656
Other / Miscellaneous	\$0	\$26,000	\$0	\$0
Program Revenue for Admin	\$0	\$1,400,507	\$0	\$1,874,743
Total Revenue:	\$391,041	\$8,127,020	\$461,860	\$9,493,263

Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants.

Significant Program Changes

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

Annual client visits are up because of expansion. Adding providers to this high volume, high Medicaid covered population, high need community. More visits will not mean longer wait time for an appointments because more providers have been added. Immunizations as a measure of improved health outcomes will improve because this site is implementing Building Better Care, which re-designed the primary care model, focuses on quality improvement and a provider team organized around patient need. We measure and watch that which we want to affect.

Priority: Education
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: Susan Kirchoff

Executive Summary

Since 1986, MC School-Based Health Centers (SBHC) have provided significant access to comprehensive healthcare to uninsured school-aged youth, as well as youth with insurance who cannot or do not access providers. The services are confidential, culturally competent, and age-appropriate.

Program Description

Operates 13 fully-equipped medical clinics. Twelve clinics are located in schools and one clinic is school linked. Assures access to care by providing service times beyond regular school hours and multiple sites open during summer and school breaks to ensure continuity of care. Staffing includes a Nurse Practitioner, Registered Nurse, medical support staff, and an office assistant. Services: chronic, acute, and preventive healthcare; age-appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling, referrals. 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).

Program Justification

The program strives to ensure that basic physical and behavioral health needs of youth are met to help them attend, participate, and remain in school. Healthcare for school-age youth, a basic need, is provided in the most readily accessible locations. SBHCs foster academic success by early identification and management of chronic diseases such as asthma and obesity, by preventing teen pregnancy, alcohol/drug use, and other health-related barriers to education. SBHC staffs' proximity to children creates continuous, trusting relationships that can empower high-risk youth to seek help and make better life choices, including staying in school. Such positive interventions can be crucial to later independence and success in life. Parent/guardian involvement is fostered to ensure successful clinical outcomes and to support educational success.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of youth who receive preventive & primary healthcare	6,693	7,650	15,300	20,108
Outcome	Screening for obesity: % of youth have annual BMI (Body Mass Index)	92.0%	95.0%	95.0%	95.0%

Performance Measure - Description

Process for increasing number of youth who receive preventive and primary care has been improved which has resulted in significant increase in performance which is expected to continue next year.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,780,605	\$1,588,716	\$1,916,576	\$1,444,352
Contracts	\$45,725	\$0	\$11,283	\$132,243
Materials & Supplies	\$179,333	\$120,032	\$29,413	\$258,349
Internal Services	\$211,670	\$592,851	\$229,044	\$686,093
Subtotal: Direct Exps:	\$2,217,333	\$2,301,599	\$2,186,316	\$2,521,037
Administration	\$53,849	\$0	\$79,099	\$0
Program Support	\$942,797	\$692,190	\$1,205,581	\$681,797
Subtotal: Other Exps:	\$996,646	\$692,190	\$1,284,680	\$681,797
Total GF/non-GF:	\$3,213,979	\$2,993,789	\$3,470,996	\$3,202,834
Program Total:	\$6,207,768		\$6,673,830	
Program FTE	17.25	16.90	18.90	15.10
Program Revenues				
Indirect for dep't Admin	\$133,804	\$0	\$152,830	\$0
Fees, Permits & Charges	\$0	\$163,812	\$0	\$133,157
Intergovernmental	\$0	\$2,137,787	\$0	\$2,387,880
Program Revenue for Admin	\$0	\$692,190	\$0	\$752,322
Total Revenue:	\$133,804	\$2,993,789	\$152,830	\$3,273,359

Explanation of Revenues**Significant Program Changes**

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

Priority: Education
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: NORMAN Kathy M

Executive Summary

This program is designed to support kids' academic success by breaking down barriers to staying in school. Teen parents face significant challenges to success in school. Research indicates young people who delay sexual involvement until the age of 16.5 are more likely to protect themselves from pregnancy and disease. This program gives students the skills and confidence to delay sexual involvement and reduces participation in other risky activities while building healthy relationships. It also improves health, access to information and resources for 11,000 school aged students and their parents in five school districts (57 schools total) in Multnomah County, and offers workshops to community-based organizations. The program uses three strategies: youth development and leadership training; parent involvement; and classroom healthy relationship and sexuality education.

Program Description

The Adolescent Health Promotion Program (AHPP) is designed to delay sexual activity and build healthy relationships for middle school students using peer educators to teach five sexuality education sessions that focus on media influences, correcting misconceptions about teen sexuality, and building assertiveness skills to refuse pressure. AHPP at the high school level focuses on skill building and assertiveness training to develop healthy relationships for life. AHPP employs three proven strategies: 1) Youth Development/Leadership Training: The peer education and empowerment approach, provided in a school setting, further contributes to developing and ensuring success in school. The program engages teens in discussions and activities allowing them to build skills and confidence in healthy decision making, planning for the future, self-risk assessment, and encourages communication with parents about healthy relationships and sexuality. 2) Parent Involvement: provides resources and workshops to assist parents in talking to their child about healthy relationships and sex. 3) Healthy Relationships and Sexuality Education sessions: AHPP is culturally and developmentally appropriate and delivered in schools and community-based organizations, focusing on healthy relationships, the effect of drugs and alcohol on sexual behavior, access to health services, and skill and confidence building.

Program Justification

Research shows that teens who delay sexual activity are more likely to have fewer partners and take action to protect them against pregnancy and sexually transmitted infections (STIs). Since 1995, statewide evaluations have consistently shown that students who received AHPP out-performed students in the control schools on measures of knowledge about sexuality and attitude toward postponing. The teen pregnancy rate is one of the primary health indicators for a community. In Multnomah County the teen pregnancy rate has continued to decline since the mid-1990s. However, the Multnomah County teen pregnancy rate remains higher than the state's rate and is significantly higher for Hispanic teens. When young people have hope for their future, they are less likely to engage in a range of risky behaviors including drug and alcohol abuse, smoking, and early initiation of sex, among others (Prothrow-Stith, date; Wilson et al, 2006). Therefore, AHPP works to empower young people, and increase their sense of control over their lives and their health.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of high school teen leaders trained	255	260	230	260
Outcome	Increase the % of HS/College students that participate as leaders	65.0%	65.0%	65.0%	68.0%
Output	Increase of the # of students and their parents who receive the program	9,902	13,000	11,000	11,000

Performance Measure - Description

1) Positively impact outcomes known to decrease teen pregnancy and other high risk behaviors: knowledge of the risk and impact of teen pregnancy and sexually transmitted infections (STIs) and attitude towards delaying sexual activity. 2)% of trained teen leaders that participate for more than one year. 3) Number of students/parents receiving healthy relationship and sexuality sessions annually. Have scaled back number of health fairs but are increasing intensity/1:1 parent target portion of program.

Legal/Contractual Obligation

AHPP Contractual agreement with Northwest Family Services (NWFS) to serve 3,087 10th grade students and their parents with outreach to the faith-based African American(AA) community. Administration for Children and Families indicates that 7,000 middle school students and their parents will be served, with special outreach to teen parents, the (AA), and Latino community.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$0	\$612,597	\$0	\$626,198
Contracts	\$0	\$77,248	\$0	\$68,500
Materials & Supplies	\$0	\$24,985	\$0	\$11,616
Internal Services	\$0	\$136,570	\$0	\$145,086
Subtotal: Direct Exps:	\$0	\$851,400	\$0	\$851,400
Administration	\$12,219	\$0	\$14,306	\$0
Program Support	\$44,232	\$5,569	\$47,588	\$4,584
Subtotal: Other Exps:	\$56,451	\$5,569	\$61,894	\$4,584
Total GF/non-GF:	\$56,451	\$856,969	\$61,894	\$855,984
Program Total:	\$913,420		\$917,878	
Program FTE	0.00	8.22	0.00	7.94
Program Revenues				
Indirect for dep't Admin	\$49,495	\$0	\$51,621	\$0
Intergovernmental	\$0	\$851,400	\$0	\$851,400
Program Revenue for Admin	\$0	\$5,569	\$0	\$4,584
Total Revenue:	\$49,495	\$856,969	\$51,621	\$855,984

Explanation of Revenues

\$551,400 Federal grant revenue received Oct. 2006. Currently in year 2 of the 5 year grant. \$300,000.00 per year contract revenue received through Northwest Family Services. Currently in year 3 of the 5-year grant.

Significant Program Changes

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

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: SAUM Robert E

Related Programs:

Program Characteristics:

Executive Summary

La Clinica de Buena Salud Health Clinic, provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in the NE Portland Cully Neighborhood. NE Portland is the most racially diverse area of Multnomah County and the clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care. La Clinica serves mainly Hispanic and Somali residents. When community members do not have access to quality health care the results are increased rates of disease and higher costs to the community as a result of increased Emergency Room visits by individuals who have no other option for health care. Over 67% of the children and families served by La Clinica are uninsured. The continuum of services impacts poverty, promotes family stability and assists families to meet basic living needs.

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. 74% are at or below 100% FPL (federal poverty level) 97.3% are at or below 200% FPL. The 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 serve the Latino community, the program has expanded to 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.

Program Justification

This program supports many of the basic living needs priorities. The offer links closely with the School-age Policy and Early Childhood Frameworks as well as the Health Equity Initiative. Of those receiving health services, 57% 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 (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of annual client visits	5,110	5,080	4,843	7,840
Outcome	% of children who are up to date on immunizations at 35 months of age	69.0%	85.0%	80.0%	90.0%
Efficiency	Number of days for a new patient appointment	12	7	8	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	77.0%	85.0%	85.0%	80.0%

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. Changes in measures from last year due to: change from joint offer with Bienestar last year to single offer from LCDBS this year.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$0	\$973,865	\$0	\$1,186,917
Contracts	\$0	\$54,751	\$0	\$86,280
Materials & Supplies	\$0	\$44,763	\$0	\$59,097
Internal Services	\$99,655	\$234,846	\$90,192	\$293,049
Subtotal: Direct Exps:	\$99,655	\$1,308,225	\$90,192	\$1,625,343
Administration	\$20,021	\$0	\$28,827	\$0
Program Support	\$432,846	\$615,083	\$469,757	\$570,031
Subtotal: Other Exps:	\$452,867	\$615,083	\$498,584	\$570,031
Total GF/non-GF:	\$552,522	\$1,923,308	\$588,776	\$2,195,374
Program Total:	\$2,475,830		\$2,784,150	
Program FTE	0.00	10.00	0.00	11.60
Program Revenues				
Indirect for dep't Admin	\$76,054	\$0	\$98,532	\$0
Fees, Permits & Charges	\$0	\$52,764	\$0	\$81,484
Intergovernmental	\$0	\$1,255,461	\$0	\$1,543,859
Program Revenue for Admin	\$0	\$615,083	\$0	\$377,538
Total Revenue:	\$76,054	\$1,923,308	\$98,532	\$2,002,881

Explanation of Revenues**Significant Program Changes**
 **Significantly Changed**

Last year this program was: #25156A, Bienestar/ La Clinica Health and Social Services

Last year this program was: #25156A, Bienestar/ La Clinica Health and Social Services in a joint offer with Dept of County Human Services

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Program Alternative /

Program Contact: WALLINDER Janet L

Related Programs:

Program Characteristics:

Executive Summary

This program will restore services and create an early intervention system of care focused on prevention of childhood chronic disease which disproportionately impacts children of color and children in poverty. It includes an interdisciplinary team to provide population based and targeted interventions for the Early Childhood home visiting program, it restores services cut in School and Community Dental program as well as a partial restoration of the Healthy Homes childhood asthma project.

Program Description

The program targets three areas of chronic illness prevention, Obesity, Asthma and Dental health. The interdisciplinary team will work across systems to link the most at risk children and young families to services provided by WIC, Early Childhood, Health centers, School and Community Dental, Environmental Health and Chronic Disease programs to name a few. This program will expand the lactation consultation North Portland pilot project, where mothers with newborn infants who are having problems with breastfeeding are referred to lactation consultants in the Early Childhood home visiting program. By intervening quickly more women will be successful at achieving goals of exclusive breastfeeding until 6 months of age contributing to the prevention of chronic diseases such as obesity, diabetes and asthma in their children. New research also suggest long term health benefits to the nursing mother as well, showing a decline in the rate of maternal obesity and diabetes. This program will provide a dental evaluation and preventative dental sealants to another 10 schools, treating an additional 400 public school children and giving 1,500 more children oral health education in the classroom. It also restores a dental hygienist in the dental van, which will allow for more complex cleanings. Healthy Home Asthma would be partially restored, working closely with Early Childhood Services and the health centers. 90 asthmatic children will receive services including a home assessment; identification of environmental asthma triggers; asthma control status and medical, behavioral and environmental interventions needed to improve control of asthma.

Program Justification

Restoration of these key services will help stretch our prevention efforts by focusing on the children most at risk for chronic disease. It addresses the root cause of health disparities by improving the health of children in the environment where they live, learn and play. Breastfeeding has been linked with a number of positive outcomes for infants and children: decreased risk for ear & respiratory infections, fewer visits to the doctor's office for illness, antibiotic prescriptions, hospitalizations and decreased risk for childhood obesity, diabetes & asthma. Multnomah County has one of the highest emergency department utilization rates for asthma in Oregon. The Healthy Homes asthma intervention has been shown to improve asthma control resulting in reduced emergency department utilization and reduction of lost school days. This restoration will focus on the highest risk children and expand to include more school age children. Without fluoridation providing preventive care, such as dental sealants to school aged children is essential. Since tooth pain is a common reason for missing school day prevention services also keep kids in school and the school based service approach means parents do not need to take time off from work to have their children treated.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output		0	0	0	0
Outcome	50% of women receiving lactation consultation services are breastfeeding at 6 mo	0.0%	0.0%	0.0%	50.0%
Outcome	% of children showing improvement in Asthma Control Test(based on Healthy Homes)	60.0%	75.0%	75.0%	70.0%
Outcome	% of sealants placed that are retained	0.0%	0.0%	0.0%	85.0%

Performance Measure - Description

Breastfeeding for 6 months is a Healthy People 2010 goal. This revised model will include older children will likely have an impact on the level of Asthma control achieved. Retention of sealants results in greater prevention of tooth decay.

Legal/Contractual Obligation

Some activities under this program are subject to Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$106,532	\$0	\$75,000	\$630,427
Contracts	\$44,929	\$0	\$0	\$0
Materials & Supplies	\$44,724	\$0	\$0	\$0
Internal Services	\$3,405	\$0	\$0	\$0
Subtotal: Direct Exps:	\$199,590	\$0	\$75,000	\$630,427
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$0	\$0
Total GF/non-GF:	\$199,590	\$0	\$75,000	\$630,427
Program Total:	\$199,590		\$705,427	
Program FTE	0.00	0.00	0.75	7.60
Program Revenues				
Intergovernmental	\$0	\$0	\$0	\$630,427
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$630,427

Explanation of Revenues**Significant Program Changes****Last year this program was:**

The Healthy Homes program has worked collaboratively with managed care organizations and identified the need to expand the age of the children served from age 6 to school age children to address the highest risk population children suffering from asthma.

Additional Local 88 positions were funded using funds made available by Local 88's approval of a wage freeze for FY 2010.

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Program Alternative /

Program Contact: WICKHAM Lila A

Related Programs:

Program Characteristics:

Executive Summary

This program builds on the success of the Healthy Eating Active Living (HEAL) and Healthy Homes projects expanding our capacity to improve the health of our community's most vulnerable children. Poor families suffer higher rates of chronic diseases such as asthma, obesity, and diabetes. This program adds the capacity for another HEAL project in Multnomah County, replicating and improving on what we have learned from a pilot in North Portland. In addition, this program funds the Healthy Rental Housing Initiative, a plan to address health disparity resulting from poorly maintained rental housing by working with housing inspectors to improve code enforcement in Multnomah County. The housing initiative will also identify and track families and children whose health is negatively impacted by housing conditions; and provide community outreach and education.

Program Description

To address high rates of obesity and diabetes affecting poor families, we need to focus on the complex ways that individual lifestyles and behaviors are affected by interpersonal relationships, environmental factors and public policy. This program will work with communities and organizational partners in East County to identify and address systemic barriers to healthy active living. The model for this approach is the North Portland HEAL Coalition, which works with children and families in the Portsmouth and St. Johns neighborhoods. This group of partners -- including SUN School Program, Portland State University, Kaiser Permanente, Portland Public Schools and Portland Parks & Rec — targets the multitude of factors that contribute to obesity and chronic disease. Separately, to combat the high rate of asthma among poor children in our community, the Healthy Rental Housing Initiative will pay to train city housing code inspectors in identifying housing conditions that can exacerbate asthma and other health conditions. This component helps ensure enforcement of new, more stringent housing codes adopted recently by Portland and Gresham. The initiative also will create a website that enables doctors and nurses to request a housing inspection if they suspect substandard housing is triggering a child's asthma. This innovative program will track families and children through the rental housing inspection and code violation remediation process. Finally, a health educator will work with landlords and tenants in a partnership approach to maintaining healthy living environments.

Program Justification

This program offer expands our effectiveness and capacity to prevent chronic disease in our children through policy change, partnerships and addressing multiple complex factors that contribute to healthy environments. The strategies engage and convene a broad array of citizens to address the root causes of chronic disease. HEAL gathers participants across generations -- students, parents, teachers, community residents,-- to identify culturally-relevant ways to promote healthy eating and physical activity. The Healthy Rental Housing Initiative arises from a department's two-year, community needs assessment that identified healthy affordable housing as a significant community priority. Specifically, the process identified mold, trash, lead, and feeling like an ignored community as primary concerns. As a result, a collaborative of community agencies successfully strengthened rental housing code in Gresham and the City of Portland. Health and housing code improvements are now pending in other county jurisdictions. Ensuring that these new housing codes are effective will require: consistent inspection practices; better gateways to identify families living in substandard housing; and a process for informing landlords and tenants about the connection of health and housing. This initiative will directly reduce health disparities by ensuring families in poverty have equitable access to healthy food, exercise opportunities, and healthy housing conditions.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of local residents participating in program coalitions	0	0	0	35
Outcome	# of families receiving an inspection based on medical provider referral	0	0	0	90
Output	# of Inspectors and Property Mgrs trained	0	0	0	25

Performance Measure - Description

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$0	\$0	\$235,170	\$0
Contracts	\$0	\$0	\$41,000	\$0
Materials & Supplies	\$0	\$0	\$14,050	\$0
Internal Services	\$0	\$0	\$18,356	\$0
Subtotal: Direct Exps:	\$0	\$0	\$308,576	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$0	\$0
Total GF/non-GF:	\$0	\$0	\$308,576	\$0
Program Total:	\$0		\$308,576	
Program FTE	0.00	0.00	3.00	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes****Last year this program was:**

Additional Local 88 positions were funded using funds made available by Local 88's approval of a wage freeze for FY 2010.

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: ABDELLATIF Vanetta M

Related Programs:

Program Characteristics:

Executive Summary

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 provides the following 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.

Program Justification

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 (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output		0	0	0	0
Outcome	% of Providers meeting productivity goals	0.0%	0.0%	0.0%	95.0%
Quality	Maintain compliance with regulatory and licensing standards/boards	0.0%	0.0%	0.0%	100.0%

Performance Measure - Description

✔ **Measure Changed**

Performance measures have been changed to more accurately reflect the efficacy of clinical leadership.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$859,008	\$43,393	\$826,265	\$6,167
Contracts	\$178,050	\$0	\$14,500	\$0
Materials & Supplies	\$68,541	\$5,544	\$86,900	\$1,149
Internal Services	\$90,425	\$4,096	\$97,383	\$684
Subtotal: Direct Exps:	\$1,196,024	\$53,033	\$1,025,048	\$8,000
Administration	\$18,122	\$0	\$17,224	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$18,122	\$0	\$17,224	\$0
Total GF/non-GF:	\$1,214,146	\$53,033	\$1,042,272	\$8,000
Program Total:	\$1,267,179		\$1,050,272	
Program FTE	5.62	0.20	4.50	0.00
Program Revenues				
Indirect for dep't Admin	\$3,083	\$0	\$485	\$0
Other / Miscellaneous	\$0	\$53,033	\$0	\$8,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$3,083	\$53,033	\$485	\$8,000

Explanation of Revenues**Significant Program Changes**

Last year this program was: #40030, Physician, Nurse Practitioner and Nursing Directors

Program # 40031A - Pharmacy

Version 4/01/2009 s

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: BELCOURT Joy

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 & the Tuberculosis Clinics as well as students 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.

Program Justification

The Clinical Infrastructure Services Group provides essential support to the health delivery and emergency preparedness programs within the Health Department. Pharmacy Services 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 (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Prescriptions Filled	269,000	275,000	278,000	285,000
Outcome	Average prescription cost	33	36	36	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
Program Expenses	2009	2009	2010	2010
Personnel	\$557,690	\$2,647,499	\$56,600	\$3,561,729
Contracts	\$153,500	\$0	\$0	\$210,000
Materials & Supplies	\$326,811	\$5,415,129	\$563,895	\$4,222,692
Internal Services	\$0	\$933,555	\$316,346	\$824,579
Capital Outlay	\$30,000	\$0	\$0	\$0
Subtotal: Direct Exps:	\$1,068,001	\$8,996,183	\$936,841	\$8,819,000
Administration	\$143,425	\$0	\$163,931	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$143,425	\$0	\$163,931	\$0
Total GF/non-GF:	\$1,211,426	\$8,996,183	\$1,100,772	\$8,819,000
Program Total:	\$10,207,609		\$9,919,772	
Program FTE	6.10	23.40	0.50	30.50
Program Revenues				
Indirect for dep't Admin	\$518,906	\$0	\$584,627	\$0
Fees, Permits & Charges	\$0	\$507,000	\$0	\$635,000
Intergovernmental	\$0	\$8,407,953	\$0	\$8,184,000
Other / Miscellaneous	\$0	\$81,230	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$518,906	\$8,996,183	\$584,627	\$8,819,000

Explanation of Revenues

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. Rx revenue is expected to increase related to the expansion of primary care services at Mid-County that has the highest % of Medicaid population (both in our clinic and in that geographic service area).

Significant Program Changes

Last year this program was: #40031, Pharmacy

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: BELCOURT Joy

Related Programs:

Program Characteristics:

Executive Summary

Prescription drugs for uninsured mentally ill primary care clinic clients and laboratory services trimmed to meet revenue constraints.

Program Description

This funding will help Health Department Pharmacies dispense medications to uninsured mentally ill clients. The numbers of uninsured mentally ill clients coming to our clinics continues to grow. They have limited options for purchasing their prescription medications to keep them well and stable in the community. Without their medications many risk incarceration or hospitalization. Psychiatric medications are generally expensive ranging from \$50 to over \$800 for a 30 day supply. A commonly prescribed medication costs \$250 for a 30 day supply. We strive to get these clients signed up for a manufacturer's assistance program but generally this takes 60 days before these medications are received. This funding provides the medication during this gap. As is often the case, medication types or doses need to be changed, which requires reapplication and each new prescription must requires reapplication every 3-12 months, all of this results in on-going gaps in prescription coverage.

Program Justification

This program will help keep uninsured clients on their medications and avoid the physical and mental trauma and risk associated with stopping and starting their treatment. Uninsured Clients who maintain their prescription coverage are less likely to end up in inappropriate and more expensive settings like jail and involuntary hospital commitments, both of which are costs absorbed by the County.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of clients who receive Rx while awaiting Rx assistance	0	0	0	400
Outcome		0	0	0	0

Performance Measure - Description

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Materials & Supplies	\$0	\$0	\$137,325	\$137,174
Internal Services	\$0	\$0	\$0	\$12,826
Subtotal: Direct Exps:	\$0	\$0	\$137,325	\$150,000
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$0	\$0	\$0	\$0
Total GF/non-GF:	\$0	\$0	\$137,325	\$150,000
Program Total:	\$0		\$287,325	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$9,095	\$0
Intergovernmental	\$0	\$0	\$0	\$150,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$9,095	\$150,000

Explanation of Revenues**Significant Program Changes****Last year this program was:**

Originally this program offer was General Fund "out of target". Other funds were identified to cover the cost for FY 2010.

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: BELCOURT Joy

Related Programs:

Program Characteristics:

Executive Summary

Lab, X-ray, and Medical Records 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 primary care clinics including a large percentage of uninsured, mentally ill, women and children and School Based Health Clinic clients.

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 archive. Medical Records Management: Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards.

Program Justification

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. Medical Records Management ensures proper documentation of health care services and provides direction and monitoring of HIPAA compliance activities (federally required).

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of documentation audits completed	0	2,160	2,160	1,800
Outcome	X-rays taken	0	6,200	6,200	6,200
Outcome	Number of laboratory specimens handled	0	229,000	229,000	229,000
Outcome	Number of clinics with fully implemented EHR	0	20	20	20

Performance Measure - Description

EHR clinics include all school based clinic sites, not just Primary Care clinics. Will remove this after FY10, because EHR has been implemented at all sites.

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 provision 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
Program Expenses	2009	2009	2010	2010
Personnel	\$2,059,090	\$0	\$2,429,286	\$0
Contracts	\$35,150	\$0	\$32,530	\$0
Materials & Supplies	\$170,550	\$0	\$95,923	\$0
Internal Services	\$191,125	\$0	\$346,548	\$0
Subtotal: Direct Exps:	\$2,455,915	\$0	\$2,904,287	\$0
Administration	\$36,330	\$0	\$48,802	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$36,330	\$0	\$48,802	\$0
Total GF/non-GF:	\$2,492,245	\$0	\$2,953,089	\$0
Program Total:	\$2,492,245		\$2,953,089	
Program FTE	25.10	0.00	26.90	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

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.

Significant Program Changes

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

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: WHITTLESEY Valerie L

Related Programs:

Program Characteristics:

Executive Summary

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

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

Program Description

•PCAR

Schedules new, underserved, low income patients into MCHD Primary Care medical homes as capacity permits.

Refers uninsured, established Primary Care patients into specialty care to other community providers through standardized referral processes.

Provides information and referral on 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 & programs and for established patients who access specialty care in the community.

Comprehensive written translation for clinical and non-clinical programs and services.

Program Justification

PCAR provides appointment and referrals in collaboration with county and other community organizations, ensuring consistent patient and information work flows and tracking. PCAR ensures comprehensive, collaborative planning processes that are patient centered, respectful and attentive to resource stewardship.

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 interpretation that is culturally competent.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of calls answered	0	220,000	0	0
Outcome	% of new patients will receive appointment reminder calls	0.0%	0.0%	100.0%	100.0%

Performance Measure - Description

✔ **Measure Changed**

Quality: 100% of patients with current telephone numbers will receive reminder calls. Discontinuing Call Center functions, so number of calls answered is no longer a valid measure.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,271,022	\$0	\$583,183	\$0
Contracts	\$279,150	\$0	\$382,790	\$0
Materials & Supplies	\$37,000	\$0	\$24,532	\$0
Internal Services	\$205,165	\$0	\$98,900	\$0
Subtotal: Direct Exps:	\$1,792,337	\$0	\$1,089,405	\$0
Administration	\$26,203	\$0	\$18,306	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$26,203	\$0	\$18,306	\$0
Total GF/non-GF:	\$1,818,540	\$0	\$1,107,711	\$0
Program Total:	\$1,818,540		\$1,107,711	
Program FTE	18.40	0.00	7.00	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last year this program was: #40033, Clinic Appointment Center

In FY08, this program included Nursing triage services, along with Appointment Center staffing. Nursing triage has been moved out into the clinic sites to more effectively serve clients.

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: ABDELLATIF Vanetta M

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.

Program Description

This program supports the services in 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 of the County's uninsured and underinsured. 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 reach 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 (JC) 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.

Program Justification

This program educates and informs citizens on the results and price of integrated clinical services delivered in the county. This includes measuring clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and the JC are our primary external benchmarking organizations relative to performance indicators. Program includes: •Work with the Community Health Council, client feedback results, and collaborations with other health care delivery partners to reduce costs and assure continued revenue through federal, state and private funding. •Three year JC re-accreditation awarded in 2006 – recognizing we meet the national model for quality and safety. Lab re-accreditation visit due in upcoming months. •BPHC competitive grant application approved for five years (\$6.5 million for year 3). •This infrastructure is required to meet BPHC grant requirements.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output		0	0	0	0
Outcome	Maintain compliance with Joint Commission standards	100.0%	100.0%	100.0%	100.0%
Outcome	Percentage of grants renewed	0.0%	100.0%	100.0%	100.0%

Performance Measure - Description

1. Bureau of Primary Health Care Performance Reviews results and monthly audits in key performance areas.
2. National benchmark of 90% compliance is required to meet standards/rules governing quality and safety, per Bureau of Primary Health Care (BPHC) Accreditation Initiative. Ongoing targeted compliance audits focus mainly on areas identified as needing improvement. Annual Periodic Performance Review assesses the entire program.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$669,724	\$508,161	\$475,161	\$685,288
Contracts	\$125,000	\$8,951	\$103,643	\$74,357
Materials & Supplies	\$12,765	\$53,506	\$0	\$78,732
Internal Services	\$27,926	\$79,382	\$69,701	\$75,399
Subtotal: Direct Exps:	\$835,415	\$650,000	\$648,505	\$913,776
Administration	\$21,317	\$0	\$24,739	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$21,317	\$0	\$24,739	\$0
Total GF/non-GF:	\$856,732	\$650,000	\$673,244	\$913,776
Program Total:	\$1,506,732		\$1,587,020	
Program FTE	5.53	5.45	5.50	5.60
Program Revenues				
Indirect for dep't Admin	\$28,718	\$0	\$44,280	\$0
Intergovernmental	\$0	\$350,000	\$0	\$613,776
Other / Miscellaneous	\$0	\$300,000	\$0	\$300,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$28,718	\$650,000	\$44,280	\$913,776

Explanation of Revenues**Significant Program Changes**

Last year this program was: #40034, Quality Assurance

Priority: Accountability

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: JOHNSON Sandy A

Related Programs:

Program Characteristics:

Executive Summary

Planning and Evaluation provides identification of health issues and concerns in the county, leadership for department-wide strategic planning, procurement of grant funds, and the development and evaluation of evidence-based programs. Evaluation efforts are aimed at examining the effectiveness of programs and initiatives and identifying 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. PDES assures evidence-based public health practice and policy development through design and evaluation of programs and interventions in HIV prevention and services, tobacco prevention and control, prevention and interventions addressing under-age drinking, and evaluation of policy initiatives such as Multnomah County's nutrition labeling policy. 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 \$22.6 million was procured to address health issues in FY2007-08. Health Planning and Evaluation projects address key areas including overweight and obesity, early childhood, school aged policy, homelessness, and poverty. Examples include evaluation of the Healthy Birth Initiative, Healthy Homes, and a longitudinal research project to better understand and prevent the initiation of alcohol, tobacco and substance use among school-aged youth. Grant Development has secured program funds to support early childhood, ending homelessness, and poverty programs.

Program Justification

Health Planning and Evaluation programs identify health priorities and direct resources toward improving health. The investment of \$1 million in general funds results in over \$20 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 Department progress and activities. HAE supports the Health Equity Initiative with data collection, analysis, and reporting of health priorities, and provides evaluation services and technical assistance to HD programs. PDES efforts will continue to inform improvement and innovation in HIV services and tobacco prevention and control programs. PDES projects include an evaluation of state and federal policy mandates on changes in school physical activity and nutrition policies and practices, evaluation of the menu labeling policy and assessing the potential of school-based health centers around the state.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of requests for data analysis (1)	326	300	600	500
Outcome	Number of grant proposals written (2)	42	58	55	45
Output	Number of reports disseminated (3)	57	55	58	58
Outcome	Dollar amount of grants funded (4)	22,623,231	19,500,000	20,261,000	21,000,000

Performance Measure - Description

- 1) Includes HAE planned projects and ad hoc requests; 1.0 FTE Research Analyst II dedicated to data request was added in FY08.
- 2) Includes Grant Development and PDES proposals. The CYP of 58 was too high and a tighter funding environment make next years target more attainable.
- 3) Includes HAE and PDES reports including 13 published articles in FY 2008 and 8 YTD in FY 2009
- 4) Includes Grant Development awards

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
Program Expenses	2009	2009	2010	2010
Personnel	\$923,969	\$2,091,749	\$1,197,209	\$1,217,253
Contracts	\$31,000	\$325,880	\$20,000	\$354,209
Materials & Supplies	\$47,674	\$161,219	\$37,914	\$90,071
Internal Services	\$112,998	\$229,667	\$128,201	\$165,145
Subtotal: Direct Exps:	\$1,115,641	\$2,808,515	\$1,383,324	\$1,826,678
Administration	\$39,548	\$0	\$50,494	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$39,548	\$0	\$50,494	\$0
Total GF/non-GF:	\$1,155,189	\$2,808,515	\$1,433,818	\$1,826,678
Program Total:	\$3,963,704		\$3,260,496	
Program FTE	8.75	10.51	10.77	10.10
Program Revenues				
Indirect for dep't Admin	\$147,430	\$0	\$110,754	\$0
Fees, Permits & Charges	\$0	\$100,000	\$0	\$0
Intergovernmental	\$0	\$2,553,522	\$0	\$1,666,843
Other / Miscellaneous	\$0	\$154,995	\$0	\$159,835
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$147,430	\$2,808,517	\$110,754	\$1,826,678

Explanation of Revenues**Significant Program Changes**

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

Additional Local 88 positions were funded using funds made available by Local 88's approval of a wage freeze for FY 2010.

Priority: Accountability

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: LEE Kate

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, 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 Coalition of Community Health Clinics (CCHC) 13 member clinics are community based clinics play an instrumental 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 plays 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 Coalition of Community Health Clinics (CCHC) 13 member clinics 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.

Program Justification

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 leverages community health resources: \$308,905 estimated in 2008. The Health Department's indemnification program for volunteer health care professionals leveraged 15,062 total volunteer hours with an estimate dollar value of \$541,715 in 2007 – 2008. The County's support of coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many County residents lacking the financial resources. These clinics primarily see uninsured patients and are dispersed geographically throughout Multnomah County. The CHC and the CCHC contribute to outcomes in the poverty framework by leveraging citizen and community engagement in health care advocacy, decision making and provision of services for our most vulnerable populations.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of volunteer hours	21,800	22,835	16,000	16,500
Outcome	Percentage of consumers involved	55.0%	60.0%	60.0%	63.0%
Outcome	Number of uninsured patients seen	119,500	110,000	119,233	119,500
Output	Number of meetings held	36	36	36	36

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. Number of uninsured patients seen include Health Department estimate of 23,654 at the health centers and 95,579 visits of uninsured patients through the CCHC. Number of meetings held includes participation on patient advisory boards for Coalition clinics, CHC executive committee meetings and monthly CHC meetings.

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	2009	2009	2010	2010
Personnel	\$104,549	\$0	\$112,248	\$0
Contracts	\$117,407	\$0	\$106,060	\$0
Materials & Supplies	\$8,663	\$0	\$10,508	\$0
Internal Services	\$11,929	\$0	\$12,519	\$0
Subtotal: Direct Exps:	\$242,548	\$0	\$241,335	\$0
Administration	\$3,507	\$0	\$4,055	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$3,507	\$0	\$4,055	\$0
Total GF/non-GF:	\$246,055	\$0	\$245,390	\$0
Program Total:	\$246,055		\$245,390	
Program FTE	1.30	0.00	1.30	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Significant Program Changes

Last year this program was: #40036, Citizen and Community Involvement and Governance

The reason why the volunteer hours have decreased is because the Coalition of Community Health Clinics (the program that a vast majority of the volunteer hours come from) calculated the amount of volunteer hours differently this year. CCHC pulled out non-licensed medical and clinics who utilize volunteers but not MCHD. Based on this updated information, the Health Department's indemnification program for volunteer health care professionals leveraged 15,062 total volunteer hours with an estimate dollar value of \$541,714.31 in 2007 – 2008. The remaining amount comes from the volunteer service of Community Health Council members. In previous years, CCHC included ALL volunteer positions (administrative, non-licensed, etc) which inflated the numbers. They decided to revise how they calculate their volunteer hours to better reflect how use of the indemnification program directly impacts/supports the County with volunteer licensed health care professionals. If anything, their volunteer hours for licensed health care professional increased last year if the "other" group is teased out.

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: WICKHAM Lila A

Related Programs:

Program Characteristics:

Executive Summary

Supports community environmental health programs that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors. Programs work to improve health by addressing issues related to environmental health, housing and the built environment. Strategies include assessment, education/ outreach, intervention, information/ referral, policy development, community organizing, and capacity building. Program focus areas include healthy home issues such as mold, household toxins, vectors and lead paint; environmental pollutants and toxins; emerging diseases; and reducing the environmental impacts of global warming.

Program Description

Healthy Home Priorities: 1) Sustain and integrate the Healthy Homes childhood asthma case management approach into MCHD clinics; 2) Building capacity for community programs and policy work that decrease health disparities associated with health and housing; 3) Develop demonstration projects that create partnerships between landlords and tenants; 4) Expand MCEH Environmental Education programs that address environmental toxins and pollutants negatively impacting health; and 5) Continue collaboration with the Health Equity Initiative to ensure a coordinated approach to the overall goals of reducing health disparities. Environmental Education Priorities: 1) Conduct community-based training and outreach related to health and housing topics (mold, Indoor Air Quality & toxins; 2) Collaborate to integrate environmental health risk reduction with other MCHD initiatives (i.e., Health Equity Initiative); and 3) Support core environmental health functions education and outreach related to West Nile Virus, Food borne Illness, and other emerging issues like environmental and health impacts of climate change. Leveraging Resources Priorities: 1) Ensure successful implementation of existing grant resources including CDC, FDA, and Portland Water Bureau grants; 2) Apply for grants to expand services and service delivery to leverage resources to offset limited general funds; 3) Provide leadership and infrastructure support for the Healthy Homes Community Coalition and build capacity of community partners working on environmental/healthy homes initiatives.

Program Justification

The program supports the basic needs of the community through disease prevention. It addresses a root cause of health disparities, by improving the health of the home environment. These efforts bridge gaps identified by the community as under-resources public health issues (indoor air quality, affordable housing, mold). The program is focused on Healthy Home principles and policy development. Policy change examples include the City of Portland and Gresham Housing codes incorporating Healthy Home principles based on our leadership, advocacy and public health expertise. The program also addresses County residents' needs for education and outreach related to West Nile virus prevention, food-borne illness prevention and other emerging and climate change-related environmental risks. Specifically works with vulnerable children with asthma to improve their quality of life and lowering the economic burden of children by averting emergency room visits and hospitalization through prevention.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of advisory committee meetings facilitated	19	22	18	18
Outcome	Emergency department and hospitalization costs averted	0	0	102,374	130,925
Output	Number of educational interventions developed	98	92	94	92
Outcome	Additional grant dollars leveraged	584,085	634,000	714,000	720,000

Performance Measure - Description

1) Output: Measures community engagement in advisory capacity for programs. Combined two groups which lowered estimate of meetings but improved efficiency. 2) Output: Reflects presentations that improve environmental health awareness, skills, and behaviors through community partners, workshops and public outreach. 3) Outcome: Changed from last offer because Care Oregon ER cost savings data is now available which better reflects necessity of program. 4) Outcome: Includes total sum of external dollars leveraged by MCEH and providing technical assistance to partners to leverage grants.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$230,898	\$344,225	\$232,382	\$143,029
Contracts	\$0	\$1,000	\$6,600	\$0
Materials & Supplies	\$30,751	\$8,949	\$18,647	\$8,557
Internal Services	\$9,047	\$55,982	\$21,181	\$21,414
Subtotal: Direct Exps:	\$270,696	\$410,156	\$278,810	\$173,000
Administration	\$9,771	\$0	\$7,592	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$9,771	\$0	\$7,592	\$0
Total GF/non-GF:	\$280,467	\$410,156	\$286,402	\$173,000
Program Total:	\$690,623		\$459,402	
Program FTE	2.93	3.56	2.45	1.40
Program Revenues				
Indirect for dep't Admin	\$23,844	\$0	\$10,489	\$0
Intergovernmental	\$0	\$410,156	\$0	\$173,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$23,844	\$410,156	\$10,489	\$173,000

Explanation of Revenues

This program is only funded for half a year. Additional resources will need to be secured for it to continue beyond December 2009.

Significant Program Changes

Last year this program was: #40037, Community Environmental Health

A HUD-funded asthma demonstration project has ended leading to a reduction in revenues. Replacement funding will include Medicaid reimbursement revenues and the pursuit of additional grant funding.

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: WIGGINS Noel

Related Programs:

Program Characteristics:

Executive Summary

This program helps people both inside and outside the Health Department build their capacity to increase health equity by addressing the social determinants of health. Activities include training community members as community health workers, conducting culturally-specific health promotion, teaching empowering health promotion approaches, conducting empowering health research, and coordinating this work throughout the Health Department.

Program Description

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to increase health equity by addressing the social determinants of health, via five primary strategies: 1) providing credit-bearing training for Community Health Workers (CHWs) who promote health in their own communities; 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 marginalized communities; 4) conducting empowering health promotion projects in culturally-specific communities; and 5) leading the MCHD Health Promotion Change Management Process. The three goals of the Change Management Process are: 1) To increase health promotion competence at the HD; 2) To increase coordination and collaboration among HD programs; and 3) To make available the successes and challenges of the process for others to use in replication efforts. The Change Management Process is guided by the Health Promotion Community of Practice, which includes members from all five Health Department Service Areas. This group has already increased collaboration across the Health Department by acting as a liaison between Service Areas and spawning joint projects. In line with the Change Process Implementation Plan, currently members are: 1) developing an "Introduction to Empowering Health Promotion" training that will be shared with teams across the HD; 2) refining the document and graphic that explains MCHD's approach to health promotion; 3) developing a strategy and tools to evaluate the Change Management Process; and 4) applying empowering health promotion strategies in their individual programs.

Program Justification

Many persistent health inequities are the result of adverse social conditions such as poverty and discrimination. The unifying factor among all these conditions is relative powerlessness or lack of control. Substantial evidence suggests that only by addressing the underlying social determinants of health and increasing people's control over their health can we reduce persistent health inequities. Thus, echoing the WHO's Ottawa Charter on Health Promotion, the first goal of the Health Department's 2010-2014 Strategic Plan is to enable individuals and communities to gain more control over the factors that influence their health. Previous inattention to the social determinants of health has created a need for skill-building in this area, both among public health practitioners and their community partners. This program fills that need by modeling empowering health promotion, teaching concrete knowledge and skills, conducting research that increases community control, and coordinating this work throughout the Health Department.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of participants in training courses	1,300	1,800	1,800	2,000
Outcome	% of participants in training courses who report increased ability to promote hlt	90.0%	90.0%	97.0%	98.0%
Outcome	% of trainees who demonstrate increased hlth knowledge (new)	0.0%	0.0%	100.0%	100.0%
Outcome	% of participants in HP trainings who report increased ability to promote hlth	0.0%	90.0%	97.0%	98.0%

Performance Measure - Description

The number of participants in training courses represents an unduplicated count within the same training course. However, the same person may participate in more than one course. Percentage of participants in training courses who report increased ability to promote health is defined as participants who rate this item 1 or 2 on a post-evaluation survey. A score of 1 is the highest score.

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
Program Expenses	2009	2009	2010	2010
Personnel	\$343,078	\$0	\$446,038	\$9,145
Contracts	\$2,250	\$0	\$2,250	\$0
Materials & Supplies	\$9,168	\$0	\$6,822	\$3,937
Internal Services	\$33,679	\$0	\$41,771	\$2,918
Subtotal: Direct Exps:	\$388,175	\$0	\$496,881	\$16,000
Administration	\$5,571	\$0	\$8,618	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$5,571	\$0	\$8,618	\$0
Total GF/non-GF:	\$393,746	\$0	\$505,499	\$16,000
Program Total:	\$393,746		\$521,499	
Program FTE	3.60	0.00	4.60	0.10
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$970	\$0
Fees, Permits & Charges	\$10,000	\$0	\$6,000	\$0
Other / Miscellaneous	\$0	\$0	\$0	\$16,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$10,000	\$0	\$6,970	\$16,000

Explanation of Revenues

\$10,000 sub-contract from Yakima Valley Farmworkers Clinic for training for support group facilitators.

\$6,000 sub-contract from the Women with Disabilities Health Equity Coalition (WowDHEC) for training Community Health Workers.

\$6,000 in miscellaneous revenue from training courses.

Significant Program Changes

Last year this program was: #40038A, Health Promotion Coordination & Capacity Building

This program offer combines program offers 40038A and 40038B from 2008-2009.

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: Kathleen Fuller-Poe

Related Programs:

Program Characteristics:

Executive Summary

Business and Quality Services - Workforce Development Human Resources and Training Unit is committed to meeting customer needs and training by providing guidance and consultation in the areas of administrative procedures, recruitment, employee/labor management, succession planning, personnel policy and labor contract interpretation, web design and webinar, legislative review and legal compliance. This will be achieved through (a) applying business best practices and (b) being proactive and collaborative with key stakeholders and reliable data information to measure results and quality performance.

Program Description

This Program consisted of three operating teams supporting the Health Department:

- 1) Organizational Effectiveness: Provides an array of staff development opportunities, i.e., management and leadership competencies, advanced facilitative leadership, mentorship and knowledge transfer for professional skills and talent pool development.
- 2) Information and Support: Manages and maintains Department web content and administrative guidelines; coordinates with Public Affairs Office on legislative activity, Business Continuity Plan, statutory compliance, professional and technical training.
- 3) Human Resources: Ensures human resources systems are implemented and consistently followed to guide and direct all Human Resources activities of the Health Department and its 1,000+ of regular and temporary employees. Also provides internal consultation with legal counsel to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, recruitment to attract highly qualified diverse applicants, compliance with county personnel rules, department guidelines and labor contracts to reduce liability and costs of unlawful employment practices. The program facilitates with staff and managers to assess the current organizational needs and to provide strategic direction and support. Resolves complex personnel matters and partners with central HR/labor relations to develop and implement integrated HR initiatives and solutions.

Program Justification

Business services and support for organizational effectiveness are required for a department responsible for managing County resources for more than 1000 employees. This program directly supports the vision and mission of the Health Department.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of training programs offered in organizational effectiveness	0	7	7	10
Outcome	% of trainings provided meeting learners' objectives for leadership development	0.0%	90.0%	100.0%	100.0%

Performance Measure - Description

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,444,892	\$0	\$1,664,351	\$0
Contracts	\$124,300	\$0	\$116,000	\$0
Materials & Supplies	\$68,501	\$0	\$78,708	\$0
Internal Services	\$157,656	\$0	\$176,936	\$0
Subtotal: Direct Exps:	\$1,795,349	\$0	\$2,035,995	\$0
Administration	\$25,765	\$0	\$34,212	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$25,765	\$0	\$34,212	\$0
Total GF/non-GF:	\$1,821,114	\$0	\$2,070,207	\$0
Program Total:	\$1,821,114		\$2,070,207	
Program FTE	14.50	0.00	15.50	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last year this program was:

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: LEAR Wendy R

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 & 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.

Program Justification

Financial and Business services and support for organizational effectiveness are required for a department responsible for managing over \$130 million in County resources and more than 1250 personnel.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Percentage of grant reports submitted on time	0.0%	95.0%	100.0%	95.0%
Outcome	Percent of contracts unexecuted by start of contract	0.0%	5.0%	5.0%	5.0%
Quality	Percent of invoices paid in 30 days or less	0.0%	85.0%	85.0%	75.0%

Performance Measure - Description

A/P invoice payment performance may decline in FY10 because of staffing cuts.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$2,007,861	\$0	\$1,884,138	\$0
Contracts	\$49,048	\$0	\$229,137	\$0
Materials & Supplies	\$43,895	\$0	\$74,882	\$0
Internal Services	\$299,967	\$0	\$258,078	\$0
Subtotal: Direct Exps:	\$2,400,771	\$0	\$2,446,235	\$0
Administration	\$35,663	\$0	\$40,564	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$35,663	\$0	\$40,564	\$0
Total GF/non-GF:	\$2,436,434	\$0	\$2,486,799	\$0
Program Total:	\$2,436,434		\$2,486,799	
Program FTE	20.80	0.00	20.00	0.00
Program Revenues				
Fees, Permits & Charges	\$4,597,837	\$0	\$4,847,492	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$4,597,837	\$0	\$4,847,492	\$0

Explanation of Revenues**Significant Program Changes**

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

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: LEAR Wendy R

Related Programs:

Program Characteristics:

Executive Summary

Business and Quality Services-Medical Billings 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.

Program Justification

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 (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Days in A/R, reported in number of days	70	70	65	70
Outcome	Percent of Receivables aged (older than 90-days)	30.0%	15.0%	20.0%	15.0%

Performance Measure - Description

Days in A/R reflects how quickly claims are processed and payments are received and posted. A lower number of days shows improvement. Percent Aged, shows how many of the claims are allowed to stall in collections for a long period, decreasing the chance of collection.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$734,947	\$0	\$932,460	\$0
Contracts	\$95,840	\$0	\$674,198	\$0
Materials & Supplies	\$1,370,134	\$0	\$1,258,234	\$0
Internal Services	\$84,909	\$0	\$107,827	\$0
Subtotal: Direct Exps:	\$2,285,830	\$0	\$2,972,719	\$0
Administration	\$33,587	\$0	\$48,019	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$33,587	\$0	\$48,019	\$0
Total GF/non-GF:	\$2,319,417	\$0	\$3,020,738	\$0
Program Total:	\$2,319,417		\$3,020,738	
Program FTE	10.00	0.00	11.00	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last year this program was: #40041, Business and Quality - Medical Billing
 Additional Local 88 positions were funded using funds made available by Local 88's approval of a wage freeze for FY 2010.

Priority: Accountability
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Lead Agency: Health Department
Program Contact: TILLMAN Tricia

Executive Summary

Multnomah County's Health Equity Initiative (HEI) engages community members and policy makers in understanding the root causes of health disparities experienced by people of color, immigrants, and refugees, highlighting current efforts, and advancing policy and practice solutions. Multnomah County integrates community input, findings from research, and local data to advance immediate and long-term solutions to address the root causes of disparities.

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, and overrepresentation in the criminal justice and mental health systems. This program advocates addressing disparities with an explicit focus on justice and equity. To eliminate ethnic and racial health disparities by addressing root inequities, HEI analyzes, educates, and advocates for equitable social policies. This program offer will continue HEI's work on three fronts: organizational development, public policy, and community empowerment. To advance organizational development, the Countywide Health Equity Team will: a) analyze the results of a baseline Equity Inventory to identify strengths and opportunities for departments to increase their strategic focus on equity, and b) develop an Equity Review Tool and Equity and Social Justice Agenda (plus training) for commissioners and department leaders to use to promote equity in policy making and program development. To advance public policy, HEI will use policy options generated by HEI and other community policy initiatives to convene local elected officials, community based organizations, and community members to identify and promote an equity policy agenda. To advance community empowerment, the HEI will invest in training 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. To continue to engage a diverse cross-section of the community, HEI will continue to use the documentary Unnatural Causes to explore the social determinants of health and mobilize community participation in advocacy. Evaluation activities in all three areas will assure accountability.

Program Justification

The Health Equity Initiative is a nationally recognized model for promoting equity using a public health framework. In its first two years, the County has engaged the community in dialogue essential to identifying three areas for change: organizational development, public policy, and community empowerment. This offer will continue to address health disparities by directly engaging communities, building upon knowledge gained from successful disparities initiatives and public dialogues launched by HEI. This engagement will strengthen trust and communication between the community and government, build on existing and potential partnerships, and at the same time, strengthen and inform Multnomah County's direct service delivery system.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Community members and organizations involved in Initiative.	638	200	313	200
Outcome	Documented uses of Equity Review Tool by internal/external partners	0	0	0	20
Output	Internal and external partners trained to use Equity Review Tool	0	0	0	65
Output		0	0	0	0

Performance Measure - Description

✓ **Measure Changed**

1) Community engagement is a valid initial measure of health promotion. These are key to maintaining cultural factors that protect against health risks. In year 3, the Initiative will move beyond community dialogues to community empowerment through community education and policy advocacy training. 2) Equity tool adapted from Seattle/King County tool. In year 3 will be on strengthening our equity policy agenda, organizational development changes, and building on existing and potential partnerships within and external to the County. We will be working more in depth with fewer people.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$332,348	\$0	\$268,920	\$1,166
Contracts	\$0	\$0	\$3,500	\$0
Materials & Supplies	\$16,147	\$0	\$19,277	\$906
Internal Services	\$27,331	\$0	\$30,557	\$193
Subtotal: Direct Exps:	\$375,826	\$0	\$322,254	\$2,265
Administration	\$5,035	\$0	\$5,415	\$0
Program Support	\$21,776	\$0	\$21,905	\$0
Subtotal: Other Exps:	\$26,811	\$0	\$27,320	\$0
Total GF/non-GF:	\$402,637	\$0	\$349,574	\$2,265
Program Total:	\$402,637		\$351,839	
Program FTE	3.20	0.00	2.80	0.00
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$137	\$0
Other / Miscellaneous	\$0	\$0	\$0	\$2,265
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$137	\$2,265

Explanation of Revenues**Significant Program Changes**

Last year this program was: #40045A, Reducing Racial and Ethnic Disparities

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: MANHAS Sonia X

Related Programs:

Program Characteristics:

Executive Summary

The Chronic Disease Prevention Program implements environmental and policy 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.

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. This Program implements community-based education, coalition building initiatives, and advocacy campaigns 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. These barriers are shared among our community as a whole, and the Program works to help lower or remove these barriers so that the healthy choice becomes an easier choice to make. Much of the work of the Program is carried out through community partnerships, including stakeholders from housing, education, parks and recreation, business, nonprofit, culturally-specific, and advocacy groups. 1) Tobacco Prevention: The Program's tobacco prevention and education initiatives are guided by CDC's best practices to support tobacco-free hospital campuses, multiunit housing, schools, worksites, and colleges. Program staff convene issue specific stakeholder groups, for example the Multi-Unit Housing Advisory Committee, to prioritize and implement strategic actions intended to change community norms and behavior around tobacco use and exposure. This includes working towards the adoption of smoke-free policies, media communications, and implementing social marketing campaigns. The Program is responsible for enforcement of the county's smoke-free worksite ordinance and Oregon's Clean Indoor Air Act. 2) Healthy Eating Active Living (HEAL) : HEAL initiatives are based on emerging and promising practices for obesity prevention with a focus on informing and strengthening community planning decisions related to food, transportation, and land use. The Program convenes multidisciplinary community coalitions, for example the North Portland Healthy Active Living Coalition, to prioritize and implement strategic actions to influence c

Program Justification

1) Population-based approaches work: Reduction in tobacco use and exposure to second hand smoke in Oregon demonstrates that policies and environmental changes are critical in changing social norms and behaviors. 2) Prevention can reduce financial costs: In Multnomah County, over \$193 million is spent on medical care for tobacco-related illness and over \$206 million in productivity is lost due to tobacco-related deaths. Obesity, a largely preventable condition, has been shown to be a major determinant of health care costs. Between 1994 and 2001, obesity increased by 59% in Multnomah County. 3) Prevention can reduce health disparities and save lives: State-wide, tobacco use claims more lives than motor vehicle crashes, suicide, AIDS, and murders combined. Some groups experience a disparate burden of tobacco use, exposure to secondhand smoke, and obesity due to historical inequities in access to resources, healthcare infrastructure, and in direct targeting by the tobacco industry.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of local residents participating in coalitions	0	25	35	35
Outcome	Number of policies established to slow and reduce rates of chronic disease	0	3	2	2

Performance Measure - Description

✓ **Measure Changed**

of local residents participating in coalitions: the program works to engage with local residents and underrepresented communities in policy development. This is a process indicator that enables the program to track and monitor whether its policy objectives are driven by local perspectives and needs.

of policies established: This is an outcome measure that enables the program to track and monitor whether its coalition building activities are resulting in concrete changes in policy.

Legal/Contractual Obligation

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. Chain Restaurant Nutrition Labeling Policy Order must be implemented and enforced per Multnomah County Board of Health Policy Order 08-114. 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
Program Expenses	2009	2009	2010	2010
Personnel	\$97,281	\$280,170	\$221,149	\$353,586
Contracts	\$2,880	\$4,600	\$8,000	\$15,160
Materials & Supplies	\$3,818	\$24,619	\$13,105	\$38,106
Internal Services	\$9,187	\$50,807	\$15,780	\$82,365
Subtotal: Direct Exps:	\$113,166	\$360,196	\$258,034	\$489,217
Administration	\$6,793	\$0	\$11,465	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$6,793	\$0	\$11,465	\$0
Total GF/non-GF:	\$119,959	\$360,196	\$269,499	\$489,217
Program Total:	\$480,155		\$758,716	
Program FTE	1.00	3.04	2.50	3.95
Program Revenues				
Indirect for dep't Admin	\$20,693	\$0	\$29,662	\$0
Intergovernmental	\$0	\$310,808	\$0	\$383,700
Other / Miscellaneous	\$0	\$49,388	\$0	\$105,517
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$20,693	\$360,196	\$29,662	\$489,217

Explanation of Revenues

\$302,450 Tobacco Prevention and Education grant from Oregon Dept. of Human Services – Health Services.
\$81,250 Tobacco Related and Other Chronic Disease Implementation Grant
\$ 25,000 Northwest Health Foundation APPAN Grant
\$ 25,000 Northwest Health Foundation Community Fund Grant

Significant Program Changes

Last year this program was: #40047A, Chronic Disease Prevention

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Support

Program Contact: NICHOLS Loreen

Related Programs:

Program Characteristics:

Executive Summary

Systems and Quality Unit provides coordination, oversight, & support across all Community Health Services (CHS) Group programs for: performance & quality management, fiscal accountability, public health informatics, systems improvement, & internal/external communications. This Unit also oversees key department-wide functions, including Epidemiology, Medicaid Enrollment, & coordination of Public Health best practices.

Program Description

The Systems and Quality Unit supports coordinated, systematized delivery of services across a wide range of human & environmental health programs. The programs provide clinical, technical, field-based outreach, & community engagement operations across diverse professional disciplines such as medicine, nursing, public health inspections (food and water), & entomology. These programs must operate in compliance with a substantial body of public health & environmental statutes, rules, ordinances, & guidelines. Accurate collection & analysis of programmatic, epidemiological, and environmental data is essential to target resources, identify & implement best practices, & ensure compliance. The Systems and Quality Unit assures CHS-wide implementation of performance & quality management tools in order to ensure the following: streamlined, safe service delivery; budget development & financial monitoring; coordinated public health informatics systems; epidemiologic analysis; & coordinated public/internal communication activities. Systems and Quality Unit supports the Department through policy development, & coordination with the County Health Equity Initiative, & maintains the Public Health Community Connectors program – a network of employees who are key links to diverse communities for emergency planning & response. The separately budgeted Medicaid Enrollment Program & Epidemiology functions are structured within the Systems and Quality Unit.

Program Justification

This program assures:

- CHS Group incorporates Public Health best practices
- Health Department initiatives & policy-related issues are translated with clarity & precision
- All CHS programs and policies are informed and enabled by consistent high quality data & analysis
- Performance management standards, measures, reports & quality improvement processes are consistently applied to assure efficiency, effectiveness, accountability, & value across CHS programs
- Enhanced influence in Departmental policy guidance; and through Department programs of Health Equity Initiative, & epidemiology
- Provision of internal service support to CHS and the Department in targeted areas

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Informatics plan with measurable activities for CHS Group developed/initiated	0.0%	0.0%	0.0%	100.0%
Outcome		0	0	0	0
Output	Epidemiology plan with measurable activities for CHS/Department initiated.	0.0%	0.0%	0.0%	100.0%
Quality	Epidemiology surveillance reports accurate & timely, as negotiated with Programs	0.0%	0.0%	0.0%	90.0%

Performance Measure - Description

Staffing the Service and Quality Unit will occur through FY09. Development and implementation of the Unit's activities will occur in the fourth quarter of FY09 and through FY10.

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

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$428,694	\$0	\$471,195	\$0
Contracts	\$20,925	\$0	\$20,925	\$0
Materials & Supplies	\$34,817	\$0	\$96,224	\$0
Internal Services	\$14,977	\$0	\$35,621	\$0
Subtotal: Direct Exps:	\$499,413	\$0	\$623,965	\$0
Administration	\$7,206	\$0	\$10,485	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	\$7,206	\$0	\$10,485	\$0
Total GF/non-GF:	\$506,619	\$0	\$634,450	\$0
Program Total:	\$506,619		\$634,450	
Program FTE	3.70	0.00	4.05	0.00
Program Revenues				
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last year this program was: #40048, Systems and Quality Support

Program # 40049A - Corrections Health Juvenile Detention

Version 3/02/2009 s

Priority: Safety
Program Offer Type: Existing Operating
Related Programs: 50020, 50021A, 50021B

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Program Characteristics:

Executive Summary

This offer represents the medical, mental health and dental care for the 80 beds occupied by male and female youth detained in the Juvenile Justice Detention Unit. These youth are from Multnomah, Clackamas, and Washington Counties. Included are beds dedicated to the Alcohol and Drug Treatment Program (RAD Unit). The youth present with a wide variety of chronic and acute health problems.

Program Description

Juvenile Detention is staffed 16 hours a day with registered nurses in order to provide skilled assessments for each youth coming into detention. Nursing services include medication management, treatments and health education. Providing clinic once a week is important for treatment plans and continuity of care.

As youth's health and mental health needs are identified, a plan is made to stabilize their conditions and provide on going treatment. Comprehensive communicable disease and sexually transmitted infection screening are part of the early assessments.

Health staff works closely with custody staff, mental health consultants, parents, courts and community provider for a comprehensive plan of care. Services provided are clinic appointments, medication management, suicide prevention, communicable disease treatment, sexually transmitted infection treatment, emergency response and health education.

Program Justification

Health care for youth in Juvenile Detention supports the mission of both DCJ and the Health Department by providing health services to youth who experience barriers to care and by supporting, educating and empowering youth to make good choices for their lives. Skilled work force maintains a safe environment to balance fiscal resources with patient needs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of clients visits conducted by a CH nurse per yr	2,529	1,302	2,604	2,500
Outcome	% of detained youth receiving mental health medications monthly	49.2%	49.5%	49.5%	50.0%

Performance Measure - Description

The name of the output measure has been modified to describe the data better. In FY 08-09 the output measure read '# of clients seen by a Corrections Health nurse per yr'. We believe, '# of clients visits conducted by a CH nurse per yr', better describes the data.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th Amendment and the 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$478,384	\$0	\$517,261	\$0
Contracts	\$156,982	\$0	\$241,282	\$0
Materials & Supplies	\$57,664	\$0	\$113,624	\$0
Internal Services	\$93,349	\$0	\$85,783	\$0
Capital Outlay	\$20,000	\$0	\$0	\$0
Subtotal: Direct Exps:	\$806,379	\$0	\$957,950	\$0
Administration	\$12,104	\$0	\$16,097	\$0
Program Support	\$73,654	\$16,170	\$96,528	\$17,909
Subtotal: Other Exps:	\$85,758	\$16,170	\$112,625	\$17,909
Total GF/non-GF:	\$892,137	\$16,170	\$1,070,575	\$17,909
Program Total:	\$908,307		\$1,088,484	
Program FTE	4.50	0.00	4.00	0.00
Program Revenues				
Intergovernmental	\$102,198	\$0	\$100,000	\$0
Program Revenue for Admin	\$0	\$16,170	\$0	\$17,909
Total Revenue:	\$102,198	\$16,170	\$100,000	\$17,909

Explanation of Revenues

As a Federally Qualified health Center (FQHC) the health Department receives revenue for clinical care delivery to youth covered by the Oregon health Plan (OHP). These covered youth are in the alcohol and drug treatment unit only. We receive revenue from Washington and Clackamas County for the 10 beds each occupied by the youth.

Significant Program Changes

Last year this program was: #50023B, Juvenile Detention Services - 16 Beds

Last year this single program offer was 3 joint offers with DCJ: #50021 –Juvenile Secure Residential A&D Treatment (RAD), #50023A-Juvenile Detention Services – 48 beds and #50023B-Juvenile Detention Services -16 beds.

1. Scope and level of service is expected to remain the same.
2. 16 bed sex offender treatment unit closed in late 2008 and transferred to a community facility.

Priority: Safety

Lead Agency: Health Department

Program Offer Type: Program Alternative /

Program Contact: BURROW Gayle F

Related Programs: 60033A

Program Characteristics:

Executive Summary

The booking offer represents the entry point to health care. Each detainee entering the jail is screened by a nurse in order to identify health, mental health and dental problems. This offer provides access to the health care system for over 35,000 people entering the jail. Unstable, seriously ill or injured detainees are evaluated and sent to the hospital by the medical staff before being booked into the facility.

Changes to service delivery are included in FY10 offers including, contracting out Rx services, having independent review of all referrals for external care and changing the types of classifications performing some duties.

Program Description

Booking is staffed 24 hrs 7 days week with registered nurses in order to provide skilled assessments required to determine the level of health care needed by each detainee. Screening includes history, chronic diseases, substance abuse, communicable diseases, tuberculosis and medication history. While incarcerated, Corrections Health works in partnership with the Sheriff's Office to ensure care and safety for all staff and detainees and also for the community upon their release. Through this comprehensive evaluation, conditions are identified that require immediate treatment such as diabetes, injuries, heart conditions, pregnancy, etc. If untreated, these conditions potentially can become emergencies.

Program Justification

The Corrections Health booking program provides legally mandated access to care that addresses the urgent care needs of incarcerated clients, including medical and mental health care. The initial health screening provides a baseline assessment for on going care and communicable disease control while the clients are in custody. Immediately placing detainees with positive symptoms of TB in respiratory isolation reduces risk to all employees, detainees and the community.

All detainees do not have access to their community providers or clinics. Corrections Health must provide the continuity of care from street to jail, and back to the street.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of health screenings completed in an 8 hr shift	33	32	32	31
Outcome	% of screenings resulting in a referral to the mental health team per year	0.0%	0.0%	0.0%	25.0%

Performance Measure - Description

New outcome measure for FY09-10 MCDC Booking Program Offer is: % of screenings resulting in a referral to the mental health team for follow up. This measure was changed to capture the # of individuals presenting in booking with serious mental illnesses to assure that client care is being delivered at the most appropriate and cost effective level. Below you can find the results from the FY 08-09 outcome measure. FY 08-09 Outcome - Number of medical or mental health problems screened per year Previous Year Actual (FY07-08)- 28,173 Current Year Purchased (FY08-09) - 14,076 Current Year Estimate (FY08-09) - 28,152

Health Screening are down because bookings decreased in 2008. Number does not reflect increase in complexity of inmate problems.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,483,784	\$0	\$1,591,760	\$0
Contracts	\$273,258	\$0	\$150,000	\$0
Materials & Supplies	\$114,302	\$0	\$51,448	\$0
Internal Services	\$55,976	\$0	\$82,348	\$0
Subtotal: Direct Exps:	\$1,927,320	\$0	\$1,875,556	\$0
Administration	\$23,236	\$0	\$41,716	\$0
Program Support	\$77,834	\$5,162	\$169,643	\$6,125
Subtotal: Other Exps:	\$101,070	\$5,162	\$211,359	\$6,125
Total GF/non-GF:	\$2,028,390	\$5,162	\$2,086,915	\$6,125
Program Total:	\$2,033,552		\$2,093,040	
Program FTE	11.90	0.00	12.30	0.00
Program Revenues				
Fees, Permits & Charges	\$21,292	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$36,000	\$0
Other / Miscellaneous	\$1,065	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$6,125
Total Revenue:	\$22,357	\$0	\$36,000	\$6,125

Explanation of Revenues

There are no revenues realized in Booking for health care.

Significant Program Changes

✓ Significantly Changed

Last year this program was: #60033A, MCSO Booking, Release & Initial Health Evaluation

The Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

The mission to provide medical, dental and mental health care to all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60040A
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

The 4th floor represents the base offer for the 24 hour medical, dental and mental health care delivered to males and females in custody who have unstable or urgent needs. The 4th floor houses 46 detainees who have the most serious health conditions, major mental health illnesses and those requiring maximum security housing. High security and disciplinary housing requires extra safety measures in the clinic area and during individual medication administration.

Program Description

The 4th floor provides in-house services including acute psychiatric and medical services, IV therapy, dialysis, and around the clock care for the most acutely ill patients in custody. These services greatly reduce the need for outside medical appointments therefore reducing the expense of those appointments and also greatly reducing the cost of mandated security escorts by a Sheriff's Deputy.

These 46 beds are staffed 24 hours day 7 days week with Corrections Health personnel. The 4th floor contains a 10 bed medical infirmary and a 10 bed psychiatric infirmary, plus administrative segregation and high level discipline. It also contains the in-house clinic area which includes lab/x-ray and is staffed with a physician, a part time dentist, and mental health nurse practitioners five days a week. In house dialysis treatment decrease costs for the Sheriff office for outside transports for up to 8-12 treatments a week.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill by providing coordinated physical and mental health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients. In addition, it educates, prevents and/or intervenes to keep the clients from experiencing health crisis while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of 4A Infirmary patients sent to hospital monthly for emergencies	0	0	0	1
Outcome	% of dialysis patients receiving in house treatments per month	0.0%	0.0%	0.0%	95.0%

Performance Measure - Description

✔ Measure Changed

The 2 new FY10 measures reflect the true work on the 4th flr to keep Infirmary patients from going to the hospital and conducting in-house dialysis treatments. Community care is costly and Sheriff's office costs are increased due to transporting inmates to/from outside med appts. Below are results for the FY09 measures Output - Avg # of inmate medical requests for care evaluated by nurse mthly Previous Yr Actual FY08 = 842avg Current Yr Purchased FY09 = 822avg Current Yr Est FY09 = 822avg Outcome - Ratio of mthly suicide watches to successful suicides per mth Previous Yr Actual FY08 = 38/0 Current Yr Purchased FY09= 31/1 Current Yr Est FY09 = 26/1 previous measure ("avg # of inmate medical requests for care evaluated by nurse monthly") is a useful measure but was changed to match demand in specific facilities and areas (more specificity) versus the old measure which capture an aggregate # of medical requests. Requests provide a measure of the # of inmates AND the number of problems they want addressed. (Requests are evaluated by a nurse within 24 to 48 hours.)

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,350,937	\$0	\$1,444,128	\$0
Contracts	\$248,793	\$0	\$345,074	\$0
Materials & Supplies	\$104,070	\$0	\$72,868	\$0
Internal Services	\$50,964	\$0	\$120,325	\$0
Subtotal: Direct Exps:	\$1,754,764	\$0	\$1,982,395	\$0
Administration	\$31,216	\$0	\$36,016	\$0
Program Support	\$237,038	\$10,211	\$140,398	\$3,523
Subtotal: Other Exps:	\$268,254	\$10,211	\$176,414	\$3,523
Total GF/non-GF:	\$2,023,018	\$10,211	\$2,158,809	\$3,523
Program Total:	\$2,033,229		\$2,162,332	
Program FTE	16.70	0.00	11.20	0.00
Program Revenues				
Fees, Permits & Charges	\$19,386	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$32,000	\$0
Other / Miscellaneous	\$969	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$20,355	\$0	\$32,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60040A, MCSO MCDC Core Jail & 4th Floor

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will use masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety

Lead Agency: Health Department

Program Offer Type: Program Alternative /

Program Contact: BURROW Gayle F

Related Programs: 60040B

Program Characteristics:

Executive Summary

This offer represents MCDC modules 5A and 5B, which provides 24 hours a day/7 day week of medical, dental and mental health care delivered to detainees in custody who have unstable or urgent needs. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues.

Changes to service delivery are included in FY10 offers including, contracting out Rx services, having independent review of all referrals for external care and changing the types of classifications performing some duties.

Program Description

The 51 beds on 5A and 5B house detainees with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, observation and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Avg suicide watches per month to prevent successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 5A and 5B.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$458,471	\$0	\$442,248	\$0
Contracts	\$84,433	\$0	\$73,400	\$0
Materials & Supplies	\$35,319	\$0	\$36,518	\$0
Internal Services	\$17,296	\$0	\$18,361	\$0
Subtotal: Direct Exps:	\$595,519	\$0	\$570,527	\$0
Administration	\$7,983	\$0	\$8,766	\$0
Program Support	\$27,926	\$3,898	\$45,522	\$3,523
Subtotal: Other Exps:	\$35,909	\$3,898	\$54,288	\$3,523
Total GF/non-GF:	\$631,428	\$3,898	\$624,815	\$3,523
Program Total:	\$635,326		\$628,338	
Program FTE	3.30	0.00	3.80	0.00
Program Revenues				
Fees, Permits & Charges	\$6,579	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$8,000	\$0
Other / Miscellaneous	\$329	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$6,908	\$0	\$8,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60040B, MCSO MCDC 5th Floor 5A & 5B

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60040C
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This offer represents the 24 hours/7 days a week of medical, dental and mental health care delivered to detainees in custody who have unstable or urgent needs at MCDC, in modules 5C and 5D. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues.

Program Description

The 51 beds in modules 5C and 5D house detainees with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, observation and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Average suicide watches per month to prevent successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 5C and 5D.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$349,595	\$0	\$358,055	\$0
Contracts	\$64,383	\$0	\$73,400	\$0
Materials & Supplies	\$26,932	\$0	\$35,430	\$0
Internal Services	\$13,189	\$0	\$13,354	\$0
Subtotal: Direct Exps:	\$454,099	\$0	\$480,239	\$0
Administration	\$6,884	\$0	\$7,113	\$0
Program Support	\$24,275	\$3,898	\$28,964	\$3,523
Subtotal: Other Exps:	\$31,159	\$3,898	\$36,077	\$3,523
Total GF/non-GF:	\$485,258	\$3,898	\$516,316	\$3,523
Program Total:	\$489,156		\$519,839	
Program FTE	2.50	0.00	2.90	0.00
Program Revenues				
Fees, Permits & Charges	\$5,017	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$6,000	\$0
Other / Miscellaneous	\$251	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$5,268	\$0	\$6,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60040C, MCSO MCDC 5th Floor 5C & 5D

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety

Lead Agency: Health Department

Program Offer Type: Program Alternative /

Program Contact: BURROW Gayle F

Related Programs: 60040D

Program Characteristics:

Executive Summary

This offer represents the 24 hours/7 days a week of medical, dental and mental health care delivered to females in custody who have unstable or urgent needs at MCDC, in modules 6A and 6B. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues including high risk pregnancies.

Program Description

The 51 beds in modules 6A and 6B house males and females with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, obstetrical care and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Average suicide watches per month to successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 6A and 6B.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$458,471	\$0	\$292,894	\$0
Contracts	\$84,433	\$0	\$73,400	\$0
Materials & Supplies	\$35,319	\$0	\$36,513	\$0
Internal Services	\$17,296	\$0	\$18,361	\$0
Subtotal: Direct Exps:	\$595,519	\$0	\$421,168	\$0
Administration	\$2,835	\$0	\$6,750	\$0
Program Support	\$13,152	\$3,898	\$26,654	\$3,523
Subtotal: Other Exps:	\$15,987	\$3,898	\$33,404	\$3,523
Total GF/non-GF:	\$611,506	\$3,898	\$454,572	\$3,523
Program Total:	\$615,404		\$458,095	
Program FTE	0.50	0.00	3.80	0.00
Program Revenues				
Fees, Permits & Charges	\$6,579	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$8,000	\$0
Other / Miscellaneous	\$329	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$6,908	\$0	\$8,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #60040D, MCSO MCDC 6th Floor 6A & 6B

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60040E
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This offer represents the 24 hours a day/7 days a week of medical, dental and mental health care delivered to detainees in custody who have unstable or urgent needs at MCDC, in modules 6C and 6D. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues.

Program Description

The 51 beds in modules 6C and 6D house detainees with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, observation and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Average suicide watches per month to successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 6C and 6D.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$229,235	\$0	\$227,685	\$0
Contracts	\$42,217	\$0	\$73,400	\$0
Materials & Supplies	\$17,659	\$0	\$33,869	\$0
Internal Services	\$8,650	\$0	\$6,119	\$0
Subtotal: Direct Exps:	\$297,761	\$0	\$341,073	\$0
Administration	\$5,529	\$0	\$3,392	\$0
Program Support	\$19,986	\$3,898	\$18,612	\$3,523
Subtotal: Other Exps:	\$25,515	\$3,898	\$22,004	\$3,523
Total GF/non-GF:	\$323,276	\$3,898	\$363,077	\$3,523
Program Total:	\$327,174		\$366,600	
Program FTE	1.60	0.00	1.90	0.00
Program Revenues				
Fees, Permits & Charges	\$3,289	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$3,000	\$0
Other / Miscellaneous	\$165	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$3,454	\$0	\$3,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60040E, MCSO MCDC 6th Floor 6C & 6D

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60040F
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This offer represents the 24 hours a day/7 days a week of medical, dental and mental health care delivered to detainees in custody who have unstable or urgent needs at MCDC, in modules 7A and 7B. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues.

Program Description

The 51 beds in modules 7A and 7B house detainees with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, observation and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Average suicide watches per month to successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 7A and 7B.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$325,623	\$0	\$250,406	\$0
Contracts	\$59,968	\$0	\$73,400	\$0
Materials & Supplies	\$25,085	\$0	\$33,747	\$0
Internal Services	\$12,284	\$0	\$5,564	\$0
Subtotal: Direct Exps:	\$422,960	\$0	\$363,117	\$0
Administration	\$8,868	\$0	\$2,067	\$0
Program Support	\$30,265	\$3,898	\$13,016	\$3,523
Subtotal: Other Exps:	\$39,133	\$3,898	\$15,083	\$3,523
Total GF/non-GF:	\$462,093	\$3,898	\$378,200	\$3,523
Program Total:	\$465,991		\$381,723	
Program FTE	2.15	0.00	2.70	0.00
Program Revenues				
Fees, Permits & Charges	\$4,673	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$2,000	\$0
Other / Miscellaneous	\$234	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$4,907	\$0	\$2,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60040F, MCSO MCDC 7th Floor 7A & 7B for 7 Months

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60040G
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This offer represents the 24 hours a day/7 days a week of medical, dental and mental health care delivered to detainees in custody who have unstable or urgent needs at MCDC, in modules 7C and 7D. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues.

Program Description

The 51 beds in modules 7C and 7D house detainees with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, observation and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Average suicide watches per month to successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 7C and 7D.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$144,832	\$0	\$107,743	\$0
Contracts	\$26,673	\$0	\$73,400	\$0
Materials & Supplies	\$11,156	\$0	\$33,386	\$0
Internal Services	\$5,464	\$0	\$3,894	\$0
Subtotal: Direct Exps:	\$188,125	\$0	\$218,423	\$0
Administration	\$4,881	\$0	\$1,841	\$0
Program Support	\$18,992	\$3,898	\$12,921	\$3,523
Subtotal: Other Exps:	\$23,873	\$3,898	\$14,762	\$3,523
Total GF/non-GF:	\$211,998	\$3,898	\$233,185	\$3,523
Program Total:	\$215,896		\$236,708	
Program FTE	0.93	0.00	1.20	0.00
Program Revenues				
Fees, Permits & Charges	\$2,078	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$2,000	\$0
Other / Miscellaneous	\$104	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$2,182	\$0	\$2,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60040H, MCSO MCDC 7th Floor 7C & 7D for 7 Months

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60040H
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This offer represents the 24 hours a day/7 days a week of medical, dental and mental health care delivered to detainees in custody who have unstable or urgent needs at MCDC, in modules 8A and 8B. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues.

Program Description

The 51beds in modules 8A and 8B house detainees with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, observation and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Average suicide watches per month to successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 8A and 8B.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$120,861	\$0	\$77,083	\$0
Contracts	\$22,258	\$0	\$73,400	\$0
Materials & Supplies	\$9,311	\$0	\$33,747	\$0
Internal Services	\$4,561	\$0	\$5,564	\$0
Subtotal: Direct Exps:	\$156,991	\$0	\$189,794	\$0
Administration	\$0	\$0	\$2,010	\$0
Program Support	\$0	\$0	\$12,937	\$3,523
Subtotal: Other Exps:	\$0	\$0	\$14,947	\$3,523
Total GF/non-GF:	\$156,991	\$0	\$204,741	\$3,523
Program Total:	\$156,991		\$208,264	
Program FTE	0.00	0.00	1.00	0.00
Program Revenues				
Fees, Permits & Charges	\$1,734	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$2,000	\$0
Other / Miscellaneous	\$87	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$1,821	\$0	\$2,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #60040J, MCSO MCDC 8th Floor 8A & 8B

Program Offer 60040J was not purchased in FY09. The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60040I
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This offer represents the 24 hours a day/7 days a week of medical, dental and mental health care delivered to detainees in custody who have unstable or urgent needs at MCDC, in modules 8C and 8D. The 51 beds house detainees who have serious health conditions and major mental health illness. Detainees include discipline, vulnerable classification and those new to incarceration with unstable health issues.

Program Description

The 51 beds in modules 8C and 8D house detainees with a wide variety of acute, emergent and chronic diseases. A variety of treatments including drug and alcohol withdrawal monitoring, medication management, observation and education are used to provide care for the clients entrusted to our care.

Program Justification

This program serves the county's most vulnerable citizens, the medically indigent and chronically mentally ill, providing coordinated physical and behavioral health care. The program provides legally mandated access to care that addresses the urgent needs of incarcerated clients, including physical and mental health care. Additionally, the program educates, prevents and/or intervenes to prevent clients from experiencing health crises while in custody.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	842	822	822	94
Outcome	Average suicide watches per month to successful suicides	38	31	31	3

Performance Measure - Description

In FY07-08 and FY 08-09 output and outcome measures reflect totals for the entire facility. For FY09-10 we have scaled the measures to reflect only the 51 beds in 8C and 8D.

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$72,416	\$0	\$63,587	\$0
Contracts	\$13,336	\$0	\$73,404	\$0
Materials & Supplies	\$5,577	\$0	\$33,273	\$0
Internal Services	\$2,732	\$0	\$3,338	\$0
Subtotal: Direct Exps:	\$94,061	\$0	\$173,602	\$0
Administration	\$0	\$0	\$1,497	\$0
Program Support	\$0	\$0	\$12,133	\$3,523
Subtotal: Other Exps:	\$0	\$0	\$13,630	\$3,523
Total GF/non-GF:	\$94,061	\$0	\$187,232	\$3,523
Program Total:	\$94,061		\$190,755	
Program FTE	0.00	0.00	0.60	0.00
Program Revenues				
Fees, Permits & Charges	\$1,039	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$1,000	\$0
Other / Miscellaneous	\$52	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$1,091	\$0	\$1,000	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2006.

Significant Program Changes

✓ Significantly Changed

Last year this program was: #60040K, MCSO MCDC 8th Floor 8C & 8D

Program Offer 60040K was not purchased in FY09. The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 40051A
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hours a day medical, dental and mental health care to the males and females in custody at MCIJ in DORMS 10, 11, and 18. This 166 bed program offer is the base offer and includes the MCIJ clinic and infirmary which are necessary to provide community standard care within the facility in a cost effective manner.

Program Description

This program offer (DORMS 10, 11, 18 and Clinic) as the base program offer for Inverness Jail includes the clinic, infirmary, and health care provision to clients housed in DORMS 10, 11, and 18. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. The clinic offers visits with a doctor or dentist for those requiring a higher level of care. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. The infirmary provides skilled nursing care and respiratory isolation decreasing the spread of communicable disease, without the additional costs of sending the client to the hospital.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate medical requests for care evaluated by the Triage nurse monthly	1,039	911	914	150
Outcome	% of medical requests that are resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✔ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 166 beds represented in this offer.

New outcome measure for FY09-10 MCIJ program offers is: % of Medical Requests that are resolved by RN staff.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly

(Provider + dental visits)

Previous Year Actual (FY07-08)= 432avg

Current Year Purchased (FY08-09)= 418avg

Current Year Estimate (FY08-09)= 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,430,968	\$0	\$1,477,254	\$0
Contracts	\$355,360	\$0	\$310,853	\$0
Materials & Supplies	\$236,442	\$0	\$110,217	\$0
Internal Services	\$102,990	\$0	\$146,290	\$0
Capital Outlay	\$10,335	\$0	\$0	\$0
Subtotal: Direct Exps:	\$2,136,095	\$0	\$2,044,614	\$0
Administration	\$46,922	\$0	\$37,201	\$0
Program Support	\$307,518	\$18,438	\$126,188	\$24,661
Subtotal: Other Exps:	\$354,440	\$18,438	\$163,389	\$24,661
Total GF/non-GF:	\$2,490,535	\$18,438	\$2,208,003	\$24,661
Program Total:	\$2,508,973		\$2,232,664	
Program FTE	13.80	0.00	11.70	0.00
Program Revenues				
Fees, Permits & Charges	\$34,450	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$35,670	\$0
Other / Miscellaneous	\$1,723	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$7,046
Total Revenue:	\$36,173	\$0	\$35,670	\$7,046

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041A, MCSO MCIJ Dorms 10, 11 and 18

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 40051B
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hours a day medical, dental and mental health care to those in custody at MCIJ in DORMS 12 and 13. This 145 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ DORMS 10, 11, and 18 and Clinic base program offer being in place. This offer extends that base offer to provide community standard care in a cost effective manner to the increased population housed in DORMS 12 and 13.

Program Description

This program offer (DORMS 12 and 13) extends the care provided in the base offer (DORMS 10, 11, 18 and Clinic) to provide care to the increased population of inmates housed in DORMS 12 and 13. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. This offer increases the appointments available in the clinic due to the increase in population. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer also adds to Mental Health staff to Inverness Jail to serve the mentally ill in DORM 13 as well as other inmates.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate medical requests for care evaluated by the triage nurse monthly	1,039	911	914	100
Outcome	% of medical requests that are resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✔ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 145 beds represented in this offer.

New outcome measure for FY09-10 MCIJ program offers is: % of Medical Requests that are resolved by RN staff.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly

(Provider + dental visits)

Previous Year Actual (FY07-08)= 432avg

Current Year Purchased (FY08-09)= 418avg

Current Year Estimate (FY08-09)= 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$413,713	\$0	\$267,865	\$0
Contracts	\$84,895	\$0	\$71,735	\$0
Materials & Supplies	\$56,484	\$0	\$25,436	\$0
Internal Services	\$24,603	\$0	\$33,761	\$0
Capital Outlay	\$2,469	\$0	\$0	\$0
Subtotal: Direct Exps:	\$582,164	\$0	\$398,797	\$0
Administration	\$8,800	\$0	\$6,701	\$0
Program Support	\$31,603	\$2,827	\$27,110	\$3,523
Subtotal: Other Exps:	\$40,403	\$2,827	\$33,811	\$3,523
Total GF/non-GF:	\$622,567	\$2,827	\$432,608	\$3,523
Program Total:	\$625,394		\$436,131	
Program FTE	3.80	0.00	2.70	0.00
Program Revenues				
Fees, Permits & Charges	\$8,230	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$8,230	\$0
Other / Miscellaneous	\$412	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$8,642	\$0	\$8,230	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041B, MCSO MCIJ Dorms 12 & 13

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 40051C
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in DORMS 14 and 15. This 143 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ DORMS 10, 11, 18 and Clinic base program offer and DORM 12 and 13 program offer being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in DORMS 14 and 15.

Program Description

This program offer (DORMS 14 and 15) extends the care provided in the base offer (DORMS 10, 11, 18 and Clinic and DORM 12 and 13 program offer) to provide care to the increased population of inmates housed in DORMS 14 and 15. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. This offer increases the appointments available in the clinic due to the increase in population. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer also increases the Nursing Staff available to the increased population.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate medical requests for care evaluated by the triage nurse monthly	1,039	911	914	100
Outcome	% of medical requests that are resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✔ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 143 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly

(Provider + dental visits)

Previous Year Actual (FY07-08)= 432avg

Current Year Purchased (FY08-09)= 418avg

Current Year Estimate (FY08-09)= 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$1,005,366	\$0	\$938,294	\$0
Contracts	\$242,202	\$0	\$204,579	\$0
Materials & Supplies	\$161,150	\$0	\$72,536	\$0
Internal Services	\$70,196	\$0	\$96,277	\$0
Capital Outlay	\$7,044	\$0	\$0	\$0
Subtotal: Direct Exps:	\$1,485,958	\$0	\$1,311,686	\$0
Administration	\$3,125	\$0	\$22,041	\$0
Program Support	\$16,756	\$2,827	\$88,606	\$3,523
Subtotal: Other Exps:	\$19,881	\$2,827	\$110,647	\$3,523
Total GF/non-GF:	\$1,505,839	\$2,827	\$1,422,333	\$3,523
Program Total:	\$1,508,666		\$1,425,856	
Program FTE	1.30	0.00	7.70	0.00
Program Revenues				
Fees, Permits & Charges	\$23,480	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$23,480	\$0
Other / Miscellaneous	\$1,174	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$24,654	\$0	\$23,480	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041C, MCSO MCIJ Dorms 14 & 15

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60041D
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in DORMS 16 and 17. This 54 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ DORMS 10, 11, 18 and Clinic base program offer, DORM 12 and 13, and DORM 14 and 15 program offers being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in DORMS 14 and 15.

Program Description

This program offer (DORMS 16 and 17) extends the care provided in the base offer (DORMS 10, 11, 18 and Clinic and DORM 12 and 13 and DORM 14 and 15 program offers) to provide care to the increased population of inmates housed in DORMS 16 and 17. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer also increases the Mental Health, Triage Nurse and Clinic Staff slightly to serve this increased population. It also adds Certified Medication Aides to pass medication.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate medical requests for care evaluated by the triage nurse monthly	1,039	911	914	100
Outcome	% of medical requests that are resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 54 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly
 (Provider + dental visits)

Previous Year Actual (FY07-08)= 432avg

Current Year Purchased (FY08-09)= 418avg

Current Year Estimate (FY08-09)= 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$816,037	\$0	\$567,088	\$0
Contracts	\$191,864	\$0	\$162,069	\$0
Materials & Supplies	\$127,659	\$0	\$57,465	\$0
Internal Services	\$55,607	\$0	\$76,271	\$0
Capital Outlay	\$5,580	\$0	\$0	\$0
Subtotal: Direct Exps:	\$1,196,747	\$0	\$862,893	\$0
Administration	\$16,379	\$0	\$14,499	\$0
Program Support	\$49,122	\$2,827	\$53,078	\$3,523
Subtotal: Other Exps:	\$65,501	\$2,827	\$67,577	\$3,523
Total GF/non-GF:	\$1,262,248	\$2,827	\$930,470	\$3,523
Program Total:	\$1,265,075		\$933,993	
Program FTE	6.20	0.00	6.10	0.00
Program Revenues				
Fees, Permits & Charges	\$18,600	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$18,600	\$0
Other / Miscellaneous	\$930	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$19,530	\$0	\$18,600	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041D, MCSO MCIJ Dorms 16 & 17

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

In addition, the Mental Health Program will utilize masters prepared personnel instead of nurses for a broad base of assessment skills. Many changes in clinic schedules, support services and supervision, are reflected in our FY10 program offers.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60041E
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in Dorms 6 and 7. This 118 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ Dorms 10, 11, 18 and Clinic base program offer, Dorm 12 and 13, Dorm 14 and 15, and Dorm 16 and 17 program offers being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in Dorms 6 and 7.

Program Description

This program offer (Dorms 6 and 7) extends the care provided in the base offer (Dorms 10, 11, 18 and Clinic and Dorm 12 and 13, Dorm 14 and 15 and Dorm 16 and 17 program offers) to provide care to the increased population of inmates housed in Dorms 6 and 7. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer includes additional Triage Nurse time, to serve this increased population.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate medical requests for care evaluated by the triage nurse monthly	1,039	911	914	100
Outcome	% of medical requests that are resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 118 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly
 (Provider + dental visits)

Previous yr actual FY 07-08 = 432avg

Current yr purchased FY 08-09 = 418avg

Current yr est FY 08-09 = 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$141,747	\$0	\$52,588	\$0
Contracts	\$12,585	\$0	\$10,627	\$0
Materials & Supplies	\$8,373	\$0	\$3,769	\$0
Internal Services	\$3,647	\$0	\$5,001	\$0
Capital Outlay	\$366	\$0	\$0	\$0
Subtotal: Direct Exps:	\$166,718	\$0	\$71,985	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$13,493	\$0
Subtotal: Other Exps:	\$0	\$0	\$13,493	\$0
Total GF/non-GF:	\$166,718	\$0	\$85,478	\$0
Program Total:	\$166,718		\$85,478	
Program FTE	0.00	0.00	0.40	0.00
Program Revenues				
Fees, Permits & Charges	\$1,220	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$1,220	\$0
Other / Miscellaneous	\$61	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$1,281	\$0	\$1,220	\$0

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041E, MCSO MCIJ Dorms 6 & 7

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60041F
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in Dorms 8 and 9. This 118 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ Dorms 10, 11, 18 and Clinic base program offer, Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, and Dorm 6 and 7 program offers being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in Dorms 8 and 9.

Program Description

This program offer (Dorms 8 and 9) extends the care provided in the base offer (Dorms 10, 11, 18 and Clinic and Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, and dorm 6 and 7 program offers) to provide care to the increased population of inmates housed in Dorms 8 and 9. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer includes adding a Lead evening shift nurse and medication aide to serve this increased population.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate requests for medical care evaluated by the triage nurse monthly	1,039	911	914	100
Outcome	% of medical requests that are resolved RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 118 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly
 (Provider + dental visits)
 Previous yr actual FY07-08 = 432avg
 Current yr purchased FY08-09 = 418avg
 Current yr est FY08-09 = 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$544,072	\$0	\$354,058	\$0
Contracts	\$119,554	\$0	\$100,961	\$0
Materials & Supplies	\$79,546	\$0	\$35,796	\$0
Internal Services	\$34,650	\$0	\$47,514	\$0
Capital Outlay	\$3,477	\$0	\$0	\$0
Subtotal: Direct Exps:	\$781,299	\$0	\$538,329	\$0
Administration	\$11,963	\$0	\$9,046	\$0
Program Support	\$37,928	\$2,827	\$38,367	\$3,523
Subtotal: Other Exps:	\$49,891	\$2,827	\$47,413	\$3,523
Total GF/non-GF:	\$831,190	\$2,827	\$585,742	\$3,523
Program Total:	\$834,017		\$589,265	
Program FTE	4.40	0.00	3.80	0.00
Program Revenues				
Fees, Permits & Charges	\$11,590	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$11,590	\$0
Other / Miscellaneous	\$580	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$12,170	\$0	\$11,590	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041F, MCSO MCIJ Dorms 8 & 9

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 60041G
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in Dorm 3. This 57 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ Dorms 10, 11, 18 and Clinic base program offer, Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorm 6 and 7, and dorm 8 and 9 program offers being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in Dorm 3.

Program Description

This program offer (Dorm 3) extends the care provided in the base offer (Dorms 10, 11, 18 and Clinic and Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorms 6 and 7, and dorms 8 and 9 program offers) to provide care to the increased population of inmates housed in Dorm 3. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer increases the clinic CMA support to serve this increased population.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate medical requests for care evaluated by the triage nurse monthly	1,039	911	914	50
Outcome	% of medical requests resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 57 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly
 (Provider + dental visits)

Previous yr actual FY07-08 = 432avg

Current yr purchased FY08-09 = 418avg

Current yr estimate FY08-09 = 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$118,081	\$0	\$17,235	\$0
Contracts	\$6,292	\$0	\$5,314	\$0
Materials & Supplies	\$4,187	\$0	\$1,883	\$0
Internal Services	\$1,825	\$0	\$2,501	\$0
Capital Outlay	\$183	\$0	\$0	\$0
Subtotal: Direct Exps:	\$130,568	\$0	\$26,933	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$9,526	\$0
Subtotal: Other Exps:	\$0	\$0	\$9,526	\$0
Total GF/non-GF:	\$130,568	\$0	\$36,459	\$0
Program Total:	\$130,568		\$36,459	
Program FTE	3.90	0.00	0.20	0.00
Program Revenues				
Fees, Permits & Charges	\$610	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$610	\$0
Other / Miscellaneous	\$31	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$641	\$0	\$610	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041G, MCSO MCIJ Dorm 3

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety

Lead Agency: Health Department

Program Offer Type: Program Alternative /

Program Contact: BURROW Gayle F

Related Programs: 60041H

Program Characteristics:

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in Dorm 4. This 57 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ Dorms 10, 11, 18 and Clinic base program offer, Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorm 6 and 7, Dorms 8 and 9, and Dorm 3 program offers being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in Dorm 4.

Program Description

This program offer (Dorm 4) extends the care provided in the base offer (Dorms 10, 11, 18 and Clinic and Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorms 6 and 7, Dorms 8 and 9, and Dorm 3 program offers) to provide care to the increased population of inmates housed in Dorm 4. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer includes a slight increase in clinic MD and CMA support to serve this increased population.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of medical requests evaluated by the triage nurse monthly	1,039	911	914	50
Outcome	% of medical requests resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 57 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly
(Provider + dental visits)

Previous yr actual FY07-08 = 432avg

Current yr purchased FY08-09 = 418avg

Current yr estimate FY08-09 = 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$106,054	\$0	\$26,471	\$0
Contracts	\$3,095	\$0	\$2,657	\$0
Materials & Supplies	\$2,059	\$0	\$942	\$0
Internal Services	\$897	\$0	\$1,251	\$0
Capital Outlay	\$90	\$0	\$0	\$0
Subtotal: Direct Exps:	\$112,195	\$0	\$31,321	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$9,893	\$0
Subtotal: Other Exps:	\$0	\$0	\$9,893	\$0
Total GF/non-GF:	\$112,195	\$0	\$41,214	\$0
Program Total:	\$112,195		\$41,214	
Program FTE	0.50	0.00	0.10	0.00
Program Revenues				
Fees, Permits & Charges	\$300	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$300	\$0
Other / Miscellaneous	\$15	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$315	\$0	\$300	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041H, MCSO MCIJ Dorm 4

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety
Program Offer Type: Program Alternative /
Related Programs: 600411
Program Characteristics:

Lead Agency: Health Department
Program Contact: BURROW Gayle F

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in Dorm 5. This 57 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ Dorms 10, 11, 18 and Clinic base program offer, Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorm 6 and 7, Dorms 8 and 9, Dorm 3, and Dorm 4 program offers being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in Dorm 5.

Program Description

This program offer (Dorm 5) extends the care provided in the base offer (Dorms 10, 11, 18 and Clinic and Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorms 6 and 7, Dorms 8 and 9, Dorm 3, and Dorm 4 program offers) to provide care to the increased population of inmates housed in Dorm 5. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. This offer increases the appointments available in the clinic due to the increase in population. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer increases the provider (MD) appointments slightly to serve the increased population.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate requests for medical care evaluated by the triage nurse monthly	0	0	0	50
Outcome	% of inmate requests resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 57 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly
 (Provider + dental visits)

Previous yr actual FY07-08 = 432avg

Current yr purchased FY08-09 = 418avg

Current yr estimate FY08-09 = 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$106,054	\$0	\$26,403	\$0
Contracts	\$3,095	\$0	\$2,657	\$0
Materials & Supplies	\$2,059	\$0	\$942	\$0
Internal Services	\$897	\$0	\$1,251	\$0
Capital Outlay	\$90	\$0	\$0	\$0
Subtotal: Direct Exps:	\$112,195	\$0	\$31,253	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$9,891	\$0
Subtotal: Other Exps:	\$0	\$0	\$9,891	\$0
Total GF/non-GF:	\$112,195	\$0	\$41,144	\$0
Program Total:	\$112,195		\$41,144	
Program FTE	0.50	0.00	0.10	0.00
Program Revenues				
Fees, Permits & Charges	\$300	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$300	\$0
Other / Miscellaneous	\$15	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$315	\$0	\$300	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041I, MCSO MCIJ Dorm 5

Program Offer 60041I was not purchased in FY2009. The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administering medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.

Priority: Safety

Lead Agency: Health Department

Program Offer Type: Program Alternative /

Program Contact: BURROW Gayle F

Related Programs: 60041K

Program Characteristics:

Executive Summary

This program offer is for funds to provide 24 hour a day medical, dental and mental health care to those in custody at MCIJ in Dorm 2. This 57 bed program offer is not a stand-alone program offer, as it is dependent on the MCIJ Dorms 10, 11, 18 and Clinic base program offer, Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorm 6 and 7, Dorms 8 and 9, Dorm 3, Dorm 4, Dorm 5, and Dorm 1 program offers being in place. This offer extends those offers to provide community standard care in a cost effective manner to the increased population housed in Dorm 2.

Program Description

This program offer (Dorm 2) extends the care provided in the base offer (Dorms 10, 11, 18 and Clinic and Dorm 12 and 13, Dorm 14 and 15, Dorm 16 and 17, Dorms 6 and 7, Dorms 8 and 9, Dorm 3, Dorm 4, Dorm 5, and Dorm 1 program offers) to provide care to the increased population of inmates housed in Dorm 2. Nurses provide care, triage medical needs and refer clients to the clinic when the need exceeds the nursing scope of practice. This offer increases the appointments available in the clinic due to the increase in population. In house services reduce the cost of medical care that is incurred if a client is sent to an outside medical provider. Any client requiring an outside medical appointment must be accompanied by a Sheriff's Deputy, which impacts the Sheriff's Department budget in addition to increasing costs to Corrections Health. This offer increases the dental appointments slightly to serve this increased population.

Program Justification

The mission of this program is to provide mandated medical, dental and mental health care to the inmates entrusted to our care. By providing adequate health care on site to this vulnerable, under-served population, we minimize the high costs of outside medical, dental and mental health care, as well as Sheriff's Department transport costs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Avg # of inmate requests for medical care evaluated by the triage nurse monthly	1,039	911	914	50
Outcome	% of inmate requests resolved by RN staff	0.0%	0.0%	0.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

In FY07-08 and FY 08-09, output and outcome measures reflected the entire facility. For FY 09-10 we have scaled the measures to reflect only the 57 beds represented in this offer.

By revising the outcome to % of Medical Requests that are resolved by the RN staff, we are better able to monitor and assure that client care is delivered at the most appropriate and cost effective personnel level. The more requests that are resolved at the nursing level ensures that the limited doctor and dentist appointments are scheduled for the more complex clients.

The output measure wording changed to clearly communicate that the triage nurse evaluates the medical requests at Inverness jail.

Below you can find the results from the FY 08-09 MCIJ outcome measure.

Outcome - Avg # of inmates seen in clinic for health and dental problems monthly
(Provider + dental visits)

Previous yr actual FY07-08 = 432avg

Current yr purchased FY08-09 = 418avg

Current yr estimate FY08-09 = 529avg

Legal/Contractual Obligation

The right to health care in jail is legally mandated under Federal and state law. When an individual is arrested and incarcerated the obligation for health care falls upon the government as a matter of constitutional law, enforceable under the US Constitutions 8th and 14th Amendment's due process clause. Failure to provide health care amounts to deliberate indifference to serious medical needs. State Laws (ORS 169.076) further delineate standards for local correctional facilities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$118,081	\$0	\$30,186	\$0
Contracts	\$6,292	\$0	\$5,314	\$0
Materials & Supplies	\$4,187	\$0	\$1,883	\$0
Internal Services	\$1,825	\$0	\$2,501	\$0
Capital Outlay	\$183	\$0	\$0	\$0
Subtotal: Direct Exps:	\$130,568	\$0	\$39,884	\$0
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$9,829	\$0
Subtotal: Other Exps:	\$0	\$0	\$9,829	\$0
Total GF/non-GF:	\$130,568	\$0	\$49,713	\$0
Program Total:	\$130,568		\$49,713	
Program FTE	0.60	0.00	0.20	0.00
Program Revenues				
Fees, Permits & Charges	\$610	\$0	\$0	\$0
Intergovernmental	\$0	\$0	\$610	\$0
Other / Miscellaneous	\$31	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$3,523
Total Revenue:	\$641	\$0	\$610	\$3,523

Explanation of Revenues

Inmate fee for service revenue represents charges for medical visits, prescriptions, etc. Miscellaneous revenue has been budgeted for copies of medical records, etc. Revenues are expected to remain unchanged through 2010.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #60041K, MCSO MCIJ Dorm 2

The business model for Corrections Health is reflective of a technological and service upgrade of the Pharmacy Program by utilizing a contract provider. With this model, changes in job classifications administrating medications will result in cost savings and service enhancements.

The mission to provide medical, dental and mental health care is all detained individuals is maintained in these offers. Corrections Health management is committed to continuing to research other contract or outsourcing opportunities.