Multnomah County				
	nmunicable Disease Prevention a	and Control – Refugee		4/21/2014
Department:	Health Department	Program Contact: A	Amy Sullivan	
Program Offer Type:	Innovative/New Program	Program Offer Stage: A	As Proposed	
Related Programs:	40022			
Program Characteristic	s:			

Executive Summary

Our Health Department partners with refugee service agencies providing newly-arrived refugees a healthy transition to the US. Many refugees arrive with complex health and mental health needs: successfully linking them to on-going services is essential. To meet this need during a massive healthcare system change, requires a Refugee Health Coordinator.

Program Summary

This offer proposes funding for half of a full-time Refugee Health Coordinator to lead Oregon's efforts in providing high quality healthcare and mental health services for newly arriving refugees. High quality health and mental health services are vital for refugees' successful transition to a new life in the United States. Half of this position would be funded through the federal Office of Refugee Resettlement (pass through from state of Oregon), and the remaining 0.5 FTE through this MCHD program offer.

Almost all of Oregon's newly arriving refugees enter through the Portland-metro area. State and federal agreements support our Mid County Clinic in providing initial health screenings, and our Communicable Disease Services in providing TB prevention activities. Roughly three-in-four refugees remain with our County FQHC for on-going care. We partner closely with the State's refugee program, Voluntary Agencies (VolAgs), and other contracted CBOs (e.g., IRCO) to identify and address the impacts of healthcare reform on refugee health services. Overall, our county provides statewide leadership for assuring the often-complex health service needs of newly arrived refugees.

We have worked through the stakeholder Refugee Health Advisory Group to develop a state/county shared Refugee Health Coordinator position in order to assure that complex refugee health needs are met. The work will build from existing state and federal requirements and best practices to provide for new or updated practices. Key to this effort is assuring client care across a complex mix of service providers. This work is profoundly affected by healthcare system reform -- everything from assuring timely insurance coverage given federal requirements to negotiating with payers around the unique mental health services needs of refugees from conflict areas. Our partner organizations and agencies are acutely aware of the role that physical and mental health services play, and use broad-based initiatives to improve refugee transition into local communities. County and community representatives all agree that the complexity of the current situation requires a full-time person to provide leadership in this vital area during a period of immense change.

Performance Measures							
Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Gap analysis and QI plan for regional, health-related refugee services	N/A	N/A	N/A	1			
Improved efficiency of referrals from refugee health screening to specialty care services (TB, MH, etc.)	N/A	N/A	N/A	80%			
	Primary Measure Gap analysis and QI plan for regional, health-related refugee services Improved efficiency of referrals from refugee health	Primary MeasureFY13 ActualGap analysis and QI plan for regional, health-related refugee servicesN/AImproved efficiency of referrals from refugee healthN/A	Primary MeasureFY13 ActualFY14 PurchasedGap analysis and QI plan for regional, health-related refugee servicesN/AN/AImproved efficiency of referrals from refugee healthN/AN/A	Frimary MeasureFY13 ActualFY14 PurchasedFY14 EstimateGap analysis and QI plan for regional, health-related refugee servicesN/AN/AN/AImproved efficiency of referrals from refugee healthN/AN/AN/A			

Performance Measures Descriptions

Output: Gap analysis with plan to address major gaps will be completed, incorporating input from stakeholders participating in the Refugee Health Advisory group (e.g., MCHD, the Oregon Refugee Program, IRCO, and regional voluntary agencies). Outcome: 80% of refugees screening positive for needing TB or mental health services need will be successfully referred within establish timelines

Legal / Contractual Obligation

RMA, RHA, and related TBD grant program requirements; federal CDC Global Migration and Quarantine and Office of Refugee Resettlement refugee assistance program requirements for newly-arrived refugees.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds		
Program Expenses	2014	2014	2015	2015		
Personnel	\$0	\$0	\$51,146	\$C		
Materials & Supplies	\$0	\$0	\$3,703	\$0		
Internal Services	\$0	\$0	\$1,688	\$0		
Total GF/non-GF	\$0	\$0	\$56,537	\$0		
Program Total:	\$(\$0		\$56,537		
Program FTE	0.00	0.00	0.50	0.00		
Program Revenues						
Total Revenue	\$0	\$0	\$0	\$0		

Significant Program Changes

Last Year this program was:

This is a new Program Offer.