

|                                 |                            |                             |              |
|---------------------------------|----------------------------|-----------------------------|--------------|
| <b>Department:</b>              | Health Department          | <b>Program Contact:</b>     | Amy Sullivan |
| <b>Program Offer Type:</b>      | Existing Operating Program | <b>Program Offer Stage:</b> | As Proposed  |
| <b>Related Programs:</b>        | 40010A                     |                             |              |
| <b>Program Characteristics:</b> |                            |                             |              |

### Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by supporting providers in their use of federally subsidized Vaccines for Children (VFC) and 317 (adults at high risk) programs; and assuring that schools and childcare facilities comply with state school immunization rules. We also directly provide immunizations for persons in need across our community. Our activities contribute to the community's ability to protect children and at-risk adults from life-threatening, vaccine-preventable diseases.

### Program Summary

As a Program within Communicable Disease Services, the Community Immunization Program's (CIP) vision is to be a trusted community resource that protects the people of Multnomah County from communicable diseases, specifically vaccine-preventable diseases. No child should be unvaccinated because a parent is unable to pay for vaccines. Because vaccine-preventable diseases like measles can spread from person-to-person, childhood vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school. Likewise, adults at high-risk for vaccine preventable diseases like Hepatitis B infection, should have access to potentially life-saving vaccines regardless of their ability to pay.

CIP ensures that the basic disease prevention needs of our community are met through several interrelated program components. We assure a safe vaccine supply and efficient use of vaccine for the County system of Federally Qualified Health Centers by monitoring the vaccine cold chain. We assure access to immunizations by providing immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay, and any child needing vaccine to stay in school should have timely access to that vaccine. Adults at high-risk for vaccine preventable conditions like Hepatitis B can also access vaccine through our clinics, and we work with community-based organizations to assure that uninsured adults have access to annual flu shots. We conduct activities that uphold state mandates related to school immunization laws – including issuing exclusion orders as needed – and assure 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.

Increasing complexity of addressing state school immunization law requirements, combined with decreased Medicaid revenues and flat state funding, challenge all aspects of this program. Our commitment to values of innovation, collaboration, diversity, excellence, teamwork, and accountability keep us looking for solutions to address these challenges, including expanding community partnerships for delivering services and the use of technology to meet training needs for schools and day cares complying with school exclusion rules.

### Performance Measures

| Measure Type | Primary Measure  | FY14 Actual | FY15 Purchased | FY15 Estimate | FY16 Offer |
|--------------|--|-------------|----------------|---------------|------------|
| Output       | Number of immunizations directly provided to keep children in school                                   | 876         | 300            | 700           | 500        |
| Outcome      | Of facilities assisted, those successful in meeting immunization law requirement                       | 100%        | 100%           | 99%           | 98%        |
| Output       | Number of schools & other facilities assisted with immunization law requirements                       | 370         | 150            | 370           | 150        |
| Output       | Proportion of all vaccine administration data for CDS entered within 14 days of vaccine administration | 100%        | 95%            | 97.5%         | 95%        |

### Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Adjusting to FY 2015 school immunization law on-call reductions and healthcare reform impacts; one less clinic planned for FY 2016.

Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. In FY 2015, compensated by reassigning staff from other CDS programs and receiving a CDC Public Health Associate; pending resources and state ALERT program changes. FY 2016 may see the the lower anticipated values.

## Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047

School Immunization - Amended ORS 433.267, 433.273 and 433.284 (operative March 1, 2014); Administrative Rules 333-050-0010 through 333-050-0140; Oregon Revised Statutes 433.235 through 433.284

ALERT Immunization Registry - Administrative Rules 333-049-0010 through 333-049-0130; Oregon Revised Statutes 433.090 through 433.102

Vaccine Education and Prioritization Plan - Oregon Revised Statutes 433.040; Administrative Rules 333-048-0010 through 333-048-0030

## Revenue/Expense Detail

|                        | Proposed General Fund | Proposed Other Funds | Proposed General Fund | Proposed Other Funds |
|------------------------|-----------------------|----------------------|-----------------------|----------------------|
| Program Expenses       | 2015                  | 2015                 | 2016                  | 2016                 |
| Personnel              | \$150,204             | \$230,475            | \$207,454             | \$186,991            |
| Contractual Services   | \$4,787               | \$15,772             | \$2,109               | \$0                  |
| Materials & Supplies   | \$7,060               | \$28,278             | \$25,850              | \$22,987             |
| Internal Services      | \$94,838              | \$37,415             | \$38,565              | \$73,121             |
| <b>Total GF/non-GF</b> | <b>\$256,888</b>      | <b>\$311,940</b>     | <b>\$273,978</b>      | <b>\$283,099</b>     |
| <b>Program Total:</b>  | <b>\$568,828</b>      |                      | <b>\$557,077</b>      |                      |
| <b>Program FTE</b>     | 1.55                  | 2.45                 | 2.08                  | 1.92                 |

| Program Revenues         |                 |                  |                 |                  |
|--------------------------|-----------------|------------------|-----------------|------------------|
| Indirect for Dept. Admin | \$21,247        | \$0              | \$17,020        | \$0              |
| Intergovernmental        | \$0             | \$200,884        | \$0             | \$198,446        |
| Service Charges          | \$0             | \$111,056        | \$0             | \$84,653         |
| <b>Total Revenue</b>     | <b>\$21,247</b> | <b>\$311,940</b> | <b>\$17,020</b> | <b>\$283,099</b> |

## Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund.

Fed/State LPHA Immunization Special Payments: \$198,446

Patient Fees: \$84,653

## Significant Program Changes

**Last Year this program was:** FY 2015: 40014 Immunizations

No significant changes.

From 2006-2013, the number of facilities we directly supported for school exclusion increased by 47% while state funding increased 3%; Immunizations' revenue declined; and county general fund increases did not keep pace with increasing personnel costs. This trend continues into FY 2016, and this budget and continues the FY 2015 reductions to on-call staffing from October through March each year to support facilities and parents in meeting school exclusion requirements.