

Department:	Health Department	Program Contact:	Amy Sullivan
Program Offer Type:	Existing Operating Program	Program Offer Stage:	As Requested
Related Programs:	40010A		
Program Characteristics:	In Target		

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. CIP 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 vision of CIP is to be a trusted community resource that protects the people of Multnomah County from communicable diseases -- specifically vaccine-preventable diseases for CIP. 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. 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 immunizations law requirements, combined with decreased Medicaid revenues and flat state funding, are challenging to 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	FY15 Actual	FY16 Purchased	FY16 Estimate	FY17 Offer
Output	Number of immunizations directly provided to keep children in school.	1183	500	1000	1000
Outcome	Percent of assisted facilities successful in meeting immunization law requirement.	98%	98%	98%	98%
Output	Number of schools & other facilities assisted with immunization law requirements.	420	150	455	420
Output	Percent of all vaccine administration data entered within 14 days of vaccine administration.	100%	95%	95%	95%

Performance Measures Descriptions

Output 1: Vaccines provided from 1st Fri thru 3rd Sat. in Feb. Average ~2 vaccinations/child. CYP was before 40010 restoration. Output 2: Certified childcare facilities, kindergartens, and private schools directly assisted from Oct-Mar of the previous FY. In FY 2016, reassigned staff from other CDS programs and received a CDC-funded Public Health Associate (PHA); have PHA in FY 2017.

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	2016	2016	2017	2017
Personnel	\$207,454	\$186,991	\$186,061	\$231,919
Contractual Services	\$2,109	\$0	\$1,485	\$0
Materials & Supplies	\$25,850	\$22,987	\$34,028	\$21,506
Internal Services	\$38,565	\$73,121	\$52,437	\$33,812
Total GF/non-GF	\$273,978	\$283,099	\$274,011	\$287,237
Program Total:	\$557,077		\$561,248	
Program FTE	2.08	1.92	1.57	2.43

Program Revenues				
Indirect for Dept. Admin	\$17,020	\$0	\$21,939	\$0
Intergovernmental	\$0	\$198,446	\$0	\$200,492
Service Charges	\$0	\$84,653	\$0	\$86,745
Total Revenue	\$17,020	\$283,099	\$21,939	\$287,237

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. Federal and state governments allow for a vaccine administration fee of \$21.96/vaccine for VFC and 317 program vaccines.

In the last decade, state immunizations funding increased by only 3%, and immunizations revenue declined as more people receive vaccines through their medical home or pharmacies. This pattern has left structural deficits in Program funding.

Fed/State LPHA Immunization Special Payments: \$200,492

Patient Fees: \$86,745

Significant Program Changes

Last Year this program was: FY 2016: 40014-16 Immunizations

CIP will continue to limit on-call staffing for mandated school immunization law. However, we have added support through the CDC-funded Public Health Associate's (PHAP) program. We expect to maintain at least one PHAP Fellow in FY 2017. Last year, the program supported over 400 facilities in submitting their school exclusion documentation, and developed on-line training for facilities. If we lose our PHAP fellow, we could fail to meet school law data sharing requirements in Program Element 43.