

Department Overview

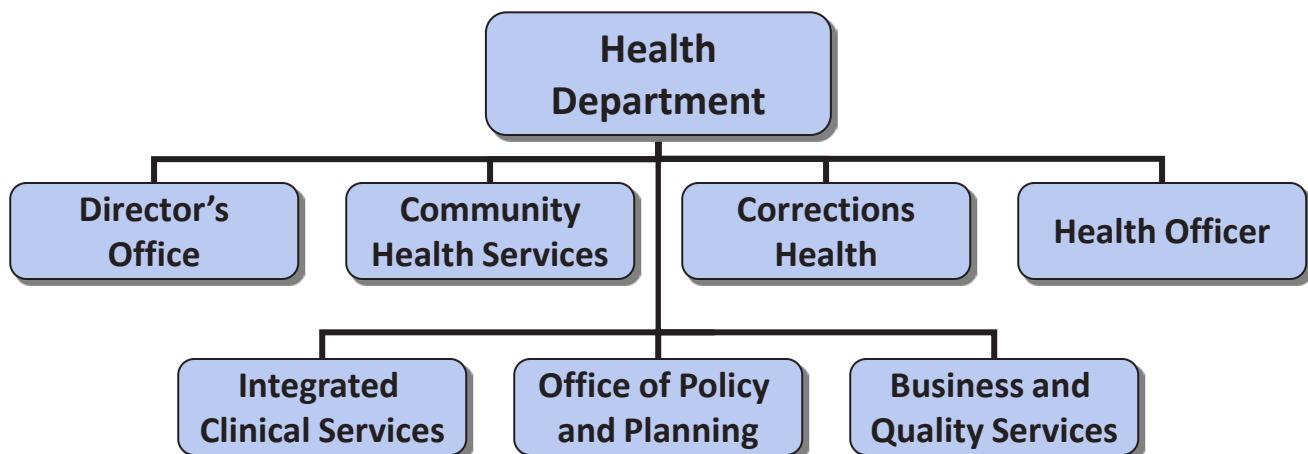
The Multnomah County Health Department is guided by its vision of Healthy People in Healthy Communities. The Health Department seeks to protect against threats to health, to ensure access to health care for Multnomah County residents, and to promote health. The Department does this by focusing its limited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

The Health Department's five-year strategic plan for FY 2010-2014 establishes its priorities for FY 2014. The plan contains three goals with specific strategies for the next few years, they are:

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

The Health Department's day-to-day activities and work are central to achieving its mission. These strategic activities are those which reflect new or enhanced goals; they are direct, focused and prioritized over every day work; and they lay a pathway for the Department to measure and account for progress over time.

The Health Department's mission, vision, values and strategic plan directly support the County's mission, vision and values statement. Like the broader County, the Department prioritizes the health needs of the most vulnerable while promoting and protecting the health of the whole community. The Department incorporates the values of social justice, integrity, stewardship, innovation and sustainability into what it does and how it does it.



Budget Overview

The FY 2014 budget for the Health Department is \$165.4 million with 1,007.93 FTE. Almost 60% – over \$97.5 million – of the budget comes from the County General Fund, with the remaining \$67.9 million coming from Federal and State revenue, Medicaid and other medical fee revenue, and emergency response and ambulance fees. Much like the change in FY 2012 that moved Federally Qualified Health Center (FQHC) wraparound funds from the Federal/State Fund into the General Fund, certain prospective payments will also be moved to the General Fund in FY 2014 to comply with recent changes in accounting standards and provide additional flexibility. These prospective payments are received by the Health Department for improving and maintaining the quality of services for high-need, high-risk poor and vulnerable Medicaid and uninsured clients. The prospective payments budgeted for FY 2014 amount to \$3.5 million, including \$1.0 million in beginning working capital.

The FY 2014 budget represents a 3.1%, or \$5.0 million, increase in total spending over the FY 2013 adopted budget. This is made up of an \$11.9 million, or 13.9%, increase in the General Fund and a \$6.9 million, or 9.2%, decrease in the Federal/State Fund. FTE have increased from 998.22 in FY 2013 to 1,007.93 in FY 2014, almost a 1.0% increase.

A number of changes in the Integrated Clinical Services Division are impacting the budget. Both the Southeast Health Clinic and the downtown dental clinic will be in their first full year of operations. The Southeast Health Clinic (40027) has a budgeted increase of \$1.7 million and 11.98 FTE. Dental Services (40017), which includes the downtown clinic, will increase by \$1.0 million with almost no change in FTE. The Pharmacy program (40031) will also increase by \$1.5 million and 10.00 FTE.

In addition to the budgeting of prospective payments, a significant factor in the Federal/State Fund decrease is a change in Immunizations (40014) with respect to the accounting treatment of the estimated value of certain vaccines (\$3.5 million in FY 2013). The estimated value is no longer included in the Health Department's operating budget.

Additional information on the changes in these programs, as well as changes in other programs, can be found in the individual program offers.

Budget Trends*		FY 2012	FY 2013	FY 2013	FY 2014
		<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>
Staffing FTE	1,004.94	998.22	998.22	1,007.93	9.71
Personnel Services	\$100,525,965	\$101,792,770	\$105,713,205	\$111,569,360	\$5,856,155
Contractual Services	17,231,372	14,893,023	13,741,299	16,036,071	2,294,772
Materials & Supplies	38,678,198	38,180,760	40,909,908	37,702,361	(3,207,547)
Capital Outlay	<u>102,195</u>	<u>1,063,312</u>	0	<u>93,631</u>	<u>93,631</u>
Total Costs	\$156,537,730	\$155,929,865	\$160,364,412	\$165,401,423	\$5,037,011

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

Successes and Challenges

The challenges for the current year were summed up under the heading: designing a robust County structure to confront the changes in Federal and State transformation efforts around financing and service delivery of medical care and public health. The Health Department is taking steps to integrate and consolidate interventions to increase health impact, health outcomes, streamline programs and enhance accountability. The Department anticipates an influx of need for new services as more people are covered in 2014, and it will need to carefully evaluate how to meet this demand in collaboration with the Coordinated Care Organizations, regional health systems and other safety net providers in the region.

The Health Department's key successes this year position it for continued success in 2014. The Department has supported its goals for a healthy community by focusing resources on high risk populations and allocating funds to support evidence based best practices. Chronic diseases are among the most prevalent, costly, and preventable of all health problems. Both the clinical delivery system and public health community engagement and policy activities have prioritized and refocused activities into a more comprehensive approach to prevention work in the community and in individual encounters. The Department has evaluated its work processes in light of innovation, equity, quality and community involvement. It has maintained and enhanced its role to conduct and disseminate assessments focused on population health in the county and designed to provide important information on understanding health status, recognizing emerging trends, and identifying risk factors both personal and environmental to guide programs and policy decisions.

In FY 2013 the Westside Health clinic was relocated to Southeast Portland. The newly opened Southeast Health Center and the downtown Billi Odegaard dental clinic will have their first full year of operation in FY 2014. A federal grant will fund the opening of a new School Based Health clinic at Centennial High School in FY 2014. The Department has invested in its clinical infrastructure and will start next year with Primary Care, Pharmacy, Corrections Health and Dental services all on electronic health records systems, which allows the Department to share data and improve care with the major health systems in the region.

Diversity and Equity

The Health Department mission is "Healthy People in Healthy Communities." Its diversity and equity programs and projects are aimed at reducing health disparities so everyone can benefit from good health. The activities include:

- Cultural Competence (internal) – FY 2013 completed an assessment and developed policies; FY 2014 continue training of Health Department employees to eliminate health disparities for communities served.
- Cultural Competence (external) – training provided to Native American Youth Family Center (NAYA) and Oregon Health & Science University (OHSU); current partnership with Oregon Center for Nursing.
- Refugee Community Outreach – quality improvement grant received by Early Childhood Services and Human Resources to work with refugee communities around prenatal care and access.
- North Portland Healthy Eating Active Living (HEAL) Coalition - Coalition came together to promote healthy eating and physical activity for low income communities of color who are disproportionately affected by obesity and chronic diseases; final report completed December 2012.
- Diversity & Quality Team – monitors progress of department strategies, policies, and activities in the areas of diversity, quality and equity.
- Health Equity Initiative – works to address the root causes of socioeconomic and racial injustices that lead to health disparities.
- Recruitment – attract, hire and retain qualified diverse employees to provide quality public health services; update Manager Recruitment Guide.
- Workforce Development & Training – introduced new training: Public Health Competencies in Performance Planning and Review for Exempt staff.
- Health Share of Oregon, Cultural Competence Project – Human Resources staff member part of Health Share's cultural competence workgroup to assess and analyze for setting policy and plans for Health Share.

Budget by Division

Division Name	FY 2014 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	\$2,316,215	\$0	\$2,316,215	13.10
Community Health Services	18,566,184	20,985,564	39,551,748	250.11
Corrections Health	14,000,000	72,579	14,072,579	83.80
Health Officer	4,587,357	1,621,777	6,209,134	34.06
Integrated Clinical Services	45,017,977	42,506,904	87,524,881	521.88
Office of Policy and Planning	3,735,373	2,695,187	6,430,560	43.55
Business and Quality Services	9,296,306	0	9,296,306	61.43
Total Health Department	\$97,519,412	\$67,882,011	\$165,401,423	1,007.93

Director's Office

The Health Department Director and Director's Office is responsible for providing leadership committed to the Health Department's vision of Healthy People in a Healthy Community; its mission is to ensure, promote and protect the health of Multnomah County residents; and to set its strategic direction to fulfill its mission. The Director's Office leads and is responsible for a Department of more than 1,000 employees with more than \$164 million in State, County and Federally funded programs and services.

The Director is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership. The members of the Department Leadership Team report to the Health Department Director and are responsible for leading the six major Divisions in the Health Department: Business Services, Community Health Services, Corrections Health, Integrated Clinical Services, the Office of Public Health Policy and Planning and the Tri-County Health Officer.

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

Significant Changes

In FY 2013 Health Transformation continues to be a major focus for the Director's Office. According to the Oregon Health Authority, the purpose of Oregon Health Transformation is "to improve the health delivery system for Oregon Health Plan and Medicaid clients. The plan focuses on coordinated mental, physical, behavioral, and oral health to free up dollars trapped in an inefficient system, increase focus on prevention, and improve care". The Health Department is working across County departments, counties and private organizations such as hospitals to prepare and position the Department for the transformation.

In FY 2013, the division of Health and Social Justice was merged with the Community Wellness and Prevention program forming the Office of Public Health Policy and Planning which reports to the Department Director.

Community Health Services

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

Significant Changes

Communicable Disease Services has been restructuring to meet the needs of a "21st century" metropolitan area communicable disease program. In 2012, the county experienced a series of major communicable disease events (pertussis, norovirus, influenza). This rapidly changing environment will require strengthened case and outbreak investigation capabilities and improved local disease response capacity.

The STD/HIV/Hepatitis C Community Prevention Program is in year two of a five year successive federal HIV prevention budget reduction in Oregon. Outreach and needle exchange services will be reduced slightly. Group education will also be reduced, with a shift to more testing and linkage to care per national guidance.

Potential changes to financial resources, policy and operations related to health care reform will influence the Maternal and Child Health programs—ECS, WIC, and Healthy Birth Initiative. ECS will continue its evidence-based services. WIC is collaborating with the Library—providing monthly classes teaching children to read and showing families how to access library services. The Healthy Birth Initiatives program is adding increased depression screening, education/support groups, leadership development, and men's groups.

The Environmental Health Services Health Inspections and Education program has been responding to Oregon's adoption of the new FDA Food Code. On July 1, 2013, 12 new violations will impact restaurant inspection scores—changing how the program addresses critical safety issues and requiring increased re-inspections and additional education by inspectors.

Corrections Health

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

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

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

Significant Changes

In FY 2013, Corrections Health successfully implemented several quality improvement activities, including:

- survey and accreditation by the National Commission on Correctional Health Care (NCCHC) (a nationally recognized measure of quality health care delivery);
- implementation of electronic medication administration, monitoring, and logging software;
- implementation of Electronic Health Records software at both adult jail sites;
- continued collaboration with the Sheriff's Office and other County departments to increase coordination and evaluate efficiency of suicide prevention strategies employed at the jails; and
- continued focus and monitoring of performance and strategies that will reduce costs and assure efficiency, quality, and safety.

Health Officer

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

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

Significant Changes

Multnomah County EMS is participating in health transformation and received a portion of the regional Health Commons Grant for an innovation program. The Innovation Program employs four Licensed Clinical Social Workers (LCSWs) to reduce the number of patients who frequently call 911 and would be better served by alternative health care resources such as primary care physicians, behavioral health, addiction and clinic services. Social workers work together with EMS response agencies to identify program candidates, perform patient assessments in field settings, determine and implement intervention strategies that reduce unnecessary calls to 911, improve the patient's health care experience, improve the patient's health, and reduce medical costs.

Integrated Clinical Services

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

Clinical services are provided in 7 primary care clinic sites. Oral health and prevention services, located at 6 dental sites, provide much needed access to dental care for children and adults. Thirteen School Based Health clinics (SBHC's) provide primary care services to adolescents in the schools and surrounding community. In FY 2014, Centennial High School will open the newest SBHC and will provide primary care services to approximately 600 school-aged youth per year.

ICS staff continue work responding to changes required by federal and state health reform. ICS's services and quality improvement efforts (patient-centered medical home/quality improvement initiative) aligns with the framework adopted to improve quality and reduce costs.

Significant Changes

In FY 2013, ICS successfully implemented several quality or access improvement activities, including:

- Opened the new Billi Odegaard Dental Clinic in partnership with Central City Concern.
- Implemented electronic dental records (EDR) at all Department dental sites (increases quality, access and reduces cost).
- SBHC's collaborated with Centennial School District, awarded a federal grant to open a new SBHC at Centennial High School in FY 2014.
- Initiating primary care services at Southeast Health Center, May 2013 (coordinates with relocation of remaining homeless program patients to Southeast Health Center).
- Corrections Health implemented electronic health records (EHR), electronic medication administration records and received accreditation recognition by the National Commission on Correctional Health Care.

Office of Policy and Planning

The purpose of the Office of Policy and Planning is to help define the public health priorities for the Health Department and advance innovative strategies that create positive population-wide impact for the community's most pressing and emerging public health needs.

The Office of Policy and Planning assists Health Department leadership by conducting public health surveillance and community health assessment; conducting planning and evaluations; mobilizing community partners and brokering relationships; implementing policy, systems, and environment change strategies; and pursuing health equity. The Office of Policy and Planning works with key leadership to develop strategic plans, set policy, and develop regulations that result in improved health outcomes for all communities in Multnomah County.

The combination of the core function areas brings together expertise and coordination in public health accreditation; chronic disease and violence prevention; community health worker training; health assessment; health impact assessment; policy analysis and development; communications; community-based planning; community capacity building; grant development; and program design and evaluation.

Significant Changes

During FY 2013, Community Wellness and Prevention continued to ramp down its Communities Putting Prevention to Work Initiative funded through the Centers for Disease Control and Prevention. The Initiative catalyzed two years of intensive prevention efforts and capacity building within the Health Department as well as across the county at large, with a network of over thirty community partners funded through the Initiative.

The momentum and policy changes set in motion through the Initiative will sustain over time through strengthened partnerships and policy successes. Internally, the Health Department initiated organizational changes to apply learning from Communities Putting Prevention to Work, including the establishment of the Office of Policy and Planning to provide department-wide leadership for sustaining community partnerships and public health policy initiatives that address the social determinants of health.

The Office of Policy and Planning does not include new program areas but instead pulls together existing Department functions related to community health assessment, planning and evaluation, partnerships, and policy development to strengthen strategic leadership and leveraging of these functions for the purpose of greater positive impact on community health.

Business and Quality Services

Business and Quality Services includes Workforce Development, Human Resources, and Training services for more than 1,000 full/part time permanent and temporary employees. The Budget, Accounting, Financial and Contracting services manage all financial activity for a \$164 million organization. They are liaisons for the Department with the Department of County Assets, coordinating the provision of services such as IT, Facilities and Fleet services.

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

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

Significant Changes

Three information technology and infrastructure positions were added to Business Services for FY 2014. The staff will work closely with Department of County Assets to upgrade and improve information technology throughout the Health Department. A focal point the first year will be to replace and upgrade numerous outdated systems used by Community Health Services.

Healthcare transformation continues to dominate the landscape for Medical Billing. Working closely with the Coordinated Care Organizations in the region, the State of Oregon, and the Centers for Medicare and Medicaid Services (CMS), Medical Billing is able to anticipate changes that affect medical fee revenue, including how the Department documents and substantiates those services.

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

Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Health Department Leadership Team	\$1,616,122	\$0	\$1,616,122	6.00
40003	Health Department Leadership Team Support	700,093	0	700,093	7.10
Community Health Services					
40007	Health Inspections and Education	3,481,111	92,715	3,573,826	27.74
40008	Vector-Borne Disease Prevention and Code Enforcement	1,291,678	0	1,291,678	9.90
40009	Vital Records	0	631,477	631,477	5.36
40010	Communicable Disease Prevention and Control	2,261,720	1,260,278	3,521,998	25.65
40011	STD/HIV/Hep C Community Prevention Program	2,730,124	1,388,694	4,118,818	24.80
40012	Services for Persons Living with HIV	338,156	6,662,340	7,000,496	27.83
40013A	Early Childhood Home Based Services	3,358,593	2,929,687	6,288,280	32.85
40013B	Early Childhood Home and Community Based Services	2,211,823	3,070,194	5,282,017	31.30
40014	Immunizations	262,314	355,594	617,908	3.90
40015	Lead Poisoning Prevention	47,417	180,000	227,417	1.30
40018	Women, Infants and Children (WIC)	1,285,546	3,140,831	4,426,377	41.26
40025	Adolescent Health Promotion	298,757	396,206	694,963	5.40
40037	Environmental Health Education, Outreach and Housing	499,619	877,548	1,377,167	9.32
40048	Community Epidemiology	499,326	0	499,326	3.50
Corrections Health					
40049	Corrections Health Juvenile Detention, Admissions and Housing	646,614	72,579	719,193	3.40
40050A	Corrections Health Multnomah County Detention Center (MCDC)	3,932,636	0	3,932,636	23.70
40050B	Corrections Health MCDC Clinical Services and 4th Floor Housing	2,341,933	0	2,341,933	15.00
40050C	Corrections Health MCDC Housing Floors 5, 6, 7 & 8	1,722,531	0	1,722,531	11.40
40051A	Corrections Health Inverness Jail (MCIJ) Base & Clinical Services	2,588,158	0	2,588,158	14.10
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,616,512	0	1,616,512	9.30
40051C	Corrections Health MCIJ Dorms 12 - 18 and Infirmary	1,151,616	0	1,151,616	6.90

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
Health Officer					
40002	Tri-County Health Officer	238,470	350,000	588,470	2.30
40004	Ambulance Services (EMS)	1,817,610	474,645	2,292,255	9.40
40005	Public Health & Regional Health Systems Emergency Preparedness	44,457	678,900	723,357	4.16
40030	Medical Directors (Physician, Nurse Practitioner and Nursing	1,428,966	118,232	1,547,198	9.00
40052A	Medical Examiner	1,019,854	0	1,019,854	8.80
40052B	Medical Examiner - Staff at Current Service Level	38,000	0	38,000	0.40
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	288,542	1,148,613	1,437,155	14.55
40017	Dental Services	13,015,514	2,903,627	15,919,141	99.19
40019A	North Portland Health Clinic	1,944,064	2,296,483	4,240,547	28.30
40020	Northeast Health Clinic	3,025,698	3,071,280	6,096,978	39.60
40022	Mid County Health Clinic	5,715,445	5,722,430	11,437,875	69.00
40023	East County Health Clinic	4,234,943	4,455,506	8,690,449	56.40
40024	School Based Health Centers	3,794,857	2,258,242	6,053,099	34.79
40026	La Clinica de Buena Salud	750,928	1,067,586	1,818,514	11.20
40027	Southeast Health Clinic	1,318,731	2,019,846	3,338,577	21.10
40029	Rockwood Community Health Clinic	2,052,760	2,569,291	4,622,051	30.20
40031	Pharmacy	0	14,717,000	14,717,000	54.25
40032	Lab and Medical Records	3,102,873	0	3,102,873	25.70
40033	Primary Care and Dental Access and Referral	906,743	265,000	1,171,743	10.50
40034A	Quality Assurance	3,593,758	12,000	3,605,758	25.80
40034B	Quality Improvement for Primary Care	1,029,600	0	1,029,600	0.00
40036	Community Health Council and Civic Governance	243,521	0	243,521	1.30
Office of Policy and Planning					
40035A	Health Assessment, Planning and Evaluation	1,518,611	2,083,454	3,602,065	20.55
40038	Health Promotion and Community Capacity Building	653,647	409,515	1,063,162	8.80
40045	Health Equity Initiative (Racial Justice Focus)	388,082	0	388,082	3.45
40047A	Community Wellness and Prevention	874,508	202,218	1,076,726	8.55
40047B	Public Health Policy and Planning	225,525	0	225,525	2.20
40053	Fresh and Healthy Food Project	75,000	0	75,000	0.00

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Prog. #	Program Name	FY 2014 General Fund	Other Funds	Total Cost	FTE
Business and Quality Services					
40039	Business and Quality - Human Resources and Training	2,385,823	0	2,385,823	17.33
40040A	Business and Quality - Financial Services and Operations	3,586,457	0	3,586,457	31.10
40041	Business and Quality - Medical Billing	<u>3,324,026</u>	0	<u>3,324,026</u>	<u>13.00</u>
Total Health Department		\$97,519,412	\$67,882,011	\$165,401,423	1,007.93



Lead Agency: Health Department

Program Contact: Lillian Shirley

Program Offer Type: Administration

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Increased access to Health Dept. services as measured by # of clients served.	162,047	102,468	165,450	168,925
Outcome	Annual Federal and State resources \$ leveraged for services.	105,000,000	102,000,000	98,000,000	103,000,000
Output	# of times MCHD is in local and national news media	0	0	70	70

Performance Measure - Description

✓ Measure Changed

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

Note: 4REAL federal grant funding ended in Sept 2010, leading to an overall decrease in clients served. The re-opening of the Southeast Health Center (Spring 2013) and the opening of a new School Based Health Center at Centennial High School (Fall 2013) will most likely result in an overall increase in the number of clients served by the Health Department. Increase is based on 2.1% per year for 2013 and 2014.

For FY 13-14, we are changing the # of business related/professional all staff dept communication to the # of times MCHD is in the local and national news media. This measure is more meaningful as it highlights internal and external communication efforts and increased visibility.

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	2013	2013	2014	2014
Personnel	\$1,064,753	\$0	\$1,127,321	\$0
Contracts	\$89,300	\$0	\$128,200	\$0
Materials & Supplies	\$228,845	\$0	\$185,852	\$0
Internal Services	\$143,097	\$0	\$174,749	\$0
Total GF/non-GF:	\$1,525,995	\$0	\$1,616,122	\$0
Program Total:	\$1,525,995		\$1,616,122	
Program FTE	6.00	0.00	6.00	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Health Department Leadership Team is funded with \$699,138 county general fund and \$916,984 county general fund indirect revenue. The county general fund includes \$50,000 of one-time only funding for the County's contribution to the Governor's Prevention and Wellness Health Demonstration Project.

Significant Program Changes

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



Lead Agency: Health Department

Program Contact: Justin Denny

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

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

Program Description

The Tri-County Health Officer Program (TCHO) provides medical consultation, technical counsel, and leadership by three public health physicians to Multnomah, Clackamas and Washington County Health Departments and their respective community partners.

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

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Contract deliverables are met by the end of fiscal year.	90.0%	90.0%	90.0%	90.0%
Outcome	County stakeholders express satisfaction in program delivery and results.	90.0%	95.0%	90.0%	90.0%

Performance Measure - Description

The satisfaction of key customers with Health Officer services is a critical measure of program success. The key customers are the health administrators and public health program managers at each of the health departments. The TCHO program team meets monthly with stakeholders (i.e. key customers) and provides regular updates to health department administrators on the progress of workplan deliverables. Department administrators meet regularly with Health Officers to provide verbal feedback on service delivery, program satisfaction, and progress of individual workplan items.

The TCHO program assures completion of agreed-upon deliverables. Contract deliverables for FY14 will be negotiated and finalized by June 30, 2013. These will provide guidance for work priorities and program activities.

Legal/Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. Intergovernmental agreements 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	2013	2013	2014	2014
Personnel	\$210,858	\$326,605	\$215,131	\$304,090
Contracts	\$3,334	\$0	\$500	\$0
Materials & Supplies	\$5,648	\$6,512	\$1,474	\$6,468
Internal Services	\$14,690	\$41,883	\$21,365	\$39,442
Total GF/non-GF:	\$234,530	\$375,000	\$238,470	\$350,000
Program Total:	\$609,530		\$588,470	
Program FTE	0.80	2.00	0.80	1.50
Program Revenues				
Indirect for dep't Admin	\$23,259	\$0	\$22,444	\$0
Intergovernmental	\$0	\$375,000	\$0	\$350,000
Total Revenue:	\$23,259	\$375,000	\$22,444	\$350,000

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through intergovernmental agreements (IGA) with Multnomah County. These IGA's are revenue agreements. Contractual revenues of \$350,000 (FY14) cover the full cost to provide services to Clackamas and Washington counties. Multnomah County General Funds of \$238,470 cover the cost to provide services in Multnomah County.

Significant Program Changes

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

The Tri-County Health Officer program will continue to meet legal and contractual obligations to provide Health Officer Services in Multnomah, Clackamas and Washington Counties. The change in FTE is from transferring .50 fte of a Program Specialist Senior position to Community Health Services (CHS) to more accurately reflect the current practice of the Health Officer support for CHS. There is no anticipated negative impact to clients or services as a result of this change. Changes in staffing are expected to be positive as they more accurately reflect the needs of the Tri-County Health Officer program.

**Lead Agency:** Health Department**Program Contact:** Lillian Shirley**Program Offer Type:** Support**Related Programs:****Program Characteristics:**

Executive Summary

This program pools administrative support for the Department's senior leadership team under one supervisor so that staff and resources can be efficiently shared.

Program Description

The Department Leadership Team (DLT) support team reduces duplication of effort and increases effectiveness of administrative support to leaders and program staff by coordinating workloads and cross-training. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, minutes and project support for the Department Director, Deputy Director, Director of Nursing Practice, Public Health and Community Initiatives Executive Advisor, Health Officer, Policy and Planning Program Manager Senior, Community Health Services Program Manager Senior and their managers. Team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor.

This program offer supports the Health Department Leadership Team's ability to achieve accountability, to manage resources and service delivery costs effectively, to equitably evaluate and streamline delivery of services and County operations, to provide reliable information for decision-making, which improves and reporting results.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of projects completed on time with an error rate not to exceed 3%.	90.0%	90.0%	90.0%	92.0%
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	8	8	9

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	2013	2013	2014	2014
Personnel	\$501,034	\$0	\$538,536	\$0
Contracts	\$65,000	\$0	\$60,000	\$0
Materials & Supplies	\$51,541	\$0	\$32,011	\$0
Internal Services	\$70,951	\$0	\$69,546	\$0
Total GF/non-GF:	\$688,526	\$0	\$700,093	\$0
Program Total:	\$688,526		\$700,093	
Program FTE	6.80	0.00	7.10	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Health Department Leadership Administrative Support is funded by \$290,180 county general fund and \$409,913 county general fund indirect revenue.

Significant Program Changes

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

The FTE for the Administrative Specialist position that supports the Director of Nursing Practice was increased from 0.80 FTE to 1.00 FTE. The increase in FTE more accurately reflects the increased responsibilities for supporting the Director of Nursing Practice in program functions, initiatives and roles.

The inclusion of the Research/Evaluation Analyst 2 position at 0.10 FTE supports evaluating DLT cross cultural training initiatives as goals are achieved. The inclusion of this position also supports the DLT strategic goal of a learning organization, which translates into improved customer service.



Lead Agency: Health Department

Program Contact: Darrell Knott

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

The MC EMS Program has five major functions:

- 1) Management of the emergency ambulance contract to assure that performance criteria are met by the ambulance provider contracted with the County under an exclusive franchise agreement.
- 2) Medical supervision of all medical care provided by 911 dispatchers, 911 EMS providers and non-911 ambulance providers, including EMTs and paramedics. Immediate medical advice for responders is provided via radio by OHSU under the supervision of the MC EMS Medical Director.
- 3) Establishment of quality standards for EMS services provided to the citizens of Multnomah County. MC EMS uses the Continuous Quality Improvement (CQI) process to monitor and improve the quality of service provided to the public.
- 4) Regulation of all ambulance business in the County in accordance with the ambulance ordinance, MCC 21.400. Regulation includes licensing and inspection of ambulances, review of ambulance contractor operations, levying fines for substandard contract performance and violation of administrative rules, and supervision of medical care.
- 5) Coordination of medical first response and medical dispatch. All 911 fire and EMS responders in the County are dispatched by the City of Portland 9-1-1 Dispatch Center (Bureau of Emergency Communications). MC EMS assures that the 911 medical dispatch protocols are consistent with the care provided by the EMS providers. The fire departments of Portland, Gresham, Portland International Airport, and volunteer fire districts throughout the County provide medical first response to 911 calls. 911 ambulance transport is provided by American Medical Response (AMR) Multnomah County.

Additionally, MC EMS coordinates major event planning, medical equipment specifications, liaison and coordination with local hospitals, and emergency medical services disaster response in the county. The Program's visibility within public safety contributes to citizens feeling safe.

In the coordination of these services, MC EMS ensures timely medical response is available to all County residents and visitors experiencing a medical emergency and emphasizes collaborative coordination of services by multiple public and private agencies.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Ambulance response times - 8 min. 90% of calls	90.1%	90.0%	90.1%	90.0%
Outcome	Cardiac arrest survival to hospital	40.0%	32.0%	40.0%	33.0%

Performance Measure - Description

The major ambulance contract performance measure is the percentage of urban 911 emergency calls in which the ambulance arrives on scene in 8:00 minutes or less.

Cardiac arrest survival to hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. It requires an integrated response system to achieve good patient outcomes, including access to 911, bystander CPR, timely first response, and effective EMS transport to the hospital. This single benchmark is one of the best measurements of the overall quality and integration of the EMS system in the community. This medical outcome is benchmarked against other communities. Current year estimates of cardiac arrest survival are best estimates with the data available. Program measure change: The "Cardiac arrest survival to hospital discharge" measure is no longer being used as an EMS program measure because hospital outcome data for these patients is not available. The data was available in previous years a grant and because the EMS program does not currently participate in the grant, the data is no longer assessible.

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	2013	2013	2014	2014
Personnel	\$728,573	\$0	\$766,110	\$449,565
Contracts	\$737,363	\$0	\$789,096	\$0
Materials & Supplies	\$270,295	\$0	\$166,368	\$25,080
Internal Services	\$78,545	\$0	\$96,036	\$0
Total GF/non-GF:	\$1,814,776	\$0	\$1,817,610	\$474,645
Program Total:	\$1,814,776		\$2,292,255	
Program FTE	5.40	0.00	5.40	4.00
Program Revenues				
Fees, Permits & Charges	\$975,486	\$0	\$1,627,593	\$0
Intergovernmental	\$612,290	\$0	\$70,017	\$474,645
Other / Miscellaneous	\$227,000	\$0	\$120,000	\$0
Total Revenue:	\$1,814,776	\$0	\$1,817,610	\$474,645

Explanation of Revenues

All costs of the program are recovered from licenses, fees, and reimbursement for supplies and training for other jurisdictions. The fees are established and collected through revenue agreements with AMR and other jurisdictions in Multnomah County. The County ambulance contract and MCC 21.400 provide the authority for MC EMS to levy fines for substandard performance. The fines fund system improvements for EMS providers.

Additionally, MC EMS has received a Health Commons Grant for the innovation program described below.

Ambulance license: \$28,000

Franchise fee: \$898,191

Supply and joint training reimbursements: \$771,419

Fines: \$120,000

Health Commons Grant: \$474,645

Significant Program Changes

✓ Significantly Changed

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

MC EMS received grant funding through the regional Health Commons Grant for an innovation program. The grant supports the Oregon health care transformation movement. The Innovation Program employs four Licensed Clinical Social Workers (LCSWs) to reduce the number of patients who frequently call 911 and would be better served by alternative health care resources such as primary care physicians, behavioral health services, addiction and clinic services. Social workers work together with EMS response agencies to identify program candidates, perform patient assessments in field settings, determine and implement intervention strategies that reduce unnecessary calls to 911, improve the patient's health care experience, improve the patient's health, and reduce medical costs. The EMS innovation program is also working to extend the grant-funded services into adjacent counties.



Lead Agency: Health Department

Program Contact: Justin Denny

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

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

Program Description

Responding to emergencies with severe health impacts (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department Incident Management Teams; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts).

Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate a public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

This program offer relates to the Climate Action Plan items 17-1, 17-2, and 17-3; specifically, implementing the new Public Health Adaptation Plan. Minimal resources are available for this participation.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of Incident Management Team members trained & annually exercised	181	240	211	211
Outcome	Centers for Disease Control's technical assistance review score	97.0%	90.0%	97.0%	99.0%
Outcome	Improved health emergency response	100.0%	95.0%	98.0%	98.0%
Quality	Program satisfaction	100.0%	95.0%	98.0%	98.0%

Performance Measure - Description

- 1) Output: # of Incident Management Team members trained & annually exercised.
- 2) Outcome: Centers for Disease Control's technical assistance review score.
- 3) Outcome: Regional stakeholders expressing program has improved health emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities using a Likert scale.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$529,313	\$0	\$489,213
Contracts	\$0	\$23,459	\$2,000	\$31,221
Materials & Supplies	\$0	\$24,322	\$8,595	\$5,467
Internal Services	\$0	\$150,357	\$33,862	\$152,999
Total GF/non-GF:	\$0	\$727,451	\$44,457	\$678,900
Program Total:	\$727,451		\$723,357	
Program FTE	0.00	4.60	0.00	4.16
Program Revenues				
Indirect for dep't Admin	\$45,118	\$0	\$43,070	\$0
Intergovernmental	\$0	\$727,451	\$0	\$678,900
Total Revenue:	\$45,118	\$727,451	\$43,070	\$678,900

Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via Oregon DHS. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority (OHA).

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$331,500
 OHA, Health Security, Preparedness, and Response Program: \$347,400
 County General Fund: \$44,457

Significant Program Changes

Last year this program was: #40005, Public Health and Regional Health Systems Emergency
 The Centers for Disease Control Advance Practice Center (APC) grant ended Sept 30, 2012. The funding for FY 13 was \$80,694 and supported 2 part-time positions at .25 FTE each. The APC grant supported the research, creation and evaluation of emergency preparedness and response tools that were shared on a national forum. The changes impact the public and partnerships locally, regionally, statewide and nationally by no longer facilitating the creation and sharing of emergency preparedness tools that are essential to meet community level needs in an emergency. The Emergency Preparedness and Response staff have committed to the CDC to provide access to the tools that were created by the MCHD/APC staff to all those who request them. An additional .06 FTE was added to an existing Program Specialist Sr position and is funded from increased funding through a intergovernmental agreement (IGA)with the State of Oregon and reflects the funding in the latest IGA amendment.



Lead Agency: Health Department

Program Contact: Lila Wickham

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

This fee-supported program reduces risk to county residents and visitors from disease and injury by investigating food and waterborne disease, educating the public about food safety, and performing routine inspections of licensed facilities (restaurants, food carts, swimming pools, hotels, child care centers, adult foster care, correctional facilities and small public drinking water systems). Participation in an FDA Food Standardization program helps to align the program with national standards for critical food safety issues. The inspection program received an outstanding rating during the most recent triennial review in 2011.

Program Description

Inspected Facilities: The Health Inspections program has responsibility for assuring the health and safety of 4,075 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive more than one inspection per year. **Swimming pools & spas:** The program inspects and licenses 564 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 ADA public pool lift requirements will require increased education with pool and spa operators to facilitate compliance). **Schools, Child and Adult Foster Care Facilities:** The program inspects 860 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 public health emergency response. Multnomah County has significantly less food borne illness outbreaks than other counties. **Food Handler Training and Certification:** Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support equity and entry into the workforce. Emergency contact information has been gathered for over 7,000 facilities. A monthly newsletter/blog is distributed electronically and available on the web to food operators, regulators and community members.

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 (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of licenses issued	7,090	8,182	6,717	6,610
Outcome	Priority & Priority Foundation Violations	5,693	5,938	6,360	7,224
Output	Facility inspections	14,201	14,989	14,882	14,258
Output	Total number certified Food Workers eligible for employment	12,732	13,882	12,138	12,768

Performance Measure - Description

Output: Licenses issued excludes facilities inspected but not licensed (schools, day care centers, etc.). Changes to Temporary Restaurant rules in HB 2868, impacted the number of licenses issued. Licenses directly reflect program workload. **Outcome:** Priority and Priority Foundation violations are items noted during inspections that can directly affect the health and well being of the consumer, leading to elevated food safety risk and requiring immediate correction. Prior to the adoption of the new food code on September 4, 2012, these violations were labeled as Critical Violations. **Output:** Facilities (e.g. restaurants, mobile units, vending machines, temporary event units, schools, child-care facilities, tourist accommodations) inspected on-site. **Output:** This reflects the number of people who completed certification. The certificate is a 3-year certificate and makes food workers employable in the food industry. On-line and on-site Food Handler training and testing provides workers with knowledge about preventing disease transmission to food consumers. Decrease in Food Handlers certified is primarily a result of the economic downturn and more competitive web sites issuing food handler cards and are not expected to recover significantly.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,545,106	\$20,700	\$2,733,322	\$75,270
Contracts	\$177,963	\$0	\$243,303	\$3,000
Materials & Supplies	\$164,642	\$172	\$95,994	\$6,665
Internal Services	\$460,090	\$1,843	\$408,492	\$7,780
Total GF/non-GF:	\$3,347,801	\$22,715	\$3,481,111	\$92,715
Program Total:	\$3,370,516		\$3,573,826	
Program FTE	26.50	0.20	27.02	0.72
Program Revenues				
Indirect for dep't Admin	\$1,409	\$0	\$5,946	\$0
Fees, Permits & Charges	\$3,253,712	\$0	\$3,312,358	\$0
Intergovernmental	\$0	\$22,715	\$0	\$92,715
Total Revenue:	\$3,255,121	\$22,715	\$3,318,304	\$92,715

Explanation of Revenues

The Health Inspections and Education program is funded by inspections fees set by ordinance (Chapter 21 MC Ordinance 08-140). The fees for services provided to the public shall be generally based on the cost of providing the services. In FY 2013 the Inspections Program received a 5-year, \$70,000 per year, FDA grant to focus on Hazard Analysis Critical Control Points (HACCP) principles. This grant will support operators to understand where the greatest food safety risks exist.

Fed/State Drinking Water grant: \$22,715

FDA grant: \$70,000

Food Handler fees: \$123,723

Inspection fees: \$3,188,635

Significant Program Changes

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

#40007 Health Inspection and Education

On September 4, 2012, Oregon adopted the 2009 FDA Food Code. For the remainder of Fiscal Year 2013, inspectors educated operators on 12 new violations without impacting the overall restaurant inspection score. On July 1, 2013, these 12 violations will impact restaurant inspection scores. We anticipate increased re-inspections to result from this change. Changes to Temporary Restaurant rules, as a result of HB 2868, impacted the "number of licenses issued" and the number of Operational Plan Reviews conducted. The Inspections database, FirstStar, is an Access database that is no longer supported by County Information Technology (IT). A new web-based program has been recommended to replace FirstStar.



Lead Agency: Health Department

Program Contact: Chris Wirth

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

This 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 (e.g. Hantavirus, West Nile virus (WNV)). Climate changes in the NW, such as warming winter temperatures, increase in rainfall, and urban landscape management will increase the risk of vector-borne diseases. Intervention strategies include surveillance, analysis, proactive control/abatement of rodent and mosquito populations and public education. Program includes enforcement of nuisance codes. The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

Program Description

Multnomah County's climate supports an 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 the county in the 1930's when malaria was endemic. In 2012, eight counties in Oregon reported 87 mosquito-cases of West Nile Virus – a significant increase since last year. Additionally, the county had a human case which was acquired out-of-state. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A recent survey in the county rat population showed Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector Control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

Objectives: Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector-borne diseases such as Hantavirus and West Nile Virus. Perform laboratory analysis on rats and mosquitoes to determine what species carry disease, their preferred habitats, and population size. Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitats. Educate the average citizen and vulnerable people about preventing vectors and their habitats through community meetings, pamphlets and the media.

Components: Mosquito Control – majority of funds/staffing. Rodent Control - primary service provider for rodent control countywide. Nuisance Code Enforcement – addresses public health code violations, esp. restaurant enforcement, dumping and harboring specified animals (e.g., bees, livestock, and birds).

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of acres treated for mosquitoes	5,825	3,700	4,000	4,200
Outcome	Mosquitoes prevented (In billions)	29	19	20	21
Efficiency	Number of acres treated for mosquitoes per FTE	1,165	740	800	840
Output	Number of rodent inspections conducted	935	845	850	850

Performance Measure - Description

1) Output: Total acreage where mosquito suppression activities occurred is subject to variance in weather patterns, seasonal flooding, characteristics, presence/absence of disease. 2) Outcome: Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water multiplied by number of acres treated estimates mosquitoes prevented (to nearest whole number). 3) Efficiency: Total acreage treated per FTE. Five FTE were used to treat for mosquitoes in all reported years' calculations. 4) Output: On-site inspections stemming from rodent complaints 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; MC 2011-129; NPDES General Aquatic Permit for Mosquito Control 2300A, Indoor Air Quality Act MC 21.500; 6 contractual mandates include grants, contracts, Federal, regional and local mandates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$957,761	\$0	\$936,528	\$0
Contracts	\$61,350	\$0	\$61,000	\$0
Materials & Supplies	\$124,840	\$0	\$100,167	\$0
Internal Services	\$172,738	\$0	\$193,983	\$0
Total GF/non-GF:	\$1,316,689	\$0	\$1,291,678	\$0
Program Total:	\$1,316,689		\$1,291,678	
Program FTE	10.50	0.00	9.90	0.00
Program Revenues				
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Intergovernmental	\$235,166	\$0	\$235,166	\$0
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Total Revenue:	\$236,666	\$0	\$236,666	\$0

Explanation of Revenues

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

County general fund: \$1,055,012

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

Agreements with other state/local jurisdictions: \$11,166

Fees from permits and fines: \$1,500

Significant Program Changes

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

The Vector Control and Code Enforcement programs will experience overall decrease in contracted revenue from Washington County as they have elected to provide services to their residents through Washington County Health Department. Program FTE were reduced to accommodate the revenue reduction and personnel cost increases that were primarily a result of COLA and step increases. This change and a reduction in materials and supplies will result in reduced acreage controlled/surveyed for vectors and their disease, such as various municipal parks and K-12 schools in Multnomah County. Rodent control inspections to the citizens of Multnomah County will be limited to approximately one consultation visit, and education and outreach will be prioritized and reduced. The Oregon State Fair project and ad hoc education and outreach will be performed as staffing allows.

The Vector Control and Code Enforcement programs will use the input from their citizen advisory committee, program staff and management to prioritize core functions as best as possible to minimize impacts to clients/staff. Plans include the following: a) assure revenues match costs for services for all contracts and promote new contracts where possible; b) mosquito control/surveillance will prioritize services to focus on areas of the county that have the largest impact/risk of vector-borne disease, and c) a limit will be set for the provision of rodent control materials at a single address.



Lead Agency: Health Department

Program Contact: Lila Wickham

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of birth and death certificates issued	39,194	40,715	39,858	40,293
Outcome		0	0	0	0
Efficiency	Average number of days to issue error free certificate	1	1	1	1

Performance Measure - Description

1) Certificates issued: Measures program volume.

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$485,608	\$0	\$465,332
Contracts	\$0	\$20,725	\$0	\$15,845
Materials & Supplies	\$0	\$20,162	\$0	\$18,783
Internal Services	\$2,181	\$105,127	\$0	\$131,517
Total GF/non-GF:	\$2,181	\$631,622	\$0	\$631,477
Program Total:	\$633,803		\$631,477	
Program FTE	0.00	5.70	0.00	5.36
Program Revenues				
Indirect for dep't Admin	\$39,175	\$0	\$40,494	\$0
Fees, Permits & Charges	\$0	\$631,622	\$0	\$631,477
Total Revenue:	\$39,175	\$631,622	\$40,494	\$631,477

Explanation of Revenues

This is a fee driven, self-sustaining program. Despite the weakened economy, revenue appears to be stable. Per ORS 432.146, fees for records are established by the Oregon Health Authority, subject to the review of the Oregon Department of Administrative Services, and authorized by the Legislative Assembly. Fees (for both birth and death certificates) are \$20 for the first certificate ordered and \$15 for additional copies ordered at the same time (OAR 333-011-0106). Fees were last increased in 2003.

Death Certificate Fees: \$485,759

Birth Certificate Fees: \$145,718

Significant Program Changes

Last year this program was: #40009, Vital Records

Portions of FTE and personnel costs from 3 positions were transferred within Environmental Health to reflect projected changes in workload and work responsibilities. There will be no impacts to clients and services.



Lead Agency: Health Department

Program Contact: Amy Sullivan

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

Communicable Disease Services (CDS) protects the health of our community by responding to reportable communicable diseases with prompt disease investigation and by limiting the spread of these diseases in the population through assuring treatment as needed. We uphold and enforce Oregon state statutes requiring investigation of and response to dozens of reportable diseases varying from tuberculosis (TB) and pertussis to E. coli O157 and anthrax. We respond 24/7 to events of public health importance.

Program Description

CDS directly provides services that limit the spread of life-threatening infectious diseases using tools that have been the backbone of public health for over 100 years. The program conducts investigations that find people who have been exposed to serious diseases, to make sure they can get the information and care they need to stay healthy. To prevent these diseases before they start, we work with communities to provide education and screening. For people who already have diseases like TB, we assure access to medicine. For healthcare providers, we assure the availability of appropriate diagnostic testing by providing a link to state and national laboratories that test for rare pathogens.

Staff includes highly-trained public health nurses and epidemiologists supported by health assistants, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and state reporting rules. Staff come from several cultural and linguistic groups. The program works closely with other Health Department programs, including Environmental Health and the Office of the Health Officer; and provide educational opportunities for public health and nursing students to develop tomorrow's public health professionals. Examples of the types of work we do are as follows:

- *Comprehensive TB prevention and control activities provided through clinic and home visits, nursing case management, and TB screening. Includes state and federally mandated follow-up with newly arrived refugees or immigrants who may have TB infection, and working with homeless shelters to identify TB in large congregate living settings.

- *Epidemiologic investigation, health education, and provision of preventive health measures in response to reportable disease exposures and outbreaks, including collaboration with state, national, and international officials as needed, and with law enforcement when an intentional cause is suspected.

- *Occupational health measures related to blood-borne pathogens, TB exposure, and post-exposure prophylaxis for employees to meet county OSHA requirements.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Disease report responses	6,480	5,100	6,411	6,400
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	100.0%	90.0%	94.7%	90.0%

Performance Measure - Description

1) Output—All disease reports and suspect case referrals received, processed and responded to. 2) Outcome—Reflects effectiveness of case contact investigation and response to life-threatening diseases. 3) Quality—Measures reflect standards, and are reported to the state for TB patients completing treatment within 12 months as set by Oregon & CDC: standard 90%.

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,104,156	\$793,310	\$2,205,170	\$644,911
Contracts	\$0	\$40,254	\$0	\$35,508
Materials & Supplies	\$10,580	\$85,215	\$7,654	\$103,840
Internal Services	\$169,514	\$334,969	\$48,896	\$476,019
Total GF/non-GF:	\$2,284,250	\$1,253,748	\$2,261,720	\$1,260,278
Program Total:	\$3,537,998		\$3,521,998	
Program FTE	20.43	7.75	20.77	4.88
Program Revenues				
Indirect for dep't Admin	\$77,762	\$0	\$74,066	\$0
Fees, Permits & Charges	\$0	\$47,399	\$0	\$32,913
Intergovernmental	\$0	\$1,137,063	\$0	\$1,154,979
Other / Miscellaneous	\$0	\$69,286	\$0	\$72,386
Total Revenue:	\$77,762	\$1,253,748	\$74,066	\$1,260,278

Explanation of Revenues

CD is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the Oregon Health Authority. Hepatitis C Registry funding that was eliminated in FY 2013 will not be renewed. No replacement funding has been identified.

Refugee grant, Hepatitis B grant: \$125,000;

State of Oregon LPHA: \$984,749

Patient Fees: \$150,529;

County general fund: \$2,261,720

Significant Program Changes

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

FTE were reduced due to flat or decreasing revenue, to COLA/merit/step increases for staff and to the need to continue to meet statutory requirements.

Chronic Hepatitis B & C Surveillance and Investigation experienced the end of CDC funding for Hepatitis C surveillance and the end of a tri-county Perinatal Hepatitis B Case Management agreement. A one-year CDC funded Hepatitis B Linkage to Care grant (to September 2013) was added. Capabilities lost include interviews of young adults with reported Hepatitis C and routine Hepatitis C risk factor data collection from provider offices.

General Communicable Disease Surveillance and Investigation is experiencing increased volume and complexity of our infectious disease caseload since 2009 -- from pandemic influenza to a resurgence of pertussis and widespread norovirus and influenza outbreaks in more recent months. This rapidly changing environment requires an addition of a 0.50 FTE Research Evaluation Analyst, Sr. to strengthen case and outbreak investigation capabilities and improve local disease response capacity.



Lead Agency: Health Department

Program Contact: Kim Toevs

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of community outreach/health promotion encounters	46,533	45,000	47,000	40,000
Outcome	% of ALL county gonorrhea/syphilis/HIV cases diagnosed through this program	31.8%	30.0%	31.6%	30.0%
Quality	% of gonorrhea/syphilis/HIV cases investigated	89.7%	90.0%	85.0%	90.0%
Output	# of STD clinical encounters (visit/phone results)	13,781	12,500	13,000	6,750

Performance Measure - Description

✓ Measure Changed

1. This performance measure quantifies the amount of community-based work the program provides each year.
2. This performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV. This measure also demonstrates the program's capacity to target services to those at highest risk for STDs.
3. The 90% goal is negotiated with the Oregon State STD Program, and is comparable to benchmarks set by other states nationally.
4. This measure quantifies the amount of clinical service the program provides each year. For FY14 the measure will change to include all STD/HIV testing, treatment, and immunization visits, whether at main clinic or community sites. It will exclude encounters that are not face-to-face (such as "phone results" --interactions to discuss lab results and follow-up).

Legal/Contractual Obligation

ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A requires local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances. CHAT grant requires training 15 youth peer educators through African American houses of faith.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,055,147	\$383,664	\$1,935,760	\$601,621
Contracts	\$149,571	\$390,484	\$339,578	\$271,698
Materials & Supplies	\$178,694	\$107,353	\$144,550	\$174,744
Internal Services	\$288,136	\$296,224	\$310,236	\$340,631
Total GF/non-GF:	\$2,671,548	\$1,177,725	\$2,730,124	\$1,388,694
Program Total:	\$3,849,273		\$4,118,818	
Program FTE	20.85	4.10	18.50	6.30
Program Revenues				
Indirect for dep't Admin	\$73,045	\$0	\$89,052	\$0
Fees, Permits & Charges	\$0	\$115,988	\$0	\$125,822
Intergovernmental	\$0	\$1,043,737	\$0	\$1,244,872
Other / Miscellaneous	\$0	\$18,000	\$0	\$18,000
Total Revenue:	\$73,045	\$1,177,725	\$89,052	\$1,388,694

Explanation of Revenues

STD/HIV/Hep C is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA, the Oregon Health Authority, medical fees and the county general fund.

Federal Ryan White grant: \$46,141; Fed/State HIV/STD/VD Prevention grant: \$898,964

State HIV Prevention Technology grant: \$58,871; State Support for Public Health grant: \$162,347; Medical fees: \$174,371; Cascade AIDS Project: \$18,000; Federal youth educator grant: \$30,000; and County General Fund: \$2,730,124

When the budget was adopted, additional revenue was added to this program offer. \$65,000 of ongoing general fund for the needle exchange program and \$31,714 increase to the HIV Prevention Block grant.

Significant Program Changes

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

Multnomah County sees level or slight funding increases in HIV prevention while the state as a whole declines. Outreach service hours will be cut and focus will be on testing and linkage to care. The program has received grants for peer recruitment into testing among men who have sex with men and for developing a youth peer educator/CHS program among African American houses of faith. An increased emphasis is placed on HIV testing and linkage to care for HIV+ individuals. Staffing changes were made to strengthen this focus, and a new position was created to maintain early access to care for HIV+ cases to meet the increased need for case investigation of STDs (primarily syphilis). Outreach and group education services will be reduced while testing and linkage to care will be maintained/increased.

\$65,000 for needle exchange included as part of the City/County agreement to backfill City of Portland reductions.



Lead Agency: Health Department

Program Contact: Kim Toevs

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

HIV Care Services Program coordinates a regional 6 county care system that promotes access to high quality HIV services through contracts with health departments and community organizations. HCS funded services include:

Early Intervention: Outreach ensures early identification and treatment.

Care: A coordinated primary care system provides medical, dental, mental health and substance abuse treatment.

Service Coordination: Case management connects clients with health insurance, housing, and other services critical to staying in care.

Basic Needs: Housing focuses on building life skills and access to permanent housing.

Health Promotion: Behavioral education provides clients with self-management skills.

Planning: A community-based council does service planning. Over the past three years, the number of persons living with AIDS has increased 15.3%. HCS clients continue to be severely affected by poverty, lack of stable housing, and reductions in insurance and medication programs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of unduplicated HCS clients served (all srv types/whole 6-county system)	2,910	2,450	2,950	2,450
Outcome	% of uninsured HCS clients who gained insurance	69.4%	70.0%	62.5%	90.0%
Output	# of unduplicated HIV Clinic clients	1,139	1,150	1,185	1,150
Quality	% of HIV clinic clients who do not progress to AIDS	99.6%	95.0%	98.0%	95.0%

Performance Measure - Description

Measure Changed

2) Measure changed. % of uninsured HCS clients who gained insurance is a measure of efforts the medical case management system makes to assist clients to maintain coverage and thus access to care. Current measure is difficult to calculate and not very accurate due to variation in data sources. Next year's offer is based on new calculations of medical case management clients reporting medical coverage at last visit.

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

Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) 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	2013	2013	2014	2014
Personnel	\$251,215	\$2,981,279	\$219,458	\$2,999,157
Contracts	\$0	\$2,495,438	\$72,801	\$2,634,555
Materials & Supplies	\$44,461	\$126,625	\$18,830	\$163,421
Internal Services	\$106,913	\$722,232	\$27,067	\$865,207
Total GF/non-GF:	\$402,589	\$6,325,574	\$338,156	\$6,662,340
Program Total:	\$6,728,163		\$7,000,496	
Program FTE	2.25	26.91	3.15	24.68
Program Revenues				
Indirect for dep't Admin	\$247,035	\$0	\$276,969	\$0
Fees, Permits & Charges	\$0	\$581,526	\$0	\$573,330
Intergovernmental	\$343,593	\$5,634,048	\$322,557	\$6,014,010
Other / Miscellaneous	\$0	\$110,000	\$0	\$75,000
Total Revenue:	\$590,628	\$6,325,574	\$599,526	\$6,662,340

Explanation of Revenues

HIV Care Services receives funding from the federal Ryan White Care Act Part A grant, county general fund, federal grants, local contracts, and medical fees.

FY2014 HIV Clinic Revenue

3rd Party revenue: \$1,455,751

State/local revenue contracts: \$122,500

Federal Ryan White grant: \$2,203,346

Federal patient navigators grant: \$300,000

FY2014 CARE Services Revenue

Federal Ryan White Part A grant: \$2,903,300

County General Fund: \$15,599

Significant Program Changes

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

Ryan White grant does not adequately fund administrative costs because of restrictions in the grant. Increased fixed and personnel costs resulted in FTE reductions in vacant positions and through attrition. Caseloads continue to be very high, 250-300 patients. Less attention will be given to medium acuity patients, and fewer patients will have access to a nurse for disease management services. It is anticipated that the new CAP Network Navigators will take some work from the medical case managers by serving patients with a high need for psychosocial support. The LPNs will be doing the majority of phone and walk in triage. A plan will be developed to address the reduction in disease management services.



Lead Agency: Health Department

Program Contact: Jessica Guernsey

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Early Childhood Home Based Services provides evidence based home visiting programs to first birth parents and children. The goal is to assure that children at risk for poor health outcomes receive the support, education and resources needed to achieve optimal health during the critical early years of life. These programs include Nurse Family Partnership (NFP) and Healthy Families America (Healthy Start of Oregon). We expect to screen approximately 2,200 first birth families for eligibility for home visiting services, and to enroll approximately 400 families in NFP and over 600 families in Healthy Start.

Program Description

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

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

Healthy Start is a state wide program also serving first birth families with the overall goals to reduce child abuse/neglect, improve school readiness and promote healthy growth and development of young children up to age three years. Last year over 2,200 families received screening at the time of birth and over 700 families were referred into home visiting services. Healthy Start follows the "Healthy Families America (HFA)" model of home visiting--a best practice model delivered by highly trained staff through community-based agencies. These agencies currently include IRCO (Immigrant and Refugee Community organization), Impact NW and Insights Teen parent program. Nurse consultants provide additional health support to families and staff at these agencies. Through a continuing HRSA Maternal Infant and Early Childhood Home Visiting grant, we have served an additional 50 pregnant and parenting teens of color through our Healthy Start Teen Insights program and added funding to Early Head Start programs at Albina, Mt. Hood and Oregon Child Development Coalition.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of infants 0-12 months with developmental screening	61.0%	75.0%	63.0%	63.0%
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	52.0%	50.0%	50.0%	50.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	98.0%	98.0%	95.0%	95.0%
Output	% of Healthy Start parents who report reading to /with child at least 3X/week	94.0%	95.0%	93.0%	94.0%

Performance Measure - Description

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,796,316	\$1,795,625	\$2,451,643	\$1,250,007
Contracts	\$1,590,412	\$1,118,307	\$541,160	\$1,319,964
Materials & Supplies	\$92,205	\$84,934	\$101,384	\$48,690
Internal Services	\$218,414	\$315,914	\$264,406	\$311,026
Total GF/non-GF:	\$3,697,347	\$3,314,780	\$3,358,593	\$2,929,687
Program Total:	\$7,012,127		\$6,288,280	
Program FTE	16.15	16.80	20.95	11.90
Program Revenues				
Indirect for dep't Admin	\$122,164	\$0	\$101,613	\$0
Fees, Permits & Charges	\$0	\$666,297	\$0	\$0
Intergovernmental	\$0	\$2,648,483	\$0	\$2,896,171
Other / Miscellaneous	\$0	\$0	\$0	\$33,516
Total Revenue:	\$122,164	\$3,314,780	\$101,613	\$2,929,687

Explanation of Revenues

The Nurse Family Partnership Program (NFP) is funded by county general fund, and Medicaid fees from: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum and 2) Targeted Case Management (TCM) for infants and children up to age 5 years.

NFP Revenue Summary--Medicaid MCM: \$422,466; Medicaid TCM: \$1,043,700; fed/state maternal infant & early childhood home visiting grant: \$84,889; state/local grants: \$33,516; county general fund: \$2,623,934.

The Healthy Start Program is funded with a combination of state and federal grant funds and county general fund support. Healthy Start Revenue Summary--Healthy Start grant: \$1,225,116; Medicaid Administrative Claiming: \$120,000; county general fund \$734,659.

Significant Program Changes

Last year this program was: #40013A, Early Childhood Home Based Services

Overall supervisory time in Early Childhood Services is reduced and nursing staff levels are unchanged. ECS home visiting services is consolidating models with a move towards training more Community Health Nurses in the Nurse Family Partnership model, a best practice, outcome based, home-visiting model that we already employ. ECS has received a no-cost extension on the state home visiting grant and will be competing in a 2nd round of federal home visiting grants. The impact of the addition of NFP-trained CHNs will mean that there will be more women and families in early pregnancy. This change results in an increase in Maternity Case Management revenue.



Lead Agency: Health Department

Program Contact: Jessica Guernsey

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

The Healthy Birth Initiatives Program (HBI) is designed to reduce the historical and persistent disparities in poor birth outcomes by addressing the social determinants of health in the African American community. Core service components include community engagement, case management, health education, inter-conceptual care and depression screening and referral. A consumer-run community consortium, education/support groups, leadership development, and men's groups are unique components of HBI. Transportation and childcare support are wrap around services available to families enrolled in HBI. Case management services begin in early pregnancy and continue through the child's second birthday. Community education and engagement utilize a culturally specific approach and are open to all community members.

Children with special health care needs (infants born prematurely, of low birth weight or children with special medical conditions) who are not engaged with NFP are offered other home visiting services through our CaCoon program. The CaCoon Program helps families coordinate their children's care, develop care management skills and link to appropriate services through home visiting. Children seen in CaCoon have chronic health conditions and require more care coordination than other children (for example, more doctor visits, specialized treatments, prescription drugs, and mental health services.) Nursing consultation is provided to pregnant and parenting families enrolled in the Mt Hood Head Start program, to pregnant/parenting women involved in the corrections system as part of a multidisciplinary team including the Department of Community Justice, and to child care centers to support breastfeeding practices.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of infants 0-12 months with developmental screening	64.0%	80.0%	65.0%	65.0%
Outcome	% HBI clients will be screened for depression, DV, tobacco, WIC eligibility	91.0%	95.0%	95.0%	96.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	98.0%	98.0%	95.0%	95.0%

Performance Measure - Description

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,773,369	\$1,717,445	\$1,441,241	\$2,127,207
Contracts	\$535,292	\$148,000	\$416,859	\$405,904
Materials & Supplies	\$26,263	\$162,488	\$33,969	\$119,584
Internal Services	\$252,299	\$479,515	\$319,754	\$417,499
Total GF/non-GF:	\$2,587,223	\$2,507,448	\$2,211,823	\$3,070,194
Program Total:	\$5,094,671		\$5,282,017	
Program FTE	17.47	14.33	13.66	17.64
Program Revenues				
Indirect for dep't Admin	\$155,520	\$0	\$195,724	\$0
Fees, Permits & Charges	\$0	\$73,579	\$0	\$0
Intergovernmental	\$0	\$2,433,869	\$0	\$3,035,194
Other / Miscellaneous	\$0	\$0	\$0	\$35,000
Total Revenue:	\$155,520	\$2,507,448	\$195,724	\$3,070,194

Explanation of Revenues

Early Childhood Home/Community based services is funded by county general fund, Medicaid fees for: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum, and 2) Targeted Case Management (TCM) for infants and children up to age 5. CaCoon is a Care Coordination grant serving children with special health care needs. The HBI is funded by a federal grant.

Healthy Birth Initiative Summary-Federal Healthy Birth Initiative grant: \$850,000; Medicaid MCM: \$96,783; Medicaid TCM: \$96,560; federal grants: \$20,529; and county general fund: \$439,560.

General Field Summary-Medicaid MCM: \$282,805; Medicaid TCM: \$1,341,900; Federal CaCoon grant: \$120,000; State Babies First grant: \$83,878; Mt Hood Community College Head Start contract: \$72,850; Fed/State Maternal Infant & Early Childhood Home Visiting grant: \$84,889; other state/local grants: \$20,000, and county general fund: \$1,772,263.

Significant Program Changes

Last year this program was: #40013B, Early Childhood Home and Community Based Services

Five General Field staff will transition to NFP teams in FY14. This will not affect the overall number of families served in the community. Screening in first birth families has been less because of a decline in birth rate. The decline has happened over the last few years.

Changes in FTE are the result of an 0.80 fte increase for a Community Health Specialist 2 position under the CDC ACHIEVE grant to bridge work between family health and chronic disease prevention specific to the African American Community, ensuring that this work is seamless and efficient. Administrative and supervisory staff were reduced. A small car seat grant has been added to HBI to ensure clients receive car seats and car seat education. ECS will act as the fiscal agent for the Future Generations Collaborative (FGC) Kaiser grant (\$40,000) to develop a trauma-informed approach to support healthy pregnancies and healthy births in the Native American community.



Lead Agency: Health Department

Program Contact: Amy Sullivan

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The Community Immunization Program (CIP) contributes to a safe environment by implementing the federally subsidized Vaccines for Children (VFC) Program, and helping schools and childcare facilities comply with state school immunization rules. Our activities contribute to the community's ability to protect children from life-threatening, vaccine-preventable diseases and reduce the costs associated with these diseases.

Program Description

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. CIP ensures that the basic disease prevention needs of children are met through several interrelated program components.

*Increase access to immunizations by providing childhood immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay.

*Support a safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers by monitoring the cold chain and conducting physical inventories to meet county quality assurance requirements.

*Uphold and enforce state mandates 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, including: helping schools and other facilities maintain their licensure by facilitating mandatory reporting related to the immunization status of their students; helping parents navigate the exclusion process to prevent school exclusion; and enforcing school-exclusion law by issuing exclusion orders as needed.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of immunizations directly provided to keep children in school	1,436	1,300	1,450	1,400
Outcome	Of facilities assisted, those successful in meeting immunization law requirement	100.0%	100.0%	100.0%	100.0%
Output	Number of schools & other facilities assisted with immunization law requirements	374	370	400	390

Performance Measure - Description

Output 1: The number of children vaccinated during the two week period from the first Friday in February, when parents start receiving school exclusion letters for children who are not up-to-date, and third Friday in February, the first day on which children could actually be excluded from school.

Outcome: The percentage of the facilities we assisted which met state immunization reporting requirements, thus maintaining their licensure requirements in this area. Most of these would not have met requirements without our assistance.

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

Legal/Contractual Obligation

ORS 433.235 through 433.280

Administrative Rules in chapter 333, Division 47, 49, and 50

As of January 2013, and continuing into FY 2014, federal and state governments have increased the vaccine administration fee for VFC and 317 program vaccines (to \$21.96/vaccine administered).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$178,108	\$206,877	\$198,762	\$219,799
Contracts	\$0	\$20,919	\$6,914	\$15,743
Materials & Supplies	\$0	\$3,559,096	\$15,941	\$34,641
Internal Services	\$21,676	\$89,444	\$40,697	\$85,411
Total GF/non-GF:	\$199,784	\$3,876,336	\$262,314	\$355,594
Program Total:	\$4,076,120		\$617,908	
Program FTE	1.41	2.44	2.27	1.63
Program Revenues				
Indirect for dep't Admin	\$23,342	\$0	\$22,803	\$0
Fees, Permits & Charges	\$0	\$176,332	\$0	\$154,400
Intergovernmental	\$0	\$3,700,004	\$0	\$201,194
Total Revenue:	\$23,342	\$3,876,336	\$22,803	\$355,594

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. The estimated value of federally subsidized vaccine provided by the state formerly included (FY 2013 est. \$3,500,000) is no longer included in 40014 due to County General Ledger changes in accounting treatment.

Fed/State LPHA Immunization Special Payments grant: \$201,194

Patient Fees: \$154,400

County General Fund: \$262,314

Significant Program Changes

Last year this program was: #40014, Immunizations

The significant change to this program offer is a reduction of \$3.5 million in grants. That change reflects that County General Ledger has changed the accounting treatment such that this amount is no longer included in our operating budget. This change has no impact on the activities covered in the program.



Lead Agency: Health Department

Program Contact: Lila Wickham

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

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 impact 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. In addition, environmental investigations, case management, and advocacy for services and community education/outreach are provided by the program.

Program Description

Children who have lead poisoning can develop significant brain damage and learning disabilities, impacting normal growth and development and reducing their ability to function in school, at home and develop into an healthy adult. There are an estimated 10,000 older homes with possible exposure risk of lead paint in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead, and promote safe housing conditions.

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

The Lead Poisoning Prevention Program continues to increase its focus on outreach and education services targeting the most vulnerable populations. This program offer relies almost exclusively on grants and contracts. An electronic newsletter is distributed to community and providers quarterly.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Total # of children screened by MCHD primary care and immunization providers	3,259	3,000	3,192	3,500
Outcome	Total # of successfully identified children with EBLLs*	22	25	46	40
Output	Number of Community Members receiving information on lead prevention*	10,816	7,000	10,659	10,000
Quality	Percentage of home investigations where lead exposure risk hazards/ factors are identified for	100.0%	95.0%	100.0%	95.0%

Performance Measure - Description

Children screened: Counts lead screening services provided by Multnomah County Health Department care providers, immunization unit and MCHD outreach testing (expanded service) Medtox and Leadcare2 laboratory tests combined

*Community Information: Measure to quantify reach of program through phone counseling, referral, educational materials, website and community events

**Children with EBLL: Elevated Blood Lead Levels (EBLL) found during screening by a health care providers within Multnomah County. EBLL investigation criteria changed from 15 mg/dl to 10 mg/dl. Health Department proactively began investigating children with lead levels over 5 mg/dl in FY 2011. Intervening at a lower lead level should prevent more severe cases. Since the lead action level has lowered we have had increased EBLL referrals and investigations

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$112,688	\$9,598	\$139,490
Contracts	\$2,370	\$0	\$0	\$0
Materials & Supplies	\$6,943	\$0	\$217	\$17,205
Internal Services	\$11,788	\$24,312	\$37,602	\$23,305
Total GF/non-GF:	\$21,101	\$137,000	\$47,417	\$180,000
Program Total:	\$158,101		\$227,417	
Program FTE	0.00	0.90	0.10	1.20
Program Revenues				
Indirect for dep't Admin	\$8,497	\$0	\$11,543	\$0
Intergovernmental	\$0	\$137,000	\$0	\$180,000
Total Revenue:	\$8,497	\$137,000	\$11,543	\$180,000

Explanation of Revenues

City of Portland Leadline grant: \$175,000

State Leadline grant: \$5,000

County General Fund: \$47,417

Significant Program Changes

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

The scope and reach of the Lead Poisoning Prevention Program has increased due to new contracts. FTE is increased by 0.40 FTE to respond to contractual requirements. The Lead Poisoning Prevention program expects to increase the number of investigations to 40 a year.

In 2012, the Multnomah County Leadline program began investigating children with lead levels at 5 in order to be proactive and intervene to eliminate sources of lead in the home. Although the official action level for dangerous blood level remains at 10, the CDC Lead Poisoning advisory committee has recommended the action level be lowered to 5 because this level is deemed as dangerous for children 6 and under as well as the unborn.

There is a significant increase in the education and outreach associated with this change in action level. This increased workload is reflected in the output measure of community members receiving information about lead poisoning prevention. Partnering with WIC and various Head Starts to target at-risk populations has generated more interest and screening.

Improvements in telephone systems and websites have increased efficiency in responding to calls and generating community interest.

The Josiah Hill Clinic (JHC), a community based partner organization, redefined their priorities and are no longer performing lead testing. The JHC Portland Water Bureau contract was transferred to Multnomah County. Increased community based testing will occur.

**Lead Agency:** Health Department**Program Contact:** Dawn Shatzel**Program Offer Type:** Existing Operating**Related Programs:****Program Characteristics:** Backfill State/Federal/Grant

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Annual number of clients screened	11,181	36,780	13,394	14,000
Outcome	Uninsured children in Multnomah County insured through program	5,052	5,500	3,693	4,000

Performance Measure - Description

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

Reviewed the current year purchased amount of 36,780 clients screened and have amended our reporting process. The previous count included other financial screening/application support (not OHP exclusively).

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	2013	2013	2014	2014
Personnel	\$220,852	\$851,137	\$242,281	\$968,924
Contracts	\$5,770	\$0	\$0	\$2,800
Materials & Supplies	\$2,687	\$13,541	\$14,584	\$594
Internal Services	\$60,123	\$157,599	\$31,677	\$176,295
Total GF/non-GF:	\$289,432	\$1,022,277	\$288,542	\$1,148,613
Program Total:	\$1,311,709		\$1,437,155	
Program FTE	2.40	11.00	3.00	11.55
Program Revenues				
Indirect for dep't Admin	\$63,405	\$0	\$73,656	\$0
Intergovernmental	\$0	\$1,022,277	\$0	\$1,148,613
Total Revenue:	\$63,405	\$1,022,277	\$73,656	\$1,148,613

Explanation of Revenues

Medicaid/Medicare Eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. Compensation is related to the receipt and initial processing of applications for individuals, including low-income pregnant women and children, to apply for Medicaid at out station locations other than state offices. DMAP provides compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The revenue is based on actual expenses from FY2012. DMAP disallows the cost of supervision, office support and interpretation services. General fund backfills expenses not covered by state funding. The rate for FY2014 is \$6.69 per visit and the medical fee revenue is based on 171,691 visits.

Medical fees: \$1,148,613
 County general fund,: \$288,542

Significant Program Changes

Last year this program was:

A Program Supervisor was eliminated and Program Specialist was added to this program. Oversight and support provided by the Program Specialist will allow eligibility staff to maximize number of screening appointments they can make. Revenue for this program offer increased because the number of visits increased.



Lead Agency: Health Department

Program Contact: Alyssa Franzen

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Dental Services provides Multnomah County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. The Dental Program works with many community partners, targeting underserved populations, and providing a service to nearly 15,000 uninsured children in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in Multnomah County; MCHD provides unique child based services to uninsured and under-insured clients and focuses on access for chronic disease patients as well as pregnant women and children due to the link with early childhood cavity prevention; the program uses evidence based practice guidelines. The Dental Services program is supported in part by serving members of dental care organizations (DCO's) with OHP membership. We are currently the largest provider organization caring for CareOregon Dental plan members.

Program Description

The Dental program has three distinct service components. Six dental clinics provide comprehensive dental treatment for Medicaid (Oregon Health Plan) and uninsured patients. The clinics include outreach to uninsured patients with chronic health conditions seeking care at primary care sites. The clinical program also focuses on services for pregnant women because recent research indicated that dental hygiene and periodontal services provided during pregnancy may decrease preterm delivery and improves infant health outcomes. The School and Community Oral Health Program provides dental education, fluoride tablets, and dental sealant services to children in Multnomah County schools, and provides outreach, education, and dental treatment specifically to children 0-24 months in our clinic setting. 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. Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable population.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Billable patient visits	64,322	65,423	65,423	65,470
Outcome	Percentage patients who complete treatment plan within 12 months	58.0%	60.0%	60.0%	60.0%
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	68.0%	75.0%	75.0%	75.0%

Performance Measure - Description

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

Outcome: New measure; percentage of patients who complete treatment plan within 12 months. "Completing the treatment plan" measures our ability to keep patients engaged in comprehensive care (may require multiple visits over time) to maintain good oral health. Quality: % of patients who would strongly agree to recommend clinic to family or friends

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	2013	2013	2014	2014
Personnel	\$6,552,945	\$4,179,674	\$10,792,711	\$628,257
Contracts	\$83,853	\$312,233	\$402,300	\$172,608
Materials & Supplies	\$242,408	\$850,957	\$226,388	\$778,519
Internal Services	\$1,030,229	\$1,661,818	\$1,594,115	\$1,324,243
Total GF/non-GF:	\$7,909,435	\$7,004,682	\$13,015,514	\$2,903,627
Program Total:	\$14,914,117		\$15,919,141	
Program FTE	68.77	30.78	93.55	5.64
Program Revenues				
Indirect for dep't Admin	\$434,453	\$0	\$186,198	\$0
Fees, Permits & Charges	\$0	\$291,676	\$0	\$277,740
Intergovernmental	\$7,616,419	\$6,635,006	\$12,815,050	\$2,547,887
Other / Miscellaneous	\$0	\$78,000	\$0	\$78,000
Total Revenue:	\$8,050,872	\$7,004,682	\$13,001,248	\$2,903,627

Explanation of Revenues

The primary source of revenue is Medicaid funds. Additional revenue is received from the Primary Care 330 federal grant, general fund (to support Billi Odegaard services for the homeless)and patient fees.

Medicaid fees: \$14,909,107

Primary Care 330 grant: \$453,830

Patient fees: \$277,740

Kaiser Oral Health grant: \$78,000

General Fund (Billi Odegaard): \$200,464

Significant Program Changes

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

The program offer incorporates FY13 program offer 40017B - Dental Services Downtown Dental. The program offer includes the full year costs of operations and revenue for the new Billi Odegaard clinic which offers services to residents living in the downtown area who experience a variety of barriers to care. Also included is on-going costs required to support Electronic Dental Records.

MultiCare Dental was transitioned to our partner, CareOregon in August 2012, so that we could focus on our expertise-- dental care delivery and clinical and operational quality. We also evaluated and learned that the cost of implementing the required infrastructure for running a managed dental care organization under health transformation moved us further away from our core business of delivering quality clinical care to under-served clients.



Lead Agency: Health Department

Program Contact: David Brown

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

The Women, Infants and Children Program (WIC) serves lower-income pregnant, post-partum and breastfeeding women, infants and children under age five who have health or nutrition risks. WIC sees every participant at least four times per year to provide individual growth and health assessments, education on nutrition and physical activity, nutritious foods purchased with WIC vouchers, breastfeeding education and support, and referrals to other preventive health and support services.

Program Description

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

WIC provides access to other support services include prenatal and other medical care, immunizations, Head Start, housing and day care assistance, social services, etc. Children whose mothers participated in WIC during pregnancy had better vocabulary test scores than those that did not participate.

The program leverages federal funds to pay for almost 78% of costs. WIC served over 30,000 clients last year. WIC provides referral services to other valuable community programs. It is a hub that connects families with needed services for easy access and seamless service.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Average number of clients served each month	19,400	19,500	19,511	19,000
Outcome	% of mothers initiating breastfeeding on WIC	90.1%	88.1%	90.0%	89.0%
Outcome	Show rate for WIC nutrition education follow-up	70.0%	66.0%	68.0%	69.0%
Outcome	Children at risk of anemia (2-5 year olds)	0.0%	13.6%	13.6%	13.0%

Performance Measure - Description

✓ Measure Changed

Output: Average number of clients served each month measures the average number of clients receiving WIC food vouchers. Outcome: % of mothers who initiated breast feeding after delivery - Data Source: WIC TWIST system. Outcome: return for education required each six months to continue participation - Data Source: WIC TWIST system. Outcome: children with lower than recommended hemoglobin levels - Data source: WIC Performance Measures, Oregon health Authority. This is a new measure for FY13-14. Anemia/low hemoglobin reduces the ability for children to learn.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$930,336	\$2,485,888	\$812,323	\$2,554,141
Contracts	\$0	\$0	\$9,755	\$11,532
Materials & Supplies	\$32,131	\$54,012	\$54,225	\$20,055
Internal Services	\$275,939	\$600,931	\$409,243	\$555,103
Total GF/non-GF:	\$1,238,406	\$3,140,831	\$1,285,546	\$3,140,831
Program Total:	\$4,379,237		\$4,426,377	
Program FTE	7.69	32.86	8.20	33.06
Program Revenues				
Indirect for dep't Admin	\$194,806	\$0	\$201,409	\$0
Intergovernmental	\$0	\$3,140,831	\$0	\$3,140,831
Total Revenue:	\$194,806	\$3,140,831	\$201,409	\$3,140,831

Explanation of Revenues

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

Fed/State WIC grant: \$2,919,032

Fed/State WIC Breastfeeding/Peer Counselors grant: \$221,799

County General Fund: \$1,285,546

Significant Program Changes

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

The changes in FTE and personnel costs are an increase to the FTE of two part-time Community Health Specialist 1 positions in the Breastfeeding Peer Counselor Program due to the high volume of clients.



Lead Agency: Health Department

Program Contact: Courtney Craigan

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care, enabling and behavioral health services to vulnerable residents who are uninsured or under-insured and otherwise may not have access to medical care.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	15,118	17,756	16,382	18,234
Outcome	% of children who are up to date on immunizations at 35 months of age	71.1%	85.0%	81.0%	85.0%
Efficiency	Number of days for a new patient appointment	2	7	1	2
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	60.0%	75.0%	68.0%	70.0%

Performance Measure - Description

Output: Total number of client visits.

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

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

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

Performance Measures Variance Explanation:

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,658,079	\$1,514,258	\$1,724,185	\$1,363,707
Contracts	\$0	\$39,721	\$0	\$46,686
Materials & Supplies	\$4,508	\$135,775	\$20,295	\$122,061
Internal Services	\$202,332	\$692,369	\$199,584	\$764,029
Total GF/non-GF:	\$1,864,919	\$2,382,123	\$1,944,064	\$2,296,483
Program Total:	\$4,247,042		\$4,240,547	
Program FTE	20.00	9.40	20.70	7.60
Program Revenues				
Indirect for dep't Admin	\$147,747	\$0	\$147,263	\$0
Fees, Permits & Charges	\$0	\$129,760	\$0	\$123,152
Intergovernmental	\$1,809,040	\$2,252,363	\$1,885,726	\$2,173,331
Total Revenue:	\$1,956,787	\$2,382,123	\$2,032,989	\$2,296,483

Explanation of Revenues

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

Medical fees: \$3,213,513

Meaningful Use: \$65,000

Federal Primary Care grant: \$821,505

State Family Planning: \$43,620

State Maternal & Child Health: \$38,571

County General Fund: \$58,338

Significant Program Changes

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

The Nursing Supervisor position was eliminated and the Licensed Community Practical Nurse (LPN) panel manager increased from 0.90 FTE to 1.0 FTE. By increasing the FTE of the LPN, we are able to provide more consistent and continuous care to our patients by ensuring that the LPN is in the office during business hours. The position will be able to address patient and coworker concerns in a timely fashion and not have to follow up the next day.

Because of the smaller size of this clinic, we have eliminated the Nursing Supervisor position and will redistribute this work to the Clinic Manager who is a registered nurse.



Lead Agency: Health Department

Program Contact: Michael Crocker

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Northeast Health Center (NEHC), provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of Northeast Portland. The Northeast Clinic was strategically placed to provide vital services to a population that otherwise may not have access to medical care.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	24,048	26,214	23,842	27,132
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	78.0%	85.0%	79.0%	85.0%
Efficiency	Number of days for a new patient appointment	7	7	6	6
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	68.0%	75.0%	68.0%	70.0%

Performance Measure - Description

Output: Total number of client visits.

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

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

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,342,659	\$1,945,188	\$2,662,111	\$1,858,350
Contracts	\$0	\$124,050	\$0	\$141,233
Materials & Supplies	\$0	\$220,068	\$66,230	\$174,651
Internal Services	\$265,179	\$829,049	\$297,357	\$897,046
Total GF/non-GF:	\$2,607,838	\$3,118,355	\$3,025,698	\$3,071,280
Program Total:	\$5,726,193		\$6,096,978	
Program FTE	15.00	24.60	16.20	23.40
Program Revenues				
Indirect for dep't Admin	\$193,410	\$0	\$196,949	\$0
Fees, Permits & Charges	\$0	\$235,642	\$0	\$240,183
Intergovernmental	\$2,559,529	\$2,882,713	\$2,963,957	\$2,831,097
Total Revenue:	\$2,752,939	\$3,118,355	\$3,160,906	\$3,071,280

Explanation of Revenues

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

Medical fees: \$5,016,805

Meaningful Use: \$32,000

Federal Primary Care grant: \$861,287

State Family Planning: \$66,417

State Maternal & Child Health: \$58,728

County General Fund: \$61,741

Significant Program Changes

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

Increases in the program offer expenses are related to COLA/merit/step increases and increases to the internal services, IT and facilities costs.



Lead Agency: Health Department

Program Contact: Deborah Cockrell

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) serves clients in one of the poorest and most culturally diverse areas of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for thousands of uninsured and under-insured 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 patients' beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak a second language, many were refugees themselves. Sixty-eight percent of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The refugee population often receive no preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Most client families have three or more children; some 10 or 11 - often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and prenatal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	46,430	45,287	46,705	46,290
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	87.0%	85.0%	82.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	7	2	2
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	68.0%	75.0%	62.0%	70.0%

Performance Measure - Description

Output: Total number of client visits.

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

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

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$4,830,423	\$2,797,659	\$5,119,540	\$2,968,510
Contracts	\$250,109	\$337,693	\$0	\$528,417
Materials & Supplies	\$5,867	\$437,622	\$36,991	\$541,633
Internal Services	\$469,722	\$1,565,969	\$558,914	\$1,683,870
Total GF/non-GF:	\$5,556,121	\$5,138,943	\$5,715,445	\$5,722,430
Program Total:	\$10,695,064		\$11,437,875	
Program FTE	55.30	14.90	36.30	32.70
Program Revenues				
Indirect for dep't Admin	\$318,734	\$0	\$366,959	\$0
Intergovernmental	\$5,263,335	\$5,138,943	\$5,628,867	\$5,722,430
Total Revenue:	\$5,582,069	\$5,138,943	\$5,995,826	\$5,722,430

Explanation of Revenues

Mid County Health Clinic is supported by federal BPHC grant, state family planning grant, state funds for maternal & child health services through the inter-governmental agreement between Multnomah County as the Local Public Health Authority (LPHA), county general fund, and medical fees.

Medical fees: \$9,361,532

Meaningful Use: \$140,000

State Refugee Screening grant: \$528,938

Federal Primary Care grant: \$1,116,545

State Maternal & Child Health grant: \$95,865

State Family Planning: \$108,417

County general fund: \$86,578

Significant Program Changes

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

A Nurse Practitioner was converted to a Physician's Assistant position. X-ray Tech position was eliminated due to costs of maintaining radiology equipment and the increasing ease in use of digital imaging. A decision was made to contract externally for x-rays, which will require clients to travel to the contractor's site. FY 2014 costs increased because IT charges and personnel costs for COLA, step and merit increases. Mid County Health Center and the Refugee Screening Program serve a diverse patient population. Last year, the clinic provided care for patients speaking over 64 different languages and interpretation costs both telephonic and in person are approaching \$600,000.00 annually.



Lead Agency: Health Department

Program Contact: Lynne Wiley

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The East County Health Center (ECHC) provides comprehensive, culturally appropriate primary care, enabling, and behavioral health services to the uninsured and under-insured residents of 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 comprehensive healthcare services because of where they live, the language they speak and their higher level of complex healthcare needs.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	37,465	41,915	39,245	37,626
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	85.0%	85.0%	89.0%	85.0%
Efficiency	Number of days for a new patient appointment	8	7	6	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	70.0%	75.0%	69.0%	70.0%

Performance Measure - Description

Output: Total number of clients visits.

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 a new patient appointment: Measures effectiveness of timely availability for under-served Multnomah County residents to access healthcare services.

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$4,212,785	\$2,337,148	\$3,760,251	\$2,396,319
Contracts	\$227,924	\$211,859	\$0	\$197,490
Materials & Supplies	\$580	\$321,735	\$85,840	\$275,591
Internal Services	\$423,263	\$1,452,838	\$388,852	\$1,586,106
Total GF/non-GF:	\$4,864,552	\$4,323,580	\$4,234,943	\$4,455,506
Program Total:	\$9,188,132		\$8,690,449	
Program FTE	48.60	14.50	25.40	31.00
Program Revenues				
Indirect for dep't Admin	\$268,163	\$0	\$285,715	\$0
Fees, Permits & Charges	\$0	\$239,350	\$0	\$202,535
Intergovernmental	\$4,585,405	\$4,084,230	\$4,151,731	\$4,252,971
Total Revenue:	\$4,853,568	\$4,323,580	\$4,437,446	\$4,455,506

Explanation of Revenues

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

Medical fees: \$7,307,466

Meaningful Use: \$120,000

Federal Primary Care grant: \$1,008,824

State Maternal & Child Health grant: \$80,222

State Family Planning: \$90,725

County general fund: \$83,212

Significant Program Changes

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

The FTE reductions in the program offer are from eliminating a planned 7th provider team. After unsuccessful attempts at recruiting providers, the vacant positions will be eliminated, and the clinic will serve up to capacity with existing provider teams.



Lead Agency: Health Department

Program Contact: Jill Daniels

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

The SBHC program operates 13 fully equipped medical clinics. Twelve clinics are located in schools and one clinic is school linked. This program assures access to care by providing service ties beyond regular school times, with multiple sites open during the summer and school breaks to ensure continuity of care. Staffing includes a nurse practitioner, registered nurse, medical support staff and an office assistant. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables early identification and intervention, thereby reducing risk behaviors.

Program locations are geographically diverse and all Multnomah County school-aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral needs of youth are met to help them attend, participate and remain in school. Healthcare for school aged youth is a basic need.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of patients with three or more visits with a risk assessment in the last year	65	75	68	75
Outcome	% of patients with persistent asthma prescribed appropriate medications	87.0%	80.0%	83.0%	83.0%
Quality	% of patients who would "strongly agree" to recommend to family and friends	78.0%	80.0%	75.0%	80.0%

Performance Measure - Description

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

Key areas of focus include:

-integration of effective methods for disease management,

-reduction in barriers to access care

-services are organized to be "patient centered"

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,629,310	\$1,132,854	\$3,147,871	\$776,310
Contracts	\$10,667	\$219,082	\$14,272	\$431,011
Materials & Supplies	\$204,839	\$385,254	\$131,041	\$370,904
Internal Services	\$501,630	\$502,173	\$501,673	\$586,386
Capital Outlay	\$0	\$0	\$0	\$93,631
Total GF/non-GF:	\$3,346,446	\$2,239,363	\$3,794,857	\$2,258,242
Program Total:	\$5,585,809		\$6,053,099	
Program FTE	21.67	13.22	26.66	8.13
Program Revenues				
Indirect for dep't Admin	\$122,441	\$0	\$112,752	\$0
Fees, Permits & Charges	\$0	\$222,771	\$0	\$220,779
Intergovernmental	\$1,591,242	\$2,016,592	\$2,010,165	\$2,037,463
Total Revenue:	\$1,713,683	\$2,239,363	\$2,122,917	\$2,258,242

Explanation of Revenues

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

Medical fees: \$2,983,572; State School Based Health Centers grant: \$492,000

Primary Care grant: \$212,835; State Family Planning grant: \$80,000; HRSA capital grant for Centennial SBHC: \$500,000; and county general fund: \$1,784,692

Significant Program Changes

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

The primary change is that the grant for capital improvements for Roosevelt, Grant and Madison was awarded and final expenses will be spent down in the current fiscal year. Grant cycle has ended and funding does not carry over to the next fiscal year. Recently, the SBHC program was awarded a \$500,000 HRSA grant for capital expenditures for the renovation of a clinic inside Centennial High School. At the time the budget was adopted, the grant was added to this program offer. This renovation project will enable the SBHC to begin providing the first school-based health services in the Centennial area and East county. The project is expected to be completed in the spring of 2014 and it is expected to provide services to about 600 school-aged youth annually.

**Lead Agency:** Health Department**Program Contact:** Kim Toevs**Program Offer Type:** Existing Operating**Related Programs:****Program Characteristics:** Measure 5 Education

Executive Summary

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

Program Description

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

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of participants in educational sessions/training	5,089	3,750	4,500	4,000
Outcome	Percent of participants demonstrating increased knowledge	96.0%	80.0%	90.0%	80.0%
Quality	% of participants utilizing skills to increase parent to youth communication	80.0%	80.0%	75.0%	80.0%

Performance Measure - Description

- 2) Outcome: The percentage of program participants that demonstrate increased knowledge about youth sexual health, relationship skills, and decision making skills, of those participants who completed a full evaluation survey.
- 3) Quality: The percentage of parent program participants that feel confident they can implement new or improved skills to communicate effectively with their youth.

Legal/Contractual Obligation

NW Family Services contract requires 3600 youth served with 6-8 hours of healthy relationship curriculum each, primarily through High School Settings. Latina Teen Pregnancy Prevention Grant requires 250 youth served with 6 hour curriculum.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$245,341	\$333,876	\$230,525	\$341,655
Materials & Supplies	\$17,694	\$8,747	\$17,125	\$1,096
Internal Services	\$35,901	\$53,583	\$51,107	\$53,455
Total GF/non-GF:	\$298,936	\$396,206	\$298,757	\$396,206
Program Total:	\$695,142		\$694,963	
Program FTE	2.70	3.85	2.25	3.15
Program Revenues				
Indirect for dep't Admin	\$24,574	\$0	\$25,407	\$0
Intergovernmental	\$0	\$396,206	\$0	\$396,206
Total Revenue:	\$24,574	\$396,206	\$25,407	\$396,206

Explanation of Revenues

NW Family Services/Healthy Relationships grant - \$309,000

Fed/State Latina Teen Pregnancy Prevention grant - \$87,206

County General Fund: \$298,757

Significant Program Changes

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

Several minor changes were made in management staffing of the program as the Adolescent Health Program was fully integrated into its new location at SEHC as part of the broader STD/HIV/HCV program. A 1.0 FTE reduction in staffing resulted in a limited duration position being moved into the temporary personnel category. This results in no impact on services.



Lead Agency: Health Department

Program Contact: Dawn Shatzel

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	6,781	7,880	6,922	6,863
Outcome	% of children who are up to date on immunizations at 35 months of age	81.0%	85.0%	89.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	6	5	7
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	75.0%	75.0%	76.0%	75.0%

Performance Measure - Description

Output: Total number of client visits.

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

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

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$611,692	\$708,918	\$632,504	\$617,472
Contracts	\$0	\$37,674	\$6,611	\$17,048
Materials & Supplies	\$30,312	\$65,321	\$4,748	\$77,748
Internal Services	\$95,583	\$353,060	\$107,065	\$355,318
Total GF/non-GF:	\$737,587	\$1,164,973	\$750,928	\$1,067,586
Program Total:	\$1,902,560		\$1,818,514	
Program FTE	3.60	7.80	4.40	6.80
Program Revenues				
Indirect for dep't Admin	\$72,255	\$0	\$68,460	\$0
Fees, Permits & Charges	\$0	\$68,186	\$0	\$55,877
Intergovernmental	\$698,693	\$1,096,787	\$706,280	\$1,011,709
Total Revenue:	\$770,948	\$1,164,973	\$774,740	\$1,067,586

Explanation of Revenues

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

Medical fees: \$1,142,699

Meaningful Use: \$69,200

Federal Primary Care/Homeless grant: \$505,883

State Maternal & Child Health grant: \$26,319

State Family Planning: \$29,765

County general fund: \$44,648

Significant Program Changes

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

A reduction in personnel costs attributed to savings gained by reducing a fraction of an FTE and focusing on reducing use of on-call personnel to close budget gap caused by increasing salary and benefit costs, increased internal services costs and flat county general fund.



Lead Agency: Health Department

Program Contact: Dawn Shatzel

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The Southeast Health Center will provide comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who are uninsured or under-insured and otherwise might not have access to healthcare.

Poverty, lack of access to primary care services, limited English proficiency, lack of health insurance and homelessness are a few of the many barriers faced by Southeast's diverse residents. Currently around 29% of the Health Department's clients live in Southeast Portland, 22% are homeless or at risk for homelessness. Currently these high needs clients are forced to travel longer distances to access services, creating a significant barrier to care and a negative impact on health and well being.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of new clients	0	3,000	1,100	1,272
Outcome	% of patients who are screened for depression	0.0%	85.0%	85.0%	85.0%
Quality	% "strongly" recommend to family and friends	0.0%	75.0%	70.0%	70.0%

Performance Measure - Description

Output: Total # of new clients. (Next FY will update this measure to align with other existing health centers "Total number of clients visits.") SEHC is scheduled to open May 2013, current year estimate is a reflection of two months operation for FY 2013 at 125 new clients per month plus transfer of existing clients from Westside Health Center. Anticipate 3,000 new clients in the first full year of operations.

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

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$713,185	\$159,064	\$1,016,963	\$1,086,730
Contracts	\$0	\$335,640	\$0	\$390,657
Materials & Supplies	\$14,996	\$162,952	\$8,060	\$127,471
Internal Services	\$128,377	\$137,720	\$293,708	\$414,988
Total GF/non-GF:	\$856,558	\$795,376	\$1,318,731	\$2,019,846
Program Total:	\$1,651,934		\$3,338,577	
Program FTE	6.62	2.50	13.20	7.90
Program Revenues				
Indirect for dep't Admin	\$49,753	\$0	\$129,524	\$0
Fees, Permits & Charges	\$0	\$40,594	\$0	\$89,324
Intergovernmental	\$607,032	\$754,782	\$1,118,915	\$1,880,522
Other / Miscellaneous	\$249,526	\$0	\$0	\$50,000
Total Revenue:	\$906,311	\$795,376	\$1,248,439	\$2,019,846

Explanation of Revenues

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

Medical fees: \$1,952,066

Federal Primary Care grant: \$1,051,900

Meaningful Use: \$84,795

Kaiser grant: \$50,000

County General Fund: \$199,816

Significant Program Changes

Last year this program was: #40027, Southeast Health Clinic

The Southeast Health Clinic opened in FY2013, and this program offer reflects the first full year clinic budget and two provider teams. The FY2013 was budgeted with one provider team.



Lead Agency: Health Department

Program Contact: Dawn Shatzel

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

Rockwood Community Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

Rockwood Community Health Center plays a significant role in providing safety net medical services to residents in the community. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. From 2000 to 2007, the number of persons of color in Rockwood increased by 54% (the countywide increase was 27%). Furthermore, 62% of the 7,000 plus Rockwood residents living below 100% of the federal poverty level are persons of color (which is 20% higher than the countywide average) and five of the area's eight census tracts are designated as medically underserved populations in recognition of access issues residents faced.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of annual client visits	13,791	4,800	17,090	20,260
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	62.0%	85.0%	65.0%	85.0%
Quality	% "strongly agree" they would recommend this clinic to friends and family	70.0%	75.0%	80.0%	70.0%
Efficiency	Number of days for a new patient appointment	7	7	6	7

Performance Measure - Description

✓ **Measure Changed**

Output: Total number of client visits.

Outcome: Percentage of children who are up to date on immunizations.

Quality: % strongly agree they would recommend this clinic to friends and family.

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

Changed performance measure from "number of new clients served" to "number of annual client visits". Now that this clinic is established, using the volume of visits is a better measure of access and capacity than the number new clients. Additionally this aligns with performance measures for other established primary care health sites. The current year purchased (FY 12-13) number "4800" reflects # of new clients and not the # of annual visits. All other numbers for this Output measure are correct for the number of visits.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,615,247	\$1,511,590	\$1,800,686	\$1,590,250
Contracts	\$0	\$52,452	\$57,971	\$0
Materials & Supplies	\$221	\$213,786	\$20,397	\$166,012
Internal Services	\$194,130	\$588,206	\$173,706	\$813,029
Total GF/non-GF:	\$1,809,598	\$2,366,034	\$2,052,760	\$2,569,291
Program Total:	\$4,175,632		\$4,622,051	
Program FTE	19.70	10.20	21.00	9.20
Program Revenues				
Indirect for dep't Admin	\$146,749	\$0	\$164,758	\$0
Fees, Permits & Charges	\$0	\$140,876	\$0	\$134,617
Intergovernmental	\$1,758,114	\$2,225,158	\$1,991,323	\$2,434,674
Total Revenue:	\$1,904,863	\$2,366,034	\$2,156,081	\$2,569,291

Explanation of Revenues

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

Medical fees: \$3,581,981

Federal Primary Care grant: \$863,057

State Maternal & Child Health grant: \$86,017

State Family Planning: \$3,249

County general fund: \$61,437

Significant Program Changes

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

The FTE increases in this program offer are due to changes in FTE allocated to the provider team staff.

**Lead Agency:** Health Department**Program Contact:** Vanetta Abdellatif**Program Offer Type:** Support**Related Programs:****Program Characteristics:**

Executive Summary

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

Program Description

Medical services:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
 2. Recruits, hires, credentials and monitors provider performance; oversees in-house nursing and medical educational programs.
 3. Sets and monitors provider and nursing productivity goals.
 4. Investigates and remedies toward clinical incidents and errors.
 5. Ensures that patient care meets all rules, regulations and standards set forth by regulatory agencies, contractors, grantors and accrediting agencies.
 6. Ensures that administrative practices are consistent with quality patient care.
- Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	80% (or more) of providers are mtg their visit target minimum productivity goals.	68	80	69	75
Outcome		0	0	0	0
Quality	Maintain compliance with regulatory and licensing standards/boards	100.0%	100.0%	100.0%	100.0%

Performance Measure - Description

- 1) 80% (or more) of providers are meeting their current productivity (visit target) goals. By recruiting and retaining providers as well as providing leadership and support to existing providers, they will increase access to needed care by achieving team based productivity (visit target) goals.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$881,818	\$101,050	\$1,275,526	\$100,638
Contracts	\$14,096	\$0	\$2,000	\$0
Materials & Supplies	\$74,085	\$7,588	\$64,482	\$7,674
Internal Services	\$61,319	\$9,594	\$86,958	\$9,920
Total GF/non-GF:	\$1,031,318	\$118,232	\$1,428,966	\$118,232
Program Total:	\$1,149,550		\$1,547,198	
Program FTE	5.36	0.10	8.90	0.10
Program Revenues				
Indirect for dep't Admin	\$7,334	\$0	\$7,581	\$0
Intergovernmental	\$0	\$118,232	\$0	\$118,232
Total Revenue:	\$7,334	\$118,232	\$7,581	\$118,232

Explanation of Revenues

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

Kaiser Foundation: \$91,232

OCHIN: \$27,000

County General Fund: \$1,428,966

Significant Program Changes

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

Three Nursing Development Consultant positions will report to the Director of Nursing Practice with matrixed reporting to Human Resources. The positions will assess, develop, implement, and evaluate programs and training materials to address quality nursing education and professional staff development; serve as subject matter experts and consultants to ensure consistent application of protocols, rules, and policies; provide nursing consultation and lead selected nursing-related quality improvement initiatives; create and provide oversight for the development of online learning modules and other training materials. The Nursing Development Consultants will assist HR team and nursing supervisors assess technical/professional competency, recommend remedial actions, and address other performance issues of healthcare staff that affect service delivery and quality.

**Lead Agency:** Health Department**Program Contact:** Carol Richmond**Program Offer Type:** Support**Related Programs:****Program Characteristics:**

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Prescriptions Filled	316,802	350,000	325,000	350,000
Outcome	Average prescription cost	30	38	36	38
Quality	Clinical Pharmacy Services	0.0%	0.0%	0.0%	20.0%

Performance Measure - Description

✓ Measure Changed

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.

With the opening of SEHC, we will be staffing the new pharmacy with pharmacists and technicians.

We plan on incorporating a Clinical Pharmacist in most Primary Care Clinics so that providers are supported in achieving the Triple Aim (Better Health, Better Care and Lower Costs) integral to health transformation. Clinical Pharmacists will be essential in medication reconciliation and medication management for our patients, including but not limited to high users, care transitions and medically fragile individuals. As a result of the Clinical Pharmacist's work, we will see an increase in positive health outcomes.

Legal/Contractual Obligation

Various grants require the provision of 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	2013	2013	2014	2014
Personnel	\$0	\$4,950,677	\$0	\$6,706,589
Contracts	\$0	\$209,800	\$0	\$194,600
Materials & Supplies	\$0	\$6,556,161	\$0	\$6,130,600
Internal Services	\$0	\$1,466,762	\$0	\$1,685,211
Total GF/non-GF:	\$0	\$13,183,400	\$0	\$14,717,000
Program Total:		\$13,183,400		\$14,717,000
Program FTE	0.00	44.25	0.00	54.25
Program Revenues				
Indirect for dep't Admin	\$817,678	\$0	\$943,299	\$0
Fees, Permits & Charges	\$0	\$674,000	\$0	\$715,000
Intergovernmental	\$0	\$12,509,400	\$0	\$13,990,000
Other / Miscellaneous	\$0	\$0	\$0	\$12,000
Total Revenue:	\$817,678	\$13,183,400	\$943,299	\$14,717,000

Explanation of Revenues

Pharmacy is funded exclusively through prescription fees and revenue from pharmacy patient assistance programs.

Third Party Fees: \$13,990,000

Patient Fees: \$400,000

Patient Assistance Programs: \$315,000

CareOregon Care Support and System Innovation (CSSI) grant: \$12,000

Significant Program Changes

✓ Significantly Changed

Last year this program was: #40031, Pharmacy

The Pharmacy program offer includes two additional pharmacists and two additional pharmacy technicians to staff the new Southeast Health Center Pharmacy.

Pharmacy adds six clinical pharmacists so that MCHD is able to meet the needs of the patients and improve their quality of care and outcomes. This is in response to our involvement in the Coordinated Care Organizations. Increased medication comprehension and adherence for our clients. Studies have shown that a large portion of hospital readmissions are due to medication issues. Adding clinical pharmacists to our teams will improve the care the patients receive as well as decrease overall costs to the healthcare system. The addition of clinical pharmacists will increase provider and support staff time to devote to other needs of clients.

CareOregon Care Support and System Innovation (CSSI) grant is to provide clinical pharmacy services to seriously ill clients in order to ensure effective drug therapy management. The grant amount for FY14 is \$12,000.

**Lead Agency:** Health Department**Program Contact:** Vanetta Abdellatif**Program Offer Type:** Support**Related Programs:****Program Characteristics:**

Executive Summary

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

Program Description

Laboratory:

Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and emergencies and surveillance of emerging infections.

Health Information Management:

Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. Also fulfills role of Health Department's Privacy Official as required by HIPAA. The Clinical Infrastructure Services Group provides essential support to the health delivery and emergency preparedness programs within the Health Department. The laboratory and x-ray services assist in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities. Health Information Management ensures proper documentation of health care services and provides direction, monitoring and reporting of federally required HIPAA compliance activities.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of records requests completed	11,000	10,000	12,000	12,000
Outcome	X-rays taken (in-house x-rays closing Winter 2013)	5,679	6,500	4,866	0
Outcome	Number of laboratory specimens handled	245,407	268,180	250,000	260,000
Quality	Lab proficiency/competency levels through internal and external testing program	95	95	95	95

Performance Measure - Description

Measure Changed

Discontinued providing x-ray services. X-rays have been outsourced in Winter 2013 no longer valid measure for FY2014

Legal/Contractual Obligation

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions for laboratory 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	2013	2013	2014	2014
Personnel	\$2,567,938	\$0	\$2,636,564	\$0
Contracts	\$8,850	\$0	\$7,815	\$0
Materials & Supplies	\$78,328	\$0	\$63,279	\$0
Internal Services	\$373,583	\$0	\$395,215	\$0
Total GF/non-GF:	\$3,028,699	\$0	\$3,102,873	\$0
Program Total:	\$3,028,699		\$3,102,873	
Program FTE	27.60	0.00	25.70	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Revenue for laboratory services are included in the medical visit revenue shown in the health clinics. General fund is used to pay for services to the uninsured clients served by the Health Department as well as to deliver mandated public health services.

County General Fund: \$3,102,873

Significant Program Changes

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

X-ray services will be contracted out in late FY 13. Two x-ray sites (Westside and MidCounty) will be closed. The Archive Technician will be no longer needed after June, 2013. All current hard copy x-rays will be archived to County Records Management. The back-up X-ray Technician that filled in for Clinic X-Ray Technicians will no longer be needed once the new contract is executed. Clients will be directed to go to contract x-ray sites located throughout the Portland metropolitan area for any needed x-rays. A communication plan has been developed and will be implemented to coincide with the "go-live" date of external x-ray services.

**Lead Agency:** Health Department**Program Contact:** Marilyn Boss**Program Offer Type:** Support**Related Programs:****Program Characteristics:**

Executive Summary

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

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

Program Description

PCARD is the point of entry for scheduling new clients for both the Primary Care and dental clinics. PCARD also facilitates access to specialty referrals and charity care for uninsured patients in collaboration with Project Access. PCARD provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PCARD also provides information and referral for MCHD medical, dental and social services and key community service partners. MCHD Language Services provides interpretation in over 50 languages and sign language for all MCHD services and programs and for established patients who access specialty care in the community.

Comprehensive written translation for clinical and non-clinical programs and services is also provided. MCHD Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This key service ensures that patients and clients through the department's Refugee and Screening Program, and those who have Limited English Proficiency, receive culturally competent interpretation.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of new patients who receive appointments	18,603	10,365	19,182	20,114
Outcome	# of uninsured patients who receive specialty care	1,410	1,450	1,224	1,336

Performance Measure - Description

Output: Number of new patients who receive a new patient appointment (medical and dental).

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

In reviewing current year purchased data, it was discovered that new dental patient appointments had been inadvertently omitted. We have corrected this error moving forward.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$549,952	\$421,587	\$769,096	\$153,810
Contracts	\$28,917	\$59,483	\$88,400	\$0
Materials & Supplies	\$24,518	\$0	\$1,795	\$22,407
Internal Services	\$47,451	\$107,170	\$47,452	\$88,783
Total GF/non-GF:	\$650,838	\$588,240	\$906,743	\$265,000
Program Total:	\$1,239,078		\$1,171,743	
Program FTE	7.50	4.00	9.50	1.00
Program Revenues				
Indirect for dep't Admin	\$36,485	\$0	\$16,993	\$0
Intergovernmental	\$0	\$588,240	\$0	\$265,000
Total Revenue:	\$36,485	\$588,240	\$16,993	\$265,000

Explanation of Revenues

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

County general fund: \$906,743

Federal Primary Care grant: \$265,000

Significant Program Changes

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

A Program Supervisor was eliminated due to span of control changes, and a Program Specialist was added to support the work in the Medicaid/Medicare Eligibility program offer 40016. This change will support clients by providing additional support to eligibility staff and will increase access and availability of Medicaid eligibility screening appointments.



Lead Agency: Health Department

Program Contact: Vanetta Abdellatif

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

This program supports services within the project scope of the BPHC grant, which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts are maintained at acceptable thresholds.

This program supports the ongoing delivery of Primary Care, Homeless, Dental and School Based Health clinical services through the following activities: Management of all aspects of the BPHC grant, including adherence to all federal program requirements. Review, audit and maintain standards of clinical quality and safety as required to maintain Joint Commission (JCAHO) accreditation, which the BPHC strongly supports. Emphasis on use of data and provision of evidence-based care to increase performance outcomes. Provision of financial analysis, monitoring and revenue development for revenue generating program areas. Development and implementation of systems and processes to streamline service delivery, maintain quality and safety, and increase customer satisfaction.

This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external bench-marking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

This program supports the Primary Care Renewal and Patient Centered Primary Care Health Home programs and represents a new generation of healthcare funding for performance. These programs, implemented to meet goals of the State of Oregon's 1115 Medicaid Demonstration Accountability Plan and local Coordinated Care Organizations Pay-for-Performance, have tied payments to achieving specific health outcomes and sustaining those improvements over time. The Quality Assurance program is tasked with designing, testing, and implementing the wide array of system improvements needed to meet these new benchmarks.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome	Maintain compliance with Joint Commission standards	100.0%	100.0%	100.0%	100.0%
Outcome	BPHC grant renewed annually	100.0%	100.0%	100.0%	100.0%

Performance Measure - Description

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

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$316,459	\$1,867,803	\$2,740,968	\$9,979
Contracts	\$0	\$143,400	\$139,083	\$0
Materials & Supplies	\$55,859	\$121,401	\$213,837	\$1,014
Internal Services	\$103,502	\$237,801	\$499,870	\$1,007
Total GF/non-GF:	\$475,820	\$2,370,405	\$3,593,758	\$12,000
Program Total:	\$2,846,225		\$3,605,758	
Program FTE	2.90	16.80	25.71	0.09
Program Revenues				
Indirect for dep't Admin	\$140,830	\$0	\$770	\$0
Intergovernmental	\$0	\$1,122,500	\$1,042,056	\$0
Other / Miscellaneous	\$0	\$1,247,905	\$1,460,523	\$12,000
Total Revenue:	\$140,830	\$2,370,405	\$2,503,349	\$12,000

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded with Federal/State Patient Centered Primary Care Health Home (PCPCH), CareOregon Primary Care Renewal (PCR) funding and County General Fund. On occasion we receive specialty grants for targeted work. In 2014, the PCPCH and PCR funding characterized as Health Transformation-Payment Transformation funding has been moved from the Federal/State fund to the General Fund to provide greater transparency, flexibility and central oversight of these funds. Additional county general fund was allocated to Quality Assurance to fund additional positions responsible for designing and implementing the system improvement.

Volunteers of America grant: \$12,000

CareOregon Primary Care Renewal (in the General Fund): \$1,000,000

Patient Centered Primary Care Health Home (in the General Fund): \$1,502,579

County general fund: \$1,091,179

Significant Program Changes

Last year this program was: #40034, Quality Assurance

The increase in FTE is related to necessary infrastructure that supports health transformation requirements, metrics, and accountabilities. These additional positions will improve our ability to capture and report on clinical data that will support changes and improvements to the delivery of health care and therefore improved health outcomes. Additionally, staff will support quality improvement/LEAN teams involved in delivery system transformation (CCO) efforts.

Healthcare transformation, including the foundational work of the Center for Medicare and Medicaid (CMS) Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project have changed the way we think about and invest in quality improvement and improving health outcomes. Healthcare in general, with primary care at the forefront, is moving away from fee-for-service or grants to incentive payments for improving the health of our clinic clients. Staff focusing on broad system improvement is included in this program offer.



Lead Agency: Health Department

Program Contact: Vanetta Abdellatif

Program Offer Type: Support

Related Programs:

Program Characteristics: One-Time-Only Request

Executive Summary

The Quality Improvement for Primary Care contains prepayments received under the Primary Care Renewal program and the Patient Centered Primary Care Health Home (PCPCH) program. These are federal Medicaid-funded programs that pay in advance for future outcomes. Both are prospective payments we receive for serving high-need, high-risk poor and vulnerable Medicaid and uninsured clients, including clients with behavioral health issues and one or more chronic health conditions.

The payments are received in advance while we evaluate which interventions will be most effective in improving the health of our clients. Investments will be in primary-care specific staffing, infrastructure and activities.

Program Description

Health care transformation is changing how Multnomah County delivers care and how we are compensated for our work. The foundation for these changes has been built by the Center for Medicare and Medicaid (CMS), Center for Innovation, the Affordable Care Act and Oregon's 1115 Medicaid Demonstration project.

Today, most of our health-care compensation is a fee-paid-for-service by an eligible physician, nurse practitioner or other provider. In the future, most health care payments will be tied to the improved health of our patients, with little funding linked solely to transactional activities such as office visits, lab test or x-rays. This new reimbursement model is a primary goal of federal and state reform, and of local coordinated care organizations.

In anticipation of this fundamental shift, the County has established a payment transformation sub-fund within the General Fund to distinguish this funding from traditional fee-for-service or activity-based grant funding.

By accepting the payment, we are agreeing to improve our system and quality of care so that patients have better health outcomes. We are also agreeing to sustain these improvements even after the funding ends. The Affordable Care Act and Oregon's Medicaid demonstration project's goals are built around primary care practices that are Patient Centered Primary Care Health Home certified.

The funding in this scaled offer is to insure that resources are available for a system that is rapidly changing under Oregon's 1115 Medicaid Demonstration project. These resources will be invested in personnel and training, improved IT systems, facility improvements, and clinical care that is not billable under the new reimbursement model. Funding would allow critical internal improvements such as paying for substitute providers so that staff could step away to pilot promising clinical changes, care coordination, health promotion, or individual and family support services provided by a nurse or community health worker. Investments could also be made in the IT system improvements needed to track and report on clinical progress.

Performance Measures

Measure Type		Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	% of ACA-qualified patients with a care plan in their health plan	0.0%	0.0%	0.0%	90.0%
Outcome		0	0	0	0
Quality	Improvement in number of patients who receive developmental screening.	0.0%	0.0%	0.0%	3.0%
Quality	% improvement in nbr of patients over 12 y/o screened/counseled for tobacco use	0.0%	0.0%	0.0%	3.0%

Performance Measure - Description

One of the promises of Health Transformation is a shift in the system that focuses on improved quality and health outcomes. Like other providers in our community, we need to plan for, monitor and meet performance expectations.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$943,203	\$0
Internal Services	\$0	\$0	\$86,397	\$0
Total GF/non-GF:	\$0	\$0	\$1,029,600	\$0
Program Total:	\$0		\$1,029,600	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Other / Miscellaneous	\$0	\$0	\$1,029,600	\$0
Total Revenue:	\$0	\$0	\$1,029,600	\$0

Explanation of Revenues

This program offer is funded with a \$1,029,600 cash transfer in FY 2014, as the funds are being moved from the Federal/State fund to the General Fund. Funding includes prospective Medicaid payments from Patient Centered Primary Care Health Home and Primary Care Renewal programs. These are not payments for services, medical treatments, activities or specific staff. They are not a grant award or a fee-based payment. The funds are prospective payments made in advance to us for serving high-need, high-risk poor and vulnerable Medicaid and uninsured clients, including clients with behavioral health and one or more chronic health conditions.

These Medicaid dollars are needed to ensure we maintain our certification and increase the reimbursement available to us for this work. This has allowed us to expand access and improve care without increasing the demand on the General Fund for on-going operations.

Significant Program Changes

Last year this program was:



Lead Agency: Health Department

Program Contact: Sonia Manhas

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

Health Planning and Evaluation provides support through three program areas: Health Assessment and Evaluation (HAE), Program Design and Evaluation Services (PDES), and Grant Development. HAE provides data analysis and evaluation support for program planning and quality improvement efforts across the Health Department, reports on the health status of Multnomah County residents, and provides data support for Grant Development efforts. HAE supports county-wide efforts to improve health outcomes for all communities through monitoring health status indicators, disseminating reports documenting community health status and health inequities, and conducting health impact assessments. HAE also helps lead the Department's strategic planning and department-wide preparation for public health accreditation. PDES provides evaluation support to county and state programs, initiates and conducts applied research studies to improve community health, shape public policy, and reduce health disparities. PDES designs public health interventions by identifying and applying best practices, and generates knowledge about promising new approaches through research and evaluation. Grant Development identifies and tracks public and private sector funding opportunities, develops grant proposals and budgets, and provides technical assistance to Health Department staff and community partners in program planning, proposal writing and grant management. Over \$27 million was procured to address health issues in FY 11-12.

Health Planning and Evaluation projects address key areas including tobacco control, obesity, early childhood, school-aged policy, homelessness, poverty, and emergency preparedness. Examples include evaluation of the Healthy Birth Initiative, the Communities Putting Prevention to Work program, and the development of a Community Health Assessment. Grant Development has secured program funds to support early childhood, adolescent health, public health infrastructure, and clinical services. Health Planning and Evaluation programs identify health priorities and direct resources toward improving health. The investment of \$1.49 million in general funds results in over \$24 million in returns from foundation, state and federal grants, and contracts. HAE's health assessment activities shape Health Department program planning, as well as inform community partners and policy makers about the community's most pressing and emerging health needs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of requests for data analysis (1)	325	200	300	250
Outcome	Number of grant proposals written (2)	43	39	43	43
Outcome	Dollar amount (in millions)of grants funded	27	24	24	24
Output	Number of reports and presentations disseminated	31	56	45	45

Performance Measure - Description

1) Includes HAE planned projects and ad hoc requests. Note: During FY 11-12, the data analyst that runs almost all of the ongoing and special clinical reports for quality improvement and ongoing program monitoring for Integrated Clinical Services (ICS) moved from HAE into a new program within ICS. As a result, the CYE and the NYO numbers have been reduced. The funding for this analyst was never included within the HAE budget.

2) Includes Grant Development and PDES proposals.

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	2013	2013	2014	2014
Personnel	\$1,324,591	\$978,991	\$1,309,879	\$1,322,721
Contracts	\$0	\$545,360	\$0	\$484,247
Materials & Supplies	\$24,796	\$80,182	\$42,744	\$113,783
Internal Services	\$143,597	\$127,617	\$165,988	\$162,703
Total GF/non-GF:	\$1,492,984	\$1,732,150	\$1,518,611	\$2,083,454
Program Total:	\$3,225,134		\$3,602,065	
Program FTE	11.35	7.55	10.95	9.60
Program Revenues				
Indirect for dep't Admin	\$93,930	\$0	\$120,501	\$0
Intergovernmental	\$0	\$1,360,630	\$0	\$1,606,256
Other / Miscellaneous	\$0	\$371,520	\$0	\$477,198
Total Revenue:	\$93,930	\$1,732,150	\$120,501	\$2,083,454

Explanation of Revenues

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

State Local Public Health Agency grant: \$601,753; Alaska State Tobacco:\$607,000;
DHS- OMHS- Disparity Report: \$43,976; Mercy Corp: \$101,335;
Wyoming/ New Mexico Tob Eval: \$50,000;
RWJF- Liquor Control: \$119,863;
Alaska State Cancer Prevention Program: \$95,000;
NIH - HIV and Smoking Cessation:\$11,527;
4 County Needs Assessment grant: \$256,000
Alaska Obesity Prevention and Control Program grant: \$197,000
County general fund: \$931,512
County general fund indirect: \$587,099

Significant Program Changes

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

At the time the budget was adopted, the Alaska Obesity Prevention and Control Program grant was added to this program offer. PDES will conduct and report on a study of the Body Mass Index (BMI) data from the Kenai Peninsula Borough School District, as well as more general evaluation support for childhood obesity prevention.



Lead Agency: Health Department

Program Contact: Kimie Ueoka

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

The Community Health Council (CHC) is a mandated community-based planning body that facilitates community involvement in quality assurance, public policy advocacy, and management accountability for the Health Department. CHC provides oversight of community health center services which include primary care, dental, early childhood services, nursing, school based health, lab, pharmacy and radiology. The Council is comprised of a minimum 51% consumer – majority membership to ensure that health center users have a voice in the decision making process.

The 15 Coalition of Community Health Clinics (CCHC) are community based clinics that have a pivotal role in serving individuals who are under or uninsured in Multnomah County. The Health Department's indemnification program screens volunteer health care professionals for CCHC.

Program Description

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

The 15 member Coalition of Community Health Clinics (CCHC) are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people.

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 and the Coalition of Community Health Clinics. This allowed CCHC to secure additional resources from foundations and other government partners to fund a total organizational budget of \$411,927; and the County's contract for volunteer indemnification provided an additional \$1,256,129 value in volunteer time with an estimated 46,309 total volunteer hours. The County's support of the coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many who would otherwise be without care.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of volunteer hours	46,309	65,000	52,000	55,000
Outcome	Percentage of consumers involved	75.0%	64.0%	75.0%	64.0%

Performance Measure - Description

Number of volunteer hours includes volunteer hours at the 15 Coalition Clinics for licensed health care professionals who 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. FY 12 actual, FY 13 estimate and FY 14 includes volunteer hours from both the Community Health Clinics and the 15 member Coalition of Community Health Clinics.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$119,979	\$0	\$110,865	\$0
Contracts	\$102,833	\$0	\$107,447	\$0
Materials & Supplies	\$4,800	\$0	\$8,730	\$0
Internal Services	\$11,980	\$0	\$16,479	\$0
Total GF/non-GF:	\$239,592	\$0	\$243,521	\$0
Program Total:	\$239,592		\$243,521	
Program FTE	1.30	0.00	1.30	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Community Health Council and Civic Governance is funded by county general fund, \$243,521.

Significant Program Changes

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



Lead Agency: Health Department

Program Contact: Lila Wickham

Program Offer Type: Existing Operating

Related Programs: 40007, 40008, 40015

Program Characteristics: Climate Action Plan

Executive Summary

Supports community housing and health interventions and development of environmental health policy recommendations that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors, including tobacco exposure. This program focuses on vulnerable/ ill families living in substandard housing to reduce: asthma triggers, exposure to household mold, toxins, vectors and lead paint through home assessments and housing inspections. Strategies include education, advocacy, policy analysis, and organizing to build community capacity. Focus areas include health impacts of global climate change, toxics exposure, indoor air quality, bedbugs, and the built environment. The program will pilot the integration and analysis of the Equity and Empowerment Lens.

Program Description

The program addresses health inequities through chronic disease prevention (asthma, tobacco-use, cancer) by improving the health and livability of the home, and addressing environmentally related health concerns.

Healthy Home Priorities: 1) Provide home-based environmental & medical assessment/interventions for high-risk asthmatic children 2) Consult with medical providers 3) Partner with landlords and tenants 4) Provide environmental assessments/interventions for children and families whose health is impacted by their home 5) Address substandard housing complaints in unincorporated areas, and 6) Provide environmental assessments for sick children and improve housing conditions. **Housing Education Priorities:** 1) Conduct community-based trainings related to mold, indoor air quality, bed bugs, hazards, toxins, and safety 2) Integrate environmental health risk reduction with other MCHD initiatives. The HH intervention has shown improvements in asthma control, reduced emergency department visits and improved quality of life. **Tobacco Prevention Priorities:** Enforces the Indoor Clean Air Act and conducts education and outreach in public settings. **Env. Health Education:** 1) Conduct education and outreach related to global climate change, toxics exposure, indoor air quality, bedbugs, and the built environment 2) Provide environmental health education related to housing, diseases transmitted from animals to humans, food borne illness, and emerging environmental health issues. **Env. Health Policy Analysis:** 1) Coordinate implementation of the Climate Action Plan actions 2) Participate in the Climate Action Plan revision steering committee 3) Integrate environmental health risk reduction with other County-wide initiatives; and **Environmental Health Advocacy:** 1) Identify health disparities and environmental justice issues; 2) Coordinate stakeholder work groups to provide recommendations on emerging toxic-free policies – labeling of genetically modified organisms, pesticides on produce, and adopting a Safe Cosmetics Act.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of families receiving an environmental home inspection from any of the HH programs	132	130	140	90
Outcome	Emergency Dept & hospitalization costs averted	311,677	124,721	415,569	311,677
Outcome	Dollars leveraged	573,696	660,256	603,596	869,355
Output	Recommendations/policies adopted or influenced related to Environmental Health issues.	23	12	12	12

Performance Measure - Description

Outcome: These savings are estimated from client data and are based on number of ER visits averted and estimated number of hospitalizations averted. This does not include societal data such as lost work or school days averted. Our program evaluator estimated that for each asthmatic child served in the program there are an additional \$976 (2013 \$) in lost parental work days averted - \$390/day x 2.5 days.

Outcome: Includes the total sum of dollars leveraged in housing program grants by MCEH and revenue acquired through Targeted Case Management billing. This amount does not include the increased community capacity by MCEH providing technical assistance to community env. health partners to leverage grant funded resources. New community resource acquisition includes EPA Indoor Air Quality Grant for Schools, \$55,000

Output: Total number of homes receiving environmental assessments via the HH, AIR and CAIR programs. This number will decrease with the ending of the HUD CAIR grant.

Output: - number of recommendations/policies adopted or influenced through participation in coalitions and advisory groups.

Legal/Contractual Obligation

Some activities under this program offer are subject to contractual obligations under the HUD Healthy Homes Demonstration Grant # ORRLHH029-09, the DMAP Healthy Homes State Health Plan Amendment and the EPA grant. Tobacco Prevention programs funded by Oregon Public Health Division must comply with work plans and assurances. Smoke free work places and public places laws must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$456,983	\$619,046	\$322,248	\$667,719
Contracts	\$70,384	\$128,078	\$26,260	\$78,326
Materials & Supplies	\$61,287	\$57,948	\$53,398	\$27,727
Internal Services	\$43,399	\$161,361	\$97,713	\$103,776
Total GF/non-GF:	\$632,053	\$966,433	\$499,619	\$877,548
Program Total:	\$1,598,486		\$1,377,167	
Program FTE	4.54	6.66	3.07	6.25
Program Revenues				
Indirect for dep't Admin	\$59,942	\$0	\$54,781	\$0
Fees, Permits & Charges	\$0	\$188,160	\$0	\$376,320
Intergovernmental	\$0	\$778,273	\$0	\$501,228
Total Revenue:	\$59,942	\$966,433	\$54,781	\$877,548

Explanation of Revenues

State Tobacco Prevention Grant: \$363,399;

Federal HUD Healthy Homes CAIR grant: \$56,829 & City of Portland BCHD CAIR grant: \$26,000

Healthy Homes Targeted Case Management: \$376,320

EPA grant: \$55,000

In FY13 Tobacco Prevention was included in program offer 40047 Community Wellness and Prevention. For FY14, code enforcement was transferred to Environmental health and the tobacco prevention function remain in program offer 40047.

Significant Program Changes

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

In 2010, MCHD was awarded a three year Healthy Homes demonstration grant totaling \$874,898, and a \$65,000 per year contract with the Portland Housing Bureau. The grant will end in May 2013, and we have requested an extension. The FTE reduction is from the expiring grants. The current Housing and Urban Development (CAIR) grant providing services to children who are impacted by health issues related to housing will end in September 2013. The Healthy Homes program providing services to children who are impacted by asthma related to housing will be restructured to serve more families and is anticipated to receive additional revenue from Medicaid as a result. The receipt of an Environmental Protection Agency grant will allow some of the staff who were working on the HUD grant to instead provide education to schools on indoor air quality.

At the time the budget was adopted, additional revenue was added to this program offer. Tobacco prevention funds support enforcement of the Indoor Clean Air Act and conducts education and outreach in public settings. The City of Portland Bureau of Housing and Community Development approved a no cost extension to the CAIR grant which provides medical intervention, environmental assessments and physical remediation to low income families.



Lead Agency: Health Department

Program Contact: Noelle Wiggins

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

A key role of health departments and other government agencies is to support communities to identify and solve persistent problems. This program increases community capacity to identify and solve health problems. It also builds capacity within the Health Department to work in a way that empowers individuals and communities.

Activities include training Community Health Workers (CHWs), preventing youth violence before it starts, teaching empowering health promotion approaches including popular education, conducting community-based participatory health research (CBPR), and coordinating the Health Promotion Change Process throughout the Health Department. These activities support health care reform and cut health care costs by giving people and communities the tools they need to protect and promote their own health.

Program Description

This program helps people both inside and outside the Health Department to develop the skills and knowledge they need to improve health, increase health equity, and cut health care costs by addressing the social determinants of health, via five primary strategies: 1) providing state-approved, credit-bearing training for Community Health Workers (CHWs); 2) assisting a variety of groups to learn to use empowering strategies such as popular education to promote health; 3) conducting community-based participatory research (CBPR) projects that increase power and improve health in communities most affected by inequities; 4) preventing youth violence through relationship building and comprehensive planning; and 5) leading the MCHD Health Promotion (HP) Change Process. In the last year, CCC staff has provided revenue-producing CHW training courses to 7 agencies. Bi-monthly popular education (PE) workshops and ongoing consultation about PE are provided to staff from the Health Department, other County departments, and other organizations.

A grant application to fund a CBPR project designed to measure the health outcomes of a community garden program was submitted. A project aimed at reducing violence affecting youth of color brings together youth and police officers at 9 schools, agencies, or faith communities, while another project supports coalition building and the development of a comprehensive plan to prevent violence affecting youth. During 2011-12, the HP Change Process: 1) shared findings of its follow-up survey with multiple groups; 2) began to offer "Introduction to Empowering Health Promotion" trainings at new employee orientations; and 3) engaged in multiple projects aimed at increasing health promotion competence at the Health Department.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of participants in training classes	1,265	1,500	1,500	1,750
Outcome	% of participants in training courses who report increased ability to promote hlt	95.0%	95.0%	92.0%	92.0%
Outcome	% of participants in training courses who demonstrate increased health knowledge	72.0%	70.0%	75.0%	75.0%

Performance Measure - Description

Measure Changed

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

FY13 measure - "Percentage of HD staff who report increased understanding of health promotion" was not continued for FY14. It was removed because the Health Promotion Change Process discontinued annual follow-up surveys.

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	2013	2013	2014	2014
Personnel	\$524,301	\$215,702	\$653,426	\$242,611
Contracts	\$750	\$331	\$0	\$750
Materials & Supplies	\$16,962	\$11,126	\$221	\$31,684
Internal Services	\$71,353	\$40,841	\$0	\$134,470
Total GF/non-GF:	\$613,366	\$268,000	\$653,647	\$409,515
Program Total:	\$881,366		\$1,063,162	
Program FTE	4.82	1.98	6.24	2.56
Program Revenues				
Indirect for dep't Admin	\$16,621	\$0	\$26,261	\$0
Fees, Permits & Charges	\$0	\$3,000	\$0	\$20,000
Intergovernmental	\$0	\$265,000	\$0	\$306,337
Other / Miscellaneous	\$0	\$0	\$0	\$83,178
Total Revenue:	\$16,621	\$268,000	\$26,261	\$409,515

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with county general fund as well as multiple revenue contracts that reimburse the program for providing training for Community Health Workers and conducting evaluation.

County general fund: \$653,647

Striving to Reduce Youth Violence Everywhere (STRYVE) grant: \$248,151

Defending Childhood Initiative: \$20,000

CHW Trainings revenue contracts: \$22,500

Urban League: \$10,000

NE Oregon Network: \$53,178

Health Commons grant: \$20,686

Home Care Commission: \$35,000

Significant Program Changes

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

Our program offer changed because of increased revenue from Community Health Worker (CHW) training that we conduct for community-based organizations and coordinated care organizations. Also, \$30,000 in additional general fund was added to our budget to cover costs of training CHWs at MCHD which allowed for an 1.50 FTE new permanent positions to our program offer.

We rededicated funds from our STRYVE grant from the CDC to allow us to add a .5 FTE Community Health Specialist 2 to that program. The additional revenue and FTE for CHW training will allow us to serve more organizations and prepare more Community Health Workers for their roles in health care transformation. The addition of a permanent CHS 2 to our STRYVE team will allow us to more effectively engage communities most affected by youth violence in STRYVE planning and implementation.



Lead Agency: Health Department

Program Contact: Kathleen Fuller-Poe

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

This Program consists of three primary operating components that support the Health Department's Human Resources and Workforce Development objectives:

- 1) Organizational Effectiveness: Provides staff and organization development opportunities that support high performance, nurse development, Facilitative Leadership, change management, and succession planning. Other support includes managing and maintaining department training content, administrative guidelines dissemination and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 2) Public Health Competence: Assess, identify and provide training resources to employees to strengthen performance in the delivery of the 10 Essential Services of Public Health with attention paid to continuous learning, quality improvement and cultural competence.
- 3) Human Resources: Ensures Human Resources' systems are implemented and consistently followed to guide and direct all Human Resources' activities of the Health Department by providing internal consultation with legal counsel, and to managers and employees on a wide range of issues regarding human resources, employee and labor relations, performance management, position classification, recruitment to attract highly qualified diverse applicants, records maintenance and compliance with County personnel rules, department guidelines and labor contracts, and to reduce liability and costs of unlawful employment practices.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output		0	0	0	0
Outcome	% of 7 service areas that successfully piloted the Cultural Competency model	0.0%	25.0%	25.0%	50.0%
Outcome	% of 195 Management employees trained in performance management principles	0.0%	50.0%	75.0%	0.0%
Outcome	% of Management employees trained in the Public Health Competencies model and process	0.0%	0.0%	0.0%	75.0%

Performance Measure - Description

Measure Changed

In FY 14, Human Resources and Workforce Development will continue to advance the performance measure for Cultural Competency. In FY 13, Human Resources and Workforce Development successfully completed an assessment, developed policies, developed training materials, and piloted the training to 25% of the department. In the FY 14 budget, Human Resources and Workforce Development will deliver the Cultural Competency training to 50% of all department staff. The second FY 13 performance measure was successfully completed by training more than 50% of management employees in performance management principles. The new performance measure for FY 14 will be to incorporate the Public Health Competencies into the performance management process. In FY 14, 75% of management staff will be trained in the Public Health Competencies model and process, with the Public Health Competencies incorporated into exempt employee annual performance evaluations.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,872,958	\$0	\$2,013,058	\$0
Contracts	\$101,000	\$0	\$91,531	\$0
Materials & Supplies	\$59,816	\$0	\$41,752	\$0
Internal Services	\$246,469	\$0	\$239,482	\$0
Total GF/non-GF:	\$2,280,243	\$0	\$2,385,823	\$0
Program Total:	\$2,280,243		\$2,385,823	
Program FTE	17.23	0.00	17.33	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Business and Quality - Human Resources and Training is funded by \$988,894 county general fund and \$1,396,929 county general fund indirect revenue.

Significant Program Changes

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

Increased Nursing Development position to 1.0 FTE to respond to an increased demand of nursing recruitment, retention, and training to meet competencies for Public Health Accreditation and implementation of Health Share of Oregon.

Two employees salaries increased to address salary equity with all Human Resources staff. All personnel costs increased because of COLA, step and merit increases associated with the same level of staff. Internal services increased because of increases in IT and Facilities Rates.

Lead Agency: Health Department

Program Contact: Wendy Lear

Program Offer Type: Support

Related Programs:
Program Characteristics:

Executive Summary

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

Program Description

This group manages all of the financial reporting, billing and collection services for grant-funded programs. It prepares and reviews the Health Department's financial reports and develops and maintains the Department's budget. The Contracts Team advises, prepares and processes all contracts, intergovernmental agreements and professional service agreements for the Department. Accounts Payable, purchasing and travel and training services are also provided.

This group also includes the Facility and Safety Manager who acts as the Safety Coordinator and is responsible for managing compliance with federal, state and county safety regulations. This position is liaison to Facilities and Property Management, FREDS and works closely with the County's Health, Safety and Risk Management Division.

Operational IT support reports to Business Services. This team support the Health Department in meeting its IT Strategic plan, upgrading and maintaining its IT infrastrture in collaboration with County IT.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Percent of contracts executed by start of contract	98.0%	98.0%	98.0%	98.0%
Outcome	Percentage of revenue invoices recorded within 10 business days	0.0%	0.0%	97.0%	98.0%
Quality	Number of repeated audit or unresolved audit finding	0	0	0	0

Performance Measure - Description

✓ **Measure Changed**

New measure for FY14: "Percentage of revenue invoices recorded within 10 business days" County administrative procedure FIN-19 requires that revenue invoices are posted within 10 days after the accounting period closes. This measure reports Business Services compliance with FIN-19.

FY13 measure "percentage of grant reports submitted on time" was discontinued because tracking was done manually. The new measure "percentage of revenue invoice recorded within 10 days" relies on data from SAP and is directly linked to county administrative rules.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,622,919	\$0	\$2,978,512	\$0
Contracts	\$21,748	\$0	\$33,000	\$0
Materials & Supplies	\$94,572	\$0	\$65,269	\$0
Internal Services	\$439,094	\$0	\$509,676	\$0
Total GF/non-GF:	\$3,178,333	\$0	\$3,586,457	\$0
Program Total:	\$3,178,333		\$3,586,457	
Program FTE	27.10	0.00	31.10	0.00
Program Revenues				
Fees, Permits & Charges	\$5,856,884	\$0	\$6,411,374	\$0
Total Revenue:	\$5,856,884	\$0	\$6,411,374	\$0

Explanation of Revenues

Business and Quality - Accounting and Financial Services is funded by \$1,258,518 county general fund, and \$2,310,192 county general fund indirect revenue.

The general fund revenue in this program offer, \$6,411,374 is the amount of department indirect that is charged to federal/state revenue sources.

Significant Program Changes



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

Three positions providing internal support for an IT system upgrade and replacement have been added in FY 2014 in cooperation with County IT which is also enhancing the staffing to support the Health Department. This team will take direction from the Health Department IT governance leadership team to identify, plan and execute system upgrades throughout the Department.

A 1.0 FTE temporary project manager is included in FY 2014 organize Health Department activity needed to plan, construct and move into the new Health headquarters. The position will be funded through the construction project funds.

General Fund personnel expenditure figure is reduced by \$219,042 to reflect department-wide COLA calculations adjusted after department submission.

**Lead Agency:** Health Department**Program Contact:** Wendy Lear**Program Offer Type:** Support**Related Programs:****Program Characteristics:**

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of encounters processed for payment	348,716	328,000	335,000	334,000
Outcome	Percent of Receivables aged (older than 90 days)	20.0%	22.0%	25.0%	23.0%
Quality	% of FQHC claims unpaid	2.1%	2.2%	2.4%	2.3%

Performance Measure - Description

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

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,125,390	\$0	\$1,172,296	\$0
Contracts	\$457,400	\$0	\$1,420,673	\$0
Materials & Supplies	\$1,379,888	\$0	\$588,747	\$0
Internal Services	\$107,896	\$0	\$142,310	\$0
Total GF/non-GF:	\$3,070,574	\$0	\$3,324,026	\$0
Program Total:	\$3,070,574		\$3,324,026	
Program FTE	13.00	0.00	13.00	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Business and Quality - Medical Billing is funded by \$2,550,808 county general fund, and \$773,218 county general fund indirect revenue.

Significant Program Changes

Last year this program was: #40041, Business and Quality - Medical Billing

The change in expenditures between Materials & Supplies and Contractual Services is because expenditures for OCHIN Electronic Health Record fees and licenses were properly budgeted as software licenses and maintenance fees instead of professional services. Excess medical malpractice insurance was also added to this program offer.



Lead Agency: Health Department

Program Contact: Ben Duncan

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The Health Equity Initiative mission is to assure and promote the County's commitment to improving and protecting the health of all Multnomah County residents by addressing the ways that societal conditions affect health. Overarching goals of Health Equity Initiative include:

- 1: Improve health by incorporating equity into all programs, policies, and practices.
- 2: Promote health by developing and implementing empowering approaches to address inequities.
- 3: Protect health by increasing awareness of the intersections between societal conditions and health outcomes.

Program Description

In Multnomah County people of color, immigrants, and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. The Health Equity Initiative (HEI) advocates addressing racial and ethnic health inequities with an explicit focus on justice and equity. To eliminate racial and ethnic health disparities by addressing root causes, HEI builds capacity internally and externally to understand the intersections of societal conditions and health outcomes, and provides technical assistance and consultation for applying the Equity and Empowerment Lens in programs, policies and practices.

HEI will focus on increasing awareness by developing and disseminating case studies that reflect the impacts of societal conditions on health, and the important role that Public Health can play in achieving positive outcomes for racial and ethnic communities most impacted by the burden of illness, poverty and powerlessness. HEI will partner within the Health Department with Office of Policy and Planning, Maternal and Child Health and Early Childhood Services, the Healthy Birth Initiative, and Quality Improvement teams. Externally, HEI will continue to build relationships with community partners and coordinate with the Office of Diversity and Equity to assure that best practices are institutionalized throughout the County.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of staff, community members trained on health inequities and the E&E Lens	0	500	500	500
Outcome	%of staff with increased knowledge of health inequities and Lens after trainings	0.0%	0.0%	0.0%	90.0%
Output	Number of programs, practices and policies applying the lens	0	0	10	20
Output	Number of case studies developed highlighting health equity success stories	0	0	1	6

Performance Measure - Description

Measure Changed

The performance measures are changed to reflect a renewed focus on internal capacity building and increasing awareness by focusing on training staff and community members on the causes of health inequities, developing and disseminating case studies to highlight the role that Public Health can play in addressing inequities, and strengthening the Department's capacity to apply the Equity and Empowerment Lens to programs, policies and practices.

- 1) Continue internal and external empowering education increasing awareness of societal conditions that impact health outcomes, 2) train staff around the Equity and Empowerment Lens and provide technical assistance and consultation with programmatic staff and leadership on the application of the Lens, 3) increase integration of organizational change initiatives for greater and more widespread application of Lens principles and practices in the department, and 4) develop case studies to showcase how equity approaches can improve outcomes at the community level

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$392,023	\$0	\$360,231	\$0
Materials & Supplies	\$11,833	\$0	\$4,179	\$0
Internal Services	\$21,562	\$0	\$23,672	\$0
Total GF/non-GF:	\$425,418	\$0	\$388,082	\$0
Program Total:	\$425,418		\$388,082	
Program FTE	3.90	0.00	3.45	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Health Equity Initiative (racial justice focus) is funded with county general fund, \$388,082.

Significant Program Changes

Last year this program was: #40045, Health Equity Initiative (Racial Justice Focus)

Overall FTE allocation is FY14 include a 1.0 Program Coordinator position that is being replaced by a Program Specialist and 0.25 FTE Health Educator to support outcomes around internal organizational development and increased awareness in communities most affected by inequities. 0.33 FTE Program Manager 1 was removed from the Health Department's FY14 budget because the position is budgeted in the Office of Diversity and Equity's FY14 budget.

The changes will increase the ability of HEI to build capacity internally in the application of the Equity and Empowerment Lens and to better articulate the role of Public Health in addressing inequities for communities most impacted by negative health outcomes. Short term impacts include quality improvement efforts reflecting actions derived from application of the Lens with long term impacts of improving health outcomes for communities that experience inequities.



Lead Agency: Health Department

Program Contact: Sonia Manhas

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

The Community Wellness and Prevention Program develops and implements population-based strategies to prevent chronic diseases, improve health equity, and improve the health of Multnomah County residents. The Program coordinates the Department's policy, planning, and partnerships activities to address the leading risk factors for chronic diseases, including physical inactivity, poor nutrition, exposure to secondhand smoke, and tobacco use. This includes efforts to inform the design of healthy, safe neighborhoods; create a strong local food system; and reduce access to tobacco by youth. The Program supports development and incubation of innovative place-based initiatives, such as the Healthy Retail Initiative and the Tri-County Worksite Wellness Collaborative, and helps facilitate community planning such as the Multnomah Food Summit and Healthy Active Multnomah County Action Institute. The Program's primary focus is development and implementation of policy, systems, and environment change strategies that will create sustained, health promoting changes in the community over time.

Program Description

Despite spending more than twice what most other industrialized nations spend on health care, the U.S. ranks 24th out of 30 such nations in terms of life expectancy. A major reason is the minimal investment we make in preventing diseases. Seventy five percent of our health care costs are related to preventable conditions. Community Wellness & Prevention focuses on community-related activities designed to prevent diseases from occurring at all, coordinating efforts to change the community conditions that contribute to poor health outcomes, such as lack of access to safe places to walk and play, low availability of fresh fruits and vegetables, or easy access to tobacco by youth. These activities are carried out in collaboration with a wide, diverse network of community stakeholders through coalition building and formation of strategic organizational partnerships.

The Program plays a lead coordinating role of the Department's public policy activities in close collaboration with Department Leadership and the Board of County Commissioners, such as staffing the county's policy action to restrict the use of Bisphenol-A in beverage containers and adopt chain restaurant menu labeling requirements. The policies and environmental changes being advanced and implemented by the Program are critical to changing social norms and behaviors, improving the health of county residents, and saving health care costs in the years to come.

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of community partners in Healthy Active Multnomah County coalition	30	40	40	50
Outcome	Number of policies established to slow and reduce rates of chronic disease	14	10	14	16
Quality	Federal CPPW grant-defined progress milestones are met quarterly.	100.0%	100.0%	100.0%	0.0%
Output	4-Public exposure to "It Starts Here" media campaign. Exposure will be tracked by # of visits to campaign	15.0%	25.0%	25.0%	0.0%

Performance Measure - Description

1-Number of community partners in Healthy Active Multnomah County coalition. Partners will be tracked by # of partnerships established/strengthened through policy teams. 2-Number of policies established: This is an outcome measure that enables the program to track and monitor whether its partnership activities result in concrete changes in policy. 3-Tracks progress towards meeting objectives in the program's ARRA Communities Putting Prevention to Work (CPPW) grant (ended in March 2013). 4-Tracks public exposure to It Starts Here media campaign funded by CPPW grant (ended in March 2013).

Legal/Contractual Obligation

Healthy Communities Grant funded by Oregon Public Health Division must comply with required work plans and assurances. Food Access Grant funded by the Northwest Health Foundation must comply with reporting requirements.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$358,948	\$594,679	\$646,867	\$166,226
Contracts	\$5,995	\$153,103	\$15,000	\$11,810
Materials & Supplies	\$22,822	\$16,045	\$21,427	\$3,315
Internal Services	\$24,757	\$228,156	\$191,214	\$20,867
Total GF/non-GF:	\$412,522	\$991,983	\$874,508	\$202,218
Program Total:	\$1,404,505		\$1,076,726	
Program FTE	3.65	6.90	6.75	1.80
Program Revenues				
Indirect for dep't Admin	\$61,525	\$0	\$12,968	\$0
Intergovernmental	\$0	\$932,016	\$0	\$115,256
Other / Miscellaneous	\$0	\$59,967	\$0	\$86,962
Total Revenue:	\$61,525	\$991,983	\$12,968	\$202,218

Explanation of Revenues

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

Kaiser Permanente grant: \$86,962

State Tobacco Prevention (this grant is shared with program offer 40037): \$34,006

County General Fund: \$874,508

Significant Program Changes

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

The Program has moved into the Office of Policy & Planning as a Departmental-wide support. As a result, some program activities and corresponding revenue have moved to other Department areas including: 1) a grant from the National Association of Chronic Disease Directors (NACCD) to enable local communities to address chronic disease risk factors moved to Healthy Birth Initiative within Community Health Services; 2) Oregon Tobacco Prevention & Education grant moved to Environmental Health within Community Health Services due to enforcement functions.

Community Wellness and Prevention's ARRA Communities Putting Prevention to Work grant ended in March 2013.



Lead Agency: Health Department

Program Contact: Sonia Manhas

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Backfill State/Federal/Grant

Executive Summary

The purpose of the Office of Policy & Planning is to help define the public health priorities for the Health Department and advance innovative strategies that create positive population-wide impact for the community's most pressing and emerging public health needs. The Office of Policy & Planning provides Health Department leadership in conducting public health surveillance and community health assessment; conducting planning and evaluations; mobilizing community partners and brokering relationships; implementing policy, systems, and environment change strategies; and pursuing health equity. The Office of Policy & Planning works with key leadership to develop strategic plans, set policy, and develop regulations that result in improved health outcomes for all communities in Multnomah County.

Program Description

These funds will enable the Health Department to maintain capacity developed as a result of its CDC-funded Communities Putting Prevention to Work grant through the Office of Policy & Planning. Specifically, the Office of Policy & Planning will lead:

- Coordination and development of the county's Community Health Improvement Plan (CHIP), including the convening and mobilization of an extensive network of community leaders, as well as community-based, culturally-specific, and governmental organizations
- Coordination of a community-wide "It Starts Here" health education campaign
- Development and implementation of a comprehensive policy, environmental, and systems change strategy to support healthy kids and families, building on the work accomplished and set in motion through the CPPW Healthy Active Schools Program.
- Coordination of a community-wide Healthy Worksites Initiative, which will include outreach and assistance to employers to adopt comprehensive wellness programs that promote employee health and reduce rising health care costs and to include support strategic planning for Multnomah County's internal employee wellness program.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of employers participating in prevention coalition	0	0	0	10
Outcome	# of changes adopted to support health in schools/childcare centers	0	0	0	5
Quality	Public exposure to It Starts Here campaign	15.0%	25.0%	25.0%	10.0%
Output	# of community partners with identified roles and responsibilities in CHIP	0	0	0	10

Performance Measure - Description

1-Output Measure: Tracks specific number of non-profit, governmental, or private sector employers who adopt "It Starts Here" wellness changes to support employee health

2-Outcome Measure: Will track concrete policy, systems, or environment changes to school and/or child care settings to support healthy children and youth, such as adoption of nutrition standards for snack programs or addition of outside play time

3-Quality Measure: Public exposure to "It Starts Here" media campaign of those who believe that availability to healthy food and beverages is an important issues requiring community actions. Exposure will be tracked by # of visits to campaign website and exposure to print campaign.

4-Output Measure: We will be leading development of a community-wide Community Health Improvement Plan that will require negotiation of community priorities, organizational roles & responsibilities. Will track # of partners with agreed-upon roles and responsibilities in the plan as a measure of shared accountability.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$105,085	\$0	\$213,025	\$0
Contracts	\$5,000	\$0	\$10,000	\$0
Materials & Supplies	\$2,500	\$0	\$2,500	\$0
Total GF/non-GF:	\$112,585	\$0	\$225,525	\$0
Program Total:	\$112,585		\$225,525	
Program FTE	1.20	0.00	2.20	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

This program offer is funded with \$225,525 in county general fund from savings through a reduction of the budgeted employee cost of living increase.

Significant Program Changes

Last year this program was:

Lead Agency: Health Department

Program Contact: Robert Johnson

Program Offer Type: Existing Operating

Related Programs:
Program Characteristics: Climate Action Plan

Executive Summary

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

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

Program Description

The Community Epidemiology Services (CES) program provides the core governmental public health services to CHS programs. Population data are analyzed to assist programs in optimizing quality and accountability to the communities they serve. CHS programs provide clinical, technical, field-based outreach, and community engagement functions across diverse professional disciplines such as medicine, nursing, public health inspections (food and water), entomology (vector control), and health promotion. These programs must operate in compliance with a substantial body of public health and environmental statutes and ordinances to monitor and control disease. Accurate collection and analysis of programmatic, epidemiological, and environmental data is essential to focus resources on preventing disease and promoting health in vulnerable populations. The CES unit leads CHS programs in implementation of efficient and safe service delivery, coordinated public health data, epidemiologic analysis, and coordinated communication activities.

CES optimizes resources to assure quality and effectiveness of clinical services, data management, and prevention projects. The program provides demographic data for strategic program planning and to assist our community partners in coordinating efforts. Outbreak response is provided through epidemiologic support, statistical modeling, and standardized Investigative Guidelines. CES also supports the Department with implementation of best practices, coordination with prioritized County initiatives, and Public Health Accreditation. This program assures that all CHS services align with the Multnomah County Health Department Strategic Plan.

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Quality Improvement training and projects for identified priority CHS programs	9	12	12	14
Outcome	Population data requests completed on time*	90.0%	100.0%	95.0%	95.0%
Quality	Internal customers are "satisfied" or "extremely satisfied"	0.0%	0.0%	0.0%	90.0%

Performance Measure - Description

✓ **Measure Changed**

*Population data reports are considered "on-time" when in compliance with the initial request timeframe. A new measure of customer satisfaction has been added and a survey developed.

Legal/Contractual Obligation

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

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$493,438	\$0	\$392,582	\$0
Contracts	\$9,000	\$0	\$9,000	\$0
Materials & Supplies	\$32,024	\$0	\$41,055	\$0
Internal Services	\$67,325	\$0	\$56,689	\$0
Total GF/non-GF:	\$601,787	\$0	\$499,326	\$0
Program Total:	\$601,787		\$499,326	
Program FTE	4.40	0.00	3.50	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Community Epidemiology Services is funded with \$499,326 in county general fund.

Significant Program Changes

Last year this program was: #40048, Community Epidemiology

One of our positions was reclassified from a Program Manager to a Health Policy Analyst, Sr. and was moved to the Office of Policy and Planning. Funding for this position moved to that Office as well, and is reflected in the 11% decrease in our budget. Policy and communications functions of this position will be met and facilitated in its new location in the Department.

**Lead Agency:** Health Department**Program Contact:** Nancy Griffith**Program Offer Type:** Existing Operating**Related Programs:****Program Characteristics:**

Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. JDH health personnel care for 80 detained youth from Multnomah, Washington and Clackamas Counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes.

Trained, skilled professional nursing staff, scheduled 16 hrs/day, provide effective illness screening, evaluation of symptoms and effective, targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 2,000 youth are cared for each year with over 40% having major mental health and unstable medical health conditions. Routine STD and TB health screenings are completed to protect both the health of the clients, custody staff and the public.

Program Description

This offer ensures that the health needs for 80 youth meet the standards that assure access to care, safeguards the health of all those who are in detention and controls the legal risk to the County. JDH health professionals work 16 hrs/day, seven days a week providing care for 80 youth daily in 6 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of medical and mental illness. Registered nurses work one day/week with a provider in the clinic, to examine and order the care necessary to keep the youth medically healthy.

In partnership with the Department of Community Justice custody staff, Corrections Health identifies and responds to medical emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other Oregon counties occurs so transferring health care needs to other jurisdictions is achieved effectively. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of clients visits conducted by a CH nurse per yr	3,500	3,600	3,500	3,500
Outcome	% of detained youth receiving mental health medications monthly	50.0%	50.0%	50.0%	50.0%

Performance Measure - Description

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$632,283	\$0	\$521,405	\$66,489
Contracts	\$87,407	\$0	\$0	\$0
Materials & Supplies	\$23,246	\$0	\$50,716	\$0
Internal Services	\$68,400	\$0	\$74,493	\$6,090
Total GF/non-GF:	\$811,336	\$0	\$646,614	\$72,579
Program Total:	\$811,336		\$719,193	
Program FTE	4.70	0.00	3.40	0.00
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$4,654	\$0
Fees, Permits & Charges	\$7,238	\$0	\$0	\$72,579
Intergovernmental	\$103,000	\$0	\$68,132	\$0
Total Revenue:	\$110,238	\$0	\$72,786	\$72,579

Explanation of Revenues

As a result of current laws that govern the responsibilities of governmental agencies in the care of detained individuals, Corrections Health is unable to bill for services from 3rd party payors, insurance companies, Medicare, Medicaid and OHP. These rules and laws are under review both locally and nationally to determine if additional revenue sources can be made available to jails. There is no co-pay system for youth, however, those youth in the Alcohol and Drug Treatment Program have OHP coverage so some of their clinic appointments with a physician and medications are billed through the community or health department to OHP.

Corrections Health Juvenile Detention/Admissions and Housing is funded by \$646,614 in county general fund which includes \$68,132 in intergovernmental revenue from Washington and Clackamas Counties. The other revenue, \$72,579 are grant funds from the Dept. of Health & Human Services, Office of Refugee Resettlement, Division of Children's Service through a revenue contract with the Morrison Center through the Department of Community Justice.

Significant Program Changes

Last year this program was: #40049, Corrections Health Juvenile Detention, Admissions and Housing
Revenue from Morrison Center to provide health care services to youth in a secure residential pod was extended in FY13 and FY14.

The FTE changes in this program offer are from 1.20 FTE for 3 positions that were added to the budget and never filled. There is no impact to client care.

The other .10 fte change is from the elimination of a vacant Office Assistant 2 position that through a time study it was determined that the position was no longer needed.



Lead Agency: Health Department

Program Contact: Nancy Griffith

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and three floors of discipline and evaluation housing. Approximately 160-170 US Marshall (USM) detainees are housed in the system daily.

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Average # of health screenings completed in an 8 hr shift	40	100	115	115
Outcome	% of + screenings resulting in a referral to the mental health team per year	37.0%	50.0%	50.0%	50.0%

Performance Measure - Description

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$2,985,488	\$0	\$2,987,918	\$0
Contracts	\$222,648	\$0	\$560,976	\$0
Materials & Supplies	\$98,370	\$0	\$213,199	\$0
Internal Services	\$150,880	\$0	\$170,543	\$0
Total GF/non-GF:	\$3,457,386	\$0	\$3,932,636	\$0
Program Total:	\$3,457,386		\$3,932,636	
Program FTE	23.70	0.00	23.70	0.00
Program Revenues				
Intergovernmental	\$26,511	\$0	\$26,789	\$0
Total Revenue:	\$26,511	\$0	\$26,789	\$0

Explanation of Revenues

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

Corrections Health MCDC Base Services and Booking Floor is funded for \$3,932,636 in county general fund. The program estimates to collect \$26,789 in medical fees that are included in the county general fund.

Significant Program Changes

Last year this program was: #40050A, Corrections Health MCDC

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.

**Lead Agency:** Health Department**Program Contact:** Nancy Griffith**Program Offer Type:** Existing Operating**Related Programs:****Program Characteristics:**

Executive Summary

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

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # inmate medical requests for care evaluated by nurse monthly	725	800	962	980
Outcome	Avg suicide watches per month to prevent inmate injury or death.	55	55	79	80

Performance Measure - Description

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,951,150	\$0	\$1,578,355	\$0
Contracts	\$525,904	\$0	\$466,381	\$0
Materials & Supplies	\$379,446	\$0	\$212,865	\$0
Internal Services	\$77,053	\$0	\$84,332	\$0
Total GF/non-GF:	\$2,933,553	\$0	\$2,341,933	\$0
Program Total:	\$2,933,553		\$2,341,933	
Program FTE	16.40	0.00	15.00	0.00
Program Revenues				
Intergovernmental	\$18,720	\$0	\$14,681	\$0
Total Revenue:	\$18,720	\$0	\$14,681	\$0

Explanation of Revenues

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

Corrections Health MCDC Clinical Services and 4th Flr Housing is funded by \$2,341,933 in county general fund. The program estimates to collect \$14,681 in medical fees that are included in the county general fund.

Significant Program Changes

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

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.

**Lead Agency:** Health Department**Program Contact:** Nancy Griffith**Program Offer Type:** Existing Operating**Related Programs:****Program Characteristics:**

Executive Summary

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

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	725	725	800	963
Outcome	Avg suicide watches per month to prevent inmate injury or death	55	55	79	80

Performance Measure - Description

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$994,512	\$0	\$1,226,584	\$0
Contracts	\$208,350	\$0	\$311,775	\$0
Materials & Supplies	\$173,680	\$0	\$112,378	\$0
Internal Services	\$40,206	\$0	\$71,794	\$0
Total GF/non-GF:	\$1,416,748	\$0	\$1,722,531	\$0
Program Total:	\$1,416,748		\$1,722,531	
Program FTE	11.40	0.00	11.40	0.00
Program Revenues				
Intergovernmental	\$9,768	\$0	\$14,530	\$0
Total Revenue:	\$9,768	\$0	\$14,530	\$0

Explanation of Revenues

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

Corrections Health MCDC Housing Floor 5, 6, 7 & 8 is funded by \$1,722,531 in county general fund. The program estimates to collect \$14,530 in medical fees that are included in the county general fund.

Significant Program Changes

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

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.



Lead Agency: Health Department

Program Contact: Nancy Griffith

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and non-sentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies or pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse.	915	955	915	930
Outcome	Avg # of TB tests per month.	58	48	66	65

Performance Measure - Description

Performance measures reflect the entire facility.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,871,068	\$0	\$1,872,426	\$0
Contracts	\$140,729	\$0	\$397,358	\$0
Materials & Supplies	\$120,461	\$0	\$130,335	\$0
Internal Services	\$191,974	\$0	\$188,039	\$0
Total GF/non-GF:	\$2,324,232	\$0	\$2,588,158	\$0
Program Total:	\$2,324,232		\$2,588,158	
Program FTE	15.70	0.00	14.10	0.00
Program Revenues				
Intergovernmental	\$33,851	\$0	\$30,906	\$0
Total Revenue:	\$33,851	\$0	\$30,906	\$0

Explanation of Revenues

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

Corrections Health MCIJ Base Services and Clinical Services is funded by \$2,588,158 in county general fund. The program estimates to collect \$30,906 in medical fees that are included in the county general fund.

Significant Program Changes

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

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.



Lead Agency: Health Department

Program Contact: Nancy Griffith

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	915	955	915	930
Outcome	Avg # of inmate TB tests per month.	58	48	66	65

Performance Measure - Description

Performance measures reflect the entire facility.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$1,122,421	\$0	\$1,048,892	\$0
Contracts	\$24,433	\$0	\$329,172	\$0
Materials & Supplies	\$72,261	\$0	\$127,945	\$0
Internal Services	\$96,990	\$0	\$110,503	\$0
Total GF/non-GF:	\$1,316,105	\$0	\$1,616,512	\$0
Program Total:	\$1,316,105		\$1,616,512	
Program FTE	10.10	0.00	9.30	0.00
Program Revenues				
Intergovernmental	\$20,306	\$0	\$20,868	\$0
Total Revenue:	\$20,306	\$0	\$20,868	\$0

Explanation of Revenues

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

Corrections Health MCIJ General Housing Dorms 4 - 11 is funded by \$1,616,512 in county general fund. The program estimates to collect \$20,868 in medical fees that are included in the county general fund.

Significant Program Changes

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

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.



Lead Agency: Health Department

Program Contact: Nancy Griffith

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care.

Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Description

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 12-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical unit which provides skilled nursing and protective isolation in house and preventing a stay in a hospital and much greater cost. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics support in house care. In partnership with custody staff, Corrections Health responds to emergencies and screens for communicable disease to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Avg # of inmate medical requests for care evaluated by the Traige Nurse monthly	915	955	915	930
Outcome	Avg # of TB tests per month.	58	48	66	65

Performance Measure - Description

Performance measures reflect the entire facility.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$820,433	\$0	\$748,040	\$0
Contracts	\$317,859	\$0	\$234,340	\$0
Materials & Supplies	\$52,821	\$0	\$76,863	\$0
Internal Services	\$70,895	\$0	\$92,373	\$0
Total GF/non-GF:	\$1,262,008	\$0	\$1,151,616	\$0
Program Total:	\$1,262,008		\$1,151,616	
Program FTE	8.00	0.00	6.90	0.00
Program Revenues				
Intergovernmental	\$14,843	\$0	\$18,226	\$0
Total Revenue:	\$14,843	\$0	\$18,226	\$0

Explanation of Revenues

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

Corrections Health MCIJ Dorms 12-18 including Infirmary, is funded by \$1,151,616 in county general fund. The program estimates to collect \$18,226 in medical fees that are included in the county general fund.

Significant Program Changes

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

Corrections Health has reduced administrative staff and clinic staff has been maintained to ensure compliance with accreditation. Changes in contractual services and materials & supplies has been reallocated to the other Corrections Health scaled program offers. Overall, the budget for contractual services has been increased to better reflect actual expenditures for outsourced medical services.

Lead Agency: Health Department

Program Contact: Kathryn Richer

Program Offer Type: Existing Operating

Related Programs:
Program Characteristics:

Executive Summary

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

Program Description

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

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

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of deaths requiring investigation	2,128	2,200	2,150	2,200
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	0.0%	90.0%	73.0%	70.0%

Performance Measure - Description

Output: Number of deaths in Multnomah County that require investigations.

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

The outcome measure was effective FY 13.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$836,906	\$0	\$882,626	\$0
Contracts	\$63,000	\$0	\$59,400	\$0
Materials & Supplies	\$13,778	\$0	\$10,464	\$0
Internal Services	\$68,345	\$0	\$67,364	\$0
Total GF/non-GF:	\$982,029	\$0	\$1,019,854	\$0
Program Total:	\$982,029		\$1,019,854	
Program FTE	8.80	0.00	8.80	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

The Medical Examiner's Office is funded by \$1,019,854 in county general funds.

Significant Program Changes

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



Lead Agency: Health Department

Program Contact: Kathryn Richer

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

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Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of deaths requiring investigation	2,128	2,200	2,150	2,200
Outcome	Deputy Medical Examiner arrives on-scene within one hour for 90% of calls	0.0%	90.0%	73.0%	70.0%

Performance Measure - Description

Output: Number of deaths in Multnomah County that require investigations.

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

The outcome measure was effective FY 13.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$31,986	\$0	\$34,371	\$0
Contracts	\$2,000	\$0	\$2,000	\$0
Materials & Supplies	\$1,500	\$0	\$1,629	\$0
Total GF/non-GF:	\$35,486	\$0	\$38,000	\$0
Program Total:	\$35,486		\$38,000	
Program FTE	0.40	0.00	0.40	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

This program offer is funded with \$38,000 in county general fund from savings through a reduction of the budgeted employee cost of living increase.

Significant Program Changes

Last year this program was:

For FY 13, the Medical Examiner Program received one-time-only funding. For FY 14 the Health Department was able to fund this program offer within existing general fund.

**Lead Agency:** Health Department**Program Contact:** Sonia Manhas**Program Offer Type:** Innovative/New Program**Related Programs:****Program Characteristics:** One-Time-Only Request

Executive Summary

This program offer would provide funding to increase the availability of healthy, affordable, culturally relevant food at neighborhood based stores, particularly those serving immigrant and refugee communities as well as African American, African, and Latino customers.

Program Description

Based on the success of our Healthy People Healthy Places initiative, the project will work with neighborhood retailers to employ strategies that are based on policy, systems, environmental changes to address the barriers that currently prevent neighborhood stores from offering healthy foods, such as whole grains, low-fat dairy, and fresh produce. Continuing the success of our Healthy Retail Initiative, the decision to work with neighborhood retailers to improve access to healthy foods has two main benefits: it puts healthy options in stores that are easily accessible for neighborhood residents and it supports the current small-business economy. The goal of the proposed project is to increase the availability of healthy, affordable, culturally relevant food at neighborhood based stores, particularly those serving customers in historically underserved neighborhoods of Multnomah County.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	Number of neighborhood retailers in Healthy Retail Network	14	22	22	28
Outcome	Public exposure to "Healthy Options Here"	0	0	0	25

Performance Measure - Description

- 1) Number of neighborhood retailers in Healthy Retail Network. Partners will be tracked by number of partnerships established/strengthened through recruitment/outreach/educational efforts.
- 2) Public exposure to "Healthy Options Here: It Starts Here" media campaign. Exposure will be tracked by number of stores with branded marketing materials as well as visits to campaign website.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Contracts	\$0	\$0	\$75,000	\$0
Total GF/non-GF:	\$0	\$0	\$75,000	\$0
Program Total:	\$0		\$75,000	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

This program offer is funded with \$75,000 one-time only county general fund.

Significant Program Changes

Last year this program was: