

Service Efforts and Accomplishments  
Social and Health Services FY2000

February 2001



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Suzanne Flynn  
Multnomah County Auditor



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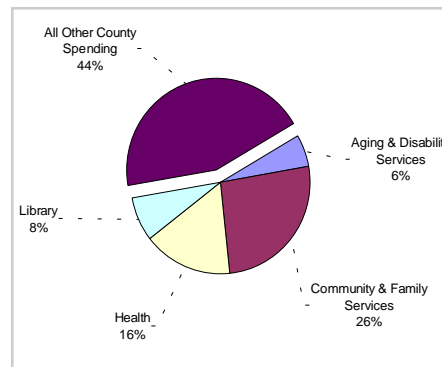
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February 21, 2001

Dear Citizens of Multnomah County,

This is Multnomah County's first Service Efforts and Accomplishments Report. This year we are reporting on three of the four departments in the County that provide social and health services. These services are a substantial portion of the County's responsibility, representing 55% of all expenditures and over 2,000 employees in FY2000.

The report was the joint effort of the Auditor's Office and the three departments we worked with: Community and Family Services, Health, and Library. While the Department of Aging and Disability Services was not included in this



report, we completed a substantial amount of preparatory work with that department. The FY2002 report on social and health services will include all four departments.

I would like to commend the County and these departments for their willingness and ability to participate in such a challenging task. Together we have created a report that adds considerably to the County's accountability to its citizens.

Sincerely,

Suzanne Flynn  
Multnomah County Auditor

Audit Staff: Sarah Landis, Senior Management Auditor  
Heidi Loyd, Intern

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# Introduction

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## Purpose

This Service Efforts and Accomplishments (SEA) report presents the resources, workloads, and results of most of Multnomah County’s social and health services. The Auditor’s Office reports this information in order to:

- Increase government accountability
- Provide information to citizens about their government

## Implementation of SEA Reporting

Last year, the Auditor’s Office studied the possibility of SEA reporting in Multnomah County and concluded that such reporting was feasible given the considerable progress the County had already made in performance measurement. The study identified gaps in the current performance measurement system that would be filled with SEA reporting, identified the role of the Auditor’s Office, and recognized the need for citizen engagement in performance reporting.

The feasibility study also presented full SEA reports for the Health Department and the Sheriff’s Office. We have begun a schedule for SEA reporting that will rotate between social and health services one year, and public safety the next.

Social and Health Services	Public Safety Services
<ul style="list-style-type: none"><li>• Department of Community and Family Services</li><li>• Health Department</li><li>• Library</li><li>• Department of Aging and Disability Services (not included this year)</li></ul>	<ul style="list-style-type: none"><li>• Sheriff’s Office</li><li>• Department of Community Justice</li><li>• District Attorney</li></ul>

This year, the FY2000 report contains information on the social and health services provided by the Health Department, the Department of Community and Family Services, and the Library. Because this is the first year of reporting for the Library and for Community and Family Services, these reports should be considered works in progress. There are a number of measures marked “under development” for which data are not available this year. Future reports should demonstrate progress in producing these data and measuring these outcomes.

# Introduction

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## Methodology and Scope

We have not yet determined how or whether to include the Department of Sustainable Community Development and the Department of Support Services.

Service Efforts and Accomplishments reporting is a concept developed by the Government Accounting Standards Board (GASB). It is intended to supplement financial reporting to give a full account of government performance. Current GASB standards do not require state and local governments to report on service efforts and accomplishments; however, GASB is considering the adoption of standards and has already established guidelines for SEA reporting. In producing this report, we followed GASB's guidelines as well as the General Standards section of *Government Auditing Standards*.

Multnomah County Auditor's Office worked closely with staff and management in each department to develop a framework for reporting, decide on measures, and gather data for the report. The reporting framework and performance measures reflect the mission, goals, and service priorities of each department.

To the extent possible, we tailored the report to reflect our learnings on citizen interest. During last year's feasibility study, we conducted a number of focus groups to find out what citizens want to see in a performance report. The following elements were the most common:

- *Report from the public's point of view.* Organize the information by function rather than department. Include services, regardless of size, which are of great interest to the public.
- *Describe goals and service populations.*
- *Show revenues, expenditures, and amount of services purchased.* Include information on County spending priorities and the number of people served.
- *Include broad measures.* Provide figures on County progress toward state and local benchmarks, and cross-departmental measures.
- *Show efficiency measures.* Include information at the County and department level on per capita costs of services.
- *Include trends and comparisons.* Show how the County has done over time and compared to other jurisdictions.

We completed reports for the Health Department, Library, and the Department of Community and Family Services. We initially intended to include the Department of Aging and Disability Services, but decided to wait until the department had finished its community planning process and internal review of performance

# Introduction

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measures. We worked with Aging and Disability Services to develop a reporting framework and a proposed set of measures that will be used in the FY2002 Social and Health Services report.

Results are presented by department. Within each department, services are broken down by function or major service area. Four types of measures are provided:

1. *Spending and staffing measures* show how much each department spent, how many people it employed, and how much growth it experienced over the last five years.
2. *Workload measures* indicate how much of a service was produced or how many people were served.
3. *Outcome measures* demonstrate the intended results and effectiveness of a service or program.
4. *Efficiency and cost measures* show how much it costs to provide a service or how economically it is being provided over the course of time or compared to other jurisdictions.

## Data and Measure Limitations

Performance measures, such as those presented in this report, provide good indicators of accomplishments or changes in performance. They do not tell us why a program is succeeding or failing. We did not attempt to determine the causes behind specific performance trends; such a task would require extensive evaluation work that is beyond the scope of this report. We encourage readers to consider SEA information in this light. Program staff, County management, or elected officials may be contacted for more information about the results presented here.

Social and health services are provided to help protect vulnerable people, reduce poverty, enhance and protect the social, economic, and physical health of the community, provide leisure and learning opportunities, and give children and youth the skills they need to succeed. Outcomes for these activities are difficult to measure: results can take years to emerge, causal factors are hard to isolate, privacy and cost issues curtail data collection efforts, and clients are very difficult to track over time. Given these limitations, we have provided measures that show performance in specific programs or among certain populations, but do not assess progress toward broad, long-term goals such as reducing poverty. In other cases, we were able to show results on community-wide benchmarks, such as teen pregnancy rate, but were not able to evaluate whether specific County programs impacted these results.

We found many existing measures in departments that provide a good start toward SEA reporting, but that need revision, recalculation, or better data sources. We made recommendations to each of the departments to address these issues prior to the next SEA reporting cycle.

# Introduction

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Most of the data in the report were provided to the Auditor's Office by department staff and were collected internally, from contractors, or from another government such as the State of Oregon. Due to time and resource constraints, not all data could be verified for accuracy by the Auditor's Office.

Our goal is to make the SEA report as accessible and meaningful to the citizens of Multnomah County as possible while accurately reflecting the work of the County and meeting GASB's guidelines. We will continue to work with departments to develop, implement, and report on SEA, focusing next year on the County's public safety services.

To help us better reflect citizen interest and perspectives, we plan to work with citizen groups to review and refine the reports. We are currently developing a citizen survey that will provide data on how citizens feel about their quality of life, access to services, and satisfaction with government programs. Data from the citizen survey will be available for the FY2001 report (February 2002 release).

## Acknowledgements

Multnomah County has a strong performance measurement system in place that provides a wealth of information, much of it suitable for SEA reporting. We would like to acknowledge the years of work that went into creating this system and applaud County leadership, management, and line staff for creating a culture that values data for decision making, believes in evaluation and auditing, and has implemented performance measurement and budgeting down to the program level. Without the work already accomplished, developing SEA reports would not have been possible.

We are grateful to the staff in each department who worked so hard to put this report together, and to department directors Ginnie Cooper of the Library, Jim McConnell of Aging and Disability Services, Lorenzo Poe of Community and Family Services, and Lillian Shirley of the Health Department, for championing the effort and giving staff the time to work on this project.

**Aging and Disability Services:** Rey Espana and Daphne Teals

**Community and Family Services:** Dan Aledo, Danna Burch, Sara Carter, Denise Chuckovich, Janice Gratton, Barbara Hershey, Howard Klink, Kathy Knapp, Margaret LaFaive, Arlene Landry, Carol Mason, Lynn Reini, Judy Robison, Kathy Tinkle, Gloria Wang, Nancy Wilton, and Phillip Windell

**Health:** Linda Doyle, Bonnie Kostelecky, and Diane McBride

**Library:** Becky Cobb, Ellen Fader, Shani Fox, Jeanne Goodrich, Maggie Kalil, Lucien Kress, and James Price



**Multnomah County**

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**Service Efforts and Accomplishments FY2000**



# Department of Community and Family Services

## Overview

### *FY2000 In Brief . . .*

#### Accomplishments

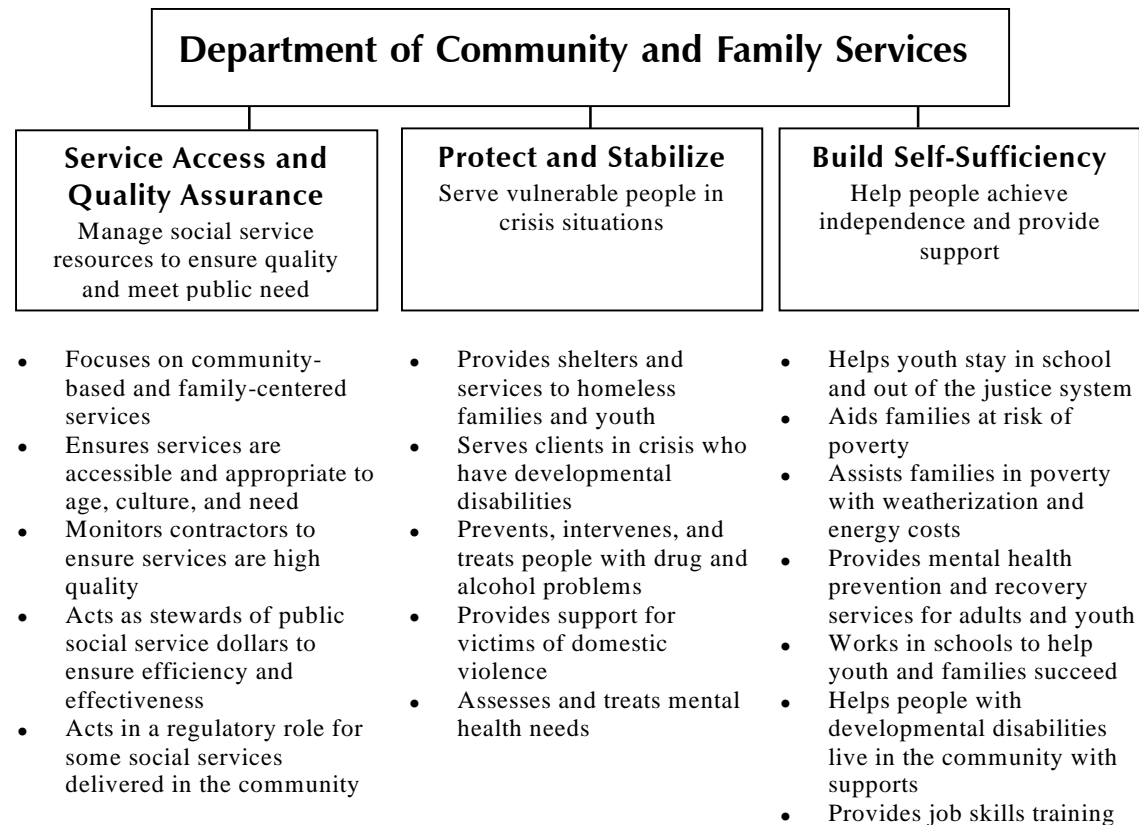
- Integrated 74 clients from Fairview Hospital into community residences and services
- Increased awareness and screening for domestic violence among public, private, and non-profit agencies
- Invested in technology and data quality to improve management of services
- Helped increase activities and events at participating SUN schools by an average of 55%

#### Issues

- The Department is participating in a major redesign of mental health services in response to community concern about quality and access
- Outcomes for many of the Department's clients, such as homeless families or victims of domestic violence, are very difficult to measure

The Department of Community and Family Services works to improve the quality of life for vulnerable people in Multnomah County. The department provides funding, oversight, and coordination of services that strengthen communities, help people out of crisis situations, and assist them in moving toward greater independence and well-being.

The Department provides most of its services through contracts with community-based organizations. Services are designed to meet a broad range of needs and to reflect client diversity.



# Department of Community and Family Services

## Spending and Staffing

### Spending

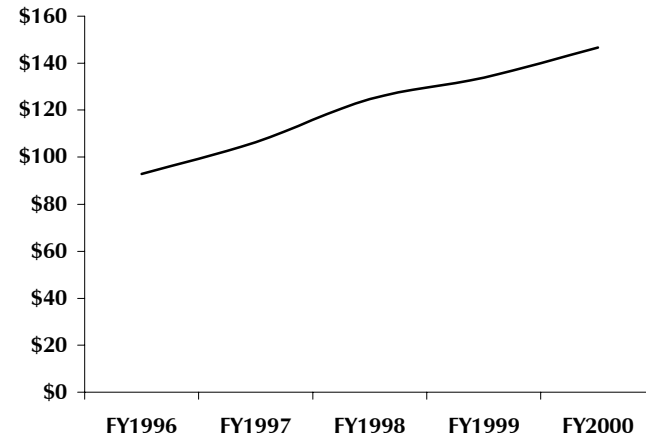
The Department of Community and Family Services spent \$146.7 million on services in Fiscal Year 2000 (July 1, 1999 - June 30, 2000), an increase of 58% since FY1996.

- \$227 dollars were spent per county resident.
- Approximately 75% of the Department’s funding came from state and federal sources, with local and other sources accounting for the remainder.
- \$107 million of the Department’s expenditures went to funding community-based organizations that provide services directly.

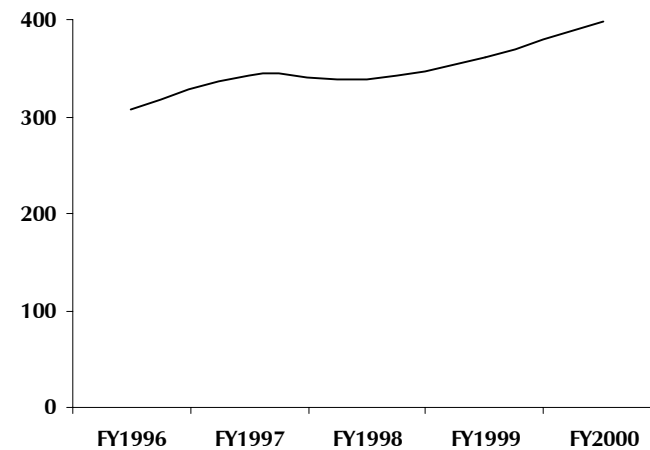
### Staffing

The number of hours worked by Department of Community and Family Services employees was equal to 397 full-time positions in FY2000. This is an increase of 30% over FY1996.

**Community and Family Services Spending**  
(In Millions of \$, Adjusted for Inflation)



**Community and Family Services Staffing**  
(Full-Time Equivalent Employees)



# Department of Community and Family Services

## Service Access and Quality Assurance

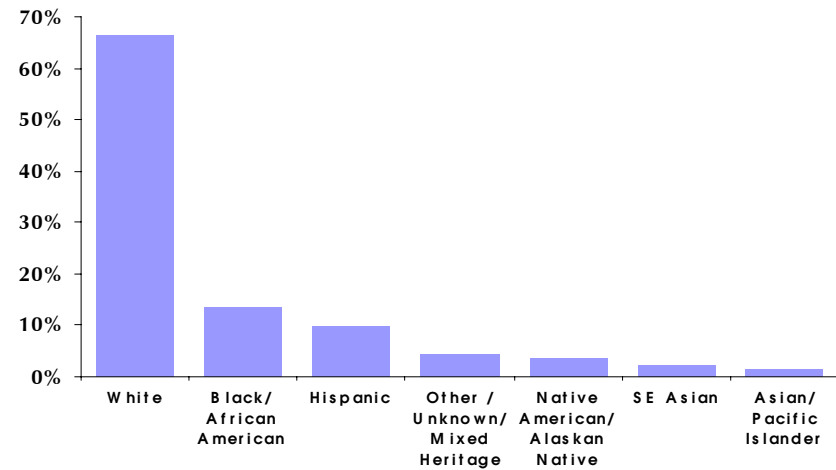
The social service system in Multnomah County is designed to meet the diverse needs of individuals and communities. The guiding principles of the systems are:

- Services should be equitable and available to those who need assistance.
- A full range of services should be available to meet the needs of county residents, and these services should be coordinated with one another.
- Services should be appropriate for age, cultural group, and needs.
- Emphasis is on early intervention, prevention, and recovery.
- Services should allow for as much client choice as possible.
- Services should be family-centered.
- Focus is on children and youth to help them to succeed in the future.
- Services should increase the quality of life for individuals and the community as a whole.

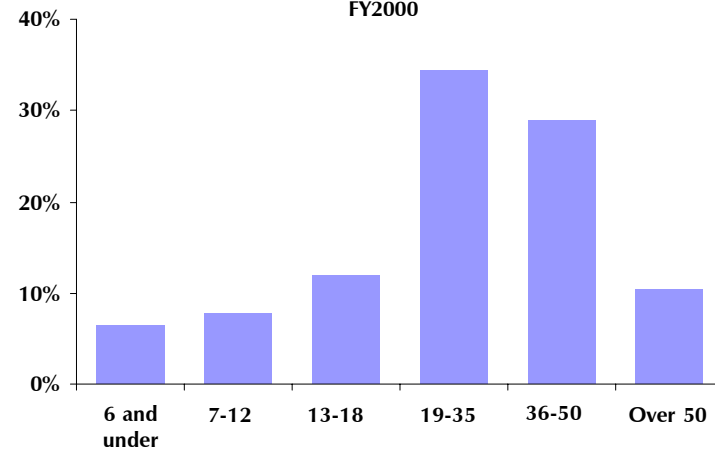
In FY2000, the Department of Community and Family Services and their contractors provided services to over 42,500 clients.

The Department also manages the mental health care system that covers 55,000 eligible members of the Oregon Health Plan.

**Client Race/Ethnicity  
FY2000**



**Client Age  
FY2000**



# Department of Community and Family Services

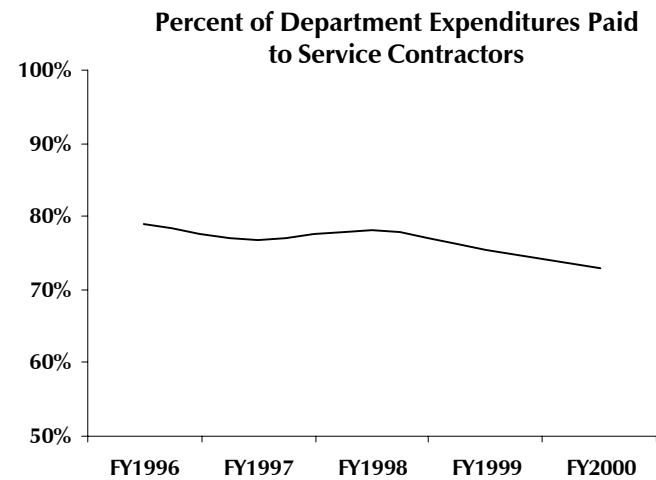
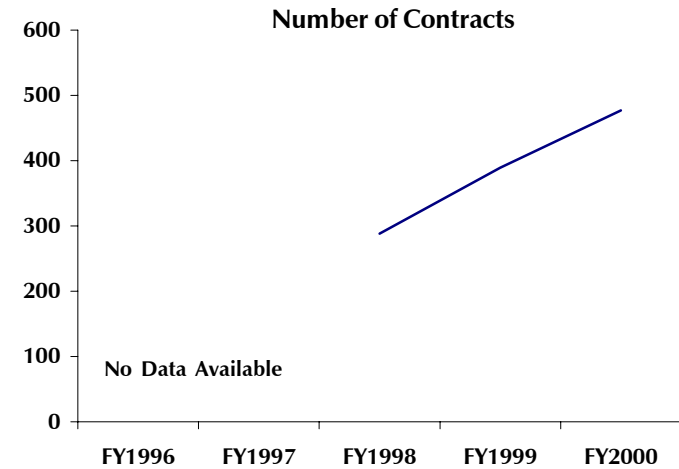
## Service Access and Quality Assurance

The County believes that government should partner with community-based agencies that are close to clients and have experience meeting their individual needs. These agencies provide services in community and cultural centers, schools, churches, local hospitals and medical facilities, and other existing neighborhood sites so that those who need them can access them easily.

The County also believes that community-based organizations are stronger when they are not reliant on government funding only. By working with agencies that can also raise private dollars, the County maximizes the tax dollars spent on social services.

The Department of Community and Family Services has the responsibility to monitor these agencies to assure that quality services are delivered.

In addition to funding, oversight, and coordination of contracted services, the Department provides some services directly, such as assessment and referral to mental health and alcohol and drug treatment, some protective services, and coordination of care for a variety of clients.



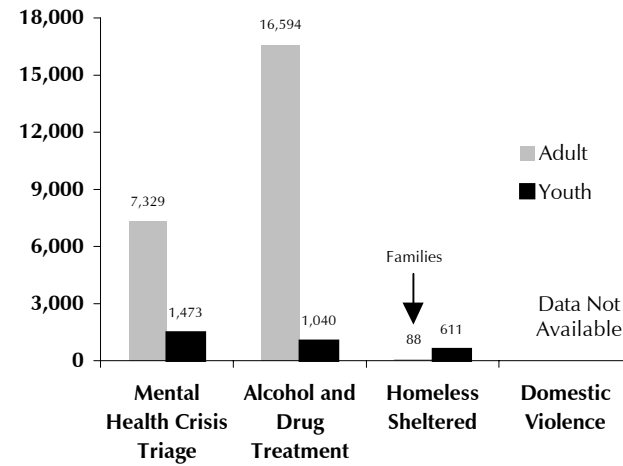
# Department of Community and Family Services

## Protect and Stabilize

Many of the Department’s services and those it contracts for help to stabilize vulnerable people in crisis situations. Clients include individuals with developmental disabilities, homeless families and youth, people with mental illnesses, victims of domestic violence, and people with drug and alcohol problems.

The Department works closely with community organizations to provide services such as shelters, crisis intervention, drug and alcohol treatment, and access to health and mental health care.

**People in Crisis**  
(Clients Served in FY2000)



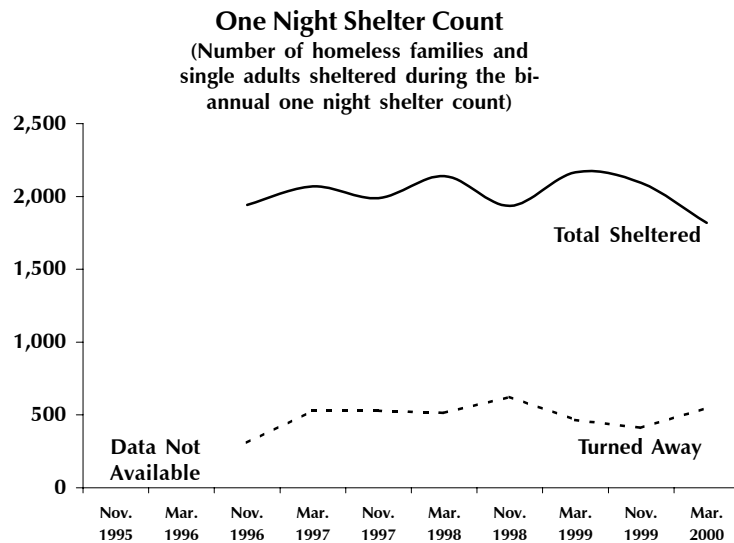
Workload	FY1996	FY1997	FY1998	FY1999
Alcohol and drug treatments provided				
Sobering episodes	13,383	12,773	12,322	11,769
Detoxification episodes	3,236	3,138	3,268	3,206
Residential treatment episodes	1,218	1,497	1,939	1,580
Outpatient treatment episodes	7,506	7,151	7,288	7,235
Driving under the Influence of Intoxicants (DUII) treatment episodes	4,285	4,271	4,476	5,305
Methadone treatment episodes	3,270	2,926	2,872	2,946
Abuse or neglect investigations performed for developmentally disabled adults	236	383	494	539
Child abuse assessments	701	653	643	638
Involuntary mental health commitments	280	202	186	185
Alcohol and drug client assessments	N/A	N/A	4,720	4,735
Homeless households provided with housing vouchers	191	802	968	1,171
Individuals with developmental disabilities referred to crisis diversion services	N/A	36	45	53

# Department of Community and Family Services

## Protect and Stabilize

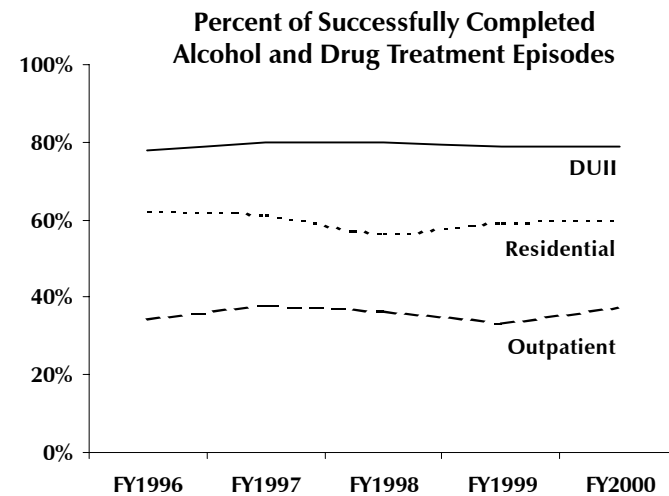
### Homeless Shelters and Emergency Housing

The County contracts with local organizations to provide emergency shelter and housing for homeless families and youth. A new data system is currently under consideration that will provide information on services to the homeless. The chart below shows only a snapshot of services provided during the two nights per year that data are uniformly collected.



### Alcohol and Drug Treatment

The Department provides assessment and referral to treatment of people with serious drug and alcohol problems, including people charged with Driving Under the Influence of Intoxicants (DUI) crimes. Treatment is provided through community contractors. Research indicates that every dollar spent on alcohol and drug treatment saves more than five dollars in future expenses related to criminal justice, welfare, and victim costs. Treatment success rates have remained stable over the past five years.



#### Results

Percent of people turned away from shelter or emergency beds during one night shelter count  
Domestic violence outcome measure

	FY1996	FY1997	FY1998	FY1999
Percent of people turned away from shelter or emergency beds during one night shelter count	N/A	21%	25%	27%
Domestic violence outcome measure		New Measure, Under Development		

#### Efficiency

Average cost for alcohol and drug treatment (outpatient and residential)  
Cost per homeless youth shelter bed per night (includes other services)  
Cost per homeless family shelter bed per night

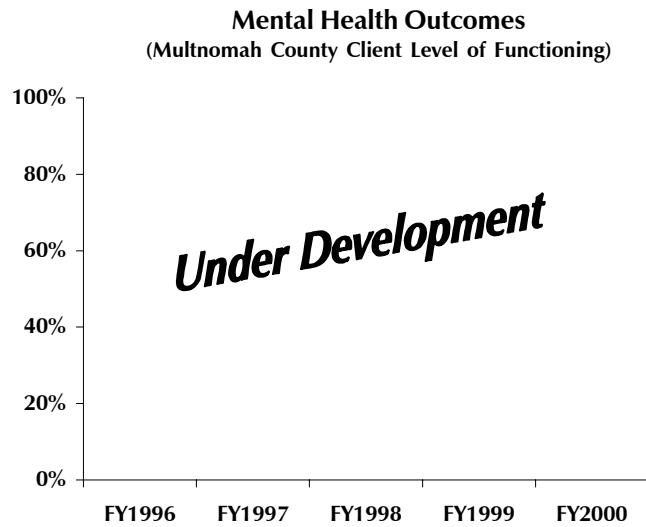
	FY1996	FY1997	FY1998	FY1999
Average cost for alcohol and drug treatment (outpatient and residential)		New Measure, Under Development		
Cost per homeless youth shelter bed per night (includes other services)		New Measure		
Cost per homeless family shelter bed per night		New Measure		

# Department of Community and Family Services

## Protect and Stabilize

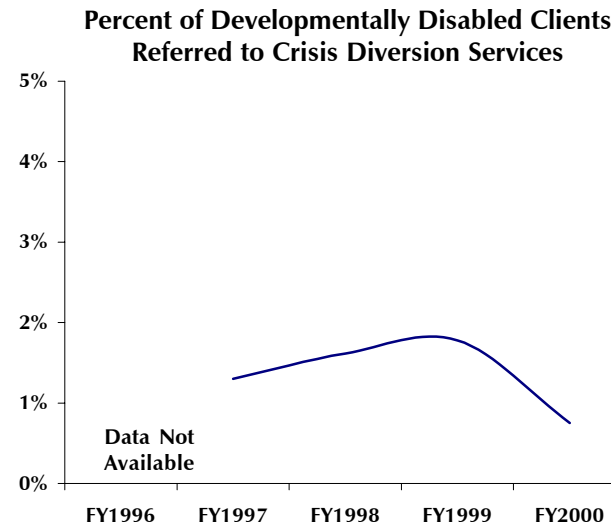
### Mental Health

The Department provides a broad range of mental health services to adults and children, including assessment and referral, treatment, crisis intervention, involuntary commitment, and transitional housing. The mental health system is currently undergoing major redesign and improvements that will focus on recovery, family, and consumer choice. Client outcome data will be available over the next few years when the new system is in place.



### Developmental Disabilities

The Department's services for people with developmental disabilities and their families include service coordination, employment assistance, housing, and help when crises develop. The percentage of clients who require crisis diversion services is an indicator of how well the Department and contractors are doing in preventing crisis situations from developing.



### Results

Children and youth mental health outcome measure (level of functioning)  
 Satisfaction with child and adolescent mental health services  
 Residential homes for clients with developmental disabilities  
 Complaints received

	FY1996	FY1997	FY1998	FY1999
Children and youth mental health outcome measure (level of functioning)				
Satisfaction with child and adolescent mental health services	N/A	N/A	N/A	N/A
Residential homes for clients with developmental disabilities				
Complaints received				

# Department of Community and Family Services

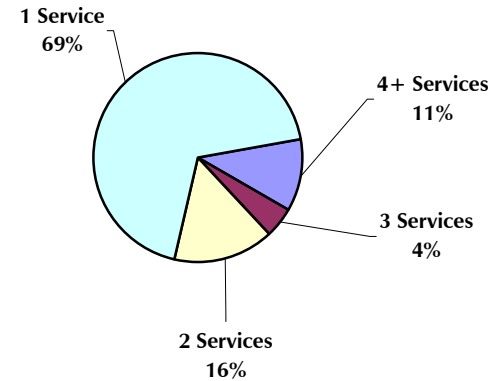
## Build Self-Sufficiency

The Department works to strengthen the ability of individuals and communities to avoid poverty and other crises and to improve quality of life. As part of its long-range strategy, the Department works with communities who must also step in to help keep people out of poverty.

Other approaches include investing in community-based service organizations to change community conditions and build strengths, working directly with families, teaching school success skills to children and youth, developing job-readiness and employment skills, and providing limited subsidies such as rent vouchers, food, and energy assistance to help prevent families from falling into poverty.

The Department also works to increase clients' involvement in choosing services.

**Number of Services Clients Received  
FY2000**



<b>Workload</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>
Developmentally disabled clients served	2,785	2,763	2,779	2,975
Family programs clients served				
Youth	N/A	2,093	2,003	1,765
Families	N/A	1,693	1,563	2,177
Households that received weatherization or energy assistance	N/A	N/A	N/A	12,936
Transitional housing for homeless families	N/A	N/A	N/A	228
Transitional housing for homeless youth	N/A	N/A	N/A	81
Mental health clients served				
Adults covered by the Oregon Health Plan	N/A	N/A	N/A	7,046
Children and adolescents covered by the Oregon Health Plan	N/A	N/A	N/A	3,541
Early childhood mental health	N/A	N/A	1,400	1,527
School-based informal mental health visits	N/A	N/A	9,102	7,868

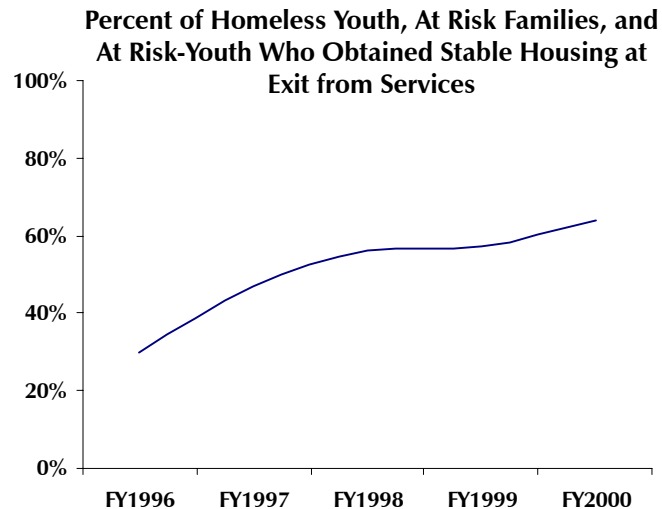


# Department of Community and Family Services

## Build Self-Sufficiency

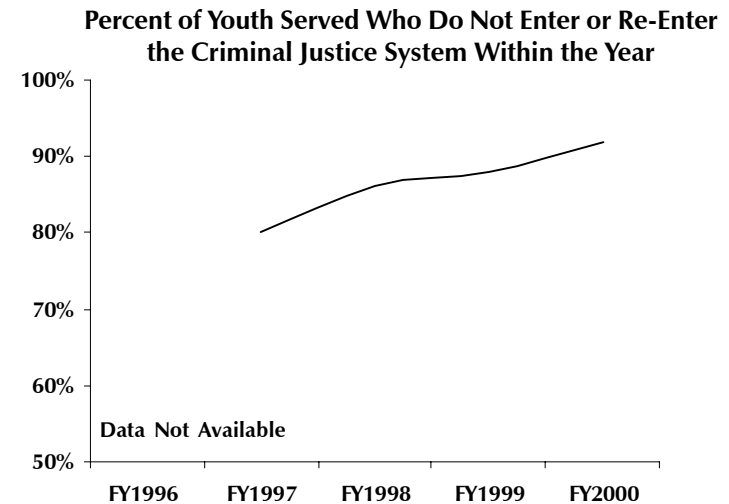
### Families With Children and Individuals

Programs for families and individuals are designed to increase their self-sufficiency and encourage positive relationships. Services include counseling, parenting classes, employment assistance, skill building, linkages to other services, housing assistance, and case management.



### Youth

The Department contracts for services that help youth who are at risk of delinquency, drug and alcohol abuse, and dropping out of school. Data indicate that the success rate of these programs has grown from 80% to 92% over the past 4 years.



### Results

	FY1996	FY1997	FY1998	FY1999
Percent of youth served who are enrolled in school, job training, or are employed at exit	N/A	N/A	N/A	91%
Developmentally disabled individuals using the Self-Directed Supports Initiative	New Program		192	401
Percent of developmentally disabled individuals served who reside in stable housing	New Measure, Under Development			
Percent of mental health clients who reside in stable housing	New Measure, Under Development			
Percent of clients with a developmental disability who were successfully placed in a job	New Measure, Under Development			

### Efficiency

	FY1996	FY1997	FY1998	FY1999
Average cost per household weatherized (adjusted for inflation)	N/A	\$2,467	\$1,430	\$1,541
Savings per family after weatherization	New Measure, Under Development			



**Multnomah County**

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**Service Efforts and Accomplishments FY2000**

HEALTH

# Health Department

## Overview

### *FY2000 In Brief . . .*

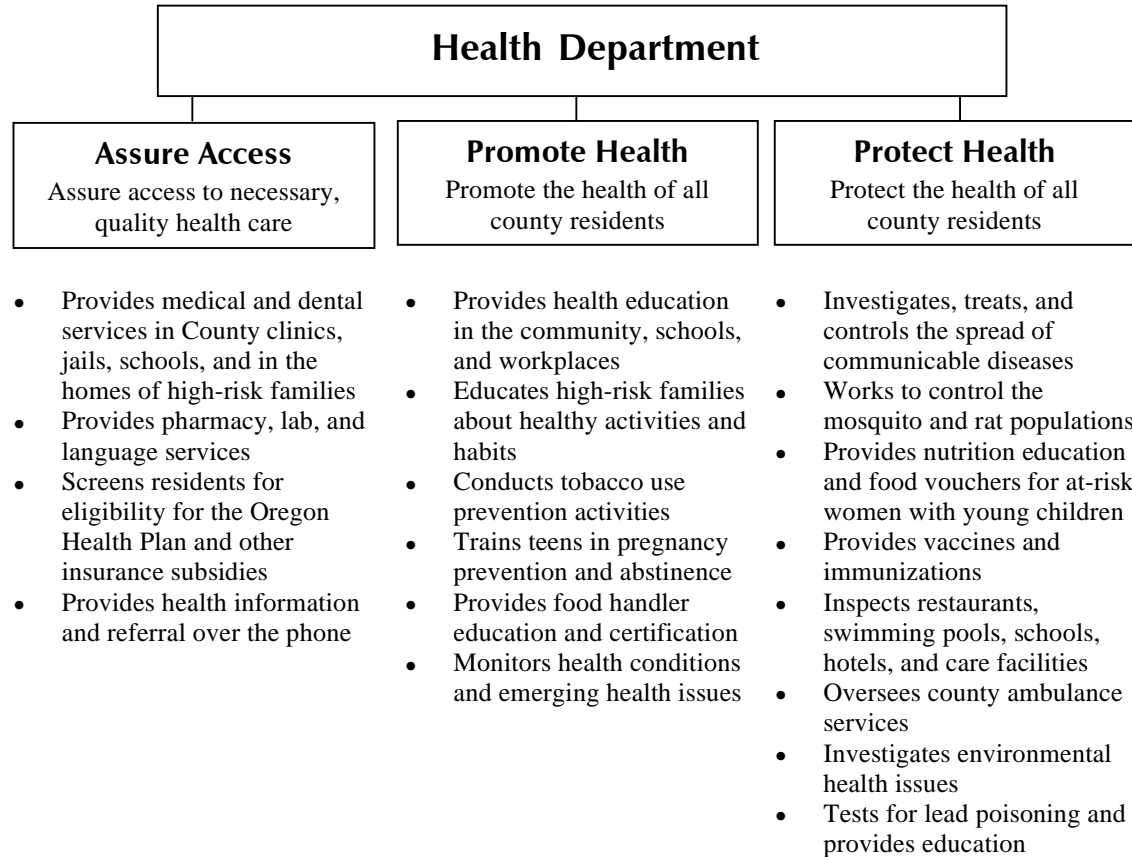
#### Accomplishments

- Improved childhood immunization rates by increasing private sector participation
- Assisted the Tobacco Prevention Coalition in the passage of the Smoke-Free Workplace Ordinance
- Included mental health care, medical care, and alcohol and drug services together in County clinics
- Worked to contain rising prescription drug costs
- Improved methods of mosquito control
- Secured a Communities in Charge grant to plan for community health care improvements
- Received national Cultural Competence Award for Excellence

#### Issues

- Increasing Hepatitis C rates will continue to be a challenge for the department
- Need for language interpretation continues to grow

The Health Department works to assure, promote, and protect the health of the people of Multnomah County in partnership with the diverse communities it serves.



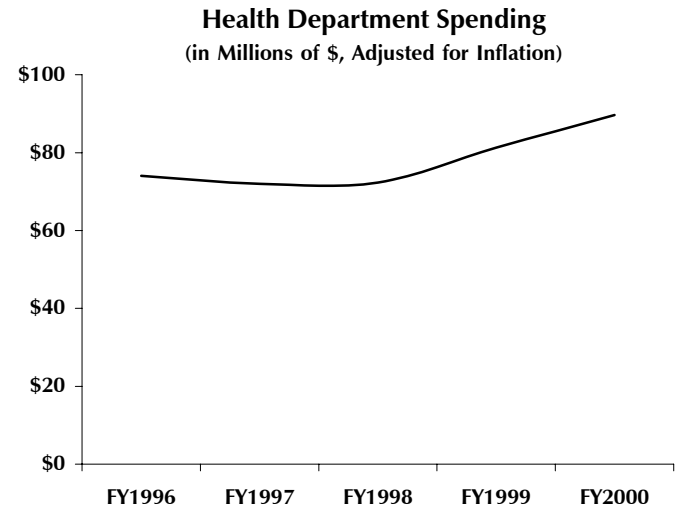
# Health Department

## Spending and Staffing

### Spending

The Health Department spent \$89.7 million on services in Fiscal Year 2000 (July 1, 1999 – June 30, 2000), an increase of 21% over FY1996.

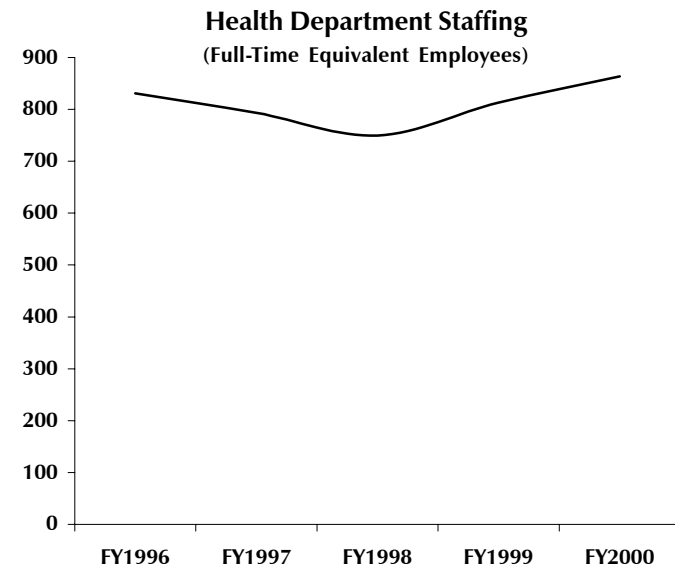
- Growth in state and federal funding account for more than half of the increase.
- Funding sources for the Health Department in FY2000 were: approximately \$45 million federal and state, \$5 million from user fees and other, and \$40 million from local sources.
- \$139 dollars were spent per county resident.



### Staffing

The number of hours worked by Health Department employees was equal to 863 full-time positions in FY2000. This is an increase of 4% over five years.

Staff includes medical doctors, dentists, nurses, outreach workers, sanitarians, interpreters, epidemiologists, environmental health experts, health educators, nutritionists, and others.

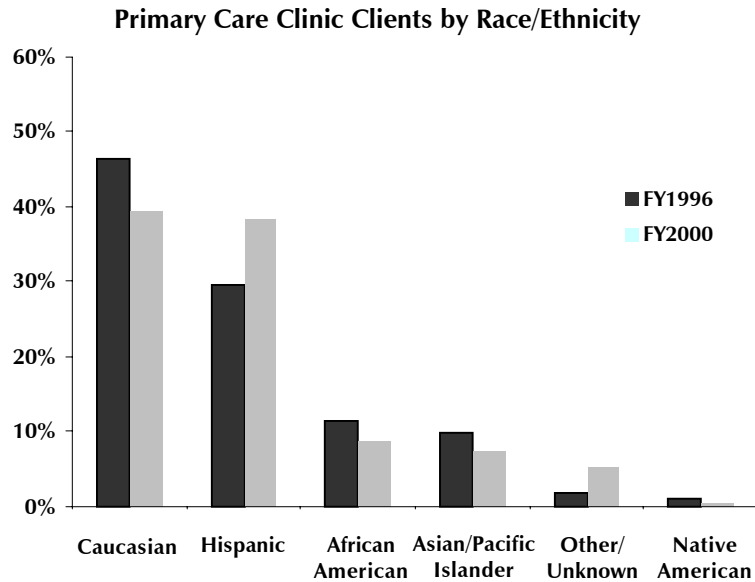


# Health Department

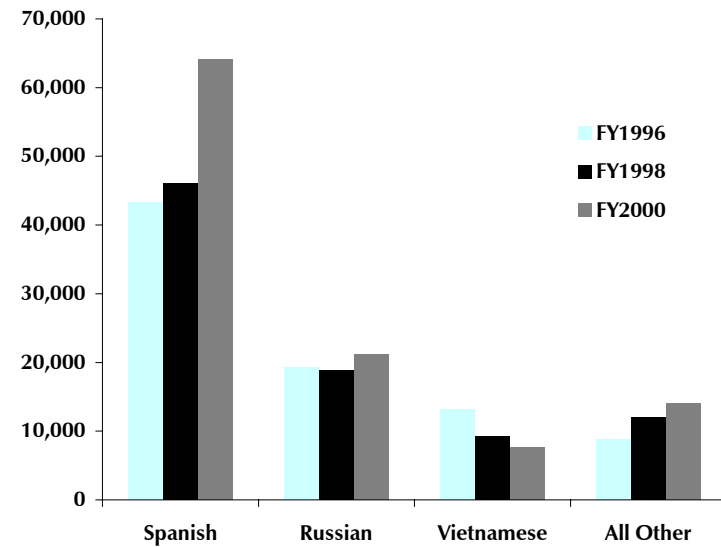
## Assure Access

The goal of the Health Department is to assure that every member of the community has a healthy environment and access to the prevention and treatment services necessary for good health. The Department manages resources and helps develop service systems in the community, especially for those who cannot afford care. The Department also provides services directly in County clinics.

Health Department clinic clients and their needs have been changing over the last few years. The percentage of visits requiring care in a language other than English rose from 24% in FY1993 to 38.4% in FY2000. The percentage of clients who are Caucasian is down, while the percentage who are Hispanic is growing.



Visits for Clients with Language Interpretation Needs (all Health Department Medical and Dental Services)



Workload	FY1996	FY1997	FY1998	FY1999
Corrections health visits (adult and juvenile)	N/A	N/A	91,201	101,141
Dental clinic visits	28,308	28,745	28,738	29,039
School medical clinic visits	24,631	26,064	28,526	30,206
Home and community health visits	31,346	31,206	29,448	32,076
Other medical (Primary Care, Tuberculosis, Sexually Transmitted Disease, and HIV Clinics)	141,110	134,478	124,660	135,109

Efficiency	FY1996	FY1997	FY1998	FY1999
*Cost per visit in Primary Care Clinic		New Measure		
*Cost of on-call interpretation for Primary Care Clinic visit (adjusted for inflation)	N/A	\$18.23	\$17.52	\$30.56
*Cost per prescription dispensed to County clients (adjusted for inflation)	\$18.09	\$18.65	\$23.07	\$25.30

\*measures do not include all administrative and overhead costs

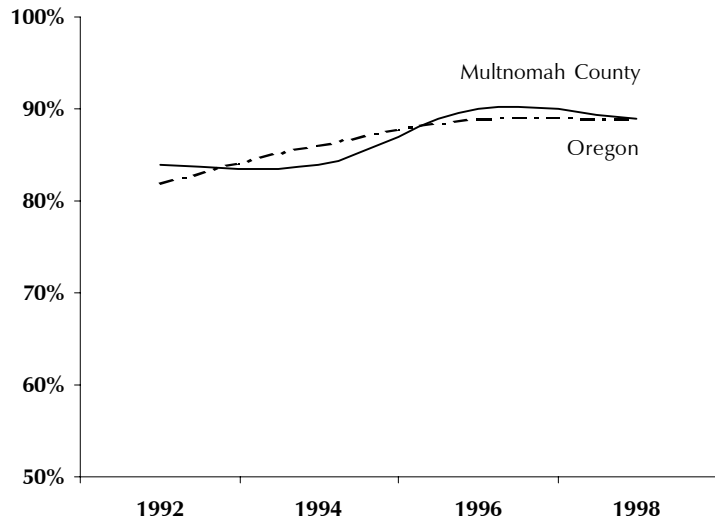
# Health Department

## Assure Access

### Insurance Coverage

Insurance coverage is an important indicator of access to health care. The Health Department routinely screens clients for the Oregon Health Plan and other insurance plans that help at-risk citizens obtain needed health care. The percent of Multnomah County residents with health insurance has risen six percentage points since 1992 to 89% insured. This growth is due in large part to participation in the Oregon Health Plan.

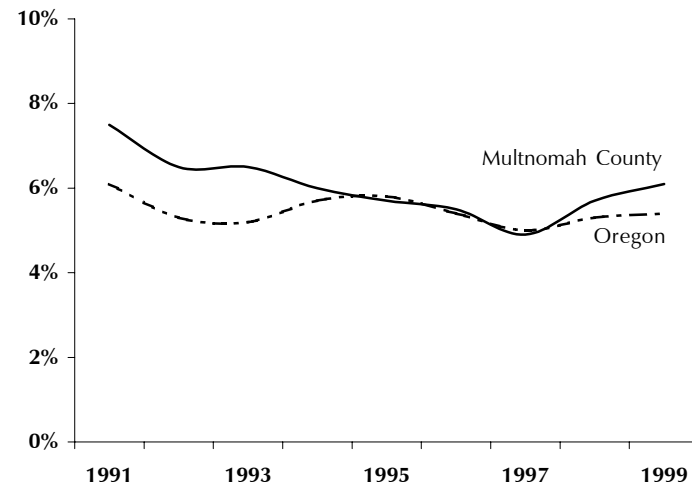
**Percent of Residents with Health Insurance**



### Prenatal Care

The percentage of women who receive prenatal care is another indicator of access to health care and is one of the County's performance benchmarks. The rate of pregnant women in Multnomah County who have inadequate prenatal care decreased from 7.8% in 1990 to 5.7% in 1998, but rose to 6.1% in 1999.

**Rates of Inadequate Prenatal Care**  
(Late entry or less than 5 prenatal visits)



Results	FY1996	FY1997	FY1998	FY1999	FY2000
Percent of health clinic clients who rated the quality of care they received as excellent or good	N/A	N/A	N/A	98%	98%

# Health Department

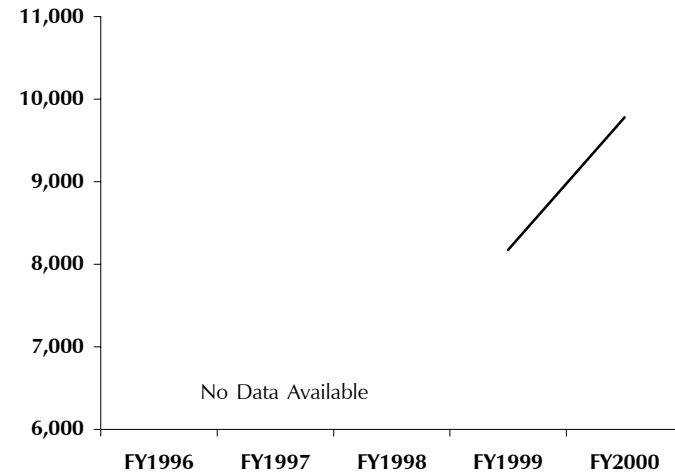
## Promote Health

The Health Department also promotes the health of all residents of Multnomah County. Health promotion relies on reaching out to individuals, groups, and communities. The Department helps people to adopt healthy habits by increasing their knowledge and skills through education in schools, the workplace, and other locations. Topics include disease risk reduction, pregnancy prevention, safe food handling, lead poisoning prevention, and workplace health.

Promoting healthy behaviors and preventing disease can have large economic benefits. For example, one national study shows that, for every dollar spent on prevention, the following savings are possible:

Prenatal care	\$3.38
Sexually transmitted diseases	\$3.00
Measles, Mumps, Rubella	\$14.40
WIC nutrition programs	\$2.45

**Community Education Program Participants**  
(HIV/AIDS, Occupational Health, Tuberculosis, Communicable Diseases)



<b>Workload</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>	<b>FY2000</b>
Participants in children's dental education programs	N/A	N/A	25,670	27,943	27,910
Abstinence and family planning teen program participants	4,214	6,705	6,770	6,345	6,840
HIV reduction contacts with injection drug users (outreach programs, education, needle exchange)	New Program		7,895	7,896	8,470

<b>Results</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>	<b>FY2000</b>
Percent of family planning clients in School-Based Health Clinics who do not get pregnant during the year	95.9%	96.8%	96.2%	96.2%	96.3%
Percent of merchants near Multnomah County high schools that received education regarding tobacco sales to minors	New Program			65%	98%
New HIV positive tests (Calendar Year)	148	146	144	98	N/A

# Health Department

## Promote Health

The Health Department targets efforts on affecting people’s health behaviors to improve the overall health of the community. They focus on health issues that can lead to other social and health problems, such as teen pregnancy, prenatal and neonatal care, smoking, and lifestyle habits that negatively affect health.

### Infant Health

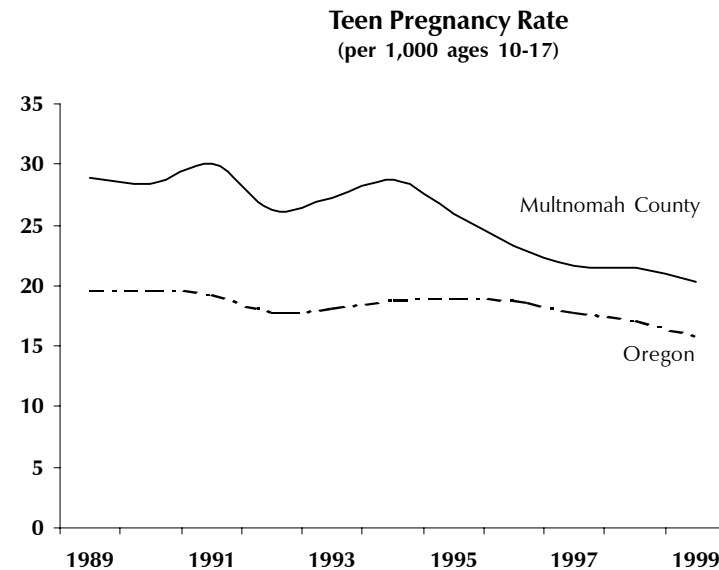
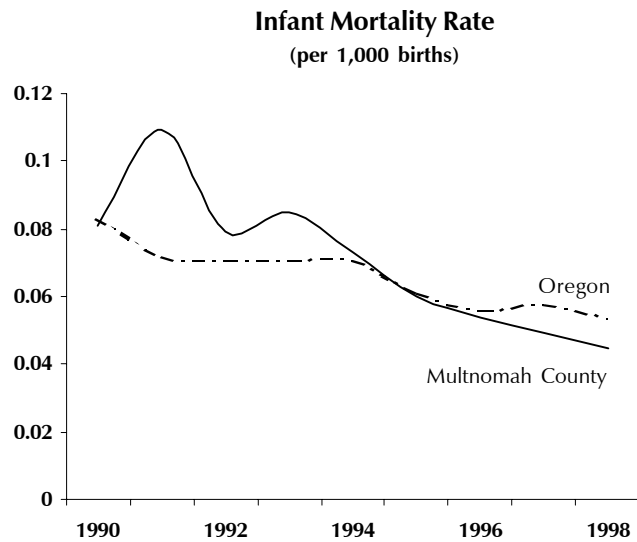
The Department provides prenatal and infant health services through its Primary Care Clinics, community health nurses and workers, teen programs, and Women, Infants, and Children (WIC) program.

The infant mortality rate is an indicator of progress in meeting the health needs of mothers. Overall, the infant mortality rate in Multnomah County has dropped from 8.1/1,000 in 1990 to 4.5/1,000 in 1998, with significant improvements among African American infants.

### Teen Pregnancy

The Health Department has a number of programs that work with teens in schools and the community. The Department trains high school teens to provide health outreach and abstinence education to students in middle schools, educates young mothers on the benefits of postponing having another child until they are older, and provides family planning services.

The teen pregnancy rate for Multnomah County has been decreasing faster than for the state as a whole, but is still slightly above the state rate.





# Health Department

## Promote Health

### Health Risk Factors

Results from a survey on health risk factors show that respondents from Multnomah County compare closely with the state as a whole. However,

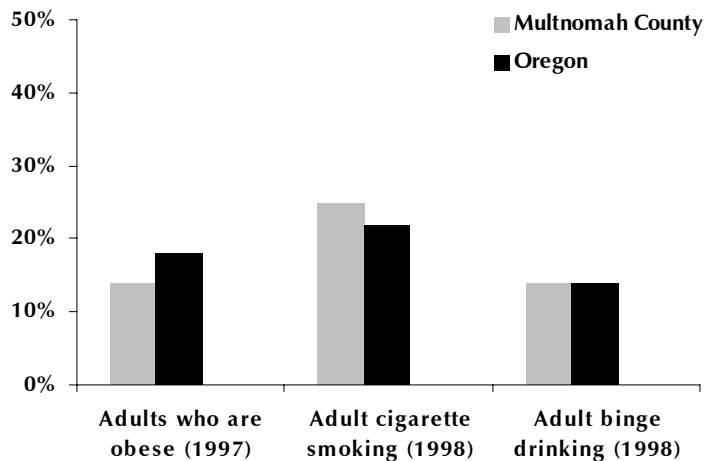
- Multnomah County respondents report slightly lower rates of obesity than residents of the state as a whole.
- Multnomah County respondents reported slightly higher rates of tobacco use than the state as a whole.

### Tobacco Use

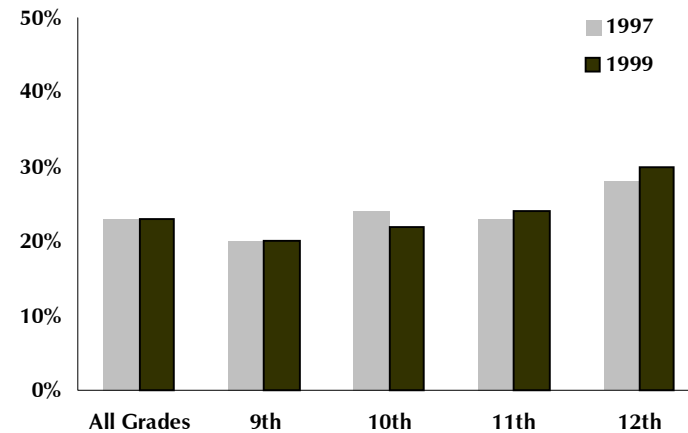
The Health Department works to reduce and prevent tobacco use among youth and adults. They have projects underway to reduce youth access to tobacco, promote bans on indoor smoking, reduce tobacco advertising and promotion, and provide options for those who want to quit.

A 1998 survey found that 25% of all adults in Multnomah County smoke. The rate is only slightly lower for high school-aged youth.

Health Risk Behaviors



Multnomah County Percent Of Youth Who Smoke Cigarettes By Grade



# Health Department

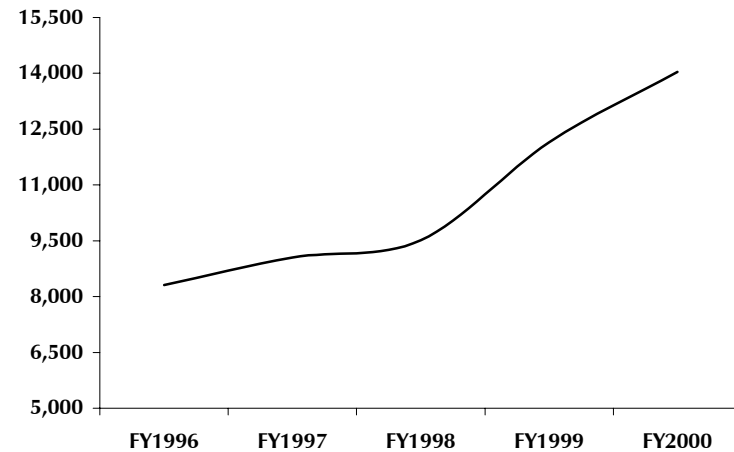
## Protect Health

The Health Department helps protect Multnomah County residents from diseases, injuries, and the effects of natural disasters. The Department investigates the outbreak of diseases and community conditions that affect health, then develops and carries out activities that control diseases and their impacts. Many of these services are invisible to the public such as inspections of food safety, control of communicable diseases, and regulation of businesses and workplaces that affect people’s health.

As part of its protection work, the Health Department also provides prevention services such as a nutrition program for low-income pregnant women and children, dental services for children, vaccinations for overseas travelers, immunizations for children, and flu shots.

It also oversees the County’s emergency medical response and ambulance system.

**Children Immunized Through Health Department**

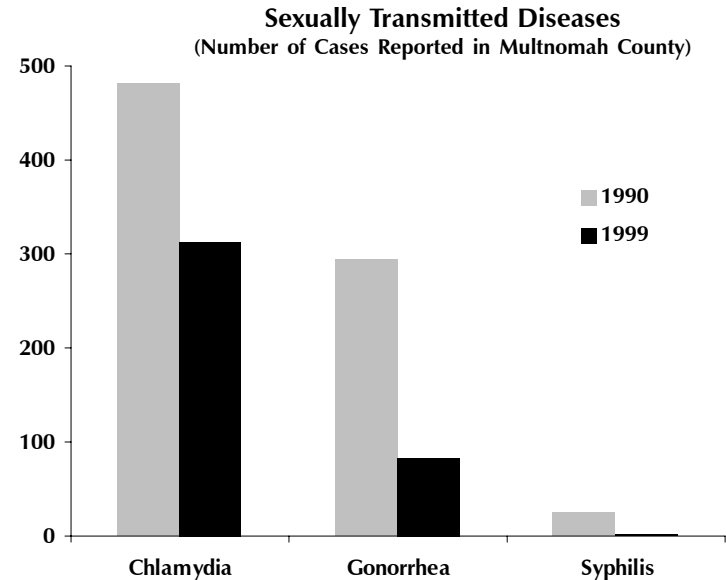
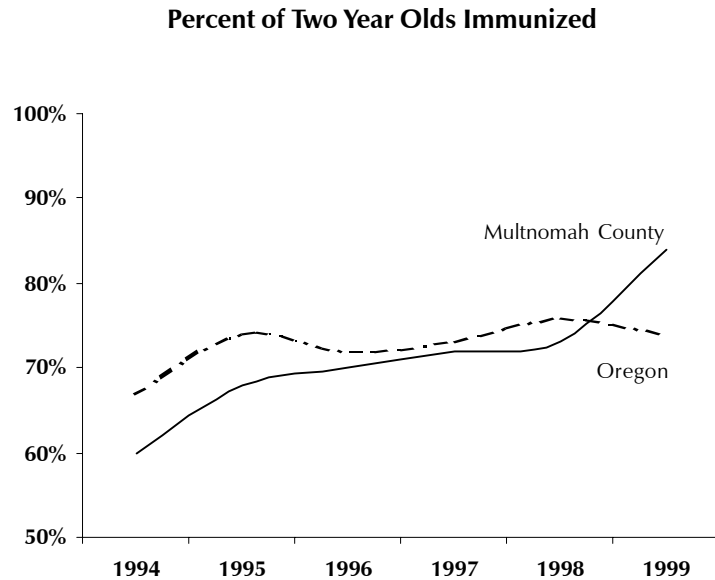


<b>Workload</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>
Environmental health inspections (restaurants, swimming pools, schools, hotels, motels, care facilities, and drinking water)	N/A	N/A	N/A	8,757
Children participating in dental fluoride and sealant programs	34,828	36,022	35,187	37,530
Women, infants, and children served in the WIC program	N/A	23,599	24,112	23,589
Flu vaccinations at health clinics	2,544	2,805	3,158	3,197
Investigations of lead poisoning in children	N/A	N/A	N/A	24
<b>Results</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>
Percent of ambulance calls that arrived in under 8 minutes	N/A	90.4%	90.4%	90.6%

# Health Department

## Protect Health

Programs that protect health benefit both individuals and the community as a whole. Two primary concerns for health protection are increasing the rate of immunization among children and controlling the spread of sexually transmitted diseases. The long-term results of these programs in Multnomah County appear to have been favorable in recent years.



<b>Results</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>	<b>FY2000</b>
Percent of reported cases of the following sexually transmitted diseases interviewed by disease intervention specialists for contacts					
Gonorrhea	89%	83%	90%	90%	N/A
Syphilis	100%	100%	100%	95%	N/A
Chlamydia	34%	74%	74%	50%	N/A
<b>Efficiency</b>	<b>FY1996</b>	<b>FY1997</b>	<b>FY1998</b>	<b>FY1999</b>	<b>FY2000</b>
Human services referral calls taken per FTE	7,515	11,409	11,247	11,625	11,900
Sexually transmitted disease contacts made per disease intervention specialist	N/A	187	209	217	200



**Multnomah County**

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**Service Efforts and Accomplishments FY2000**

LIBRARY

# Library

## Overview

### *FY2000 In Brief . . .*

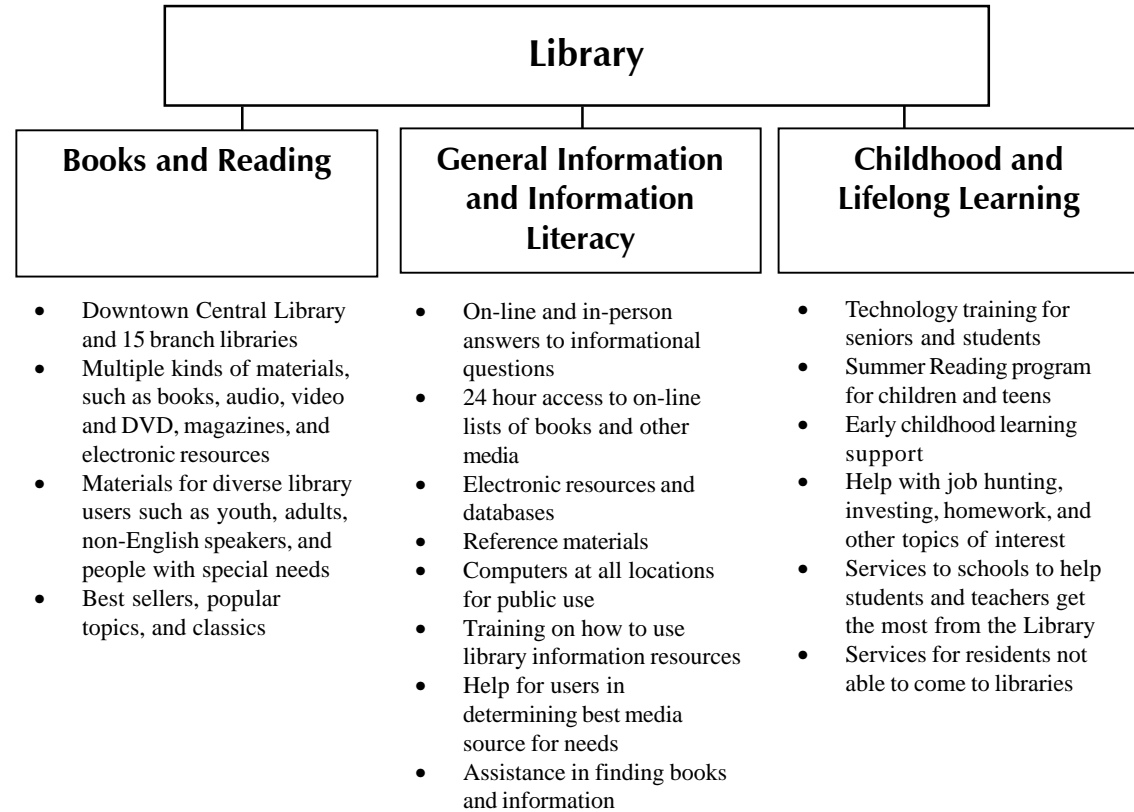
#### Accomplishments

- Completed renovation on North Portland, Rockwood, and Woodstock branch libraries
- Circulated more than 12 million books and other materials
- Increased outreach and programs for adults, youth, and families
- Made advances in Internet-based services and other electronic resources
- Increased youth participation in the Summer Reading program to over 30,000
- Worked with a growing number of schools to encourage reading and assist students with public library resources

#### Issues

- Library must continue to adapt to changes in information needs and technology advances
- Library must continue to change to meet the needs of a diverse population, including non-English speaking residents

The Multnomah County Library serves county residents by providing books and other materials to meet their informational, educational, cultural, and recreational needs. The Library upholds the principles of intellectual freedom and the public’s right to know by providing people of all ages with access and guidance to information that reflects all points of view.



# Library

## Spending and Staffing

### Spending

The Library spent \$43.4 million in Fiscal Year 2000 (July 1, 1999-June 30, 2000), an increase of 60% over FY1996. This does not include construction costs for new and renovated libraries.

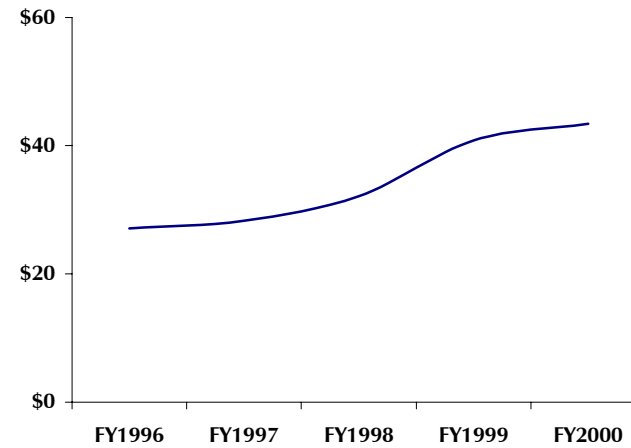
- \$67 dollars were spent per county resident.
- The primary sources of Library funding are voter approved levies and the issuance of bonds.
- The passage of a five year levy in 1997 resulted in increased spending to improve and expand services. The levy offset budget constraints imposed by ballot measures 47 and 50.
- 15.1% of the Library’s operating expenditure (excluding debt service) was spent on books and materials.

### Staffing

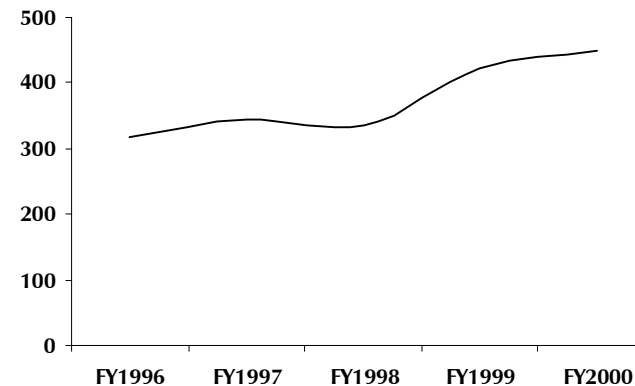
The number of hours worked by Library employees was equal to 449 full-time positions in FY2000. This is an increase of 41% since FY1996.

- 46,076 hours were worked by volunteers in County libraries, an increase of 30% over five years.
- Staffing increases in FY1999 reflect service enhancements funded by the 1997 levy.

**Library Spending**  
(In Millions of \$, Adjusted for Inflation)



**Library Staffing**  
(Full-Time Equivalent Employees)



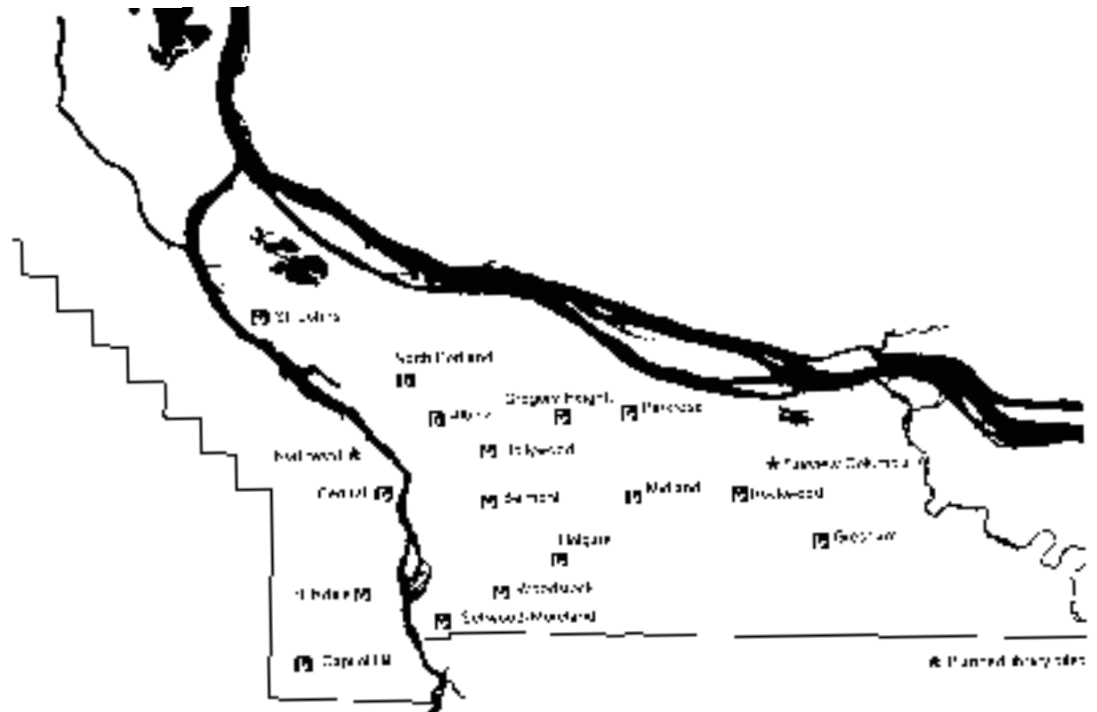
# Library

## Books and Reading

One of the Library’s primary purposes is to provide a wide range of books and other materials to the citizens of Multnomah County. The Library has a large collection that includes popular titles, classics, children’s books, information sources, and many other resources.

In addition, the Library supports opportunities to increase reading and literacy in the community by providing outreach, reading programs, and materials in alternate formats and languages to meet the needs of county residents.

Location of Multnomah County Libraries



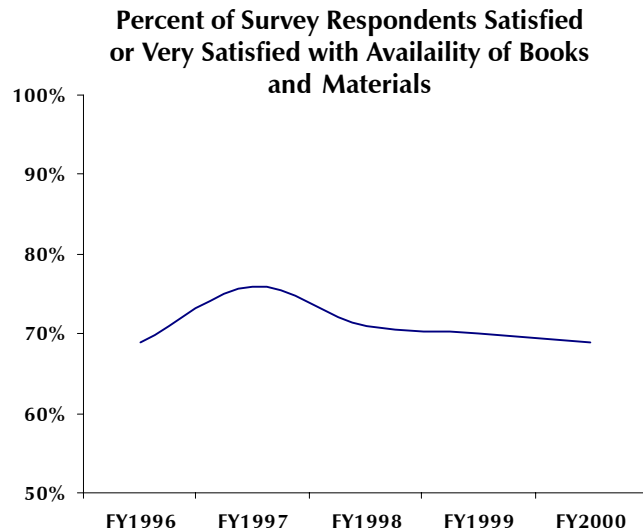
Workload	FY1996	FY1997	FY1998	FY1999	FY2000
Books and materials in languages other than English	19,421	20,998	21,577	22,038	26,697
Books and materials in large print, audio tape, or CD	151,152	146,916	156,643	183,729	213,186
New library cards issued annually	46,365	62,163	65,592	67,626	68,752
Hours open (all libraries)	26,352	27,608	27,994	36,302	37,677
Book holds filled	N/A	N/A	650,273	787,465	893,039
Books circulated	7,364,822	8,032,655	8,486,034	9,450,963	12,152,743

# Library

## Books and Reading

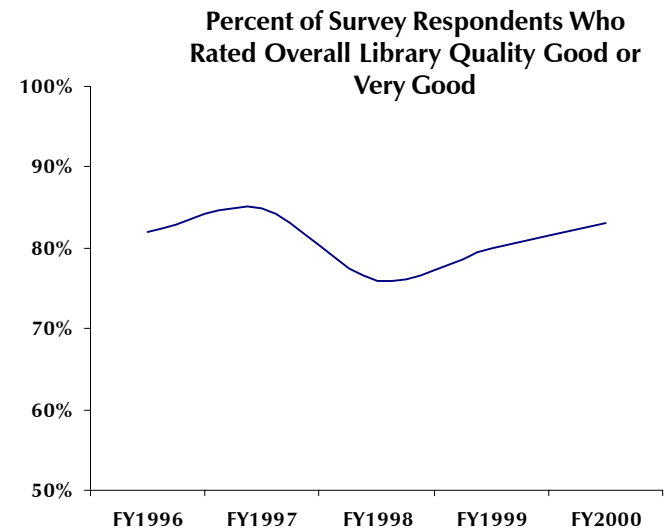
### Satisfaction with Availability of Books and Materials

An annual survey of county residents shows a high level of satisfaction with the availability of books and materials at Multnomah County Libraries. Over the past five years, the percent of survey respondents satisfied or very satisfied with availability has remained near 70%, with a high rate of 76% in FY1997.



### Overall Satisfaction with Libraries

Citizens also responded to a general question about their overall satisfaction with County libraries. Satisfaction over the past five years has generally remained above 80%. There was a slight dip in FY1998 to 76%, which the Library attributes to service cut backs associated with ballot measures 47 and 50.



Results	FY1996	FY1997	FY1998	FY1999	FY2000
Percent of browsers who found something to check out	91%	N/A	92%	90%	92%
Percent of visitors who found the specific subject or author they were seeking	82%	N/A	72%	84%	84%
Percent of visitors who found the specific title they were seeking	69%	N/A	61%	66%	72%
Percent of unavailable items delivered within 7 days	61%	N/A	58%	58%	56%
Active borrowers (used library card in last three years)	N/A	390,732	N/A	393,610	444,219
Books and materials turnover rate	5.3	5.5	5.7	5.8	7.0
Frequency of visits to Library per capita	4.0	N/A	4.2	4.6	6.2

Efficiency	FY1996	FY1997	FY1998	FY1999	FY2000
Circulation per employee	24,019	22,618	21,934	22,887	27,066
Express check-out (automated) use		New Program			548,453



# Library

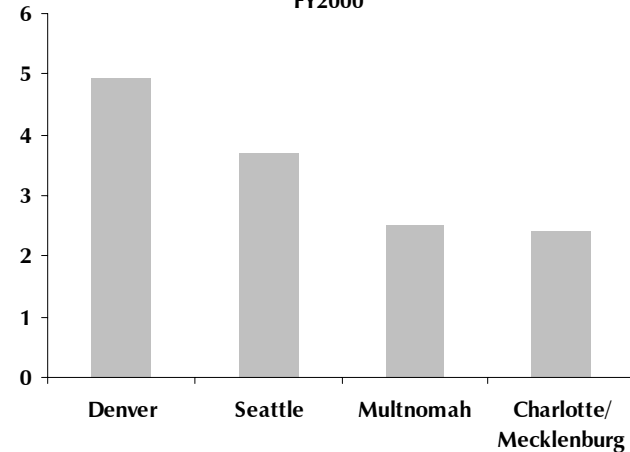
## Books and Reading

### Multnomah County and Comparable Libraries

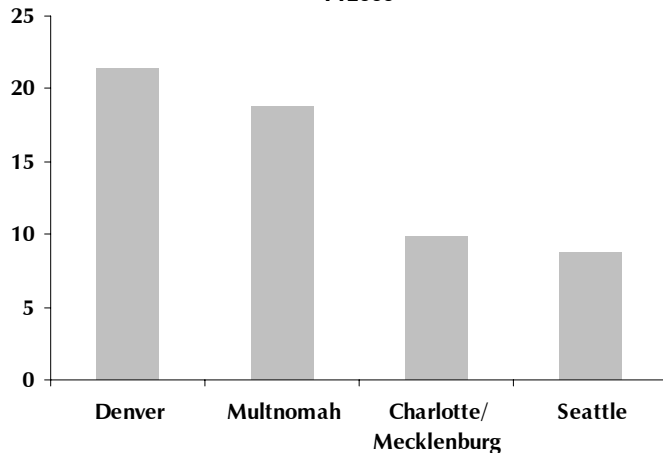
Libraries around the country provide a core set of services, such as checking books in and out, that are relatively easy to compare. For the purposes of this report, the public library systems in Denver, CO, Seattle, WA, and Charlotte/Mecklenburg County, NC were used as comparison sites based on similarities in the service populations and library system characteristics. While many services are similar, no two library systems are exactly alike. Differences in costs, services, staffing, and priorities affect the results presented here. Results should be interpreted cautiously.

- The number of books per capita in Multnomah County was 2.5 in FY2000, about half that of Denver.
- Circulation per capita was 18.8, just under that for Denver, but was about twice as much as for Seattle and Charlotte/Mecklenburg County.

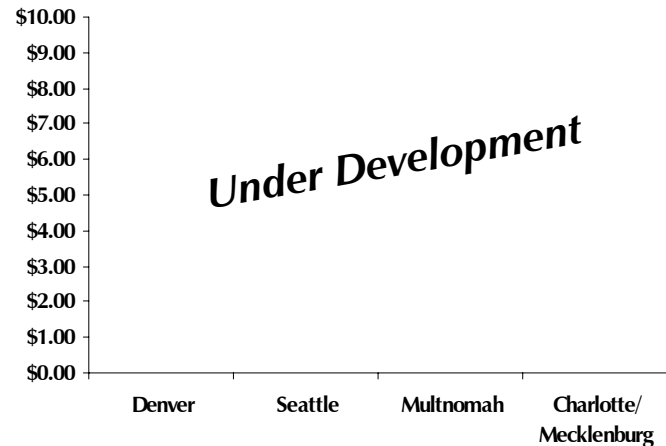
**Books per Capita**  
FY2000



**Circulation per Capita**  
FY2000



**Cost per Item Circulated**



# Library

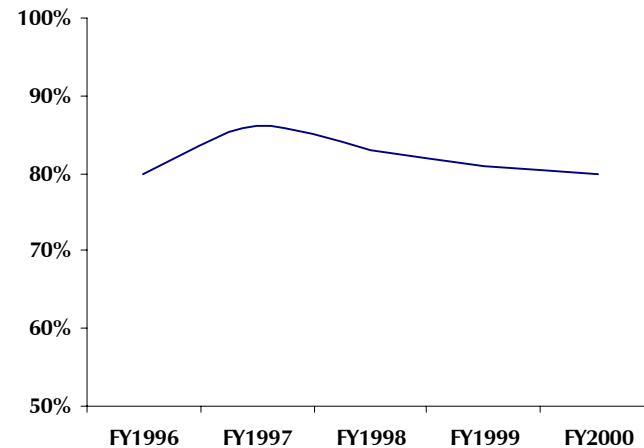
## General Information and Information Literacy

The Library provides a number of programs, resources, and services to meet the information needs of county residents. These services include:

- Internet, fax, and telephone access to resources
- Staff assistance with homework, reference questions, and electronic services
- Computer stations for public use
- Classes to help adults and youth learn to use information and technology

Citizen satisfaction with library assistance has remained stable over the past five years at 80% or above.

**Percent of Survey Respondents Satisfied or Very Satisfied with Assistance Provided by Library Staff**



Workload	FY1996	FY1997	FY1998	FY1999	FY2000
Reference transactions	701,513	708,573	663,039	748,476	773,576
Telephone reference transactions	115,268	104,656	77,863	91,604	87,183
In-library use of materials	2,004,236	N/A	2,017,704	2,562,598	2,472,652
Visits to website	18,625	285,047	1,067,797	9,203,676	42,323,312
Students taught technology and information skills in schools	New Program		12,711	14,093	15,749
Information literacy classes held	New Program			102	340
Website visits for homework help	New Program				119,547

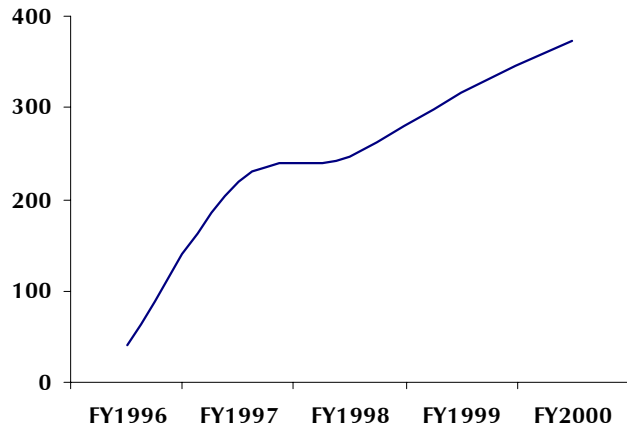
# Library

## General Information and Information Literacy

### Public Access to Computers

The Library provides computers at Central Library and in each branch for the public to use. Visitors use these computers to access the Internet, do research, and get information about the Library's resources. The number of public computers has increased and will continue to grow as new libraries are built and new stations are added to renovated libraries.

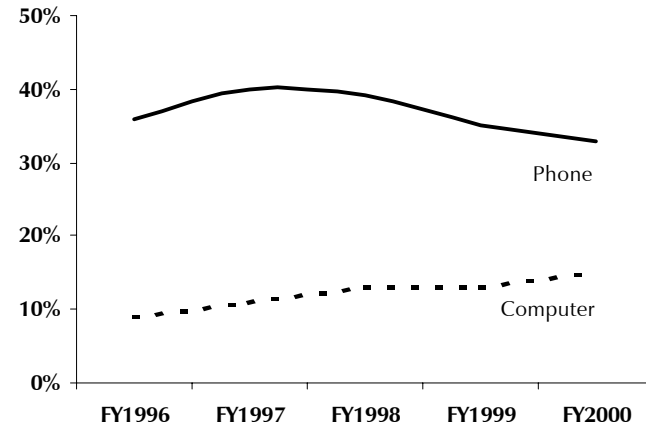
**Number of In-Library Computers Available for Public Use**



### Remote Users

Technology provides more ways for people to contact the Library in addition to visiting in person. The percentage of respondents to the annual citizen survey who had contacted the Library at least once by phone dropped by three percentage points over the last five years. The number who contacted the Library at least once via computer grew by six percentage points.

**Percent of Survey Respondents who Accessed the Library at Least Once by Phone or by Computer**



### Results

Remote user satisfaction  
Satisfaction with information literacy classes

FY1996 FY1997 FY1998 FY1999 FY2000

New Measure, Under Development  
New Measure, Under Development

### Efficiency

Reference transactions completed per staff person

FY1996 FY1997 FY1998 FY1999 FY2000

8,572 7,810 6,928 5,963 5,696

# Library

## Childhood and Lifelong Learning

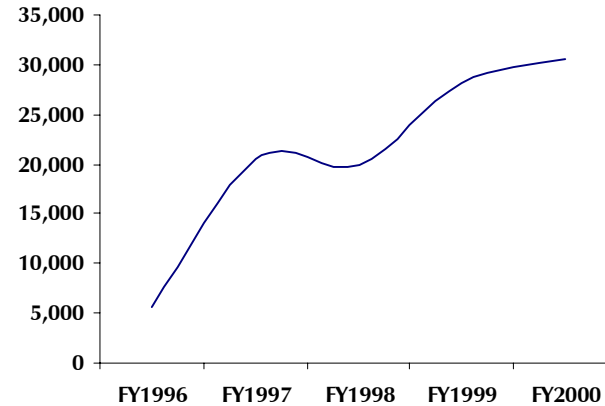
The Library provides opportunities for people to learn throughout their lifetimes. These include:

- Books and training available to parents and childcare facilities to establish early reading habits in young people
- Partnerships with schools to help children learn through School Corps, Homework Help, Books 2U, Talk It Up!, Internet resources, etc.
- Campaigns in schools each fall to ensure that youth have library cards and know how to use them
- Programs on investing and job-hunting available for adults
- Accommodations for people with special needs
- Services to nursing home residents and homebound individuals who cannot travel to libraries

### Summer Reading Program

The number of children and teens enrolled in the Summer Reading program has grown over 400% since FY1996. The program is part of the Library’s strategy to encourage reading among youth to help them succeed in school.

**Number of Children and Teens Enrolled in the Summer Reading Program**



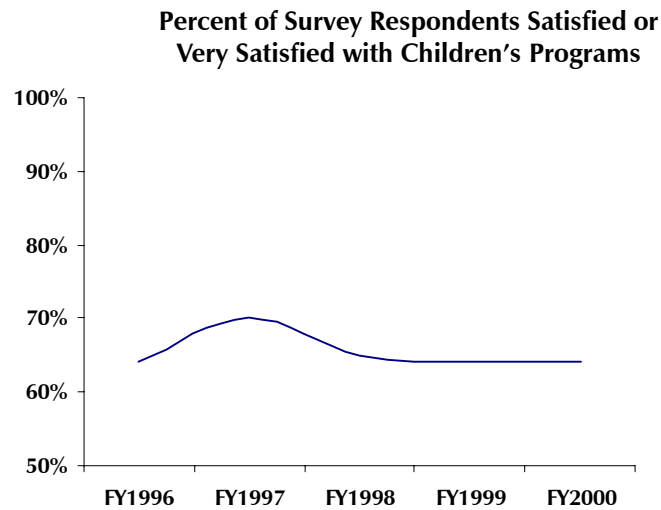
Workload	FY1996	FY1997	FY1998	FY1999	FY2000
Books distributed to child care facilities	N/A	N/A	48,645	60,517	83,005
Contacts with youth in targeted programs in libraries	7,173	10,132	93,600	76,591	78,378
Contacts with youth in targeted programs outside libraries	323,852	308,369	321,362	494,349	387,349
Visits to electronic resources website pages	6,403	60,634	184,230	1,381,289	2,926,152
Visits to youth interest website pages		New Program			99,955
Technology classes offered for seniors		New Program			
Visits to nursing homes	N/A	256	431	693	672
Books distributed through adult outreach services	303,511	307,100	234,871	158,753	142,651

# Library

## Childhood and Lifelong Learning

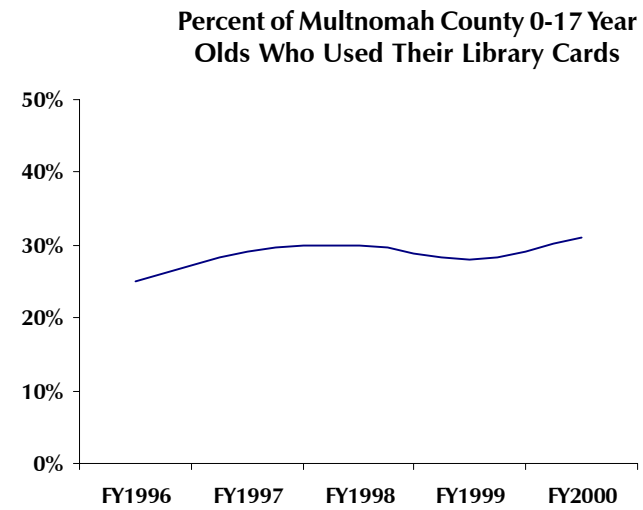
### Citizen Satisfaction with Children’s Programs

The Library’s programs for children have maintained a stable satisfaction rating among respondents to the citizen survey. Between 64-70% of respondents gave the Library high marks in this area.



### Library Card Use by Children and Teens

Multnomah County Libraries work closely with schools and provide a number of in-library, outreach, and on-line services designed to help youth access the library and encourage them to use their library cards. Over the last 5 years, between 25-30% of youth in the county used their library cards.



### Results

	FY1996	FY1997	FY1998	FY1999	FY2000
Young cardholders added annually	New Measure, Under Development				
Percent of books and materials in languages other than English	1.4%	1.4%	1.5%	1.4%	1.5%
Percent of circulation that is materials for children and young adults	21%	28%	31%	31%	28%
Percent of active cardholders over 55 years old	New Measure, Under Development				

### Efficiency

	FY1996	FY1997	FY1998	FY1999	FY2000
Cost per person served by adult outreach services (adjusted for inflation)	\$7.68	\$8.50	\$8.29	\$1.17	\$1.08

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# Appendix

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## Appendix

This Appendix lists only the external data sources used in this report. Most of the other data used came directly from the departments, their contractors, or countywide information systems. We did not list these sources here. For information or data sources not listed here, please contact the departments directly.

All population figures for Fiscal Year 2000 are from *July 1, 1999: Oregon Population Report*, Population Research Center, Portland State University.

### Department of Community and Family Services

Pages 9 and 10

All alcohol and drug treatment data: State Client Process Monitoring System (CPMS).

### Health Department

Page 17

Insurance Coverage: Oregon Population Survey and U.S. Census Bureau 1998 (via the Portland/ Multnomah County Progress Board).

Inadequate Prenatal Care: Birth Certificate Data, Oregon Health Division.

Page 18

Economic Benefits: *Public Health: What it is and How it Works*. Turnock, Bernard J. 1997.

New HIV Positive Tests (calendar year): Oregon Health Division.

Page 19

Infant Mortality Rate: Oregon Health Division.

Teen Pregnancy: Oregon Health Division.

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Page 20

Health Risk Behaviors data on Obesity: Oregon Behavioral Risk Factor Surveillance System 1997.

Adult Binge Drinking and Cigarette Smoking by Adults: Oregon Behavioral Risk Factor Surveillance System 1998.

Youth Smoking: Oregon Youth Risk Behavior Survey 1999.

Page 21

Ambulance Response Time: EMS & Contract Compliance Committee Reports.

Page 22

2-Year-Old Immunization Rate: *1999 Oregon Immunization Study of Two-Year Olds*, Oregon Health Division.

Percent Sexually Transmitted Diseases Interviewed: Oregon Health Division- STD Section.

Sexually Transmitted Disease Contacts: Oregon Health Division.

## Library

All citizen satisfaction survey information is from *FY2000 Multnomah County Auditor's Office Citizen Survey*.

Page 25

Hours Open: *Oregon State Library Statistical Reports, 2000*.

Page 27

Denver Public Library, Colorado: Denver Public Library Business Analyst.

Public Library of Charlotte/Mecklenburg County, North Carolina: Charlotte/Mecklenburg Finance Director.

Seattle Public Library, Washington: Seattle Public Library Director's Office.

Page 31

Circulation of Children's and Young Adults Materials: *Oregon State Library Statistical Reports, 2000*.