

# Health Department

## Budget for FY 2009

The Health Department seeks to protect against threats to health, to ensure access to healthcare for Multnomah County residents, and to promote health. The department operates an array of health protection and promotion programs, and is a major healthcare provider for low-income residents that operates an extensive and integrated system of care. The department's approach to service delivery, its emphasis on prevention, early intervention, and protecting the entire community resonates with the values and expectations of all of the Outcome teams.

The Health Department's decision framework begins with its vision, mission, and strategic directions:

*Vision:* Healthy People in Healthy Communities

*Mission:* In partnership with the diverse communities we serve, the Health Dept. ensures, promotes, and protects the health of Multnomah County residents.

*Five-Year Strategic Goals:*

- To help residents gain control of the factors that influences their health.
- To improve health throughout the County's diverse communities.
- To ensure dignified access to healthcare.
- To protect the public and mitigate health threats arising from natural and human-caused disasters.

The Health Department's FY 2009 program offers total \$137,031,976, which is a 3.8% increase over the FY 2008 adopted budget. The budget includes \$81,406,735 in Federal, State and Medicaid revenue and \$53,954,883 in General Fund. The FY 2009 program offers contain 914.63 FTE, 3.67 FTE more than the FY 2008 adopted budget.

<b>Budget Trends</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>Difference</b>
	<u>Actual</u>	<u>Estimate</u>	<u>Adopted Budget</u>	<u>Proposed Budget</u>	
Staffing FTE	820.39	850.40	910.96	914.63	3.67
Personal Services	\$77,410,110	\$85,350,266	\$85,350,266	\$88,986,755	3,636,489
Contractual Services	15,120,155	\$13,991,594	13,991,594	14,732,052	740,458
Materials & Supplies	29,492,041	\$32,551,228	32,551,228	33,221,169	669,941
Capital Outlay	<u>194,704</u>	<u>\$171,948</u>	<u>171,948</u>	<u>92,000</u>	<u>(79,948)</u>
<b>Total Costs</b>	<b>\$122,217,009</b>	<b>\$132,065,036</b>	<b>\$132,065,036</b>	<b>\$137,031,976</b>	<b>\$4,966,940</b>

# Health Department

<b>Health Department</b>					
<b>FY 2009 Summary by Program Offer</b>					
<b>Prog #</b>	<b>Name</b>	<b>FY 2009 General Fund Proposed</b>	<b>FY 2009 Other Funds</b>	<b>Total Program Cost</b>	<b>Total FTE</b>
<b><u>Operating Programs</u></b>					
40004	Emergency Medical Services	\$115,401	\$1,723,137	\$1,838,538	4.70
40005	Public Health & Regional Health Systems Emergency	\$279,518	\$1,038,676	\$1,318,194	5.73
40007	Health Inspections & Education	\$2,987,843	\$27,609	\$3,015,452	25.65
40008	Vector-Borne Disease Prevention & Code Enforcement	\$1,467,191	\$69,075	\$1,536,266	10.96
40009	Vital Records	\$113,092	\$603,489	\$716,581	6.35
40010	Communicable Disease Prevention & Control	\$2,929,496	\$2,247,545	\$5,177,041	32.60
40011	STD/HIV/Hep C Community Prevention Program	\$3,063,639	\$1,890,873	\$4,954,512	31.85
40012	Services for Persons Living with HIV	\$1,440,363	\$5,690,466	\$7,130,829	24.40
40013A	Early Childhood Svcs for First Time Parents	\$2,758,658	\$4,070,103	\$6,828,761	34.20
40013B	Early Childhood Svcs for High-Risk Prenatal	\$1,560,999	\$2,149,453	\$3,710,452	26.05
40013C	Early Childhood Svcs for High-Risk Infants & Children	\$3,457,195	\$3,059,685	\$6,516,880	37.45
40014	Immunization	\$515,097	\$1,659,486	\$2,174,583	2.80
40015	Lead Poisoning Prevention	\$38,841	\$153,413	\$192,254	1.20
40016A	Medicaid/Medicare Eligibility	\$265,518	\$814,864	\$1,080,382	11.00
40016B	Medicaid Enrollment Outreach & Referral Partnerships	\$590,434	\$0	\$590,434	8.00
40017	Dental Services	\$2,264,630	\$11,603,557	\$13,868,187	82.34
40018	Women, Infants, & Children (WIC)	\$852,902	\$2,372,858	\$3,225,760	34.03
40019	North Portland Health Clinic	\$1,803,537	\$5,190,602	\$6,994,139	31.00
40020	Northeast Health Clinic	\$1,765,080	\$6,079,520	\$7,844,600	34.25
40021A	Westside Health Clinic	\$2,401,283	\$8,818,150	\$11,219,433	37.85
40021B	Westside Health Clinic Van & Homeless Outreach	\$432,098	\$878,393	\$1,310,491	7.30
40022	Mid County Health Clinic	\$2,393,832	\$9,046,802	\$11,440,634	56.80
40023	East County Health Clinic	\$1,934,953	\$8,086,871	\$10,021,824	47.50
40024	School-Based Health Centers	\$3,212,708	\$2,942,221	\$6,154,929	34.15
40025	Adolescent Health Promotion Program	\$56,441	\$855,456	\$911,897	8.22
40045A	Reducing Racial and Ethnic Disparities	\$377,637			3.20

# Health Department

<b>Health Department (cont.) FY 2009 Summary by Program Offer</b>					
<b>Prog #</b>	<b>Name</b>	<b>FY 2009 General Fund Proposed</b>	<b>FY 2009 Other Funds</b>	<b>Total Program Cost</b>	<b>Total FTE</b>
<b><i>Health Department Share of Joint Programs</i></b>					
25156A	Bienestar Community Services	552,792	1,923,308	\$2,476,100	10.00
50055	Juvenile Sex Offender Residential Treatment (SRTP)	14,616			
50021	Juvenile Secure Residential A&D Treatment (RAD)	92,726	3,212	\$95,938	0.40
50023A	Juvenile Detention Services: 48 Beds	503,515	5,234	\$508,749	2.50
50023B	Juvenile Detention Services: 32 Beds	329,323	7,724	\$337,047	1.60
60033A	MCSO Booking, Release, & Initial Health Evaluation	1,713,283	5,162	\$1,718,445	11.90
60040A	MCSO MCDC Offer A	2,534,155	10,211	\$2,544,366	15.30
60040B	MCSO MCDC Offer B	689,799	3,898	\$693,697	3.30
60040C	MCSO MCDC Offer C	508,797	3,898	\$512,695	2.50
60040D	MCSO MCDC Offer D	212,722	3,898	\$216,620	0.50
60040E	MCSO MCDC Offer E	409,144	3,898	\$413,042	1.60
60040F	MCSO MCDC Offer F	386,803	2,274	\$389,077	2.15
60040H	MCSO MCDC Offer H	396,060	2,274	\$398,334	0.93
60041A	MCSO MCIJ Offer A	2,130,323	7,182	\$2,137,505	10.30
60041B	MCSO MCIJ Offer B	651,008	2,827	\$653,835	3.80
60041C	MCSO MCIJ Offer C	236,682	2,827	\$239,509	1.30
60041D	MCSO MCIJ Offer D	1,201,938	2,827	\$1,204,765	6.20
60041E	MCSO MCIJ Offer E	318,248	2,827	\$321,075	2.10
60041F	MCSO MCIJ Offer F	879,949	2,827	\$882,776	4.40
60041G	MCSO MCIJ Offer G	708,764	2,827	\$711,591	3.90
60041H	MCSO MCIJ Offer H	95,440	1,414	\$96,854	0.50
60041I	MCSO MCIJ Offer I	95,440	1,414	\$96,854	0.50
60041J	MCSO MCIJ Offer J	107,485	1,414	\$108,899	0.60
60041K	MCSO MCIJ Offer K	107,485	1,414	\$108,899	0.60
<b>Total Operating Programs</b>		<b>\$53,954,883</b>	<b>\$83,077,094</b>	<b>\$137,031,976</b>	<b>726.5</b>

# Health Department

## Health Department (cont.)

### FY 2009 Summary by Program Offer

Administrative & Support Programs provide supervision or support to some or all of the operating programs above. Their costs are "spread" to the operating programs and are factored into the costs above. Note FTE were not "spread;" to get the total FTE, add both operating and administration and support FTE totals for the department total.

Prog #	Name	FY 2009 General Fund Proposed	FY 2009 Other Funds	Total Program Cost	Total FTE
<b><i>Administration &amp; Support Programs</i></b>					
40000	Health Department Leadership Team	1,400,605	0	\$1,400,605	7.00
40002	Health Officer	260,618	351,860	612,478	3.10
40003	HD Leadership Team Administration	557,000	0	557,000	7.00
40030	Physician, Nurse Practitioner, and	1,227,831	53,033	1,280,864	5.82
40031	Pharmacy	1,211,426	8,914,953	10,126,379	29.50
40032	Lab, X-Ray, and Medical Records	2,567,890	0	2,567,890	25.10
40033	Clinic Appointment Center	1,852,025	0	1,852,025	18.40
40034	Quality Assurance	856,732	650,000	1,506,732	10.98
40035A	Health Planning & Evaluation	1,122,644	1,606,034	2,728,678	15.84
40035B	Health Planning & Evaluation - Scaled Offer	66,653	0	66,653	1.00
40036	Civic Governance, Citizen & Community	247,897	0	247,897	1.30
40037	Community Environmental Health	280,467	410,156	690,623	6.49
40038A	Health Promotion Coordination &	393,746	0	393,746	3.60
40039	B&Q Human Resources & Training	1,821,114	0	1,821,114	14.50
40040	B&Q Accounting & Financial Services	2,495,290	0	2,495,290	20.80
40041	B&Q Medical Billing	2,319,417	0	2,319,417	10.00
40047A	Chronic Disease Prevention	119,959	360,196	480,155	4.04
40048	Systems and Quality Support	509,295	0	509,295	<u>3.70</u>
<b>Total Admin/Support Programs</b>					<b>188.17</b>

## Health Department

### FY 2009 Summary of One-Time-Only Funds

This supplemental table contains a list of program offers partially or completely funded one-time-only resources.

Prog #	Name	FY 2009 General Fund Proposed	Other Funds	OTO Only General Funds	% OTO General Funds
40016B	Medicaid Enrollment Outreach & Referral Partnerships	\$590,434	\$0	\$590,434	100.0%
<b>Total One-Time-Only Funds</b>		<b>\$590,434</b>	<b>\$0</b>	<b>\$590,434</b>	<b>100.0%</b>

**Priority:** Accountability  
**Program Offer Type:** Administration  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** SHIRLEY Lillian

**Program Characteristics:**

**Executive Summary**

The Department Director, Deputy Director and the Directors for the three large service areas within the Department: Community Health Promotion, Partnerships and Planning (CHP3), Community Health Services (CHS) and Integrated Clinical Services (ICS.) are members of the Health Department's Leadership Team (DLT).

**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; assurance that financial commitments are met; continuous improvement of service delivery systems; 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. The Director is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership.

The Community Health Promotion, Partnerships and Planning (CHP3) Director is responsible for partnerships which support health disparities reduction and create linkages within community systems. The Director supervises CHP3 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 CHS services: 1) communicable and environmentally influenced disease programs; 2) services for families with young children and Oregon Health Plan enrollment; and 3) public health emergency preparedness.

The Director is responsible for partnerships with CDC, State, Conference of Local Health Officials, business and citizens. 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.

**Program Justification**

The Health Department's Leadership Team creates and communicates a clear vision and direction for County government. Its programs, its partnerships; establishing processes for citizen involvement in decision making; managing resources and service delivery costs effectively through maintenance of a diverse and qualified workforce; through continuous evaluation of and streamlining the delivery of service and operations through results-based processes; and by providing reliable information for decision making, improving results, and reporting results through community health reports and processes for community partnerships in addressing community health issues.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Increased access to Health Dept. services as measured by # of clients served.	153,724	155,000	155,000	157,000
Outcome	Annual increase in Federal and State resources leveraged for services.	90,000,000	79,000,000	80,000,000	82,000,000
Output	Number of "all staff" Departmental communications.	40	60	40	30

**Performance Measure - Description**

Increased access projection is flat due to increased number of uninsured. 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.

**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**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$988,882	\$0	\$1,000,526	\$0
Contracts	\$33,473	\$0	\$72,412	\$0
Materials & Supplies	\$136,222	\$0	\$170,946	\$0
Internal Services	\$205,221	\$0	\$156,721	\$0
<b>Subtotal: Direct Exps:</b>	<b>\$1,363,798</b>	<b>\$0</b>	<b>\$1,400,605</b>	<b>\$0</b>
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
<b>Subtotal: Other Exps:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total GF/non-GF:</b>	<b>\$1,363,798</b>	<b>\$0</b>	<b>\$1,400,605</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,363,798</b>		<b>\$1,400,605</b>	
Program FTE	9.50	0.00	7.00	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues****Significant Program Changes**

**Last year this program was:**

#40000 Health Department Leadership Team

**Priority:** Accountability

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** OXMAN Gary L

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Office of the Tri-County Health Officer provides public health physician consultation, technical direction, and leadership for Multnomah, Clackamas, and Washington counties' health departments. This regional partnership is being fully implemented during FY 2007-08. It is intended to improve the consistency and quality of public health services in the three county areas, increase learning and collaboration across the counties, and improve the quality and efficiency of Health Officer services.

**Program Description**

The program provides consultation, medical/technical direction and leadership by public health physicians to support effective public health practice. The program promotes health department and community understanding of health issues, and guides appropriate and effective action to address these issues. Program activities address 1) identified public health situations, 2) public health program design and operations 3) application of appropriate public health practices, and 4) wider community approaches to public health issues. Program staff provide medical and technical consultation, direction and leadership; participate in enforcement of public health laws; supervise selected public health programs; work with department staff, other agencies, and community groups to analyze and find solutions for critical public health problems; and also participate in department administration.

**Program Justification**

The program supports the Accountability Outcome by providing reliable information for decision making, improving results, and reporting results. Specifically, the program's public health, medical and regulatory leadership and consultation define appropriate policy, service and regulatory goals, and methods.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output		0.0%	0.0%	0.0%	0.0%
Outcome	Stakeholder orgs. express improved ability to respond to health emergencies.	0.0%	90.0%	90.0%	90.0%
Quality	Stakeholders satisfied Health Officer services (based on Likert scale)	0.0%	90.0%	91.4%	90.0%

**Performance Measure - Description**

 **Measure Changed**

The Office assures its programs meet their performance measures. For example, Regional Health System Emergency Preparedness meets State IGA requirements, and accomplishes critical preparedness objectives specified by the state and HRSA.

With implementation of the Tri-County Health Officer approach, satisfaction of key customers with Health Officer services is a critical measure.

As of mid-January, data gathering for performance measures is underway.

## Legal/Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer.

IGAs 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
	2008	2008	2009	2009
<b>Program Expenses</b>				
Personnel	\$224,129	\$311,713	\$226,530	\$308,680
Contracts	\$4,800	\$4,890	\$4,800	\$0
Materials & Supplies	\$4,800	\$105,910	\$5,450	\$13,352
Internal Services	\$14,591	\$44,229	\$15,173	\$29,828
Subtotal: Direct Exps:	<b>\$248,320</b>	<b>\$466,742</b>	<b>\$251,953</b>	<b>\$351,860</b>
Administration	\$4,199	\$0	\$8,665	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$4,199</b>	<b>\$0</b>	<b>\$8,665</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$252,519</b>	<b>\$466,742</b>	<b>\$260,618</b>	<b>\$351,860</b>
Program Total:	<b>\$719,261</b>		<b>\$612,478</b>	
Program FTE	1.00	0.00	1.00	2.10
<b>Program Revenues</b>				
Indirect for dep't Admin	\$21,404	\$0	\$20,456	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$366,742	\$0	\$351,860
Other / Miscellaneous	\$0	\$100,000	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$21,404</b>	<b>\$466,742</b>	<b>\$20,456</b>	<b>\$351,860</b>

## Explanation of Revenues

Multnomah County General Funds support Health Officer services within Multnomah County. Revenues and other resources from Clackamas and Washington counties support the full cost of providing Health Officer services in those counties, as well as staffing Tri-County program management and coordination.

## Significant Program Changes

✔ Significantly Changed

**Last year this program was:**

#40002 Health Officer.

In 2008-09 the program has a Tri-County focus as outlined in the Executive Summary and Program Description above.



**Priority:** Accountability  
**Program Offer Type:** Administration  
**Related Programs:**  
**Program Characteristics:**

**Lead Agency:** Health Department  
**Program Contact:** SHIRLEY Lillian

**Executive Summary**

This program pools administrative support to the Department's senior leadership team.

**Program Description**

By distributing workloads this team reduces duplication of effort and increases administrative support to leaders and program staff. A single point of supervision and leadership provides consistent performance expectations and evaluation. The team provides general office services (copying, travel and training, time and attendance record (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs; staffing and scheduling support for the Department Director, Deputy Director, CHP3 Program Manager Senior, CHS Program Manager Senior, Health Officer, Business Services Program Manager 2 and their managers; operates the Department's main administrative telephone lines and front office reception on the Director's floor; management of infrastructure, telecommunication and facilities issues for Department Leadership Team administration.

**Program Justification**

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

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	% of projects completed on time with an error rate not to exceed 3%.	0.0%	85.0%	90.0%	85.0%
Outcome	Annual satisfaction rating by Department Leadership Team.	0	7	8	8

**Performance Measure - Description**

Survey of Department Leadership members conducted at end of fiscal year will meet or exceed 7 (on a scale of 1-10).

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$480,201	\$0	\$500,493	\$0
Contracts	\$44	\$0	\$66	\$0
Materials & Supplies	\$22,339	\$0	\$28,884	\$0
Internal Services	\$24,272	\$0	\$27,557	\$0
Capital Outlay	\$2,000	\$0	\$0	\$0
<b>Subtotal: Direct Exps:</b>	<b>\$528,856</b>	<b>\$0</b>	<b>\$557,000</b>	<b>\$0</b>
Administration	\$0	\$0	\$0	\$0
Program Support	\$0	\$0	\$0	\$0
<b>Subtotal: Other Exps:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total GF/non-GF:</b>	<b>\$528,856</b>	<b>\$0</b>	<b>\$557,000</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$528,856</b>		<b>\$557,000</b>	
Program FTE	7.10	0.00	7.00	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last year this program was:**

#40003 Health Department Leadership Team Support

**Priority:** Safety  
**Program Offer Type:** Existing Operating  
**Related Programs:**  
**Program Characteristics:**

**Lead Agency:** Health Department  
**Program Contact:** COLLINS William E

**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. The EMS program supports the Communities factor of the Safety Outcome team.

**Program Description**

The EMS program has five major functions: 1. The emergency ambulance contract: Emergency ambulance service is provided through an exclusive franchise agreement with a single ambulance company. This is a performance contract; the EMS program administers the contract and assures that performance criteria is met. 2. Medical supervision: The EMS Medical Director supervises all pre-hospital medical care provided by paramedics, basic EMTs and first responders. Immediate medical advice for responders is provided via radio by OHSU under supervision of the EMS Medical Director. 3. Continuous Quality Improvement (CQI): The EMS Program coordinates a system-wide data-driven approach to improving the quality of service provided by the EMS system. The program gathers, maintains, and analyzes data on patient care and outcomes necessary for the CQI process. Results are used for planning, and for improving EMS operations and the quality of pre-hospital patient care. 4. The EMS program regulates all emergency and non-emergency ambulance business in the county in accordance with the ambulance ordinance, MCC 21.400. This includes licensing, inspections, review of operations, and supervision of medical care. 5. Coordination of medical dispatch and medical first response: Dispatch is provided by the City of Portland. The fire departments of Portland and Gresham and districts throughout the County provide first response. EMS coordinates medical supervision, operating protocols, communications, major event planning, and equipment specifications.

**Program Justification**

The EMS Program is a visible part of the public safety system and contributes to citizens feeling safe. The EMS Program ensures that an immediate medical response is available to all County residents and visitors experiencing a medical emergency. Having this rapid response available increases the public's perception of safety. The program emphasizes coordination of services provided by multiple public and private agencies, and takes collaborative approaches to prepare for individual and community emergencies.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Ambulance response times - 8 min. 90% of calls	90.0%	90.0%	90.0%	90.0%
Outcome	Cardiac arrest survival to hospital	30.0%	30.0%	30.0%	30.0%
Quality	Cardiac arrest survival to hospital discharge	12.0%	12.0%	12.0%	12.0%

**Performance Measure - Description**

The major contract performance measure is the percentage of urban emergency calls in which the ambulance arrives on-scene in 8:00 minutes or less. System quality measures include medical care outcomes such as survival from cardiac arrest. Cardiac arrest is an often-fatal cessation of the heartbeat that requires immediate medical intervention. Cardiac arrest survival until arrival at the hospital demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. Cardiac arrest survival at hospital discharge shows how EMS contributes to cardiac arrest survival in the larger health care system. Medical outcomes are benchmarked against other communities with an eye towards improving on results over time.

## 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	2008	2008	2009	2009
Personnel	\$0	\$588,308	\$0	\$605,313
Contracts	\$0	\$539,000	\$0	\$667,000
Materials & Supplies	\$0	\$25,850	\$0	\$200,350
Internal Services	\$0	\$160,982	\$0	\$197,695
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$1,314,140</b>	<b>\$0</b>	<b>\$1,670,358</b>
Administration	\$23,804	\$0	\$23,971	\$0
Program Support	\$83,688	\$0	\$91,430	\$52,779
Subtotal: Other Exps:	<b>\$107,492</b>	<b>\$0</b>	<b>\$115,401</b>	<b>\$52,779</b>
Total GF/non-GF:	<b>\$107,492</b>	<b>\$1,314,140</b>	<b>\$115,401</b>	<b>\$1,723,137</b>
Program Total:	<b>\$1,421,632</b>		<b>\$1,838,538</b>	
Program FTE	0.00	4.60	0.00	4.70
<b>Program Revenues</b>				
Indirect for dep't Admin	\$76,673	\$0	\$97,105	\$0
Fees, Permits & Charges	\$0	\$771,140	\$0	\$813,129
Intergovernmental	\$0	\$65,000	\$0	\$673,000
Other / Miscellaneous	\$0	\$478,000	\$0	\$184,229
Program Revenue for Admin	\$0	\$0	\$0	\$52,779
<b>Total Revenue:</b>	<b>\$76,673</b>	<b>\$1,314,140</b>	<b>\$97,105</b>	<b>\$1,723,137</b>

## Explanation of Revenues

All costs of the program are recovered through various fees.

## Significant Program Changes

**Last year this program was:**

#40004 Emergency Medical Services

**Priority:** Safety **Lead Agency:** Health Department  
**Program Offer Type:** Existing Operating **Program Contact:** HOUGHTON David B  
**Related Programs:**  
**Program Characteristics:**

**Executive Summary**

Preparing for and responding to emergencies with widespread or severe health impacts requires multi-agency, multi-jurisdictional, and public/private sector collaboration. Three 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 private health care providers in the 6-county NW Oregon region have proven capacity to care for victims of large scale emergencies; 3) Pandemic Influenza Preparedness develops the special response and community engagement capacities necessary to respond to the special challenges of a pandemic. All programs apply the National Incident Management System (NIMS) framework, and all are coordinated with the County's Office of Emergency Management.

**Program Description**

Responding to emergencies with severe health impacts (e.g., natural disasters, severe epidemics, terrorist attacks) requires coordinated action to 1) focus response efforts on priority needs, and 2) leverage resources of government, private health providers, and non-profit organizations. This offer assures public and private health preparedness. Public Health Preparedness: 1) develops emergency plans and protocols linked to the County's Emergency Response Plan; 2) trains and exercises an expert Incident Management Team to lead the Department's response; 3) conducts exercises to test and refine plans and capacities, and 4) creates expandable capacity for key public health functions (e.g., epidemiology resources to investigate and analyze the emergency health impacts). Regional Health System Preparedness facilitates a health care preparedness delivery system in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties. 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 public/private responses; 3) develops regional capacities to address communication and other support needs; and 4) develops regional capacities to manage specific health impacts (e.g., mass trauma, burns, and chemical exposure). Pandemic Influenza Preparedness is complementary; it addresses extraordinary capacities that are necessary to respond to a pandemic. It emphasizes institutional and community education. It also works with stakeholders to develop critical pandemic response capacities (e.g., quarantine, business continuity, and school or class cancellation).

**Program Justification**

This offer supports the public safety system by getting the regions health systems—hospitals, health networks, clinics, and providers—prepared to prevent, and respond to emergencies.” The programs utilize coordination and collaboration to develop effective governmental and private sector health response capacities in the County and region.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of IMT members trained, maintained & annually exercised.	90	93	90	90
Outcome	Hlth Org., expressing program has improved ability to respond to Hlth Emergency	80.0%	90.0%	88.0%	90.0%
Quality	Stakeholders satisfied w/program activities, based on Likert scale.	90.0%	95.0%	90.0%	95.0%
Output	Community partners added to existing stakeholder inventory.	0	0	50	50

**Performance Measure - Description**

PH Preparedness: Number of staff receiving NIMS-approved training, and participating in response exercises. Regional Health Preparedness: Key stakeholders' and organizations' perceived progress on program goals, and satisfaction with program activities/services. Pandemic Influenza: Number of community partner organizations informed & engaged in pandemic flu planning and exercises (e.g., elected officials, businesses, schools, social service agencies, local law enforcement and faith based organizations).

## 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 IGA with Oregon DHS (Public Health Division) provides funding from the CDC and guidance for Public Health preparedness activities, including pandemic influenza preparedness. A separate IGA with DHS provides funding from the US Dept. of Health and Human Services, and guides regional health system preparedness goals and activities. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general capacities.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2008	2008	2009	2009
<b>Program Expenses</b>				
Personnel	\$0	\$439,408	\$0	\$595,603
Contracts	\$0	\$15,500	\$0	\$12,000
Materials & Supplies	\$0	\$67,614	\$0	\$33,446
Internal Services	\$0	\$99,575	\$0	\$123,284
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$622,097</b>	<b>\$0</b>	<b>\$764,333</b>
Administration	\$13,918	\$0	\$10,969	\$0
Program Support	\$251,471	\$94,219	\$268,549	\$274,343
Subtotal: Other Exps:	<b>\$265,389</b>	<b>\$94,219</b>	<b>\$279,518</b>	<b>\$274,343</b>
Total GF/non-GF:	<b>\$265,389</b>	<b>\$716,316</b>	<b>\$279,518</b>	<b>\$1,038,676</b>
Program Total:	<b>\$981,705</b>		<b>\$1,318,194</b>	
Program FTE	0.00	6.30	0.00	5.73
<b>Program Revenues</b>				
Indirect for dep't Admin	\$36,307	\$0	\$42,026	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$622,097	\$0	\$764,333
Other / Miscellaneous	\$0	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$94,219	\$0	\$274,343
<b>Total Revenue:</b>	<b>\$36,307</b>	<b>\$716,316</b>	<b>\$42,026</b>	<b>\$1,038,676</b>

## Explanation of Revenues

Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via the Oregon Department of Human Services (DHS), Public Health Division. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon DHS/Public Health Division and the Oregon Association of Hospitals and Health Systems.

## Significant Program Changes

✔ Significantly Changed

### Last year this program was:

#40005 Public Health and Regional Health Systems Emergency Preparedness funding was cut by ~30% during FY08. This cut is disproportionately large relative to the County's population and community's complexity. This results from a statewide funding formula that provides base funding for each county and de-emphasizes per-capita funding.

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** WICKHAM Lila A

**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 diseases, educating the public about food safety, and performing routine inspections of licensed facilities (restaurants, swimming pools, hotels, child care centers, adult foster care, correctional facilities and small public drinking water systems). In 2006, the program received the national Crumline award for sustained excellence in food safety emphasizing innovations in food borne illness tracking, community outreach and education.

### Program Description

**Health Inspection Facilities:** The Health Inspections program has responsibility for assuring the health and safety in 4,781 facilities including restaurants, mobile restaurants, temporary events, 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 614 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to pool operators. **Child and Adult Foster Care Facilities:** The program inspects 726 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. Education and training is a priority service for each water system. **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 disaster/bio-terrorism response. Multnomah County has significantly fewer 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 health equity and entry into the workforce.

### Program Justification

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 understand and expect the program functions.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Facility inspections	10,759	10,000	10,712	10,800
Outcome	Critical violation per year	8,947	8,043	8,917	9,359
Output	Total number certified Food Workers eligible for employment	19,493	19,400	21,107	22,692

### Performance Measure - Description

**Output:** Facilities (e.g. restaurants, mobile units, vending machines, temporary event units, schools, child-care facilities, tourist accommodations) inspected on-site.

**Outcome:** Critical violations are a surrogate for disease risk, as critical violations can lead to food safety risk, requiring immediate correction. Each inspection can have more than one critical violation. Next year's increase is due to continued increased temperature control violations and new rules regarding hand-washing.

**Output:** This number reflects the number of people who completed certification in the given year. The certificate is a three-year certificate and makes food workers employable in the food industry. On-line and on-site Food Handler training and testing provides food workers with knowledge about preventing disease transmission to food consumers

## Legal/Contractual Obligation

Legal mandates are 1999 FDA Food Code 2002 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	2008	2008	2009	2009
Personnel	\$1,996,854	\$28,314	\$2,045,168	\$0
Contracts	\$290,608	\$0	\$234,578	\$0
Materials & Supplies	\$80,862	\$1,669	\$98,358	\$0
Internal Services	\$406,175	\$4,217	\$365,425	\$0
Capital Outlay	\$0	\$0	\$12,000	\$0
Subtotal: Direct Exps:	<b>\$2,774,499</b>	<b>\$34,200</b>	<b>\$2,755,529</b>	<b>\$0</b>
Administration	\$48,094	\$0	\$39,545	\$0
Program Support	\$149,397	\$24,927	\$192,769	\$27,609
Subtotal: Other Exps:	<b>\$197,491</b>	<b>\$24,927</b>	<b>\$232,314</b>	<b>\$27,609</b>
Total GF/non-GF:	<b>\$2,971,990</b>	<b>\$59,127</b>	<b>\$2,987,843</b>	<b>\$27,609</b>
Program Total:	<b>\$3,031,117</b>		<b>\$3,015,452</b>	
Program FTE	25.05	0.87	25.65	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,996	\$0	\$0	\$0
Fees, Permits & Charges	\$2,598,477	\$0	\$2,678,477	\$0
Intergovernmental	\$0	\$34,200	\$0	\$0
Other / Miscellaneous	\$80,000	\$0	\$0	\$0
Program Revenue for Admin	\$0	\$24,927	\$0	\$27,609
<b>Total Revenue:</b>	<b>\$2,680,473</b>	<b>\$59,127</b>	<b>\$2,678,477</b>	<b>\$27,609</b>

## Explanation of Revenues

Fees are set by ordinance. Refer to MC Ordinance 1077.

## Significant Program Changes

### Last year this program was:

#40007 Health Inspections & Education

The program costs have been reduced by more than \$200,000 in keeping with their available revenue. Fee increases for the Inspection program will come before the Board of County Commissioners in the spring. If the Board approves the fees, then the program will revise its budget based on the new fee projections so that their staffing levels are adequate to comply with the State mandated number of annual inspections per facility.



**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** WIRTH Chris M

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program protects the public from emerging and imminent vector-borne diseases (i.e. West Nile virus) and reduces the social/economic impact of uncontained outbreaks. Vector-borne diseases are transmitted from animals to humans. Current analysis of evidence shows that environmental indicators such as dead birds predict the prevalence of human cases of West Nile virus in a community. The major emerging diseases are vector borne (WNV, avian influenza, SARS). Climate changes in the NW, such as warming winter temperatures and an increase in rainfall, as well as 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**

**Objectives:** Surveillance –collection/identification of mosquitoes, birds and rats. Laboratory analysis to determine species, diseases carried, preferred habitats, and population size. Abatement -suppression via species-specific, least impact pesticides, reduction in habitat, water control, vegetation management. Education/outreach –public information on preventing vectors and their habitation by community meetings, pamphlets, media to provide equitable access to information for the average citizen and vulnerable populations. **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 unspecified animals (e.g., bees, livestock, and birds).

**Program Justification**

Between 2005 and 2007 six new mosquito species were identified locally, including an Asian species capable of carrying Yellow or Dengue Fever. Multnomah County (MC) climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in MC in the 1930's when malaria was endemic. WNV arrived in MC in 2006 with the death of four birds. Between 2006 and 2007, a total of 19 confirmed cases (birds and humans) have tested positive for WNV in the Portland Metro Area. Additional cases of WNV are expected in 2008. This program reduces vector disease risks using prevention plans based on the 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. In 2007, a human case of Hantavirus was identified in East Multnomah County. 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.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of mosquitoes individually analyzed	47,282	60,000	76,521	76,500
Outcome	Mosquitoes prevented	11,583,047	2,884,615	18,609,192	18,609,192
Efficiency	Number of acres treated for mosquitoes per 5 FTE	2,041	1,733	2,056	2,056
Output	Number of rodent inspections conducted	871	1,050	880	880

**Performance Measure - Description**

**MOSQUITOES ANALYZED:** Analyzed for species, breeding habitat, population size estimates, disease carrying capacity, etc. **MOSQUITOES PREVENTED:** Based on industry standard estimate methodology: # of mosquitoes individually analyzed/number of acres treated for mosquitoes per 5 FTE X 500,000 (500,000 = 0.5 million mosquitoes per surface acre of water).

**ACRES TREATED:** This estimate subject to variance in weather patterns, seasonal flooding, characteristics, presence/absence of disease.

**RODENT INSPECTIONS CONDUCTED:** On-site inspections stemming from rodent complaints (i.e. rat in toilet) received.

## Legal/Contractual Obligation

Legal mandates are ORS 452, 167, and 634; OAR 635-7 and 603-57; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; Contracted mandates include 14 federal, regional and local government commitments (+300K).

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$807,831	\$7,712	\$889,524	\$16,845
Contracts	\$74,450	\$3,200	\$83,250	\$3,000
Materials & Supplies	\$161,483	\$2,897	\$161,500	\$3,224
Internal Services	\$186,964	\$1,191	\$200,830	\$1,931
Capital Outlay	\$0	\$0	\$0	\$0
Subtotal: Direct Exps:	<b>\$1,230,728</b>	<b>\$15,000</b>	<b>\$1,335,104</b>	<b>\$25,000</b>
Administration	\$22,832	\$0	\$19,519	\$0
Program Support	\$85,475	\$45,668	\$112,568	\$44,075
Subtotal: Other Exps:	<b>\$108,307</b>	<b>\$45,668</b>	<b>\$132,087</b>	<b>\$44,075</b>
Total GF/non-GF:	<b>\$1,339,035</b>	<b>\$60,668</b>	<b>\$1,467,191</b>	<b>\$69,075</b>
Program Total:	<b>\$1,399,703</b>		<b>\$1,536,266</b>	
Program FTE	10.00	0.30	10.86	0.10
<b>Program Revenues</b>				
Indirect for dep't Admin	\$875	\$0	\$1,453	\$0
Fees, Permits & Charges	\$500	\$0	\$500	\$0
Intergovernmental	\$237,800	\$15,000	\$237,500	\$25,000
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Program Revenue for Admin	\$0	\$45,668	\$0	\$44,075
<b>Total Revenue:</b>	<b>\$240,175</b>	<b>\$60,668</b>	<b>\$240,453</b>	<b>\$69,075</b>

## Explanation of Revenues

## Significant Program Changes

### Last year this program was:

#40008A Vector-borne Disease Prevention & Code Enforcement

The nuisance officer role has been reinstated into the program offer to maintain the Code Enforcement function that was not transferred to City of Portland. General health education funding is being sought due to the loss of grant funding that supported the Health Educator role.

**Priority:** Accountability  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** WICKHAM Lila A

**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 a prevention function is assuring the communicable disease program has immediate access to birth records so that vaccines can be given to newborns to prevent them from acquiring Hepatitis B from their mother.

**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.

**Program Justification**

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: Infants of Hepatitis B carrier mothers receive 3 immunization vaccines in the first six months of life. Prevention of Hepatitis B is critical as Hepatitis B infected individuals have a 30% lifetime risk of liver cancer. Mothers transmitting Perinatal Hepatitis B to their infants are decreasing in Oregon as early immunization of infants occurs. 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 (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of birth and death certificates issued	39,059	37,990	39,200	37,216
Outcome	Number of infants who receive Hepatitis B Vaccine at birth	61	58	62	62
Efficiency	Average number of days to issue error free certificate	1	1	1	1

**Performance Measure - Description**

Infants of Hepatitis B carrier mothers immunized: Infants need to receive 3 vaccines in the first six months of life. Outcome: Prevention of Hepatitis B is critical as Hepatitis B infected individuals have a 30% lifetime risk of liver cancer. Note: \* Outcome measure revised from 2007 from completion of series, to vaccine given immediately after birth to more closely reflect Vital Records function.

Certificates issued: measures program volume. Oregon State Health Division will also be offering birth certification as an improved service resulting in a reduction of birth certificate projections.

Quality measure (percent of certificates requiring edits) was eliminated due implementation of electronic birth and death records.

Days to issue: Measures rapidity of issuance process. The 24 hours from receipt to issuance is a mandatory timeframe.

**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
	2008	2008	2009	2009
<b>Program Expenses</b>				
Personnel	\$15,992	\$522,156	\$34,955	\$481,425
Contracts	\$0	\$13,320	\$831	\$289
Materials & Supplies	\$0	\$11,839	\$7,200	\$14,870
Internal Services	\$0	\$37,685	\$0	\$78,416
Subtotal: Direct Exps:	<b>\$15,992</b>	<b>\$585,000</b>	<b>\$42,986</b>	<b>\$575,000</b>
Administration	\$6,250	\$0	\$8,869	\$0
Program Support	\$39,292	\$24,927	\$61,237	\$28,489
Subtotal: Other Exps:	<b>\$45,542</b>	<b>\$24,927</b>	<b>\$70,106</b>	<b>\$28,489</b>
Total GF/non-GF:	<b>\$61,534</b>	<b>\$609,927</b>	<b>\$113,092</b>	<b>\$603,489</b>
Program Total:	<b>\$671,461</b>		<b>\$716,581</b>	
Program FTE	0.20	4.44	0.40	5.95
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$33,427	\$0
Fees, Permits & Charges	\$0	\$585,000	\$0	\$575,000
Program Revenue for Admin	\$0	\$24,927	\$0	\$28,489
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$609,927</b>	<b>\$33,427</b>	<b>\$603,489</b>

**Explanation of Revenues****Significant Program Changes**

Last year this program was:

#40009 Vital Records

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** Arlene Warren

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

This program limits the spread of up to 100 different communicable diseases (CD) through prompt scientific-based investigation & treatment of reported/suspected cases, including TB, meningitis, whooping cough & food/waterborne illnesses such as national outbreaks of diseases caused by contaminated commercial food products in 2007, e.g. salmonella in pot pies and Veggie Booty snacks. This program is poised to respond instantly anytime day & night, to any CD event or threat of public health importance.

**Program Description**

This program is staffed to respond 24/7 by highly-trained public health nurses (PHN) & support staff. Staff is culturally & linguistically competent, speaking 11 languages. This program addresses health inequities & operates 4 functions: 1) Comprehensive TB prevention & control activities provided through a clinic, home visits, a homeless shelter clinic & outreach. RN case management is provided for anyone with active TB disease. High risk screening & prevention services are also provided. Most active TB are in foreign born refugees/immigrants. The homeless account for most of the remaining cases & are offered screening using the locally developed & nationally recognized "TB Card" model. 2) Aggressive epidemiologic investigation is provided in response to outbreaks through structured interviews, & education is provided. PHNs work with state, national & international officials when outbreaks affect County residents & will work with the FBI when an intentional cause is suspected. 3) Occupational Health Office – OSHA requirements are met by providing employees vaccinations, antibody testing & education for blood borne pathogens & TB. Post-exposure assessment & immediate response is provided as necessary. Employees are monitored to ensure compliance with OSHA standards. 4) Traveler's Clinic – Persons traveling out of the US receive vaccines for diseases, e.g., malaria & yellow fever. Medications are recommended/offered after careful review of a traveler's itinerary & history.

**Program Justification**

The program directly addresses the basic needs of the community by preventing/controlling the spread of CD with a timely & thorough investigation of suspected cases, providing education to the client & all potential contacts, distributing medications, providing antibody testing & vaccines, requiring isolation/quarantine as necessary & providing treatment for those who have contracted or been exposed to a CD. Delay in treatment can allow the disease to spread to others. Untreated diseases are more expensive to treat & may become debilitating. This program minimizes public health costs and promotes residents' health.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Client visits for all services	18,022	17,000	17,000	17,000
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	CD case investigations started within timeframe set by Oregon and CDC	98.0%	90.0%	98.0%	90.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon and CDC	95.0%	90.0%	94.0%	90.0%

**Performance Measure - Description**

1)Output-All home/shelter/clinic client visits. 2)Outcome-Reflects effectiveness of case contact investigation/response in life-threatening disease. 3)Quality-Measures reflect standards and are reported to the state for CD case investigations & TB patients completing treatment within 12 months as set by Oregon & CDC: standard 90%.

**Legal/Contractual Obligation**

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: Blood borne 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**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$1,930,534	\$909,738	\$1,757,318	\$1,275,300
Contracts	\$19,693	\$17,149	\$22,590	\$14,177
Materials & Supplies	\$93,930	\$278,885	\$27,062	\$288,618
Internal Services	\$370,512	\$231,491	\$185,274	\$236,232
Subtotal: Direct Exps:	<b>\$2,414,669</b>	<b>\$1,437,263</b>	<b>\$1,992,244</b>	<b>\$1,814,327</b>
Administration	\$64,286	\$0	\$57,344	\$0
Program Support	\$385,670	\$331,365	\$879,908	\$433,218
Subtotal: Other Exps:	<b>\$449,956</b>	<b>\$331,365</b>	<b>\$937,252</b>	<b>\$433,218</b>
Total GF/non-GF:	<b>\$2,864,625</b>	<b>\$1,768,628</b>	<b>\$2,929,496</b>	<b>\$2,247,545</b>
Program Total:	<b>\$4,633,253</b>		<b>\$5,177,041</b>	
Program FTE	18.41	12.94	19.45	13.15
<b>Program Revenues</b>				
Indirect for dep't Admin	\$93,107	\$0	\$105,617	\$0
Fees, Permits & Charges	\$0	\$522,252	\$0	\$72,630
Intergovernmental	\$0	\$899,054	\$0	\$1,741,697
Other / Miscellaneous	\$0	\$15,957	\$0	\$0
Program Revenue for Admin	\$0	\$331,365	\$0	\$433,218
<b>Total Revenue:</b>	<b>\$93,107</b>	<b>\$1,768,628</b>	<b>\$105,617</b>	<b>\$2,247,545</b>

**Explanation of Revenues****Significant Program Changes**

**Last year this program was:**

#40010 Communicable Disease Prevention & Control

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** LENTELL Margaret M

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

HIV, STDs & Hepatitis C account for almost 2/3 of all reportable diseases in the County. This cost effective program prevents epidemics seen in other west coast cities by controlling disease spread via evidence-based prevention interventions & STD treatment to those at highest risk.

**Program Description**

PREVENTION is the key strategy, using culturally specific, evidence-based approaches. CASE INVESTIGATION: Staff contact infected people, encourage treatment, sex partner notification & behavior change. STD CLINIC: Reduces disease spread via early access to evaluation, treatment, & prevention counseling for people without health care access. COMMUNITY TESTING: Staff visit bars, jails, internet & other "hookup" sites to test, educate, and promote behavior change. PARTNERSHIPS: Collaborate with businesses, community organizations, & other counties to enhance capacity. Helps people at-risk link to care, drug treatment, counseling, etc. SYRINGE EXCHANGE: Proven to keep infection rates low among injectors, partners & their infants. Reduces infected syringes. BEHAVIOR CHANGE/EDUCATION: Community-based interventions to reduce risky sexual behavior & drug use.

**Program Justification**

This program prevents & treats diseases that can jeopardize the health & independence of county residents. STD rates highly correlate to poor access to quality, timely health care. SUCCESS: County HIV & syphilis infection rates are the lowest of large west coast cities, due in large part to this program. In place for over 20 yrs, this program is demonstrably effective. Compared to 15 yrs ago syphilis is 1/5 & gonorrhea 1/2 of what they were. COST EFFECTIVE: Preventing disease saves money over time. Delayed treatment increases disease spread & costly chronic conditions such as AIDS, liver disease & infertility. STDs cause poor maternal/child health, including infected babies, miscarriages, & tubal pregnancy. Untreated HIV, especially, leads to poverty, inability to work & maintain stable housing. The program's emphasis on community prevention, outreach & early diagnosis reduces disease transmission & the likelihood of devastating long-term outcomes. Each prevented Hepatitis C case saves about \$66K. Each prevented HIV case saves about \$360K over a lifetime. COMMUNITY DISPARITIES: These diseases disproportionately affect racial, ethnic & sexual minority communities. Gonorrhea & chlamydia rates are 5X higher in African Americans. 81% of syphilis cases occur in men who have sex with men. HIV infection rates are rising among Latinos, African Americans, & women. Funding this program helps address such health inequities & provides these populations with needed services.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of HIV tests performed	5,864	6,300	5,600	5,600
Outcome	Stable or decreased # of newly diagnosed HIV/AIDS cases based on 5yr rolling avg*	149	160	161	161
Quality	% of gonorrhea/syphilis/HIV cases investigated	91.0%	80.0%	80.0%	80.0%
Output	# STD clinic encounters (visits/phone results)	11,482	12,000	11,362	11,500

**Performance Measure - Description**

Output: HIV Tests - decreased number may be due to Programs' promotion and support of expanded testing in community and private sector settings.

Outcome: \*Added AIDS cases based on new reporting rule.

Output: Fewer encounters due to improved methods to deliver test results.

Quality: Rule change requires County investigate 3X more HIV cases. With no staffing increases, the ability to maintain investigation rates is decreased.

## Legal/Contractual Obligation

Yes. ORS 433 mandates disease prevention & control. Ryan White CARE Act Title I (see Services for Persons Living with HIV) requires a local maintenance of effort for HIV prevention services. Oregon State DHS HIV Prevention contractual program elements. Oregon State DHS STD disease investigation assurances.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$1,766,430	\$812,298	\$1,960,138	\$908,921
Contracts	\$198,118	\$386,432	\$200,031	\$405,304
Materials & Supplies	\$161,846	\$55,880	\$107,702	\$195,169
Internal Services	\$428,860	\$167,436	\$280,536	\$154,117
Capital Outlay	\$5,843	\$661	\$0	\$0
Subtotal: Direct Exps:	<b>\$2,561,097</b>	<b>\$1,422,707</b>	<b>\$2,548,407</b>	<b>\$1,663,511</b>
Administration	\$66,937	\$0	\$63,107	\$0
Program Support	\$378,032	\$254,607	\$452,125	\$227,362
Subtotal: Other Exps:	<b>\$444,969</b>	<b>\$254,607</b>	<b>\$515,232</b>	<b>\$227,362</b>
Total GF/non-GF:	<b>\$3,006,066</b>	<b>\$1,677,314</b>	<b>\$3,063,639</b>	<b>\$1,890,873</b>
Program Total:	<b>\$4,683,380</b>		<b>\$4,954,512</b>	
Program FTE	19.43	10.82	20.16	11.69
<b>Program Revenues</b>				
Indirect for dep't Admin	\$83,038	\$0	\$96,707	\$0
Fees, Permits & Charges	\$0	\$125,621	\$0	\$0
Intergovernmental	\$0	\$1,296,045	\$0	\$1,663,511
Other / Miscellaneous	\$0	\$1,041	\$0	\$0
Program Revenue for Admin	\$0	\$254,607	\$0	\$227,362
<b>Total Revenue:</b>	<b>\$83,038</b>	<b>\$1,677,314</b>	<b>\$96,707</b>	<b>\$1,890,873</b>

## Explanation of Revenues

## Significant Program Changes

Last year this program was:

#40011 STD, HIV & Hepatitis C Community Prevention Program



**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** NICHOLS Loreen

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The HIV Health Services Clinic (HHSC) and HIV Care Services Program (HCS) provide community-based primary care and support services to highly vulnerable populations living with HIV. Services fill vital gaps in care resulting in lower mortality (86% drop in 10 yrs), fewer disease complications and disparities, and reduced transmission.

### Program Description

HIV care programs are consolidated into one offer this year. Services target low income, uninsured, mentally ill, substance abusing, and other special needs populations. The HHSC provides comprehensive primary medical care for over 850 clients. Services address complex treatment needs from early diagnosis to advanced illness. On-site pharmacy services support compliance with treatment. Intensive medical protocols for pregnant clients prevent mother-to-child transmission. The HHSC integrates prevention into all services to reduce client risk of HIV transmission. HCS coordinates a regional care system that promotes access to high quality HIV services. Through contracts with health departments and community organizations, 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.

### Program Justification

Local AIDS prevalence increased 22% from 2001 to 2006, fueling a continuing public health problem. Over 4,000 people with HIV live in the service area; 56% have a mental illness and 36% have substance abuse problems. This system serves the most vulnerable clients: 73% are <100% FPL, 28% are minorities, 24% lack permanent housing, and 13% lack health insurance. This offer supports Basic Living Needs strategies by providing a strong continuum of HIV care. A network of community organizations work together to meet overall client needs. Funding awarded to these organizations leverage additional resources from other social service and medical systems. Regular HIV medical care, linked with case management and support services, prevent costly health crises and hospitalization. Addiction treatment, mental health therapy, and prevention counseling address behavior change. Health promotion enables clients to better control their disease and reduce transmission risk. A well-established quality management program shows measurable results. Due to health care and medication access, HIV mortality has dropped 86% from 1994 to 2004 in Multnomah County. Programs for racial/ethnic minorities and women have resulted in no disparities in access for these populations.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	# of unduplicated HCS clients served	2,469	2,200	2,320	2,200
Outcome	% of uninsured HCS clients who gained insurance	65.0%	70.0%	67.0%	70.0%
Output	# of HHSC client visits	8,598	6,693	7,000	7,088
Quality	% of medical clients who do not progress to AIDS*	93.5%	93.0%	93.0%	93.0%

### Performance Measure - Description

\*The goal of HIV care is to restore immune function. AIDS is the advanced stage of HIV disease.

## Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Title I grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% expenditure cap on planning & administration, which requires the County to cover some indirect costs; and 4) Maintenance of effort where 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
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$537,392	\$1,252,506	\$421,028	\$2,200,260
Contracts	\$100,305	\$158,503	\$137,006	\$2,457,030
Materials & Supplies	\$37,650	\$108,594	\$14,197	\$128,749
Internal Services	\$151,447	\$367,833	\$61,827	\$644,847
Subtotal: Direct Exps:	<b>\$826,794</b>	<b>\$1,887,436</b>	<b>\$634,058</b>	<b>\$5,430,886</b>
Administration	\$102,994	\$0	\$87,038	\$0
Program Support	\$716,163	\$277,566	\$719,267	\$259,580
Subtotal: Other Exps:	<b>\$819,157</b>	<b>\$277,566</b>	<b>\$806,305</b>	<b>\$259,580</b>
Total GF/non-GF:	<b>\$1,645,951</b>	<b>\$2,165,002</b>	<b>\$1,440,363</b>	<b>\$5,690,466</b>
Program Total:	<b>\$3,810,953</b>		<b>\$7,130,829</b>	
Program FTE	3.59	22.89	4.54	19.86
<b>Program Revenues</b>				
Indirect for dep't Admin	\$117,630	\$0	\$178,656	\$0
Fees, Permits & Charges	\$0	\$290,568	\$0	\$555,232
Intergovernmental	\$0	\$1,596,868	\$0	\$4,875,654
Program Revenue for Admin	\$0	\$277,566	\$0	\$259,580
<b>Total Revenue:</b>	<b>\$117,630</b>	<b>\$2,165,002</b>	<b>\$178,656</b>	<b>\$5,690,466</b>

## Explanation of Revenues

HCS receives flat funding from federal Ryan White Care Act (RWCA) Title I grant. HHSC receives flat-funded contracts and grants: RWCA Title I contract awarded by HCS; federal RWCA Title III grant; AIDS Education and Training Center contract; and OHSU Project Dental Health contract. County general fund is used to leverage grant funding.

## Significant Program Changes

✔ Significantly Changed

### Last year this program was:

#40012 Services for Persons Living with HIV

HCS: Grant funding decreased by \$244,736 resulting in .6 FTE cut and reductions in primary care and support services delivered by community-based contractors. 1.0 FTE Disease Intervention Specialist/funding moved to Program offer 40011.

HHSC: \$114,000 reduction in general fund request.

**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** WALLINDER Janet L

**Program Characteristics:**

**Executive Summary**

First-time parents can receive a range of services, including home visits, hospital visits, classes and groups. Services begin in early pregnancy and continue through infancy to assure optimal maternal and infant health and assist parents in meeting their infant's basic health and developmental needs. 2325 parents will receive hospital Welcome Baby visits. 850 parents will receive intensive home visit services.

**Program Description**

This offer includes a range of services for first-time parents using evidence-based models. Nurse Family Partnership (NFP) is a nurse home visit program for first-time pregnant women that starts early in pregnancy and follows families to their child's 2nd birthday. Health Dept. nurse home visitors follow a nationally researched curriculum that focuses on mother and infant health, parenting education, and family relationships. NFP targets families at or below 185% of the Federal Poverty Level. Healthy Start (based on the Healthy Families America model) includes hospital-based Welcome Baby visits at birth to all first-time parents in Multnomah County to identify families in need. Based on risk, families are referred for intensive home visit services provided by contracts with community agencies. Young teen parent services are also provided by a contracted community agency and include home visits and support groups.

**Program Justification**

Helping first-time parents, who are the most inexperienced, develop the skills and abilities needed to best support their child establishes lifelong parenting patterns which benefit multiple generations. These programs focus on three major outcomes: improving pregnancy outcomes by helping women engage in good preventive health practices; improving child health and development by helping parents provide responsible and competent care; and improving the economic self-sufficiency of families.

Well-documented research on the impact of prenatal and infant home visits (David Olds, Nurse Family Partnership Program) has shown long-term benefits for children receiving home-based services. When such children reach age 15 they are more likely to be in school, and less likely to be in the criminal justice system. The women are more likely to have finished high school, be in the workforce, and not use public assistance.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	# of maternity case management visits to pregnant and postpartum women	4,869	4,575	5,110	5,025
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	43.0%	50.0%	44.0%	50.0%
Outcome	% of Healthy Start families reading to or with their children 3 times per week	94.0%	85.0%	94.0%	95.0%
Outcome	% of children within normal limits for development at 1 year of age	83.0%	83.0%	83.0%	85.0%

**Performance Measure - Description**

- The goal for % of women breastfeeding at 6 months of age is based on the Healthy People 2010 goal of 50%. Comparison data: WIC clients in Mult. Co. is 46%; NFP national rate is 29%.

## Legal/Contractual Obligation

Healthy Start must comply with Healthy Families America credentialing requirements and state OCCF Healthy Start requirements.

Nurse Family Partnership (NFP) must follow the program guidelines set forth by the NFP National Service Office.

Services reimbursed by Medicaid must comply with Medicaid rules.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$1,240,513	\$1,755,459	\$1,336,011	\$1,988,864
Contracts	\$597,076	\$966,421	\$603,303	\$1,390,840
Materials & Supplies	\$53,636	\$76,820	\$112,239	\$24,967
Internal Services	\$138,815	\$437,821	\$24,148	\$613,194
Subtotal: Direct Exps:	<b>\$2,030,040</b>	<b>\$3,236,521</b>	<b>\$2,075,701</b>	<b>\$4,017,865</b>
Administration	\$89,022	\$0	\$87,449	\$0
Program Support	\$394,491	\$28,559	\$595,508	\$52,238
Subtotal: Other Exps:	<b>\$483,513</b>	<b>\$28,559</b>	<b>\$682,957</b>	<b>\$52,238</b>
Total GF/non-GF:	<b>\$2,513,553</b>	<b>\$3,265,080</b>	<b>\$2,758,658</b>	<b>\$4,070,103</b>
Program Total:	<b>\$5,778,633</b>		<b>\$6,828,761</b>	
Program FTE	12.36	19.49	13.50	20.70
<b>Program Revenues</b>				
Indirect for dep't Admin	\$188,895	\$0	\$233,576	\$0
Intergovernmental	\$0	\$3,236,521	\$0	\$4,017,865
Program Revenue for Admin	\$0	\$28,559	\$0	\$52,238
<b>Total Revenue:</b>	<b>\$188,895</b>	<b>\$3,265,080</b>	<b>\$233,576</b>	<b>\$4,070,103</b>

## Explanation of Revenues

- Healthy Start grant, state general funds from OCCF
- Medicaid reimbursement for maternity case management, targeted case management and Healthy Start administrative claiming

## Significant Program Changes

**Last year this program was:**

#40013A Early Childhood Svcs for First Time Parents

**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** WALLINDER Janet L

**Program Characteristics:**

**Executive Summary**

The High-Risk Prenatal program provides home visits and classes to 2500 mothers and babies. Services begin in early pregnancy & continue through infancy to assure optimal maternal and infant health and assist parents in meeting their infant's basic health & developmental needs.

**Program Description**

Home visits by nurses & health workers focus on prevention, risk reduction, early screening, & linkage to resources (housing, food assistance, healthcare, etc.). Priority clients include teens; women with prior newborn health problems; African-American women (historical birth outcome disparities); and women with medical conditions, domestic violence, or alcohol/drug use. Services include:

- prenatal & health education: pregnancy discomforts, prenatal care, signs of premature labor, childbirth, not smoking/drinking/using drugs, infant growth and development, back sleeping, safety, parenting, etc.
- screening for health risks: hypertension, gestational diabetes, substance use, domestic violence
- nutrition education: prenatal diet, vitamins, infant feeding
- breastfeeding assistance: preparation, techniques, support, & linkage with community resources. - infant screening for growth and development

**Program Justification**

Readiness to learn is best ensured if children are born healthy, have parents prepared to support their growth & development, & where infants and toddlers have experiences that promote healthy child development. Basic needs of children are met by providing direct services to impact their physical and mental health & linking to community resources to meet their food, housing, and other basic needs. Providing parents appropriate health and development education prepares & supports parents' abilities to meet their child's needs. The program's first priority is reducing the risk of poor pregnancy outcomes, thus reducing the number of County infants born prematurely, at low birth weight, or with health problems or other conditions that interfere with their ability to begin learning in kindergarten.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	# of maternity case management visits to pregnant and postpartum women	4,470	4,700	4,280	4,280
Outcome	% of children within normal limits for development at 1 year of age	75.0%	77.0%	75.0%	77.0%
Output	% of pregnant and postpartum women screened for domestic violence	88.0%	90.0%	90.0%	95.0%
Outcome	% of low birth wt infants born to women enrolled in svcs by 28 wks gestation	5.5%	6.0%	6.0%	6.0%

**Performance Measure - Description**

Previous years this was a combined offer with first time parents. Data indicates an increasing number of maternity case management visits to first time parents and decreasing MCM visits to other high risk parents, the offer for next year has been adjusted to reflect referral changes.

## Legal/Contractual Obligation

Healthy Birth Initiative (HBI) services must comply with grant guidelines from HRSA MCH Bureau.  
Services reimbursed by Medicaid must comply with Medicaid rules.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$728,979	\$1,510,232	\$806,317	\$1,592,061
Contracts	\$174,645	\$122,440	\$134,590	\$51,492
Materials & Supplies	\$97,587	\$97,832	\$74,011	\$59,863
Internal Services	\$435,042	\$358,983	\$84,735	\$396,877
Subtotal: Direct Exps:	<b>\$1,436,253</b>	<b>\$2,089,487</b>	<b>\$1,099,653</b>	<b>\$2,100,293</b>
Administration	\$79,660	\$0	\$45,923	\$0
Program Support	\$360,683	\$28,287	\$415,423	\$49,160
Subtotal: Other Exps:	<b>\$440,343</b>	<b>\$28,287</b>	<b>\$461,346</b>	<b>\$49,160</b>
Total GF/non-GF:	<b>\$1,876,596</b>	<b>\$2,117,774</b>	<b>\$1,560,999</b>	<b>\$2,149,453</b>
Program Total:	<b>\$3,994,370</b>		<b>\$3,710,452</b>	
Program FTE	18.43	20.65	9.26	16.79
<b>Program Revenues</b>				
Indirect for dep't Admin	\$115,490	\$0	\$122,099	\$0
Intergovernmental	\$0	\$2,089,487	\$0	\$2,100,293
Program Revenue for Admin	\$0	\$28,287	\$0	\$49,160
<b>Total Revenue:</b>	<b>\$115,490</b>	<b>\$2,117,774</b>	<b>\$122,099</b>	<b>\$2,149,453</b>

## Explanation of Revenues

- Medicaid reimbursement for maternity case management, targeted case management and family planning services

## Significant Program Changes

**Last year this program was:**

#40013B Early Childhood Svcs for High Risk Prenatal

**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** WALLINDER Janet L

**Program Characteristics:**

**Executive Summary**

The High-Risk Infants and Children program serves 2,800+ clients, providing home visits to families with young children. Services begin at birth or postnatally.

**Program Description**

This offer targets high-risk infants as well as teens, parents with mental health problems and cognitively delayed or addicted parents. These services are part of statewide programs. County funds are crucial to reaching the greatest number of families. Babies First! identifies and screens infants at risk for health and development problems due to prematurity, low birth weight, drug/alcohol exposure, etc. CaCoon serves families with children with known medical problems (e.g., cerebral palsy, Down's Syndrome), connecting them with community care services such as special education or special needs clinics. Services include case management to assure basic needs; infant screening for growth and development; and parent education such as discussing child development (what to expect when baby is 6 mos., 9 mos., etc.), age-appropriate stimulation (e.g., at 4 months, put baby on stomach for lifting practice), nurturing (e.g., you need to respond to baby's cries), and discipline. Nurses observe parent/child interaction and look for "teachable moments" that can give parents cues to their baby's behavior.

**Program Justification**

To assure an infant is ready to learn at kindergarten, parents need to be prepared to support their growth and development. This program's unique emphasis on home visits by nurses provides significant support to parents, tailored to their needs as observed in their home environment. The program empowers parents with information and promotes positive maternal behavior. With support, families can learn how to cope with existing health issues and prevent or reduce the consequences of future health problems. These services help parents manage their children's health issues, making success in school more likely.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	# of home visits to infants & children under age 5	9,984	10,000	10,005	10,000
Outcome	% of children within normal limits for development at 1 year of age	81.0%	79.0%	80.0%	80.0%
Output	% of families screened for domestic violence	56.0%	75.0%	65.0%	75.0%
Output	% of children with medical problems receiving appropriate community care	81.0%	89.0%	81.0%	89.0%

**Performance Measure - Description**

- Results for domestic violence screening are lower than expected due to how client information is charted. Children's charts are separate from mothers' charts & DV screening is not always put into child's chart. Forms are being revised to better document DV screening in child's record.

## Legal/Contractual Obligation

Babies First & CaCoon services must comply with contract requirements.  
 Crisis Relief Nursery funds must comply with requirements from OCCF.  
 Services reimbursed by Medicaid must comply with Medicaid rules.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2008	2008	2009	2009
<b>Program Expenses</b>				
Personnel	\$2,070,050	\$1,559,557	\$2,268,781	\$1,376,058
Contracts	\$217,290	\$839,835	\$498,912	\$855,072
Materials & Supplies	\$11,228	\$62,178	\$9,526	\$130,349
Internal Services	\$11,762	\$408,024	\$13,985	\$662,069
Subtotal: Direct Exps:	<b>\$2,310,330</b>	<b>\$2,869,594</b>	<b>\$2,791,204</b>	<b>\$3,023,548</b>
Administration	\$66,832	\$0	\$83,448	\$0
Program Support	\$216,621	\$27,877	\$582,543	\$36,137
Subtotal: Other Exps:	<b>\$283,453</b>	<b>\$27,877</b>	<b>\$665,991</b>	<b>\$36,137</b>
Total GF/non-GF:	<b>\$2,593,783</b>	<b>\$2,897,471</b>	<b>\$3,457,195</b>	<b>\$3,059,685</b>
Program Total:	<b>\$5,491,254</b>		<b>\$6,516,880</b>	
Program FTE	9.43	15.34	25.32	12.13
<b>Program Revenues</b>				
Indirect for dep't Admin	\$145,737	\$0	\$142,727	\$0
Fees, Permits & Charges	\$1,000	\$0	\$0	\$0
Intergovernmental	\$0	\$2,869,592	\$0	\$2,972,161
Other / Miscellaneous	\$4,000	\$0	\$0	\$51,387
Program Revenue for Admin	\$0	\$27,877	\$0	\$36,137
<b>Total Revenue:</b>	<b>\$150,737</b>	<b>\$2,897,469</b>	<b>\$142,727</b>	<b>\$3,059,685</b>

## Explanation of Revenues

- Babies First grant, state general funds
- CaCoon contract with CDRC, federal Title V funds
- Crisis Relief Nursery funds from OCCF
- Mt Hood Community College Head Start contract
- State DHS contract for child care health consultation
- Medicaid reimbursement for targeted case management

## Significant Program Changes

**Last year this program was:**

#40013C Early Childhood Svcs for High Risk Infants & Children



**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** SCHMITZ Virginia S

**Program Characteristics:**

**Executive Summary**

The Community Immunization Program (CIP), in collaboration with the Oregon DHS/Public Health, Immunization Program, implements the federally subsidized Vaccine for Children (VFC) Program, to provide childhood vaccination services at little or no cost to uninsured and underinsured children. This ensures children's readiness to learn and makes the classroom safe for all by preventing communicable diseases.

**Program Description**

The Community Immunization Program (CIP) consists of several program components with the primary goal of ensuring childhood immunity from vaccine-preventable diseases through vaccination services. Components include: 1) Community Immunization Clinic: Walk-in vaccination services provided at a central community site during the week and various off-site community locations on Saturdays. 2) Immunization Support: CIP provides support to MCHD Integrated Clinical Services health clinics in vaccine procurement, storage, handling, inventory and technical assistance. 3) School Exclusion: Per Oregon statute, MCHD is mandated 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. If not, these children are excluded from attending school until immunized. 4) Collaboration: The CIP works with the Oregon DHS Public Health Immunization Program to implement the Vaccines for Children (VFC) Program and participates in the Oregon Partnership to Immunize Children coalition. 5) Partnerships: CIP has ongoing partnerships to support childhood immunizations with Multnomah Education Service District, (MESD), Portland Public Schools, and MCHD delegate agencies, several of which are part of the Coalition of Community Health Clinics.

**Program Justification**

The Community Immunization Program addresses Education Strategy by ensuring that the basic disease prevention needs of children are met and by assisting parents with documentation to prevent school exclusion. To achieve this, the CIP works closely with MESD to review the immunization status of Multnomah County children and students (adjusted enrollment of 110,670 as of April 2007) and issues exclusion orders as needed. To facilitate the process of children receiving required immunizations, the CIP holds clinics for no-cost and low-cost childhood immunization services at various community sites and at its walk-in clinic throughout the year. No VFC-eligible child is turned away for inability to pay.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Annual number of immunization doses administered	10,796	11,000	11,000	11,000
Outcome	Decrease in number of exclusion letters sent	0	8,500	0	0
Outcome	Public School students up to date on required vaccinations	0.0%	0.0%	92.0%	90.0%

**Performance Measure - Description**

Output: Annual vaccine doses administered directly by the Community Immunization Program current year estimate is as projected.

Outcome: This outcome measure is no longer valid due to new state requirements of Hepatitis A vaccine for young children and Tetanus diphtheria acellular pertussis (Tdap) for 7th graders.

Outcome: New outcome measuring immunization status of Public School students.

**Legal/Contractual Obligation**

ORS 433-235 through 433.280 and Administrative Rules 333-19-021 through 333-19-090 mandates the availability of vaccines to children regardless of ability to pay and school immunization rules.

**Revenue/Expense Detail**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$90,153	\$225,587	\$118,099	\$207,805
Contracts	\$2,133	\$7,169	\$0	\$35,296
Materials & Supplies	\$4,785	\$1,322,789	\$2,148	\$1,305,235
Internal Services	\$281,233	\$69,530	\$284,267	\$95,090
<b>Subtotal: Direct Exps:</b>	<b>\$378,304</b>	<b>\$1,625,075</b>	<b>\$404,514</b>	<b>\$1,643,426</b>
Administration	\$33,728	\$0	\$29,390	\$0
Program Support	\$59,661	\$0	\$81,193	\$16,060
<b>Subtotal: Other Exps:</b>	<b>\$93,389</b>	<b>\$0</b>	<b>\$110,583</b>	<b>\$16,060</b>
<b>Total GF/non-GF:</b>	<b>\$471,693</b>	<b>\$1,625,075</b>	<b>\$515,097</b>	<b>\$1,659,486</b>
<b>Program Total:</b>	<b>\$2,096,768</b>		<b>\$2,174,583</b>	
Program FTE	0.53	2.27	0.80	2.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$19,208	\$0	\$22,872	\$0
Fees, Permits & Charges	\$0	\$190,335	\$0	\$202,796
Intergovernmental	\$0	\$1,434,740	\$0	\$1,440,630
Program Revenue for Admin	\$0	\$0	\$0	\$16,060
<b>Total Revenue:</b>	<b>\$19,208</b>	<b>\$1,625,075</b>	<b>\$22,872</b>	<b>\$1,659,486</b>

**Explanation of Revenues****Significant Program Changes**

**Last year this program was:**  
#40014 Immunization

**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** WICKHAM Lila A

**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, environmental investigations, case management, and advocacy for services. 15,000 products have been recalled due to lead hazards (Center for Disease Control, CDC) resulting in a community expectation for increased childhood lead poisoning program services. CDC guidelines have expanded to include recommendations for the provision of public health interventions at even lower blood lead levels.

**Program Description**

Multnomah County Environmental Health Services works collaboratively with the City of Portland lead partners and the State Health Department to ensure a seamless system of lead prevention and early intervention for children identified with elevated blood lead levels. The Lead Program 1) Educates parents, landlords, and property owners about lead exposure causes and effects, screening and reducing home lead hazards, 2) Test children for blood lead levels and provide information about free lead screening in the county, 3) Implement an EPA grant to increase childhood screening rates in the primary care clinics, 4) Investigates EBLLs within 5 days of identification by conducting an assessment of the home and family lifestyle to identify causes and/or exposures to lead, 5) Provide the family with a lead remediation plan and follow up, 6) Track all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks and identify future direction of the program, 7) Screen for risk of lead exposure of low-income children in support of improving health equity.

**Program Justification**

Children who have lead poisoning develop significant brain damage and learning disabilities, which impacts their normal growth and development and reduces their ability to function in school, at home and development into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded 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, to promote safe housing conditions. With the resurgence of products being recalled for lead risks, the program has experienced an increase demand for lead screening, education, and information/referral services. CDC lowered their EBLL investigation criteria from 15 mg/dl to 10 mg/dl, resulting in an increase in the number of Home Risk Assessments conducted.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Total number of children screened by MCHD primary care and immunization provider	3,204	3,490	3,918	3,500
Outcome	Total number of successfully identified children with EBLLs	67	33	70	80
Output	Number of community mbrs receiving information on lead prevention*	2,280	0	2,478	2,500
Quality	% of Home investigations where lead exposure risk hazards/factors are identified	90.0%	90.0%	90.0%	90.0%

**Performance Measure - Description**

Children screened: Counts lead screening services provided by MCHD Clinics  
 \*Community Information: New Measure to quantify reach of program through phone, materials and community events.  
 \*\*Children with EBLL: EBLL diagnosed within Multnomah County. EBLL Criteria changed from 15 mg/dl to 10 mg/dl.  
 \*\*\*Percentage of home investigations with identified contributing factors for lead source: Note: revised to identify contributing factors instead of source because there are often multiple factors and an indirect relationship to exposure (Example: Parent occupational exposure and home with paint & disrepair). Eliminated "Days from EBLL report to investigation" Efficiency problem identified FY05-06, corrected. Program maintains an efficient 5 day average response time.

## 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 or Environmental Protection Agency Grant# X8-96056001-0. City of Portland contract includes \$135,000.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$13,723	\$85,284	\$9,086	\$109,065
Contracts	\$876	\$9,359	\$8,520	\$0
Materials & Supplies	\$703	\$7,491	\$3,116	\$1,569
Internal Services	\$2,573	\$27,866	\$0	\$34,366
Subtotal: Direct Exps:	<b>\$17,875</b>	<b>\$130,000</b>	<b>\$20,722</b>	<b>\$145,000</b>
Administration	\$2,718	\$0	\$2,378	\$0
Program Support	\$12,294	\$4,155	\$15,741	\$8,413
Subtotal: Other Exps:	<b>\$15,012</b>	<b>\$4,155</b>	<b>\$18,119</b>	<b>\$8,413</b>
Total GF/non-GF:	<b>\$32,887</b>	<b>\$134,155</b>	<b>\$38,841</b>	<b>\$153,413</b>
Program Total:	<b>\$167,042</b>		<b>\$192,254</b>	
Program FTE	0.12	0.93	0.10	1.10
<b>Program Revenues</b>				
Indirect for dep't Admin	\$7,589	\$0	\$8,429	\$0
Intergovernmental	\$0	\$130,000	\$0	\$145,000
Program Revenue for Admin	\$0	\$4,155	\$0	\$8,413
<b>Total Revenue:</b>	<b>\$7,589</b>	<b>\$134,155</b>	<b>\$8,429</b>	<b>\$153,413</b>

## Explanation of Revenues

85% of the expenses under this program offer are offset with revenues from Inter-Governmental Agreement #0607105 and Environmental Protection Agency Grant #X8-96056001-0.

## Significant Program Changes

### Last year this program was:

#40015 Lead Poisoning Prevention

The EBLL investigation criteria was reduced from 15 mg/dl to 10 mg/dl based on CDC's guidelines resulting in additional public health interventions.

**Priority:** Basic Needs  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** Marcy Sugarman

**Program Characteristics:**

**Executive Summary**

Medicaid Enrollment assists the uninsured, and under-insured Oregonians gain access to health services by providing application assistance and advocacy to families and children applying for Medicaid benefits (Oregon Health Plan (OHP), Family Health Insurance Assistance Program (FHIAP), and State Children's Health Insurance Program (SCHIP). The Program operates under contract with the State Division of Medical Assistance Programs (DMAP).

**Program Description**

This program's goals are to 1) educate the uninsured population about OHP and other state insurance expanded services; 2) increase the number of clients who complete the OHP enrollment process; 3) increase access to health care services, particularly for pregnant women and children. Medicaid Enrollment Eligibility Specialists are stationed in Health Department clinical sites using outreach strategies to screen individuals for Medicaid programs, expedite applications to ensure prompt coverage, monitor Medicaid enrollees, particularly those at high risk, to assure continuity of coverage and care, and recertify for continued coverage on time. Insurance coverage under Medicaid provides access to preventive medical, dental, and mental health services and care for hard-to-cover pre-existing conditions and costly medications. The program aims to provide dignified access to health care for all citizens in collaboration with existing Multnomah County services and community partners; to educate and enroll clients in OHP.

**Program Justification**

Medicaid Enrollment addresses the Basic Needs strategy to provide access to care, including behavioral and physical health, by securing insurance coverage for eligible individuals. In addition, the program addresses the strategy to educate, prevent, and/or intervene to keep individuals from experiencing health or economic crisis, by assisting these individuals to enroll in the appropriate Medicaid program, and by assisting individuals whose coverage has been denied or terminated the opportunity for reinstatement of benefits. Approximately 90% of MCHD eligible clients select CareOregon. Multnomah County is CareOregon's single largest Medicaid provider.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Annual number of clients screened	18,559	18,500	24,000	26,000
Outcome	Uninsured children in Multnomah County insured through program	10,070	6,800	8,500	8,600
Efficiency	Annual number of clients screened per FTE	2,651	3,200	3,428	3,450
Outcome	OHP retention rate for adults	98.0%	60.0%	60.0%	60.0%

**Performance Measure - Description**

Output: Reflects service volume.  
 Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program.  
 Outcome: OHP retention percentage-Fiscal year total of adults who remain covered through two six month certification periods. Although OHP coverage for adults closed to new enrollment (July, 2004) and has dropped significantly it is important to note that 1) The percentage of adults now covered by Medicare, OMIP (medical insurance pool through the state for high risk coverage), and private employer sponsored insurance has stabilized as a result of the program's active retention efforts.

## 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	2008	2008	2009	2009
Personnel	\$189,378	\$489,590	\$160,344	\$662,216
Contracts	\$4,207	\$4,709	\$7,580	\$0
Materials & Supplies	\$9,416	\$18,910	\$16,518	\$17,122
Internal Services	\$0	\$86,791	\$0	\$135,526
Subtotal: Direct Exps:	<b>\$203,001</b>	<b>\$600,000</b>	<b>\$184,442</b>	<b>\$814,864</b>
Administration	\$15,796	\$0	\$14,341	\$0
Program Support	\$47,278	\$0	\$66,735	\$0
Subtotal: Other Exps:	<b>\$63,074</b>	<b>\$0</b>	<b>\$81,076</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$266,075</b>	<b>\$600,000</b>	<b>\$265,518</b>	<b>\$814,864</b>
Program Total:	<b>\$866,075</b>		<b>\$1,080,382</b>	
Program FTE	3.75	6.65	2.00	9.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$35,018	\$0	\$47,371	\$0
Intergovernmental	\$0	\$600,000	\$0	\$814,864
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$35,018</b>	<b>\$600,000</b>	<b>\$47,371</b>	<b>\$814,864</b>

## Explanation of Revenues

These services are currently funded by the number of medical visits provided to Oregon Health Plan recipients @ \$4.73 per visit within Multnomah County Health Department clinical services, rather than on the actual number of clients assisted with enrollment or enrolled into the Oregon Health Plan.

## Significant Program Changes

**Last year this program was:**  
#40016A Medicaid/Medicare Eligibility

**Priority:** Basic Needs  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** Marcy Sugarman

**Program Characteristics:**

**Executive Summary**

This program offer requires funding of MCHD Medicaid Enrollment Program Offer #40016A to be in place. The scaled offer expands a successful and result driven process and enhances the current partnership between MCHD Medicaid Enrollment, Multnomah Education Service District (MESD) Health Services, and Kaiser Permanente Northwest (Kaiser), therefore increasing access to health coverage for children and families in Multnomah County.

**Program Description**

In 2001, MCHD Medicaid Program and MESD Health Services piloted a school-based outreach referral process, supporting school nurses in referring uninsured children to MCHD Eligibility Specialists. Prior to the pilot, there were no referrals made by school nurses for uninsured children and few resources available. Kaiser joined the partnership in 2004, providing subsidized medical coverage for children in selected Multnomah County elementary schools 250% under the Federal Poverty Level and paying for an MESD Eligibility Specialist to work directly with school nurses. An Oregon Community Foundation grant to MESD paid for an additional Eligibility specialist at MESD. The county's Medicaid Program Manager provides technical assistance. This offer expands this successful outreach process to refer and enroll more eligible children and families.

**Program Justification**

This scaled offer works to ensure care for vulnerable members of the community. Over the past three years a partnership among MCHD, MESD, and Kaiser has operated with limited resources and staff to locate and insure eligible children. In FY2008 this scaled offer expanded the successful outreach effort to assist uninsured children and families. It provided additional staff to schedule insurance sign-up sessions at each of the 62 participating schools. Experienced Eligibility Specialists assist families in a familiar school setting, making it a easy part of the parents routine. Parents are more likely to attend an activity scheduled at their child's school rather than travel to a location outside their neighborhood.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	# of referrals of uninsured children for insurance screening by MESD Health	0	2,000	2,100	2,150
Outcome	Uninsured children in Mult. Co. insured as a direct result of partnership	0	2,800	2,900	2,950
Output	# of Mult. Co. schools participating in Kaiser Child Health Program	0	54	62	62
Outcome	Adults in Multnomah County insured as a result of this program	0	68	50	55

**Performance Measure - Description**

1) Referrals provide children the opportunity for insurance coverage. 2) Numbers of additional children insured by Oregon Health Plan/State-Childrens Health Insurance Program, Kaiser, or Family Health Insurance Assistance Program coverage. 3) Schools where Kaiser will offer free insurance to siblings of Kaiser-eligible children. 4) The number of adults obtaining insurance through this partnership may increase if OHP Standard opens to new enrollees. Both OHP Standard and FHIAP are currently closed to new adults. \*\*100+ adults qualified for Oregon Prescription Drug Program.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$631,411	\$0	\$509,913	\$0
Contracts	\$1,665	\$0	\$3,000	\$0
Materials & Supplies	\$30,620	\$0	\$28,500	\$0
Internal Services	\$90,075	\$0	\$0	\$0
Subtotal: Direct Exps:	<b>\$753,771</b>	<b>\$0</b>	<b>\$541,413</b>	<b>\$0</b>
Administration	\$0	\$0	\$7,770	\$0
Program Support	\$0	\$0	\$41,251	\$0
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$49,021</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$753,771</b>	<b>\$0</b>	<b>\$590,434</b>	<b>\$0</b>
Program Total:	<b>\$753,771</b>		<b>\$590,434</b>	
Program FTE	8.50	0.00	8.00	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

This is not a "backfill" of recent State funding reductions, however it is a backfill of State responsibility. The State is required to fund Eligibility and Enrollment activities, however the funding is insufficient to enroll and maintain enrollment for everyone who is eligible. About four years ago, in the course of budget reductions all of the general fund that was in this program was removed, with the intent of gaining full cost recovery from the State. The State funding to maintain this level of activity was not forthcoming.

## Significant Program Changes

### Last year this program was:

#40016B Medicaid Enrollment Outreach and Referral Partnerships



**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** Susan Kirchoff

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Dental Services provides Multnomah County residents with essential, urgent, routine and preventative services through clinic-based and school-based programs. The Dental Program works with many community partners, targeting un-served populations (approximately 15,000 uninsured children in Multnomah County) to assure access to dental care services. We are the largest Safety Net provider for vital dental care in Multnomah Co. We provide unique child-based services to uninsured and underinsured. We focus on access for pregnant women due to link with early childhood cavity prevention, using evidence based practice guidelines.

### Program Description

Dental Services is comprised of the three specific areas listed below. Services are provided at four dental clinic sites service Medicaid (Oregon Health Plan) patients and uninsured patients. School and Community Dental program is the public health section of dental services providing education, fluoride treatments and dental sealant services to children in Multnomah County schools. Two specific access projects: "Baby Day" and "Pregnant Women" access children 0-24 months and uninsured pregnant women receiving prenatal care in Health Department clinics. Outreach, education, and dental treatment are provided for these patients. Recent research indicates that dental hygiene services provided during pregnancy decreases preterm delivery and improves infant health outcomes. Dental Access Program (DAP) provides triage and referrals for uninsured Multnomah County residents seeking dental care for critical, urgent, and routine dental needs. DAP partners with private dental providers and Multnomah County clinic sites for access. DAP also collaborates with numerous community agencies and coordinates volunteer dental services through Project Homeless Connect. MultiCare Dental DCO is a dental insurance plan for approximately 24,000 Oregon Health Plan enrollees managed by Multnomah County. It ensures members receive all dental services provided under the Oregon Health Plan benefit. MultiCare Dental DCO supports the Baby Day program and the Pregnant Women program with School and Community Dental.

### Program Justification

Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable. In FY 06, MC Dental Program served >3500 uninsured children. Poor dental health has been shown to affect a person's overall health which can result in unnecessary and costly medical care. All dental programs target underserved populations including uninsured, at-risk children, pregnant women, homeless, disabled, minorities, and non-English speaking residents. School-based sealants and early childhood cavity prevention programs are validated in the scientific literature as effective strategies to prevent dental disease.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Dental services billable patient visits	47,000	48,620	48,620	48,212
Outcome	Percentage of Dental clinic clients receiving prevention services	42.0%	45.0%	45.0%	45.0%
Quality	Parents indicating positive experience with school dental program	0.0%	70.0%	70.0%	70.0%
Outcome	Percentage of uninsured pregnant women referred for dental services	0.0%	80.0%	80.0%	80.0%

### Performance Measure - Description

**Output:** 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 using efficiencies and changes in staffing mix.

**Quality:** Measure parent's perception of a positive experience for child receiving services in School and Community Dental Program.

**Outcome:** Prevention services and services to pregnant women focus on the Public Health portion of dental services.

## Legal/Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant. MultiCare Dental DCO contracts with DMAP (Department of Medical Assistance Program) requiring the delivery of dental service to 24,000 enrolled clients.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$809,260	\$6,772,396	\$742,508	\$7,073,734
Contracts	\$7,743	\$1,742,580	\$14,611	\$1,873,729
Materials & Supplies	\$45,069	\$423,346	\$43,618	\$442,917
Internal Services	\$136,163	\$1,773,425	\$135,492	\$1,844,644
Capital Outlay	\$0	\$37,521	\$0	\$0
Subtotal: Direct Exps:	<b>\$998,235</b>	<b>\$10,749,268</b>	<b>\$936,229</b>	<b>\$11,235,024</b>
Administration	\$198,019	\$0	\$174,671	\$0
Program Support	\$1,203,034	\$356,003	\$1,153,730	\$368,533
Subtotal: Other Exps:	<b>\$1,401,053</b>	<b>\$356,003</b>	<b>\$1,328,401</b>	<b>\$368,533</b>
Total GF/non-GF:	<b>\$2,399,288</b>	<b>\$11,105,271</b>	<b>\$2,264,630</b>	<b>\$11,603,557</b>
Program Total:	<b>\$13,504,559</b>		<b>\$13,868,187</b>	
Program FTE	7.11	76.34	8.49	73.85
<b>Program Revenues</b>				
Indirect for dep't Admin	\$627,819	\$0	\$653,137	\$0
Fees, Permits & Charges	\$0	\$567,451	\$0	\$243,662
Intergovernmental	\$0	\$10,182,016	\$0	\$10,983,862
Other / Miscellaneous	\$0	\$7,500	\$0	\$7,500
Program Revenue for Admin	\$0	\$356,003	\$0	\$368,533
<b>Total Revenue:</b>	<b>\$627,819</b>	<b>\$11,112,970</b>	<b>\$653,137</b>	<b>\$11,603,557</b>

## Explanation of Revenues

The primary source of revenue is Medicaid funds; a combination of capitation and FQHC wrap around. Additional revenue is received from the Primary Care 330 Grant, patient fees, and other small grants that require services be provided to the target population. A small portion of the revenue is received from interest on a \$250,000 note required for MultiCare DCO to maintain its status as a managed care plan with the Oregon Health Plan.

## Significant Program Changes

**Last year this program was:**  
#40017 Dental Services

**Priority:** Basic Needs  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** Susan Kirchoff

**Program Characteristics:**

**Executive Summary**

Approximately 46% of the 9,300 infants born to Multnomah County (MC) women each year participate in the Women, Infants and Children's (WIC) supplemental nutrition program. WIC serves approximately 36% of all pregnant women in MC. WIC participation decreases hunger rates and health care costs and improves prenatal outcomes by providing health and nutrition screening, education, food vouchers and referral to health and social services.

**Program Description**

WIC operates 3 clinics: NE, Mid County, East County. Caseload 18,565/month. The program serves at-risk pregnant, post partum and breastfeeding women up to 1 year post delivery, and children under 5, with household incomes of less than 185% of the FPL. It provides monthly food vouchers, health and nutrition screening, nutrition education, breastfeeding support, referrals.

**Components:**

- Nutrition Education: 1 on 1 education for high risk pregnancy, special needs children, breastfeeding. Group education including healthy weight and food choices,
- Screening and evaluations for medical/nutritional risks.
- Monthly vouchers for nutritious foods
- WIC is a gateway for access to healthcare and other services.

**Program Justification**

Serving approximately 46% of MC infants, this program has an outsized impact on MC health. Poor nutrition during the first 3 years can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, etc. The program's core breastfeeding emphasis produces results: the national breastfeeding rate for mothers under 100% of the FPL is 66%; the rate for MC WIC mothers was 85% last year. Breastfed infants have 20% lower risk of death, reduced risk of SIDS, infection protection, lower health care costs. -WIC strengthens MC's economy and leverages receipt of Federal funds. Total value of WIC funding to MC in FY07: \$14.2 million. Vouchers redeemed in MC grocery stores in FY05 worth \$10,505,179. WIC Farmer's Market coupons worth \$127,800. -Federal and state funds for this program cover 74% of the actual cost of program services. MC funds help fill the gap and cover new costs from increased Federal/state program requirements.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Average # of WIC clients served each month	17,335	18,565	18,565	18,565
Outcome	% of WIC mothers initiating breastfeeding	74.0%	80.0%	86.5%	87.0%
Outcome	Show rate for WIC nutrition education follow up	55.0%	60.0%	65.0%	70.0%

**Performance Measure - Description**

Output: Average # of WIC clients served measures # of clients receiving WIC food vouchers each month.  
Outcome: Percent of WIC mothers initiating breastfeeding. This is measured through WIC data system (TWIST) reporting based on eligibility documentation following delivery.  
Outcome: Show rate for WIC nutrition education follow up. Client return for education following the initial eligibility is required each 6 months for continued program participation.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$437,846	\$1,791,889	\$615,650	\$1,745,289
Contracts	\$1,452	\$5,976	\$7,467	\$0
Materials & Supplies	\$11,914	\$49,026	\$26,025	\$28,487
Internal Services	\$94,042	\$487,135	\$1,889	\$599,082
Subtotal: Direct Exps:	<b>\$545,254</b>	<b>\$2,334,026</b>	<b>\$651,031</b>	<b>\$2,372,858</b>
Administration	\$52,906	\$0	\$43,396	\$0
Program Support	\$184,021	\$0	\$158,475	\$0
Subtotal: Other Exps:	<b>\$236,927</b>	<b>\$0</b>	<b>\$201,871</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$782,181</b>	<b>\$2,334,026</b>	<b>\$852,902</b>	<b>\$2,372,858</b>
Program Total:	<b>\$3,116,207</b>		<b>\$3,225,760</b>	
Program FTE	5.70	27.98	8.95	25.08
<b>Program Revenues</b>				
Indirect for dep't Admin	\$136,221	\$0	\$137,944	\$0
Intergovernmental	\$0	\$2,334,026	\$0	\$2,372,858
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$136,221</b>	<b>\$2,334,026</b>	<b>\$137,944</b>	<b>\$2,372,858</b>

## Explanation of Revenues

## Significant Program Changes

Last year this program was:

40018A The Women, Infants and Children's (WIC) Program

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** SMITH Wilma J

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

North Portland Health Center (NPHC) provides care to vulnerable citizens of North Portland who, even if insured, would remain isolated from traditional forms of medical care because of lack of supportive services and their higher level of complex health care needs. This community consists of a very diverse population, many of whom are below the federal poverty guidelines. Without these services the whole community suffers through increased rates of disease, mortality rate, teen pregnancy rate, student drop-out rate, infant mortality, and higher costs to the community as a result of increased Emergency Room visits by individuals who have no other options for health care.

**Program Description**

NPHC 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 their beliefs and culture is more likely to succeed in improving and maintaining their health. Services include acute and chronic illness care, family planning, prenatal, behavioral health treatment and preventive services (immunizations, well child, and nutrition services). Other services provided include Medicaid eligibility screening, obstetrics and gynecology services, ancillary support such as laboratory and pharmacy. 34% Latinos, 79% are at or below 100% of the Federal Poverty Level (FPL), 98.1% are at or below 200% of the FPL. NPHC has increased use of group visits which have enabled the clinic to make high-quality care more accessible to chronically ill patients in our community and have increased patients' ownership of their illnesses (self management).

**Program Justification**

North Portland Health Center provides a vital safety net, offering care to thousands of uninsured members of the community. NPHC services are designed specifically to prevent people from needing more costly and often less appropriate care. Services are low cost, high quality clinical and community based care that helps vulnerable members of the community maintain their self sufficiency, keeping their health conditions from becoming chronic and debilitating.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of annual client visits	16,800	16,175	16,175	18,000
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	68.0%	85.0%	77.0%	85.0%
Efficiency	Number of days for a new patient appointment	12	8	9	8
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	78.0%	80.0%	81.0%	81.0%

**Performance Measure - Description**

Output: Total number of client visits

Outcome: Percentage of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases

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

## Legal/Contractual Obligation

North Portland Health Clinic complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and Care Oregon contractual obligations.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2008	2008	2009	2009
<b>Program Expenses</b>				
Personnel	\$360,786	\$2,747,672	\$450,114	\$2,692,938
Contracts	\$17,340	\$134,655	\$0	\$90,444
Materials & Supplies	\$16,067	\$124,428	\$3,943	\$134,655
Internal Services	\$197,966	\$949,949	\$0	\$1,196,819
Capital Outlay	\$0	\$1,496	\$0	\$0
Subtotal: Direct Exps:	<b>\$592,159</b>	<b>\$3,958,200</b>	<b>\$454,057</b>	<b>\$4,114,856</b>
Administration	\$72,202	\$0	\$65,569	\$0
Program Support	\$1,041,005	\$1,093,688	\$1,283,911	\$1,075,746
Subtotal: Other Exps:	<b>\$1,113,207</b>	<b>\$1,093,688</b>	<b>\$1,349,480</b>	<b>\$1,075,746</b>
Total GF/non-GF:	<b>\$1,705,366</b>	<b>\$5,051,888</b>	<b>\$1,803,537</b>	<b>\$5,190,602</b>
Program Total:	<b>\$6,757,254</b>		<b>\$6,994,139</b>	
Program FTE	4.33	26.97	5.00	26.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$222,473	\$0	\$239,214	\$0
Fees, Permits & Charges	\$0	\$117,340	\$0	\$124,238
Intergovernmental	\$0	\$3,723,951	\$0	\$3,990,618
Program Revenue for Admin	\$0	\$1,093,688	\$0	\$1,075,746
<b>Total Revenue:</b>	<b>\$222,473</b>	<b>\$4,934,979</b>	<b>\$239,214</b>	<b>\$5,190,602</b>

## Explanation of Revenues

Supported by Federal BPHC ,Family Planning, state and local grants as well as enhanced Medicaid/ Medicare 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.

## Significant Program Changes

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

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** SAUM Robert E

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Northeast Health Center (NEHC), provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in NE Portland. NE Portland is the most racially diverse area of Multnomah County and the clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care. When community members do not have access to quality health care the results are, increased rates of disease and higher costs to the community as a result of increased Emergency Room visits by individuals who have no other option for health care.

**Program Description**

NEHC 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. 63% Caucasian, 21% African American, 8% Hispanic, 5% Asian and 1% Native American. Approximately 48% of the medical visits require a language interpreter. 24% are uninsured, 74% are at or below 100% Federal Poverty Level (FPL), 97.3% are at or below 200% FPL.

**Program Justification**

NEHC services are specifically designed to prevent people from needing more costly and often less appropriate care. Services are low cost, high quality clinical and community based care that help vulnerable members of our community maintain their self sufficiency, keeping their conditions from becoming chronic and debilitating. Services are operationally integrated and provide easy one stop service. Insurance eligibility and enrollment, medical, dental, food vouchering and pharmacy services are all available at this site.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of annual client visits	20,000	20,823	20,823	21,423
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	77.0%	85.0%	82.0%	85.0%
Efficiency	Number of days for a new patient appointment	9	8	6	6
Efficiency	% of Patients who would "strongly agree" to recommend clinic to friends/family	70.0%	75.0%	75.0%	80.0%

**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. Changes in measures from last year due to: identified better measure for access to care (previously measured 2nd available appointment) and renewed focus on achieving CDC recommendation for immunization rates (90%) of children at age 35 months.

## 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 2 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	2008	2008	2009	2009
Personnel	\$31,202	\$3,239,768	\$104,129	\$3,358,335
Contracts	\$5,448	\$221,560	\$0	\$141,393
Materials & Supplies	\$3,816	\$169,572	\$9,787	\$182,531
Internal Services	\$50,967	\$1,040,839	\$0	\$1,148,914
Capital Outlay	\$0	\$988	\$0	\$0
<b>Subtotal: Direct Exps:</b>	<b>\$91,433</b>	<b>\$4,672,727</b>	<b>\$113,916</b>	<b>\$4,831,173</b>
Administration	\$80,028	\$0	\$70,967	\$0
Program Support	\$1,421,339	\$1,212,405	\$1,580,197	\$1,248,347
<b>Subtotal: Other Exps:</b>	<b>\$1,501,367</b>	<b>\$1,212,405</b>	<b>\$1,651,164</b>	<b>\$1,248,347</b>
<b>Total GF/non-GF:</b>	<b>\$1,592,800</b>	<b>\$5,885,132</b>	<b>\$1,765,080</b>	<b>\$6,079,520</b>
<b>Program Total:</b>	<b>\$7,477,932</b>		<b>\$7,844,600</b>	
Program FTE	1.01	33.64	0.40	33.85
<b>Program Revenues</b>				
Indirect for dep't Admin	\$247,360	\$0	\$280,856	\$0
Fees, Permits & Charges	\$0	\$155,640	\$0	\$184,276
Intergovernmental	\$0	\$4,458,625	\$0	\$4,646,897
Other / Miscellaneous	\$0	\$58,452	\$0	\$0
Program Revenue for Admin	\$0	\$1,212,405	\$0	\$1,248,347
<b>Total Revenue:</b>	<b>\$247,360</b>	<b>\$5,885,122</b>	<b>\$280,856</b>	<b>\$6,079,520</b>

## Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured clients.

## Significant Program Changes

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



**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** TIERNEY Kim H

**Related Programs:**

**Program Characteristics:**

### Executive Summary

This is the anchor healthcare and mental health program for Multnomah County's (MC) homeless. The Westside Health Center (WSHC) and its outreach programs are the primary hub, providing comprehensive medical, behavioral and addictions (A&D) healthcare, access to medications, social services and nutrition counseling. Offer is linked to the Outreach Program: 2 Satellite Clinics, a Mobile Medical Van for Homeless. No longer includes Respite Program for uninsured homeless leaving hospitals too sick to enter shelters.

### Program Description

WSHC is the heart of the Health Care for the Homeless Program. 65% of Westside Clients are homeless. WSHC sees the County's sickest clients. It provides significant mental health and addictions care. WSHC provides care to 42% of the MCHD's severe Mental Health (MH) clients and 58% of the MCHD (A&D) clients. Many have dual diagnoses, such as bipolar/schizophrenia, drug/alcohol abuse and serious medical conditions. Many have Hepatitis C, MRSA or Diabetes. MC Healthcare for Homeless:

\*42% of visits are MH

\*10% of visits are for addictions

\*Stop cycle of incarceration by providing access to over 200 Chronically Mentally Ill clients from Corrections.

\*Collaborates with Mental Health, Corrections, Drug Treatment and Shelters to provide access to their neediest homeless clients.

\*Coordinates with housing providers to increase supportive housing units and works to meet the goals of the 10 yr. Plan to End Homelessness.

\*Partnership with Central City Concern for substance abuse and medical care.

### Program Justification

This is the lifeline medical and mental health program for MC's poorest and most vulnerable homeless. 50%+ have untreated mental health issues, 25% untreated addictions – problems that MC pays for through police interventions, jail beds, hospitalizations, reduced quality of life. Huge disparities exist between the homeless and MC pop. in physical health, chronic mental illness (46% v. 21%) and substance abuse (31% vs. 9%). Last year, WSHC and Outreach programs helped 1800 severely mentally ill clients access psychiatric medications, who may otherwise remain untreated on the streets, posing a potentially greater risk to the general population. Westside is the provider of last resort for these difficult to serve clients, who other clinics will refuse to see.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of client visits	27,000	21,066	19,450	20,000
Outcome	Patients with depression/substance abuse will be screened for bipolar disorder	0.0%	80.0%	50.0%	60.0%
Outcome	Number previously underserved clients (without an established medical provider)	1,700	1,500	1,250	1,450
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	73.0%	75.0%	65.0%	75.0%

### Performance Measure - Description

Outcome: Percentage of patients with depression/A&D screened for bipolar disorder: Patients who are unrecognized as having bipolar disorder would not receive appropriate therapy potentially worsening their condition. Outcome: Number of patients previously underserved: This measures the effectiveness of WSHC outreach services in reaching patients who would otherwise remain untreated for serious medical/mental health illnesses.

## Legal/Contractual Obligation

WSHC complies with the Bureau of Primary Health Care grant, JCAHO accreditations requirements and CareOregon contractual obligations. Federally Qualified Health Center (FQHC) designation requires:

- Provision of comprehensive primary care and supportive care services.
- Services be available to all regardless of availability to pay.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$319,515	\$3,285,763	\$329,328	\$3,389,572
Contracts	\$34,983	\$352,742	\$0	\$292,718
Materials & Supplies	\$20,024	\$202,613	\$2,586	\$233,534
Internal Services	\$106,923	\$928,756	\$33,443	\$1,031,218
Subtotal: Direct Exps:	<b>\$481,445</b>	<b>\$4,769,874</b>	<b>\$365,357</b>	<b>\$4,947,042</b>
Administration	\$89,278	\$0	\$76,239	\$0
Program Support	\$1,621,282	\$3,961,036	\$1,959,687	\$3,871,108
Subtotal: Other Exps:	<b>\$1,710,560</b>	<b>\$3,961,036</b>	<b>\$2,035,926</b>	<b>\$3,871,108</b>
Total GF/non-GF:	<b>\$2,192,005</b>	<b>\$8,730,910</b>	<b>\$2,401,283</b>	<b>\$8,818,150</b>
Program Total:	<b>\$10,922,915</b>		<b>\$11,219,433</b>	
Program FTE	3.94	33.36	1.30	36.55
<b>Program Revenues</b>				
Indirect for dep't Admin	\$275,707	\$0	\$287,593	\$0
Fees, Permits & Charges	\$0	\$192,995	\$0	\$179,180
Intergovernmental	\$0	\$4,576,879	\$0	\$4,746,247
Other / Miscellaneous	\$0	\$0	\$0	\$21,615
Program Revenue for Admin	\$0	\$1,961,036	\$0	\$3,871,108
<b>Total Revenue:</b>	<b>\$275,707</b>	<b>\$6,730,910</b>	<b>\$287,593</b>	<b>\$8,818,150</b>

## Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants. In FY08, WSHC will be reducing the number of patients seen temporarily due to staff training for the Electronic Medical Record. As a result our projected annual visits will be decreased with resulting decrease in revenue. We anticipate a return to previous visit levels once staff are fully familiar with the electronic health record.

## Significant Program Changes

**Last year this program was:**  
#40021A Westside Health Clinic

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** TIERNEY Kim H

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Outreach to the Homeless is an essential part of the Multnomah County Health Care for Homeless (HCH) Program. Outreach sites/efforts engage and coax the most vulnerable and disenfranchised homeless into care. Outreach at the St. Francis, New Avenues, and Mobile Medical (VAN) clinics link the mentally ill, drug affected, impaired citizens with medical, mental health (MH), meds, drug treatment and housing. From satellite clinics and nursing outreach the most needy are eventually linked to services at Westside Health Center (WSHC), the primary hub for homeless services. Outreach work will be scaled back in the offer from the Van's current service level.

**Program Description**

WSHC and HCH Outreach provide the bulk of medical and mental health service to County's homeless. Many have dual diagnoses, bipolarity, schizophrenia, drug/alcohol abuse as well as serious medical conditions. Outreach services include:

- Two satellite clinics, each operating 2 days/week. St. Francis Dining Hall serves homeless adults. New Avenues for Youth serves homeless youth.
- Mobile Medical Van, new in June 2006 to increase outreach to homeless/medically underserved families and individuals throughout County. Operates 5 days/week - medical, MH, housing referrals at 8 host agencies.
- MC Health Care for Homeless collaborates with partners to coordinate Project Homeless Connect, increase supportive housing, and meet the goals of the 10 yr. Plan to End Homelessness.

**Program Justification**

Without outreach to homeless, our most vulnerable will not get served. We must go to the person. Outreach services save and change lives, and stabilize families. The interdisciplinary approach (medical, social work and mental health) is necessary to successfully move chronically homeless families into long term housing. This model is also successful due to the collaboration with the host agencies.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of client visits	4,900	5,000	5,000	6,065
Outcome	% of patients with depression who have a 50% reduction in PHQ-9 score	0.0%	50.0%	50.0%	50.0%
Output	Number previously underserved clients (without an establish medical provider)	1,400	1,400	1,400	1,250
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	73.0%	75.0%	85.0%	85.0%

**Performance Measure - Description**

 **Measure Changed**

Outcome: Clients with depression who experience a 50% reduction in symptoms as measured by PHQ-9 has replaced % of mental health clients seen more than 2x by a Psy NP.

Output : Number of patients previously underserved: This measures the effectiveness of WSHC outreach services in reaching patients who would otherwise remain untreated for serious medical/mental health illnesses.

Quality: Results of patient satisfaction survey indicate that 75% strongly agree that they would recommend the clinic to friends and family.

## Legal/Contractual Obligation

WSHC/MC HCH Program complies with the Bureau of Primary Health Care grant, JCAHO requirements and CareOregon contractual obligations. Federally Qualified Health Center (FQHC) designation requires:

\*Provision of comprehensive primary care and supportive care services

\*Available to all regardless of ability to pay

\*Health Care for Homeless Programs require Outreach, MH, Drug/Alcohol, case management.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$321,206	\$279,867	\$180,451	\$594,544
Contracts	\$2,673	\$17,398	\$40,663	\$64,209
Materials & Supplies	\$9,972	\$9,884	\$3,009	\$34,734
Internal Services	\$12,813	\$28,958	\$7,420	\$143,139
Subtotal: Direct Exps:	<b>\$346,664</b>	<b>\$336,107</b>	<b>\$231,543</b>	<b>\$836,626</b>
Administration	\$16,240	\$0	\$15,329	\$0
Program Support	\$123,201	\$47,400	\$185,226	\$41,767
Subtotal: Other Exps:	<b>\$139,441</b>	<b>\$47,400</b>	<b>\$200,555</b>	<b>\$41,767</b>
Total GF/non-GF:	<b>\$486,105</b>	<b>\$383,507</b>	<b>\$432,098</b>	<b>\$878,393</b>
Program Total:	<b>\$869,612</b>		<b>\$1,310,491</b>	
Program FTE	2.37	3.63	2.40	4.90
<b>Program Revenues</b>				
Indirect for dep't Admin	\$12,313	\$0	\$48,637	\$0
Fees, Permits & Charges	\$0	\$6,200	\$0	\$10,050
Intergovernmental	\$0	\$329,907	\$0	\$703,576
Other / Miscellaneous	\$0	\$0	\$0	\$123,000
Program Revenue for Admin	\$0	\$47,400	\$0	\$41,767
<b>Total Revenue:</b>	<b>\$12,313</b>	<b>\$383,507</b>	<b>\$48,637</b>	<b>\$878,393</b>

## Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants.

## Significant Program Changes

Last year this program was:

#40021B Westside Health Clinic Van & Homeless Outreach

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** COCKRELL Deborah S

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Mid-County Health Center (MCHC) is the highest volume primary care clinic and serves clients in the poorest and most culturally diverse area of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from traditional forms of 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 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 their 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). In 2006, 963 refugees were screened; of these 55% received on-going medical care. Mid-County has the highest proportion of non-English speaking residents. About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak another language, many were refugees themselves. 68% of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL.

**Program Justification**

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 3+ 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 pre-natal services as well as referrals. These children often haven't been immunized for polio, tetanus, measles, TB etc. except for the bare minimum needed to enter this country. Many children receive their 1st complete vaccines at MCHC.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of annual client visits	31,700	32,288	33,500	34,260
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	70.0%	85.0%	70.0%	85.0%
Efficiency	Number of days for a new patient appointment	8	8	7	6
Efficiency	% of patients who would "strongly agree" to recommend clinic to friends/family	67.0%	70.0%	61.0%	70.0%

**Performance Measure - Description**

Output: Total number of client 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 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 how likely they would be to recommend clinic to friends/family. Changes in measures from last year due to: identified better measure for access to care (previously measured 2nd available appointment) and renewed focus on achieving CDC recommendation for immunization rates (90%) of children at age 35 months.

## 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.

Federally Qualified Health Center (FQHC) designation requires:

- Provision of comprehensive primary care and supportive care services.
- Services be available to all regardless of ability to pay.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2008	2008	2009	2009
<b>Program Expenses</b>				
Personnel	\$0	\$5,420,139	\$68,773	\$5,397,207
Contracts	\$0	\$405,426	\$0	\$205,661
Materials & Supplies	\$0	\$303,032	\$0	\$290,057
Internal Services	\$173,426	\$1,441,994	\$0	\$1,624,209
Capital Outlay	\$0	\$25,004	\$0	\$0
Subtotal: Direct Exps:	<b>\$173,426</b>	<b>\$7,595,595</b>	<b>\$68,773</b>	<b>\$7,517,134</b>
Administration	\$128,493	\$0	\$110,625	\$0
Program Support	\$1,897,445	\$1,567,313	\$2,214,434	\$1,529,668
Subtotal: Other Exps:	<b>\$2,025,938</b>	<b>\$1,567,313</b>	<b>\$2,325,059</b>	<b>\$1,529,668</b>
Total GF/non-GF:	<b>\$2,199,364</b>	<b>\$9,162,908</b>	<b>\$2,393,832</b>	<b>\$9,046,802</b>
Program Total:	<b>\$11,362,272</b>		<b>\$11,440,634</b>	
Program FTE	1.31	56.24	0.00	56.80
<b>Program Revenues</b>				
Indirect for dep't Admin	\$453,324	\$0	\$437,001	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$183,220
Intergovernmental	\$0	\$7,704,828	\$0	\$7,307,914
Other / Miscellaneous	\$0	\$0	\$0	\$26,000
Program Revenue for Admin	\$0	\$1,567,313	\$0	\$1,529,668
<b>Total Revenue:</b>	<b>\$453,324</b>	<b>\$9,272,141</b>	<b>\$437,001</b>	<b>\$9,046,802</b>

## Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants.

## Significant Program Changes

**Last year this program was:**

#40022 Mid County Health Clinic

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** MORROW Marcia M

**Related Programs:**

**Program Characteristics:**

### Executive Summary

The East County Health Center (EHC) provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in 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 traditional forms of medical care because of where they live, the language they speak and their higher level of complex healthcare needs.

### Program Description

EHC 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. Services include acute and chronic illness care, family planning, prenatal, behavioral health treatment and preventive services (immunizations, well child, and nutrition services). Latinos (57%), women (67%) and children (46%). Uninsured (27%) and 17% are below the Federal Poverty Level (FPL).

### Program Justification

EHC provides services that are low cost, high quality and community based care that helps vulnerable members of the community maintain self sufficiency, keeping their health conditions from becoming chronic and debilitating. Services are operationally integrated to provide easy one stop service including insurance eligibility and enrollment, medical, dental, food vouchering and pharmacy services.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of annual client visits	25,900	29,545	31,800	33,482
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	73.0%	85.0%	80.0%	85.0%
Efficiency	Number of days for a new patient appointment	11	8	8	6
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	65.0%	70.0%	75.0%	78.0%

### Performance Measure - Description

Output: Total number of clients served

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 new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access healthcare services.

Changes in measures from last year due to: identified better measure for access to care (previously measured 2nd available appointment) and renewed focus on achieving CDC recommendation for immunization rates (90%) of children at age 35 months.

## 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.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$0	\$4,247,942	\$0	\$4,622,309
Contracts	\$0	\$214,325	\$0	\$172,529
Materials & Supplies	\$0	\$233,928	\$0	\$228,512
Internal Services	\$24,795	\$1,633,475	\$0	\$1,703,163
Subtotal: Direct Exps:	<b>\$24,795</b>	<b>\$6,329,670</b>	<b>\$0</b>	<b>\$6,726,513</b>
Administration	\$117,838	\$0	\$96,533	\$0
Program Support	\$1,672,311	\$1,390,859	\$1,838,420	\$1,360,358
Subtotal: Other Exps:	<b>\$1,790,149</b>	<b>\$1,390,859</b>	<b>\$1,934,953</b>	<b>\$1,360,358</b>
Total GF/non-GF:	<b>\$1,814,944</b>	<b>\$7,720,529</b>	<b>\$1,934,953</b>	<b>\$8,086,871</b>
Program Total:	<b>\$9,535,473</b>		<b>\$10,021,824</b>	
Program FTE	1.33	45.82	0.00	47.50
<b>Program Revenues</b>				
Indirect for dep't Admin	\$373,429	\$0	\$391,041	\$0
Fees, Permits & Charges	\$0	\$214,014	\$0	\$228,951
Intergovernmental	\$0	\$6,115,656	\$0	\$6,471,562
Other / Miscellaneous	\$0	\$0	\$0	\$26,000
Program Revenue for Admin	\$0	\$1,390,859	\$0	\$1,360,358
<b>Total Revenue:</b>	<b>\$373,429</b>	<b>\$7,720,529</b>	<b>\$391,041</b>	<b>\$8,086,871</b>

## Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants.

## Significant Program Changes

✔ Significantly Changed

### Last year this program was:

#40023A East County Health Clinic

The East County Teen Clinic has been redesigned and incorporated into the School based Helath Center program to more effectively serve East County youth.



**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** Susan Kirchoff

**Program Characteristics:**

**Executive Summary**

Since 1986, MC School-Based Health Centers (SBHC) have provided significant access to comprehensive healthcare to uninsured school-aged youth, as well as youth with insurance who cannot or do not access providers. The services are confidential, culturally competent, and age-appropriate.

**Program Description**

Operates 13 fully-equipped medical clinics. Twelve clinics are located in schools and one clinic is school linked. Assures access to care by providing service times beyond regular school hours and multiple sites open during summer and school breaks to ensure continuity of care. Staffing includes a Nurse Practitioner, Registered Nurse, medical support staff, and an office assistant. Services: chronic, acute, and preventive healthcare; age-appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling, referrals. Comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Program locations are geographically diverse and all MC school aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention).

**Program Justification**

The program strives to ensure that basic physical and behavioral health needs of youth are met to help them attend, participate, and remain in school. Healthcare for school-age youth, a basic need, is provided in the most readily accessible locations. SBHCs foster academic success by early identification and management of chronic diseases such as asthma and obesity, by preventing teen pregnancy, alcohol/drug use, and other health-related barriers to education. SBHC staffs' proximity to children creates continuous, trusting relationships that can empower high-risk youth to seek help and make better life choices, including staying in school. Such positive interventions can be crucial to later independence and success in life. Parent/guardian involvement is fostered to ensure successful clinical outcomes and to support educational success.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	# of youth who receive preventive & primary healthcare	6,073	6,350	7,200	7,650
Outcome	Screening for obesity: % of youth have annual BMI (Body Mass Index)	89.0%	95.0%	95.0%	95.0%

**Performance Measure - Description**

Performance measure results do not include data from School linked clinic since this is an addition to the program for FY 08-09. This will be included in FY 08-09 results.

\*Includes School Linked Clinic

\*\*Does not include School Linked clinic

Output: Represents total number of clients served

Outcome: Represents initial identification and need for intervention for youth at risk for obesity

Quality: Measures # of youth with asthma that identified as well controlled – indicates successful treatment

Outcome: Represents % of total school-age youth that are from non-SBHC locations. Indicates successful outreach to at risk youth.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$2,247,452	\$1,632,568	\$1,780,605	\$1,588,716
Contracts	\$40,729	\$88,869	\$45,725	\$0
Materials & Supplies	\$171,133	\$153,510	\$179,333	\$120,032
Internal Services	\$353,280	\$461,041	\$122,616	\$592,851
Subtotal: Direct Exps:	<b>\$2,812,594</b>	<b>\$2,335,988</b>	<b>\$2,128,279</b>	<b>\$2,301,599</b>
Administration	\$81,106	\$0	\$65,167	\$0
Program Support	\$935,446	\$639,189	\$1,019,262	\$640,622
Subtotal: Other Exps:	<b>\$1,016,552</b>	<b>\$639,189</b>	<b>\$1,084,429</b>	<b>\$640,622</b>
Total GF/non-GF:	<b>\$3,829,146</b>	<b>\$2,975,177</b>	<b>\$3,212,708</b>	<b>\$2,942,221</b>
Program Total:	<b>\$6,804,323</b>		<b>\$6,154,929</b>	
Program FTE	21.93	16.99	17.25	16.90
<b>Program Revenues</b>				
Indirect for dep't Admin	\$132,798	\$0	\$133,804	\$0
Fees, Permits & Charges	\$0	\$55,602	\$0	\$163,812
Intergovernmental	\$0	\$2,280,386	\$0	\$2,137,787
Program Revenue for Admin	\$0	\$639,189	\$0	\$640,622
<b>Total Revenue:</b>	<b>\$132,798</b>	<b>\$2,975,177</b>	<b>\$133,804</b>	<b>\$2,942,221</b>

## Explanation of Revenues

## Significant Program Changes

 Significantly Changed

### Last year this program was:

- #40023B East County Teen Clinic
- #40024A School Based Health Centers High Schools
- #40024B School Based Health Centers Middle & Elementary Schools
- #40024C School Based Health Centers Summer Hours
- #40024D School Based Health Centers School District "Menu" Option

The East County Teen clinic was added to the School based health program as of 2/08.

In FY09 the SBHC will be redesigning its services to provide geographic teams to provide services for elementary and middle schools.

**Priority:** Education  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** NORMAN Kathy M

**Program Characteristics:**

**Executive Summary**

This program is designed support kids' academic success by breaking down barriers to staying in school. Teen parents face significant challenges to success in school. Research indicates young people who delay sexual involvement until the age of 16.5 are more likely to protect themselves from pregnancy and disease. This program gives students the skills and confidence to delay sexual involvement and reduces participation in other risky activities while building healthy relationships. It also improves health, access to information and resources for 11,000 school aged students and their parents in five school districts (49 schools total) in Multnomah County, and offers workshops to community-based organizations. The program uses three strategies: youth development and leadership training; parent involvement; and classroom healthy relationship and sexuality education.

**Program Description**

The Adolescent Health Promotion Program (AHPP) is designed to delay sexual activity and build healthy relationships for middle school students using peer educators to teach five sexuality education sessions that focus on media influences, correcting misconceptions about teen sexuality, and building assertiveness skills to refuse pressure. AHPP at the high school level focuses on skill building and assertiveness training to develop healthy relationships for life. AHPP employs three proven strategies: 1) Youth Development/Leadership Training: The peer education and empowerment approach, provided in a school setting, further contributes to developing and ensuring success in school. The program engages teens in discussions and activities allowing them to build skills and confidence in healthy decision making, planning for the future, self-risk assessment, and encourages communication with parents about healthy relationships and sexuality. 2) Parent Involvement: provides resources and workshops to assist parents in talking to their child about healthy relationships and sex. 3) Healthy Relationships and Sexuality Education sessions: AHPP is culturally and developmentally appropriate and delivered in schools and community-based organizations, focusing on healthy relationships, the effect of drugs and alcohol on sexual behavior, access to health services, and skill building.

**Program Justification**

Research shows that teens who delay sexual activity are more likely to have fewer partners and take action to protect them against pregnancy and sexually transmitted infections (STIs). Since 1995, statewide evaluations have consistently shown that students who received AHPP out-performed students in the control schools on measures of knowledge about sexuality and attitude toward postponing. The teen pregnancy rate is one of the primary health indicators for a community. In Multnomah County the teen pregnancy rate has continued to decline since the mid-1990s. However, the Multnomah County teen pregnancy rate remains higher than the state's rate and is significantly higher for Hispanic teens. When young people have hope for their future, they are less likely to engage in a range of risky behaviors including drug and alcohol abuse, smoking, and early initiation of sex, among others (Prothrow-Stith, date; Wilson et al, 2006). Therefore, AHPP works to empower young people, and increase their sense of control over their lives and their health.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of trained high school teen leaders trained	256	320	268	260
Outcome	Increase the pct. of HS/College students that participate as leaders	55.0%	65.0%	25.0%	65.0%
Output	Increase of the number of students and their parents who receive the program	9,082	11,500	12,682	13,000

**Performance Measure - Description**

1) Positively impact outcomes known to decrease teen pregnancy and other high risk behaviors: knowledge of the risk and impact of teen pregnancy and sexually transmitted infections (STIs) and attitude towards delaying sexual activity. 2) Number of students/parents receiving healthy relationship and sexuality sessions annually. 3) Percentage of trained teen leaders that participate for more than one year.

## Legal/Contractual Obligation

AHPP Contractual agreement with Northwest Family Services (NWFS) to serve 3,087 10th grade students and their parents with outreach to the faith-based African American(AA) community. Administration for Children and Families indicates that 7,000 middle school students and their parents will be served, with special outreach to teen parents and the (AA), and Latino community.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$0	\$665,114	\$0	\$612,597
Contracts	\$0	\$71,500	\$0	\$77,248
Materials & Supplies	\$0	\$48,396	\$0	\$24,985
Internal Services	\$0	\$133,336	\$0	\$136,570
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$918,346</b>	<b>\$0</b>	<b>\$851,400</b>
Administration	\$15,459	\$0	\$12,219	\$0
Program Support	\$45,844	\$4,209	\$44,222	\$4,056
Subtotal: Other Exps:	<b>\$61,303</b>	<b>\$4,209</b>	<b>\$56,441</b>	<b>\$4,056</b>
Total GF/non-GF:	<b>\$61,303</b>	<b>\$922,555</b>	<b>\$56,441</b>	<b>\$855,456</b>
Program Total:	<b>\$983,858</b>		<b>\$911,897</b>	
Program FTE	0.00	8.72	0.00	8.22
<b>Program Revenues</b>				
Indirect for dep't Admin	\$53,597	\$0	\$49,495	\$0
Intergovernmental	\$0	\$851,400	\$0	\$851,400
Other / Miscellaneous	\$0	\$66,946	\$0	\$0
Program Revenue for Admin	\$0	\$4,209	\$0	\$4,056
<b>Total Revenue:</b>	<b>\$53,597</b>	<b>\$922,555</b>	<b>\$49,495</b>	<b>\$855,456</b>

## Explanation of Revenues

\$ 551,400 Federal grant revenue received Oct. 2006. Currently in year 2 of the 5 year grant.

\$ 300,000.00 per year contract revenue received through Northwest Family Services. Currently in year 2 of the 5-year grant.

## Significant Program Changes

### Last year this program was:

#40025 Student's Today Aren't Ready for Sex (STARS)

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** ABDELLATIF Vanetta M

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

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 provides the following 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 untoward 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.

**Program Justification**

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 (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Average number of days to next available appointment across all clinics	4	4	4	4
Outcome		0	0	0	0
Output	Number of annual visits meets budgeted goal	98.0%	100.0%	100.0%	100.0%
Quality	% of diabetics who have two HgbA1c tests (standard for	90	80	80	80

**Performance Measure - Description**

## 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
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$942,539	\$32,140	\$859,008	\$43,393
Contracts	\$172,319	\$8,181	\$178,050	\$0
Materials & Supplies	\$82,484	\$1,996	\$68,541	\$5,544
Internal Services	\$82,195	\$6,542	\$104,110	\$4,096
Subtotal: Direct Exps:	<b>\$1,279,537</b>	<b>\$48,859</b>	<b>\$1,209,709</b>	<b>\$53,033</b>
Administration	\$22,436	\$0	\$18,122	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$22,436</b>	<b>\$0</b>	<b>\$18,122</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$1,301,973</b>	<b>\$48,859</b>	<b>\$1,227,831</b>	<b>\$53,033</b>
Program Total:	<b>\$1,350,832</b>		<b>\$1,280,864</b>	
Program FTE	6.50	0.25	5.62	0.20
<b>Program Revenues</b>				
Indirect for dep't Admin	\$2,575	\$0	\$3,083	\$0
Other / Miscellaneous	\$0	\$48,859	\$0	\$53,033
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$2,575</b>	<b>\$48,859</b>	<b>\$3,083</b>	<b>\$53,033</b>

## Explanation of Revenues

## Significant Program Changes

**Last year this program was:**

#40030 Physician, Nurse Practitioner and Nursing Directors

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** BELCOURT Joy

**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 Tuberculosis Clinic as well as students in School Based Health Clinics. The program bills third parties, assists clients in obtaining low-cost/free drugs from manufacturers, and provides staff consultation and patient education regarding medications.

**Program Justification**

The Clinical Infrastructure Services Group provides essential support to the health delivery and emergency preparedness programs within the Health Department. Pharmacy Services 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 (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Prescriptions Filled	235,331	222,000	270,000	275,000
Outcome	Average prescription cost	29	34	34	36

**Performance Measure - Description**

The prescription volume reflects staffing needs, materials and supplies, expenditures and revenue. The average prescription cost reflects prescription volume and costs.

## Legal/Contractual Obligation

Various grants require a provision for pharmacy services. State mandated public health services are provided.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$112,649	\$2,942,866	\$557,690	\$2,647,499
Contracts	\$0	\$129,213	\$153,500	\$0
Materials & Supplies	\$0	\$5,503,034	\$326,811	\$5,333,899
Internal Services	\$71	\$1,107,452	\$0	\$933,555
Capital Outlay	\$0	\$38,435	\$30,000	\$0
Subtotal: Direct Exps:	<b>\$112,720</b>	<b>\$9,721,000</b>	<b>\$1,068,001</b>	<b>\$8,914,953</b>
Administration	\$169,728	\$0	\$143,425	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$169,728</b>	<b>\$0</b>	<b>\$143,425</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$282,448</b>	<b>\$9,721,000</b>	<b>\$1,211,426</b>	<b>\$8,914,953</b>
Program Total:	<b>\$10,003,448</b>		<b>\$10,126,379</b>	
Program FTE	0.26	29.14	6.10	23.40
<b>Program Revenues</b>				
Indirect for dep't Admin	\$567,340	\$0	\$518,906	\$0
Fees, Permits & Charges	\$0	\$428,000	\$0	\$507,000
Intergovernmental	\$0	\$9,293,000	\$0	\$8,407,953
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$567,340</b>	<b>\$9,721,000</b>	<b>\$518,906</b>	<b>\$8,914,953</b>

## Explanation of Revenues

Pharmacy revenue is electronically billed by the pharmacies to third party payors. It is a reflection of medical visits and payor mix. It should increase as visit numbers increased in FY07.

General fund is used to pay for services to the uninsured clients served by the Health Department as well as deliver mandated public health services. The general fund in Pharmacy increased in FY09, to reflect actual costs in FY08 and volume of uninsured pharmacy coverage. The FY08 inadvertently underestimated the general fund need for FY08.

## Significant Program Changes

Last year this program was:



**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** BELCOURT Joy

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Lab, X-ray, and Medical Records 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 primary care clinics including a large percentage of uninsured, mentally ill, women and children and School Based Health Clinic clients. With the Electronic Health Record (EHR) implementation completed, the new focus is on merging local management and support of both Epic EHR and Practice Management systems.

**Program Description**

Laboratory: Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and emergencies and surveillance of emerging infections. X-ray: Maintain diagnostic imaging and film archive. Medical Records Management: Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards; continue implementation of electronic medical records; oversee HIPAA requirements for Health Department. Electronic Health Records and Practice Management: Our collaboration with the Oregon Community Health Information Network (OCHIN) continues, as the community partner base increases. Increased attention to optimizing our electronic capabilities and sustaining the gains achieved will drive work through this fiscal year and beyond.

**Program Justification**

The Clinical Infrastructure Services Group provides essential support to the health delivery and emergency preparedness programs within the Health Department. Laboratory and X-ray assist in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities. Medical Records Management ensures proper documentation of health care services and provides direction and monitoring of HIPAA compliance activities (federally required). Electronic medical records provide data to address the problem of access to health care for uninsured and under-insured residents. The integration of the three phases of the information technology initiative (county SAP, OCHIN's EPIC practice management system, and (EHR) supports the Health Department's goals to reduce costs and improve care while facing a future of limited resources.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of documentation audits completed	2,000	2,480	2,200	2,160
Outcome	X-rays taken	7,200	7,600	5,800	6,200
Outcome	Number of laboratory specimens handled	174,000	185,000	216,000	229,000
Outcome	Number of clinics with fully implemented EHR	19	3	19	20

**Performance Measure - Description**

EHR clinics include all school based clinic sites, not just Primary Care clinics.

## 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 provision of laboratory and x-ray 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	2008	2008	2009	2009
Personnel	\$1,592,368	\$0	\$2,059,090	\$0
Contracts	\$29,900	\$0	\$35,150	\$0
Materials & Supplies	\$158,198	\$0	\$170,550	\$0
Internal Services	\$218,095	\$0	\$266,770	\$0
Capital Outlay	\$10,000	\$0	\$0	\$0
Subtotal: Direct Exps:	<b>\$2,008,561</b>	<b>\$0</b>	<b>\$2,531,560</b>	<b>\$0</b>
Administration	\$48,187	\$0	\$36,330	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$48,187</b>	<b>\$0</b>	<b>\$36,330</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$2,056,748</b>	<b>\$0</b>	<b>\$2,567,890</b>	<b>\$0</b>
Program Total:	<b>\$2,056,748</b>		<b>\$2,567,890</b>	
Program FTE	19.30	0.00	25.10	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

Revenue for laboratory and x-ray services are included in medical visit revenue. It is a reflection of medical visits and payor mix. General fund is used to pay for services to the uninsured clients served by the Health Department as well as deliver mandated public health services.

## Significant Program Changes

### Last year this program was:

The program hasn't significantly changed, however the costs reported herein have decreased, because IT services and transactional fees for the EPIC practice management and EHR system are reported in Medical Billing, # 40041.

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** Susan Kirchoff

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Appointment & Information Center (AIC) is the gateway for service provision to clients, providing a telephone access point to link clients to Multnomah County Health Department Primary Care and WIC appointments, for telephone RN Triage, for resource referrals to other Health Dept. services, for interpretation and translation services, and for the development and management of health care access improvement activities.

**Program Description**

The Appointment and Information Center:

- Schedules medical, WIC, and Medicaid eligibility appointments, adhering to provider schedules and profiles.
- Provides information and referral for Multnomah County Health Department medical, dental and social services.
- Provides clinical interpretation in 50+ languages for all Health Dept. sites, as well as specialty clinics we have referred our patients to. Written translation services are also provided as requested by Health Dept. staff.

**Program Justification**

The Appointment Center processes an average of 20,000 client calls per month. These are calls that would otherwise require handling by primary care and WIC clinic staff. This centralized function allows for greater efficiency, extended hours of service, focused education and training of operators, and consistent appointment scheduling practices.

This program provides initial eligibility screening for OHP to new clients.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	# of calls answered	227,000	228,000	200,479	220,000
Outcome	Percent of calls abandoned seeking primary care appointments	15.0%	10.0%	26.0%	10.0%
Quality		0	0	0	0
Efficiency		0	0	0	0

**Performance Measure - Description**

✔ **Measure Changed**

Percentage of calls abandoned seeking primary care appointments: If clients wait too long on hold, they may opt to abandon the call and may not receive treatment or will self refer to the ER which can result in costly/unnecessary care. Other measures removed, since triage and ER referrals are no longer a function performed by the appointment center.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$1,773,202	\$0	\$1,271,022	\$0
Contracts	\$289,150	\$0	\$279,150	\$0
Materials & Supplies	\$37,800	\$0	\$37,000	\$0
Internal Services	\$244,972	\$0	\$238,650	\$0
Subtotal: Direct Exps:	<b>\$2,345,124</b>	<b>\$0</b>	<b>\$1,825,822</b>	<b>\$0</b>
Administration	\$39,601	\$0	\$26,203	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$39,601</b>	<b>\$0</b>	<b>\$26,203</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$2,384,725</b>	<b>\$0</b>	<b>\$1,852,025</b>	<b>\$0</b>
Program Total:	<b>\$2,384,725</b>		<b>\$1,852,025</b>	
Program FTE	22.90	0.00	18.40	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

✔ Significantly Changed

### Last year this program was:

In FY08, this program included Nursing triage services, along with Appointment Center staffing. Nursing triage has been moved out into the clinic sites to more effectively serve clients.

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** LOOS Mary E

**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.

**Program Description**

This program supports the services in 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 of the County's uninsured and underinsured. 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 reach 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 (JC) 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.

**Program Justification**

This program educates and informs citizens on the results and price of integrated clinical services delivered in the county. This includes measuring clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and the JC are our primary external benchmarking organizations relative to performance indicators. Program includes: •Work with the Community Health Council, client feedback results, and collaborations with other health care delivery partners to reduce costs and assure continued revenue through federal, state and private funding. •Three year JC re-accreditation awarded in 2006 – recognizing we meet the national model for quality and safety. Lab re-accreditation visit due in upcoming months. •BPHC competitive grant application approved for five years (\$6.5 million for year 3). •This infrastructure is required to meet BPHC grant requirements.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output		0	0	0	0
Outcome	Percentage of grants renewed	100.0%	100.0%	100.0%	100.0%
Outcome	Maintain compliance to Joint Commission Standards	90.0%	90.0%	100.0%	100.0%

**Performance Measure - Description**

1. Bureau of Primary Health Care Performance Reviews results and monthly audits in key performance areas.
2. National benchmark of 90% compliance is required to meet standards/rules governing quality and safety, per Bureau of Primary Health Care (BPHC) Accreditation Initiative. Ongoing targeted compliance audits focus mainly on areas identified as needing improvement. Annual Periodic Performance Review assesses the entire program.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$737,055	\$0	\$669,724	\$508,161
Contracts	\$147,000	\$0	\$125,000	\$8,951
Materials & Supplies	\$20,500	\$0	\$12,765	\$53,506
Internal Services	\$38,036	\$0	\$27,926	\$79,382
Subtotal: Direct Exps:	<b>\$942,591</b>	<b>\$0</b>	<b>\$835,415</b>	<b>\$650,000</b>
Administration	\$15,925	\$0	\$21,317	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$15,925</b>	<b>\$0</b>	<b>\$21,317</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$958,516</b>	<b>\$0</b>	<b>\$856,732</b>	<b>\$650,000</b>
Program Total:	<b>\$958,516</b>		<b>\$1,506,732</b>	
Program FTE	7.20	0.00	5.53	5.45
<b>Program Revenues</b>				
Indirect for dep't Admin	\$0	\$0	\$28,718	\$0
Intergovernmental	\$0	\$0	\$0	\$350,000
Other / Miscellaneous	\$0	\$0	\$0	\$300,000
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$28,718</b>	<b>\$650,000</b>

## Explanation of Revenues

## Significant Program Changes

Last year this program was:  
#40034 Quality Assurance

**Priority:** Accountability

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** JOHNSON Sandy A

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Planning and Evaluation assures the identification of health issues and concerns in the county, department-wide strategic planning, procurement of grant funds, and the development and implementation of evidence-based programs. Evaluation efforts are aimed at examining the effectiveness of programs and initiatives, and identifying opportunities for community health improvement.

**Program Description**

Health Planning and Evaluation provides critical support through three program areas: Health Assessment and Evaluation (HAE), Program Design and Evaluation Services (PDES), and Grant Development. HAE provides data analysis to identify health issues, health inequities, and progress in addressing them; data and analytical support for grant development; reports on the health status of Multnomah County residents; and technical assistance with program planning and quality improvement efforts. PDES assures evidence-based public health practice and policy development through design and evaluation of programs and interventions in HIV prevention and services, tobacco prevention and control, prevention and interventions addressing under-age drinking, school policy, and improvement of health care delivery systems. 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 \$20.9 million was procured to address health issues in FY2006. Health Planning & Evaluation projects address key areas including early childhood, school aged policy, homelessness and poverty. Examples include evaluation of the Health Equity Initiative, Healthy Homes, Healthy Birth Initiative, and a longitudinal research project to better understand and prevent the initiation of alcohol, tobacco and substance use among school-aged youth. Grant Development has secured program funds to support early childhood, ending homelessness, and poverty programs.

**Program Justification**

Health Planning and Evaluation programs identify health priorities and direct resources toward improving health. The investment of \$1 million in general funds leverages \$21 million in returns from foundation, state and federal grants, and contracts. HAE analyses and reports inform Health Department program planning and keep the community apprised of Health Department progress and activities. HAE supports the Health Equity Initiative with data collection, analysis, and reporting of health priorities; provides evaluation services to the Healthy Birth Initiative, the Health Promotion Framework and Building Better Care; and provides technical assistance to a wide variety of HD programs. These projects will continue into FY09. PDES efforts will continue to inform improvement and innovation in HIV services and tobacco prevention and control programs. In addition, PDES is evaluating the Health Equity Initiative and Healthy Homes projects. Other PDES projects include an evaluation of state and federal policy mandates on changes in school physical activity and nutrition policies and practices, and assessing potential for expansion of school-based health centers around the state, including expansion to rural Oregon community college settings.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of requests for data analysis 1	326	300	300	300
Outcome	Number of grant proposals written 3	39	55	58	58
Output	Number of reports disseminated 2	51	58	55	55
Outcome	Dollar amount of grants funded 4	20,900,000	18,600,000	18,600,000	18,600,000

**Performance Measure - Description**

- 1) Includes HAE planned projects and ad hoc requests
- 2) Includes HAE and PDES reports including 11 published articles in 2005 and 4 in YTD2006
- 3) Includes Grant Development and PDES proposals.
- 4) Includes Grant Development awards.

## Legal/Contractual Obligation

Program Design and Evaluation Services (PDES) 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
	2008	2008	2009	2009
<b>Program Expenses</b>				
Personnel	\$770,226	\$1,712,661	\$862,359	\$1,079,471
Contracts	\$0	\$2,591,219	\$31,000	\$283,360
Materials & Supplies	\$19,168	\$47,813	\$43,574	\$107,729
Internal Services	\$126,819	\$226,850	\$147,106	\$135,474
Subtotal: Direct Exps:	<b>\$916,213</b>	<b>\$4,578,543</b>	<b>\$1,084,039</b>	<b>\$1,606,034</b>
Administration	\$45,378	\$0	\$38,605	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$45,378</b>	<b>\$0</b>	<b>\$38,605</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$961,591</b>	<b>\$4,578,543</b>	<b>\$1,122,644</b>	<b>\$1,606,034</b>
Program Total:	<b>\$5,540,134</b>		<b>\$2,728,678</b>	
Program FTE	6.41	10.31	7.75	8.09
<b>Program Revenues</b>				
Indirect for dep't Admin	\$133,005	\$0	\$93,366	\$0
Intergovernmental	\$0	\$4,523,997	\$0	\$1,551,039
Other / Miscellaneous	\$0	\$54,546	\$0	\$54,995
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$133,005</b>	<b>\$4,578,543</b>	<b>\$93,366</b>	<b>\$1,606,034</b>

## Explanation of Revenues

General fund: \$1 million  
Grants & contracts: \$1.7 million

## Significant Program Changes

**Last year this program was:**  
40035 Health Planning & Evaluation



**Priority:** Accountability

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** JOHNSON Sandy A

**Related Programs:**

**Program Characteristics:**

### Executive Summary

This scaled program offer adds 1.0 FTE Program Development Technician to expand the capacity of Grant Development.

### Program Description

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. The additional 1.0 FTE Program Development Technician (PDT) will work in collaboration with the Grant Writers to support the grant development process, develop and submit Notices of Intent, maintain the grant development calendar and grant status log, coordinate letters of support, maintain hard copy and electronic files, and other necessary activities. The PDT will also work in collaboration with Business Services and project managers to monitor work flow of grant funded projects and assist project managers in writing and submitting progress reports to ensure compliance with grant requirements; assess project progress relative to goals, objectives, outcomes, budget and timeline; and prepare grant related correspondence. These support activities will increase the capacity of Grant Writers to respond to increasing demands for grant funding within the Department as well as provide additional oversight of the work flow of grant funded projects.

### Program Justification

The Health Department's grant development efforts result in approximately \$20 million in funding each year to support services, research, evaluation, capital improvements and other essential functions. Over the past several years, the grant funding environment has become increasingly challenging. Federal grant funding has declined at the same time as the Health Department has tightened budgets. The result has been increased competition for limited federal grant opportunities, combined with increased demand for Grant Development services from within the Department. Expansion of Grant Development infrastructure will provide for a much needed increase in capacity to seek funding in order to obtain federal, state and foundation grants to support public health initiatives and services for medically underserved residents of the County.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of grant proposals written 1	39	55	58	63
Outcome	Dollar amount of grants funded 2	20,900,000	18,600,000	18,600,000	19,500,000

### Performance Measure - Description

- 1) Includes Grant Development and PDES proposals. Grant funding is down compared with previous years.
- 2) Includes Grant Development and PDES awards.

## Legal/Contractual Obligation

Program Design and Evaluation Services (PDES) 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	2008	2008	2009	2009
Personnel	\$0	\$0	\$61,610	\$0
Materials & Supplies	\$0	\$0	\$4,100	\$0
Subtotal: Direct Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$65,710</b>	<b>\$0</b>
Administration	\$0	\$0	\$943	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$943</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$0</b>	<b>\$0</b>	<b>\$66,653</b>	<b>\$0</b>
Program Total:	<b>\$0</b>		<b>\$66,653</b>	
Program FTE	0.00	0.00	1.00	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

General fund: \$1 million  
Grants & contracts: \$1.7 million

## Significant Program Changes

Last year this program was:

**Priority:** Accountability

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** YEN Kate

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Community Health Council (CHC) is a community-based planning body that facilitates community involvement in quality assurance, public policy advocacy, and management accountability for the Health Department. As mandated by the Bureau of Primary Care Grant, the Council provides oversight of community health center services which include primary care, dental, early childhood services, nursing, 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 Coalition of Community Health Clinics (CCHC) 13 member clinics are community based clinics play an instrumental role in serving individuals who are under or uninsured in Multnomah County. The Multnomah County Health Department’s indemnification program screens and indemnifies volunteer health care professionals for the Coalition clinics.

**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. It acts as the Department’s Citizen Budget Advisory Committee, required by the County Charter. The CHC plays 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. The Coalition of Community Health Clinics (CCHC) 13 member clinics 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.

**Program Justification**

The Council has a critical role in assuring access to health care for our most vulnerable residents and 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. Through effective partnerships, the County has leveraged millions of dollars of local, state, and federal revenue, increasing access to services for vulnerable populations, as well as through grant funding approval by the Community Health Council. County funding of the Coalition of Community Health Clinics’ infrastructure fuels the engine that leverages community health resources: \$460,000 estimated in 2007. The Health Department’s indemnification program for volunteer health care professionals leveraged 71,520 total volunteer hours with an estimate dollar value of \$1,766,956.79 in 2006 – 2007. The County’s support of coalition infrastructure and the Health Department’s indemnification program assures access to critical health care for many County residents lacking the financial resources. The CHC and the CCHC contribute to outcomes in the poverty framework by leveraging citizen and community engagement in health care advocacy, decision making and provision of services for our most vulnerable populations.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of volunteer hours	22,835	22,883	71,800	73,000
Outcome	Percentage of consumers involved	0.0%	0.0%	55.0%	60.0%
Outcome	Number of uninsured patients seen	181,000	181,000	100,538	110,000
Output	Number of meetings held	83	36	36	36

**Performance Measure - Description**

 **Measure Changed**

# of volunteer hours include: volunteer hours at the 13 Coalition Clinics as well as Community Health Council participation at meetings and community events. % of consumers involved include: patient advisory boards represented through the CCHC and consumers represented on the CHC. Number of uninsured patients seen include Health Department clinics and uninsured patients served by Coalition of Community Health Center clinics. # of meetings held include: participation on patient advisory boards for Coalition clinics, CHC executive committee meetings and monthly CHC meetings.

## 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 County Charter.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$101,524	\$4,807	\$104,549	\$0
Contracts	\$119,874	\$22,671	\$117,407	\$0
Materials & Supplies	\$7,980	\$85	\$8,663	\$0
Internal Services	\$8,181	\$2,437	\$13,771	\$0
Subtotal: Direct Exps:	<b>\$237,559</b>	<b>\$30,000</b>	<b>\$244,390</b>	<b>\$0</b>
Administration	\$4,512	\$0	\$3,507	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$4,512</b>	<b>\$0</b>	<b>\$3,507</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$242,071</b>	<b>\$30,000</b>	<b>\$247,897</b>	<b>\$0</b>
Program Total:	<b>\$272,071</b>		<b>\$247,897</b>	
Program FTE	1.24	0.16	1.30	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$1,751	\$0	\$0	\$0
Other / Miscellaneous	\$0	\$30,000	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$1,751</b>	<b>\$30,000</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

None

## Significant Program Changes

### Last year this program was:

#40036 Citizen and Community Involvement and Governance

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** WICKHAM Lila A

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Supports community environmental health programs that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors. Programs work to improve health by addressing issues related to environmental health, housing and the built environment. Strategies include assessment, education/outreach, intervention, information/referral, policy development, and community organizing. Program focus areas include healthy home issues such as mold, household toxins, vectors and lead paint; environmental pollutants and toxins; emerging diseases; and reducing the environmental impacts of global warming.

**Program Description**

Healthy Home Priorities: 1) Sustain and Integrate the Healthy Homes childhood asthma case management approach into MCHD clinics; 2) Build capacity for community programs and policies that decrease health disparities associated with health & housing; 3) Use the Healthy Homes community partner/advisory group to develop collaborative programs and 4) Expand MCEH Environmental Education programs that address environmental toxins and pollutants negatively impacting the built environment. Environmental Education Priorities: 1) Conduct community-based training and outreach related to health and housing topics (mold, Indoor Air Quality & toxins); 2) Collaborate to integrate environmental health risk reduction with other MCHD initiatives (i.e., health disparities taskforce); and 3) Support core environmental health functions education and outreach related to West Nile Virus, Food borne Illness, and other emerging and climate change related diseases. Leveraging Resources Priorities: 1) Ensure successful implementation of existing grant resources including HUD, EPA, Portland Water Bureau grants; 2) Apply for grants to expand services and service delivery to maximize the impact of limited general fund resources.

**Program Justification**

This program supports the basic needs of the community through disease prevention. It addresses a root cause of health disparities, by improving the health of the home environment. These efforts bridge gaps identified by the community as under-resourced public health issues (indoor air quality, affordable housing, lead). Grant requirements are focused on healthy home principles and policy development. The program also addresses County residents' needs for outreach and education related to West Nile virus prevention, food-borne illness prevention and other emerging and climate change-related environmental risks.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of advisory committee meetings facilitated 1	19	15	22	22
Outcome	Number of new health and housing initiatives 2	0	0	3	6
Output	Number of educational interventions developed 3	0	0	92	92
Outcome	Additional grant dollars leveraged 4	473,797	600,000	600,158	634,000

**Performance Measure - Description**

✔ **Measure Changed**

- Output #1: Measures community engagement in advisory capacity for program services.
- Outcome #2: Measures new programs and policies implemented and attributed to MCEH activities and involvement.
- Output #3: Replaced Outputs "# of educational/outreach events conducted" and "# of educational tools developed" with "interventions developed" to estimate behavior change, and improvements in environmental health.
- Outcome#4: Measures leveraged county general funds with external resources.

## Legal/Contractual Obligation

Some activities under this program offer are subject to contractual obligations under Bureau of Housing and Urban Development Grant # ORLHH142-05 or Centers for Disease Control Grant # 1U88EH000260-01

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$117,300	\$315,576	\$230,898	\$344,225
Contracts	\$12,052	\$2,925	\$0	\$1,000
Materials & Supplies	\$7,014	\$35,164	\$30,751	\$8,949
Internal Services	\$6,850	\$58,769	\$9,047	\$55,982
Subtotal: Direct Exps:	<b>\$143,216</b>	<b>\$412,434</b>	<b>\$270,696</b>	<b>\$410,156</b>
Administration	\$11,985	\$0	\$9,771	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$11,985</b>	<b>\$0</b>	<b>\$9,771</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$155,201</b>	<b>\$412,434</b>	<b>\$280,467</b>	<b>\$410,156</b>
Program Total:	<b>\$567,635</b>		<b>\$690,623</b>	
Program FTE	1.47	4.82	2.93	3.56
<b>Program Revenues</b>				
Indirect for dep't Admin	\$24,068	\$0	\$23,844	\$0
Intergovernmental	\$0	\$412,434	\$0	\$410,156
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$24,068</b>	<b>\$412,434</b>	<b>\$23,844</b>	<b>\$410,156</b>

## Explanation of Revenues

53% of the expenses under this program offer are offset with revenues from Bureau of Housing and Urban Development Grant # ORLHH142-05 and Centers for Disease Control Grant # 1U88EH000260-01.

## Significant Program Changes

### Last year this program was:

#40037 Community Environmental Health

Program Offer for FY 07 was approved for submission at \$180,316 but was reduced to \$166,175 on final submission due to technical issues capturing administrative costs.

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** WIGGINS Noel

**Related Programs:**

**Program Characteristics:**

### Executive Summary

This Program Offer covers the work currently being carried out by the Community Capacitation Center (CCC). The CCC assists constituents both internally and externally to develop their capacity to promote health in an empowering way across all levels of the socio-ecological model, models empowering health promotion in particular communities, and coordinates this work on a Departmental level.

### Program Description

The work of the CCC includes: 1) building skills and developing leadership among Community Health Workers (CHWs) and other individuals who promote health in their own communities; 2) assisting a variety of groups to learn to use popular education (also known as Freirian or empowerment education) to promote health; and 3) initiating and conducting community-based participatory research (CBPR) projects that aim to promote health in underserved and marginalized communities. We also model what it means to address the social determinants of health by actively promoting health in specific communities, including (but not limited to) the disability community, the Latino immigrant community, and the Maple-Mallory neighborhood in NE Portland. The CCC is currently the only Health Department program with the capacity to respond to particular health promotion needs as they arise, for example, the challenges to health presented by the immigration raids carried out in the summer of 2007. Current staffing also allows us to engage in a minimal level of coordination of health promotion efforts within the Health Department. In 2007, this included spearheading the development of the Health Promotion Framework, conducting a formative evaluation of the Framework, and developing a comprehensive implementation plan. See the scaled program offer which accompanies this offer for information on further work that can be accomplished with additional resources.

### Program Justification

This program supports the Health Department's goal to develop capacity both internally and externally to promote health and social justice by addressing the underlying social determinants of health. Substantial evidence suggests that only by addressing the underlying social determinants of health can we reduce persistent health inequities. This program contributes both the theoretical grounding as well as practical examples of how to conduct empowering practice at every level of the socio-ecological model. This program coordinates with and supports the Health Equity Initiative.

### Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of participants in training courses	450	500	1,300	800
Outcome	% of participants in training courses who report increased ability to promote hlth	0.0%	90.0%	90.0%	90.0%

### Performance Measure - Description

- o The number of participants in training courses represents an unduplicated count within the same training course. However, the same person may participate in more than one course.
- o Percentage of participants in training courses who report increased ability to promote health is defined as participants who rate this item 1 or 2 on a post-evaluation survey. A score of 1 is the highest score.

## 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
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$296,528	\$7,956	\$343,078	\$0
Contracts	\$4,130	\$111	\$2,250	\$0
Materials & Supplies	\$8,044	\$210	\$9,168	\$0
Internal Services	\$36,133	\$1,723	\$33,679	\$0
Subtotal: Direct Exps:	<b>\$344,835</b>	<b>\$10,000</b>	<b>\$388,175</b>	<b>\$0</b>
Administration	\$5,975	\$0	\$5,571	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$5,975</b>	<b>\$0</b>	<b>\$5,571</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$350,810</b>	<b>\$10,000</b>	<b>\$393,746</b>	<b>\$0</b>
Program Total:	<b>\$360,810</b>		<b>\$393,746</b>	
Program FTE	3.48	0.12	3.60	0.00
<b>Program Revenues</b>				
Indirect for dep't Admin	\$584	\$0	\$0	\$0
Fees, Permits & Charges	\$0	\$10,000	\$10,000	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$584</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$0</b>

## Explanation of Revenues

\$10,000 annual revenue from Community Health Worker trainings/popular education workshops. Approximately \$30,000 each year from additional contracts and grants, such as NACCHO grant. (Not reported for 2008-2009 because continued funding is not assured.)

## Significant Program Changes

### Last year this program was:

#40038A Health Promotion & Capacity Building

In 2007-2008, this Program Offer included activities conducted by the Chronic Disease Prevention Program. This year, to better delineate the activities of the two programs, we are providing separate program offers. Chronic Disease Prevention offer is #40047A.



**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** Kathleen Fuller-Poe

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Business and Quality Services - Human Resources and Training Unit provide guidance and consultation in the areas of administrative procedures, recruitment, employee/labor management, succession planning, personnel policy and labor contract interpretation, web design, legislative review and legal compliance.

This will be achieved through collaboration with key stakeholders and reliable data information to measure results and quality performance.

**Program Description**

This Program is comprised of three major operating teams supporting the Health Department:

- 1) Organizational Effectiveness: Provides an array of trainings including leadership and management, facilitative leadership, and succession planning to deliver a high performance workforce and service delivery.
- 2) Information and Support: Manages and maintains Department web content, including administrative guidelines; coordinates with Public Affairs Office on legislative activity, Emergency Preparedness, Business Continuity Plan, statutory compliance, professional and technical training.
- 3) Human Resources: Ensures human resources systems are implemented and consistently followed to guide and direct all Human Resources activities of the Health Department and its 1,000+ of regular and on-call employees. Also provides internal consultation with legal counsel to managers and employees on a wide range of issues regarding human resources, employee and labor relations, including performance management, recruitment to attract highly qualified, diverse applicants, compliance with county personnel rules, department guidelines and labor contracts to reduce liability and costs of unlawful employment practices. The program facilitates with staff and managers to assess the current organizational needs and to provide strategic direction and support. Resolves complex personnel matters and partners with central HR/labor relations to develop and implement integrated HR initiatives and solutions.

**Program Justification**

Business services and support for organizational effectiveness are required for a department responsible for managing County resources for more than 1000 employees. This program directly supports the vision and mission of the Health Department.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of training programs offered in organizational effectiveness	0	0	5	7
Outcome	% of trainings provided meeting learners' objectives for leadership development	0.0%	0.0%	90.0%	90.0%

**Performance Measure - Description**

 **Measure Changed**

Both Performance Measurements are new for this year.

Previous Performance Measurement Results--FY06-08 Offers- Output: achieved beyond number of employees projected; Outcome: maintained below 10%; and Quality: sustained at 80%, altogether consistently for the past three years.

Therefore, the current program offer will focus on new performance measures on actual training programs being offered and their causal relationship to meeting the needs of employees for leadership development.

**Legal/Contractual Obligation**

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

**Revenue/Expense Detail**

	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>	<b>Proposed General Fund</b>	<b>Proposed Other Funds</b>
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$1,398,289	\$0	\$1,444,892	\$0
Contracts	\$72,900	\$0	\$124,300	\$0
Materials & Supplies	\$45,951	\$0	\$68,501	\$0
Internal Services	\$144,001	\$0	\$157,656	\$0
<b>Subtotal: Direct Exps:</b>	<b>\$1,661,141</b>	<b>\$0</b>	<b>\$1,795,349</b>	<b>\$0</b>
Administration	\$28,073	\$0	\$25,765	\$0
Program Support	\$0	\$0	\$0	\$0
<b>Subtotal: Other Exps:</b>	<b>\$28,073</b>	<b>\$0</b>	<b>\$25,765</b>	<b>\$0</b>
<b>Total GF/non-GF:</b>	<b>\$1,689,214</b>	<b>\$0</b>	<b>\$1,821,114</b>	<b>\$0</b>
<b>Program Total:</b>	<b>\$1,689,214</b>		<b>\$1,821,114</b>	
Program FTE	15.50	0.00	14.50	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Explanation of Revenues****Significant Program Changes**

**Last year this program was:**

#40039 Business & Quality Human Resource & Training

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** LEAR Wendy R

**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 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 & 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.

**Program Justification**

Financial and Business services and support for organizational effectiveness are required for a department responsible for managing over \$130 million in County resources and more than 1250 personnel.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Percentage of grant reports submitted on time	92.0%	95.0%	95.0%	95.0%
Outcome	Percent of contracts unexecuted by start of contract	6.0%	5.0%	5.0%	5.0%
Quality	Percent of invoices paid in 30 days or less	65	85	50	85

**Performance Measure - Description**

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2008	2008	2009	2009
Personnel	\$1,844,580	\$0	\$1,985,929	\$0
Contracts	\$12,000	\$0	\$49,048	\$0
Materials & Supplies	\$352,931	\$0	\$43,895	\$0
Internal Services	\$306,187	\$0	\$380,755	\$0
Subtotal: Direct Exps:	<b>\$2,515,698</b>	<b>\$0</b>	<b>\$2,459,627</b>	<b>\$0</b>
Administration	\$37,239	\$0	\$35,663	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$37,239</b>	<b>\$0</b>	<b>\$35,663</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$2,552,937</b>	<b>\$0</b>	<b>\$2,495,290</b>	<b>\$0</b>
Program Total:	<b>\$2,552,937</b>		<b>\$2,495,290</b>	
Program FTE	22.00	0.00	20.80	0.00
<b>Program Revenues</b>				
Fees, Permits & Charges	\$4,255,519	\$0	\$4,575,905	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$4,255,519</b>	<b>\$0</b>	<b>\$4,575,905</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

**Last year this program was:**

#40040 Business & Quality - Accounting and Financial Services

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** LEAR Wendy R

**Related Programs:**

**Program Characteristics:**

### Executive Summary

Business and Quality Services-Medical Billings 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.

### Program Justification

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 (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Days in A/R, reported in number of days	70	69	70	70
Outcome	Percent of Receivables aged (older than 90-days)	30.0%	29.0%	30.0%	15.0%

### Performance Measure - Description

Days in A/R reflects how quickly claims are processed and payments are received and posted. A lower number of days shows improvement. Percent Aged, shows how many of the claims are allowed to stall in collections for a long period, decreasing the chance of collection.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$636,337	\$0	\$734,947	\$0
Contracts	\$95,840	\$0	\$95,840	\$0
Materials & Supplies	\$831,520	\$0	\$1,370,134	\$0
Internal Services	\$79,360	\$0	\$84,909	\$0
Subtotal: Direct Exps:	<b>\$1,643,057</b>	<b>\$0</b>	<b>\$2,285,830</b>	<b>\$0</b>
Administration	\$13,859	\$0	\$33,587	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$13,859</b>	<b>\$0</b>	<b>\$33,587</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$1,656,916</b>	<b>\$0</b>	<b>\$2,319,417</b>	<b>\$0</b>
Program Total:	<b>\$1,656,916</b>		<b>\$2,319,417</b>	
Program FTE	9.00	0.00	10.00	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

### Last year this program was:

The program hasn't significantly changed, however the costs reported herein have increased. The cost for IT services and transactional fees for the EPIC practice management and EHR system are reported in Medical Billing since both are support functions for clinical services across the Department, not just one service area. EPIC fees were reported in #40032 Lab, X-ray, and Medical Records last year.

**Priority:** Accountability  
**Program Offer Type:** Existing Operating  
**Related Programs:**

**Lead Agency:** Health Department  
**Program Contact:** TILLMAN Tricia

**Program Characteristics:**

**Executive Summary**

Multnomah County's initiative to Eliminate Racial and Ethnic Disparities will engage community members and policy makers in understanding the root causes of health disparities, identifying policy solutions and practice improvements, and effectively advancing policy solutions. Multnomah County will integrate community input, findings from disparities experts, and local data to identify current efforts as well as immediate and long-term solutions to address the root causes of disparities.

**Program Description**

In Multnomah County, African Americans and increasingly, Latinos, Native Americans, and Asians experience lower life expectancy, higher rates of disease, poverty, overrepresentation in the criminal justice and mental health systems. This program creates a framework for addressing disparities with an explicit focus on justice, equity and the relationship of inequities to economic and educational attainment. This offer will include an internal process of looking at local indicators and current efforts to tackle disparities and an external process lead by Chair Wheeler. The Chair will continue to engage a Disparities Elimination Board of Advisors to identify and address the underlying causes of racial and ethnic disparities. The Initiative will continue to use the documentary Unnatural Causes to explore the nation's alarming socio-economic and racial health disparities. Using policy options generated by community involvement in the Health Equity Initiative and other community policy initiatives, the Health Equity Initiative will continue to convene local elected officials, community based organizations, and community members to identify and advance a specific policy agenda. This offer will weave together local and national data with findings from community dialogues and disparities experts to identify immediate and long-term actions to address disparities. Evaluation activities will assure accountability.

**Program Justification**

African American, Latino, Asian American and other communities have experienced historical inequities that have translated into persistent income and health disparities. The County cannot address disparities in diabetes and heart disease, infant mortality and sexually transmitted diseases alone; broader community engagement is critical. This offer addresses health disparities by directly engaging communities, building upon knowledge gained from successful disparities initiatives and public dialogues launched by the Departments of Health, Community Justice, and the Library. This engagement will strengthen trust and communication between the community and government, and at the same time, strengthen and inform Multnomah County's direct service delivery system.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Community leaders, organizational partners & community mbrs involved in program	0	180	200	200
Outcome	Policy issues identified and adopted	0	0	0	5
Output	Number of surveys conducted to identify priority health concerns	0	2,000	500	500

**Performance Measure - Description**

- 1.Community engagement is a valid initial measure of health promotion, leading to community wellness by building or supporting strong social networks. These are key to maintaining cultural factors that protect against health risks. In year 2, the Initiative will move beyond community dialogues to identifying policies that promote health equity.
- 2.Surveys will identify community health equity policy priorities. 2,000 was an arbitrary number – a valid survey instrument measuring the opinions of 500 individuals will be similarly effective and manageable with current capacity. Defining, prioritizing, and acting upon one's own problems, is a critical first step in health promotion

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$74,432	\$0	\$307,348	\$0
Contracts	\$555	\$0	\$0	\$0
Materials & Supplies	\$3,456	\$0	\$16,147	\$0
Internal Services	\$4,411	\$0	\$27,331	\$0
Subtotal: Direct Exps:	<b>\$82,854</b>	<b>\$0</b>	<b>\$350,826</b>	<b>\$0</b>
Administration	\$0	\$0	\$5,035	\$0
Program Support	\$0	\$0	\$21,776	\$0
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$26,811</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$82,854</b>	<b>\$0</b>	<b>\$377,637</b>	<b>\$0</b>
Program Total:	<b>\$82,854</b>		<b>\$377,637</b>	
Program FTE	2.50	0.00	3.20	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

### Last year this program was:

#40045A Reducing Racial & Ethnic Disparities

Project staffing modified to support more intensive work on policy development in the second year of this initiative, including the addition of a .50 FTE policy analyst (PDS Senior) and a .15 FTE community information specialist.



**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** MANHAS Sonia X

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The Chronic Disease Prevention Program implements environmental and policy strategies to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition, and tobacco use, including cancer, diabetes, obesity, heart disease, asthma, and stroke. These services have been a component of Public Health Promotion, but are now reported as their own program to highlight the work.

**Program Description**

Tobacco use is the single most preventable cause of death and disease in Multnomah County. Poor nutrition and physical inactivity together are the second leading cause of preventable death and disease. This Program implements community-based education, coalition building initiatives, and advocacy campaigns to change the environmental conditions that contribute to chronic disease, such as lack of access to safe places to walk and play, low availability of fresh fruits and vegetables, or exposure to second-hand smoke. These barriers are shared among our community as a whole, and the Program works to help lower or remove these barriers so that the healthy choice becomes an easier choice to make and individual behavior change becomes more achievable and sustainable. Much of the work of the Program is carried out through community partnerships, such as with stakeholders from housing, education, parks and recreation, business, non-profit, culturally-specific, and advocacy groups.

**Tobacco Prevention:** The Program's tobacco prevention and education initiatives are guided by CDC's best practices to support tobacco-free hospital campuses, multiunit housing, schools, worksites, and colleges. Program staff convene issue-specific stakeholder groups, for example the Multi-Unit Housing Advisory Committee, to prioritize and implement strategic actions intended to change community norms and behavior around tobacco use and exposure. This includes working towards the adoption of smoke-free policies, disseminating accurate and culturally-appropriate education materials and media communications, and implementing social marketing campaigns. The Program is responsible for enforcement of the county's smoke-free worksite ordinance and Oregon's Clean Indoor Air Act.

**Healthy Eating Active Living (HEAL):** The Program implements HEAL initiatives based on emerging and promising practices for obesity prevention with a focus on informing and strengthening related community planning decisions.

**Program Justification**

Population-based approaches work: Reduction in tobacco use and exposure to second hand smoke in Oregon demonstrates that policies and environmental changes are critical in changing social norms and behaviors. Prevention can reduce financial costs: In Multnomah County, over \$189.9 million is spent on medical care for tobacco-related illness and over \$191.6 million in productivity is lost due to tobacco-related deaths. Obesity is a largely preventable condition that has been shown to be a major determinant of health care costs. Between 1994 and 2001, obesity increased by 59% in Multnomah County.

Prevention can reduce health disparities and save lives: State-wide, tobacco use claims more lives than motor vehicle crashes, suicide, AIDS, and murders combined. Some groups experience a disparate burden of tobacco use, exposure to secondhand smoke, and obesity due to historical inequities in access to resources, healthcare infrastructure, and in direct targeting by the tobacco industry.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output	Number of local residents participating in coalitions	0	0	15	25
Outcome	Number of new policies established to create smokefree environments	0	0	2	2
Outcome	Number of new policies established to promote healthy eating & physical activity	0	0	1	1
Output	Number of media spots (radio, TV, newspaper)	0	0	5	5

**Performance Measure - Description**

## Legal/Contractual Obligation

Tobacco Prevention and Diabetes programs must comply with DHS-HS work plans and assurances. Smoke-free Work & Public Places Law must be enforced as per MC 21.500 et seq. 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	2008	2008	2009	2009
Personnel	\$93,258	\$79,266	\$97,281	\$280,170
Contracts	\$21,344	\$4,947	\$2,880	\$4,600
Materials & Supplies	\$3,568	\$5,023	\$3,818	\$24,619
Internal Services	\$6,785	\$20,748	\$9,187	\$50,807
Subtotal: Direct Exps:	<b>\$124,955</b>	<b>\$109,984</b>	<b>\$113,166</b>	<b>\$360,196</b>
Administration	\$3,983	\$0	\$6,793	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$3,983</b>	<b>\$0</b>	<b>\$6,793</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$128,938</b>	<b>\$109,984</b>	<b>\$119,959</b>	<b>\$360,196</b>
Program Total:	<b>\$238,922</b>		<b>\$480,155</b>	
Program FTE	1.00	1.86	1.00	3.04
<b>Program Revenues</b>				
Indirect for dep't Admin	\$6,419	\$0	\$20,693	\$0
Intergovernmental	\$0	\$85,000	\$0	\$310,808
Other / Miscellaneous	\$0	\$24,984	\$0	\$49,388
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$6,419</b>	<b>\$109,984</b>	<b>\$20,693</b>	<b>\$360,196</b>

## Explanation of Revenues

\$302,000 Tobacco Prevention and Education grant from Oregon Dept. of Human Services – Health Services.

\$ 25,000 Northwest Health Foundation APPAN Grant

\$ 25,000 Northwest Health Foundation Community Fund Grant

## Significant Program Changes

### Last year this program was:

#40038 Public Health Promotion

In FY2008 Chronic Disease Prevention was included within the Public Health Promotion Program offer #40038 because the capacity and size of Chronic Disease Prevention was significantly smaller. We have secured an increase in funding from the Oregon Dept of Human Services specifically for our tobacco prevention and education activities and are submitting a separate program offer, so to emphasize the Chronic Disease work within the Department.

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Support

**Program Contact:** HOUGHTON David B

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

Systems and Quality provides coordination, oversight and support to all Community Health Services (CHS) programs for performance management activities, fiscal accountability, public health informatics systems development and implementation, and internal and external communications. This program also includes four Department-wide functions: Refugee service delivery analysis and policy development, Public Health Community Connectors for emergency planning and response as well as Medicaid Enrollment and Epidemiology (budgeted separately in CHS).

**Program Description**

This program supports the delivery of services in a wide range of human and environmental health programs that are operating clinical, technical field-based, outreach and community engagement operations across diverse professional disciplines including medical, nursing, sanitarian, epidemiology and entomology. These programs are required to operate in compliance with a substantial body of public health and environmental statutes, rules, ordinances and guidelines, and are based on an accurate collection and analysis of program, environmental and population data to target resources. CHS programs are funded by multiple revenue streams including licensing and service fees, revenue contracts, 3rd party and patient revenues, grants and County general fund. Systems and Quality assures CHS-wide implementation of performance and quality management tools to streamline service delivery and assure safety; budget development and financial monitoring; coordinated public health informatics systems; epidemiologic analysis, and coordinated public/internal communication activities. Systems and Quality supports the Department through refugee services policy development, coordinated with the County Health Equity Initiative and with management of the Public Health Community Connectors, employees who are a key link to diverse communities in emergency planning and response. The separately budgeted Medicaid Enrollment program and epidemiology function are organizationally structured within the Systems and Quality program.

**Program Justification**

This program assures:

- That all CHS programs are informed by consistent high quality data and analysis.
- Consistent financial oversight of budgeted revenues, expenditures and cash handling operations.
- Consistent application of performance management standards, measures, reports and quality improvement processes to assure efficiency, effectiveness and value across all programs.
- Enhanced connections to federal and state refugee programs and policy guidance for the Department.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY06-07)	Current Year Purchased (FY07-08)	Current Year Estimate (FY07-08)	Next Year Offer (FY08-09)
Output		0	0	0	0
Outcome	CHS Group operated within or below actual year-end revenues	100.0%	100.0%	100.0%	100.0%

**Performance Measure - Description**

Outcome-The aggregate program expenses of CHS Group are compared against all fixed and variable revenues at the close of the fiscal year. Not including accounting adjustments made that are outside the control of CHS Group or its respective programs.

## Legal/Contractual Obligation

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2008	2008	2009	2009
Personnel	\$411,836	\$0	\$428,694	\$0
Contracts	\$41,361	\$0	\$20,925	\$0
Materials & Supplies	\$37,806	\$0	\$34,817	\$0
Internal Services	\$47,730	\$0	\$17,653	\$0
Subtotal: Direct Exps:	<b>\$538,733</b>	<b>\$0</b>	<b>\$502,089</b>	<b>\$0</b>
Administration	\$0	\$0	\$7,206	\$0
Program Support	\$0	\$0	\$0	\$0
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$7,206</b>	<b>\$0</b>
Total GF/non-GF:	<b>\$538,733</b>	<b>\$0</b>	<b>\$509,295</b>	<b>\$0</b>
Program Total:	<b>\$538,733</b>		<b>\$509,295</b>	
Program FTE	0.00	0.00	3.70	0.00
<b>Program Revenues</b>				
Program Revenue for Admin	\$0	\$0	\$0	\$0
<b>Total Revenue:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Explanation of Revenues

## Significant Program Changes

✔ Significantly Changed

### Last year this program was:

This program is the consolidation of positions and services previously reported in other CHS program offers but not complete cost centers. It also includes a grant funded Health Infomatics position approved in FY08 and a new grant funded position supporting all CHS operations. In FY2008, expenditures were submitted under #40000 Health Department Leadership Team and #40005 Public Health & Regional Health Systems Emergency Preparedness.