

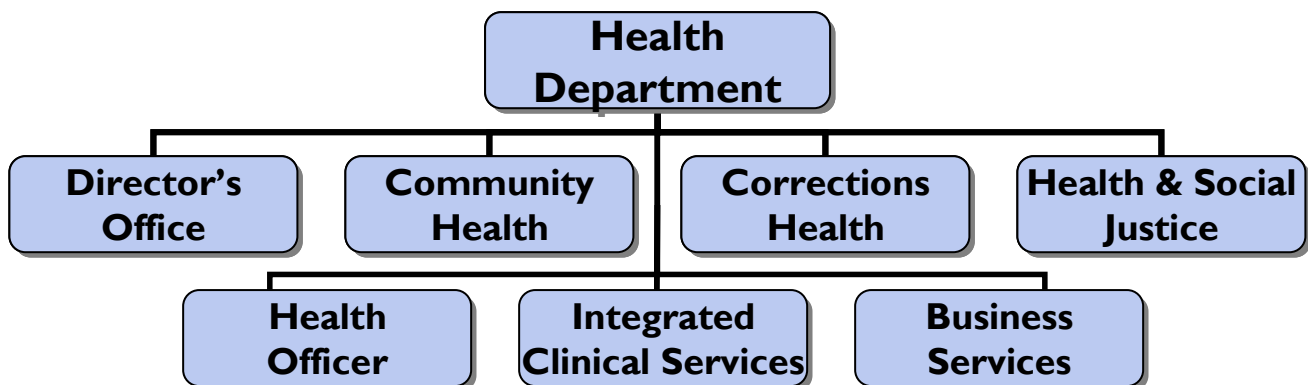
Department Overview

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

Our five-year strategic plan for FY's 2010-2014 establishes our priorities for the FY 2012. The plan contains three goals with specific strategies for the next few years, they are:

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

Our day-to-day activities and work is central to the Department achieving its mission. These strategic activities are those which reflect new or enhanced goals; they are direct, focused and prioritized over our every day work; and they lay a pathway for us to measure and account for our progress over time. This plan guides our work, our budget decision-making, funding priorities, and trade-offs. It not only shapes what we do but how we do it.



Budget Overview

The FY 2012 budget for the Health Department is \$160.3 million with 998.85 FTE. Roughly one-third, or \$54.7 million, of the budget comes from the County General Fund with the remaining two-thirds or \$105.6 million, from federal and state revenue, Medicaid and other medical fee revenue, and emergency response and ambulance fees.

The FY 2012 budget has decreased 1.18%, or \$1.9 million, in total spending from the FY 2011 adopted budget with a 0.53%, or \$287,000 increase in General Fund spending. FTE have increased from 980.74 in FY 2011 to 998.85 in FY 2012, a 1.85% growth.

The \$2.1 million dollar decrease in other funds is due largely to expiring grants from the Federal American Recovery and Reinvestment Act (ARRA). These grants primarily funded capital improvement and one-time-only projects such as upgrades and process changes to the Westside Health Clinic (40021), and policy development and pass through payments to community partners in Community Wellness and Prevention (40047).

The Medical Examiner's Office (40052) has been moved from the District Attorney's Office to the Health Department in the FY 2012 budget. This move increased the Health Department's FTE by 9.00 and the General Fund by \$937,274. In addition, a significant portion of the increase in FTE from FY 2011 to FY 2012 is found in the Integrated Clinical Services Division. For example, the Dental Services (40017) program in the newly opened Rockwood Health Clinic saw a 4.26 FTE increase due to increases in patient volume. In the Northeast Health Clinic (40020), there was a 7.53 FTE increase from the addition of a new provider team. Additional information on the changes in these programs, as well as changes in other programs, can be found in the individual program offers.

Budget Trends*		FY 2011	FY 2011	FY 2012	
	FY 2010	Current	Adopted	Proposed	
	Actual	Estimate	Budget	Budget	Difference
Staffing FTE	871.16	943.81	971.74	998.85	27.11
Personal Services	\$90,328,872	\$97,905,090	\$100,833,725	\$103,140,132	\$2,306,407
Contractual Services	16,423,765	15,766,300	19,960,498	16,786,488	(3,174,010)
Materials & Supplies	40,283,956	41,810,637	41,322,569	40,389,299	(933,270)
Capital Outlay	224,431	382,256	110,425	0	(110,425)
Total Costs	\$147,261,024	\$155,864,284	\$162,227,217	\$160,315,919	(\$1,911,298)

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

Successes and Challenges

Our key success this year position us for continued success in 2012. We have supported our goals for a healthy community by focusing resources on high risk populations and allocating funds to support evidence based best practices. Chronic diseases are among the most prevalent, costly, and preventable of all health problems. Both our clinical delivery system and our public health community engagement and policy activities have prioritized and refocused activities into a more comprehensive approach to prevention work in the community and in individual encounters. We have evaluated our work processes in light of innovation, equity, quality and community involvement. We have begun to adopt Lean process improvement tools to eliminate duplication and non-value in our delivery systems and to assure transparency of results both to our employees and our clients. We have maintained and enhanced our role to conduct and disseminate assessments focused on population health in our county and designed to provide important information on understanding health status, recognizing emerging trends, identifying risk factors both personal and environmental to guide programs and policy decisions.

Challenges for the coming year can be summed up under the heading; designing a robust County structure to confront the changes in federal and state transformation efforts around financing and service delivery of medical care and public health. While we do not know exactly what the changes will be, we do know we will be expected to design and deliver our services and policies in a way that integrates and consolidates interventions to increase health impact, health outcomes, streamline programs and enhance accountability. We anticipate an influx of need for new services as more people are covered and inadequate reimbursement limits community providers beyond safety net services. We know there will be funding reductions for core public health services such as disease surveillance and investigation but do not know how to quantify that at this time.

We will need to continually evaluate our structure to determine are we as efficient as we need to be with the fiscal constraints and at the same time balancing our commitment to quality and effective public health practice.

Diversity and Equity

Our departmental diversity and equity programs and activities contribute to countywide diversity and equity goals. Diversity and equity are threaded throughout our departmental values, strategic plan, and program practices and objectives. For example, our budgeting process includes several program pilots for applying an equity lens when making budgeting decisions. Our departmental values and strategic plan provides a framework and road map for our work. The explicit departmental values around diversity and equity pertain to both employees and the community we serve: 1) We honor the diversity of the individuals and communities we serve and value their differing approaches to health and well-being 2) We value a diverse staff and believe our staff should be selected with care, treated with respect, held accountable for their performance, and encouraged in their personal growth. Our strategic plan specifically addresses diversity in several objectives and explicitly in goal number two to improve the health of our diverse communities.

A primary focus on diversity and equity is also present in the work of the Diversity and Quality Team (DQT), Health Equity Initiative (HEI) and our Building Partnership Across Difference Initiative (BPAD). The core mission of the DQT is to monitor the progress of the department's strategies for diversity, quality and equity. The group monitors, measures and makes recommendations regarding departmental policies, programs and initiatives and supports the development of an increasingly competent workforce. HEI's mission is to eliminate the root causes of racial and ethnic inequities. BPAD, an employee-focused initiative, combines the disciplines of leadership development and diversity. It provides opportunities for employees to build diverse partnerships. It will help us to achieve our goal of reducing health disparities and propel us closer to our mission of "Healthy People in Healthy Communities."

Budget by Division

Division Name	FY 2012 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	2,334,377	0	2,334,377	14.80
Community Health	19,193,397	27,646,390	46,839,787	283.62
Corrections Health	12,476,304	0	12,476,304	82.40
Health and Social Justice	2,300,913	1,356,117	3,657,030	27.20
Health Officer	2,014,565	3,082,714	5,097,279	27.06
Integrated Clinical Services	8,284,811	73,518,150	81,802,961	509.94
Business Services	8,108,181	0	8,108,181	53.83
Total Health Department	\$54,712,548	\$105,603,371	\$160,315,919	998.85

Director's Office

The Health Department Director and Director's Office is responsible for providing leadership committed to the Health Department's vision of Healthy People in a Healthy Community; its mission is to ensure, promote and protect the health of Multnomah County residents; and to set its strategic direction to fulfill its mission.

The Director's Office leads and is responsible for a Department of more than 900 employees with more than \$153 million in State, County and Federally funded programs and services. The Director is the primary liaison to federal, state, county and local elected officials, the Community Health Council and County department leadership.

The members of the Department Leadership Team report to the Health Department Director and are responsible for leading the six major Divisions in the Health Department: Business Services, Community Health Services, Corrections Health, Health and Social Justice, Integrated Clinical Services, and the office of the Tri-County Health Officer.

The leadership team is responsible for the provision of quality best practice services; strategic partnerships; leadership and direction for public health issues; assurance that financial commitments are met; continuous improvement of service delivery systems; public health emergency preparedness and maintenance of a diverse and qualified workforce with high job satisfaction. (Program 40000)

Significant Changes

The following describes the significant budget changes that impacted the division.

In FY 2010 the Department made many structural changes to help leverage resources by focusing on prevention, equity and quality. To this end, many of the prevention, equity and quality efforts were merged together and the Office of Health and Social Justice was formed. This group is located in the Director's Office where it leads this work for all programs and services in the Department.

FY 2011 will begin with some key partnerships including joint efforts between Health Equity and Health Promotion; Health Assessment and planning and transportation; and Health Equity, Budget and Finance. Upstream health policy work has always been a key strategy for improving the health of the community. FY 2011 will mark a significant increase in policy work, health impact assessments, and upstream public health activity led by the Director's Office, and encompassing Health and Social Justice and Health and Wellness. The Office of Emergency Preparedness has moved under the Deputy Director which will ensure collaboration between Health Emergency Preparedness and the County-wide Emergency Management office. In FY 2011 we will strengthen coordination between the two entities using lessons learned from the H1N1 event. In addition, we will align the work of Health Emergency Preparedness with of Health Continuity of Operations Plans (COOP) also housed in the Director's Office.

Community Health Services

Community Health Services (CHS) addresses public health issues through direct services, initiatives, policy interventions, and community partnerships. There are eight programs within CHS: 1) Communicable Disease Services targets our core local public health responsibility to limit the spread of communicable diseases through timely identification, investigation, and treatment of infectious disease. 2) The Community Wellness and Prevention Program forms community partnerships and implements policy strategies to create conditions where county residents can have better health and reduce the burden of chronic disease. 3) Early Childhood Services works to ensure that basic health and developmental needs of mothers, infants and young children are met through programs for high risk pregnant women and newborns. 4) The Women, Infants and Children (WIC) Program promotes breast feeding and provides supplemental nutrition to young families. 5) The Adolescent Health Promotion program helps youth delay sexual involvement and reduce participation in other risky activities while building healthy relationships. 6) Environmental Health Services protects the safety of our county by providing health inspections of licensed facilities, controlling vector-borne diseases, and assuring healthy indoor environments. 7) The STD/HIV/Hepatitis C Program addresses sexually transmitted disease and those living with the chronic illness associated with these infections. 8) The Infrastructure for Public Health Services Program provides core support services (epidemiology, data, communications, finance, quality improvement) to all CHS programs and public health partners.

Significant Changes

Changes for FY 2012 focus on decreasing health disparities in children, an emphasis on policy and community partners, work with emerging partners (e.g. transportation, land use planning, etc.), and quality improvement. Although CHS experienced significant reductions and changes in grants and revenue streams, impacts to services were minimized by thoughtful development of program efficiencies and using alternate resources where possible.

Community Wellness and Prevention is increasing its focus on public policy and community action activities to improve community health with the help of a multi-million dollar CDC grant, "Communities Putting Prevention to Work." Prevention is the focus in building and maintaining healthy communities.

The WIC Program is developing on-line nutrition education to help reduce the number of visits women must make. A Breast Feeding Peer Counseling program is being developed. The goal of this program is to increase the rate of breast feeding initiation and duration. WIC is a hub for screening and referral into other services for women with infants and young children. Environmental Health Services conducted a community assessment and engagement process to identify the health impacts of substandard housing as a priority issue for low-income families. As a result of this finding, a housing community coalition was formed, grant funding was obtained, a housing ordinance in unincorporated Multnomah County was passed, and proven interventions were implemented.

Corrections Health

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

From first entering the jail at booking until being released or transferred to another jail, prison or US Marshall custody; professionally trained health care personnel provide around-the-clock health evaluation, illness identification and treatment services for over 37,000 adults a year. Over 60% have serious, unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol/drug withdrawal and major mental /behavioral illnesses. Communicable disease screening and isolation are key to keeping employees, visitors and detainees safe. Stabilizing health conditions allows detainees to participate in their legal cases, which is their right as a citizen.

At the juvenile facility, licensed nursing staff provide services 16 hours a day, including screening, symptom evaluation and treatment for over 3,000 youth per year. More than 35% of the youth are receiving mental health treatment including medications. Health promotion and sexually transmitted disease (STD) treatment are a focus for the youth to improve their health and lower the rate of STD transmission once they return to the community. Healthy transition from jail to the community is a focus of our work.

Significant Changes

The following describes the significant budget changes that impacted the division.

In FY 2012 Corrections Health continues to focus on reducing costs, and improving efficiencies and quality.

- Clinical staff are on target to schedule National Commission on Correctional Health Care accreditation surveyors in FY 2012, a nationally recognized measure of quality health care delivery.
- A new contract for management services was completed in FY 2011 that lowers the cost of outside hospital and diagnostic services by managing outside appointments and monitoring claims.
- Corrections Health, County IT, and OCHIN are working on an agreement to schedule implementation of electronic health records to integrate Corrections Health MCHD primary care clinics.
- Corrections Health is collaborating with the Sheriff's office to make improvements that will improve suicide prevention in the the jails. Changes will be implemented in FY 2012.

Health and Social Justice

The mission of the Office of Health and Social Justice (HSJ) is to increase departmental and community capacity to promote health, health equity and social justice. HSJ provides leadership in the use of health promotion and health equity tools and policies; designing, funding and implementing health programs; informing the community of the health status of Multnomah County residents and assuring accountability through program evaluation. HSJ addresses three broad areas of work: Health Assessment, Planning and Evaluation, Health Promotion and Community Capacity Building and Working toward Health Equity.

The combination of five HSJ program areas brings together expertise in health promotion, health equity and social justice, community health assessment, health impact assessment, policy analysis, fund and program development and program evaluation. Locating these programs together in the Director's Office allows for greater collaboration across disciplines and increases their ability to support and influence the organization across organizational boundaries.

Significant Changes

Budget reductions for FY 2012 will be offset by sharing resources and increased collaborations among the HSJ programs. Increased collaborations began during FY 2011 and include coordination between the Community Capacitation Center and the Health Equity Initiative. These programs worked closely to develop the Equity and Empowerment lens (tool.)

The Health Equity Initiative, Health Promotion Change process and the quality initiatives led by Community Health Services have also worked closely to make improvements across the Department. Continued collaboration among these initiatives should increase their effectiveness in FY 2012.

Health Officer

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

- Tri-County Health Officer (40002) provides public health physician consultation, technical direction, and leadership for Multnomah, Clackamas, and Washington counties. These activities focus on improving the consistency and quality of public health services in the Tri-County area.
- Emergency Medical Services (EMS) (40004) coordinates, regulates, and improves the quality of ambulance and other pre-hospital medical services for people experiencing a medical emergency, and provides physician medical direction to all EMS responders in the County.
- Public Health and Regional Health System Emergency Preparedness (40005) assure the Health Department and the community is prepared to manage the public health aspects of emergencies (e.g., disease investigation and mass vaccination), and that health care delivery providers in the six-county NW Oregon region are prepared to provide effective medical care in the face of emergencies with large and complex health impacts.
- Medical Examiner (40006) is responsible for establishing the cause and manner of death of county residents who die under special circumstances, notifying next of kin, and protecting the property of the deceased.

Significant Changes

There were two significant operational changes that impacted Public Health and Regional Health System Emergency Preparedness (40005). Neither of these are anticipated to have a significant budgetary impact in FY 2012.

1. Work on a CDC grant creating a regional health system pandemic influenza plan was completed during FY 2011. This created local health care strategies and tools for coordinated provision of essential health care services during a severe influenza pandemic. One key aspect was developing a public/private decision-making group to ensure an equitable and effective health care response. This group and its procedures - the Health/Medical Multi-Agency Coordinating Group (MAC Group) - have been incorporated into County, NW Oregon Region I, and hospital/health system response plans. Development of MAC Group capacities will continue in FY 2012.

2. The Office of Public Health Emergency Preparedness was moved under the Deputy Director to ensure collaboration between Health Emergency Preparedness and the County-wide Emergency Management Office. After the H1N1 event, the Deputy Director implemented a Quality Improvement (QI) Emergency Preparedness process. The new emergency preparedness model, implemented in FY 2012, will result in more effective public health emergency preparedness while using preparedness resources more efficiently.

In addition, the Health Officer assumes responsibility for the Medical Examiner's Office from the District Attorney's Office beginning in July 2011.

Integrated Clinical Services

Integrated Clinical Services (ICS) provides quality health services for people who experience barriers to accessing health care. The culturally appropriate clinical services provided by ICS link physical and behavioral health and social services for the poor, uninsured and homeless populations. Services include dental and medical care, disease management for chronic illness, specialized care for HIV positive individuals, behavioral health, family planning, prenatal care, and preventive services such as well child health care. By integrating these personal health care services under one organization, ICS can provide clients continuity of care, improve quality, operational efficiencies, and maximize opportunities with grants and programs for special populations.

Clinical services are provided in seven primary care clinic sites, Rockwood Community Health Center, our newest site opened FY 2011. Five dental clinics provide much needed access to dental care for children and adults. Thirteen School Based Health clinics (SBHC's) provide primary care services to the kids and adolescents in the school and surrounding community. The newest SBHC, David Douglas High School, opened FY 2011.

Incremental improvements and quality initiatives like Building Better Care have resulted in growth in both the number of clients receiving care as well as the number of visits provided. In 2010, Primary Care, Dental, SBHC's and Early Childhood services served approximately 64,200 people in 290,000 encounters. In FY 2011 the Rockwood clinic alone will serve an additional 4,400 clients in the first year.

Significant Changes

The following describes the significant budget changes that impacted the division.

Last year brought opportunities in health care reform and expansion of access in the safety net and Community Health Centers that had been unheard of in the last 15 years. The federal stimulus package (ARRA) allowed our health centers to implement medical and dental expansions that increased medical access to many under served residents of Multnomah County, we successfully oversaw clinic improvements/updates during much of FY 2011.

Federal Health Care Reform (ACA) provides additional revenue opportunities for Health Centers, including broadening the number of people eligible for Medicaid coverage and resources to help implement and optimize the adopt the use of the Electronic Health Records. We will seek to take advantage of any funding that will increase our ability to integrate (through information technology) clinical services across the Health Department, so that we are better able to provide quality patient and family centered medical and dental services for the most vulnerable residents of our community.

Portland Public Schools (PPS) is scheduled to close Marshall High School in June 2011 and the School Based Health Clinic located at Marshall will close as well. ICS is working with PPS to relocate the clinic to Franklin High School and funds are included in the FY 2012 budget.

Business Services

The Division of Business and Quality Services includes Workforce Development, Human Resources, and Training services for more than 1,200 full/part time permanent and temporary employees. The Budget, Accounting, Financial and Contracting services manage all financial activity for an \$159 million organization. They are liaisons for the Department with the Department of County Management, coordinating the provision of services such as IT, Facilities and Fleet services.

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

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

Significant Changes

The Business Services Accounting, Financial and Medical Billing services structure and staffing have not changed significantly for FY 2012. Human Resources and Training have a small increase in limited duration positions in response to an increased demand for staffing to support achieving departmental performance standards and meeting Public Health accreditation standards, which includes assuring a technically and culturally competent public health workforce.

Business and Quality is poised to quickly respond once State and Federal reform, Medicaid transformation and the Early Childhood system redesigns begin to take shape. These initiatives will have a significant impact on how we obtain compensation for our services, how we document and substantiate those services, our contractual relationships with other systems, and what type, classification and training the Department will need to staff the new model.

The Health Department in partnership with the Department of County Human Services are looking for ways to combine and streamline their Business and Human Resource operations with an eye towards efficiencies and service improvements. We stand ready to support the County's effort to transform administrative services and processes with the goal of maximizing the funding for community and client services.

Health Department

fy2012 proposed budget

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

Prog. #	Program Name	FY 2012 General Fund	Other Funds	Total Cost	FTE
Director's Office					
40000	Health Department Leadership Team	\$1,623,118	\$0	\$1,623,118	7.00
40003	Health Department Leadership Administrative Support	711,259	0	711,259	7.80
Health Officer					
40002	Tri-County Health Officer	294,409	347,518	641,927	2.90
40004	Ambulance Services (EMS)	0	1,791,852	1,791,852	5.20
40005	Public Health and Regional Health Systems Emergency	0	852,112	852,112	6.26
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	782,882	91,232	874,114	3.70
40052	Medical Examiner's Office	937,274	0	937,274	9.00
Community Health					
40007	Health Inspections & Education	3,218,536	0	3,218,536	26.35
40008	Vector-Borne Disease Prevention and Code Enforcement	1,318,307	12,000	1,330,307	10.65
40009	Vital Records		637,509	637,509	5.90
40010	Communicable Disease Prevention & Control	2,361,805	1,237,251	3,599,056	28.57
40011	STD/HIV/Hep C Community Prevention Program	2,583,124	1,659,601	4,242,725	27.85
40012	Services for Persons Living with HIV	212,936	6,397,595	6,610,531	26.65
40013A	Early Childhood Services for Pregnant/ Parenting Families - N/NE	2,501,345	2,525,603	5,026,948	33.95
40013B	Early Childhood Services-Pregnant/ Parenting Families-Mid/East/Healthy Start	3,387,053	4,390,632	7,777,685	42.40
40014	Immunizations	278,753	3,362,164	3,640,917	4.00
40015	Lead Poisoning Prevention	21,390	137,800	159,190	0.90
40018	Women, Infants and Children (WIC)	1,249,636	3,137,977	4,387,613	40.35
40025	Adolescent Health Promotion	322,170	0	322,170	3.00
40037A	Environmental Health Education Outreach & Housing	645,226	665,932	1,311,158	8.85
40047	Community Wellness and Prevention	459,751	3,482,326	3,942,077	19.90
40048	Community Epidemiology Services	633,365	0	633,365	4.30

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Prog. #	Program Name	FY 2012 General Fund	Other Funds	Total Cost	FTE
Integrated Clinical Services					
40016	Medicaid/Medicare Eligibility	372,295	1,297,867	1,670,162	18.00
40017	Dental Services	99,480	16,794,542	16,894,022	97.21
40019	North Portland Health Clinic	99,197	3,864,077	3,963,274	27.80
40020	Northeast Health Clinic	130,443	5,346,897	5,477,340	39.30
40021	Westside Health Clinic	297,571	5,216,423	5,513,994	35.50
40022	Mid County Health Clinic	178,326	9,963,204	10,141,530	70.50
40023	East County Health Clinic	107,578	8,225,365	8,332,943	57.40
40024	School Based Health Centers	1,747,970	3,330,268	5,078,238	34.98
40026	La Clinica de la Buena Salud	99,408	1,604,901	1,704,309	10.90
40029	Rockwood Health Clinic	155,219	2,560,106	2,715,325	18.70
40031	Pharmacy	432,553	13,207,000	13,639,553	42.75
40032	Lab, X-Ray and Medical Records	2,944,322	0	2,944,322	26.90
40033	Primary Care and Dental Access and Referral	1,043,831	115,000	1,158,831	11.00
40034	Quality Assurance	337,026	1,992,500	2,329,526	17.70
40036	Community Health Council and Civic Governance	239,592	0	239,592	1.30
Health and Social Justice					
40035	Health Assessment, Planning and Evaluation	1,347,500	1,338,117	2,685,617	18.40
40038	Health Promotion & Community Capacity Building	619,100	18,000	637,100	5.80
40045	Health Equity Initiative (racial justice focus)	334,313	0	334,313	3.00
Business Services					
40039	Business and Quality - Human Resources and Training	2,197,977	0	2,197,977	17.53
40040	Business and Quality - Accounting and Financial Services	2,955,584	0	2,955,584	24.30
40041	Business and Quality - Medical Billing	2,954,620	0	2,954,620	12.00

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Prog. #	Program Name	FY 2012 General Fund	Other Funds	Total Cost	FTE
Corrections Health					
40049	Corrections Health Juvenile Detention/ Admissions and Housing	710,358	0	710,358	4.40
40050A	Corrections Health MCDC Base Services and Booking Floor	3,240,921	0	3,240,921	23.70
40050B	Corrections Health MCDC Clinical Services and 4th Flr Housing	2,662,313	0	2,662,313	14.14
40050C	Corrections Health MCDC Housing Floor 5, 6, 7 & 8	1,348,571	0	1,348,571	10.40
40051A	Corrections Health MCIJ Base Services and Clinical Services	2,166,701	0	2,166,701	13.76
40051B	Corrections Health MCIJ General Housing Dorms 4 - 11	1,198,862	0	1,198,862	8.00
40051C	Corrections Health MCIJ Dorms 12-18 Including Infirmary	<u>1,148,578</u>	<u>0</u>	<u>1,148,578</u>	<u>8.00</u>
Total Health Department		\$54,712,548	\$105,603,371	\$160,315,919	998.85

Lead Agency: Health Department

Program Contact: SHIRLEY Lillian

Program Offer Type: Administration

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Increased access to Health Dept. services as measured by # of clients served.	170,716	165,003	174,130	177,613
Outcome	Annual Federal and State resources \$ leveraged for services.	97,800,000	100,000,000	106,000,000	105,000,000
Output	Number of "all staff" Dept communications (NFD, brown bags, media releases).	82	41	85	85

Performance Measure - Description

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.

NFD=notes from the Director

Legal/Contractual Obligation

ORS 431.418 Local public health administrator (1) Each district board of health shall appoint a qualified public health administrator or supervise the activities of the district in accordance with law. (2) Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,171,015	\$0	\$1,138,510	\$0
Contracts	\$76,800	\$0	\$108,596	\$0
Materials & Supplies	\$194,327	\$0	\$232,637	\$0
Internal Services	\$160,303	\$0	\$143,375	\$0
Total GF/non-GF:	\$1,602,445	\$0	\$1,623,118	\$0
Program Total:	\$1,602,445		\$1,623,118	
Program FTE	7.00	0.00	7.00	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Health Department Leadership Team is funded with \$672,328 county general fund and \$950,790 county general fund indirect revenue.

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: Kristin Tehrani

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

The Office of the Tri-County Health Officer provides public health physician consultation, technical direction, and leadership to health department administrators, program staff and community partners. This cooperative effort of the metro-county health departments is intended to improve the consistency and quality of public health services in the three counties, increase learning and collaboration across the counties, and improve the quality, efficiency and effectiveness of health officer services.

Program Description

The Tri-County Health Officer Program (TCHO) provides medical consultation, technical counsel, and leadership by three public health physicians to Multnomah, Clackamas and Washington County Health Departments and their respective community partners. Historically, each of the three counties employed or contracted with an individual to serve as County Health Officer. Through IGA's with Clackamas and Washington county health departments, the TCHO is better able to provide high quality health officer services, and to utilize the departments' relatively small amount of public health physician resources effectively and efficiently. In Multnomah County for example, the TCHO: (1) participates in enforcement of public health laws; (2) supervises select public health programs; (3) works with department staff, other county agencies, and community groups to manage critical public health problems; and, (4) participates in department administration. The program supports Multnomah County Health Department's goals (i.e. goal #3) by providing effective and accountable local public health practice leadership and medical direction that result in quality clinical and health promotion programs. In the current fiscal year, through the joint efforts of the TCHO, health officer program staff were able to provide leadership on chronic disease prevention programs, address issues of communicable disease control, and advise county and department staff on individual case management for communicable diseases.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Contract deliverables are met by the end of fiscal year.	0.0%	85.0%	85.0%	85.0%
Outcome	County stakeholders express satisfaction in program delivery and results.	90.0%	90.0%	90.0%	90.0%

Performance Measure - Description

The TCHO program assures completion of agreed-upon deliverables. Contract deliverables for FY12 will be negotiated and finalized by July 1, 2011. These will provide guidance for work priorities and program activities.

Satisfaction of key customers with Health Officer services is a critical measure of program success. Survey of key stakeholders in Multnomah, Clackamas, and Washington Counties will be conducted in April 2011. Success will be judged by the percentage of survey scores that meet or exceed four (on a scale of 1-5).

Legal/Contractual Obligation

ORS 431.418 requires counties to employ or contract with a physician to serve as County Health Officer. IGA's with Clackamas and Washington counties specify Health Officer services that Multnomah County is required to provide, as well as expected outcomes and evaluation measures.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$245,925	\$304,665	\$253,069	\$297,548
Contracts	\$3,000	\$0	\$3,500	\$0
Materials & Supplies	\$5,025	\$5,101	\$6,764	\$12,569
Internal Services	\$31,888	\$37,752	\$31,076	\$37,401
Total GF/non-GF:	\$285,838	\$347,518	\$294,409	\$347,518
Program Total:	\$633,356		\$641,927	
Program FTE	1.00	1.90	1.00	1.90
Program Revenues				
Indirect for dep't Admin	\$20,666	\$0	\$20,764	\$0
Intergovernmental	\$0	\$347,518	\$0	\$347,518
Total Revenue:	\$20,666	\$347,518	\$20,764	\$347,518

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through IGA's with Multnomah County. These IGA's are revenue agreements. Contractual revenues of \$347,518 cover the full cost to provide services to Clackamas and Washington counties. Multnomah County General Funds of \$294,409 cover the cost to provide services in Multnomah County.

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: SHIRLEY Lillian

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

By coordinating workloads and cross-training, this team reduces duplication of effort and increases effectiveness of administrative support to leaders and program staff. A single point of supervision and leadership provides consistent performance expectations and evaluations. Team members provide staffing, scheduling, meeting/event preparation, technical support, minutes and project support for the Department Director, Deputy Director, Director of Nursing Practice, Public Health and Community Initiatives Executive Advisor, Health Officer, Health and Social Justice Program Manager Senior, Community Health Services Program Manager Senior, Business Services Program Manager Senior and their managers. Team members provide general office services, such as copying, travel and training, time and attendance records (TARS) entry, supply ordering, mailings, mail distribution, telephone, computer programs, minutes, surveys, operation of the Department's main telephone lines and front office reception on the Director's floor. This program offer supports the Health Department'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 (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	% of projects completed on time with an error rate not to exceed 3%.	90.0%	90.0%	90.0%	90.0%
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	8	8	8

Performance Measure - Description

Survey of Department Leadership members conducted at end of fiscal year will meet or exceed 8 (on a scale of 1-10).

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$543,393	\$0	\$594,674	\$0
Contracts	\$2,916	\$0	\$10,146	\$0
Materials & Supplies	\$57,993	\$0	\$51,081	\$0
Internal Services	\$51,208	\$0	\$55,358	\$0
Total GF/non-GF:	\$655,510	\$0	\$711,259	\$0
Program Total:	\$655,510		\$711,259	
Program FTE	6.80	0.00	7.80	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Health Department Leadership Administrative Support is funded by \$294,618 county general fund and \$416,641 county general fund indirect revenue.

Significant Program Changes

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

1.0 fte OA2 added to provide admin support to the Health Alert Network (HAN) and Emergency Preparedness Programs. HAN is Oregon's Health Alert Network Systems, a communication system available 24/7 for distribution of health alerts, advisories, dissemination of prevention guidelines, infection control guidance, coordination of disease investigation efforts, preparedness and response planning, laboratory response, and environmental/industrial public health response. HAN is also used extensively for routine, non-emergency collaboration within the public health system.

Program # 40004 - Ambulance Services (EMS)

Version 2/18/2011 s

Lead Agency: Health Department

Program Contact: OXMAN Gary L

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

The 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 are 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 the 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. 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. 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 (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Ambulance response times - 8 min. 90% of calls	90.4%	90.0%	90.0%	90.0%
Outcome	Cardiac arrest survival to hospital	24.6%	30.0%	34.9%	35.0%
Quality	Cardiac arrest survival to hospital discharge	14.1%	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. The method for computing this percentage has changed, potentially resulting in a figure of <90.0% even when the ambulance provider meets contract requirements.

System quality measures address medical outcomes of cardiac arrest. Cardiac arrest is an often-fatal cessation of the heartbeat that requires immediate medical intervention. Cardiac arrest survival until hospital arrival demonstrates how quickly and effectively EMS responds and stabilizes patients in the field. Cardiac arrest survival to hospital discharge shows how EMS contributes to the larger health care system. These medical outcomes are benchmarked against other communities with an eye towards improving results over time. Current year estimates of cardiac arrest survival are preliminary and pending receipt of hospital data.

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	2011	2011	2012	2012
Personnel	\$0	\$655,212	\$0	\$674,327
Contracts	\$0	\$693,000	\$0	\$693,875
Materials & Supplies	\$0	\$341,926	\$0	\$205,064
Internal Services	\$0	\$202,407	\$0	\$218,586
Total GF/non-GF:	\$0	\$1,892,545	\$0	\$1,791,852
Program Total:	\$1,892,545		\$1,791,852	
Program FTE	0.00	4.70	0.00	5.20
Program Revenues				
Indirect for dep't Admin	\$112,541	\$0	\$107,008	\$0
Fees, Permits & Charges	\$0	\$1,447,545	\$0	\$957,681
Intergovernmental	\$0	\$0	\$0	\$562,000
Other / Miscellaneous	\$0	\$445,000	\$0	\$272,171
Total Revenue:	\$112,541	\$1,892,545	\$107,008	\$1,791,852

Explanation of Revenues

All costs of the program are recovered from licenses, fees and reimbursement for supplies and training for other jurisdictions. The fees are established and collected through revenue agreements with American Medical Response (AMR) and other jurisdictions in Multnomah County. The estimated beginning working capital funds system improvements for EMS providers.

Ambulance licenses: \$22,000

Franchise Fee: \$835,681

Supply and joint training reimbursements: \$662,000

Fines: \$90,000

Beginning working capital: \$182,171

Significant Program Changes

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

Ambulance Services revenue decreased from FY2011 by \$100,693 primarily from reduced beginning working capital.

Supplies expenditures were reduced to offset the reduction in revenue and also to add a .50 FTE Clinical Services Specialist (social worker) to identify and reduce the incidence of 911 emergency calls by working with individuals who frequently call for non-emergency assistance and connect them with appropriate services.

Lead Agency: Health Department

Program Contact: OXMAN Gary L

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

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

Program Description

Responding to emergencies with severe health impacts (e.g., natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs, and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) a trained and exercised Health Department Incident Management Team; 3) exercises to test and refine plans and capacities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts). The Advanced Practice Center (APC) project continues to refine its national benchmarks for just-in-time staff training for mass prophylaxis and disease investigation operations and is focusing on the national marketing of those products. Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties, and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs utilize coordination and collaboration to develop effective governmental and private sector health response capacities in the county and region.

This program offer relates to the Climate Action Plan items 17-1, 17-2, and 17-3 specifically as it relates to piloting a new CDC State PH-Hazard Vulnerability Assessment related to climate change, and as a key stakeholder in adaptation planning. Minimum resources are available for this participation.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of Incident Mgmt team members trained & annually exercised	40	90	90	90
Outcome	Score on Centers for Disease Control's technical assistance review	88.0%	90.0%	83.0%	90.0%
Outcome	Improved health emergency response.	100.0%	90.0%	100.0%	100.0%
Quality	Program satisfaction	100.0%	95.0%	100.0%	100.0%

Performance Measure - Description

- 1) Output: # of Incident Mgmt team members trained & annually exercised.
- 2) Outcome: Score on Centers for Disease Controls technical assistance review.
- 3) Outcome: Regional stakeholders expressing program has improved health emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities based on Likert scale.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$623,250	\$0	\$651,359
Contracts	\$0	\$15,750	\$0	\$5,500
Materials & Supplies	\$0	\$51,753	\$0	\$37,209
Internal Services	\$0	\$145,115	\$0	\$158,044
Total GF/non-GF:	\$0	\$835,868	\$0	\$852,112
Program Total:	\$835,868		\$852,112	
Program FTE	0.00	5.20	0.00	6.26
Program Revenues				
Indirect for dep't Admin	\$49,705	\$0	\$51,025	\$0
Intergovernmental	\$0	\$835,868	\$0	\$852,112
Total Revenue:	\$49,705	\$835,868	\$51,025	\$852,112

Explanation of Revenues

Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via Oregon DHS. Additional funds from the CDC are passed through to Multnomah County from NACCHO to support the APC project. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon DHS and the Oregon Association of Hospitals and Health Systems.

State Public Health Emergency Preparedness: 338,000

NACCHO Medical Reserve Corp and Advance Practice Center: \$125,000

State Health Preparedness \$389,112

Significant Program Changes

Last year this program was: #40005, Public Health and Regional Health Systems Emergency Preparedness

The NACCHO APC project grant is \$405k for federal FY11; funding beyond October 2011 is uncertain. FY2012 adds 1.06 FTE with funds budgeted in FY2011 as temporary along with reductions in professional services, and materials and supplies. The additional staff is funded and supports the work APC project.

Lead Agency: Health Department

Program Contact: WICKHAM Lila A

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

This fee supported program reduces risk to County residents and visitors from disease and injury by investigating food and waterborne 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). Participating in an FDA Food Standardization assessment will help us align our program with national standards for critical food safety issues. The inspection program received an outstanding rating during its 2008 Triennial review.

Program Description

Inspected Facilities: The Health Inspections program is responsible for assuring the health and safety in 4,004 facilities including restaurants, mobile restaurants, hotel/motels, RV parks, organizational camps, warehouses, commissaries, vending machines, and jails. Most facilities receive more than one inspection per year. **Swimming pools & spas:** The program inspects and licenses 566 pools/spas to ensure pools are safe from hazards and disease. Field and classroom technical training is provided to pool operators (i.e. the recently adopted Virginia Graeme Baker Pool and Spa Safety Act will require increased education with pool and spa operators to facilitate compliance). **Schools, Child and Adult Foster Care Facilities:** The program inspects 507 schools, childcare centers, and other service providers to ensure they handle food properly, are clean and are free of health and safety hazards. **Drinking Water Systems:** Inspected to ensure they are properly maintained and meet EPA water quality standards. **Food Borne Illness Outbreaks:** Registered Environmental Health Specialists respond to and investigate local food borne illness complaints in collaboration with the Communicable Disease Program and are key participants in emergency response. **Food Defense Tool Kits** that will assist restaurants in preventing and responding to intentional food contamination continue to be distributed. Multnomah County has significantly less food borne illness outbreaks than other counties. **Food Handler Training and Certification:** Multi-lingual training about safe food preparation in 7 languages is provided online and in person to food workers at all literacy levels to support health equity and entry into the workforce. Emergency contact information has been gathered for over 7,000 facilities. A monthly newsletter is electronically distributed to food operators.

This legally mandated program protects the health and safety of the entire community by providing education, assuring safe food and water, controlling disease, improving safety in the work place and reducing unintentional injuries as well as supporting other public health activities by incorporating prevention activities into the inspection process. The citizenry understands and expects the program functions.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of licenses issue	6,877	6,464	7,149	6,858
Outcome	Critical violations per year	6,678	5,589	6,054	6,275
Output	Facility inspections	13,551	13,874	15,168	14,310
Output	Total number certified Food Workers eligible for employment	13,404	14,490	14,115	15,401

Performance Measure - Description

Output: Licenses issued excludes facilities inspected but not licensed (ie. schools, day care centers, etc.) New measure designed to evaluate trends in facilities licensed annually. Licenses directly reflect program workload.

Outcome: Critical violations are items noted during inspections that can directly affect the health and well being of the consumer, leading to elevated food safety risk and requiring immediate correction.

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

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. Decrease in Food Handlers certified is primarily a result of the economic downturn, and are expected to recover.

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	2011	2011	2012	2012
Personnel	\$2,329,037	\$0	\$2,464,175	\$0
Contracts	\$279,588	\$0	\$217,482	\$0
Materials & Supplies	\$81,913	\$0	\$105,075	\$0
Internal Services	\$495,859	\$0	\$431,804	\$0
Total GF/non-GF:	\$3,186,397	\$0	\$3,218,536	\$0
Program Total:	\$3,186,397		\$3,218,536	
Program FTE	25.67	0.00	26.35	0.00
Program Revenues				
Fees, Permits & Charges	\$3,090,081	\$0	\$3,114,786	\$0
Total Revenue:	\$3,090,081	\$0	\$3,114,786	\$0

Explanation of Revenues

The Health Inspections & Education program is entirely funded by inspection fees set by ordinance in Chapter 21 MC Ordinance 08-140. The fees for services provided to the public shall be based generally on the cost of providing the services.

Inspection Fees: \$3,218,536

Significant Program Changes

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

FDA 2009 Food Code projected to be implemented January 1, 2012.

This significant rule changes may impact number of 'Critical Violations' outcome.

Lead Agency: Health Department

Program Contact: WIRTH Chris M

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

Program protects the public from emerging and imminent vector-borne diseases and reduces the social/economic impact of uncontained outbreaks. Vector-borne diseases are transmitted from animal to humans. The major emerging diseases are vector borne (WNV, avian influenza, SARS). 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. Although no positive cases of WNV occurred in Multnomah County in 2010, climate changes in the NW, such as warming winter temperatures, increase in rainfall, and urban landscape management will increase the risk of vector-borne diseases. Intervention strategies include surveillance, analysis, proactive control/abatement of rodent and mosquito populations and public education. Program includes enforcement of nuisance codes. The program solicits input from a Commissioner-appointed Citizen Advisory Committee.

Program Description

Objectives: Collection and identification of mosquitoes, birds and rats. Monitor for and respond to emerging vector borne disease such as H1N1 and West Nile Virus. Perform laboratory analysis on rats and mosquitoes to determine which species carry disease, their preferred habitats and population size. Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitat. Educate the average citizen and vulnerable people about preventing vectors and their habitat through community meetings, pamphlets and the media. **COMPONENTS:** Mosquito Control – majority of funds/staffing. Rodent Control – primary service provider for rodent control countywide. Nuisance Code Enforcement – addresses public health code violations, esp. restaurant enforcement, dumping and harboring unspecified animals (e.g., bees, livestock, and birds). Multnomah County (MC) climate supports an ideal mosquito and rat habitat. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in MC in the 1930's when malaria was endemic. Although no WNV cases occurred in MC in 2010, two counties in Oregon reported three cases of infected mosquitoes. It is necessary to maintain current levels of surveillance and control to ensure early prevention and suppression of this disease using World Health Organization and Center for Disease Control best practices. Rodent control is critical to public health. Rodents can spread Hantavirus, plague and other diseases and can affect livability. A current survey in the MC rat population is showing Toxoplasmosis (Cat Box Fever) in 6% of the rat population. Vector control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understands and expects these program functions.

This program offer supports the climate action plan for work done in surveying mosquito populations for emerging vector-borne diseases that are related to changes in our climate. Vector Control is able to minimally support adaptation assessment and planning as a key stakeholder. Action items: 17-1, 17-2, 17-3.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of acres treated for mosquitoes	4,216	3,500	4,000	4,000
Outcome	Mosquitoes prevented (In millions)	2,108	1,750	2,000	2,000
Efficiency	Number of acres treated for mosquitoes per FTE	843	700	800	800
Output	Number of rodent inspections conducted	914	905	925	925

Performance Measure - Description

Output: Total acreage where mosquito suppression activities occurred and is subject to variance in weather patterns, seasonal flooding, characteristics, presence/absence of disease.

Outcome: Based on industry standard estimate methodology: 500,000 mosquitoes per surface acre of water X number of acres treated estimates mosquitoes prevented (to nearest whole number).

Efficiency: Total acreage treated per one FTE.

Output: On-site inspections stemming from rodent complaints (i.e. rat in toilet received. Measures were refined to reflect industry standards.

Legal/Contractual Obligation

Legal mandates are ORS 167, 452, 498, 506, and 634; OAR 635 and 603; 1968 Agreement City of Portland and Multnomah County – Title 13 and Title 8; 7 contractual mandates include grants, contracts, Federal, regional and local mandates.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$912,590	\$0	\$945,832	\$0
Contracts	\$73,150	\$0	\$66,350	\$0
Materials & Supplies	\$86,663	\$11,097	\$112,712	\$11,004
Internal Services	\$189,035	\$903	\$193,413	\$996
Total GF/non-GF:	\$1,261,438	\$12,000	\$1,318,307	\$12,000
Program Total:	\$1,273,438		\$1,330,307	
Program FTE	10.65	0.00	10.65	0.00
Program Revenues				
Indirect for dep't Admin	\$714	\$0	\$717	\$0
Fees, Permits & Charges	\$2,500	\$0	\$500	\$0
Intergovernmental	\$236,666	\$12,000	\$235,166	\$12,000
Other / Miscellaneous	\$1,000	\$0	\$1,000	\$0
Total Revenue:	\$240,880	\$12,000	\$237,383	\$12,000

Explanation of Revenues

Vector-borne Disease Prevention and Code Enforcement is funded by county general fund and with revenue from intergovernmental agreements with City of Portland and other local and state jurisdictions that is recognized in the general fund. The program also receives a federal grant through the state of Oregon for West Nile Virus.

County General Fund: \$1,081,641
City of Portland Bureau of Environmental Services: \$224,000
Oregon Zoo: \$5,000
Oregon Department of Transportation: \$2,500
City of Durham: \$2,166
City of Maywood Park: \$1,500
Fees from fines and permits: \$1,500
West Nile Virus federal grant: \$ 12,000

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: WICKHAM Lila A

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of birth and death certificates issued	40,097	38,949	38,791	41,095
Outcome		0	0	0	0
Efficiency	Average number of days to issue error free certificate	1	1	1	1

Performance Measure - Description

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

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$509,025	\$0	\$495,071
Contracts	\$0	\$9,890	\$0	\$16,478
Materials & Supplies	\$65	\$16,419	\$0	\$23,977
Internal Services	\$0	\$109,417	\$0	\$101,983
Total GF/non-GF:	\$65	\$644,751	\$0	\$637,509
Program Total:	\$644,816		\$637,509	
Program FTE	0.00	6.10	0.00	5.90
Program Revenues				
Indirect for dep't Admin	\$38,340	\$0	\$38,175	\$0
Fees, Permits & Charges	\$0	\$644,751	\$0	\$637,509
Total Revenue:	\$38,340	\$644,751	\$38,175	\$637,509

Explanation of Revenues

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

Licenses & Fees: \$637,509

Significant Program Changes

Last year this program was: #40009, Vital Records

Lead Agency: Health Department

Program Contact: Amy Sullivan

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

Communicable Disease Services (CDS) protects the health of our community by responding to reportable communicable diseases with prompt disease investigation and by limiting the spread of these diseases in the population through assuring treatment as needed. We uphold and enforce Oregon state statues requiring investigation of and response to dozens of reportable diseases varying from tuberculosis (TB) and pertussis to E. coli 0157 and anthrax. We respond 24/7 to events of public health importance.

Program Description

CDS directly provides services that protect the health and safety of our community by limiting the spread of life-threatening infectious diseases through clinical and investigatory interventions. This type of work has been the backbone of public health for over 100 years. It includes investigations that find people who have been exposed to serious diseases, to get them the information and care they need to stay healthy. To prevent these diseases before they start, we work with communities to provide education and screening. For people who have diseases like TB, we assure access to medicine. To ensure that appropriate diagnostic tests are available to healthcare providers, we provide a link to state and national laboratories that test for rare pathogens.

Our staff has highly-trained public health nurses supported by health assistants, community health specialists, analysts, and administrative staff with knowledge of infectious disease transmission and state reporting rules. We are culturally and linguistically competent, speaking several languages. We work closely with other Health Department programs, including Environmental Health and the Office of the Health Officer; and provide educational opportunities for public health and nursing students to develop tomorrow's public health professionals. Examples of the types of work we do are as follows:

- Comprehensive TB prevention and control activities provided through clinic and home visits, nursing case management, and TB screening. This includes following up as directed by federal authorities with newly arrived refugees and immigrants who may have TB infection, and working with Portland homeless shelters to identify TB in this high-risk group.
- Epidemiologic investigation, health education, and provision of preventive health measures in response to reportable disease exposures and outbreaks, including collaboration with state, national, and international officials as needed, and with law enforcement when an intentional cause is suspected.
- Provision of occupational health measures related to blood-borne pathogens, TB exposure, and post-exposure prophylaxis for county employees to meet county OSHA requirements.

This program offer supports the Climate Action Plan because of its work in surveying emerging diseases related to climate change, such as food borne illness-specifically GI diseases caused by Vibrio- and other pathogens. CAP Action items: 17-1, 17-2 and 17-3 per CD's role in adaptation assessment and planning as a key stakeholder.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Disease report responses	4,156	0	4,046	4,000
Outcome	Meningococcal disease case contacts receiving recommendation or prescription	100.0%	100.0%	100.0%	100.0%
Quality	CD case investigation started within timeframes set by Oregon PH & CDC: goal 90%	98.0%	90.0%	98.4%	90.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	100.0%	90.0%	95.0%	90.0%

Performance Measure - Description

✓ **Measure Changed**

1) Output-All disease reports and suspect case referrals received, processed, and responded to. 2) Outcome-Reflects effectiveness of case contact investigation and response to life threatening diseases. 3) Quality-Measures reflect standards, and are reported to the state for CD case investigations and TB patients completing treatment within 12 months as set by Oregon and 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: Bloodborne Pathogens 1910.1030. 2) CDC: Immunization of Health-Care Workers, Vol. 46/RR-18. 3) CDC: Guidelines for Preventing the Transmission of TB in Health-Care Facilities, Vol. 43/RR-13.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,998,937	\$937,046	\$2,154,106	\$828,128
Contracts	\$121,102	\$25,270	\$0	\$39,534
Materials & Supplies	\$13,352	\$256,889	\$6,994	\$91,073
Internal Services	\$139,980	\$488,664	\$200,705	\$278,516
Total GF/non-GF:	\$2,273,371	\$1,707,869	\$2,361,805	\$1,237,251
Program Total:	\$3,981,240		\$3,599,056	
Program FTE	18.18	9.64	20.74	7.83
Program Revenues				
Indirect for dep't Admin	\$101,537	\$0	\$73,973	\$0
Fees, Permits & Charges	\$0	\$10,476	\$0	\$34,284
Intergovernmental	\$0	\$1,611,570	\$0	\$1,151,651
Other / Miscellaneous	\$0	\$85,823	\$0	\$51,316
Total Revenue:	\$101,537	\$1,707,869	\$73,973	\$1,237,251

Explanation of Revenues

Communicable Disease Prevention & Control is funded by an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services that includes both state and federal funds, federal TB Outreach grant, patient fees for occupational health service, and county general fund.

TB Outreach grant: \$22,629
 State of Oregon LPHA: \$1,129,022
 Patient fees: \$85,600
 County general fund: \$2,361,805

Significant Program Changes

✔ **Significantly Changed**

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

The Travel Clinic was started in 2001 in order to fill a gap in travel services availability. However, the environment of offering travel services has changed considerably in the last few years. Changes include an increased number of private travel medicine providers in the metro-area, and a weak economy that has led to reduced international travel by the general public. Because of these changes, the Traveler's Clinic closed in July 2010.

Also, due to a renewed emphasis on providing core public health services, CDS has increased its response to communicable disease exposure and outbreaks, thus limiting the spread of infectious diseases through clinical and investigatory intervention. As a result of these changes, CDS has a net decrease of \$382,184 and a net increase of 0.75 FTE.

Lead Agency: Health Department

Program Contact: TOEVS Kim

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

HIV, STDs and Hepatitis C account for almost 80 percent of all reportable diseases in the County. This cost effective program prevents epidemics seen in other west coast cities by controlling disease spread using evidence-based prevention interventions and STD treatment for those at highest risk.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of community outreach/health promotion encounters	39,915	0	44,800	45,000
Outcome	% of ALL county gonorrhea/syphilis/HIV cases diagnosed through this program	30.7%	0.0%	34.9%	30.0%
Quality	% of gonorrhea/syphilis/HIV cases investigated	92.2%	90.0%	87.8%	90.0%
Output	#STD clinical encounters (visit/phone results)	13,148	12,000	12,500	12,500

Performance Measure - Description

✓ **Measure Changed**

1. This new performance measure better quantifies the amount of community-based work the program provides each year than the previous measure "# of HIV tests performed".

2. This new performance measure illustrates the impact of the STD/HIV/Hep C Program's ability to find, diagnosis, and treat reportable STDs, including HIV, more than the previous measure "stable or decreased # of HIV cases based on 5 year rolling average". This measure also demonstrates the program's capacity to target services to those at highest risk for STDs.

3. The 90% goal is negotiated with the Oregon State STD Program, and is comparable to benchmarks set by other states nationally.

Previous year's performance measures now not included (# of HIV cases, # of HIV tests performed) are both on target for meeting performance goals this year.

Legal/Contractual Obligation

Yes. ORS 433 mandates disease prevention & control. Ryan White CARE Act Part A (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	2011	2011	2012	2012
Personnel	\$1,830,292	\$1,077,990	\$1,988,399	\$784,265
Contracts	\$202,658	\$407,907	\$196,965	\$371,108
Materials & Supplies	\$132,141	\$119,636	\$101,339	\$161,976
Internal Services	\$418,033	\$326,574	\$296,421	\$342,252
Total GF/non-GF:	\$2,583,124	\$1,932,107	\$2,583,124	\$1,659,601
Program Total:	\$4,515,231		\$4,242,725	
Program FTE	18.56	10.89	19.05	8.80
Program Revenues				
Indirect for dep't Admin	\$114,852	\$0	\$99,332	\$0
Fees, Permits & Charges	\$0	\$124,015	\$0	\$137,162
Intergovernmental	\$0	\$1,808,092	\$0	\$1,504,439
Other / Miscellaneous	\$0	\$0	\$0	\$18,000
Total Revenue:	\$114,852	\$1,932,107	\$99,332	\$1,659,601

Explanation of Revenues

STD/HIV/HEP C receives funding federal Ryan White Part A, an intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services that includes both state and federal funds, a grant from Cascade AIDS project, medical fees from Medicaid, Medicare, private insurance and patient fees, and county general fund.

Federal Ryan White grant: \$39,200

State of Oregon LPHA: \$1,428,702

Medical fees: \$173,699

Cascade AIDS Project: \$18,000

County general fund: \$2,583,124

Significant Program Changes

✔ Significantly Changed

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

In the STD program, the OHSU-STI Study grant will end in June 2011, resulting in a decrease of \$304,000 and 1.00 FTE.

This grant helped pay for lab test for clients who were then recruited for the study. Client visits are not expected to decrease, so these lab costs will be funded through improvements in 3rd-party insurance collections.

In the HIV program, a shared position with State/County Program Design and Evaluation Services, as well as another vacant position, was removed from the budget resulting in a 0.60 decrease in FTE. To prevent loss of services, HIV has restructured responsibilities of staff within the program to ensure that essential functions are maintained by existing positions. HIV is also changing the service delivery model for reaching target populations utilizing peers from the affected communities.

Lead Agency: Health Department

Program Contact: TOEVS Kim

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

The HIV Clinic serves over 900 clients each year. Clinic services include outpatient medical care, mental health and substance abuse counseling, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Access to and use of HIV medications is optimized by clinical pharmacy services. On-site chronic disease self management workshops and peer mentoring are also offered to clinic clients. The HIV Clinic integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Board and a well established network of HIV social services providers. The clinic is an AIDS Education and Training Center site training over 40 doctors, nurses and pharmacists each year.

HIV Care Services Program coordinates a regional care system that promotes access to high quality HIV services through contracts with health departments and community organizations. HCS funded services include: **EARLY INTERVENTION:** Outreach ensures early identification and treatment. **CARE:** A coordinated primary care system provides medical, dental, mental health and substance abuse treatment. **SERVICE COORDINATION:** Case management connects clients with health insurance, housing, and other services critical to staying in care. **BASIC NEEDS:** Housing focuses on building life skills and access to permanent housing. **HEALTH PROMOTION:** Behavioral education provides clients with self-management skills. **PLANNING:** A community-based council does service planning. Over the past three years, the number of persons living with AIDS has increased 15.3%. HCS clients continue to be severely affected by poverty, lack of stable housing, and reductions in insurance and medication programs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of unduplicated HCS clients served (all srv types/whole system)	2,686	2,400	2,400	2,450
Outcome	% of uninsured HCS clients who gained insurance	71.4%	70.0%	68.0%	70.0%
Output	# of unduplicated HIV CLINIC clients	1,040	950	975	975
Quality	% of medical clients who do not progress to AIDS	93.0%	93.0%	92.0%	93.0%

Performance Measure - Description

4) Quality: % of medical clients who do not progress to AIDS, helps to determine how well medical and support services contained in this offer support the health outcomes of people living with HIV disease.

Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties; 2) Community-based Planning Council; 3) Ten percent expenditure cap on planning and 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
Program Expenses	2011	2011	2012	2012
Personnel	\$36,000	\$2,733,278	\$120,149	\$2,825,291
Contracts	\$203,000	\$2,874,017	\$10,236	\$2,517,733
Materials & Supplies	\$8,707	\$199,310	\$58,396	\$266,244
Internal Services	\$6,690	\$790,155	\$24,155	\$788,327
Total GF/non-GF:	\$254,397	\$6,596,760	\$212,936	\$6,397,595
Program Total:	\$6,851,157		\$6,610,531	
Program FTE	0.50	25.46	0.50	26.15
Program Revenues				
Indirect for dep't Admin	\$249,135	\$0	\$253,207	\$0
Fees, Permits & Charges	\$0	\$1,071,335	\$0	\$896,737
Intergovernmental	\$0	\$5,525,425	\$0	\$5,500,858
Total Revenue:	\$249,135	\$6,596,760	\$253,207	\$6,397,595

Explanation of Revenues

HIV Care Services receives flat funding from federal Ryan White care Act (RWCA) Part A grant. County general fund is used to leverage HCS grant funding. The HIV Clinic revenues include several federal grants, local contracts and third party billing--primarily OMIP, CareAssist, Oregon Health Plan and Medicare. The federal grants have not kept pace with the growth in number of patients served or with increased costs of clinic operations.

Federal Ryan White grant: \$3,884,205

Medical fees: \$1,478,069

Federal Primary Care HIV Early Intervention grant: \$910,321

University of Washington AIDS Education and Training Center grant: \$114,000

OHSU grant: \$11,000

County general fund: \$212,936

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: RUMINSKI Diane T

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Early Childhood Services provides home visiting to pregnant women and families with young children to assure that those at risk for poor health outcomes receive the support, education and resources needed to achieve optimal health during the critical early years of life. We expect to serve approximately 6,300 women and children in FY 12.

Program Description

Voluntary home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, reductions in the incidence of child abuse and neglect, low birth weight and prematurity, and improvements in maternal life course. High risk families including teens, African Americans and other groups experiencing health disparities, low income, and single parents appear to benefit the most from these interventions. Long term benefits to the county include a healthier, well prepared work force and decreased costs related to school failure, juvenile crime, and chronic disease. Early childhood services uses community based epidemiologic data to help inform us about the current health of our young families and how to tailor interventions to address their needs.

The Healthy Birth Initiative(HBI) program is designed to reduce the historical disparities in poor birth outcomes by addressing the social determinants of health in the African American population. Core service components include outreach, case management, health education, interconceptual care, and depression screening and referral. A community consortium, mental health groups, and a contract with Black Parent Initiative (BPI) to educate and support African American fathers are unique components of HBI. Transportation and childcare support are wraparound services available to HBI families. Services begin in early pregnancy and children are followed up to their second birthday.

Albina Early Head Start Program provides nursing services through contract to families enrolled in this Head Start program serving N/NE Portland.

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

General Home Visiting Services: Families who do not meet the criteria to enter HBI or NFP programs are also offered home visits by nurses and community health workers. These include pregnant women with medical conditions, women experiencing domestic violence, or alcohol/drug use as well as premature, low birthweight or infants with medical conditions. Services include health screening and assessment, case management, health education and community referrals.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	% of infants 0-12 months with developmental screening	62.0%	70.0%	70.0%	70.0%
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	48.0%	50.0%	50.0%	50.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	0.0%	0.0%	0.0%	80.0%
Output	% women enrolled in HBI who are screened for depression**	0.0%	0.0%	0.0%	95.0%

Performance Measure - Description

✓ **Measure Changed**

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

**New measure this year and also a requirement of the federal grant.

Legal/Contractual Obligation

Nurse Family Partnership (NFP) follows program guidelines set forth by the NFP National Service Office. Healthy Birth Initiative (HBI) must comply with HRSA grant requirements. Services reimbursed by Medicaid must comply with Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,011,686	\$2,043,391	\$1,476,272	\$1,938,167
Contracts	\$1,286,071	\$46,091	\$804,582	\$94,224
Materials & Supplies	\$41,998	\$103,531	\$37,868	\$155,772
Internal Services	\$170,492	\$506,429	\$182,623	\$337,440
Total GF/non-GF:	\$2,510,247	\$2,699,442	\$2,501,345	\$2,525,603
Program Total:	\$5,209,689		\$5,026,948	
Program FTE	7.04	18.90	16.10	17.85
Program Revenues				
Indirect for dep't Admin	\$160,524	\$0	\$150,914	\$0
Intergovernmental	\$0	\$2,699,442	\$0	\$2,525,603
Total Revenue:	\$160,524	\$2,699,442	\$150,914	\$2,525,603

Explanation of Revenues

Early Childhood Services for pregnant/parenting families - N/NE is funded by county general fund, the federal Healthy Birth Initiative, and Medicaid fees from: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum (\$249/visit); and 2) Targeted Case Management(TCM) for infants and children up to age 5 years (\$303/visit). CaCoon is a Care Coordination grant designed to serve children with special health care needs. This grant is shared between both Early Childhood Services program offers. The Babies First! state general fund grant and is divided between two Early Childhood Program offers.

Healthy Birth Initiative federal grant: \$850,000
Medical fees: \$1,588,515
CaCoon and Babies First! grant: \$87,088
County general fund: \$2,510,247

Significant Program Changes

✔ Significantly Changed

Last year this program was: #40013A, Early Childhood Services for First Time Parents

This program offer structure, not services, has been changed for ease of monitoring and reporting on the budget. Offer A is now for staff working out of the N/NE office. Offer B is for staff working out of Mid and East County office. The services described herein are provided to the whole community.

Programmatic changes include changes in response to State rules changes to Medicaid funded services. These rule changes affect provider types, initial assessment visits, and place of service restrictions, resulting in the same number of patient visits but fewer reimbursable visits. Changes to the match rate have offset some of the revenue shortfall. Other changes include the CDC-Intimate Partner Violence/Nurse Family Partnership grant ended in FY 2011. All staff from this grant were retained and redeployed with the Early Childhood Services programs. The result of these changes to the ECS programs is a net reduction in State and Medicaid revenue of \$854,649 and 4.80 FTE. The reduction in FTE was achieved without reducing services, eliminating vacancies and staff reassignment prevented layoffs.

Lead Agency: Health Department

Program Contact: RUMINSKI Diane T

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

ECS provides home based services to pregnant women and families with young children to assure optimal maternal and infant health and assist parents in meeting their child's basic health and developmental needs. The conditions of our early life have a profound impact on our long-term health and stability. We expect to screen 2850 first birth families for eligibility for home visiting service and deliver home visiting services to 9,600 women and children.

Program Description

Voluntary home visiting programs have demonstrated positive changes in parenting practices, gains in child growth and development, increased readiness for school, reductions in the incidence of child abuse and neglect, low birth weight and prematurity, and improvements in maternal life course. High risk families including teens, African Americans and other groups experiencing health disparities, low income, and single parents appear to benefit the most from these interventions. Long term benefits to the county include a healthier, well prepared work force and decreased costs related to school failure, juvenile crime and chronic disease.

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

Healthy Start is a state wide program serving first birth families with overall goals to reduce child abuse/neglect, improve school readiness and promote healthy growth and development of young children up to age three years. Last year over 2850 families received screenings at the time of birth and over 600 families were served in home visits. Healthy Start follows the "Healthy Families America(HFA)" model of home visiting--a best practice model delivered by highly trained staff through community-based agencies. Nurse consultants provide additional health support to families and staff.

General home visiting services: Families who do not meet the criteria to enter the NFP/Healthy Start programs are also offered home visits. These include pregnant women with medical conditions, women experiencing domestic violence or alcohol/drug use. Infants served are those born prematurely or of low birth weight, with medical conditions, or having parents unable to provide appropriate care without support. Home visits by nurses and community health workers provide significant support to families, tailored to their needs as observed in their home environment. Services include health screening/assessment, case management, health promotion, breast feeding/parenting support, childbirth classes, and community referrals. Nursing consultation is also provided to pregnant and parenting families enrolled in the Mt Hood Head Start program.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	% infants 0-12 months with developmental screening	76.0%	80.0%	80.0%	80.0%
Outcome	% of mothers enrolled in NFP who are still breastfeeding at 6 months	48.0%	50.0%	50.0%	50.0%
Quality	% of clients completing survey who are very satisfied/satisfied with services*	0.0%	0.0%	0.0%	80.0%
Outcome	% Healthy Start parents who report reading to /with child at least 3X/week.	80.0%	82.0%	90.0%	90.0%

Performance Measure - Description

✓ **Measure Changed**

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

Legal/Contractual Obligation

Healthy Start must comply with Healthy Families America(HFA) credentialing requirements and the state OCCF Healthy Start contract requirements. Failure to comply may result in disaffiliation with HFA and withholding of funding. Babies First & CaCoon state funds must comply with contract requirements. Medicaid reimbursements must comply with Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$2,490,396	\$2,794,957	\$1,930,619	\$2,744,014
Contracts	\$702,745	\$1,399,375	\$1,161,360	\$1,028,215
Materials & Supplies	\$25,370	\$139,088	\$74,811	\$121,181
Internal Services	\$168,542	\$738,022	\$220,263	\$497,222
Total GF/non-GF:	\$3,387,053	\$5,071,442	\$3,387,053	\$4,390,632
Program Total:	\$8,458,495		\$7,777,685	
Program FTE	27.71	26.80	16.80	25.60
Program Revenues				
Indirect for dep't Admin	\$196,767	\$0	\$164,606	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$586,123
Intergovernmental	\$0	\$5,071,442	\$0	\$3,804,509
Total Revenue:	\$196,767	\$5,071,442	\$164,606	\$4,390,632

Explanation of Revenues

Early Childhood Services-Pregnant/Parenting Families-Mid/East/Healthy Start is funded by county general fund, Medicaid fees for: 1) Maternity Case Management (MCM) home visits conducted from pregnancy through two months postpartum (\$249/visit), and 2) Targeted Case Management (TCM) for infants and children up to age 5 (\$303/visit). CaCoon is a Care Coordination grant serving children with special health care needs and is shared with Program Offer 40013A. The Babies First! state general fund is also shared with 40013A. The Healthy Start Program is primarily funded through state general funds from the Oregon Commission on Children and Families (OCCF) via the Multnomah Commission on Children, Families and Communities. The state general fund portion of \$1,555,863 represents a decrease of \$253,316 over last year.

Healthy Start: \$1,555,863, Medical fees and administrative claiming: \$2,654,581

CaCoon and Babies First grants: \$110,288; Mt Hood Community College Head Start: \$69,900; County general fund: \$3,387,053

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40013B, Early Childhood Services for High Risk Prenatal, Infants & Children

This program offer structure, not services, has been changed for ease of monitoring and reporting on the budget. Offer A is now for staff working out of the N/NE office. Offer B is for staff working out of Mid and East County office. The services described herein are provided to the whole community.

Programmatic changes include changes in response to State rules changes to Medicaid funded services. These rule changes affect provider types, initial assessment visits and place of service restrictions, resulting in the same number of patient visits but fewer reimbursable visits. Changes to the match rate have offset some of the revenue shortfall. Other changes include the CDC-Intimate Partner Violence/ Nurse Family Partnership grant ended in FY 2011. All staff from this grant were retained and redeployed with the Early Childhood Services programs. The result of these changes to the ECS programs is a net reduction in State and Medicaid revenue of \$854,649 and 4.80 FTE. The reduction in FTE was achieved without reducing services, eliminating vacancies and staff reassignment prevented layoffs.

Lead Agency: Health Department

Program Contact: SCHMITZ Virginia S

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

By implementing the federally subsidized Vaccines for Children (VFC) Program and helping schools and childcare facilities comply with state school immunization rules, the Community Immunization Program (CIP) contributes to a safe environment for learning, ensuring that children are protected from life-threatening, vaccine-preventable diseases.

Program Description

No child should be unvaccinated because a parent is unable to pay for vaccine. And because vaccine-preventable diseases like measles can spread from one child to another, childhood vaccination is important not only for individual health but for the health of those with whom children live, play, and go to school. CIP ensures that the basic disease prevention needs of children are met through several interrelated program components.

- We increase access to immunizations by providing childhood immunization services at community sites and our clinic. No VFC-eligible child is turned away due to inability to pay.
- We support a safe vaccine supply and efficient use of vaccine for the county system of Federally Qualified Health Centers by monitoring the cold chain and conducting physical inventories to meet county quality assurance requirements.
- We uphold and enforce the state-mandated obligation 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 in the following ways:
 - To help schools, including those in the Multnomah Education Service District (MESD), and other facilities maintain their licensure, we facilitate mandatory reporting by reviewing and compiling reports related to the immunization status of their students.
 - To help parents navigate the exclusion process, we assist with documentation to prevent school exclusion.
 - To enforce the law in cases where it has not been met, we issue exclusion orders as needed.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of immunizations directly provided to keep children in school	1,298	0	1,000	1,100
Outcome	Of facilities assisted those successful in meeting immunization law requirements	100.0%	0.0%	100.0%	100.0%
Output	Number of schools & other facilities assisted with immunization law requirements	311	0	364	364

Performance Measure - Description

✓ **Measure Changed**

Performance measures changed to better reflect and monitor the performance of the program's services and activities.

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

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

Outcome: The percentage of the facilities we assisted which met state immunization reporting requirements, thus maintaining their licensure requirements in this area.

Legal/Contractual Obligation

ORS 433-235 through 433.280 and Administrative Rules 333-19-021 through 333-19

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$43,233	\$245,487	\$129,877	\$257,822
Contracts	\$0	\$18,984	\$5,783	\$683
Materials & Supplies	\$68	\$3,041,053	\$58,949	\$3,025,228
Internal Services	\$51,066	\$81,004	\$84,144	\$78,431
Total GF/non-GF:	\$94,367	\$3,386,528	\$278,753	\$3,362,164
Program Total:	\$3,480,895		\$3,640,917	
Program FTE	0.00	2.00	1.59	2.41
Program Revenues				
Indirect for dep't Admin	\$22,986	\$0	\$21,640	\$0
Fees, Permits & Charges	\$0	\$12,476	\$0	\$158,484
Intergovernmental	\$0	\$3,374,052	\$0	\$3,203,680
Total Revenue:	\$22,986	\$3,386,528	\$21,640	\$3,362,164

Explanation of Revenues

Immunizations is funded by the Immunization Action Plan grant included in the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, patient fees, and the value of vaccines provided by the state.

Cash value of donated Vaccines: \$3,000,000
 State LPHA Immunization Action Plan grant: \$101,840
 Federal Immunization grant: \$101,840
 Patient fees: \$158,484
 County general fund: \$278,753

Significant Program Changes

Last year this program was: #40014, Immunizations

Early Childhood Services resources have been shifted to support and increase access for childhood immunization services, as well as to assist parents and schools in meeting state-mandated immunization requirements. As a result of this shift, Immunization general fund has increased by \$160,000 and 2.00 FTE.

Program # 40015 - Lead Poisoning Prevention

Version 2/18/2011 s

Lead Agency: Health Department

Program Contact: WICKHAM Lila A

Program Offer Type: Existing Operating

Related Programs: 40037A

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 impacts 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, advocacy for services and community education/outreach.

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, property owners, and contractors about lead exposure causes and effects, screening, and reducing home lead hazards; 2) Tests children for blood lead levels and provides information about free lead screening locations in the county; 3) Promotes lead screening in primary care clinics; 4) Provides investigation of high lead levels by an Environmental Health Specialist by conducting an in home assessment to identify causes and eliminate exposures to lead for children at high to moderate risk; 5) Provides the family with a lead remediation plan; 6) Tracks all lead screening results and all Elevated Blood Lead Levels (EBLL) to detect program trends/risks; 7) Screens for risk of lead exposure of low-income children in support of improving health equity. LeadLine has increased outreach to medical providers and community.

The lead poisoning prevention program continues to increase its focus on outreach and education services targeting the most vulnerable populations that are under-represented in the blood lead level statistics. By combining targeted prevention messaging, advocacy for rigorous policy initiatives and developing community capacity to address lead prevention, this program offer relies almost exclusively on grants and contracts. Electronic newsletter distributed to community and providers quarterly. 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 develop into a healthy adult. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that houses children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead and promotes safer housing conditions. The program has seen an increased demand for lead screening, education, and referral services. Medicaid reimbursement for Lead Investigations began July 2010.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Total # of children screened by MCHD primary care and immunization providers	3,239	4,000	3,939	4,000
Outcome	Total # of successfully identified children with EBLLs*	18	25	68	40
Output	# of community members receiving information on lead prevention**	10,459	7,000	13,591	14,000
Quality	%home investigations where lead exposure risk hazards/factors are identified***	100.0%	95.0%	100.0%	95.0%

Performance Measure - Description

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

*Children with EBLL: Elevated Blood Lead Levels (EBLL) found during screening by any health care provider within Multnomah County. EBLL investigation criteria changed from 15 mg/dl to 10 mg/dl. Health Department proactively began investigating children with lead levels over 5 mg/dl in FY 2011.

**Community Information: Measure to quantify reach of program through phone counseling, referral, educational materials, website and community events. The Current Year Estimate and Next Year Offer show an increase because the program has added targeted community event outreach to the prior methodology of primarily answering calls from the community.

***Percentage of home investigations with identified contributing factors for lead source. Program goal is 95%.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$121,971	\$0	\$122,751
Contracts	\$2,787	\$5,963	\$0	\$2,370
Materials & Supplies	\$0	\$3,390	\$10,101	\$1,243
Internal Services	\$12,535	\$10,676	\$11,289	\$11,436
Total GF/non-GF:	\$15,322	\$142,000	\$21,390	\$137,800
Program Total:	\$157,322		\$159,190	
Program FTE	0.00	1.30	0.00	0.90
Program Revenues				
Indirect for dep't Admin	\$8,444	\$0	\$8,235	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$800
Intergovernmental	\$0	\$142,000	\$0	\$137,000
Total Revenue:	\$8,444	\$142,000	\$8,235	\$137,800

Explanation of Revenues

Lead Poisoning Prevention has a contract with the City of Portland Water Bureau for \$135,000 that we expect to be renewed at the same rate in FY2011. The program has an additional \$2,000 ongoing contract with the State Lead Program. As a result of the increased outreach, we expect to see an increase in the number of investigations to 25 a year. The State of Oregon will reimburse \$200 for each investigation done on a child with Medicaid.

City of Portland Water Bureau: \$135,000

State Lead Program: \$2,000

Medical fees: \$800

County general fund: \$21,390

Significant Program Changes

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

There was a significant increase in education and outreach activities which is reflected in the output measure of community members receiving information about lead poisoning prevention. Partnering with WIC and Head Starts to target at risk populations has generated more interest and screening.

The Leadline program began investigating children with lead levels at five to be proactive and intervene to eliminate sources of lead in the home. Although the official action level for dangerous blood level remains at 10, there is general agreement among lead experts that levels as low as five are dangerous for children six and under as well as the unborn.

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

Lead Agency: Health Department

Program Contact: Susan Kirchoff

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Backfill State/Federal/Grant

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Annual number of clients screened	33,900	36,000	41,688	40,500
Outcome	Uninsured children in Multnomah County insured through program	13,000	13,500	5,000	6,000

Performance Measure - Description

1) Output: Reflects service volume.
 2) Outcome: Uninsured children insured as a direct result of Medicaid Enrollment Program. 2,265 referrals received from MESD nurses (2,087 kids insured as a direct result); and 662 referrals from SBHC, 244 kids and 35 adults insured as a direct result. Since October 2009, an additional 607 individuals were screened for Medicaid eligibility resulting in 240 children now covered by the Healthy Kids Plan, through the outreach efforts of the MESD Eligibility Specialists. For FY11 one program outcome will include children insured directly through expanded outreach opportunities.

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	2011	2011	2012	2012
Personnel	\$96,691	\$1,059,561	\$302,798	\$1,134,329
Contracts	\$3,123	\$0	\$3,137	\$0
Materials & Supplies	\$12,602	\$10,737	\$25,334	\$343
Internal Services	\$33,021	\$151,652	\$41,026	\$163,195
Total GF/non-GF:	\$145,437	\$1,221,950	\$372,295	\$1,297,867
Program Total:	\$1,367,387		\$1,670,162	
Program FTE	1.00	14.00	3.50	14.50
Program Revenues				
Indirect for dep't Admin	\$72,664	\$0	\$77,550	\$0
Intergovernmental	\$0	\$1,221,950	\$0	\$1,297,867
Total Revenue:	\$72,664	\$1,221,950	\$77,550	\$1,297,867

Explanation of Revenues

Medicaid/Medicare Eligibility receives funding from the Division of Medical Assistance Programs (DMAP) which provides compensation to eligible Federally Qualified Health Centers (FQHCs) for outreach activities. Compensation is related to the receipt and initial processing of applications for individuals, including low-income pregnant women and children, to apply for Medicaid at out station locations other than state offices. DMAP provides for compensation through calculating a rate that is equal to 100% of allowable, specific direct costs according to OAR 410-147-0400. The costs are based on actual expenses from FY2010 and DMAP disallows the cost of supervision, office support and interpretation services. The rate for FY2012 is \$7.78 per visit and the medical fee revenue is based on 166,821 visits.

Medical fees: \$1,297,867
County general fund: \$372,295

Significant Program Changes

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

Backfill has been noted for this program because of the small increase in general fund for FY12. Because of the costs excluded from the State reimbursement rate and the cap the State has applied to personnel salary and benefits more general fund is needed to maintain this valuable service.

Lead Agency: Health Department

Program Contact: Susan Kirchoff

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Dental Services provides Multnomah County residents with essential, urgent, routine, and preventive services in clinic settings and school-based programs. The Dental Program works with many community partners, targeting un-served populations, treating nearly 15,000 uninsured children in Multnomah County. The Dental Program is the largest Safety Net provider for vital dental care in Multnomah County. We provide unique child based services to uninsured and underinsured and focus on access for pregnant women due to the link with early childhood cavity prevention, using evidence based practice guidelines. The Dental Services program is supported in part by the MultiCare Dental plan, one of several dental contractor organizations that serve patients in the tri-county area under the Oregon Health Plan. MultiCare Dental is funded entirely by OHP revenue and most members receive their dental care from Multnomah County Dental Clinics along with two other partner Health Clinics in the Tri-County area.

Program Description

The Dental program has four distinct service components. Four dental clinics provide comprehensive dental treatment for Medicaid (Oregon Health Plan) and uninsured patients. The clinics specifically focus on outreach to uninsured patients with chronic health conditions seeking care at primary care sites. The School and Community Dental program provides dental education, fluoride, and dental sealant services to children in Multnomah County schools and provides outreach, education, and dental treatment specifically to pregnant women and children 0-24 months. Recent research indicated that dental hygiene services provided during pregnancy decreases preterm delivery and improves infant health outcomes. For uninsured Multnomah County residents with critical, urgent or specialty dental needs the Dental Access Program (DAP) provides triage and referrals to County dental clinics and private dentists. MultiCare Dental plan enrolls approximately 30,000 Medicaid members which provides access within four dental clinics in Multnomah County to provide dental services to the underserved population. MultiCare Dental works closely with dental clinic operations and School and Community dental supporting such projects as the Baby Day Program and the Pregnant Women's Project. In addition, MultiCare collaborates with various community partners to provide dental services for clients in long-term care facilities and nursing homes. Dental Services is an essential program that provides education, prevention, and dental treatment to Multnomah County's poorest and most vulnerable population.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Billable patient visits	52,553	55,780	57,776	62,102
Outcome	Percentage preventive services for children 0-15 ever enrolled in plan.	54.9%	51.0%	60.0%	60.0%
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	64.0%	80.0%	64.0%	70.0%
Outcome	Number of CAWEM and uninsured pregnant women who received dental services	760	950	708	750

Performance Measure - Description

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

Outcome: Percentage of preventive services for children age 0-15 enrolled in MultiCare who receive preventive services. This is an important Public Health measure.

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

Outcome: number of CAWEM and uninsured pregnant women who received dental services-oral health plays a significant role in the health of pregnant women and newborns.

Legal/Contractual Obligation

Dental services are a requirement of the Bureau of Primary Health Care 330 Grant.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$9,631,568	\$0	\$10,014,721
Contracts	\$0	\$3,245,769	\$7,410	\$3,143,990
Materials & Supplies	\$0	\$785,953	\$32,857	\$981,578
Internal Services	\$100,544	\$2,510,160	\$59,213	\$2,654,253
Capital Outlay	\$0	\$10,000	\$0	\$0
Total GF/non-GF:	\$100,544	\$16,183,450	\$99,480	\$16,794,542
Program Total:	\$16,283,994		\$16,894,022	
Program FTE	0.00	92.95	0.00	97.21
Program Revenues				
Indirect for dep't Admin	\$962,357	\$0	\$1,003,996	\$0
Fees, Permits & Charges	\$0	\$303,854	\$0	\$282,930
Intergovernmental	\$0	\$15,872,096	\$0	\$16,511,612
Other / Miscellaneous	\$0	\$7,500	\$0	\$0
Total Revenue:	\$962,357	\$16,183,450	\$1,003,996	\$16,794,542

Explanation of Revenues

The primary source of revenue is Medicaid funds; a combination of capitation and FQHC wrap around payments. Additional revenue is received from the Primary Care 330 Grant, and patient fees. The county general fund pays for the community and school oral health program and care for the uninsured.

Medicaid fees: \$16,006,112

Primary Care 330 grant: \$505,500

Patient fees: \$282,930

County general fund: \$99,480

Significant Program Changes

Last year this program was: #40017, Dental Services

Dental has experienced increases in patient volume, in part due to the opening of the Rockwood Health Clinic and increased demand at the Northeast Health Center. In order to respond to this increased demand, Dental has increased by \$610,028 and 4.26 FTE.

Lead Agency: Health Department

Program Contact: David Brown

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

The Women, Infants and Children Program (WIC) serves lower-income pregnant, post-partum and breastfeeding women, infants and children under age five who have health or nutrition risks. WIC sees every participant at least four times per year to provide individual growth and health assessments, education on nutrition and physical activity, nutritious foods purchased with WIC vouchers, breastfeeding education and support and referrals to other preventive health and support services. Other support services include prenatal and other medical care, immunizations, Head Start, housing and day care assistance, social services, etc. The recent change to a centrally managed program allows for increased participation (over 19,206 active clients compared with 17,298 this time last year) and a significant increase in State allocated funding. WIC served over 31,000 clients in 2010. This included over 35% of all pregnant women in Multnomah County. WIC strengthens the economy which leverages federal funds to pay for almost 78% of the program's costs. The end result is WIC brought in over \$12 million dollars to local grocery stores and, through the Farm Direct Nutrition Program (Farmer's Market), over \$70,000 to local farmers. WIC is one of the few health promotion programs the federal government has sponsored. It is estimated that for every \$1 spent on WIC over \$3 is saved in Medicaid expenses. Programs like Oral Health, Lead Screening, Head Start and others are realizing the tremendous access WIC provides to the community. Since it is a federal mandate that WIC provide referral services to other valuable community programs, for the individual client, WIC becomes the web that connects all the programs together for easy access – seamless service.

Program Description

The WIC Program's mandate is to provide food, nutrition education, growth monitoring and support services to our most vulnerable population – low income pregnant, breastfeeding women, infants and children up to five years of age. The potential for WIC's success is based on the premise that access to food is of primary concern for low-income families. With the availability of nutritious foods offered each month, families in need seek out the program. To receive the food vouchers all participants must be certified on the program which includes weighing and measuring every 6 months as well as hemoglobin screenings. Clients are counseled by registered dietitians and nutrition assistants on the current best practices for diet during pregnancy, lactation, infancy and early childhood based on the American Dietetic Association and the National WIC Association's recommendations. For high risk pregnancies, children with special needs and breastfeeding complications individual counseling is provided by registered dietitians. In between certifications, clients are required to attend additional nutrition education classes on specific topics relevant to their individual needs. Nutrition classes include infant and child nutrition, nutrition during pregnancy, breastfeeding, low-fat cooking, increasing fruits, vegetables and whole grains in the diet. In all, over 90 nutrition education classes are taught each month. Poor nutrition during the first three years can affect brain development resulting in lowered academic achievement, reduced immune function, greater incidence of obesity, diabetes, etc. Research demonstrates that families on WIC are in overall better health, have less dental related Medicaid costs, have less underweight infants and demonstrate a lower prevalence of anemia than low-income children not on WIC. Four and five-year-olds whose mothers participated in WIC during pregnancy have better vocabulary test scores than those that didn't receive WIC benefits. WIC positively influences the nutrient intakes of children, dramatically improves Healthy Eating index scores for the household, reduces the risk of child abuse or neglect and WIC participation is associated with increased use of preventative care and improved health status of children. This program offer relates to the Climate Action Plan for work that supports and promotes the purchase of locally grown, low carbon, sustainable foods purchased at farmer's markets, and as well as providing insight into the acute vulnerabilities faced by this population. CAP specific items include: 14-1, 15-4, 16-1.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Average number of clients served each month	18,793	19,373	19,206	20,000
Outcome	% of mothers initiating breastfeeding on WIC	87.0%	89.0%	89.7%	91.0%
Outcome	Show rate for WIC nutrition education follow-up	70.0%	72.0%	66.0%	70.0%

Performance Measure - Description

Output: Average number of clients served each month measures the average number of clients receiving WIC food vouchers. Outcome: % of mothers who initiated breast feeding after delivery. Data Source - WIC TWIST system. Outcome: return for education required each six months to continue participation.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$924,532	\$2,412,524	\$912,771	\$2,552,138
Contracts	\$101,990	\$5,995	\$0	\$0
Materials & Supplies	\$40,811	\$47,072	\$74,781	\$26,500
Internal Services	\$419,652	\$378,875	\$262,084	\$559,339
Total GF/non-GF:	\$1,486,985	\$2,844,466	\$1,249,636	\$3,137,977
Program Total:	\$4,331,451		\$4,387,613	
Program FTE	3.53	32.61	6.25	34.10
Program Revenues				
Indirect for dep't Admin	\$169,148	\$0	\$187,501	\$0
Intergovernmental	\$0	\$2,844,466	\$0	\$3,137,977
Total Revenue:	\$169,148	\$2,844,466	\$187,501	\$3,137,977

Explanation of Revenues

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

WIC: \$2,916,178

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

County general fund: \$1,249,636

Significant Program Changes

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

As a result of the number of clients enrolled in the MCHD WIC program and the addition of the Breastfeeding Peer Counseling grant, WIC has seen a net revenue increase of \$56,162, along with a net reduction in expenses allowing for a personnel increase of 4.21 FTE allowing the program to serve more clients.

Lead Agency: Health Department

Program Contact: THIELE Margaret

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The North Portland Health Center provides comprehensive, culturally appropriate primary care and enabling services to vulnerable citizens who are uninsured or underinsured and otherwise might not have access to healthcare.

Program Description

North Portland Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. North Portland Health Center serves a population of 70% who are below 100% of the Federal Poverty level, 25% are uninsured, 65% are Medicaid and 7% are Medicare. North Portland Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of annual client visits	17,026	18,593	17,604	18,858
Outcome	% of children who are up to date on immunizations at 35 months of age	61.0%	90.0%	61.0%	75.0%
Efficiency	Number of days for a new patient appointment	9	7	5	5
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	64.0%	80.0%	74.0%	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. Performance Measures Variance Explanation: # of children who are up to date on immunizations--current improvement efforts across Primary Care clinics is underway to improve rate of immunization % of patients who would strongly agree--clinic focus group formed to address specific identified issues.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$2,875,177	\$0	\$2,844,953
Contracts	\$0	\$109,611	\$0	\$76,060
Materials & Supplies	\$0	\$141,060	\$0	\$179,083
Internal Services	\$204,138	\$906,159	\$99,197	\$763,981
Total GF/non-GF:	\$204,138	\$4,032,007	\$99,197	\$3,864,077
Program Total:	\$4,236,145		\$3,963,274	
Program FTE	0.00	27.60	0.00	27.80
Program Revenues				
Indirect for dep't Admin	\$240,004	\$0	\$230,888	\$0
Fees, Permits & Charges	\$4,000	\$124,244	\$4,000	\$119,246
Intergovernmental	\$0	\$3,907,763	\$0	\$3,744,831
Total Revenue:	\$244,004	\$4,032,007	\$234,888	\$3,864,077

Explanation of Revenues

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

Medical fees: \$3,130,450

Federal Primary Care grant: \$639,728

State Family Planning: \$47,676

State Maternal & Child Health: \$46,253

County General Fund: \$99,197

Significant Program Changes

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

Less revenue is needed to support current operations of the North Portland Health Clinic because of reductions to building management, data processing services and distribution and postage. The debt service for the building was paid off, data processing was reduced through a more accurate counting of computers and projected distribution/postage cost were lower. There is a net increase of .20 FTE for clinic operations.

Lead Agency: Health Department

Program Contact: SAUM Robert E

Program Offer Type: Existing Operating

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. The NE clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care.

Program Description

Northeast Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Northeast Health Center serves a racially diverse population of which 75% are below 100% of the Federal Poverty level, 25% are uninsured, 70% are Medicaid recipients and 4% are Medicare. Northeast Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of annual client visits	20,705	21,582	22,916	25,284
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	67.0%	90.0%	79.0%	85.0%
Efficiency	Number of days for a new patient appointment	6	6	6	5
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	50.0%	80.0%	56.0%	70.0%

Performance Measure - Description

Output: Total number of client visits. Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends. Performance Measure variance # of children who are up to date on immunizations--current improvement efforts across Primary Care clinics is underway to improve rate of immunization % of patients who would strongly agree--clinic focus group formed to address specific identified issues.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$3,333,763	\$0	\$4,070,354
Contracts	\$0	\$191,377	\$0	\$141,526
Materials & Supplies	\$0	\$673,894	\$0	\$206,314
Internal Services	\$70,747	\$1,040,840	\$130,443	\$928,703
Total GF/non-GF:	\$70,747	\$5,239,874	\$130,443	\$5,346,897
Program Total:	\$5,310,621		\$5,477,340	
Program FTE	0.00	31.77	0.00	39.30
Program Revenues				
Indirect for dep't Admin	\$279,778	\$0	\$319,518	\$0
Fees, Permits & Charges	\$0	\$203,343	\$0	\$221,901
Intergovernmental	\$0	\$5,036,531	\$0	\$5,124,996
Total Revenue:	\$279,778	\$5,239,874	\$319,518	\$5,346,897

Explanation of Revenues

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

Medical fees: \$4,560,732
Federal Primary Care grant: \$692,581
State Family Planning: \$47,476
State Maternal & Child Health: \$46,098
County General Fund: \$130,443

Significant Program Changes

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

The Northeast Health Clinic has a net increase of \$166,719 in revenue for FY2012. A new provider team was added to the clinic in FY2011 budget modification and additional provider productivity has increased medical visit revenue by \$672,864. Offsetting the additional revenue was the end of the ARRA grant funds for Capital improvement Project which reduced revenue and supplies expenditures by \$535,000. The increase in FTE is from the new provider team and changes in FTE between job classes to align with client services.

Lead Agency: Health Department

Program Contact: Marilyn Boss

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The Westside Health Center (WSHC) and its outreach programs are the primary hub for Multnomah County's (MC) homeless, providing comprehensive medical, behavioral and addictions (A&D) case management, access to medications and social services. The WSHC outreach clinic at St. Francis Dining Hall engages and serves the most disenfranchised homeless.

Program Description

WSHC is the anchor of the Health Care for the Homeless Program. 65% of Westside Clients are homeless. WSHC serves the County's most medically complex clients, providing significant mental health and addictions care. Many clients have dual diagnoses, such as bipolar/schizophrenia, drug/alcohol abuse and serious medical conditions. Many have hepatitis C, MRSA or diabetes. Westside Health Center plays a key role in stopping the cycle of incarceration by providing healthcare access to over 200 chronically mentally ill clients from corrections. Services are provided in collaboration with community mental health, corrections, drug treatment and shelters to provide access to their neediest homeless clients. Case management includes coordination with housing providers to increase supportive housing units and works to meet the goals of the 10 yr. Plan to End Homelessness. Last year, WSHC and outreach programs helped 1,500 severely mentally ill clients access psychiatric medications, who may otherwise remain untreated on the streets, posing a potentially greater risk to the general population.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of client visits	23,103	26,573	21,604	26,248
Outcome	Patients will be screened for depression on an annual basis	32.0%	90.0%	75.0%	90.0%
Quality	Number of days for a new patient appointment	4	4	8	5
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	53.0%	80.0%	51.0%	70.0%

Performance Measure - Description

Performance Measure Variance Explanation: Number of client visits: There has been a provider vacancy which impacted access and decreased number of available appointments. % of patients who would strongly agree to recommend to friends and family: Clinic focus group formed to address specific identified issues.

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 ability to pay.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$3,907,121	\$0	\$3,809,951
Contracts	\$0	\$596,988	\$0	\$494,032
Materials & Supplies	\$0	\$724,616	\$59,496	\$155,345
Internal Services	\$295,789	\$802,998	\$238,075	\$757,095
Total GF/non-GF:	\$295,789	\$6,031,723	\$297,571	\$5,216,423
Program Total:	\$6,327,512		\$5,513,994	
Program FTE	0.00	36.30	0.00	35.50
Program Revenues				
Indirect for dep't Admin	\$324,130	\$0	\$311,735	\$0
Fees, Permits & Charges	\$0	\$84,408	\$0	\$69,488
Intergovernmental	\$0	\$5,947,315	\$0	\$5,146,935
Total Revenue:	\$324,130	\$6,031,723	\$311,735	\$5,216,423

Explanation of Revenues

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

Medical fees: \$2,969,625

Federal Primary Care grant: \$1,085,148

Federal Primary Care Homeless grant: \$1,161,650

County general fund: \$297,571

Significant Program Changes

Last year this program was: #40021, Westside Health Clinic

Due to the completion of the ARRA: CIP grant and incremental adjustments to realign medical provider teams so that they are consistent within the department and responsive to the needs of the community they serve, the Westside Health Clinic is reduced by \$813,518 and 0.80 FTE.

Lead Agency: Health Department

Program Contact: COCKRELL Deborah S

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) 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 and underinsured 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). About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak a second language, many were refugees themselves. Sixty-eight percent of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL. MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The refugee population often receive no preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Most client families have three or more children; some 10 or 11 - often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, posttraumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and pre-natal services as well as referrals. Many children receive their first complete set of vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of annual client visits	36,914	47,956	45,594	47,418
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	53.0%	90.0%	59.0%	75.0%
Efficiency	Number of days for a new patient appointment	9	7	5	5
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	53.0%	80.0%	70.0%	80.0%

Performance Measure - Description

Performance Measure Variance Explanation: # of children who are up to date on immunizations--progress towards goal achieved current improvement efforts across Primary Care clinics is underway to improve rate of immunization % of patients who would strongly agree--clinic focus group formed to address specific identified issues.

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
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$7,094,942	\$0	\$7,340,001
Contracts	\$0	\$337,313	\$0	\$302,707
Materials & Supplies	\$0	\$380,722	\$0	\$553,169
Internal Services	\$80,398	\$1,891,908	\$178,326	\$1,767,327
Total GF/non-GF:	\$80,398	\$9,704,885	\$178,326	\$9,963,204
Program Total:	\$9,785,283		\$10,141,530	
Program FTE	0.00	73.20	0.00	70.50
Program Revenues				
Indirect for dep't Admin	\$577,105	\$0	\$595,321	\$0
Fees, Permits & Charges	\$0	\$258,488	\$0	\$0
Intergovernmental	\$0	\$9,446,397	\$0	\$9,963,204
Total Revenue:	\$577,105	\$9,704,885	\$595,321	\$9,963,204

Explanation of Revenues

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

Medical fees: \$8,806,498

State Refugee Screening grant: \$487,255

Federal Primary Care grant: 544,344

State Maternal & Child Health grant: \$61,626

State Family Planning: \$63,481

County general fund: \$178,326

Significant Program Changes

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

Due to the realignment of resources necessary upon completion of the ARRA: IDS grant and additional grant funding to support refugee screening, the Mid-County Health clinic is increased by \$356,247. Because of incremental adjustments to realign medical provider teams so that they are consistent within the department and responsive to the needs of the community they serve, the Mid-County Health Clinic is reduced by 2.70 FTE and no services are reduced.

Lead Agency: Health Department

Program Contact: MORROW Marcia M

Program Offer Type: Existing Operating

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

East County Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. East County Health Center serves a culturally diverse population (59% Latino) of which 80% who are below 100% of the Federal Poverty Level, 20% are uninsured, 75% are Medicaid and 3% are Medicare. East County Health Center plays a significant role in providing safety net medical services to residents in the community.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of annual client visits	31,581	41,735	38,808	42,905
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	70.0%	90.0%	75.0%	85.0%
Efficiency	Number of days for a new patient appointment	8	6	7	5
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	70.0%	80.0%	57.0%	70.0%

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. Performance Measure variance Explanation: # of children who are up to date on immunizations--Improvement efforts across Primary Care clinics are underway to improve rate of immunization % of patients who would strongly agree--clinic focus group formed to address specific identified issues.

Legal/Contractual Obligation

The ECHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$5,789,673	\$0	\$5,964,572
Contracts	\$0	\$329,006	\$0	\$237,036
Materials & Supplies	\$0	\$251,988	\$67,673	\$257,260
Internal Services	\$90,002	\$1,717,676	\$39,905	\$1,766,497
Total GF/non-GF:	\$90,002	\$8,088,343	\$107,578	\$8,225,365
Program Total:	\$8,178,345		\$8,332,943	
Program FTE	0.00	57.65	0.00	57.40
Program Revenues				
Indirect for dep't Admin	\$480,977	\$0	\$491,715	\$0
Fees, Permits & Charges	\$0	\$238,548	\$0	\$231,204
Intergovernmental	\$0	\$7,849,795	\$0	\$7,994,161
Total Revenue:	\$480,977	\$8,088,343	\$491,715	\$8,225,365

Explanation of Revenues

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

Medical fees: \$8,027,627
Federal Primary Care grant: \$71,646
State Maternal & Child Health grant: \$62,111
State Family Planning: \$63,981
County general fund: \$107,578

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: Susan Kirchoff

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

The School-Based Health Center program operates 13 fully equipped medical clinics. Twelve clinics are located in schools and one clinic is school linked. This program assures access to care by providing service ties beyond regular school times, with multiple sites open during the summer and school breaks to ensure continuity of care. Staffing includes a Nurse Practitioner, Registered nurse, medical support staff and an office assistant. Services include chronic, acute and preventive healthcare; age appropriate reproductive health; exams, risk assessments, prescriptions, immunizations, fitness and nutrition education/counseling and referrals. This comprehensive approach enables early identification and intervention, thereby reducing risk behaviors. Program locations are geographically diverse and all MC school aged youth are eligible to receive services (attending other schools, drop-outs, homeless, detention). The program strives to ensure that basic physical and behavioral needs of youth are met to help them attend, participate and remain in school. Healthcare for school aged youth is a basic need.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	% of patients with three or more visits with a risk assessment in the last year	0.0%	75.0%	73.0%	75.0%
Outcome	% of patients with persistent asthma prescribed appropriate medications	0.0%	80.0%	82.0%	85.0%
Outcome	% of patients who would "strongly agree" to recommend to family and friends	0.0%	80.0%	68.0%	80.0%

Performance Measure - Description

New program measures were chosen for FY11 to better reflect work related to our patient centered medical home initiative (Building Better Care). Key areas of focus include:

- integration of effective methods for disease management,
- reduction in barriers to access to care
- services are organized to be "patient centered"

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

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,251,701	\$2,394,765	\$1,400,409	\$2,257,099
Contracts	\$4,755	\$36,416	\$25,035	\$13,806
Materials & Supplies	\$45,693	\$583,270	\$81,830	\$422,431
Internal Services	\$565,970	\$323,152	\$240,696	\$636,932
Total GF/non-GF:	\$1,868,119	\$3,337,603	\$1,747,970	\$3,330,268
Program Total:	\$5,205,722		\$5,078,238	
Program FTE	10.51	25.25	14.03	20.95
Program Revenues				
Indirect for dep't Admin	\$179,584	\$0	\$199,020	\$0
Fees, Permits & Charges	\$0	\$194,358	\$0	\$217,148
Intergovernmental	\$0	\$3,141,610	\$0	\$3,113,120
Total Revenue:	\$179,584	\$3,335,968	\$199,020	\$3,330,268

Explanation of Revenues

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

Medical fees: \$2,545,433
 State School Based Health Centers grant: \$492,000
 Primary Care grant: \$212,835
 State Family Planning grant: \$80,000
 County general fund: \$1,747,970

Significant Program Changes
 **Significantly Changed**

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

In FY11 the Lincoln Park site was moved to David Douglas. Portland Public Schools (PPS) is scheduled to close Marshall High School in June 2011 and the School Based Health Clinic located at Marshall will close as well. ICS is working with PPS to relocate the clinic to Franklin High School. Revenue, expenditures, and staff for Franklin SBHC are included in the FY12 budget.

Lead Agency: Health Department

Program Contact: NORMAN Kathy M

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Backfill State/Federal/Grant, Measure 5 Education

Executive Summary

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

Program Description

Teen pregnancy impacts every racial/ethnic group and is one of the primary health indicators for a community. The overall teen pregnancy rate in Multnomah County is higher than the state's rate and when analyzed by race/ethnicity, is significantly higher among Latinas, American Indians, and African Americans when compared to the County as a whole. A recent study of drop out rates in Oregon showed that Multnomah County high schools have the worst graduation rate in the state with dropout rates ranging from 43% to 47%. Teen pregnancy is a factor contributing to dropout rates.

This program works to reduce teen pregnancy and delay the onset of sexual activity and other high risk adolescent behaviors that impact educational attainment. All program components stress prevention and use culturally specific, evidence based, population focused approaches. Component 1) Community Services: Based on the theoretical framework of positive youth development, the program utilizes two best practice models, "Parent-Child Connectedness" & "Lets Talk" to provide educational sessions that increase communication between youth, parents and other supportive adults within the community. While there will be a strong focus on teen pregnancy prevention, healthy relationships, and sexual health (including LGBTQ issues), other topic areas such as violence prevention, bullying, mental health, nutrition/physical activity may be included in programming depending on the community need. Component 2) Teacher Training: Due to ongoing budget deficits, Multnomah County middle schools have eliminated many health teachers and reassigned health education to other areas. The program will support school districts in providing evidence-based comprehensive sexuality education through implementing a teacher training course designed to build classroom teachers skills and abilities to teach sexuality education. Trained teachers will receive CEU credits, resource development and ongoing support for district to meet the Oregon statute on Human Sexuality Education. Component 3) Public Health Policy/Advocacy: The program will work in collaboration with school districts and community organizations to develop policies that strengthen sexual health education and address other prominent issues that are identified through participatory community engagement practices.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of participants in educational sessions/training	0	0	0	1,200
Outcome	Percent of participants demonstrating increased knowledge	0.0%	0.0%	0.0%	80.0%
Quality	% of participants utilizing skills to increase parent to youth communication	0.0%	0.0%	0.0%	80.0%

Performance Measure - Description

✓ **Measure Changed**

The performance measures are designed to track efforts to reduce teen pregnancy and delay the onset of sexual activity, and other high risk adolescent behaviors that impact educational attainment. 1) Skill and capacity building will be measured through tracking the number of teachers, community members, and internal partners that successfully complete training and implement the curricula. 2) The percentage of program participants that demonstrate increased knowledge. 3) The percentage of program participants that plan to utilize information, skills, and abilities gained in the program to increase the connection between parents, youth and other supportive adults.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$78,345	\$628,785	\$253,926	\$0
Contracts	\$0	\$46,650	\$0	\$0
Materials & Supplies	\$655	\$5,016	\$13,779	\$0
Internal Services	\$0	\$144,292	\$54,465	\$0
Total GF/non-GF:	\$79,000	\$824,743	\$322,170	\$0
Program Total:	\$903,743		\$322,170	
Program FTE	1.00	7.62	3.00	0.00
Program Revenues				
Indirect for dep't Admin	\$49,044	\$0	\$0	\$0
Intergovernmental	\$0	\$824,743	\$0	\$0
Total Revenue:	\$49,044	\$824,743	\$0	\$0

Explanation of Revenues

Adolescent Health Promotion is supported by \$322,170 in county general fund. In FY2011, the program's adopted budget estimated that the federal Community Based Abstinence grant would be renewed. However, Multnomah County was not successful in a competitive grant application process. In addition the Northwest Health Foundation grant expired. For FY2012 the scope of the program was changed and the general fund partially backfills expired grant funds.

Significant Program Changes
 **Significantly Changed**

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

Last year the program had a grant to address teen pregnancy prevention in Multnomah County middle schools and community organizations. The grant ended in September 2010. The program has changed the service model to continue supporting Multnomah County middle schools and community organizations through capacity building, training, targeted community interventions, resource and policy development at a lower cost. As a result of these changes, general fund revenue has increased by \$243,170 while grant support has decreased by \$824,743 and 5.62 FTE.

Lead Agency: Health Department

Program Contact: Susan Kirchoff

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of annual client visits	0	6,823	0	0
Outcome	% of children who are up to date on immunizations at 35 months of age	0.0%	90.0%	0.0%	0.0%
Efficiency	Number of days for a new patient appointment	0	4	0	0
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	0.0%	80.0%	0.0%	0.0%

Performance Measure - Description

Output: Total number of client visits Outcome: % of children who are immunized by 35 months: Immunizations are vitally important in preventing infectious diseases, many of which can occur in the first year of life. Efficiency: # of days for new patient appointment: Measures effectiveness of timely availability for underserved Multnomah County residents to access health care services. Quality: Client satisfaction survey question which asks if they would recommend this clinic to family/friends.

Performance Measure variance Explanation: # of children who are up to date on immunizations--Improvement efforts across Primary Care clinics are underway to improve rate of immunization % of Patients who would strongly agree--clinic focus group formed to address specific identified issues.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$0	\$1,200,301	\$0	\$1,155,227
Contracts	\$0	\$61,146	\$0	\$37,167
Materials & Supplies	\$0	\$75,099	\$0	\$91,529
Internal Services	\$80,982	\$302,626	\$99,408	\$320,978
Total GF/non-GF:	\$80,982	\$1,639,172	\$99,408	\$1,604,901
Program Total:	\$1,720,154		\$1,704,309	
Program FTE	0.00	11.40	0.00	10.90
Program Revenues				
Indirect for dep't Admin	\$97,475	\$0	\$95,897	\$0
Fees, Permits & Charges	\$0	\$60,700	\$0	\$46,736
Intergovernmental	\$0	\$1,578,472	\$0	\$1,558,165
Total Revenue:	\$97,475	\$1,639,172	\$95,897	\$1,604,901

Explanation of Revenues

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

Medical fees: \$1,194,688
 Federal Primary Care grant: \$116,681
 Federal Primary Care/Homeless grant: \$256,414
 State Maternal & Child Health grant: \$18,284
 State Family Planning: \$18,834
 County general fund: \$99,408

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: WILEY Lynne

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Rockwood Health Center provides comprehensive primary care and behavioral health services to the diverse, poor, underserved residents in the East County Rockwood area. The Rockwood clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care.

Program Description

Rockwood Health Center primary care services are designed to be a patient centered medical home. This includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services and collaboration with community partners. Culturally competent primary care services are provided which include, treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations). Ancillary support services are operationally integrated and include pharmacy and lab. Enabling services include Medicaid eligibility screening, medical interpretation, transportation, case management and health education. Rockwood Health Center plays a significant role in providing safety net medical services to residents in the community. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. From 2000 to 2007, the number of persons of color in Rockwood increased by 54% (the countywide increase was 27%). Furthermore, 62% of the 7,000 plus Rockwood residents living below 100% of the federal poverty level are persons of color (which is 20% higher than the countywide average) and five of the area's eight census tracts are designated as medically underserved populations in recognition of access issues residents faced.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of new clients served	0	4,400	3,180	3,640
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	0	90	60	85
Quality	% "strongly agree" they would recommend this clinic to friends and family	0.0%	80.0%	64.0%	80.0%

Performance Measure - Description

Output: # of new clients served--measures success in serving residents not previously receiving services from MCHD (source: EPIC system report).

Outcome: Percentage of children who are up to date on immunizations (source: state immunization data).

Quality: % strongly agree they would recommend this clinic to friends and family (source: quarterly patient satisfaction survey).

Legal/Contractual Obligation

The Rockwood Health Center will comply 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
Program Expenses	2011	2011	2012	2012
Personnel	\$179,349	\$1,543,919	\$0	\$1,984,649
Contracts	\$20,651	\$129,349	\$59,012	\$0
Materials & Supplies	\$22,897	\$96,939	\$26,753	\$124,132
Internal Services	\$0	\$380,113	\$69,454	\$451,325
Total GF/non-GF:	\$222,897	\$2,150,320	\$155,219	\$2,560,106
Program Total:	\$2,373,217		\$2,715,325	
Program FTE	3.00	14.85	0.00	18.70
Program Revenues				
Indirect for dep't Admin	\$127,870	\$0	\$153,012	\$0
Fees, Permits & Charges	\$0	\$131,160	\$0	\$56,678
Intergovernmental	\$0	\$2,019,160	\$0	\$2,503,428
Total Revenue:	\$127,870	\$2,150,320	\$153,012	\$2,560,106

Explanation of Revenues

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

Medical fees: \$2,146,639
Federal Primary Care grant: \$226,5691
State Maternal & Child Health grant: \$92,054
State Family Planning: \$94,822
County general fund: \$155,219

Significant Program Changes

Last year this program was: #40029A, Rockwood Health Clinic
Last year this program was also 40029B - Rockwood Health Clinic Scaled Offer

Program # 40030 - Medical Directors (Physician, Nurse Practitioner and Nursing)

Version 3/22/2011 s

Lead Agency: Health Department

Program Contact: ABDELLATIF Vanetta M

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

Medical services:

1. Oversees initiatives to improve quality, safety, cost effectiveness, and access; develops and implements patient care guidelines, policies, procedures.
2. Recruits, hires, credentials and monitors provider performance; oversees in-house nursing and medical educational programs.
3. Sets and monitors provider and nursing productivity goals.
4. Investigates and remedies 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.

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 (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output		0	0	0	0
Outcome	% of Providers meeting productivity goals	87.0%	95.0%	90.0%	95.0%
Quality	Maintain compliance with regulatory and licensing standards/boards	100.0%	100.0%	100.0%	100.0%

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
Program Expenses	2011	2011	2012	2012
Personnel	\$883,839	\$0	\$652,679	\$83,661
Contracts	\$37,000	\$0	\$15,096	\$0
Materials & Supplies	\$113,188	\$0	\$77,325	\$0
Internal Services	\$63,643	\$0	\$37,782	\$7,571
Total GF/non-GF:	\$1,097,670	\$0	\$782,882	\$91,232
Program Total:	\$1,097,670		\$874,114	
Program FTE	4.70	0.00	3.70	0.00
Program Revenues				
Indirect for dep't Admin	\$0	\$0	\$5,463	\$0
Intergovernmental	\$0	\$0	\$0	\$91,232
Total Revenue:	\$0	\$0	\$5,463	\$91,232

Explanation of Revenues

Medical Directors (Physician, Nurse Practitioner and Nursing) is primarily funded with county general fund. Additionally the Department has been awarded a research grant from the Kaiser Foundation for participating in research project for cardiovascular disease risk factors among diabetic patients in federally qualified health centers.

Kaiser Foundation: \$91,232
County General Fund: \$782,882

Significant Program Changes

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

In order to better reflect where services are actually delivered, adjustments were made to several positions to move them into the health clinics where they serve. As a result of this change, there is a decrease of \$223,556 and 1.00 FTE.

Program # 40031 - Pharmacy

Version 2/18/2011 s

Lead Agency: Health Department

Program Contact: ABDELLATIF Vanetta M

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Prescriptions Filled	325,803	370,000	368,000	401,000
Outcome	Average prescription cost	31	32	33	35

Performance Measure - Description

The prescription volume reflects staffing needs, materials and supplies, expenditures and revenue. The average prescription cost reflects prescription volume, expenditures, staffing, materials and supplies but not revenue.

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
Program Expenses	2011	2011	2012	2012
Personnel	\$94,556	\$4,357,334	\$0	\$4,624,364
Contracts	\$0	\$251,000	\$0	\$220,305
Materials & Supplies	\$558,612	\$6,445,174	\$291,501	\$7,070,723
Internal Services	\$47,022	\$1,212,795	\$141,052	\$1,291,608
Capital Outlay	\$0	\$100,425	\$0	\$0
Total GF/non-GF:	\$700,190	\$12,366,728	\$432,553	\$13,207,000
Program Total:	\$13,066,918		\$13,639,553	
Program FTE	1.35	38.30	0.00	42.75
Program Revenues				
Indirect for dep't Admin	\$708,709	\$0	\$789,150	\$0
Fees, Permits & Charges	\$0	\$485,000	\$0	\$780,000
Intergovernmental	\$0	\$11,881,728	\$0	\$12,427,000
Total Revenue:	\$708,709	\$12,366,728	\$789,150	\$13,207,000

Explanation of Revenues

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

Third Party Fees: \$12,307,000
Patient Fees: \$375,000
Patient Assistance Programs: \$395,000
County general fund: \$553,140

Significant Program Changes

Last year this program was: #40031, Pharmacy

Pharmacy has experienced consistent increases in prescription volume for several years. In order to respond to the increased demand due to more patient visits and the new Rockwood Health Center, Pharmacy has increased by \$572,635 and 3.10 FTE.

Lead Agency: Health Department

Program Contact: ABDELLATIF Vanetta M

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

Laboratory: Test clinical and environmental specimens, manage contracts, prepare for bio-terrorism and emergencies and surveillance of emerging infections. X-ray: Maintain diagnostic imaging and film archives. Health Information Management: Manage medical records systems to ensure comprehensive clinical documentation and compliance with all applicable licensing, regulatory and accreditation standards. Also fulfills role of Health Department's Privacy Official as required by HIPAA. The Clinical Infrastructure Services Group provides essential support to the health delivery and emergency preparedness programs within the Health Department. Laboratory and X-ray assist in the diagnosis, treatment, and monitoring of clients receiving health care in Health Department facilities. Health Information Management ensures proper documentation of health care services and provides direction, monitoring and reporting of federally required HIPAA compliance activities.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of records requests completed	0	10,500	11,000	9,700
Outcome	X-rays taken	5,800	6,400	6,300	6,600
Outcome	Number of laboratory specimens handled	222,000	250,000	250,000	275,000
Quality	Lab proficiency/competency levels through internal and external testing program	95.0%	95.0%	95.0%	95.0%

Performance Measure - Description

New measures (began FY10/11) are the number of records requests completed, and lab proficiency/competency level through internal and external testing programs.

Legal/Contractual Obligation

Federal and state mandates require maintenance of medical records. HIPAA and state confidentiality and privacy laws require adherence to standards. Various grants require provisions 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	2011	2011	2012	2012
Personnel	\$2,335,251	\$0	\$2,494,844	\$0
Contracts	\$18,729	\$0	\$10,750	\$0
Materials & Supplies	\$75,140	\$0	\$74,685	\$0
Internal Services	\$366,248	\$0	\$364,043	\$0
Total GF/non-GF:	\$2,795,368	\$0	\$2,944,322	\$0
Program Total:	\$2,795,368		\$2,944,322	
Program FTE	26.10	0.00	26.90	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

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: #40032, Lab, X-Ray and Medical Records

In addition to incremental adjustments to existing positions, the Lab, X-Ray and Medical Records operating level is determined by patient demand. Due to increased patient visits at the Rockwood Health Clinic, this program has increased by \$148,954 and 0.80 FTE.

Lead Agency: Health Department

Program Contact: OLBRICH Pamela W

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

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

Program Description

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

MCHD Language Services provides interpretation in over 50 languages and sign language for all MCHD services and programs and for established patients who access specialty care in the community. Comprehensive written translation for clinical and non-clinical programs and services is also provided. MCHD Language Services is the central coordinator for thousands of patient/client interpretation requests and translations each year for multiple programs/services. This key service ensures that patients and clients through the department's Refugee and Screening Program, and those who have Limited English Proficiency, receive culturally competent interpretation.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of new patients who receive appointments	11,070	13,000	9,625	11,500
Outcome	# of uninsured patients who receive specialty care	2,100	2,350	1,250	1,250

Performance Measure - Description

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

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

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$863,115	\$0	\$910,142	\$0
Contracts	\$56,610	\$99,880	\$90,989	\$23,848
Materials & Supplies	\$23,500	\$0	\$0	\$22,828
Internal Services	\$104,676	\$8,120	\$42,700	\$68,324
Total GF/non-GF:	\$1,047,901	\$108,000	\$1,043,831	\$115,000
Program Total:	\$1,155,901		\$1,158,831	
Program FTE	11.00	0.00	11.00	0.00
Program Revenues				
Indirect for dep't Admin	\$6,422	\$0	\$6,871	\$0
Intergovernmental	\$0	\$108,000	\$0	\$115,000
Total Revenue:	\$6,422	\$108,000	\$6,871	\$115,000

Explanation of Revenues

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

Federal Primary Care grant: \$115,000
County general fund: \$1,043,831

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: ABDELLATIF Vanetta M

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

This program supports services within the project scope of the BPHC grant, which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services to the County's most vulnerable. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts are maintained at acceptable thresholds. This program supports the ongoing delivery of Primary Care, Homeless, Dental and School Based Health clinical services through the following activities: Management of all aspects of the BPHC grant, including adherence to all federal program requirements. Review, audit and maintain standards of clinical quality and safety as required to maintain Joint Commission (JCAHO) accreditation, which the BPHC strongly supports. Emphasis on use of data and provision of evidence-based care to increase performance outcomes. Provision of financial analysis, monitoring and revenue development for revenue generating program areas. Development and implementation of systems and processes to streamline service delivery, maintain quality and safety, and increase customer satisfaction. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPHC and JCAHO are our primary external benchmarking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output		0	0	0	0
Outcome	Maintain compliance with Joint Commission standards	0.0%	100.0%	0.0%	0.0%
Outcome	Percentage of grants renewed	0.0%	100.0%	0.0%	0.0%

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
Program Expenses	2011	2011	2012	2012
Personnel	\$170,820	\$1,693,025	\$269,441	\$1,596,538
Contracts	\$165,369	\$150,131	\$500	\$119,650
Materials & Supplies	\$2,000	\$142,680	\$8,212	\$88,872
Internal Services	\$0	\$245,341	\$58,873	\$187,440
Total GF/non-GF:	\$338,189	\$2,231,177	\$337,026	\$1,992,500
Program Total:	\$2,569,366		\$2,329,526	
Program FTE	1.90	14.55	2.80	14.90
Program Revenues				
Indirect for dep't Admin	\$132,679	\$0	\$113,027	\$0
Intergovernmental	\$0	\$1,161,177	\$0	\$1,105,000
Other / Miscellaneous	\$0	\$1,070,000	\$0	\$887,500
Total Revenue:	\$132,679	\$2,231,177	\$113,027	\$1,992,500

Explanation of Revenues

Quality Assurance and Quality Improvement activities are funded primarily from the federal Bureau of Primary Care with additional funding provided by CareOregon based upon eligibility criteria and quality outcome measures described in the CareOregon Medical Home Payment Model.

Federal Primary Care grant: \$1,105,000

CareOregon: \$887,500

County general fund: \$337,026

Significant Program Changes

Last year this program was: #40034, Quality Assurance

Due to one-time only expenses in FY 2011, such as the Corrections Health cost benefit analysis and JHACO accreditation, Quality Assurance is decreased by \$239,840. Additionally, in order to align staff with the program areas that they serve Quality Assurance is increased by 1.25 FTE.

Lead Agency: Health Department

Program Contact: JOHNSON Sandy A

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

Health Assessment, Planning and Evaluation informs and supports health program and policy decisions through providing research, evaluation, program and fund development services. Health Assessment, Planning and Evaluation identifies health issues and concerns within the county, provides leadership for department-wide strategic planning, procurement of grant funds, and the development and evaluation 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 support through three program areas: Health Assessment and Evaluation (HAE), Program Design and Evaluation Services (PDES), and Grant Development. HAE provides data analysis and evaluation support for program planning and quality improvement efforts across the Health Department, reports on the health status of Multnomah County residents, and provides data support for Grant Development efforts. HAE supports county-wide efforts to achieve health equity and social justice through monitoring and disseminating reports documenting health inequities and conducting health impact assessments. PDES provides evaluation support to county and state programs, initiates and conducts applied research studies to improve community health, shape public policy, and reduce health disparities. PDES designs public health interventions by identifying and applying best practices and generates knowledge about promising new approaches through research and evaluation. Grant Development identifies and tracks public and private sector funding opportunities, develops grant proposals and budgets, and provides technical assistance to Health Department staff and community partners in program planning, proposal writing, and grant management. Over \$33 million was procured to address health issues in FY2009-10.

Health Planning and Evaluation projects address key areas including tobacco control, obesity, early childhood, school-aged policy, homelessness, poverty, and emergency preparedness. Examples include evaluation of the Healthy Birth Initiative, the Communities Putting Prevention to Work program, and of smoke-free multi-unit housing policies. Grant Development has secured program funds to support early childhood, adolescent health, public health infrastructure, and clinical services. Health Planning and Evaluation programs identify health priorities and direct resources toward improving health. The investment of \$1.4 million in general funds results in over \$23 million in returns from foundation, state and federal grants, and contracts. HAE analyses and reports inform Health Department program planning and improvement and keep communities apprised of health issues of importance.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of requests for data analysis (1)	700	700	600	600
Outcome	Number of grant proposals written (2)	31	50	35	37
Output	Number of reports and presentations disseminated	47	55	58	60
Outcome	Dollar amount (in millions) of grants funded (3)	33	22	23	24

Performance Measure - Description

- 1) Includes HAE planned projects and ad hoc requests.
- 2) Includes Grant Development and PDES proposals. The CYP of 50 was too high; a tighter funding environment reduced CYP.
- 3) Includes HAE and PDES reports and articles.
- 4) Total grant awards in \$millions. FY09-10 actuals reflect American Reinvestment and Recovery Act funding.

Legal/Contractual Obligation

Program Design and Evaluation Services (PDES) is primarily grant funded and program continuation is required by grant and contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,252,478	\$1,156,210	\$1,156,667	\$858,166
Contracts	\$21,200	\$293,423	\$0	\$290,444
Materials & Supplies	\$27,696	\$73,725	\$35,638	\$78,457
Internal Services	\$135,136	\$129,846	\$155,195	\$111,050
Total GF/non-GF:	\$1,436,510	\$1,653,204	\$1,347,500	\$1,338,117
Program Total:	\$3,089,714		\$2,685,617	
Program FTE	11.35	10.07	10.50	7.90
Program Revenues				
Indirect for dep't Admin	\$98,333	\$0	\$80,128	\$0
Intergovernmental	\$0	\$1,575,722	\$0	\$1,056,800
Other / Miscellaneous	\$0	\$77,482	\$0	\$281,317
Total Revenue:	\$98,333	\$1,653,204	\$80,128	\$1,338,117

Explanation of Revenues

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

State Local Public Health Agency grant: \$406,800
State of Alaska Tobacco grant: \$600,000
State of Washington Tobacco grant: \$50,000
Mercy Corps: \$92,061
Seattle/King County Washington: \$79,256
County general fund: \$558,161
County general fund indirect: \$789,339

Significant Program Changes

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

Several of the grant-funded evaluation projects the Program Design and Evaluation Services (PDES) team is working on will be completed by the end of FY 2011, resulting in a reduction of \$404,097 and 2.02 FTE. The work that the Health Assessment, Planning and Evaluation team does is highly respected in the local and regional health community, and future contracts are likely.

In addition to the changes in PDES, a Grants Development position was moved to Integrated Clinical Services resulting in a decrease of 1.00 FTE.

Lead Agency: Health Department

Program Contact: LEE Kate

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

The 13 Coalition of Community Health Clinics (CCHC) are community based clinics that have a pivotal role in serving individuals who are under or uninsured in Multnomah County. The Health Department's indemnification program screens volunteer health care professionals for CCHC.

Program Description

The CHC offers an entry point for residents to give input about how the County can better meet the health needs of the community. The CHC has a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by the Federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. The 13 member Coalition of Community Health Clinics (CCHC) are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people. The Council plays a critical role in assuring access to health care for our most vulnerable residents and by serving 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 through funding of the Community Health Council. County funding of the Coalition of Community Health Clinics' infrastructure fuels the engine that leverages community health resources: \$325,000 estimated in 2009. The Health Department's indemnification program for volunteer health care professionals leveraged an estimated 15,675 total volunteer hours with an estimated dollar value of \$560,000 in 2009–2010. The County's support of the coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many who would otherwise be without care.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of volunteer hours	15,575	16,500	16,500	16,700
Outcome	Percentage of consumers involved	64.0%	63.0%	64.0%	64.0%

Performance Measure - Description

Number of volunteer hours includes volunteer hours at the 13 Coalition Clinics for licensed health care professionals that utilize the indemnification program as well as Community Health Council participation at meetings and community events. Percentage of consumers involved includes patient advisory boards represented through the CCHC and consumers represented on the CHC. Number of uninsured patients seen include an Health Department estimate of 23,654 at the health centers and 95,579 visits of uninsured patients through the CCHC. Number of meetings held, includes 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
Program Expenses	2011	2011	2012	2012
Personnel	\$98,007	\$0	\$114,163	\$0
Contracts	\$106,060	\$0	\$106,060	\$0
Materials & Supplies	\$7,380	\$0	\$6,645	\$0
Internal Services	\$12,253	\$0	\$12,724	\$0
Total GF/non-GF:	\$223,700	\$0	\$239,592	\$0
Program Total:	\$223,700		\$239,592	
Program FTE	1.10	0.00	1.30	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Community Health Council and Civic Governance is funded by county general fund, \$239,592.

Significant Program Changes

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

An incremental adjustment was made to an existing position, resulting in an increase of 0.20 FTE and \$15,892.

Lead Agency: Health Department

Program Contact: WICKHAM Lila A

Program Offer Type: Existing Operating

Related Programs: 40007, 40008, 40015

Program Characteristics: Climate Action Plan

Executive Summary

Supports community housing interventions and development of environmental health policy recommendations that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors. The housing program's focus on vulnerable families living in substandard housing to reduce: asthma triggers, exposure to household mold, toxins, vectors and lead paint through family/home assessments and housing inspections. The program addresses emerging environmental health issues. Strategies include education, advocacy, policy analysis, information & referral, and community organizing to build community capacity. Focus areas include health impacts of global climate change, toxic exposures, indoor air quality, transportation, bedbugs, and the built environment. The program will pilot the integration and analysis of the health equity lens in the policy analysis process. The emerging public concern and associated social and economic impacts of bedbug infestations call out for a response coordinated through public health.

Program Description

The program supports the root causes of health disparities through chronic disease prevention by improving the health and livability of the home and addressing environmentally related health concerns. Healthy Home Priorities: 1) Provide home based environmental and medical assessment/interventions for high risk asthmatic children; 2) Consult with medical providers; 3) Create partnerships between landlords and tenants; 4) Provide environmental assessments and interventions for children and families whose health is impacted by their home environment; 5) Address substandard housing complaints in unincorporated areas and 6) Provide home environmental assessments for sick children and improve housing conditions. Housing Education Priorities: 1) Conduct community-based training related to mold, indoor air quality, hazards, toxins and safety; 2) Integrate environmental health risk reduction with other MCHD initiatives. The Healthy Homes asthma intervention has been shown to improve asthma control resulting in reduced emergency department visits and improved conditions of home environment. Environmental Health Education: 1) Conduct education and outreach related to global climate change, toxics exposure, indoor air quality, bedbugs and the built environment; 2) Provide environmental health education related to housing, diseases transmitted from animals to humans (vector borne disease), and food borne illness. Environmental Health Policy Analysis: 1) Coordinate implementation of the Climate Action Plan (CAP) action items; 2) Participate in the CAP revision steering committee; 3) Integrate environmental health risk reduction with other Health Departments and County-wide initiatives; 4) Work in collaboration with County Commissioners, Health Department leadership and State officials to address bedbugs as an emerging issue. Environmental Health Advocacy: 1) Participate in committees that address health disparities and environmental justice; 2) Provide remediation services related to health and housing; 3) Coordinate stakeholder work groups to provide recommendations on emerging toxic-free policies. This program offer relates to the Climate Action Plan for its overall coordination of implementation of the CAP within MCHD, and specifically for items 14-1, 14-2, 5-7, and for technical expertise and coordination on 17-1, 17-2, and 17-3 related to a CDC State grant on conducting public health hazard vulnerability assessments with priority climate change indicators.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of families receiving environmental home inspection from any HH programs	0	180	200	225
Outcome	Emergency Dept & hospitalization costs averted	124,214	149,056	149,056	161,874
Outcome	Dollars leveraged	587,666	444,773	491,664	573,696
Output	Community Coalition recommendations adopted related to Bedbug interventions	0	0	0	12

Performance Measure - Description

✓ **Measure Changed**

Output: total # of homes receiving home environmental assessments through the Healthy Homes, AIR and CAIR programs has shifted between programs and increased with the advent of CAIR. Outcome: Savings are estimated from ER and hospitalization data and costs averted. Outcome: Measures include the total sum of dollars leveraged in housing program grants by MCEH and revenue acquired through Targeted Case Management billing. Output: # of recommendations developed & adopted by Bedbug Community Coalition.

Legal/Contractual Obligation

Some activities under this program offer are subject to contractual obligations under the HUD Healthy Homes Demonstration Grant #ORRLHH029-09, the DMAP Healthy Homes State Health Plan Amendment and the PHB CAIR contract.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$438,773	\$211,446	\$492,720	\$340,149
Contracts	\$7,450	\$149,520	\$78,400	\$108,217
Materials & Supplies	\$33,978	\$60,328	\$34,647	\$107,313
Internal Services	\$68,361	\$39,603	\$39,459	\$110,253
Total GF/non-GF:	\$548,562	\$460,897	\$645,226	\$665,932
Program Total:	\$1,009,459		\$1,311,158	
Program FTE	4.73	1.85	4.97	3.88
Program Revenues				
Indirect for dep't Admin	\$27,408	\$0	\$39,795	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$215,040
Intergovernmental	\$0	\$460,897	\$0	\$450,892
Total Revenue:	\$27,408	\$460,897	\$39,795	\$665,932

Explanation of Revenues

In July 2010, DMAP approved Healthy Homes targeted case management at a reimbursement rate of \$336 per home visit with an estimated annual revenue amount of \$215,040.

The HUD Healthy Homes Demonstration Grant funds the CAIR grant and will provide \$299,700 in grant funding for the 2012 budget. In addition the Portland Housing Bureau will support the CAIR program with a \$34,922 per year contract. The County has an in-kind match obligation of \$96,643 to support this grant.

A \$15,000 state climate change grant is expected, as well as a Portland Housing Bureau Healthy Homes grant of \$78,556. The Program also receives \$22,714 in state funds to provide service to public water systems that result in reduced health risks, monitoring and compliance.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #40037, Community Environmental Health

Environmental Health will support leadership in coordinating community efforts to address bedbugs as an emerging issue. Additionally, Environmental Health will operate the new Medicaid Healthy Homes Targeted Case Management program. This new service provides case management and environmental assessments for children diagnosed with asthma and elevated blood lead levels. As a result of these changes, general fund and Medicaid reimbursement will increase by \$302,000 and FTE will increase by 2.27.

Lead Agency: Health Department

Program Contact: WIGGINS Noelle

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

Many persistent health inequities are the result of adverse social conditions such as poverty and racism. These conditions are referred to as the social determinants of health. The unifying factor among all these conditions is relative powerlessness or lack of control. Substantial evidence suggests that only by addressing the underlying social determinants of health and increasing people's control over their health can we improve health and reduce persistent health inequities. Previous inattention to the social determinants of health has created a need for skill-building in this area, both among public health practitioners and their community partners. This program helps people both inside and outside the Health Department build their capacity to address the social determinants of health. Activities include training community members as Community Health Workers (CHWs), conducting culturally-specific health promotion in various communities, teaching empowering health promotion approaches including popular education, conducting community-based participatory health research (CBPR), and coordinating the Health Promotion Change Process throughout the Health Department.

Program Description

This program helps people both inside and outside the Health Department develop the skills and knowledge they need to improve health and increase health equity by addressing the social determinants of health via five primary strategies: 1) providing credit-bearing training for Community Health Workers (CHWs) who promote health in their own communities; 2) assisting a variety of groups to learn to use empowering strategies such as popular education to promote health; 3) conducting community-based participatory research (CBPR) projects that increase power and improve health in communities affected by inequities; 4) conducting empowering health promotion projects in culturally-specific communities; and 5) leading the MCHD Health Promotion (HP) Change Process. In the last year, CCC staff has provided revenue-producing CHW training courses to eight agencies. Bi-monthly popular education (PE) workshops and ongoing consultation about PE are provided to staff from the Health Department, other County departments, and other organizations. Currently, two proposals for CBPR projects are under review by the Natl. Institutes of Health (NIH). A project aimed at reducing violence affecting youth of color brings together youth and police officers at seven schools, agencies, or faith communities. During 2010 the HP Community of Practice, which leads the HP Change Process: 1) conducted a baseline survey with all Health Department staff; 2) disseminated a new version of the HP Framework; 3) rolled out a series of "Introduction to Empowering Health Promotion" trainings to all HD staff; and 4) engaged in multiple projects aimed at increasing integration between clinical and community health promotion efforts. We collaborate closely with the Health Equity Initiative on a variety of projects, including piloting of the Equity and Empowerment Lens.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of participants in training classes	1,874	2,000	1,200	1,200
Outcome	% of participants in training courses who report increased ability to promote hlt	95.0%	95.0%	96.0%	96.0%
Outcome	% of participants who demonstrate increased knowledge	90.0%	80.0%	67.0%	70.0%
Outcome	% of HD staff who report increased understanding of health promotion	0.0%	50.0%	85.0%	85.0%

Performance Measure - Description

✓ **Measure Changed**

1) Number of participants in training classes represents the sum all participants in each training class offered. The same participant may be counted more than once. 2) Percentage of participants in training courses who report increased ability to promote health is defined as participants who rate this item 1 or 2 on a post-evaluation survey. A score of 1 is the highest score. 3) Percentage of participants who demonstrate increased knowledge is defined as those who increase the number of correct items on a survey from baseline to follow-up. 4) Percentage of HD staff who report increased understanding of health promotion is defined as those who rate any of three items on a survey more positively from baseline to follow-up.

Legal/Contractual Obligation

CDC standards for local public health agencies will soon make health promotion a mandatory service.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$514,873	\$0	\$565,612	\$0
Contracts	\$0	\$750	\$750	\$0
Materials & Supplies	\$0	\$9,672	\$10,893	\$0
Internal Services	\$41,262	\$12,578	\$41,845	\$18,000
Total GF/non-GF:	\$556,135	\$23,000	\$619,100	\$18,000
Program Total:	\$579,135		\$637,100	
Program FTE	5.35	0.00	5.80	0.00
Program Revenues				
Indirect for dep't Admin	\$1,368	\$0	\$1,075	\$0
Fees, Permits & Charges	\$9,200	\$0	\$0	\$3,000
Intergovernmental	\$0	\$8,000	\$0	\$0
Other / Miscellaneous	\$0	\$15,000	\$0	\$15,000
Total Revenue:	\$10,568	\$23,000	\$1,075	\$18,000

Explanation of Revenues

Health Promotion & Community Capacity Building is funded with \$619,100 in county general fund. Two revenue contracts, \$15,000 subcontract from Janus Youth Village Gardens Project and \$3,000 subcontract from Parish Health Promoter Program, reimburse the program for providing health promotion and community capacity building services.

Significant Program Changes

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

Several incremental adjustments were made to existing positions, resulting in an increase of 0.45 FTE and \$57,965. These housekeeping adjustments bring the budget in-line with the actual staffing level required to operate this program.

Lead Agency: Health Department

Program Contact: Kathleen Fuller-Poe

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

Business and Quality Services - Workforce Development Human Resources and Training Unit provides guidance and consultation in the administrative procedures, recruitment, employee/labor management relations, core management competency, personnel policy and labor contract interpretation, web design, webinar facilitation, legislative review and legal compliance. These objectives will be achieved through (a) applying business best practices (b) being collaborative with key stakeholders, partners, and (c) providing reliable data information to measure results and quality performance. We strive to strengthen professional competencies on a continuous basis.

Program Description

This Program consisted of three primary operating components that support the Health Department's human resources and workforce development objectives:

- 1) Organizational Effectiveness: Provides staff and organization development opportunities that support high performance, facilitative leadership, change management, and succession planning. Other support includes managing and maintaining Department web content and administrative guidelines dissemination and promoting statutory compliance and related technical training for meeting regulatory and accreditation standards.
- 2) Public Health Competence: Provides training resources to employees to strengthen performance in public health and health provider competencies with attention paid toward continuous learning, quality improvement and cultural competence.
- 3) Human Resources: Ensures human resources systems are implemented and consistently followed to guide and direct all Human Resources activities of the Health Department by providing internal consultation with legal counsel to managers and employees on a wide range of issues regarding human resources, employee and labor relations, 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.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of probationary employees (EEs) receiving Probationary Reviews (PRs)	125	180	180	180
Outcome	Increase % of EEs receiving PRs by managers and supervisors	72.0%	80.0%	80.0%	87.0%

Performance Measure - Description

✓ **Measure Changed**

The FY10-11 measure was generally achieved as targeted; therefore, Human Resource Workforce Development (HR/WFD) proposed to increase the percentage of Probationary Performance Evaluations completed at the 3/6/9 and pre-12 month mark to increase employee success, training needs and retention. HR/WFD informs supervisors and managers regarding the status of employees' Probationary Performance Reviews (PRs) and date due with the expectation that all required Probationary Performance Evaluations will be completed by the end of the employee's first year of employment.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,678,776	\$0	\$1,817,887	\$0
Contracts	\$114,720	\$0	\$103,000	\$0
Materials & Supplies	\$64,217	\$0	\$58,145	\$0
Internal Services	\$198,781	\$0	\$218,945	\$0
Total GF/non-GF:	\$2,056,494	\$0	\$2,197,977	\$0
Program Total:	\$2,056,494		\$2,197,977	
Program FTE	15.90	0.00	17.53	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Business and Quality - Human Resources and Training is funded by \$910,446 county general fund and \$1,287,531 county general fund indirect revenue.

Significant Program Changes

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

The Program Coordinator position will support and further the mission of the Health Department's Diversity & Quality Team (DQT) as a function of the Department's activities towards diversity and equity. The Office Assistant 2 position is essential to ensure the Health Department remains in compliance, both County and legal, for all Health Department Personnel and Payroll files. The Human Resources Analyst Sr. and Human Resources Analyst 2 positions are increasing slightly in FTE to more closely support the Health Department in the areas of performance management, investigations, classification and compensation, and systems improvements.

Lead Agency: Health Department

Program Contact: LEAR Wendy R

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

This group manages all of the financial reporting, billing and collection services for grant-funded programs. It prepares and reviews the Health Department financial reports and develops and maintains the Department's budget. The Contracts Team advises, prepares and processes all contracts, intergovernmental agreements and professional service agreements for the Department. Accounts payable, purchasing and travel and training services are also provided. This group also includes the Facility and Safety Manager who acts as the Safety Coordinator and is responsible for managing compliance with federal, state and county safety regulations. This position is liaison to Facilities and Property Management, FREDs and works closely with the County's Health, Safety and Risk Management Division. 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 1,250 personnel.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Percent of contracts executed by start of contract	99.0%	98.0%	99.0%	98.0%
Outcome	Percentage of grant reports submitted on time	98.0%	100.0%	100.0%	100.0%
Quality	Number of repeated audit or unresolved audit findings	1	0	0	0

Performance Measure - Description

Performance measures are revised to reflect quality measurements in a number of finance areas.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$2,372,678	\$0	\$2,363,028	\$0
Contracts	\$69,618	\$0	\$69,593	\$0
Materials & Supplies	\$77,855	\$0	\$119,366	\$0
Internal Services	\$395,148	\$0	\$403,597	\$0
Total GF/non-GF:	\$2,915,299	\$0	\$2,955,584	\$0
Program Total:	\$2,915,299		\$2,955,584	
Program FTE	24.30	0.00	24.30	0.00
Program Revenues				
Fees, Permits & Charges	\$5,878,426	\$0	\$5,899,782	\$0
Total Revenue:	\$5,878,426	\$0	\$5,899,782	\$0

Explanation of Revenues

Business and Quality - Accounting and Financial Services is funded by \$1,224,261 county general fund and \$1,731,323 county general fund indirect revenue. The general fund revenue in this program offer the amount of department indirect that is charged to federal/state revenue sources.

Significant Program Changes

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

Program # 40041 - Business and Quality - Medical Billing

Version 4/06/2011 s

Lead Agency: Health Department

Program Contact: LEAR Wendy R

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

Provides claims processing services and cash collection services for all of the Health Department's Primary Care and specialty clinics. Responsible for all billing and collection from Medicaid, Medicare, and commercial insurance.

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of encounters processed for payment	256,523	215,000	320,953	325,000
Outcome	Percent of Receivables aged (older than 90 days)	71.0%	20.0%	38.0%	33.0%
Quality	% of FQHC claims unpaid	2.1%	2.0%	3.0%	2.6%

Performance Measure - Description

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

Note: FY09 encounter number artificially low because of issues with State MMIS system.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,000,081	\$0	\$1,087,176	\$0
Contracts	\$449,000	\$0	\$359,000	\$0
Materials & Supplies	\$1,364,079	\$0	\$1,402,297	\$0
Internal Services	\$225,490	\$0	\$106,147	\$0
Total GF/non-GF:	\$3,038,650	\$0	\$2,954,620	\$0
Program Total:	\$3,038,650		\$2,954,620	
Program FTE	12.00	0.00	12.00	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Business and Quality - Medical Billing is funded by \$2,249,817 county general fund and \$704,803, county general fund indirect revenue.

Significant Program Changes

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

Lead Agency: Health Department

Program Contact: Sonali Balajee

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The mission of Multnomah County's Health Equity Initiative (HEI) is to eliminate the root causes of social injustices leading to racial and ethnic health inequities. The definition of health equity that grounds HEI's mission is the fair/just distribution of resources and power that supports the achievement of full health potential. HEI engages community members and policy makers in understanding the root causes of health inequities experienced by people of color, immigrants, and refugees, highlighting current efforts, and advancing policy and practice solutions. HEI integrates findings from research in racial justice, social justice, community empowerment, community priorities, and local data to advance immediate and long-term solutions to address the root causes of inequities.

Program Description

In Multnomah County people of color, immigrants, and refugees experience lower life expectancy, higher rates of disease, higher rates of poverty, lower education and economic attainment, less access to power and decision-making, and over-representation in the criminal justice and mental health systems. This program advocates addressing racial and ethnic health inequities with an explicit focus on justice and equity. To eliminate racial and ethnic health disparities by addressing root inequities, HEI analyzes, educates, and advocates for equitable social policies.

This program offer will continue HEI's work on three fronts: organizational development, public policy, and community engagement and empowerment. HEI makes change in these areas in two key ways: as a leader (framing policy issues and ensuring a common understanding of key health equity definitions and practices) and as an educator (being a resource in terms of providing education/training on best practices, connections between the '-isms,' social determinants of health, and programs). To advance organizational development, HEI is continuing to pilot the use of an Equity and Empowerment Lens (racial justice focus, E&E Lens) and accompanying training in several service areas in the Health Department, in strong partnership with Business Services. Countywide, HEI provides technical assistance as needed to County leadership and efforts focusing on social justice and equity. To advance public policy, HEI will use policy options generated by HEI and other community policy initiatives to support policy advocacy with local elected officials, community based organizations, and community members promoting an equity policy agenda. To advance community empowerment, the HEI will support health promotion, health equity, and quality improvement trainings for County staff and community members to create common understanding on health equity and disparities, and to provide information on how best to connect with current efforts and conduct policy advocacy.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Community members & organizations engaged in learning about & utilizing the Lens	0	500	300	500
Outcome	Doc. evals of EEQ processes of int./ext. partner use	0	10	8	15
Output	% of curriculum and training materials supporting use of E&E Lens completed	0.0%	0.0%	0.0%	100.0%
Quality	%of defined goals toward incr. integration among Quality, H.Prom, HEI,BPAD,&DQT	0.0%	0.0%	10.0%	60.0%

Performance Measure - Description

✓ **Measure Changed**

1) Community engagement is a valid initial measure of health promotion. These measures are key to maintaining cultural factors that protect against health risks. In FY12, the Initiative will move to community empowerment through community education, policy advocacy training, and community-led policy creation. 2),3) Equity tool adapted from Seattle/King County tool and several other health equity processes across the country. FY12 will focus on strengthening our health equity policy agenda, organizational development changes, and building on existing and potential partnerships within and external to the County based on Foundational Principles and main Questions of E&E Lens. 4) Via greater integration of organizational change initiatives, HEI will continue to advocate for greater and more widespread use of Lens principles and practices in the department, as well as County-wide.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$288,834	\$0	\$293,307	\$0
Materials & Supplies	\$5,607	\$0	\$10,689	\$0
Internal Services	\$37,762	\$0	\$30,317	\$0
Total GF/non-GF:	\$332,203	\$0	\$334,313	\$0
Program Total:	\$332,203		\$334,313	
Program FTE	3.00	0.00	3.00	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Health Equity Initiative (racial justice focus) is funded with county general fund, \$334,313.

Significant Program Changes

Last year this program was: #40045, Health Equity Initiative (racial justice focus)

Lead Agency: Health Department

Program Contact: MANHAS Sonia X

Program Offer Type: Support

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

The Community Wellness and Prevention (formerly known as 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. In late FY10, Community Wellness and Prevention received a large Center for Disease Control (CDC) "Communities Putting Prevention to Work" grant. Starting in FY11, the grant is continuing to transform the size and impact of the program.

Program Description

Tobacco use is the single most preventable cause of death and disease in Multnomah County, and poor nutrition and physical inactivity closely follow. Each year in the United States, tobacco use accounts for \$96 billion in direct medical expenses, and more than \$147 billion is spent treating obesity-related illnesses. This Program manages six prevention programs which work to change the community 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, including: 1) Healthy Active Schools Program, 2) Healthy Communities by Design Program, 3) Tobacco Prevention & Control Program, 4) Community Food Policy Initiatives, 5) Health Promotion Support Services, 6) the Department-wide Office of Public Health Policy & Advocacy. Examples of program responsibilities include enforcement of the Oregon Indoor Clean Air Act and implementation of the County's "It Starts Here" media campaign. In 2010, the Program secured a \$7.5 million grant from the CDC to strengthen the County's capacity to implement a comprehensive obesity prevention program. The new funding enables the Program to contract with over 35 organizations, including school districts, community-based organizations, culturally-specific agencies, and city and regional governmental entities to implement evidence-based strategies to promote healthy eating and physical activity. The Program plays a lead role in the Department to coordinate public health policy efforts in close collaboration with Department Leadership and the Board of County Commissioners. The policies and environmental changes being advanced and implemented by the Program are critical to changing social norms and behaviors, improving the health of county residents, and saving health care costs in the years to come. This program relates to the Climate Action Plan for its work related to the built environment, transportation and land use planning, and sustainable, healthy food policy and practice, specific action items include: 14-1, 15-2, 15-1, 15-2, and 17-1, 17-2, and 17-7 as a key stakeholder in major planning scenarios and adaptation planning.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of community partners in Healthy Active Multnomah County coalition	0	0	0	40
Outcome	Number of policies established to slow and reduce rates of chronic disease	0	5	5	10
Quality	Federal CPPW grant-defined progress milestones are met quarterly.	0.0%	0.0%	0.0%	100.0%
Output	Public exposure to "It Starts Here" media campaign	0.0%	0.0%	0.0%	25.0%

Performance Measure - Description

✓ **Measure Changed**

New: Number of community partners in Healthy Active Multnomah County coalition. New federal grant funding enables the program to partner with and fund a wide network of community partners. Partners will be tracked by # of contracts the program establishes as well as # of non-funded partnerships established through policy teams.

Number of policies established: This is an outcome measure that enables the program to track and monitor whether its partnership activities are resulting in concrete changes in policy.

New: This measure tracks progress towards meeting objectives in the program's Healthy Active Multnomah County action plan. Ratings: In-progress on schedule, in-progress behind schedule, or completed.

New: Public exposure to "It Starts Here" media campaign. Output goal: By February 2012, there will be a 25% increase in those who believe that availability of healthy food and beverages is an important health issue requiring community action. Exposure will be tracked by # of visits to campaign website and exposure to television ads.

Legal/Contractual Obligation

Communities Putting Prevention to Work is funded through the American Recovery and Reinvestment Act (ARRA) and the County and funded partners must comply with extensive financial and performance reporting requirements. Tobacco prevention and chronic disease prevention programs funded by Oregon Public Health Division must comply with required work plans and assurances. Smoke-free workplaces and public places law must be enforced per Oregon Indoor Clean Air Act and MC 21.500 et seq.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$416,082	\$1,395,196	\$407,269	\$1,373,825
Contracts	\$1,200	\$2,392,745	\$16,033	\$1,582,250
Materials & Supplies	\$22,368	\$112,528	\$12,273	\$68,361
Internal Services	\$26,440	\$492,245	\$24,176	\$457,890
Total GF/non-GF:	\$466,090	\$4,392,714	\$459,751	\$3,482,326
Program Total:	\$4,858,804		\$3,942,077	
Program FTE	3.80	15.20	4.90	15.00
Program Revenues				
Indirect for dep't Admin	\$267,161	\$0	\$208,524	\$0
Intergovernmental	\$0	\$4,392,714	\$0	\$3,482,326
Total Revenue:	\$267,161	\$4,392,714	\$208,524	\$3,482,326

Explanation of Revenues

Community Wellness and Prevention receives funding from the 2nd year of the federal the American Recovery and Reinvestment Act (ARRA) grant "Communities Putting Prevention to Work", state/federal grant funds through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public Health Services, a grant from the National Association of Chronic Disease Directors (NACCD) to enable local communities to address chronic disease risk factors, and county general fund.

ARRA Communities Putting Prevention to Work: \$3,065,305
State Tobacco Prevention grant: \$300,771
Federal Health Communities grant: \$81,250
NACCD Achieve grant: \$35,000
County general fund: \$459,751

Significant Program Changes

Last year this program was: #40047, Chronic Disease Prevention

The State Tobacco Prevention grant received an increase in funding to continue the Tobacco Prevention and Education Program, resulting in an increase of \$70,700 and 0.90 in FTE.

The ARRA Communities Putting Prevention to Work federal grant ends in March 2012. The Department, along with other jurisdictions who received this ARRA funding, are in discussions with the CDC for a no-cost extension. Due to the complex work undertaken by the grant, activities did not start up as quickly the grant assumed. Staff are funded by the grant for the last quarter of the fiscal year assuming the no-cost extension is approved. Pass through payments to community partners are budgeted at 9 months resulting in a decrease of \$981,088. The department will continue to seek funding to carryout on-going activities initiated by CPPW.

Lead Agency: Health Department

Program Contact: Robert Johnson

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

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

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

Program Description

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

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

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Quality Improvement methods training for identified priority CHS programs	5	7	7	9
Outcome	Timely epidemiology surveillance reports detect unusual public health events	100.0%	100.0%	100.0%	100.0%
Quality	Population data projects completed on time	0.0%	0.0%	0.0%	90.0%

Performance Measure - Description

✓ **Measure Changed**

Three of the major essential public health services provided by CES to CHS programs are epidemiologic surveillance and analysis, population health data management, and quality improvement. A quality measure has been added this year.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$585,619	\$0	\$489,245	\$0
Contracts	\$50,000	\$0	\$50,000	\$0
Materials & Supplies	\$38,700	\$0	\$47,120	\$0
Internal Services	\$68,641	\$0	\$47,000	\$0
Total GF/non-GF:	\$742,960	\$0	\$633,365	\$0
Program Total:	\$742,960		\$633,365	
Program FTE	5.00	0.00	4.30	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues

Community Epidemiology Services is funded with county general fund, \$624,463.

Significant Program Changes

Last year this program was: #40048, Infrastructure for Public Health Services

In addition to minor housekeeping updates in Community Epidemiology Services, a position was redeployed to #40013A: Early Childhood Services for pregnant/parenting families - N/NE to fund the Maternal Child Health Coordinator, resulting in a decrease of \$119,000 and .70 FTE. The department's ability to provide core epidemiological services is not impacted by this change.

Lead Agency: Health Department

Program Contact: BURROW Gayle F

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Providing health care to detained youth is the responsibility of Corrections Health. JDH health personnel care for 80 detained youth from Multnomah, Washington and Clackamas Counties who are brought in from the streets, other jurisdictions and other community holding facilities. Detainees include females and males who need their health issues addressed in a timely manner in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Stabilizing their health allows them to participate fully in their legal processes. Trained, skilled professional nursing staff, scheduled 16hrs/day, provide effective illness screening, evaluation of symptoms and effective, targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 2,000 youth are cared for each year with over 40% having major mental health and unstable health conditions. Routine health screenings include STD and TB screening to protect both the health of the clients, custody staff and the broader public health.

Program Description

This offer ensures that the health needs for 80 youth meet the standards that assure access to care, safeguards the health of all those who are in detention and controls the legal risk to the County. JDH health professionals work 16 hours a day, seven days a week providing care for 80 youth daily in 6 individual housing units from three counties. Care ranges from minor ailments to major chronic and emotional diseases resulting from substance abuse, trauma, lack of health care, lack of knowledge of hygiene and self care, frequent infections and a high rate of emotional and mental illness. Registered nurses work one day/week with a provider in clinic, to plan examine and order the care necessary to keep the youth safe. In partnership with the DCJ custody staff, Corrections Health identifies and responds to emergencies and also screens for communicable diseases to keep outbreaks to a minimum. Coordination with other counties occurs so transferring of health care to other jurisdictions is achieved effectively. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	# of clients visits conducted by a CH nurse per yr	3,300	3,500	3,462	3,500
Outcome	% of detained youth receiving mental health medications monthly	35.0%	40.0%	49.0%	50.0%

Performance Measure - Description

Note: that Washington and Clackamas Counties added five beds each to their contract for FY2011. Washington and Clackamas Counties do not plan to purchase the beds in FY2012.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$526,160	\$0	\$495,552	\$0
Contracts	\$102,000	\$0	\$77,407	\$0
Materials & Supplies	\$49,388	\$0	\$76,179	\$0
Internal Services	\$70,054	\$0	\$61,220	\$0
Total GF/non-GF:	\$747,602	\$0	\$710,358	\$0
Program Total:	\$747,602		\$710,358	
Program FTE	4.50	0.00	4.40	0.00
Program Revenues				
Fees, Permits & Charges	\$7,238	\$0	\$7,238	\$0
Intergovernmental	\$103,000	\$0	\$103,000	\$0
Total Revenue:	\$110,238	\$0	\$110,238	\$0

Explanation of Revenues

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

Corrections Health Juvenile Detention/Admissions and Housing is funded by \$710,358 in county general fund. The program estimates to collect \$110,238 in medical fees that are included in the county general fund.

Significant Program Changes

Last year this program was: #40049, Corrections Health Juvenile Detention/Admissions and Housing

Lead Agency: Health Department

Program Contact: BURROW Gayle F

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health, Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and 3 floors of discipline and evaluation housing. Approximately 160-170 USM detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Description

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Average # of health screenings completed in an 8 hr shift	31	38	35	40
Outcome	% of + screenings resulting in a referral to the mental health team per year	25.0%	25.0%	33.0%	35.0%

Performance Measure - Description

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$2,894,225	\$0	\$2,764,760	\$0
Contracts	\$137,485	\$0	\$219,181	\$0
Materials & Supplies	\$196,525	\$0	\$133,780	\$0
Internal Services	\$169,027	\$0	\$123,200	\$0
Total GF/non-GF:	\$3,397,262	\$0	\$3,240,921	\$0
Program Total:	\$3,397,262		\$3,240,921	
Program FTE	25.30	0.00	23.70	0.00
Program Revenues				
Fees, Permits & Charges	\$39,765	\$0	\$34,972	\$0
Total Revenue:	\$39,765	\$0	\$34,972	\$0

Explanation of Revenues

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

Corrections Health MCDC Base Services and Booking Floor is funded by \$3,240,921 in county general fund. The program estimates to collect \$34,972 in medical fees that are included in the county general fund.

Significant Program Changes

Last year this program was: #40050A, Corrections Health MCDC Base Services and Booking Floor
In order to better reflect where services are actually delivered, FTE were shifted from 40050A to 40050C: Corrections Health MCDC Housing Floor 5, 6, 7, & 8. This change resulted in a decrease of \$156,343 and 1.60 FTE.

Lead Agency: Health Department

Program Contact: BURROW Gayle F

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and 3 floors of discipline and classification housing. Approximately 160-170 USM detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental/behavioral illnesses.

Program Description

This offer represents the MCDC 4th floor which is composed of 46 beds, 2 general & 2 mental health clinic rooms, 1 dental operatory, X-ray & lab services as well as 10 mental health and 10 general infirmary skilled care beds, plus 4 housing areas for high level discipline. Also, a nurses station, chart room & medication/supplies room. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical & terminal care provided in jail instead of high cost hospital care. Mental health is managed by a team of mental health nurses, consultants and providers. The 4th floor is staffed 24/7 with nursing personnel to provide needed care and emergency response. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Avg # inmate medical requests for care evaluated by nurse monthly	720	745	690	720
Outcome	Avg suicide watches per month to prevent inmate injury or death.	38	39	47	50

Performance Measure - Description

FY12-- these performance measures reflect care delivered for 5 floors in MCDC as we do not break out suicide watches or medical request evaluations per floor.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,569,946	\$0	\$1,844,408	\$0
Contracts	\$674,248	\$0	\$425,093	\$0
Materials & Supplies	\$201,344	\$0	\$319,309	\$0
Internal Services	\$80,440	\$0	\$73,503	\$0
Total GF/non-GF:	\$2,525,978	\$0	\$2,662,313	\$0
Program Total:	\$2,525,978		\$2,662,313	
Program FTE	12.04	0.00	14.14	0.00
Program Revenues				
Fees, Permits & Charges	\$18,924	\$0	\$20,866	\$0
Total Revenue:	\$18,924	\$0	\$20,866	\$0

Explanation of Revenues

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

Corrections Health MCDC Clinical Services and 4th Flr Housing is funded by \$2,662,313 in county general fund. The program estimates to collect \$20,866 in medical fees that are included in the county general fund.

Significant Program Changes

Last year this program was: #40050B, Corrections Health MCDC Clinical Services and 4th Flr Housing
Due to incremental adjustments to several positions, this program offer increased \$136,337 and 2.10 FTE. The increase in permanent FTE will balance staffing needs with in-mate/patient demand and reduce overtime expenses.

Lead Agency: Health Department

Program Contact: BURROW Gayle F

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Detention Center houses 448 adults and is composed of booking, 4th floor special housing, mental health housing and 3 floors of discipline and evaluation housing. Approximately 160-170 USM detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. From first entering the jail through booking until release or transfer to another jail, prison or USM service, trained and skilled Corrections Health personnel provide effective screening, illness identification, evaluation and treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having serious unstable and chronic health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and major mental /behavioral illnesses.

Program Description

This offer represents the health services to all 4 housing floors at MCDC. Approximately 400 detainees are housed in classification (new jail housing), female, male, close custody and mental health housing modules. Ninety-six rooms are designated for those with mental health diagnosis and cared for by a team of mental health nurses, consultants and providers for diagnosis and treatment. Early identification, evaluation and treatment provide safety for clients, especially for suicide prevention. A variety of treatments, such as managing alcohol and drug withdrawal, evaluating chronic diseases, preventing the spread of communicable diseases, medication management and emergency response are provided efficiently by 24/7 staff. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	720	745	690	720
Outcome	Avg suicide watches per month to prevent inmate injury or death.	38	39	47	50

Performance Measure - Description

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$801,539	\$0	\$961,038	\$0
Contracts	\$172,861	\$0	\$208,944	\$0
Materials & Supplies	\$84,710	\$0	\$124,527	\$0
Internal Services	\$53,116	\$0	\$54,062	\$0
Total GF/non-GF:	\$1,112,226	\$0	\$1,348,571	\$0
Program Total:	\$1,112,226		\$1,348,571	
Program FTE	7.95	0.00	10.40	0.00
Program Revenues				
Fees, Permits & Charges	\$12,495	\$0	\$15,347	\$0
Total Revenue:	\$12,495	\$0	\$15,347	\$0

Explanation of Revenues

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

Corrections Health MCDC Corrections Health MCDC Housing Floor 5, 6, 7 & 8 is funded by \$1,348,571 in county general fund. The program estimates to collect \$15,347 in medical fees that are included in the county general fund.

Significant Program Changes

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

In order to better reflect where services are actually delivered, FTE were shifted from 40050A: Corrections Health MCDC Base Services and Booking Floor to 40050C. Staff were also reclassified to better meet the needs of the patients. These changes resulted in an increase of \$236,346 and 2.45 FTE.

Lead Agency: Health Department

Program Contact: BURROW Gayle F

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 862 men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC to continue or begin treatment until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff provides effective screening, illness identification, evaluation and effective, targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Description

This offer represents MCIJ base and clinical services which is administrative, support, diagnostic and clinical services. Three general provider clinics, 1 dental operatory, 1 mental health and 1 triage/treatment room provides office visits for clients. Triage nurses evaluate client care requests and refer to nurses, the mental health team, providers or dentists for care according to the medical need. Xray and lab services support diagnosing health problems. This area also supports the nursing station, medication room, central records room and administrative offices for various personnel so health care can be delivered. By providing 24/7 skilled health care on site for this vulnerable, under served population, we minimize the high cost of outside medical care. MCIJ is also the center (HUB) for the state inmate transport system. An average of 20-100 inmates stay overnight and receive care for health.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	951	1,000	913	950
Outcome	% of medical requests that are resolved by RN staff	67.0%	75.0%	72.0%	75.0%

Performance Measure - Description

FY12 performance measures reflect the entire facility.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$1,555,984	\$0	\$1,707,254	\$0
Contracts	\$281,842	\$0	\$236,699	\$0
Materials & Supplies	\$133,202	\$0	\$95,701	\$0
Internal Services	\$159,055	\$0	\$127,047	\$0
Total GF/non-GF:	\$2,130,083	\$0	\$2,166,701	\$0
Program Total:	\$2,130,083		\$2,166,701	
Program FTE	14.16	0.00	13.76	0.00
Program Revenues				
Fees, Permits & Charges	\$19,826	\$0	\$19,525	\$0
Total Revenue:	\$19,826	\$0	\$19,525	\$0

Explanation of Revenues

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

Corrections Health MCIJ Base Services and Clinical Services is funded by \$2,166,701 in county general fund. The program estimates to collect \$19,525 in medical fees that are included in the county general fund.

Significant Program Changes

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

Currently there are 3 dorms closed at MCIJ. Periodically one is opened to accommodate increased needs for beds and we provide care to this population.

Lead Agency: Health Department

Program Contact: BURROW Gayle F

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective, targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Description

This offer represents a variety of health, mental health, and dental services to 430 men and women in DORMS 4-10 at MCIJ (DORMS 1,2,3 are closed). Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification, and suicide prevention. Inside and outside inmate workers are monitored by health for ability to work, injuries and medication management when out of the facility. Chronic disease monitoring is key to prevent hospitalizations for clients with diabetes, hypertension, seizures, heart disease and infections. Special orthopedic and OB/GYN clinics support in jail care. In partnership with custody staff, health responds to emergencies and screens for communicable diseases to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	951	1,000	913	950
Outcome	% of medical requests that are resolved by RN staff	67.0%	75.0%	72.0%	75.0%

Performance Measure - Description

FY12 performance measures reflect the entire facility.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$922,693	\$0	\$885,297	\$0
Contracts	\$159,210	\$0	\$137,617	\$0
Materials & Supplies	\$75,256	\$0	\$55,640	\$0
Internal Services	\$89,862	\$0	\$120,308	\$0
Total GF/non-GF:	\$1,247,021	\$0	\$1,198,862	\$0
Program Total:	\$1,247,021		\$1,198,862	
Program FTE	8.00	0.00	8.00	0.00
Program Revenues				
Fees, Permits & Charges	\$11,201	\$0	\$11,352	\$0
Total Revenue:	\$11,201	\$0	\$11,352	\$0

Explanation of Revenues

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

Corrections Health MCIJ General Housing Dorms 1 - 10 is funded by \$1,198,862 in county general fund. The program estimates to collect \$11,352 in medical fees that are included in the county general fund.

Significant Program Changes

Last year this program was: #40051B, Corrections Health MCIJ General Housing Dorms 1 - 10

Lead Agency: Health Department

Program Contact: BURROW Gayle F

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Corrections Health Multnomah County Inverness Jail houses 860 men, women, inmate workers for inside/outside work crews, sentenced individuals and those awaiting trial who are being medically stabilized with treatment. Approximately 160-170 USM detainees are housed in the system daily. MCIJ health personnel care for all those detainees transferred from MCDC for stable housing until disposition of their legal process is complete. Sentenced and unsentenced detainees have a plan of care in place to maintain treatment of their health conditions in order to prevent emergencies, pain and suffering which is the constitutional measure of quality care. Trained, skilled professional staff working 24/7 provide effective screening, illness identification, evaluation and effective, targeted treatment through a system of policies and procedures that reflect the standard of care in the community and equal to other correctional facilities across the country. Over 38,000 individuals are cared for each year with over 60% having health conditions, such as diabetes, kidney failure, infections, alcohol and drug withdrawal and mental illnesses.

Program Description

Corrections Health provides a variety of health, mental health and dental services to 430 men and women in dorms 11-18 at MCIJ. Diverse staff work 24/7 to provide evaluation, treatment, referral, medication management, emergency response, communicable disease identification and suicide prevention. A 10 bed medical infirmary provides skilled nursing and protective isolation in house and not at higher cost hospitals. Chronic disease monitoring is key to prevent hospitalizations for our clients with diabetes, hypertension, seizures, heart disease and infections. Special OB/GYN and orthopedic clinics support in house care. In partnership with custody staff, health responds to emergencies and screens for communicable disease to keep everyone safe. This health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Avg # of inmate medical requests for care evaluated by the Traige Nurse monthly	951	1,000	913	950
Outcome	% of medical requests that are resolved by RN staff	67.0%	75.0%	72.0%	75.0%

Performance Measure - Description

FY12 Performance measures reflect the entire facility.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$910,383	\$0	\$864,299	\$0
Contracts	\$159,210	\$0	\$137,617	\$0
Materials & Supplies	\$75,256	\$0	\$55,640	\$0
Internal Services	\$89,862	\$0	\$91,022	\$0
Total GF/non-GF:	\$1,234,711	\$0	\$1,148,578	\$0
Program Total:	\$1,234,711		\$1,148,578	
Program FTE	8.00	0.00	8.00	0.00
Program Revenues				
Fees, Permits & Charges	\$11,201	\$0	\$11,352	\$0
Total Revenue:	\$11,201	\$0	\$11,352	\$0

Explanation of Revenues

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

Corrections Health MCIJ Dorms 11-17 Including Infirmary is funded by \$1,148,578 in county general fund. The program estimates to collect \$11,352 in medical fees that are included in the county general fund.

Significant Program Changes

Last year this program was: #40051C, Corrections Health MCIJ Dorms 11-17 Including Infirmary

Due to a reduction in drug costs, this program offer is decreased by \$86,133. There is no change to staffing levels.

Lead Agency: Health Department

Program Contact: OXMAN Gary L

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The Medical Examiner's Office, which is physically located in Clackamas County, determines cause of death for residents who die in special circumstances, such as accidents, violence, drug involvement, and employment.

Program Description

The Medical Examiner's Office determines cause of death for residents who die in special circumstances such as accidents, violence, drug involvement, and employment. Approximately 2,500 of the County's 7,000 yearly deaths fall into this category.

The office is responsible for establishing cause and manner of death, notifying the next-of-kin, and protecting the property of the deceased until a personal representative takes charge. Local discretion is limited by the mandates and State Medical Examiner supervision authority arising from ORS 146. The District Attorney's Office provides assistance when necessary. The Medical Examiner's Office is highly visible to the public whenever a death occurs within a community and is directly involved with the families and loved ones of deceased individuals on a daily basis.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of reported cases	2,052	2,250	2,200	2,200
Outcome	Percentage of cases with a positive ID	100.0%	99.9%	99.0%	99.0%

Performance Measure - Description

The number of reported cases and the number of death notifications from outside the County combined.
The percentage of reported cases in which the Medical Examiner's Office made a positive ID.

Legal/Contractual Obligation

Medical Examiner: ORS 146.085 Deputy medical examiners, 146.088 When medical examiner is officer or employee of public body, 146.090 Deaths requiring investigation, 146.095 Responsibility for investigation. (1) The district medical examiner and the district attorney for the county where death occurs, as provided by ORS 146.100 (2), shall be responsible for the investigation of all deaths requiring investigation.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$785,944	\$0	\$814,318	\$0
Contracts	\$65,500	\$0	\$65,500	\$0
Materials & Supplies	\$11,608	\$0	\$11,933	\$0
Internal Services	\$37,298	\$0	\$45,523	\$0
Total GF/non-GF:	\$900,350	\$0	\$937,274	\$0
Program Total:	\$900,350		\$937,274	
Program FTE	9.00	0.00	9.00	0.00
Program Revenues				
Total Revenue:	\$0	\$0	\$0	\$0

Explanation of Revenues**Significant Program Changes**

Last year this program was: #15005, Medical Examiner's Office