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 2010-2014 establishes our priorities for the FY 2011. The plan contains three goals with specific strategies for the next few years, they are:

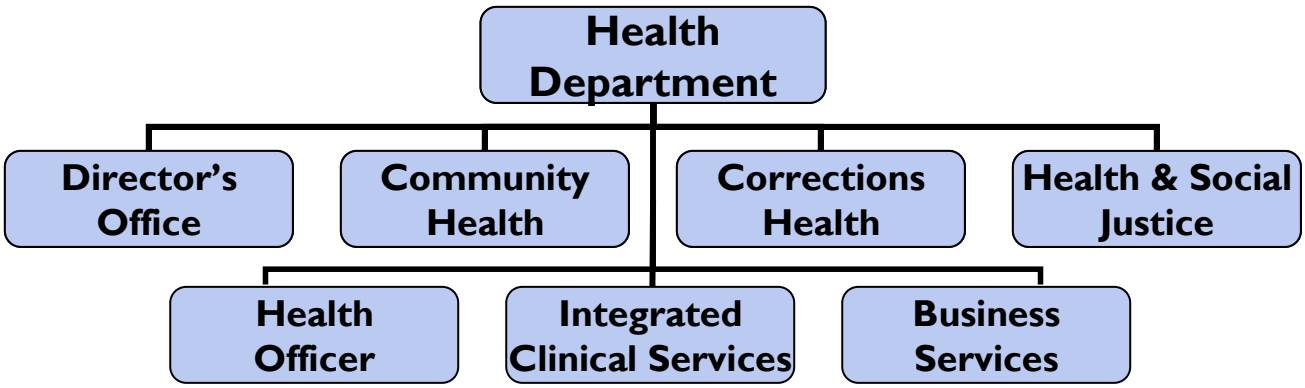
1. To ensure all individuals, families and communities gain greater control of the factors that influence their health.

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 2011 budget for the Health Department is $161.3 million with 971.74 FTE. Roughly one-third, or $53.5 million, of the budget comes from the County General Fund with the remaining two-thirds or $107.8 million, from federal and state revenue, Medicaid and other medical fee revenue, and Emergency Response and Ambulance Fees.

The FY 2011 budget represents a 17.6%, or $24.2 million, increase in total spending over the FY 2010 adopted budget with a 4.7%, or $2.4 million, increase in General Fund Spending. FTE have increased from 871.16 in FY 2010 to 971.74 in FY 2011,an 11.55% growth.

The budget increase year over year is largely driven by the following programs:

- $5.3 million and 29.40 FTE from the Dental Services Program, 40017, that was reinstated in 2010 after the budget was adopted.
- $2.4 million and 17.90 FTE due to the expansion in the Integrated Clinical Services Division with the opening of the Rockwood Clinic in East County, programs 40029A-B.
- $2.3 million and 5.70 FTE in increased pharmacy revenue, program 40031.
- $1.3 million and 9.00 FTE in program 40034 from a new CareOregon incentives program.
- $1.3 million and 0.00 FTE due to the increasing value of state supplied vaccines in program 40014.

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 2009 Actual**	**FY 2010 Current Estimate**	**FY 2010 Adopted Budget**	**FY 2011 Adopted Budget**	**Difference**
Staffing FTE	921.17	895.78	871.16	971.74	100.58
Personal Services	$86,061,519	$88,529,419	$85,684,823	$100,047,781	$14,362,958
Contractual Services	16,303,447	18,911,160	16,672,648	19,791,464	3,118,816
Materials & Supplies	36,561,419	38,483,736	34,648,505	41,377,197	6,728,692
Capital Outlay	21,143	250,847	150,000	110,425	(39,575)
Total Costs	**$138,947,528**	**$146,175,162**	**$137,155,976**	**$161,326,867**	**$24,170,891**

Successes and Challenges

Some of our key successes this year position us for continued success in 2011. They include successful public health response, workforce development and dramatic improvements in access.

The first six months of FY 2010 the Department was mobilized to respond to the H1N1 pandemic; uncertainty about the course of the pandemic prompted an aggressive public health response. The Department dedicated more than 100 staff and 21,000 hours to this effort. Hundreds of community partners mobilized to protect the public. We dispensed more than 41,000 doses of vaccine and helped private providers dispense another 74,000 doses. Although we were stretched, we successfully met the challenge quickly ramping up and when the conditions stabilized quickly ramping down.

Some 200 Nurses make up 20% of our workforce. Nurses and nurse practitioners play an important role in our success, leveraging their expertise and contribution is key to achieving positive health outcomes. Consultants from the University of Illinois School of Nursing conducted a thorough workforce assessment in partnership with the Oregon Nurses Association (ONA), nursing staff and area managers. Reductions and changes in the role of nurses over the last several years prompted us to take on this organizational and workforce development initiative. In FY 2011 our challenge is to implement 6 key recommendations in partnership with our workforce.

Our attention to internal and external partnerships made it possible to start the new Rockwood Clinic. Over the years, we have worked to reduce the barriers to accessing care. The result, between 2007 and 2009 quality initiatives and our staff produced a 26% growth in the number of visits provided by primary care. This outstanding performance and foresight has led to success. ARRA funding in FY 2010 allowed us to add new providers during a period of General Fund constriction. With Rockwood and the ARRA funding we are poised to achieve double digit growth in clients and encounters in just one year.

Budget by Division

Division Name	FY 2011 General Fund	Other Funds	Total Division Cost	Total FTE
Director's Office	$2,257,955	$0	$2,257,955	13.80
Community Health	18,889,378	30,715,719	49,605,097	284.74
Corrections Health	12,394,883	0	12,394,883	79.95
Health & Social Justice	2,324,848	1,676,204	4,001,052	29.77
Health Officer	1,383,508	3,075,931	4,459,439	17.50
Integrated Clinical Services	8,264,401	72,333,597	80,597,998	493.78
Business Services	8,010,443	0	8,010,443	52.20
Total Health Dept	**$53,525,416**	**$107,801,451**	**$161,326,867**	**971.74**

Significant Changes

The following table describes the significant changes made in each division. Significant is defined as expenditures that have increased/decreased by more than 5% or where FTE have increased or decreased by 1.00 or more from the FY 2010 adopted budget. Additional information can be found in the division narrative and in individual program offers.

Prog.#	Program Name	FTE Changes (+/-) All Funds	Estimated $ Change-GF	Estimated $ Change-Other Funds
Business Services				
40039	Business and Quality - Human Resources and Training	0.40	105,004	-
40040	Business and Quality - Accounting and Financial Services	2.30	252,545	-
40041	Business and Quality - Medical Billing	1.00	107,461	-
Community Health Services				
40007	Health Inspections & Education	1.22	157,111	(25,000)
40008	Vector-borne Disease Prevention and Code Enforcement	0.20	3,611	-
40009	Vital Records	(0.25)	(2,589)	-
40010	Communicable Disease Prevention & Control	(3.30)	(51,079)	(153,282)
40011	STD/HIV/Hep C Community Prevention Program	0.50	124,731	256,024
40012	Services for Persons Living with HIV	4.91	(899)	615,294
40013A	Early Childhood Services for First Time Parents	1.50	1,422,333	(778,824)
40013B	Early Childhood Services for High Risk Prenatal, Infants & Children	(4.90)	17,870	(598,436)
40014	Immunizations	-	(41,309)	1,364,335
40015	Lead Poisoning Prevention	0.70	3,892	-
40018	Women, Infants and Children (WIC)	3.85	640,014	354,537
40025	Adolescent Health Promotion	0.68	79,000	(19,678)
40037	Community Environmental Health	(2.28)	18,791	(206,148)
40047	Chronic Disease Prevention	0.05	180,310	(140,207)
40048	Infrastructure for Public Health Services	0.95	144,207	-
Corrections Health				
40049	Corrections Health Juvenile Detention/Admissions and Housing	0.50	(202,712)	-
40050A	Corrections Health MCDC Base Services and Booking Floor	5.40	274,978	-
40050B	Corrections Health MCDC Clinical Services and 4th Flr Housing	(2.86)	184,260	-
40050C	Corrections Health MCDC Housing Floor 5, 6, 7 & 8	1.35	71,463	-
40051A	Corrections Health MCIJ Base Services and Clinical Services	(1.04)	(287,815)	-
40051B	Corrections Health MCIJ General Housing Dorms 1 - 10	(0.90)	(172,180)	-
40051C	Corrections Health MCIJ Dorms 11-17 Including Infirmary	(0.90)	(184,491)	-

Prog.#	Program Name	FTE Changes (+/-) All Funds	Estimated $ Change-GF	Estimated $ Change-Other Funds
Director's Office				
40000	Health Department Leadership Team	(0.50)	86,005	-
40003	Health Department Leadership Administrative Support	-	2,401	-
Health and Social Justice				
40035	Health Assessment, Planning and Evaluation	0.45	113,866	-
40038	Health Promotion & Community Capacity Building	(0.45)	80,795	-
40045	Health Equity Initiative (racial justice focus)	0.20	22,898	(2,265)
Health Officer				
40002	Tri-County Health Officer	0.08	51,116	3,382
40004	Ambulance Services (EMS)	(0.30)	-	59,327
40005	Public Health and Regional Health Systems Emergency Preparedness	(1.71)	-	(328,386)
40030	Medical Directors (Physician, Nurse Practitioner and Nursing)	0.20	114,546	(8,000)
Integrated Clinical Services				
40016	Medicaid/Medicare Eligibility	(5.00)	(251,546)	71,353
40017	Dental Services	29.38	(133,334)	5,522,231
40019	North Portland Health Clinic	0.45	(33,925)	(89,986)
40020	Northeast Health Clinic	2.02	18,143	12,091
40021	Westside Health Clinic	1.12	(120,549)	137,560
40022	Mid County Health Clinic	4.45	18,135	886,529
40023	East County Health Clinic	2.90	22,350	534,085
40024	School Based Health Centers	1.76	(264,936)	503,099
40026	La Clinica de la Buena Salud	(0.20)	(9,210)	-
40031	Pharmacy	5.65	(371,310)	2,690,290
40032	Lab, X-Ray and Medical Records	-	5,065	-
40033	Primary Care and Dental Access and Referral	4.00	(13,277)	108,000
40034	Quality Assurance	9.04	(287,162)	1,614,724
40036	Community Health Council and Civic Governance	(0.20)	(11,851)	-

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Division Overview

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.

Director's Office

- 40000 Leadership Team
- 40003 Leadership Administrative Support

Significant Changes

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

In FY 2010 the Department made many structural changes to help us leverage our 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 & 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 & 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.

Measuring Success

Our five-year strategic plan for FY 2010-2014 establishes our priorities for FY 2011 and measures our success against this plan. The plan contains three goals with specific strategies for the next few years: 1) To assure 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. Each goal has specific strategies that 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 and identifies our metrics. The health of the community as measured by morbidity and mortality statistics, and measuring disparities among populations, identifies areas of progress and areas to provide additional focus to improve health outcomes.

Division by Program

The following table shows the programs that make up the division for FY 2011.

Prog #	Program Name	FY 2011 General Fund	Other Funds	Total Cost	Total FTE
40000	Health Department Leadership Team	$1,602,445	$0	$1,602,445	7.00
40003	Leadership Administrative Support	655,510	0	655,510	6.80
	Total	**$2,257,955**	**$0**	**$2,257,955**	**13.80**

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Program # 40000 - Health Department Leadership Team — Version 3/05/2010 s

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 and Integrated Clinical Services.

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 disparities reduction and create linkages 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 coordination 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Increased access to Health Dept. services as measured by # of clients served.	156,574	168,000	163,208	165,003
Outcome	Annual Federal and State resources $ leveraged for services.	84,000,000	86,000,000	90,000,000	100,000,000
Output	Number of "all staff" Dept communications (NFD, brown bags, media releases).	70	70	90	100

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	2010	2010	2011	2011
Personnel	$1,117,397	$0	$1,171,015	$0
Contracts	$63,863	$0	$76,800	$0
Materials & Supplies	$193,922	$0	$194,327	$0
Internal Services	$141,258	$0	$160,303	$0
Total GF/non-GF:	**$1,516,440**	**$0**	**$1,602,445**	**$0**
Program Total:	**$1,516,440**		**$1,602,445**	
Program FTE	7.50	0.00	7.00	0.00
Program Revenues				
Total Revenue:	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last year this program was: #40000, Health Department Leadership Team
Position moved to program offer 40048. Budget growth due to inflation and internal service charges

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Program # 40003 - Health Department Leadership Administrative Support — Version 3/05/2010 s

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.

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, Senior Advisor of Public Health and Community Initiatives, Health and Social Justice Program Manager Senior, Community Health Services Program Manager Senior, Health Officer, Business Services Program Manager 2 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	% of projects completed on time with an error rate not to exceed 3%.	98.0%	90.0%	97.0%	90.0%
Outcome	Annual satisfaction rating by Department Leadership Team on scale of 1 to 10.	8	8	9	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	2010	2010	2011	2011
Personnel	$504,321	$0	$543,393	$0
Contracts	$77,896	$0	$2,916	$0
Materials & Supplies	$35,775	$0	$57,993	$0
Internal Services	$35,117	$0	$51,208	$0
Total GF/non-GF:	**$653,109**	**$0**	**$655,510**	**$0**
Program Total:	**$653,109**		**$655,510**	
Program FTE	6.80	0.00	6.80	0.00
Program Revenues				
Total Revenue:	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

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

Division Overview

The office of the Multnomah County Health Officer provides physician consultation, technical direction, and leadership to support public health activities and clinical services. The office also directly manages public health programs. Oregon Revised Statute (ORS) 431.418 requires each local health department to employ or contract with a physician to serve as County Health Officer. The Health Officer is also responsible for these broad areas of operation:

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 such as disease investigation and mass vaccination; and that hospitals, clinics and other 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 Directors (40030) are the leadership necessary to support high quality medical services in the County's clinics and correctional facilities. A major emphasis will include supervision and learning for physicians, nurse practitioners, and nurses, and the development of medical policies and procedures. The program also engages health care partners to address community-wide health problems and develop common standards of practice.

Health Officer

- 40002 Tri-County Health Officer
- 40004 Ambulance Services (EMS)
- 40005 Public Health and Regional Health Systems Emergency Preparedness
- 40030 Medical Directors (Physician, Nurse Practitioner and Nursing)

Significant Changes

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

A two year Centers for Disease Prevention and Control (CDC) grant funded the creation of a Pandemic Influenza plan for the regions health systems. The grant to the Regional Health System Emergency Preparedness program (40005) ended in FY 2010 with the completion of the plan. The purpose of the project was to develop, exercise, refine, and evaluate community-accepted, practical local health response strategies and tools for providing coordinated delivery of essential healthcare services in the face of a local Severity Index Category 5 Pandemic event.

One major aspect of the project was developing a Regional Health/ Medical MAC Group (MAC Group) Handbook, convening membership for the MAC Group, and developing and conducting MAC Group trainings and exercises. Due to the emergence of the H1N1 Pandemic, scheduled MAC Group exercises went "live" and the MAC Group developed several policies including a 1) Regional Hospital Visitation Policy Recommendation; 2) Regional Hospital Mask Use Policy Recommendation; and 3) Recommendation for Tamiflu distribution. All of these policy recommendations were implemented throughout the healthcare system in NW Oregon and SW Washington.

The Tri-County Health Officer program will continue to convene the MAC group and institutionalize the policies and processes developed with this grant.

Measuring Success

The performance measures of the programs in the office of the Multnomah County Health Officer emphasize measurement of:

1. Community health and individual patient health outcomes,
2. Specific community service capacities, and
3. Customer and partner satisfaction with service.

These measurements contribute to understanding our current performance; and the Health Officer and clinical leadership performance by extension. They also serve as a basis for improvement using Continuous Quality Improvement (CQI) tools, and other well-defined organization development and performance improvement processes both in the Department and with community partners.

Division by Program

The following table shows the programs that make up the division for FY 2011.

Prog #	Program Name	FY 2011 General Fund	Other Funds	Total Cost	Total FTE
40002	Tri-County Health Officer	$285,838	$347,518	$633,356	2.90
40004	Ambulance Services (EMS)	0	1,892,545	1,892,545	4.70
40005	Public Health & Regional Health Systems Emergency Preparedness	0	835,868	835,868	5.20
40030	Medical Directors (Physician, Nurse Practitioner & Nursing)	1,097,670	0	1,097,670	4.70
	Total	**$1,383,508**	**$3,075,931**	**$4,459,439**	**17.50**

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Program # 40002 - Tri-County Health Officer — Version 3/05/2010 s

Lead Agency: Health Department **Program Contact:** OXMAN Gary L

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 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 address, provide leadership, and advise county and department administration on the H1N1 influenza response from April to December, 2009.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Contract deliverables are met by the end of fiscal year.	0.0%	0.0%	0.0%	85.0%
Outcome	County stakeholders express satisfaction in program delivery and results.	0.0%	0.0%	0.0%	90.0%

Performance Measure - Description

✓ Measure Changed

The TCHO program assures completion of agreed-upon deliverables. Contract deliverables for FY11 will be negotiated and finalized by July 1, 2010. 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 at midyear and at the end of the fiscal year. Success will be judged by the percentage of survey scores that meet or exceed 4 (on a scale of 1-5).

Additionally, the Regional Health System Emergency Preparedness will meet State IGA requirements, and accomplish critical preparedness objectives specified by state and federal funders.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$212,807	$300,903	$245,925	$304,665
Contracts	$3,000	$0	$3,000	$0
Materials & Supplies	$3,775	$3,500	$5,025	$4,806
Internal Services	$15,140	$39,733	$31,888	$38,047
Total GF/non-GF:	**$234,722**	**$344,136**	**$285,838**	**$347,518**
Program Total:	**$578,858**		**$633,356**	
Program FTE	0.92	1.90	1.00	1.90
Program Revenues				
Indirect for dep't Admin	$21,068	$0	$20,666	$0
Intergovernmental	$0	$347,518	$0	$347,518
Total Revenue:	**$21,068**	**$347,518**	**$20,666**	**$347,518**

Explanation of Revenues

Clackamas and Washington counties meet their ORS 431.418 requirements for health officer services through IGAs with Multnomah County. These IGAs are revenue agreements. Contractual revenues cover the full cost to provide services to Clackamas and Washington counties. Multnomah County General Funds cover the cost to provide services in Multnomah County.

Significant Program Changes

Last year this program was: #40002, Health Officer
For two years Tri-County Health Officer partially paid out of grant funding in 40005. Moved back to 40002 when grant ended.

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Program # 40004 - Ambulance Services (EMS) — Version 3/05/2010 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 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 thoughout 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Ambulance response times - 8 min. 90% of calls	90.9%	90.0%	90.0%	90.0%
Outcome	Cardiac arrest survival to hospital	30.0%	30.0%	30.0%	30.0%
Quality	Cardiac arrest survival to hospital discharge	12.0%	12.0%	12.0%	12.0%

Performance Measure - Description

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

Legal/Contractual Obligation

The County is responsible under ORS 682 to have an Ambulance Service Area Plan. It is the County's choice as to how much to invest to achieve this mandate.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$0	$680,142	$0	$655,212
Contracts	$0	$665,481	$0	$693,000
Materials & Supplies	$0	$275,330	$0	$341,926
Internal Services	$0	$212,265	$0	$202,407
Total GF/non-GF:	**$0**	**$1,833,218**	**$0**	**$1,892,545**
Program Total:	**$1,833,218**		**$1,892,545**	
Program FTE	0.00	5.00	0.00	4.70
Program Revenues				
Indirect for dep't Admin	$111,591	$0	$112,541	$0
Fees, Permits & Charges	$0	$1,533,490	$0	$1,447,545
Other / Miscellaneous	$0	$307,000	$0	$445,000
Total Revenue:	**$111,591**	**$1,840,490**	**$112,541**	**$1,892,545**

Explanation of Revenues

All costs of the program are recovered from licenses and from reimbursement for supplies used by other jurisdictions.

Significant Program Changes

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

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Program # 40005 - Public Health and Regional Health Systems Emergency — Version 6/15/2010 s

Lead Agency: Health Department **Program Contact:** KaRin Johnson

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts requires multi-agency, multi-jurisdictional, and public/private sector collaboration. 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). New grant funding supports an Advanced Practice Center (APC) project to develop national benchmarks for just-in-time staff training for mass prophylaxis and disease investigation operations.

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.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of Incident Mgmt team members trained & annually exercised	50	90	40	90
Outcome	Score on Centers for Disease Control's technical assistance review	63.0%	70.0%	88.0%	90.0%
Outcome	Improved health emergency response.	90.0%	95.0%	90.0%	100.0%
Quality	Program satisfaction	95.0%	90.0%	95.0%	100.0%

Performance Measure - Description

1) Output: # of Incident Mgmt team members trained & annually exercised.
2) Outcome: Score on Centers for Disease Control's technical assistance review;
4) Outcome: Regional stakeholders expressing program has improved health emergency response abilities
5) 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	2010	2010	2011	2011
Personnel	$0	$786,659	$0	$623,250
Contracts	$0	$146,250	$0	$15,750
Materials & Supplies	$0	$36,658	$0	$51,753
Internal Services	$0	$194,687	$0	$145,115
Total GF/non-GF:	**$0**	**$1,164,254**	**$0**	**$835,868**
Program Total:	**$1,164,254**		**$835,868**	
Program FTE	0.00	6.91	0.00	5.20
Program Revenues				
Indirect for dep't Admin	$71,874	$0	$49,705	$0
Intergovernmental	$0	$1,171,172	$0	$835,868
Total Revenue:	**$71,874**	**$1,171,172**	**$49,705**	**$835,868**

Explanation of Revenues

Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via Oregon DHS. Funds from the CDC and passed through NACCHO 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.

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40005, Public Health and Regional Health Systems Emergency
The CDC Pandemic Influenza grant that funded development of a replicable model for delivery of essential healthcare services during a severe influenza pandemic has ended. The NACCHO APC project is a new $450k grant for project year October 2009 through September 2010, with the possibility of continued funding.

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Program # 40030 - Medical Directors (Physician, Nurse Practitioner and Nursing) Version 3/05/2010 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output		0	0	0	0
Outcome	% of Providers meeting productivity goals	95.0%	95.0%	95.0%	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	2010	2010	2011	2011
Personnel	$784,341	$6,167	$883,839	$0
Contracts	$14,500	$0	$37,000	$0
Materials & Supplies	$86,900	$1,149	$113,078	$0
Internal Services	$97,383	$684	$63,753	$0
Total GF/non-GF:	**$983,124**	**$8,000**	**$1,097,670**	**$0**
Program Total:	**$991,124**		**$1,097,670**	
Program FTE	4.50	0.00	4.70	0.00
Program Revenues				
Indirect for dep't Admin	$485	$0	$0	$0
Intergovernmental	$0	$8,000	$0	$0
Total Revenue:	**$485**	**$8,000**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last year this program was: #40030, Physician, Nurse Practitioner and Nursing Directors
Training to maintain licensure for MD, nurse practitioners, & nurses, moved from clinics to this Medical Director's budget

Division Overview

Community Health Services (CHS) focuses on improving population-based public health outcomes through understanding the community epidemiology to design initiatives and interventions based on quality assessments and community partnerships. The work in CHS is informed by an understanding of the inter-dependence of communities and our services, and is based on epidemiology and evidence-based public health interventions. It is structured to reduce health inequities and support individuals and groups having greater influence over their health. CHS programs impact all Multnomah County residents and each year provide direct services to over 91,500 individuals.

Communicable Disease Services target our core local public health responsibility to limit the spread of communicable diseases through timely identification, investigation, and treatment where indicated, of reported/ suspected cases including TB, HIV, syphilis, meningitis, whooping cough, and outbreaks of food/waterborne illnesses.

Chronic Disease Services implement policy strategies with the community to create conditions where county residents can have better health, reducing the burden of chronic diseases like diabetes, heart disease and high blood pressure.

Maternal and Child Health Services work to ensure that basic health and developmental needs of infants and young children are met through programs for high risk pregnant women, first-time parents and teen parents; the WIC supplemental nutrition program; and immunizations. Services targeting adolescents give students the skills to delay sexual involvement and to reduce participation in other risky activities while building healthy relationships.

Environmental Health Services protect the safety of our entire community by providing health inspection of licensed facilities; controlling vector-borne diseases; and addressing healthy indoor environments threatened by issues such as mold, household toxins, pests and lead paint through assessment, education, intervention, and policy development.

Chronic Disease

- 40047 Chronic Disease Prevention

Sexual Health

- 40011 STD/HIV/Hep C Community Prevention
- 40012 Services for Persons Living with HIV
- 40025 Adolescent Health Promotion

Communicable Disease

- 40010 Communicable Disease Prev. & Control
- 40048 Infrastructure for Public Health Srvcs

Maternal and Child Health

- 40013A Early Childhood Services for First Time Parents
- 40013B Early Childhood for High Risk Prenatal, Infants & Children
- 40014 Immunizations
- 40018 Women, Infants and Children (WIC)

Environmental Health

- 40007 Health Inspections & Education
- 40008 Vector-borne Disease Prevention/Code Enforcement
- 40009 Vital Records
- 40015 Lead Poisoning Prevention
- 40037 Community Environmental Health

Significant Changes

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

CHS applies quality improvement methods to target services where we can have the most impact. Significant changes for FY 2011 include a concentrated focus on serving populations with high disparities in birth outcomes.

The WIC Program serves nearly half the families with infants born in Multnomah County each year. Because it draws in most high need, high risk families it will become the hub for screening and referral into other services for women with infants and young children; including linking them to home visiting nurses, immunizations, lead screening and health home assessments. Recent data analysis of outcomes show that women receiving WIC services have better birth outcomes, and get into care earlier than similar cohorts. This includes one of the most intractable indicators of infant health, low birth weight.

In FY 2011 the Chronic Disease and Environmental Health Services public policy and community action activities to improve the communities health, promote early attention to prevention in the interest of building and maintaining health communities will surge ahead.

Across all CHS programs, the continued application of quality improvement is notably visible in the work to improve linkage of performance measures to local public health outcomes. This linkage ensures that CHS program are operating in a strategic manner and helps position the Health Department for the future requirement of Public Health Accreditation in 2011.

Measuring Success

A CHS Systems and Quality Council consults with the CHS Director and program managers to stimulate and provide performance management and quality improvement leadership, integration and coordination within CHS programs. Within the Council framework, strategic values include: Quality Information - epidemiology and program decisions are informed by analysis from well-coordinated data systems and Accountability - programs continually assess process and outcome measures and adjust to optimize results. Our sixteen program offers include more than forty diverse performance measures.

The performance measures capture key outputs, health outcomes, efficiency outcomes, and quality outcomes that can be compared from year to year. In addition to the performance measures included in the program offers, our programs consistently evaluate the impact of services over time by studying community and disease demographics in comparison to client demographics such as gender, age, race/ethnicity; socioeconomic characteristics; disease rates; and other community health indicators. All together, these data both demonstrate the impact of program services and guide future program planning.

Division by Program

The following table shows the programs that make up the division for FY 2011.

Prog #	Program Name	FY 2011 General Fund	Other Funds	Total Cost	Total FTE
40007	Health Inspections & Education	$3,186,397	$0	$3,186,397	25.67
40008	Vector-borne Disease Prevention and Code Enforcement	1,261,428	12,000	1,273,428	10.65
40009	Vital Records	65	644,751	644,816	6.10
40010	Communicable Disease Prevention & Control	2,167,187	1,707,869	3,875,056	26.82
40011	STD/HIV/Hep C Community Prevention	2,583,124	1,932,107	4,515,231	29.45
40012	Services for Persons Living with HIV	254,397	6,596,760	6,851,157	25.96
40013A	Early Childhood Services for First Time Parents	3,057,574	3,487,995	6,545,569	29.25
40013B	Early Childhood Services for High Risk Prenatal, Infants & Children	3,145,619	4,282,889	7,428,508	53.20
40014	Immunizations	94,367	3,386,528	3,480,895	2.00
40015	Lead Poisoning Prevention	15,322	142,000	157,322	1.30
40018	Women, Infants and Children (WIC)	1,287,286	2,844,466	4,131,752	35.14
40025	Adolescent Health Promotion	79,000	824,743	903,743	8.62
40037	Community Environmental Health	548,562	460,897	1,009,459	6.58
40047	Chronic Disease Prevention	466,090	4,392,714	4,858,804	19.00
40048	Infrastructure for Public Health Services	742,960	0	742,960	5.00
	Total	**$18,889,378**	**$30,715,719**	**$49,605,097**	**284.74**

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Program # 40007 - Health Inspections & Education — Version 3/05/2010 s

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 has responsibility for assuring the health and safety in 3,781 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 562 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. Through an FDA Food Defense grant the program developed a Food Defense Tool Kit that will assist restaurants in preventing and responding to intentional food contamination. 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. The online Food Handler website has been revised to support food industry participation in food handler certification. 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of licenses issued	6,394	0	6,708	6,464
Outcome	Critical violations per year	5,599	6,295	5,485	5,589
Output	Facility inspections	12,766	11,500	13,232	13,874
Output	Total number certified Food Workers eligible for employment	17,095	22,692	15,201	14,490

Performance Measure - Description

Output: Licenses issued excludes facilities inspected but not licensed (ie. schools, day care centers, etc.) New measure designed to evaluate trend 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	2010	2010	2011	2011
Personnel	$2,103,772	$5,435	$2,329,037	$0
Contracts	$229,798	$0	$279,588	$0
Materials & Supplies	$86,279	$17,427	$81,798	$0
Internal Services	$609,437	$2,138	$495,974	$0
Total GF/non-GF:	**$3,029,286**	**$25,000**	**$3,186,397**	**$0**
Program Total:	**$3,054,286**		**$3,186,397**	
Program FTE	24.45	0.00	25.67	0.00
Program Revenues				
Indirect for dep't Admin	$1,516	$0	$0	$0
Fees, Permits & Charges	$2,839,524	$0	$3,090,081	$0
Intergovernmental	$0	$25,000	$0	$0
Total Revenue:	**$2,841,040**	**$25,000**	**$3,090,081**	**$0**

Explanation of Revenues

Fees are set by ordinance. Refer to Chapter 21 MC Ordinance 08-140.

Significant Program Changes

✓ Significantly Changed

Last year this program was: #40007, Health Inspections & Education
The program completed a 1-year FDA Food Defense grant to educate restaurant operators how to prevent and respond to intentional food contamination. Food Defense Tool kits were distributed to licensed food service facilities. Multnomah County is one of the first jurisdictions in the country to complete the second FDA Program Standards assessment survey of food service facilities, showing a decrease in food risk in restaurants. Increase FTE to add EHS Senior position for inspections program to meet state regulatory requirements. New Output: Licenses issued was not a performance measure in FY 2010.

EHS Sr. added to assist with increasing State-wide organizational reforms re: menu labeling; increased media inquiries; state-wide organization of EH Specialists.

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Program # 40008 - Vector-borne Disease Prevention and Code Enforcement — Version 3/05/2010 s

Lead Agency: Health Department **Program Contact:** WIRTH Chris M

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

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 animals 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 2009, 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 diseases such as H1N1 and West Nile Virus. Perform laboratory analysis on rats and mosquitoes to determine which species carry the disease, their preferred habitats, and population size. Abate and or suppress mosquitoes that carry West Nile Virus with pesticides with the least impact, reduce the population by water control and vegetation management to reduce breeding habitats. Educate the average citizen and vulnerable people about preventing vectors and their habitats through community meetings, pamphlets and the media. COMPONENTS: Mosquito Control – majority of funds/staffing. Rodent Control - primary service provider for rodent control countywide. Nuisance Code Enforcement – addresses public health code violations, esp. restaurant enforcement, dumping and harboring unspecified animals (e.g., bees, livestock, and birds). Multnomah County (MC) climate supports ideal mosquito and rat habitats. International airport and shipping along with migratory bird flyways provide avenues for new diseases to enter the community. Mosquito control began in MC in the 1930's when malaria was endemic. Although no WNV cases occurred in MC in 2009, six counties in Oregon reported twelve WNV human cases and 13,300 infected mosquitoes; the largest detection of collected mosquitoes since the arrival of WNV in Oregon in 2004. 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. Results of this research are expected to be published within the next year. Vector control protects the community by serving all populations, while focusing on the vulnerable (i.e. elderly, children, homeless). The citizenry understand and expect these program functions.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of acres treated for mosquitos	5,560	3,308	3,500	3,500
Outcome	Mosquitoes prevented (In millions)	2,780	1,054	1,750	1,750
Efficiency	number of acres treated for mosquito per FTE	1,112	662	700	700
Output	number of rodent inspections conducted	905	1,170	905	905

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. 2) 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). 3) Efficiency: Total acreage treated per one FTE. 4) 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; 9 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	2010	2010	2011	2011
Personnel	$846,451	$0	$912,590	$0
Contracts	$68,200	$0	$73,150	$0
Materials & Supplies	$102,397	$0	$86,653	$11,097
Internal Services	$240,769	$0	$189,035	$903
Total GF/non-GF:	**$1,257,817**	**$0**	**$1,261,428**	**$12,000**
Program Total:	**$1,257,817**		**$1,273,428**	
Program FTE	10.45	0.00	10.65	0.00
Program Revenues				
Indirect for dep't Admin	$0	$0	$714	$0
Fees, Permits & Charges	$500	$0	$2,500	$0
Intergovernmental	$238,666	$0	$236,666	$12,000
Other / Miscellaneous	$1,000	$0	$1,000	$0
Total Revenue:	**$240,166**	**$0**	**$240,880**	**$12,000**

Explanation of Revenues

General fund revenue from intergovernmental agreements with City of Portland and other local and state jurisdictions.

Significant Program Changes

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

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Program # 40009 - Vital Records — Version 3/05/2010 s

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 addresses the Accountability strategy of providing reliable information for decision-making in public health. Populations at risk for poor health outcomes are identified for the provision of proactive interventions. For example: Pregnant women were identified as being at 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of birth and death certificates issued	39,427	41,562	39,456	38,949
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	2010	2010	2011	2011
Personnel	$0	$522,755	$0	$509,025
Contracts	$0	$1,190	$0	$9,890
Materials & Supplies	$2,654	$22,027	$65	$16,304
Internal Services	$0	$93,129	$0	$109,532
Total GF/non-GF:	**$2,654**	**$639,101**	**$65**	**$644,751**
Program Total:	**$641,755**		**$644,816**	
Program FTE	0.00	6.35	0.00	6.10
Program Revenues				
Indirect for dep't Admin	$39,087	$0	$38,340	$0
Fees, Permits & Charges	$0	$644,751	$0	$644,751
Total Revenue:	**$39,087**	**$644,751**	**$38,340**	**$644,751**

Explanation of Revenues

This is a fee driven, self-sustaining program. Despite the weakened economy, revenue appears to be stable.

Significant Program Changes

Last year this program was: #40009, Vital Records

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Program # 40010 - Communicable Disease Prevention & Control — Version 7/01/2010 s

Lead Agency: Health Department **Program Contact:** Arlene Warren

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

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

Program Description

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

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

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Client visits for all services	15,952	14,883	17,709	14,883
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 & CDC: goal 90%	96.6%	90.0%	97.6%	90.0%
Quality	TB patients completing treatment within 12 mos. as set by Oregon & CDC	94.1%	90.0%	93.3%	90.0%

Performance Measure - Description

1) Output-All home/shelter/clinic client visits. 2) Outcome–Reflects effectiveness of case contact investigation/response in life threatening disease. 3) Quality-Measures reflect standards and are reported to the state for CD case investigations 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	2010	2010	2011	2011
Personnel	$1,994,330	$893,930	$1,892,753	$937,046
Contracts	$18,969	$13,429	$121,102	$25,270
Materials & Supplies	$63,203	$259,632	$12,587	$256,219
Internal Services	$141,764	$694,160	$140,745	$489,334
Total GF/non-GF:	**$2,218,266**	**$1,861,151**	**$2,167,187**	**$1,707,869**
Program Total:	**$4,079,417**		**$3,875,056**	
Program FTE	20.45	9.67	17.18	9.64
Program Revenues				
Indirect for dep't Admin	$113,465	$0	$101,537	$0
Fees, Permits & Charges	$6,388	$94,350	$0	$10,476
Intergovernmental	$0	$1,765,194	$0	$1,611,570
Other / Miscellaneous	$0	$12,008	$0	$85,823
Total Revenue:	**$119,853**	**$1,871,552**	**$101,537**	**$1,707,869**

Explanation of Revenues

The program offers is funded by federal and state grants in addition to patients fees.

Significant Program Changes

Last year this program was: #40010, Communicable Disease Prevention & Control
Reduced demand of Travel Clinic clients due to economic reasons; OHO reductions due to decreased demand; reduced surge capacity due to TB & HCV grant reductions.

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Program # 40011 - STD/HIV/Hep C Community Prevention Program — Version 6/15/2010 s

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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of HIV tests performed	5,588	5,500	5,500	5,500
Outcome	Stable or decreased # of new HIV cases based on 5yr rolling average	148	148	106	130
Quality	% of gonorrhea/syphilis/HIV cases investigated	93.0%	90.0%	90.0%	90.0%
Output	#STD clinical encounters (visit/phone results)	12,728	12,000	12,000	12,000

Performance Measure - Description

2) Outcome - HIV/AIDS incidence estimates use a 5 year rolling average to stabilize numbers. This estimate is an indicator of the number of new cases prevented.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$1,887,739	$687,038	$1,830,292	$1,077,990
Contracts	$185,993	$381,371	$202,658	$407,907
Materials & Supplies	$116,996	$140,777	$131,166	$118,686
Internal Services	$267,665	$451,638	$419,008	$327,524
Total GF/non-GF:	**$2,458,393**	**$1,660,824**	**$2,583,124**	**$1,932,107**
Program Total:	**$4,119,217**		**$4,515,231**	
Program FTE	20.12	8.83	18.56	10.89
Program Revenues				
Indirect for dep't Admin	$101,420	$0	$114,852	$0
Fees, Permits & Charges	$0	$121,137	$0	$124,015
Intergovernmental	$0	$1,551,652	$0	$1,808,092
Total Revenue:	**$101,420**	**$1,672,789**	**$114,852**	**$1,932,107**

Explanation of Revenues

STD/HIV/HEP C receives funding from federal and state sources including Ryan White Title 1, state support for public health, HIV prevention block grant, and patients fees.

Significant Program Changes

Last year this program was: #40011, STD/HIV/Hep C Community Prevention Program
Grant for STD testing/follow-up for 500 clients, evaluating impact of prevention counseling on STDs infection rates

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Program # 40012 - Services for Persons Living with HIV — Version 6/15/2010 s

Lead Agency: Health Department
Program Contact: Graham Harriman
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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of unduplicated HCS clients served (all srv types/whole system)	2,548	2,200	2,575	2,400
Outcome	% of uninsured HCS clients who gained insurance	74.0%	70.0%	67.0%	70.0%
Output	# of unduplicated HIV CLINIC clients	972	925	950	950
Quality	% of medical clients who do not progress to AIDS	92.0%	93.0%	93.0%	93.0%

Performance Measure - Description

4) " % 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) 10% 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	2010	2010	2011	2011
Personnel	$160,995	$2,245,672	$36,000	$2,733,278
Contracts	$20,723	$2,883,750	$203,000	$2,874,017
Materials & Supplies	$30,331	$116,610	$8,707	$196,973
Internal Services	$43,247	$735,434	$6,690	$792,492
Total GF/non-GF:	**$255,296**	**$5,981,466**	**$254,397**	**$6,596,760**
Program Total:	**$6,236,762**		**$6,851,157**	
Program FTE	1.70	19.35	0.50	25.46
Program Revenues				
Indirect for dep't Admin	$220,189	$0	$249,135	$0
Fees, Permits & Charges	$0	$710,655	$0	$1,071,335
Intergovernmental	$0	$5,301,238	$0	$5,525,425
Total Revenue:	**$220,189**	**$6,011,893**	**$249,135**	**$6,596,760**

Explanation of Revenues

HCS 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.

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40012, Services for Persons Living with HIV
The HIV Clinic is now a Ryan White Part D grant recipient.

The increase in funding and FTE reflected in Program Offer 40012 is attributed to new grants (Ryan White Part D and Capacity Development) that add 2.1 fte and increased third party billing and services in the HIV Health Services Center. Added .3 NP and support that will result in 750 billable visits.

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Program # 40013A - Early Childhood Services for First Time Parents — Version 6/15/2010 s

Lead Agency: Health Department **Program Contact:** RUMINSKI Diane T

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

First-time parents can receive a range of services, including home visits, hospital visits, classes and groups. Services begin in early pregnancy and continue through infancy to assure optimal maternal and infant health and assist parents in meeting their infant's basic health and developmental needs. 2,800 parents will receive hospital Welcome Baby visits. 925 parents will receive intensive home visit services.

Program Description

This offer includes varied services to meet the needs of first-time parents. The program uses the natural touch points of pregnancy and delivery to identify and engage families in services. Nurse Family Partnership (NFP) is a nurse home visit program for first-time low income pregnant women that starts early in pregnancy and follows families to their child's second birthday. Healthy Start begins with hospital-based Welcome Baby visits at birth to all first time parents in Multnomah County to identify families in need. Based on risk, families are referred for intensive home visit services provided by community agencies. Helping first-time parents who are the most inexperienced, develop the skills and abilities needed to best support their child, establishes lifelong parenting patterns which benefit multiple generations. These programs focus on three major outcomes: improving pregnancy outcomes by helping women engage in good preventive health practices; improving child health and development by helping parents provide responsible and competent care; and improving the economic self-sufficiency of families.

Nurse Family Partnership (NFP) is a nurse home visit program using a curriculum that focuses on mother and infant health, parenting education, and family relationships. NFP is based on the well-documented research of David Olds who tested the NFP program in three randomized controlled trials with three different populations over 30 years. Results showed that the program improved pregnancy outcomes, improved the health and development of children, and helped parents create a positive life course for themselves. 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.

Healthy Start follows the Healthy Families America standards & uses the Parents as Teachers curriculum. Services are provided by family support workers (FSW) in contracted community based agencies following a standardized visit schedule. Statewide Healthy Start evaluations have demonstrated that families' participation: contributes to more positive health outcomes for infants and toddlers, reduces risk factors associated with child abuse and neglect, and promotes the role of parents as their child's first teacher, thus increasing the likelihood of school readiness.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of visits to women & infants	9,058	0	8,505	8,560
Outcome	% of mothers enrolled in NFP services who are breastfeeding at 6 months	46.0%	50.0%	48.0%	50.0%
Outcome	% of Healthy Start parents reporting positive parent-child interactions	0.0%	0.0%	80.0%	82.0%
Output	% of infants 0-12 mon with developmental screening	0.0%	0.0%	76.0%	80.0%

Performance Measure - Description

✓ Measure Changed

2)The goal for % of women breastfeeding at 6 months of age is based on the Healthy People 2010 goal of 50%. 3) Required outcome of state Healthy Start program. State benchmark is 70-84% 4) No national standard. Focus is on increasing the number of children screened early in life for early identification of problems and referral for intervention.

Legal/Contractual Obligation

Healthy Start must comply with Healthy Families America credentialing requirements and state OCCF Healthy Start requirements. Nurse Family Partnership (NFP) must follow the program guidelines set forth by the NFP National Service Office. Services reimbursed by Medicaid must comply with Medicaid rules.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$1,212,760	$1,852,388	$1,518,063	$1,618,722
Contracts	$384,350	$2,051,422	$1,318,845	$1,392,816
Materials & Supplies	$15,013	$97,196	$23,871	$83,987
Internal Services	$82,557	$304,363	$196,795	$392,470
Total GF/non-GF:	**$1,694,680**	**$4,305,369**	**$3,057,574**	**$3,487,995**
Program Total:	**$6,000,049**		**$6,545,569**	
Program FTE	11.10	19.45	13.65	15.60
Program Revenues				
Indirect for dep't Admin	$120,545	$0	$102,606	$0
Intergovernmental	$0	$4,286,502	$0	$3,487,995
Total Revenue:	**$120,545**	**$4,286,502**	**$102,606**	**$3,487,995**

Explanation of Revenues

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

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40013A, Early Childhood Svcs for First Time Parents
End of 5 year CDC grant; reduced State Healthy Start funding; changes to Medicaid reimbursement regulations, would have resulted in significant staffing reductions.
The Chair and Board provided additional general fund supported to Early Childhood to offset many of the cuts that would have come from the end of the CDC grant. In FY11 Early Childhood will identify emerging and urgent health needs, and continue to assure services such as prenatal care, universal newborn screening, promotion and support for breastfeeding, parent education, immunizations and health care coverage.
They will maintain nursing capacity for Early Childhood service teams as they transition from a general field nursing model to the Nurse-Family partnership or other evidence based home visiting interventions. This will allow us to take advantage of healthcare reform funding, which specifically calls out best practices like Nurse Family partnership as a key element for early childhood preventative health.
In addition to nursing capacity Early Childhood will kick-off a comprehensive breastfeeding campaign engaging all the programs addressing maternal child health including WIC, home visiting nurses, Chronic Disease (now renamed the Prevention and Wellness program), Environmental Health and community based organizations, focusing on women and children experiencing health inequities. Breastfeeding has been shown to contribute substantially to the prevention of childhood illness and chronic diseases such as obesity, diabetes and asthma in children, as well as benefits to the nursing mother with a decreased rate of maternal obesity and diabetes.
This capacity will also allow Community Health Services to close gaps in our maternal child health program array. This will optimize the use of resources across programs to improve health outcomes in our community with a specific focus on communities in which we know health disparities exist.

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Program # 40013B - Early Childhood Services for High Risk Prenatal, Infants & — Version 7/06/2010 s

Lead Agency: Health Department **Program Contact:** RUMINSKI Diane T

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The conditions of our early life have a profound impact on our long-term health and stability. 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.

Program Description

This offer includes a range of services to reduce the risk of poor pregnancy outcomes in women at risk and to families with an infant or child at risk for poor growth and development. 3,400 women and infants will receive services. Home visits by nurses and health workers focus on health promotion, risk reduction, early screening, and linkage to community resources. Services are provided to women most at risk including pregnant teens, women with medical conditions, women experiencing domestic violence, or alcohol/drug use. Activities include: health education on pregnancy; screening for health risks: hypertension, gestational diabetes, substance use, domestic violence; nutrition education; breastfeeding assistance. Healthy Birth Initiative (HBI) is a project focused on African-American women who have historical birth outcome disparities. In addition to services listed, a community consortium supports community activities to improve health of pregnant women.

Infants can be at risk due to being born premature/low birth weight, having medical conditions, or having parents who are not able to fully meet their needs or need education and support to provide responsible and competent care. Services for infants and children include screening for growth and development; parent education such as discussing child development (what to expect when baby is 6 mos., 9 mos., etc.), age-appropriate stimulation, nurturing, and discipline. Nurses observe parent/child interactions and look for "teachable moments" that can give parents cues to their baby's behavior. Case management assists families to meet their basic needs. Health consultation to child care providers ensures the health needs of infants and children will be met when in child care. These home visit services are part of two statewide programs, Babies First! and CaCoon. Babies First! identifies and screens infants at risk over time to assess growth and development. CaCoon serves children with known medical problems (e.g., cerebral palsy, Down's Syndrome), connecting them with community care services such as special education or special needs clinics. This program's unique emphasis on home visits by nurses & health workers provides significant support to parents, tailored to their needs as observed in their home environment. The program empowers parents with information and promotes positive maternal behavior. With support, families can learn how to cope with existing health issues and prevent or reduce the consequences of future health problems. Poor pregnancy outcomes such as low-birth weight have profound effects on our risk of disease later in life. Babies who are born to mothers who experience under nutrition or chronic stress during pregnancy are more likely give birth to infants who will develop chronic diseases as adults, such as diabetes. Breastfeeding has been shown to contribute to prevention of chronic diseases such as obesity, diabetes and asthma in children as well as benefits to the nursing mother of decreased rate of maternal obesity and diabetes. ECS services improve early-life determinants of health.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of visits to women & infants	11,281	0	10,170	7,775
Outcome	% of mothers who are still breastfeeding at 6 months	0.0%	0.0%	35.0%	40.0%
Output	% of pregnant and postpartum women screened for domestic violence	0.0%	96.0%	89.0%	90.0%
Output	% of infants 0-12 months with developmental screening	0.0%	0.0%	61.0%	70.0%

Performance Measure - Description

✓ Measure Changed

Breastfeeding measure is new. Healthy People 2010 goal is 50%. Domestic violence screening rate has been changed from screening in last 24 months to screening last 12 months to reflect emphasis on more frequent screening. Rate dropped slightly when looking at 12 months. Developmental screening measure is new, to reflect program emphasis on developmental screening for early identification of problems and health education during the infant's first year of life.

Legal/Contractual Obligation

Healthy Birth Initiative (HBI) services must comply with grant guidelines from HRSA MCH Bureau. Babies First & CaCoon funds must comply with contract 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	2010	2010	2011	2011
Personnel	$1,671,417	$3,814,237	$2,179,902	$3,219,626
Contracts	$867,094	$145,340	$769,971	$52,650
Materials & Supplies	$83,037	$149,672	$50,927	$158,152
Internal Services	$296,762	$733,526	$144,819	$852,461
Capital Outlay	$150,000	$0	$0	$0
Total GF/non-GF:	**$3,068,310**	**$4,842,775**	**$3,145,619**	**$4,282,889**
Program Total:	**$7,911,085**		**$7,428,508**	
Program FTE	17.15	37.40	23.10	30.10
Program Revenues				
Indirect for dep't Admin	$275,601	$0	$254,685	$0
Intergovernmental	$0	$4,546,091	$0	$4,282,889
Total Revenue:	**$275,601**	**$4,546,091**	**$254,685**	**$4,282,889**

Explanation of Revenues

-Medicaid reimbursement for maternity case management and targeted case management;Federal grant from HRSA MCH Bureau for Healthy Birth Initiative; Babies First grant of state general fund; CaCoon contract with OHSU of federal Title V funds; Mt Hood Community College Head Start contract; State DHS contract for child care health consultation

Significant Program Changes

✓ Significantly Changed

Last year this program was: #40013B, Early Childhood Svcs for High Risk Prenatal
This program offer combines previous #40013B and 40013C.
End of 5 year CDC grant; reduced State Healthy Start funding; changes to Medicaid reimbursement regulations, would have resulted in significant staffing reductions.
The Chair and Board provided additional general fund supported to Early Childhood to offset many of the cuts that would have come from the end of the CDC grant. In FY11 Early Childhood will identify emerging and urgent health needs, and continue to assure services such as prenatal care, universal newborn screening, promotion and support for breastfeeding, parent education, immunizations and health care coverage.
They will maintain nursing capacity for Early Childhood service teams as they transition from a general field nursing model to the Nurse-Family partnership or other evidence based home visiting interventions. This will allow us to take advantage of healthcare reform funding, which specifically calls out best practices like Nurse Family partnership as a key element for early childhood preventative health.
In addition to nursing capacity Early Childhood will kick-off a comprehensive breastfeeding campaign engaging all the programs addressing maternal child health including WIC, home visiting nurses, Chronic Disease (now renamed the Prevention and Wellness program), Environmental Health and community based organizations, focusing on women and children experiencing health inequities. Breastfeeding has been shown to contribute substantially to the prevention of childhood illness and chronic diseases such as obesity, diabetes and asthma in children, as well as benefits to the nursing mother with a decreased rate of maternal obesity and diabetes.
This capacity will also allow Community Health Services to close gaps in our maternal child health program array. This will optimize the use of resources across programs to improve health outcomes in our community with a specific focus on communities in which we know health disparities exist.

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Program # 40014 - Immunizations — Version 3/05/2010 s

Lead Agency: Health Department
Program Contact: SCHMITZ Virginia S
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Executive Summary

The Community Immunization Program (CIP) implements the federally subsidized Vaccines for Children (VFC) Program which provides childhood vaccinations at little or no cost to uninsured and underinsured children. This ensures children's readiness to learn and makes the classroom safe for all by preventing communicable diseases.

Program Description

The Community Immunization Program ensures that the basic disease prevention needs of children are met and by assisting parents with documentation to prevent school exclusion. To achieve this, the CIP works closely with Multnomah Education Service District (MESD) to review the immunization status of Multnomah County children and students (adjusted enrollment of 114,400 as of April 2009) and issues exclusion orders as needed. To increase access to immunizations, the CIP holds clinics for no-cost and low-cost childhood immunization services at various community sites and at its clinic throughout the year. No VFC-eligible child is turned away due to inability to pay.

The Community Immunization Program (CIP) consists of several program components with the primary goal of ensuring childhood immunity from vaccine-preventable diseases through vaccination services. Components include: 1) Immunization Clinic: Vaccination services provided at a Health Department clinic during the week and various off-site community locations on Saturdays. 2) Immunization Support: CIP provides support to MCHD Integrated Clinical Services health clinics for vaccine management services, namely procurement, storage, handling, inventory and technical assistance. 3) School Exclusion: Per Oregon statute, MCHD is mandated to ensure that all children in certified day care centers, preschools, kindergartens, Head Start Programs and students in private, alternative and public schools are complete or up-to-date on their immunizations. If not, these children are excluded from attending school until immunized. 4) Collaboration: The CIP works with the Oregon DHS Public Health Immunization Program to implement the Vaccines for Children (VFC) Program and participates in the Oregon Partnership to Immunize Children coalition. 5) Partnerships: CIP has ongoing partnerships to support childhood immunizations with Multnomah Education Service District (MESD) and MCHD delegate agencies, several of which are among the Coalition of Community Health Clinics.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Annual number of immunization doses administered	11,192	9,000	10,533	9,000
Outcome	7th grade students up to date on required vaccinations	93.4%	90.0%	92.7%	90.0%

Performance Measure - Description

Output: Annual vaccine doses administered directly by the Community Immunization Program current year estimate is as projected.
Outcome: Measuring immunization status of students in the 7th grade. This is a reporting age group per state and federal guidelines.

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	2010	2010	2011	2011
Personnel	$0	$250,779	$43,233	$245,487
Contracts	$21,458	$15,528	$0	$18,984
Materials & Supplies	$3,423	$1,687,753	$68	$3,041,053
Internal Services	$110,795	$68,133	$51,066	$81,004
Total GF/non-GF:	**$135,676**	**$2,022,193**	**$94,367**	**$3,386,528**
Program Total:	**$2,157,869**		**$3,480,895**	
Program FTE	0.00	2.00	0.00	2.00
Program Revenues				
Indirect for dep't Admin	$23,381	$0	$22,986	$0
Fees, Permits & Charges	$0	$75,533	$0	$12,476
Intergovernmental	$0	$1,949,385	$0	$3,374,052
Total Revenue:	**$23,381**	**$2,024,918**	**$22,986**	**$3,386,528**

Explanation of Revenues

Immunizations is funded by state Immunization Action Plan grant, patients fees, and the value of vaccine provided by the state.

Significant Program Changes

Last year this program was: #40014, Immunization
Increased value of State supplied vaccine.

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Program # 40015 - Lead Poisoning Prevention — Version 3/05/2010 s

Lead Agency: Health Department
Program Contact: WICKHAM Lila A
Program Offer Type: Existing Operating
Related Programs:
Program Characteristics:

Executive Summary

This program prevents childhood lead poisoning and is primarily funded with city, state and federal funds. Lead causes brain damage in children resulting in behavioral, learning, and health problems that impact their economic, academic and social future. The program administers a statewide LeadLine, providing information and referral in multiple languages, and screens for lead levels in blood, environmental investigations, case management, 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 chronic disease investigation of high lead levels by an Environmental Health Specialist within 5 days of identification by conducting an in home assessment to identify causes and/or exposures to lead; 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 and adapts program accordingly; 7) Screens for risk of lead exposure to low-income children in support of improving health equity. LeadLine has incorporated education and outreach associated with the implementation of new EPA lead-based paint and will continue outreach to medical providers and communities.
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. 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 or develop into healthy adults. There are an estimated 10,000 older homes with possible exposure risk of leaded paint in Multnomah County that house children 6 years old and younger. The Lead Poisoning Prevention Program identifies and helps residents reduce exposure to the environmental hazards of lead and promote safe housing conditions. With the resurgence of products being recalled for lead risks, the program has experienced an increased demand for lead screening, education, and information and referral services. Medicaid reimbursement for Lead Investigations is slated to begin July 2010.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Total # of children screened by MCHD primary care and immunization providers	3,266	3,500	3,154	4,000
Outcome	Total # of successfully identified children with EBLLs	15	30	19	25
Output	# of community members receiving information on lead prevention	5,351	3,500	6,067	7,000
Quality	% home investigations where lead exposure risk hazards/factors are identified	90.0%	90.0%	100.0%	100.0%

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)
Community Information: Measure to quantify reach of program through phone counseling, referral, educational materials, website and community events.
Children with EBLL: Elevated Blood Lead Levels (EBLL) found during screening by any health care provider within Multnomah County. EBLL investigation criteria changed from 15 mg/dl to 10 mg/dl.
Percentage of home investigations with identified contributing factors for lead source

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	2010	2010	2011	2011
Personnel	$0	$95,319	$0	$121,971
Contracts	$0	$8,520	$2,787	$5,963
Materials & Supplies	$0	$4,035	$0	$3,390
Internal Services	$11,430	$30,772	$12,535	$10,676
Total GF/non-GF:	**$11,430**	**$138,646**	**$15,322**	**$142,000**
Program Total:	**$150,076**		**$157,322**	
Program FTE	0.00	0.60	0.00	1.30
Program Revenues				
Indirect for dep't Admin	$8,487	$0	$8,444	$0
Intergovernmental	$0	$140,000	$0	$142,000
Total Revenue:	**$8,487**	**$140,000**	**$8,444**	**$142,000**

Explanation of Revenues

We have a contract with City of Portland Water Bureau for 135,000 that we expect to be renewed at the same rate in FY 11. An additional $2000 is an ongoing contract with the State Lead Program. As a result of the increased outreach, we expect to see an increase in the number of Chronic Disease Investigations to 25 a year. State of Oregon has confirmed that we will be reimbursed $200 for each investigation done, which is new revenue.
We will need $15,322 in County General Fund Support.

Significant Program Changes

Last year this program was: #40015, Lead Poisoning Prevention
1) The Centers for Disease Control change in the action level for elevated blood lead levels (from 15 mg/dl to 10 mg/dl) was expected to increase the number of home-based risk assessments conducted by staff. While the increase in home visits did not materialize, there was a significant increase in the education and outreach associated with this change in action level. This increased workload is reflected in the output measure of community members receiving information about lead poisoning prevention.
2) Decrease in demand for lead tests will result in more outreach education and testing. Current trends indicate that some high lead levels are the result of exposure to Mexican pottery and Mexican candy. In response we have increased Bilingual Community Health Worker time to outreach and education to Hispanic populations and reduced EHS time.

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Program # 40018 - Women, Infants and Children (WIC) Version 6/15/2010 s

Lead Agency: Health Department **Program Contact:** David Brown

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

The Women, Infants and Children Program (WIC) serves lower-income pregnant, postpartum 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 19,373 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 2009. This included over 35% of all pregnant women in Multnomah County (MC). The WIC Program strengthens MC's 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 and it has been the most successful. It is estimated that for every $1 spent on WIC over $3 is saved in Medicaid expenses. This defines the prevention potential of WIC. The emphasis on health promotion and community access is what makes WIC such a valuable program. With such a large client base, programs like Oral Health, Lead Screening, H1N1, 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 screening. 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 and vegetables in your diet, use of whole grains and many more. 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.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Average number of clients served each month	0	18,793	17,928	19,373
Outcome	% of mothers initiating breastfeeding on WIC	0.0%	87.0%	87.0%	89.0%
Outcome	Show rate for WIC nutrition education follow-up	0.0%	70.0%	69.5%	72.0%

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	2010	2010	2011	2011
Personnel	$130,438	$2,121,206	$834,833	$2,412,524
Contracts	$6,111	$4,098	$1,990	$5,995
Materials & Supplies	$31,611	$102,287	$30,181	$46,577
Internal Services	$479,112	$210,749	$420,282	$379,370
Total GF/non-GF:	**$647,272**	**$2,438,340**	**$1,287,286**	**$2,844,466**
Program Total:	**$3,085,612**		**$4,131,752**	
Program FTE	0.85	30.44	2.53	32.61
Program Revenues				
Indirect for dep't Admin	$149,422	$0	$169,148	$0
Intergovernmental	$0	$2,464,746	$0	$2,844,466
Total Revenue:	**$149,422**	**$2,464,746**	**$169,148**	**$2,844,466**

Explanation of Revenues

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40018, Women, Infants and Children (WIC)
FTE added to meet caseload increases of +1400 clients since January 2009; add'l capacity for linking to other early childhood srvs. WIC has become more efficient financially and in providing coordinated client services. This fact is demonstrated by the average monthly participation which increased from 17,928 in January '09 to 19,373 in December '09. Our growth compared to other Counties:
Multnomah County: +1,445
Salud WIC: +367
Marion County: -76
Lane County: -50
Washington County: +57

FTE added to meet caseload increases of +1400 clients since January 2009; add'l capacity for linking to other early childhood srvs

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Program # 40025 - Adolescent Health Promotion — Version 3/05/2010 s

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

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

Executive Summary

This program is designed to support kids' academic success by breaking down barriers to staying in school. Teen parents face significant challenges to success in school. Research indicates young people who delay sexual involvement until the age of 16.5 are more likely to protect themselves from pregnancy and disease. This program gives students the skills and confidence to delay sexual involvement and reduces participation in other risky activities while building healthy relationships. It also improves health, access to information and resources for 11,000 school aged students and their parents in five school districts (57 schools total) in Multnomah County, and offers workshops to community-based organizations. The program uses three strategies: youth development and leadership training; parent involvement; and classroom healthy relationship and sexuality education.

Program Description

The Adolescent Health Promotion Program (AHPP) is designed to delay sexual activity and build healthy relationships for middle school students using peer educators to teach five sexuality education sessions that focus on media influences, correcting misconceptions about teen sexuality, and building assertiveness skills to refuse pressure. AHPP at the high school level focuses on skill building and assertiveness training to develop healthy relationships for life. AHPP employs three proven strategies: 1) Youth Development/Leadership Training: The peer education and empowerment approach, provided in a school setting, further contributes to developing and ensuring success in school. The program engages teens in discussions and activities allowing them to build skills and confidence in healthy decision making, planning for the future, self-risk assessment, and encourages communication with parents about healthy relationships and sexuality. 2) Parent Involvement: provides resources and workshops to assist parents in talking to their child about healthy relationships and sex. 3) Healthy Relationships and Sexuality Education sessions: AHPP is culturally and developmentally appropriate and delivered in schools and community-based organizations, focusing on healthy relationships, the effect of drugs and alcohol on sexual behavior, access to health services, and skill and confidence building. Research shows that teens who delay sexual activity are more likely to have fewer partners and take action to protect them against pregnancy and sexually transmitted infections (STIs). Since 1995, statewide evaluations have consistently shown that students who received AHPP out-performed students in the control schools on measures of knowledge about sexuality and attitude toward postponing. The teen pregnancy rate is one of the primary health indicators for a community. In Multnomah County the teen pregnancy rate has continued to decline since the mid-1990s. However, the Multnomah County teen pregnancy rate remains higher than the state's rate and is significantly higher for Hispanic teens. When young people have hope for their future, they are less likely to engage in a range of risky behaviors including drug and alcohol abuse, smoking, and early initiation of sex, among others (Prothrow-Stith, date; Wilson et al, 2006). Therefore, AHPP works to empower young people, and increase their sense of control over their lives and their health.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of high school teen leaders trained	260	260	235	250
Outcome	Increase the % of HS/College students that participate as leaders	65.0%	68.0%	68.0%	68.0%
Output	Increase of the # of students and their parents who receive the program	13,000	11,000	14,000	14,000

Performance Measure - Description

1) Positively impact outcomes known to decrease teen pregnancy and other high risk behaviors: knowledge of the risk and impact of teen pregnancy and sexually transmitted infections (STIs) and attitude towards delaying sexual activity. 2) % of trained teen leaders that participate for more than one year. 3) Number of students/parents receiving healthy relationship and sexuality sessions annually. Have scaled back number of health fairs but are increasing intensity/1:1 parent target portion of program.

Legal/Contractual Obligation

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

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$0	$619,219	$78,345	$628,785
Contracts	$0	$68,500	$0	$46,650
Materials & Supplies	$0	$11,616	$655	$5,016
Internal Services	$0	$145,086	$0	$144,292
Total GF/non-GF:	**$0**	**$844,421**	**$79,000**	**$824,743**
Program Total:	**$844,421**		**$903,743**	
Program FTE	0.00	7.94	1.00	7.62
Program Revenues				
Indirect for dep't Admin	$51,621	$0	$49,044	$0
Intergovernmental	$0	$851,400	$0	$824,743
Total Revenue:	**$51,621**	**$851,400**	**$49,044**	**$824,743**

Explanation of Revenues

$551,400 Federal grant revenue received Oct. 2006. Currently in year 3 of the 5 year grant. $300,000.00 per year contract revenue received through Northwest Family Services. Currently in year 3 of the 5-year grant.

Significant Program Changes

Last year this program was: #40025, Adolescent Health Promotion Program
Expansion to David Douglas School District; 64 4th & 5th grade classroom presentations in 8 schools.

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Program # 40037 - Community Environmental Health — Version 7/06/2010 s

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

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

Supports community environmental health programs that reduce health disparities exacerbated by negative and disparate exposure to environmental, social and economic factors. Programs improve health equity by addressing issues related to environmental health and housing conditions. Strategies include assessment, education/outreach, intervention, information/referral, policy development, community organizing, and capacity building. Program focus areas include asthma intervention, housing code enforcement, household mold, household toxins, vectors and lead paint; environmental pollutants and toxins; and reducing the environmental and health impacts of global climate change and the built environment.

Program Description

The program addresses a root cause of health disparities by improving the home environment. These efforts bridge gaps identified by the community as under-resourced public health issues related to affordable housing. The program is focused on Healthy Home principles and policy development around improving quality of housing and environmentally related health concerns. Multnomah County has one of the highest emergency department utilization rates for asthma in Oregon. The Healthy Homes asthma intervention has been shown to improve asthma control by working with vulnerable children with asthma to improve their quality of life which results in lowered economic burden by averting emergency room visits and hospitalization. Healthy Home Priorities: 1) Provide home based environmental and medical assessment & intervention for high risk asthmatic children; 2) Provide consultation with medical providers; 3) Build capacity for community programs to decrease health disparities associated with health and housing; 4) Create partnerships between landlords and tenants; 5) Collaborate with the Health Equity Initiative to ensure coordinated approach; 6) Address substandard housing complaints in unincorporated area and provide environmental assessments for asthmatic children via the AIR program. Environmental Education Priorities: 1) Conduct community-based training and outreach related to mold, indoor air quality and toxins; 2) Integrate environmental health risk reduction with other MCHD initiatives; and 3) Support core environmental health education and outreach related to Healthy Homes, West Nile Virus, Foodborne Illness, and other emerging health issues like climate change and the built environment. Leveraging Resources Priorities: 1) Ensure successful use of existing grant resources; 2) Apply for grants to expand service; 3) Use Targeted Case Management billing codes to acquire reimbursement for services; 4) Provide leadership and infrastructure support for the Healthy Homes Community Coalition and build capacity of community-based organizations working on environmental health and healthy homes initiatives.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of educational interventions provided	98	92	110	120
Outcome	Emergency Dept & hospitalization costs averted	0	130,925	139,696	149,056
Outcome	Additional grant dollars leveraged	642,000	634,000	587,666	444,773
Output	# of families receiving an inspection based on medical provider referral	0	90	90	180

Performance Measure - Description

✓ Measure Changed

Output: Reflects interventions provided to community that increase individual positive health behaviors and support improvements in environmental health, environmental justice and health equity. Excludes interventions in client care.
Outcome: These savings are estimated from client related-data obtained from Care Oregon emergency room and hospitalization data and costs averted. This does not include physician costs or societal data such as lost work or school days averted. The costs of both are likely to be substantial but difficult to obtain.

Outcome: Measures include the total sum of dollars leveraged in grants by MCEH. This amount does not include the increased community capacity by MCEH providing technical assistance to community environmental health partners to leverage grant funded resources. Community resource acquisition includes $105,000 awarded to Josiah Hill Clinic, where MCHD took the lead role in developing the grant. MCHD is a sub-grantee on this award. MCEH submitted two additional grant applications with award notices to be announced in February 2010. EPA for $299,677 and HUD for the Healthy Homes Demonstrations for $327,124, totaling $626,801.

Legal/Contractual Obligation

Some activities under this program offer are subject to contractual obligations under Centers for Disease Control Grant # 1U88EH000260-01

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$409,937	$233,284	$438,773	$211,446
Contracts	$47,600	$0	$7,450	$149,520
Materials & Supplies	$32,697	$8,557	$33,855	$60,328
Internal Services	$39,537	$21,414	$68,484	$39,603
Total GF/non-GF:	**$529,771**	**$263,255**	**$548,562**	**$460,897**
Program Total:	**$793,026**		**$1,009,459**	
Program FTE	4.95	2.55	4.75	1.85
Program Revenues				
Indirect for dep't Admin	$10,489	$0	$27,408	$0
Intergovernmental	$0	$173,000	$0	$460,897
Total Revenue:	**$10,489**	**$173,000**	**$27,408**	**$460,897**

Explanation of Revenues

Approximately $541,643 will be needed in County General Fund for this program offer. By July 2010 we expect to have a targeted case management billing code in which could result in approximately $123,000/year for Healthy Homes services. This is not in the budget.

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40037, Community Environmental Health
A HUD-funded asthma demonstration project ended leading to a reduction in revenues. Replacement funding will potentially include insurance and Medicaid reimbursement. Negotiations with Department of Medicaid Administration Program (DMAP) to create a new Targeted Case Management program to fund this service. This program offer incorporated portions of Program Offers #40027 and #40028

FTE and funding redistributed from PO#40028 and #40027 for Healthy Homes and AIR Projects. End of CDC Healthy Homes grant.

In late FY10 the Healthy Homes program received a HUD Community Asthma Inspection and Referral grant funding medical intervention, environmental assessments and physical remediation to 320 low income families.

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Program # 40047 - Community Wellness and Prevention — Version 6/15/2010 s

Lead Agency: Health Department **Program Contact:** MANHAS Sonia X

Program Offer Type: Support

Related Programs:

Program Characteristics:

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. It will transform the size and impact of the program starting in FY11.

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. This Program implements coalition building, advocacy campaigns, and policy initiatives 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. These barriers are shared among our community as a whole, and the Program works to help lower or remove these barriers so that the healthy choice becomes an easier choice to make. Much of the work of the Program is carried out through community partnerships, including stakeholders from housing, education, parks and recreation, business, nonprofit, culturally-specific, and advocacy groups. 1) Tobacco Prevention: The Program's tobacco prevention and education initiatives are guided by CDC's best practices to support tobacco-free environments, such as tobacco-free hospital and college campuses. Program staff convene issue specific stakeholder groups to prioritize and implement strategic actions intended to change community norms and behavior around tobacco use and exposure. This includes working towards the adoption of smoke-free policies, media communications, and implementing social marketing campaigns. The Program is responsible for enforcement of Oregon Indoor Clean Air Act. 2) Healthy Eating Active Living (HEAL). HEAL initiatives are based on emerging and promising practices for obesity prevention with a focus on informing and strengthening community planning decisions related to food, transportation, and land use. The Program convenes multidisciplinary community coalitions, for example the North Portland Healthy Active Living Coalition, to prioritize and implement strategic actions to promote healthy eating and physical activity.

Population-based approaches work: Reduction in tobacco use and exposure to second-hand smoke in Oregon demonstrates that policies and environmental changes are critical in changing social norms and behaviors. Prevention can reduce financial costs: In Multnomah County, over $193 million is spent on medical care for tobacco-related illness and over $206 million in productivity is lost due to tobacco-related deaths. Obesity, a largely preventable condition, has been shown to be a major determinant of health care costs. Between 1994 and 2001, obesity increased by 59% in Multnomah County. Prevention can reduce health disparities and save lives: State-wide, tobacco use claims more lives than motor vehicle crashes, suicide, AIDS, and murders combined. Some groups experience a disparate burden of tobacco use, exposure to second-hand smoke, and obesity due to historical inequities in access to resources, healthcare infrastructure, and in direct targeting by the tobacco industry.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of local residents participating in coalitions	35	35	42	35
Outcome	Number of policies established to slow and reduce rates of chronic disease	2	2	8	5

Performance Measure - Description

Number of local residents participating in coalitions: the program works to engage with local residents and underrepresented communities in policy development. This is a process indicator that enables the program to track and monitor whether its policy objectives are driven by local perspectives and needs.

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

Legal/Contractual Obligation

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. 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	2010	2010	2011	2011
Personnel	$248,895	$350,897	$416,082	$1,395,196
Contracts	$8,000	$15,160	$1,200	$2,392,745
Materials & Supplies	$13,105	$38,106	$22,368	$112,528
Internal Services	$15,780	$82,365	$26,440	$492,245
Total GF/non-GF:	**$285,780**	**$486,528**	**$466,090**	**$4,392,714**
Program Total:	**$772,308**		**$4,858,804**	
Program FTE	3.00	3.95	3.80	15.20
Program Revenues				
Indirect for dep't Admin	$29,662	$0	$267,161	$0
Fees, Permits & Charges	$0	$64,925	$0	$0
Intergovernmental	$0	$408,700	$0	$4,392,714
Other / Miscellaneous	$0	$15,592	$0	$0
Total Revenue:	**$29,662**	**$489,217**	**$267,161**	**$4,392,714**

Explanation of Revenues

$230,071 Tobacco Prevention and Education Grant, Oregon DHS
$81,250 Healthy Communities Implementation Grant, Oregon DHS
$35,000 ACHIEVE Grant, funded by National Association of Chronic Disease Directors

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40047, Chronic Disease Prevention
Costs from 40027 & 28 moved here. Includes $4.8 million of a $7.5 million award from the CDC to implement policy, environmental, and systems-based changes to promote healthy eating and active living. The project will include new staffing, funding for 25 community partner organizations and will transform the size and impact of this program.

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Program # 40048 - Infrastructure for Public Health Services — Version 4/30/2010 s

Lead Agency: Health Department **Program Contact:** LENTELL Margaret M

Program Offer Type: Support

Related Programs:

Program Characteristics:

Executive Summary

The mission of the Infrastructure for Public Health Services unit is to provide core infrastructure that advances accountability, efficiency and evidence-based practices of Community Health Services programs and public health partners. We support the performance of essential public health functions by leading, coordinating, establishing or providing quality improvement and performance management, information management expertise, epidemiological analysis and perspective, effective financial management systems, application of best and promising practices in public health, and supportive communications.

Program Description

The Infrastructure for Public Health Services (IPHS) unit's vision is to support CHS Group programs achieving the Department's vision of healthy people in healthy communities, specifically in the areas of improving the key processes of identifying and working to eliminate health inequities, providing local public health authority functions, and promoting healthy communities. The goal of IPHS is to provide support and leadership for CHS Group in order to have coordinated, systematized delivery of services across a wide range of human and environmental health programs. 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, and health promotion. These programs must operate in compliance with a substantial body of public health and environmental statutes, rules, ordinances, and guidelines. Accurate collection and analysis of programmatic, epidemiological, and environmental data is essential to focus resources, identify and implement best practices, and ensure compliance. IPHS unit leads CHS-wide implementation of performance management and quality improvement in order to ensure streamlined, safe service delivery, budget development and financial monitoring, coordinated public health informatics systems, epidemiologic analysis, and coordinated public/internal communication activities. IPHS unit supports the Department through policy development, implementation of best practices, coordination with prioritized County initiative including Health Equity Initiative and the health promotion and empowerment framework.

This program assures:
- CHS Group incorporates Public Health best practices.
- Health Department initiatives and policy-related issues are translated with clarity and precision.
- All CHS programs and policies are informed and enabled by consistent high quality data and analysis.
- Performance management standards, measures, reports and quality improvement processes are consistently applied to assure efficiency, effectiveness, accountability, and value across CHS programs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Informatics plan with measurable activities for CHS Group.	0.0%	100.0%	100.0%	100.0%
Outcome	Timely epidemiology surveillance reports detect unusual public health events	0.0%	100.0%	100.0%	100.0%
Output	QI methods training for identified priority CHS QI pilot projects	0	0	2	5
Outcome		0	0	0	0

Performance Measure - Description

✓ Measure Changed

Staffing the Infrastructure for Public Health Services group began 4th quarter of FY09 and completed 2nd quarter of FY10. Development and implementation of the activities began during the 1st and 2nd quarters of FY10.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$445,983	$0	$585,619	$0
Contracts	$20,925	$0	$50,000	$0
Materials & Supplies	$96,224	$0	$38,700	$0
Internal Services	$35,621	$0	$68,641	$0
Total GF/non-GF:	**$598,753**	**$0**	**$742,960**	**$0**
Program Total:	**$598,753**		**$742,960**	
Program FTE	4.05	0.00	5.00	0.00
Program Revenues				
Total Revenue:	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last year this program was: #40048, Systems and Quality Support
FTE and funding moved from PO #40000 due to department re-org. FTE and funding redistributed from PO #40028 for Early Childhood infrastructure support

Division Overview

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 medical care, disease management for chronic illness, specialized care for HIV positive individuals, behavioral health, family planning, prenatal care, dental care, and preventive services such as well child health care. By integrating all these health care services under one organization, ICS can provide clients a continuity of care, improve operational efficiencies, and maximize opportunities with grants and programs for special populations.

Clinical services are provided in six primary care clinic sites, with a seventh clinic planned for FY 2011 in the Rockwood area. Four dental clinics provide much needed access to dental care for children and adults. A fifth dental clinic will be added at the Rockwood site. Thirteen School Based Health clinics (SBHC's) provide primary care services to the kids and adolescents in the school and surrounding community.

Incremental improvements and quality initiatives like Building Better Care have resulted in a 19% growth in the number of clients receiving care and a 26% in the number of visits provided by Primary care. In 2009, Primary Care, Dental, SBHC's and Early Childhood services served 60,953 people in 278,130 encounters. In FY 2011 the Rockwood clinic alone will serve an additional 4,400 clients in the first year. The primary care and dental clinics serve a diverse range of clients and young families, more than 70% of whom are below 100% of the federal poverty level. At the Mid-County clinic more than 80% of the clients are or were refugees from Russia, Somalia, Sudan, Latin America and Southeast Asia. Sixty-five percent of the Westside clinic clients are homeless and 59% of the East County clients are Latino.

Dental

- 40017 Dental Services

Support/Ancillary Services

- 40016 Medicaid/Medicare Eligibility
- 40031 Pharmacy
- 40032 Lab, X-Ray and Medical Records
- 40033 Primary Care and Dental Access and Referral
- 40034 Quality Assurance
- 40036 Community Health Council & Civic Governance

Primary Care

- 40019 North Portland Health Clinic
- 40020 Northeast Health Clinic
- 40021 Westside Health Clinic
- 40022 Mid County Health Clinic
- 40023 East County Health Clinic
- 40024 School Based Health Centers
- 40026 La Clinica de la Buena Salud
- 40029A-B Rockwood Health Clinic

Significant Changes

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

This past year brought opportunities in health care reform and expansion of access in the safety net and Community Health Centers that have been unheard of in the last 15 years. This will continue and is shaping our system for 2011.

Funding opportunities through the federal stimulus package (ARRA) will allow us to increase medical access to many under served residents of Multnomah County, update and repair our aging Health Center sites, and optimize our use of the Electronic Health Record. We will seek to take advantage of any funding that will increase our ability to integrate dental services through clinical information technology that shares data across all the clinics and the Health Department.

The collaboration between CareOregon and Multnomah County will result in a new health center in East County to provide expanded access to primary care, dental and pharmacy services in the Rockwood Neighborhood. The clinic would allow the Health Department to add four medical and two dental teams and access to medical services for approximately 3,300 individuals and dental services for another 1,100 individuals in the first year of operation. The Rockwood clinic is program offer 40029. The dental and pharmacy services at Rockwood are incorporated into program offers 40017 and 40031 respectively.

Measuring Success

Our success is measured by our ability to provide the right care, at the right time for a reasonable price in the right place. We employ quality tools, performance audits and responsiveness to new methods of delivering safe and quality care. All our clinics are accredited by the Joint Commission which requires we meet strict standards of clinical quality and safety.

Our programs monitor and measure success in the areas of access (how many clients and visits are provided and how long it takes for new clients to get an appointment), client wellness (immunization rate, preventative care), and client satisfaction.

Division by Program

The following table shows the programs that make up the division for FY 2011.

Prog #	Program Name	FY 2011 General Fund	Other Funds	Total Cost	Total FTE
40016	Medicaid/Medicare Eligibility	$145,437	$1,221,950	$1,367,387	15.00
40017	Dental Services	100,544	15,637,971	15,738,515	87.36
40019	North Portland Health Clinic	204,138	4,032,007	4,236,145	27.60
40020	Northeast Health Clinic	70,747	5,239,874	5,310,621	31.77
40021	Westside Health Clinic	295,789	6,031,723	6,327,512	36.30
40022	Mid County Health Clinic	80,398	9,704,885	9,785,283	73.20
40023	East County Health Clinic	90,002	8,088,343	8,178,345	57.65
40024	School Based Health Centers	1,868,119	3,335,968	5,204,087	35.76
40026	La Clinica de la Buena Salud	80,982	1,639,172	1,720,154	11.40
40029A	Rockwood Health Clinic	0	2,150,320	2,150,320	14.85
40029B	Rockwood Health Clinic Scaled Offer	222,897	0	222,897	3.00
40031	Pharmacy	700,190	12,366,728	13,066,918	39.65
40032	Lab, X-Ray and Medical Records	2,795,368	0	2,795,368	26.10
40033	Primary Care & Dental Access & Referral	1,047,901	108,000	1,155,901	11.00
40034	Quality Assurance	338,189	2,776,656	3,114,845	22.04
40036	Community Health Council and Civic Governance	223,700	0	223,700	1.10
	Total	**$8,264,401**	**$72,333,597**	**$80,597,998**	**493.78**

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Program # 40016 - Medicaid/Medicare Eligibility — Version 3/05/2010 s

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

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics:

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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Annual number of clients screened	33,933	32,500	33,900	36,000
Outcome	Uninsured children in Multnomah County insured through program	11,550	12,300	12,300	13,500

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 & 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	2010	2010	2011	2011
Personnel	$355,132	$975,744	$96,691	$1,059,561
Contracts	$3,080	$0	$3,123	$0
Materials & Supplies	$29,884	$6,920	$12,602	$10,737
Internal Services	$8,887	$167,933	$33,021	$151,652
Total GF/non-GF:	**$396,983**	**$1,150,597**	**$145,437**	**$1,221,950**
Program Total:	**$1,547,580**		**$1,367,387**	
Program FTE	5.00	15.00	1.00	14.00
Program Revenues				
Indirect for dep't Admin	$70,434	$0	$72,664	$0
Fees, Permits & Charges	$0	$1,162,358	$0	$0
Intergovernmental	$0	$0	$0	$1,221,950
Total Revenue:	**$70,434**	**$1,162,358**	**$72,664**	**$1,221,950**

Explanation of Revenues

Significant Program Changes

✓ Significantly Changed

Last year this program was: #40016A, Medicaid/Medicare Eligibility
This offer now includes most of the staff previously included in 40016B, funded last year with CGF. There is now sufficient State revenue to support the expanded program. More clients were screened as a result of a new patient intake workflow to ensure all potential Medicaid eligible families with pregnant women and children were screened for Medicaid benefits prior to receiving services. Through this process the Medicaid Program staff established a fiscally responsible business practice that would directly support revenue to the Health Department. The workflow standardized how patients were screened for medical benefit eligibility, identified best business practices for primary care, and assured that all eligible patients receive their benefits.

Reduction in fte will discontinue screening referrals from SBHC (20-25 per day) and reduction in outreach services to MESD. Prioritizing clinics with higher volume.

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Program # 40017 - Dental Services — Version 3/05/2010 s

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 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Billable patient visits	0	33,342	50,760	55,780
Outcome	Percentage preventive services for children 0-15 ever enrolled in plan.	0.0%	48.0%	49.0%	51.0%
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	0.0%	80.0%	61.0%	80.0%
Outcome	Number of CAWEM and uninsured pregnant women who received dental services	0	800	800	950

Performance Measure - Description

✓ Measure Changed

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	2010	2010	2011	2011
Personnel	$109,631	$5,439,327	$0	$9,132,832
Contracts	$27,116	$2,275,137	$0	$3,243,472
Materials & Supplies	$16,492	$409,902	$0	$775,113
Internal Services	$80,639	$1,991,374	$100,544	$2,476,554
Capital Outlay	$0	$0	$0	$10,000
Total GF/non-GF:	**$233,878**	**$10,115,740**	**$100,544**	**$15,637,971**
Program Total:	**$10,349,618**		**$15,738,515**	
Program FTE	1.44	56.54	0.00	87.36
Program Revenues				
Indirect for dep't Admin	$563,468	$0	$929,918	$0
Fees, Permits & Charges	$0	$279,930	$0	$303,854
Intergovernmental	$0	$9,834,756	$0	$15,326,617
Other / Miscellaneous	$0	$7,500	$0	$7,500
Total Revenue:	**$563,468**	**$10,122,186**	**$929,918**	**$15,637,971**

Explanation of Revenues

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

Significant Program Changes

Last year this program was: #40017A, Dental Services
Adult Dental not in Adopted FY10 budget, added as a bud-mod; new 4.5 fte to Rockwood Staff that will generate 2,350 billable visits; overall growth in fee income from all clinics

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Program # 40019 - North Portland Health Clinic — Version 3/05/2010 s

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 our 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of annual client visits	0	18,673	18,673	18,593
Outcome	% of children who are up to date on immunizations at 35 months of age	0.0%	90.0%	57.5%	90.0%
Efficiency	Number of days for a new patient appointment	0	7	7	7
Quality	% of Patients who would “strongly agree” to recommend clinic to friends/family	0.0%	80.0%	58.0%	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 survery 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 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	2010	2010	2011	2011
Personnel	$0	$2,753,515	$0	$2,875,177
Contracts	$0	$122,395	$0	$109,611
Materials & Supplies	$0	$135,040	$0	$141,060
Internal Services	$238,063	$1,077,118	$204,138	$906,159
Total GF/non-GF:	**$238,063**	**$4,088,068**	**$204,138**	**$4,032,007**
Program Total:	**$4,326,131**		**$4,236,145**	
Program FTE	0.00	27.15	0.00	27.60
Program Revenues				
Indirect for dep't Admin	$249,767	$0	$240,004	$0
Fees, Permits & Charges	$0	$144,408	$4,000	$124,244
Intergovernmental	$0	$3,975,573	$0	$3,907,763
Total Revenue:	**$249,767**	**$4,119,981**	**$244,004**	**$4,032,007**

Explanation of Revenues

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

Significant Program Changes

Last year this program was: #40019, North Portland Health Clinic
The performance measures improvements we anticipate are from target outreach in the community, increased productivity and greater attention to patient satisfaction. We do not anticipate an increased wait for most clients as we plan to have more available appointments in each day's schedule. Nor should we see a decline in the quality of services (or poor health outcomes). The budgets focused on maintaining as many services as possible. Our goal is to do this by lowering our per unit costs, by increasing both productivity and the number of people who are covered by Medicaid.

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Program # 40020 - Northeast Health Clinic — Version 6/15/2010 s

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. NE Portland is the most racially diverse area of Multnomah County and the clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care.

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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of annual client visits	0	21,210	21,210	21,582
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	0.0%	90.0%	56.3%	90.0%
Efficiency	Number of days for a new patient appointment	0	7	6	6
Quality	% of Patients who would “strongly agree” to recommend clinic to friends/family	0.0%	80.0%	58.0%	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 survery 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	2010	2010	2011	2011
Personnel	$0	$3,125,084	$0	$3,333,763
Contracts	$0	$242,984	$0	$191,377
Materials & Supplies	$4,777	$173,529	$0	$671,765
Internal Services	$47,827	$1,151,186	$70,747	$1,042,969
Total GF/non-GF:	**$52,604**	**$4,692,783**	**$70,747**	**$5,239,874**
Program Total:	**$4,745,387**		**$5,310,621**	
Program FTE	0.00	29.75	0.00	31.77
Program Revenues				
Indirect for dep't Admin	$286,736	$0	$279,778	$0
Fees, Permits & Charges	$0	$199,599	$0	$203,343
Intergovernmental	$0	$4,530,187	$0	$5,036,531
Total Revenue:	**$286,736**	**$4,729,786**	**$279,778**	**$5,239,874**

Explanation of Revenues

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

Significant Program Changes

Last year this program was: #40020, Northeast Health Clinic
Added .4 FTE NP and support team. This will add 1,510 billable visits.

Multnomah County
www.co.multnomah.or.us

Program # 40021 - Westside Health Clinic — Version 6/15/2010 s

Lead Agency: Health Department
Program Contact: WILEY Lynne
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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of client visits	0	23,302	20,578	26,573
Outcome	Patients will be screened for depression on an annual basis	0.0%	60.0%	51.0%	90.0%
Quality	Number of days for a new patient appointment	0	7	4	4
Quality	% of Patients who would “strongly agree” to recommend clinic to friends/family	0.0%	80.0%	51.0%	80.0%

Performance Measure - Description

Performance Measure Variance Explanation: Number of client visits: There has been a provider vacancy which impacted access and decreased number of avialable appointments. % of Patients who would stronly 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	2010	2010	2011	2011
Personnel	$0	$3,690,603	$0	$3,907,121
Contracts	$275,314	$332,605	$0	$596,988
Materials & Supplies	$0	$161,025	$0	$724,616
Internal Services	$141,024	$1,128,930	$295,789	$802,998
Total GF/non-GF:	**$416,338**	**$5,313,163**	**$295,789**	**$6,031,723**
Program Total:	**$5,729,501**		**$6,327,512**	
Program FTE	0.00	35.18	0.00	36.30
Program Revenues				
Indirect for dep't Admin	$324,730	$0	$324,130	$0
Fees, Permits & Charges	$0	$111,096	$0	$84,408
Intergovernmental	$0	$5,245,434	$0	$5,947,315
Total Revenue:	**$324,730**	**$5,356,530**	**$324,130**	**$6,031,723**

Explanation of Revenues

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

Significant Program Changes

Last year this program was: #40021A, Westside Health Clinic
Increased .3 FTE NP and supporting team. Billable visits will increase by 630.

Multnomah County
www.co.multnomah.or.us

Program # 40022 - Mid County Health Clinic — Version 3/05/2010 s

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 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, post-traumatic 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of annual client visits	0	42,015	43,186	47,956
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	0.0%	90.0%	53.0%	90.0%
Efficiency	Number of days for a new patient appointment	0	7	7	7
Quality	% of patients who would “strongly agree” to recommend clinic to friends/family	0.0%	80.0%	46.0%	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	2010	2010	2011	2011
Personnel	$0	$6,314,659	$0	$7,094,942
Contracts	$0	$336,357	$0	$337,313
Materials & Supplies	$2,466	$309,588	$0	$375,152
Internal Services	$59,797	$1,857,752	$80,398	$1,897,478
Total GF/non-GF:	**$62,263**	**$8,818,356**	**$80,398**	**$9,704,885**
Program Total:	**$8,880,619**		**$9,785,283**	
Program FTE	0.00	68.75	0.00	73.20
Program Revenues				
Indirect for dep't Admin	$539,369	$0	$577,105	$0
Fees, Permits & Charges	$0	$228,004	$0	$258,488
Intergovernmental	$0	$8,669,102	$0	$9,446,397
Total Revenue:	**$539,369**	**$8,897,106**	**$577,105**	**$9,704,885**

Explanation of Revenues

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

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40022, Mid County Health Clinic
Annual client visits are up because of expansion. Adding providers to this high volume, high Medicaid covered population, high need community. More visits will not mean longer wait time for appointments because more providers have been added. Immunizations as a measure of improved health outcomes will improve because this site has fully implemented Building Better Care, which re-designed the primary care model, focuses on quality improvement and a provider team organized around patient need. We measure and watch that which we want to affect. Adding 2.0 OA2 and 2.0 CMA to reduce demand for on-call to cover vacation/sick leave.

Multnomah County
www.co.multnomah.or.us

Program # 40023 - East County Health Clinic — Version 3/05/2010 s

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 (ECHC) 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of annual client visits	0	39,341	39,569	41,735
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	0.0%	90.0%	70.0%	90.0%
Efficiency	Number of days for a new patient appointment	0	7	6	6
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	0.0%	80.0%	76.0%	80.0%

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	2010	2010	2011	2011
Personnel	$0	$5,298,958	$0	$5,789,673
Contracts	$15,425	$172,315	$0	$329,006
Materials & Supplies	$0	$241,632	$0	$245,988
Internal Services	$52,227	$1,841,353	$90,002	$1,723,676
Total GF/non-GF:	**$67,652**	**$7,554,258**	**$90,002**	**$8,088,343**
Program Total:	**$7,621,910**		**$8,178,345**	
Program FTE	0.00	54.75	0.00	57.65
Program Revenues				
Indirect for dep't Admin	$461,860	$0	$480,977	$0
Fees, Permits & Charges	$0	$256,864	$0	$238,548
Intergovernmental	$0	$7,361,656	$0	$7,849,795
Total Revenue:	**$461,860**	**$7,618,520**	**$480,977**	**$8,088,343**

Explanation of Revenues

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

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40023, East County Health Clinic
Annual client visits are up because of expansion. Adding providers to this high volume, high Medicaid covered population, high need community. More visits will not mean longer wait time for appointments because more providers have been added. Immunizations as a measure of improved health outcomes will improve because this site is implementing Building Better Care, which re-designed the primary care model, focuses on quality improvement and a provider team organized around patient need. We measure and watch that which we want to affect. Added 2.0 OA2 and .9 CMA to reduce on call and align medical team structure with other PC clinics.

Multnomah County
www.co.multnomah.or.us

Program # 40024 - School Based Health Centers — Version 6/15/2010 s

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 age 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 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	% of patients with three or more visits with a risk assessment in the last year	0.0%	0.0%	58.0%	75.0%
Outcome	% of patients with persistent asthma prescribed appropriate medications	0.0%	0.0%	0.0%	0.0%
Outcome	% of patients who would "strongly agree" to recommend to family and friends	0.0%	0.0%	73.0%	80.0%

Performance Measure - Description

✓ Measure Changed

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	2010	2010	2011	2011
Personnel	$1,863,315	$1,440,184	$1,251,701	$2,393,130
Contracts	$11,283	$132,243	$4,755	$36,416
Materials & Supplies	$29,413	$258,349	$41,063	$582,550
Internal Services	$229,044	$686,093	$570,600	$323,872
Total GF/non-GF:	**$2,133,055**	**$2,516,869**	**$1,868,119**	**$3,335,968**
Program Total:	**$4,649,924**		**$5,204,087**	
Program FTE	18.90	15.10	10.51	25.25
Program Revenues				
Indirect for dep't Admin	$152,830	$0	$179,584	$0
Fees, Permits & Charges	$0	$133,157	$0	$194,358
Intergovernmental	$0	$2,387,880	$0	$3,141,610
Total Revenue:	**$152,830**	**$2,521,037**	**$179,584**	**$3,335,968**

Explanation of Revenues

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

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40024, School Based Health Centers
Increased State funding and moving to David Douglas Location. This will add 1,000 billable visits

Multnomah County
www.co.multnomah.or.us

Program # 40026 - La Clinica de la Buena Salud — Version 3/05/2010 s

Lead Agency: Health Department **Program Contact:** Sandra Holden

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. NE Portland is the most racially diverse area of Multnomah County and the clinic was strategically placed to provide culturally competent care to a population that otherwise may not have access to medical care.

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% FPL (federal poverty level). 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 serve the Latino community, the program has expanded to 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-age 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of annual client visits	0	7,840	6,150	6,823
Outcome	% of children who are up to date on immunizations at 35 months of age	0.0%	90.0%	44.0%	90.0%
Efficiency	Number of days for a new patient appointment	0	7	4	4
Quality	% of Patients who would "strongly agree" to recommend clinic to friends/family	0.0%	80.0%	73.0%	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 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	2010	2010	2011	2011
Personnel	$0	$1,173,594	$0	$1,200,301
Contracts	$0	$86,280	$0	$61,146
Materials & Supplies	$0	$59,097	$0	$75,099
Internal Services	$90,192	$293,049	$80,982	$302,626
Total GF/non-GF:	**$90,192**	**$1,612,020**	**$80,982**	**$1,639,172**
Program Total:	**$1,702,212**		**$1,720,154**	
Program FTE	0.00	11.60	0.00	11.40
Program Revenues				
Indirect for dep't Admin	$98,532	$0	$97,475	$0
Fees, Permits & Charges	$0	$81,484	$0	$60,700
Intergovernmental	$0	$1,543,859	$0	$1,578,472
Total Revenue:	**$98,532**	**$1,625,343**	**$97,475**	**$1,639,172**

Explanation of Revenues

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

Significant Program Changes

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

Multnomah County
www.co.multnomah.or.us

Program # 40029A - Rockwood Health Clinic — Version 3/05/2010 s

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

Program Offer Type: Innovative/New Program

Related Programs:

Program Characteristics:

Executive Summary

This new program offer proposes establishing a new service site in the Rockwood community to provide primary care, dental and pharmacy services to address the health care needs of residents in this community in collaboration with key community partners (CareOregon, Specialty Mental Health and Homeless Outreach) to provide comprehensive services at this site.

Program Description

There currently are significant barriers to health care access for low income residents in the Rockwood area. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. Recent changes in Rockwood's demographics are also contributing to an increased urgency regarding solutions to the need for health care access. 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. Comprehensive primary care services are not currently available in the immediate Rockwood area and the closest clinical access points are three part time, volunteer acute care clinics (residents must travel outside of Rockwood to access primary care, pharmacy, dental and enabling services)provide medical, dental and pharmacy services. The proposed project would allow the Health Department to add 4 medical and 2 dental providers and access to medical services for approximately 3,300 individuals and dental services for 1,100 individuals in the first year of operation. Key community stakeholders have been invited to participate in the development of programs/services and to work in collaboration at this site to provide comprehensive services to the community. The goal is to offer residents an option for more preventive care and earlier interventions through a medical home model, leveraging MCHD's knowledge and experience providing cost effective primary care for un/under-insured patients.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of new clients served	0	0	0	4,400
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	0	0	0	90
Quality	% "strongly agree" they would recommend this clinic to friends and family	0.0%	0.0%	0.0%	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	2010	2010	2011	2011
Personnel	$0	$0	$0	$1,543,919
Contracts	$0	$0	$0	$129,349
Materials & Supplies	$0	$0	$0	$96,939
Internal Services	$0	$0	$0	$380,113
Total GF/non-GF:	**$0**	**$0**	**$0**	**$2,150,320**
Program Total:	**$0**		**$2,150,320**	
Program FTE	0.00	0.00	0.00	14.85
Program Revenues				
Indirect for dep't Admin	$0	$0	$127,870	$0
Fees, Permits & Charges	$0	$0	$0	$131,160
Intergovernmental	$0	$0	$0	$2,019,160
Total Revenue:	**$0**	**$0**	**$127,870**	**$2,150,320**

Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund included in scaled offer 40029B will be as local in-kind to obtain and keep Primary Care and Family Planning grants.

Significant Program Changes

Last year this program was:
New Clinic planned with community partners. This will add 17.85 FTE and 11,265 billable visits.

Multnomah County
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Program # 40029B - Rockwood Health Clinic Scaled Offer — Version 6/16/2010 s

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

Program Offer Type: Innovative/New Program

Related Programs:

Program Characteristics:

Executive Summary

This new program offer proposes establishing a new service site in the Rockwood community to provide primary care, dental and pharmacy services to address the health care needs of residents in this community in collaboration with key community partners (CareOregon, Specialty Mental Health and Homeless Outreach) to provide comprehensive services at this site.

Program Description

There currently are significant barriers to health care access for low income residents in the Rockwood area. Forty percent of the over 40,000 residents earn less than 200% of the federal poverty level and 20-30% are uninsured. Recent changes in Rockwood's demographics are also contributing to an increased urgency regarding solutions to the need for health care access. 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. comprehensive primary care services are not currently available in the immediate Rockwood area and the closest clinical access points are three part time, volunteer acute care clinics (residents must travel outside of Rockwood to access primary care, pharmacy, dental and enabling services) provide medical, dental and pharmacy services. The proposed project would allow the Health Department to add 4 medical and 2 dental providers and access to medical services for approximately 3,300 individuals and dental services for 1,100 individuals in the first year of operation. Key community stakeholders have been invited to participate in the development of programs/services and to work in collaboration at this site to provide comprehensive services to the community. The goal is to offer residents an option for more preventive care and earlier interventions through a medical home model, leveraging MCHD's knowledge and experience providing cost effective primary care for un/under-insured patients.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of new clients served	0	0	0	4,400
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	0	0	0	90
Quality	% "strongly agree" they would recommend this clinic to friends and family	0.0%	0.0%	0.0%	90.0%

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	2010	2010	2011	2011
Personnel	$0	$0	$179,349	$0
Contracts	$0	$0	$20,651	$0
Materials & Supplies	$0	$0	$22,897	$0
Total GF/non-GF:	**$0**	**$0**	**$222,897**	**$0**
Program Total:	**$0**		**$222,897**	
Program FTE	0.00	0.00	3.00	0.00
Program Revenues				
Total Revenue:	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants. Program Offer 40029A is supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue.

This program offer is funded with $222,897 of one-time-only general funds.

Significant Program Changes

Last year this program was:
Out of Target general fund needed for new clinic

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Program # 40031 - Pharmacy — Version 6/15/2010 s

Lead Agency: Health Department **Program Contact:** BELCOURT Joy

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 and the Tuberculosis Clinics as well as students in School Based Health Clinics. The program bills third parties, assists clients in obtaining low-cost/free drugs from manufacturers, and provides staff consultation and patient education regarding medications. The Clinical Infrastructure Services Group provides essential support to the health delivery and emergency preparedness programs within the Health Department. Pharmacy Services assists in the treatment and monitoring of clients receiving health care in Health Department facilities and programs. Uninsured, public health programs (TB, STD, CD) and School Based Health clients comprise close to 40% of the total work of the program.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Prescriptions Filled	285,500	285,000	307,000	370,000
Outcome	Average prescription cost	31	38	32	32

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	2010	2010	2011	2011
Personnel	$53,934	$3,520,439	$94,556	$4,357,334
Contracts	$0	$210,000	$0	$251,000
Materials & Supplies	$701,220	$4,359,866	$558,612	$6,443,874
Internal Services	$316,346	$837,405	$47,022	$1,214,095
Capital Outlay	$0	$0	$0	$100,425
Total GF/non-GF:	**$1,071,500**	**$8,927,710**	**$700,190**	**$12,366,728**
Program Total:	**$9,999,210**		**$13,066,918**	
Program FTE	0.00	31.00	1.35	38.30
Program Revenues				
Indirect for dep't Admin	$593,722	$0	$708,709	$0
Fees, Permits & Charges	$0	$635,000	$0	$485,000
Intergovernmental	$0	$8,334,000	$0	$11,881,728
Total Revenue:	**$593,722**	**$8,969,000**	**$708,709**	**$12,366,728**

Explanation of Revenues

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. Rx revenue is expected to increase related to the expansion of primary care services at Mid-County that has the highest % of Medicaid population (both in our clinic and in that geographic service area).

Significant Program Changes

Last year this program was: #40031A, Pharmacy
Increase revenue for all sites plus new site at Rockwood. This will add 3.5 fte in the location and serve 4,000 clients.

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Program # 40032 - Lab, X-Ray and Medical Records — Version 3/05/2010 s

Lead Agency: Health Department **Program Contact:** BELCOURT Joy

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 clinics including Primary Care, School Based Clinics, Disease Prevention Clinics, Dental and Corrections Health. A large percentage of uninsured clients are mentally ill or 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 HIPAA compliance activities (federally required).

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of records requests completed	0	10,000	10,000	10,500
Outcome	X-rays taken	0	6,200	6,300	6,400
Outcome	Number of laboratory specimens handled	0	229,000	235,000	250,000
Quality	Lab proficiency/competency levels through internal and external testing programs	0.0%	0.0%	94.0%	95.0%

Performance Measure - Description

✓ Measure Changed

New measures are number of records request 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 provision of laboratory and X-ray services. The EMR and Practice Management contractual obligations will be as per the contractual agreement between Multnomah County Health Department (MCHD) and OCHIN. Multnomah County Health Department is the client receiving services from OCHIN in this agreement.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$2,315,302	$0	$2,335,251	$0
Contracts	$32,530	$0	$18,729	$0
Materials & Supplies	$95,923	$0	$75,140	$0
Internal Services	$346,548	$0	$366,248	$0
Total GF/non-GF:	**$2,790,303**	**$0**	**$2,795,368**	**$0**
Program Total:	**$2,790,303**		**$2,795,368**	
Program FTE	26.10	0.00	26.10	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

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Program # 40033 - Primary Care and Dental Access and Referral — Version 3/05/2010 s

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 resources for MCHD services, written translation, oral and sign language interpretation across 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 uninsurred 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of new patients who recieve appointments	0	0	11,070	13,000
Outcome	# of uninsured patients who receive specialty care	0	0	2,100	2,350

Performance Measure - Description

✓ Measure Changed

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 uninsurred 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	2010	2010	2011	2011
Personnel	$554,956	$0	$863,115	$0
Contracts	$382,790	$0	$56,610	$99,880
Materials & Supplies	$24,532	$0	$20,500	$0
Internal Services	$98,900	$0	$107,676	$8,120
Total GF/non-GF:	**$1,061,178**	**$0**	**$1,047,901**	**$108,000**
Program Total:	**$1,061,178**		**$1,155,901**	
Program FTE	7.00	0.00	11.00	0.00
Program Revenues				
Indirect for dep't Admin	$0	$0	$6,422	$0
Intergovernmental	$0	$0	$0	$108,000
Total Revenue:	**$0**	**$0**	**$6,422**	**$108,000**

Explanation of Revenues

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

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40033, Clinic Appointment Center
Moved staff from Dental 40017 & combined with Primary Care Access. This will result in efficiencies and improved customer service as one stop shop for Medical and Dental calls.

Multnomah County
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Program # 40034 - Quality Assurance — Version 6/15/2010 s

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.

Program Description

This program supports the services in the project scope of the BPHC grant which has continued to increase since our initial award in 1977. The funding is significant and facilitates the mission of increasing access to needed health services of the County's uninsured and underinsured. BPHC funding requires strict adherence to federal laws mandating which services must be provided as a Federally Qualified Health Center (FQHC) which results in additional Medicaid revenue for Oregon Health Plan clients. This funding requires quality services, performance audits and responsiveness to new methods of delivering safe and quality care. Infrastructure and support assures that these efforts 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 (JC) accreditation, which the BPHC strongly supports. •Emphasis on use of data and provision of evidence-based care to increase performance outcomes. •Provision of financial analysis, monitoring and revenue development for revenue generating program areas. •Development and implementation of systems and processes to streamline service delivery, maintain quality and safety, and increase customer satisfaction. This program measures clinical standards/outcomes, quality, safety and fiscal accountability with other similar health delivery systems. The BPCH and the JC are our primary external benchmarking organizations relative to performance indicators. Program includes work with the Community Health Council, client feedback results, and collaborations with other health care delivery systems.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output		0	0	0	0
Outcome	Maintain compliance with Joint Commission standards	0.0%	100.0%	100.0%	0.0%
Outcome	Percentage of grants renewed	0.0%	100.0%	100.0%	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

Quality Assurance is funded primarily from the federal Bureau of Primary Care with additional funding provided by Care Oregon.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$452,007	$663,444	$170,820	$2,191,761
Contracts	$103,643	$74,357	$165,369	$152,428
Materials & Supplies	$0	$78,732	$2,000	$145,846
Internal Services	$69,701	$75,399	$0	$286,621
Total GF/non-GF:	**$625,351**	**$891,932**	**$338,189**	**$2,776,656**
Program Total:	**$1,517,283**		**$3,114,845**	
Program FTE	5.50	5.60	1.90	20.14
Program Revenues				
Indirect for dep't Admin	$44,280	$0	$165,118	$0
Intergovernmental	$0	$613,776	$0	$1,706,656
Other / Miscellaneous	$0	$300,000	$0	$1,070,000
Total Revenue:	**$44,280**	**$913,776**	**$165,118**	**$2,776,656**

Explanation of Revenues

Significant Program Changes

✓ **Significantly Changed**

Last year this program was: #40034, Quality Assurance
New Care Oregon Incentives program that adds 3.45 fte. This is based on outcome and services provided to CareOregon clients.

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Program # 40036 - Community Health Council and Civic Governance — Version 3/05/2010 s

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 Coalition of Community Health Clinics (CCHC) 13 member clinics are community based clinics play an instrumental role in serving individuals who are under or uninsured in Multnomah County. The 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 plays a critical role in assuring access to health care for our most vulnerable residents; it serves as the governing board required by the Federal Bureau of Primary Health Care to provide oversight of policies and programs within the scope of the Primary Care Grant. The Coalition of Community Health Clinics (CCHC) 13 member clinics are community-based clinics uniquely able to respond to changing demographics and offer culturally appropriate care while fulfilling their mission of improving and providing health care to the county's most vulnerable populations. The Coalition clinics provide free or low-cost health care to uninsured people.

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: $308,905 estimated in 2008. The Health Department's indemnification program for volunteer health care professionals leveraged 15,062 total volunteer hours with an estimate dollar value of $541,715 in 2007 – 2008. The County's support of coalition infrastructure and the Health Department's indemnification program assures access to critical health care for many.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of volunteer hours	16,000	16,500	16,500	16,500
Outcome	Percentage of consumers involved	60.0%	63.0%	63.0%	63.0%
Outcome	Number of uninsured patients seen	119,500	119,233	119,500	119,500
Output	Number of meetings held	36	36	36	36

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 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	2010	2010	2011	2011
Personnel	$106,464	$0	$98,007	$0
Contracts	$106,060	$0	$106,060	$0
Materials & Supplies	$10,508	$0	$7,380	$0
Internal Services	$12,519	$0	$12,253	$0
Total GF/non-GF:	**$235,551**	**$0**	**$223,700**	**$0**
Program Total:	**$235,551**		**$223,700**	
Program FTE	1.30	0.00	1.10	0.00
Program Revenues				
Total Revenue:	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last year this program was: #40036, Citizen and Community Involvement and Governance
Reduction in fte while maintaining the same level of community involvement.

Division Overview

The Office of Health and Social Justice (HSJ) was created in FY 2010 and resides within the Director's Office. The group conducts work across the Department to support the Director's vision of improving community health through bringing attention and data to the social determinates of our communities health status. The over arching strategy is to promote health and health equity across the County by providing 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 of issues of importance to health, and assuring accountability through program evaluation.

HSJ engages in three general areas of work:

1. Health Assessment, Planning, and Evaluation,
2. Health Promotion and Community Capacity Building, and
3. Working toward Health Equity.

Placing them 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.

Health and Social Justice

- 40035 Health Assessment, Planning and Evaluation
- 40038 Health Promotion & Community Capacity Building
- 40045 Health Equity Initiative (racial justice focus)

Significant Changes

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

FY 2010 marked the first year of work together under one umbrella. The three broad areas of focus are comprised of five program areas; the Community Capacitation Center and Health Promotion, Grants Development, Health Assessment and Evaluation, the Health Equity Initiative, and Program Design and Evaluation Services. The combination of these five areas brings together expertise in health promotion, health equity and social justice, community health assessment, health impact assessment, policy analysis, fund development, program development, and program evaluation.

The concentration this first year has been on finding where resources overlap and can be shared and where there are gaps. 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.

Measuring Success

Success will be measured against the following specific areas of the FY 2010-2014 strategic plan:

Implement the Health Promotion Framework across the Health Department so that departmental health promotion efforts and communications are coordinated and use a common language.

Implement a health equity lens within the health department to make it easier for Health Department programs to promote and measure equity within their work and decision-making. Providing this tool to pilot across the County will be the second stage.

Continue developing collaborations, both internal and external, that will enhance the Health Department's strategic efforts to promote health. Assure maximum involvement of appropriate communities and stakeholders in research, evaluation and policy development.

Identify, develop and implement programs and policies to promote the health of our communities.

Division by Program

The following table shows the programs that make up the division for FY 2011.

Prog #	Program Name	FY 2011 General Fund	Other Funds	Total Cost	Total FTE
40035	Health Assessment, Planning and Evaluation	$1,436,510	$1,653,204	$3,089,714	21.42
40038	Health Promotion & Community Capacity Building	556,135	23,000	579,135	5.35
40045	Health Equity Initiative (racial justice focus)	332,203	0	332,203	3.00
	Total	**$2,324,848**	**$1,654,984**	**$4,001,052**	**29.77**

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Program # 40035 - Health Assessment, Planning and Evaluation — Version 6/15/2010 s

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 assures evidence-based public heath practice and policy development through design and evaluation of programs and interventions in HIV prevention and services, tobacco prevention and control, prevention and interventions addressing under-age drinking, and evaluation of policy initiatives such as Multnomah County's nutrition labeling and smoke-free multi-unit housing policies. 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 $24.9 million was procured to address health issues in FY2008-09.

Health Planning and Evaluation projects address key areas including overweight and obesity, early childhood, school-aged policy, homelessness, poverty, and emergency preparedness. Examples include evaluation of the Healthy Birth Initiative, evauation of a pandemic flu service delivery model, and a longitudinal research project to better understand and prevent the initiation of alcohol, tobacco and substance use among school-aged youth. Grant Development has secured program funds to support early childhood, adolescent health, ending homelessness and poverty programs, and clinical services. Health Planning and Evaluation programs identify health priorities and direct resources toward improving health. The investment of $1.3 million in general funds results in over $22 million in returns from foundation, state and federal grants, and contracts. HAE analyses and reports inform Health Department program planning and improvement and keeps communities apprised of health issues of importance.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of requests for data analysis (1)	821	500	690	700
Outcome	Number of grant proposals written (2)	50	45	45	50
Output	Number of reports disseminated (3)	49	58	50	55
Outcome	Dollar amount of grants funded (4)	24,672,010	21,000,000	22,000,000	22,500,000

Performance Measure - Description

1) Includes HAE planned projects and ad hoc requests; 1.0 FTE Research Analyst 2 was cut during first half of FY 2009.
2) Includes Grant Development and PDES proposals. The CYP of 58 was too high; a tighter funding environment reduced CYE.
3) Includes HAE and PDES reports including 12 published articles in FY 2009 and 5 YTD in FY 2010.
4) Total grant awards.

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	2010	2010	2011	2011
Personnel	$1,136,529	$1,204,618	$1,252,478	$1,156,210
Contracts	$20,000	$354,209	$21,200	$293,423
Materials & Supplies	$37,914	$90,071	$27,696	$73,725
Internal Services	$128,201	$165,145	$135,136	$129,846
Total GF/non-GF:	**$1,322,644**	**$1,814,043**	**$1,436,510**	**$1,653,204**
Program Total:	**$3,136,687**		**$3,089,714**	
Program FTE	10.77	10.10	11.35	10.07
Program Revenues				
Indirect for dep't Admin	$110,754	$0	$98,333	$0
Intergovernmental	$0	$1,666,843	$0	$1,575,722
Other / Miscellaneous	$0	$159,835	$0	$77,482
Total Revenue:	**$110,754**	**$1,826,678**	**$98,333**	**$1,653,204**

Explanation of Revenues

Program Design and Evaluation Services (PDES) is primarily grant funded through the state Local Public Health Agency award, grants from the state of Washington and Alaska for tobacco evaluation.

Significant Program Changes

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

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Program # 40038 - Health Promotion & Community Capacity Building — Version 3/05/2010 s

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 to 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. Currently CCC staff provides 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. We are engaged in two multi-year CBPR projects. A project aimed at reducing violence affecting youth of color brings together youth and police officers at 5 alternative schools. During the first quarter of 2010 the Health Promotion Community of Practice, which leads the HP Change Process, will: 1) conduct a baseline survey with all Health Department staff; 2) disseminate a new version of the Health Promotion Framework; and 3) begin a series of “Introduction to Empowering Health Promotion” trainings with the aim of reaching all HD staff by the end of 2010. We collaborate closely with the Health Equity Initiative on a variety of projects, including development of an equity and empowerment lens.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of participants in training classes	1,422	2,000	1,800	2,000
Outcome	% of participants in training courses who rept increased ability to promote hlt	92.0%	98.0%	95.0%	95.0%
Outcome	% of participants who demonstrate increased knowledge	0.0%	100.0%	90.0%	80.0%
Outcome	% of HD staff who report increased understanding of health promotion	0.0%	0.0%	0.0%	50.0%

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	2010	2010	2011	2011
Personnel	$424,497	$86,269	$514,873	$0
Contracts	$2,250	$0	$0	$750
Materials & Supplies	$6,822	$3,937	$0	$9,672
Internal Services	$41,771	$2,918	$41,262	$12,578
Total GF/non-GF:	**$475,340**	**$93,124**	**$556,135**	**$23,000**
Program Total:	**$568,464**		**$579,135**	
Program FTE	4.60	1.20	5.35	0.00
Program Revenues				
Indirect for dep't Admin	$970	$0	$1,368	$0
Fees, Permits & Charges	$6,000	$0	$9,200	$0
Intergovernmental	$0	$0	$0	$8,000
Other / Miscellaneous	$0	$16,000	$0	$15,000
Total Revenue:	**$6,970**	**$16,000**	**$10,568**	**$23,000**

Explanation of Revenues

$10,000 sub-contract from Yakima Valley Farmworkers Clinic for training for support group facilitators.
$10,000 sub-contract from Janus Youth Village Gardens Project.
$6,000 revenue from popular education workshops.
$5,000 sub-contract from Lutheran Community Services.
Approximately $5,000 in miscellaneous revenue from additional contracts and services.

Significant Program Changes

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

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Program # 40045 - Health Equity Initiative (racial justice focus) Version 7/06/2010 s

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, and 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, 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 piloting the use of an Equity and Empowerment Assessment (EEA) and accompanying training in several service areas in the Health Department. Countywide, HEI has a seat on the Countywide Equity Council, assisting in the implementation of an Undoing Institutionalized Racism Training, an overall Equity Initiative, and in departmental equity actions. 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 promoing 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Community members and organizations engaged in overall HEI strategies	313	200	350	500
Outcome	Doc. evals of EEQ processes of int./ext. partner use	0	0	0	10
Output	Internal and external partners trained to use EEA	0	0	0	200
Quality	Policy building towards increased collab between Quality, H.Prom, Hlth Eq, BPAD	0	0	0	0

Performance Measure - Description

✓ Measure Changed

1) Community engagement is a valid initial measure of health promotion. These are key to maintaining cultural factors that protect against health risks. In FY2011, the Initiative will move beyond community dialogues to community empowerment through community education and policy advocacy training. 2),3),4) Equity tool adapted from Seattle/King County tool and several other health equity processes across country. FY2011 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. HEI will focus on conducting and evaluating key pilots internal to the Health Department, leading to greater future use of EEA principles and processes, as well as documented research on equity strategies to be used by County-wide Equity efforts.

Legal/Contractual Obligation

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2010	2010	2011	2011
Personnel	$255,971	$1,166	$288,834	$0
Contracts	$3,500	$0	$0	$0
Materials & Supplies	$19,277	$906	$5,607	$0
Internal Services	$30,557	$193	$37,762	$0
Total GF/non-GF:	**$309,305**	**$2,265**	**$332,203**	**$0**
Program Total:	**$311,570**		**$332,203**	
Program FTE	2.80	0.00	3.00	0.00
Program Revenues				
Indirect for dep't Admin	$137	$0	$0	$0
Intergovernmental	$0	$2,265	$0	$0
Total Revenue:	**$137**	**$2,265**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last year this program was: #40045A, Health Equity Initiative

Division Overview

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 a $153 million organization. They are liaisons for the Department with County Business Services, coordinating the provision of services such as Information Technology, Facilities and Fleet services.

Workforce Development, Human Resources and Training is committed to meeting customer needs and training by providing guidance and consultation in the areas of administrative procedures, recruitment, employee/labor management, Core Management Competency, personnel policy and labor contract interpretation, web design and webinar, legislative review and legal compliance. This is achieved through (a) applying business best practices and (b) being proactive and collaborative with key stakeholders, partners, and reliable data information to measure results and quality performance. Thus, as HR professionals, we strive to meet the highest standards of competence and strengthen competencies on a continuous basis.

Business and Quality Services - Accounting, Financial, and Medical Billing Services are responsible for providing all grant accounting, budget development and monitoring, medical billing and client collection services, accounts payable, contracts and purchasing services and support for the Health Department. We strive to do this in a manner that supports and advances the strategic initiatives and mission of the Department and the County.

Business Services

- 40039 Human Resources and Training
- 40040 Business & Quality-Accounting & Financial Svcs
- 40041 Business & Quality-Medical Billing

Significant Changes

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

Most of the significant changes in Business Services have come about because of structural or revenue changes in the Department.

The Accounting and Finance area includes a Grants Accounting and Reporting team. The large influx of federal stimulus (ARRA) money came with new and more complex reporting requirements. In addition, some of the awards have created new sub-recipient relationships with community organizations and other governments which require more technical assistance at the start to avoid unpleasant surprises once the grant is underway. This has required more resources in the Grant and Accounting team to meet these challenges.

Changes in the primary care clinics required a new approach in Medical Billing services. Medical billing staff are now responsible for working directly with clients to make payments and collect on outstanding patient accounts. Using EPIC (our practice management system) much of the process of generating patient statements will be automated but issuing statements, collecting payments and following up with clients who have questions on their account will be a new responsibility. In return the Department should see a significant increase in client self-pay revenue.

Measuring Success

The performance measures of the programs in Business and Quality focus on bellwether measures of quality such as percentage of employees receiving performance reviews, percentage of contracts executed by the start of the contract, and number of repeated or unresolved audit findings.

For FY 2011 our services will continue to measure the output and outcome measures reported in the Program Offers but our focus will be on our performance in meeting the goals in our Department strategic plan. Specifically to be an adaptive, learning organization that serves as an effective and accountable local public health authority and provider of community health services all programs must incorporate quality and performance management principles and tools into their activities. We must support the development of our workforce; increase their training opportunities and ensure they have the personnel and financial data they need for decision-making.

An upstream influence on health inequities is economic opportunities and ensuring equal access to living wage and professional jobs. Marketing the Health department as a preferred employer of choice attracting and retaining a diverse, highly qualified workforce.

Division by Program

The following table shows the programs that make up the division for FY 2011.

Prog #	Program Name	FY 2011 General Fund	Other Funds	Total Cost	Total FTE
40039	Business & Quality-Human Resources & Training	$2,056,494	$0	$2,056,494	15.90
40040	Business & Quality-Accounting & Financial Services	2,915,299	0	2,915,299	24.30
40041	Business & Quality-Medical Billing	3,038,650	0	3,038,650	12.00
	Total	**$8,010,443**	**$0**	**$8,010,443**	**52.20**

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Program # 40039 - Business and Quality - Human Resources and Training — Version 6/15/2010 s

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 is committed to meeting customer needs and training by providing guidance and consultation in the areas of administrative procedures, recruitment, employee/labor management, Core Management Competency, personnel policy and labor contract interpretation, web design and webinar, legislative review and legal compliance. This will be achieved through (a) applying business best practices and (b) being proactive and collaborative with key stakeholders, partners, and reliable data information to measure results and quality performance. Thus, as HR professionals, we strive to meet the highest standards of competence and strengthen competencies on a continuous basis.

Program Description

This Program consisted of three operating teams supporting the Health Department:
1) Organizational Effectiveness: Provides an array of staff development opportunities, i.e., management and leadership competencies, advanced facilitative leadership and mentorship for talent pool development. Other support includes managing and maintaining Department web content and administrative guidelines; coordinating with Public Affairs Office on legislative activity, Business Continuity Plan, statutory compliance and related technical training.
2) Core Management Competency: Provides access to four core competencies including Information Technology, Communication, Human Resource Management and Finance-Contractual Agreements with quality improvement.
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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of employees (EEs) receiving Performance Reviews (PRs)	0	0	772	772
Outcome	% of EEs receiving PRs by managers and supervisors	0.0%	0.0%	80.0%	80.0%

Performance Measure - Description

✓ Measure Changed

The FY08-10 measures were achieved as targeted; therefore, Human Resource Workforce Development (HR/WFD) proposed to implement two (2) new measures for the current Estimate (FY09-10) and Offer (FY10-11) measures as explained below.

HR/WFD informs supervisors and managers regarding the status of employees' Performance Reviews (PRs) with the expectation that 80% of PRs will be completed by the end of the fiscal year.

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	2010	2010	2011	2011
Personnel	$1,579,846	$0	$1,678,776	$0
Contracts	$116,000	$0	$114,720	$0
Materials & Supplies	$78,708	$0	$64,217	$0
Internal Services	$176,936	$0	$198,781	$0
Total GF/non-GF:	**$1,951,490**	**$0**	**$2,056,494**	**$0**
Program Total:	**$1,951,490**		**$2,056,494**	
Program FTE	15.50	0.00	15.90	0.00
Program Revenues				
Total Revenue:	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

Last year this program was: #40039, Business and Quality - Human Resources and Training
HR/Workforce Development Program has reduced Program Manager 1 to Training Specialist with clinical knowledge and skills who can deliver and/or consult in response to training needs for nurses and other patient care staff. This position is significant for nursing and management related core competency in order to support nursing career development and staff retention while providing service concurrently.

FTE added to improve training for nursing competencies; improve interdepartmental communication and web presence.

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Program # 40040 - Business and Quality - Accounting and Financial Services — Version 7/01/2010 s

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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Percent of contracts executed by start of contract	99.0%	95.0%	99.0%	98.0%
Outcome	Percentage of grant reports submitted on time	96.0%	95.0%	100.0%	100.0%
Quality	Number of repeated audit or unresolved audit findings	1	0	0	0

Performance Measure - Description

✓ Measure Changed

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	2010	2010	2011	2011
Personnel	$1,790,961	$0	$2,372,678	$0
Contracts	$229,137	$0	$69,618	$0
Materials & Supplies	$74,882	$0	$77,855	$0
Internal Services	$258,078	$0	$395,148	$0
Total GF/non-GF:	**$2,353,058**	**$0**	**$2,915,299**	**$0**
Program Total:	**$2,353,058**		**$2,915,299**	
Program FTE	20.00	0.00	24.30	0.00
Program Revenues				
Fees, Permits & Charges	$4,847,492	$0	$5,878,426	$0
Total Revenue:	**$4,847,492**	**$0**	**$5,878,426**	**$0**

Explanation of Revenues

Significant Program Changes

Last year this program was: #40040, Business and Quality - Accounting and Financial Services
Positions added to support Grant reporting, facility support, equipment inventory and accounting functions.

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Program # 40041 - Business and Quality - Medical Billing — Version 3/05/2010 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 Billings Unit is responsible for providing medical billings and cash collection services for the Health Department.

Program Description

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

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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Number of encounters processed for payment	158,000	208,000	208,000	215,000
Outcome	Percent of Receivables aged (older than 90 days)	30.0%	15.0%	35.0%	20.0%
Quality	% of FQHC claims unpaid	3.2%	2.2%	2.2%	2.0%

Performance Measure - Description

✓ Measure Changed

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	2010	2010	2011	2011
Personnel	$890,930	$0	$1,000,081	$0
Contracts	$674,198	$0	$449,000	$0
Materials & Supplies	$1,258,234	$0	$1,364,079	$0
Internal Services	$107,827	$0	$225,490	$0
Total GF/non-GF:	**$2,931,189**	**$0**	**$3,038,650**	**$0**
Program Total:	**$2,931,189**		**$3,038,650**	
Program FTE	11.00	0.00	12.00	0.00
Program Revenues				
Total Revenue:	**$0**	**$0**	**$0**	**$0**

Explanation of Revenues

Significant Program Changes

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

Division Overview

The Corrections Health program meets mandated standards that assure access to care, safeguards the health of all 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. Partnerships with primary care and community services allow us to make plans for health and mental health care upon release thus contributing to lowering the recidivism rate and bringing health equity to our citizens.

Adult Detention	Juvenile Detention
• 40050A-C Corrections Health MCDC • 40051A-C Corrections Health MCIJ	• 40049 Juvenile Detention/Admissions & Housing

Significant Changes

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

Change will continue in FY 2011, as Corrections Health re-designs the services delivery processes to bring efficiencies, cost savings, diversification of personnel and staff working to the top of their licensure.

Monitoring and evaluating the off site pharmacy services. These services allowed us to use Certified Nursing Assistants to deliver medications to inmates allowing registered nurses to partner with providers for stabilizing illness and monitoring changing conditions.

Mental Health Care delivery has been re-organized to respond to concentration of inmates with mental health issues at MCDC. The team of mental health consultants, nurses and providers provide early evaluation, intervention and medications management to stabilize those new to incarceration. The team monitors progress and transfer to MCIJ when the inmate is stable. A Mental Health Consultant responsible for transition planning is able to focus on the needs of those leaving jail, including treatment appointments, planning with PO's and housing, etc.

We are currently requesting proposals for contract management services to lower the cost of outside hospital and diagnostic services by managing outside appointments and monitoring claims.

The electronic health record project is evaluating the feasibility of joining the primary care clinics EPIC health record which would integrate Corrections Health with the department's other health records and eliminate the need to transport paper records between facilities.

Measuring Success

Using staff at their appropriate level of skill and training, registered nurses, certified medication aides, mental health consultants, mental health nurses, support staff and clinical support staff work with physicians and nurse practitioners to implement ordered care. Improved management reports such as monthly medication usage reports, have allowed ongoing oversight and rapid intervention to keep quality in focus and control costs.

Success in Corrections Health is measured in many ways, From staff turnover to sick time use to quality of care delivered. Most of our measures are on outputs or activities that contribute to a healthy outcome. Since, our clients length of stay varies from four hours to one year, we cannot measure disease stabilization due to uncertainty of the treatment span. Reviewing emergency responses, hospital admissions, deaths, suicide attempts and communicable disease outbreaks ensure that our staffing resources target high need, high volume risk areas. In addition, we benchmark our services with other jails for outcomes such as suicides, and communicable disease outbreaks. Registered nurse assessments at booking, rapid evaluation of unstable mental illness, current treatment protocols and on site care such as dialysis, skilled infirmary care including IV therapy, all contribute to lower cost and ensure quality care.

Division by Program

The following table shows the programs that make up the division for FY 2011.

Prog #	Program Name	FY 2011 General Fund	Other Funds	Total Cost	Total FTE
40049	Corrections Health Juvenile Detention/ Admissions and Housing	$747,602	$0	$747,602	4.50
40050A	Corrections Health MCDC Base Services and Booking Floor	3,397,264	0	3,397,264	25.30
40050B	Corrections Health MCDC Clinical Services and 4th Flr Housing	2,525,977	0	2,525,977	12.04
40050C	Corrections Health MCDC Housing Floor 5, 6, 7 & 8	1,112,225	0	1,112,225	7.95
40051A	Corrections Health MCIJ Base Services and Clinical Services	2,130,083	0	2,130,083	14.16
40051B	Corrections Health MCIJ General Housing Dorms 1 - 10	1,247,021	0	1,247,021	8.00
40051C	Corrections Health MCIJ Dorms 11-17 Including Infirmary	1,234,711	0	1,234,711	8.00
	Total	**$12,394,883**	**$0**	**$12,394,883**	**79.95**

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Multnomah County
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Program # 40049 - Corrections Health Juvenile Detention/Admissions and Housing — Version 3/05/2010 s

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. Stabalizing thier 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 3,000 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 and the broader public health.

Program Description

Corrections Health system meets 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 provide care for 80 youth daily in 6 individual housing units from 3 counties. Care ranges from minor aliments to major chronic health 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 weekly with a provider in clinic, to plan delivery of necessary care 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	# of clients visits conducted by a CH nurse per yr	2,707	2,500	3,300	3,500
Outcome	% of detained youth receiving mental health medications monthly	44.0%	50.0%	35.0%	40.0%

Performance Measure - Description

Note the Secure Residential A&D Treatment (SRTP) unit closed in FY10 therefore % youth receiving mental health medications dropped significantly.

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 brings 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	2010	2010	2011	2011
Personnel	$509,625	$0	$526,160	$0
Contracts	$241,282	$0	$102,000	$0
Materials & Supplies	$113,624	$0	$48,810	$0
Internal Services	$85,783	$0	$70,632	$0
Total GF/non-GF:	**$950,314**	**$0**	**$747,602**	**$0**
Program Total:	**$950,314**		**$747,602**	
Program FTE	4.00	0.00	4.50	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$7,238	$0
Intergovernmental	$100,000	$0	$103,000	$0
Total Revenue:	**$100,000**	**$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. 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 is billed through the health department to OHP.

Significant Program Changes

Last year this program was: #40049A, Corrections Health Juvenile Detention

Multnomah County
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Program # 40050A - Corrections Health MCDC Base Services and Booking Floor — Version 3/05/2010 s

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. Over 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 35,000 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 basic administration, support and booking personnel for MCDC as well as the avg 110 newly booked individuals each day. Nurses evaluate each deatinee to identify critical health issues and make plans for stabalization. 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 health care is delivered effectively through providing the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Average # of health screenings completed in an 8 hr shift	35	31	36	38
Outcome	% of + screenings resulting in a referral to the mental health team per year	0.0%	25.0%	22.0%	25.0%

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	2010	2010	2011	2011
Personnel	$2,277,339	$0	$2,894,225	$0
Contracts	$519,493	$0	$137,485	$0
Materials & Supplies	$192,385	$0	$196,525	$0
Internal Services	$133,069	$0	$169,029	$0
Total GF/non-GF:	**$3,122,286**	**$0**	**$3,397,264**	**$0**
Program Total:	**$3,122,286**		**$3,397,264**	
Program FTE	19.90	0.00	25.30	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$39,765	$0
Intergovernmental	$48,000	$0	$0	$0
Total Revenue:	**$48,000**	**$0**	**$39,765**	**$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. 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.

Significant Program Changes

Last year this program was: #40050A, Corrections Health Multnomah County Detention Center Booking
Mental health care has been redesigned to concentrate all services at MCDC with MCIJ housing only those stable on medications. These changes will continue with more improvements in early evaluation of needs, stabilization of serious mental illness and planning for release for more individuals. A component of transition planning assists very ill individuals to have a plan of care when they leave jail to provide continued success for re-entry and reduce recidivism.

Multnomah County
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Program # 40050B - Corrections Health MCDC Clinical Services and 4th Flr Housing — Version 3/05/2010 s

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. Over 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 35,000 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

The MCDC 4th floor is composed of 46 beds, of 2 general & 2 mental health clinic rooms, 1 dental operatory, xray & lab services as well as 10 mental health and 10 general infirmary skilled care beds. The nurses station chart room & medication rooms are on this floor along with 24 high discipline cells. Services such as skilled nursing, dialysis, IV therapy, PT/OT, post surgical & terminal care provide in jail care 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Avg # inmate medical requests for care evaluated by nurse monthly	726	752	720	745
Outcome	Avg suicide watches per month to prevent successful suicides	33	24	38	39

Performance Measure - Description

✓ Measure Changed

In FY10-11 Corrections Health is using the same measures that the other housing areas(5,6,7 & 8)use for the 4th floor special housing and clinical services. This is because the 4th flr is a housing area. Here are the results of the performance measures we used FY 09-10:
Avg # of 4A infirmary pt's sent to hospital for emergencies
Current Yr Purchase (FY10) = 1
Current Yr Est (FY10) = 1
Next Yr Offer (FY11) = 1
% of dialysis pt's receiving in house treatment per mth
Current Yr Purchase (FY10) = 95%
Current Yr Est (FY10) = 95%
Next Yr Offer (FY11) = 95%

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	2010	2010	2011	2011
Personnel	$1,708,005	$0	$1,569,946	$0
Contracts	$389,620	$0	$674,248	$0
Materials & Supplies	$144,290	$0	$201,344	$0
Internal Services	$99,802	$0	$80,439	$0
Total GF/non-GF:	**$2,341,717**	**$0**	**$2,525,977**	**$0**
Program Total:	**$2,341,717**		**$2,525,977**	
Program FTE	14.90	0.00	12.04	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$18,924	$0
Intergovernmental	$36,000	$0	$0	$0
Total Revenue:	**$36,000**	**$0**	**$18,924**	**$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. 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.

Significant Program Changes

Last year this program was: #40050B, Corrections Health MCDC 4th Floor, Clinical Services and Infirmaries
Mental health care has been redesigned to concentrate all services at MCDC with MCIJ housing those stable on medications. These changes will continue with more improvements in early evaluation of needs, stabilization of serious mental illness and planning for release for more individuals. A component of transition planning assists very ill individuals to have a plan of care when they leave jail to provide continued success for re-entry and reduce recidivism.

Multnomah County
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Program # 40050C - Corrections Health MCDC Housing Floor 5, 6, 7 & 8 — Version 3/05/2010 s

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. Over 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 35,000 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

Corrections Health provides a variety of 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 plans. 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 providng the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Average # of inmate medical requests for care evaluated by nurse monthly	726	752	720	745
Outcome	Avg suicide watches per month to prevent successful suicides	33	24	38	39

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	2010	2010	2011	2011
Personnel	$759,113	$0	$801,539	$0
Contracts	$173,164	$0	$172,861	$0
Materials & Supplies	$64,128	$0	$84,710	$0
Internal Services	$44,357	$0	$53,115	$0
Total GF/non-GF:	**$1,040,762**	**$0**	**$1,112,225**	**$0**
Program Total:	**$1,040,762**		**$1,112,225**	
Program FTE	6.60	0.00	7.95	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$12,495	$0
Intergovernmental	$16,000	$0	$0	$0
Total Revenue:	**$16,000**	**$0**	**$12,495**	**$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. 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.

Significant Program Changes

Last year this program was:
Mental health care has been redesigned to concentrate all services at MCDC with MCIJ housing those stable on medications. These changes will continue with more improvements in early evaluation of needs, stabilization of serious mental illness and planning for release for more individuals. A component of transition planning assists very ill individuals to have a plan of care when they leave jail to provide continued success for re-entry and reduce recidivism.

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Program # 40051A - Corrections Health MCIJ Base Services and Clinical Services — Version 3/05/2010 s

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 919 medically stable men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial. Over 170 USM detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. 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 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 35,000 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

The base and clinical services at MCIJ are composed of administrative, support, diagnostic and clinical services. Three general provider clinics, 1 dental operatory, 1 mental health & 1 triage/treatment room provides office visits for clients. Triage nurses evaluate client care requests & 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 and offices for various personnel so health care can be delivered. By providing adequate health care on site to 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	937	900	951	1,000
Outcome	% of medical requests that are resolved by RN staff	0.0%	60.0%	67.0%	75.0%

Performance Measure - Description

FY10-11 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	2010	2010	2011	2011
Personnel	$1,681,782	$0	$1,555,984	$0
Contracts	$403,312	$0	$281,842	$0
Materials & Supplies	$143,001	$0	$131,620	$0
Internal Services	$189,803	$0	$160,637	$0
Total GF/non-GF:	**$2,417,898**	**$0**	**$2,130,083**	**$0**
Program Total:	**$2,417,898**		**$2,130,083**	
Program FTE	15.20	0.00	14.16	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$19,826	$0
Intergovernmental	$46,280	$0	$0	$0
Total Revenue:	**$46,280**	**$0**	**$19,826**	**$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. 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.

Significant Program Changes

Last year this program was: #40051A, Corrections Health MCIJ Dorms 10, 11, 18
Mental health care has been redesigned to concentrate all services at MCDC with MCIJ housing only those stable on medications. These changes will continue with more improvements in early evaluation of needs, stabilization of serious mental illness and planning for release for more individuals. A component of transition planning assists very ill individuals to have a plan of care when they leave jail to provide continued success for re-entry and reduce recidivism.

Multnomah County
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Program # 40051B - Corrections Health MCIJ General Housing Dorms 1 - 10 — Version 3/05/2010 s

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 919 medically stable men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial. Over 170 USM detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. 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 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 35,000 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 489 men and women in Dorms 1-10 at MCIJ. 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 mangement 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 communciable diseases to keep everyone safe. This health care is delivered effectively through providng the right care in the right setting.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Avg # of inmate medical requests for care evaluated by the Triage Nurse monthly	937	900	951	1,000
Outcome	% of medical requests that are resolved by RN staff	0.0%	60.0%	67.0%	75.0%

Performance Measure - Description

FY10-11 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	2010	2010	2011	2011
Personnel	$987,133	$0	$922,693	$0
Contracts	$236,727	$0	$159,210	$0
Materials & Supplies	$83,935	$0	$74,362	$0
Internal Services	$111,406	$0	$90,756	$0
Total GF/non-GF:	**$1,419,201**	**$0**	**$1,247,021**	**$0**
Program Total:	**$1,419,201**		**$1,247,021**	
Program FTE	8.90	0.00	8.00	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$11,201	$0
Intergovernmental	$27,165	$0	$0	$0
Total Revenue:	**$27,165**	**$0**	**$11,201**	**$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. 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.

Significant Program Changes

Last year this program was: #40051A, Corrections Health MCIJ Dorms 10, 11, 18
Mental health care has been redesigned to concentrate all services at MCDC with MCIJ housing those stable on medications. These changes will continue with more improvements in early evaluation of needs, stabilization of serious mental illness and planning for release for more individuals. A component of transition planning assists very ill individuals to have a plan of care when they leave jail to provide continued success for re-entry and reduce recidivism.

Multnomah County
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Program # 40051C - Corrections Health MCIJ Dorms 11-17 Including Infirmary — Version 3/05/2010 s

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 919 medically stable men, women, inmate workers for inside and outside work crews, sentenced individuals and those awaiting trial. Over 170 USM detainees are housed in the system daily. Providing health care to detained individuals is the responsibility of Corrections Health. 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 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 35,000 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 & 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 infimary provides skilled nursing & 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 eveyone 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 (FY08-09)	Current Year Purchased (FY09-10)	Current Year Estimate (FY09-10)	Next Year Offer (FY10-11)
Output	Avg # of inmate medical requests for care evaluated by the Traige Nurse monthly	937	900	951	1,000
Outcome	% of medical requests that are resolved by RN staff	0.0%	60.0%	67.0%	75.0%

Performance Measure - Description

FY10-11 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	2010	2010	2011	2011
Personnel	$987,133	$0	$910,383	$0
Contracts	$236,727	$0	$159,210	$0
Materials & Supplies	$83,935	$0	$74,362	$0
Internal Services	$111,407	$0	$90,756	$0
Total GF/non-GF:	**$1,419,202**	**$0**	**$1,234,711**	**$0**
Program Total:	**$1,419,202**		**$1,234,711**	
Program FTE	8.90	0.00	8.00	0.00
Program Revenues				
Fees, Permits & Charges	$0	$0	$11,201	$0
Intergovernmental	$27,165	$0	$0	$0
Total Revenue:	**$27,165**	**$0**	**$11,201**	**$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. 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.

Significant Program Changes

Last year this program was: #40051A, Corrections Health MCIJ Dorms 10, 11, 18
Mental health care has been redesigned to concentrate all services at MCDC with MCIJ housing those stable on medications. These changes will continue with more improvements in early evaluation of needs, stabilization of serious mental illness and planning for release for more individuals. A component of transition planning assists very ill individuals to have a plan of care when they leave jail to provide continued success for re-entry and reduce recidivism.