

Lane County, Oregon

FY 08-09 Service Options Sheet

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|--------------------------------------------------------|----------------------------------------------------------------|
| Service: Communicable Disease Control | BCC Service Priorities: 1,2,3 |
| Dept: Health and Human Services | Fund: 124 Dept. Org ID: 3427200/50 |
| Program Contact: Karen Gillette; Betsy Meredith | Dept. Priority: 1 of 18 |
| Contact Phone: 682-3950 ; 682-3931 | Fund Priority: 16 of 46 |

Executive Summary

Limiting a disease outbreak is a core function of Public health. The Communicable Disease (CD) program includes trained Preparedness staff to assure a capable public health response to emergencies. The CD staff is mandated to investigate cases, identify those at risk, implement preventive measures (vaccination, education, isolation) to decrease the spread of diseases reportable by statute. The CD program is the mandated recipient and manager of disease reports from all health care facilities, laboratories, and providers within the county. The program provides screening, examination, and treatment of specific sexually transmitted diseases. HIV prevention includes counseling and testing, referral, and needle exchange for populations at increased risk of blood borne pathogens.

State/Federal Mandate

ORS 433; OAR 333-018-000; 333-019-000; 333-14-0050; Intergovernmental Agreement with Oregon Department of Human Services for **Local Public Health Authority**. HB 2185 specifies newly defined public health authority related to emergency public health events. Losing public health authority places the County at significant risk, if the State charges the County to provide required services.

Outcome Measure/s

At least 90% or individuals within the Local Public Health Authority's jurisdiction with newly diagnosed TB, who are identified by or reported to LCPH and for whom therapy for one year or less is indicated, complete therapy within 12 months of the identification or report. If LCPH does not provide TB case management, the disease will spread into the community resulting in a significant increase in cost to the County.

Service Level Descriptions. Level 1 (very bottom) = Threshold Level Below Which Service Cannot Be Provided

| X=Funded | Proposed Service Funding >> | Other Funds | Expense Total | General Fund | FTE |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|--------------|------|
| | | 610,308 | 1,158,642 | 548,334 | 8.46 |
| Level 2 - Assure trained Preparedness Staff | | 85,000 | 266,842 | 181,842 | 2.58 |
| | Train & maintain an "incident command" ready public health staff to ensure capable public health participation in an emergency response event. Maintain participation & leadership in community coalitions such as the Lane Preparedness Coalition, Vulnerable Populations Task Force, & Harm Reduction coalition to assure coordination of community efforts to prevent spread of disease. | | | | |
| X=Level 1 - Investigate, Report, Prevent Communicable Diseases | | 610,308 | 1,158,642 | 548,334 | 8.46 |
| | Outbreaks of communicable diseases require a robust public health response. Investigation & reporting involve professional labor intensive epidemiology. Prevention includes immunization & treatment of infectious disease under protocol, case, contact, & private health care provider education & direction, as well as public communication to assure compliance, reduce risk of spread, & reassure and inform the community. | | | | |

Ver: 12/18/07d-ji

- "Shall" Mandate
- Related Mandate
- No Clear Mandate
- Highly Leveraged to County provided service (100% return or greater)
- Leverages Funds to County
- Leverages Funding for Citizens and/or Community Organizations

Leverage Details

At the FY 07-08 level of service, the GF portion of this program leverages:

| | |
|-----------------------------------------------|-------------|
| back to the General Fund | \$3,370,542 |
| into other County Funds | \$0 |
| directly or via subcontract to community orgs | \$0 |
| directly to citizens via services provided | |

461.61% General Fund Leverage Ratio

For the purpose of this comparison, only include leveraged funds that are dependent on General Fund revenue. Do not include funds that would still be leveraged if the General Fund portion of the service were decreased or eliminated.

Please use this space to explain the Proposed Service Level Funding impact on leverage of the varying levels of service described above.

At Level 1: 8.46 FTE, we'll provide appointments for 350 cases, contacts, & those symptomatic for sexually transmitted diseases, 6,000 immunizations, & TB case management including directly observed therapy for 6 months for 5 to 25 clients. We'll investigate 400 reportable diseases. We'll support 5 delegate immunization providers & provide 100 high risk & 200 HIV screening tests. We'll manage 1,000 STD case morbidity reports. Outbreaks will be identified & investigation & control initiated. At Level 2 with 2.58 FTE, we'll increase STD services to 500 clients due to increased nurse and in-house lab support. We'll provide 4,000 flu shots throughout the county & 4,000 additional general immunizations & support 5 additional immunization delegates. In outbreak situations we will have the ability to maintain some general public health services in addition to outbreak management.