Outcome Team
Basic Living Needs

FY 07 Budget Priority Setting
MULTNOMAH COUNTY OREGON

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I. Priority – *Result to be realized, as expressed by citizens* –

All Multnomah County residents and their families are able to meet their basic living needs.

We are fortunate to live in a community where most of people are able to meet their basic living needs. Health, housing, food, and the income to obtain and maintain these basic living needs provide the foundation for people to create a vibrant community, a thriving economy, and other societal benefits.

However, there will always be vulnerable people in our community and any one of us could fall victim to an accident or other misfortune. Our goal is to ensure that every member of our community is able to meet their basic living needs. Multnomah County government plays a vital role in providing access to information, assistance with temporary needs, and ongoing assistance to vulnerable people with no other means of support.

Several assumptions underlie the selection strategies that follow.

- "Care" is defined very broadly to include all aspects of physical, dental and mental health, and addictions treatment.
- Vulnerable community members are defined as people with physical and mental disabilities, people with chemical dependencies, the elderly, the seriously and persistently mentally ill, children with special needs and those at risk of neglect and abuse, low income individuals and families, and others needing ongoing care.
- Although each factor is listed as a column or band, the interconnectivity of each factor must be recognized as contributing to the goal of ensuring basic needs.
- Basic living needs are interconnected with the other priority outcome teams.
- Multnomah County has chosen to assume stewardship for the federal and state resources available for vulnerable individuals with no other means of support.

- Families are a key resource for vulnerable individuals; public social investments are necessary and contribute to healthy and successful families.
- Information and referral should be easily available to all.

II. Indicators of Success – *How the County will know if progress is being made on the result*

The following indicators were chosen last year because they: 1) were readily measurable; 2) contained data elements currently collected; 3) allowed comparison with other jurisdictions; 4) were consistently cited by experts and referenced materials reviewed; and 5) were recognized as accepted national standards in the health and social service fields.

1. ***We will measure the percentage of community members not living in poverty by using Census data to evaluate the number and percentage of people in Multnomah County with incomes above 185% of the Federal Poverty Level.***

   This indicator establishes an income standard consistent with federal guidelines and at least approaches what might be considered a living wage. The source of the data to track this indicator is the American Community Survey. The most current available information is from calendar year 2004, with 2005 data becoming available by mid-2006.

   Most social scientists believe that the federal poverty standards established in 1964 are too low to accurately gauge "poverty." Entitlement programs typically use the Federal Poverty Level (FPL) plus XX% to determine eligibility for services. For example, a commonly used measure of children living in poverty is statistics collected for the Free & Reduced Lunch Program. Children receive a free lunch at school if their family income level is below 130% of the FPL; they receive a reduced-price lunch if their family income level is below 185% of the FPL.

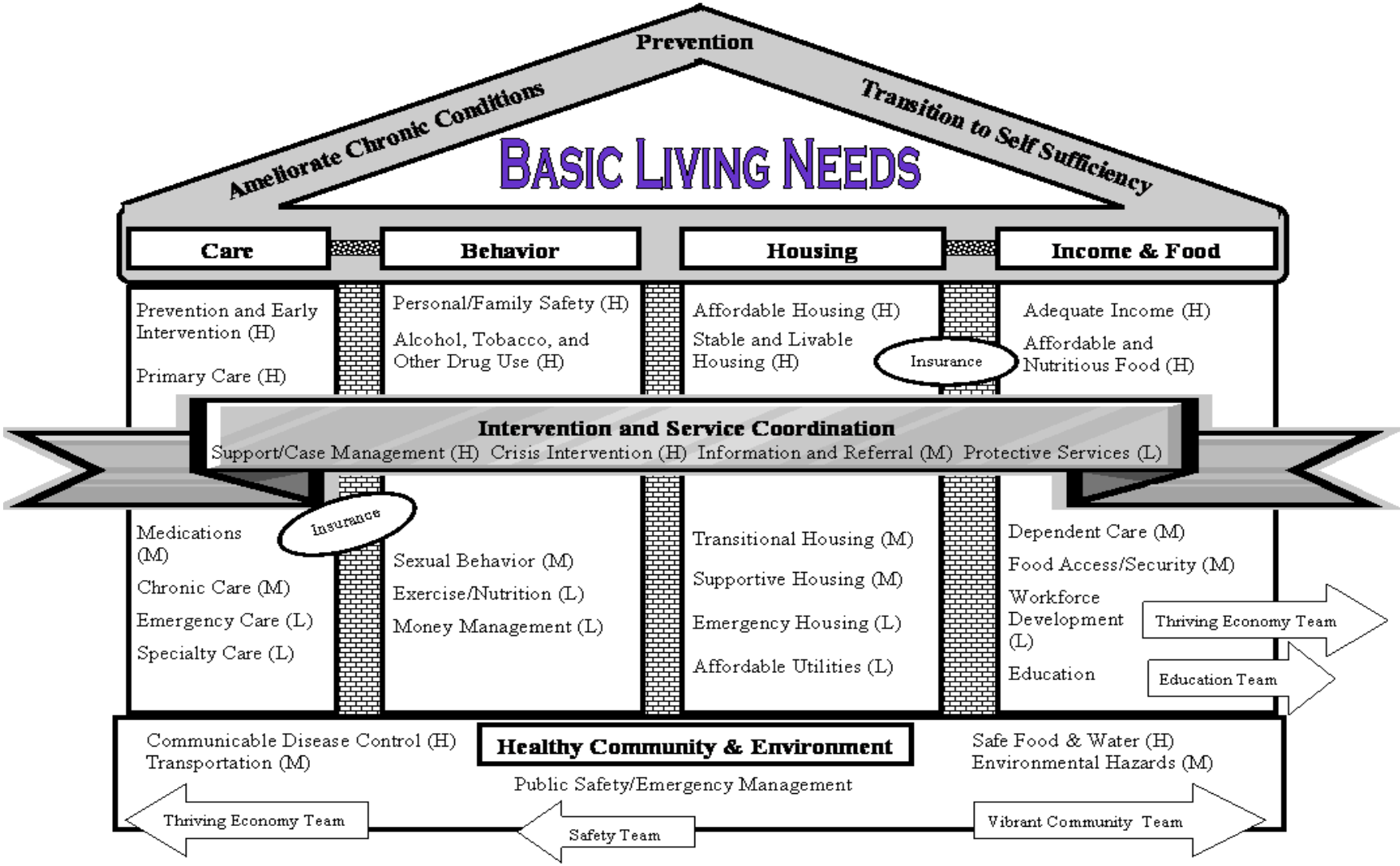
2. ***We will measure the number and percentage of renters who pay no more than 30% of income for housing and utilities***

   This indicator is designed to capture reasonable costs for housing and utilities in relation to an established income index. This measure enables us to make comparisons between Multnomah County and other jurisdictions, both local and national.

3. ***We will ask people to assess their own health through the Behavioral Risk Factor Surveillance System***

   This indicator measures an individual's perception of their health by asking them to rate their health as excellent, very good, good, fair or poor. It is a telephone survey conducted annually by Centers for Disease Control & Prevention and is broken out by county back to 1998. This measure was chosen for its specificity, comparability, and increased clarity.

III. Map of Key Factors – ***Cause-effect map of factors that influence/ produce the result***



Our map represents a paradigm shift for how we understand basic living needs. It looks holistically at the needs of citizens who need assistance to prevent problems, to address a crisis, or for ongoing care. Implicit in this holistic approach is a focus on coordinated service that address the multiple and often complex needs of the whole person and families.

The Basic Needs factors are complex and interrelated because individual circumstances are complex and highly nuanced. The Basic Living Needs Priority Map represents six primary factors which are ***interconnected*** for the best outcomes. Within the primary factors, secondary factors are identified as contributing to the Basic Living Needs Priority result. At any given time, depending upon the needs of the individual or family, one or more of the factors may be most important to meeting a person's basic living needs. Those factors include:

- Intervention and Service Coordination
- Environmental and Community Health
- Care
- Behavior
- Housing
- Food and Income

Two of the primary factors are fundamentally associated with health (broadly defined): Care, and Behavior. Two are primarily focused on other basic sufficiency needs: Food and Income, and Housing. Environmental and Community Health and Intervention and Service Coordination cross both health and basic sufficiency.

Within each of the primary factors, there are secondary factors that suggest prevention, intervention/transition, and emergency approaches. Behavior is primarily a prevention focused factor. Care, housing, income and food balance intervention, transition, crisis approaches, as well as prevention. While on the map, our ideal is prevention or transition to self-sufficiency, our strategies suggest a mix of approaches to address realities of the community's needs.

Intervention and Service Coordination

Intervention and Service Coordination is the ribbon that binds the other factors together. This factor is represented as a horizontal band in the center of the map to represent its connectivity and importance to the other factors. The highest priority is given to support and case management because our most vulnerable community members frequently require assistance or support across multiple primary basic living needs.

Environmental and Community Health

Environmental and Community Health is the foundation at the bottom of the map upon which the basic needs factors are based. The highest priority is given to the prevention and control of communicable diseases because they are potential threats for which the whole community could be at risk.

Linkages are made within this priority to the Public Safety Team, Thriving Economy, and Vibrant Community.

Care

This factor represents all aspects of physical, dental and mental health care, and addictions treatment. The secondary factors reflect a continuum of care services for vulnerable individuals. This continuum applies to physical and behavioral health, as well as addictions treatment. The highest priority is given to prevention and early intervention because detecting risk factors and treating problems have a more substantial impact. Access to primary care is a priority because it helps assure integrated and accessible care, a partnership between providers and clients, and care provided in the context of family and community.

Behavior

Individual behaviors are responsible for about 70% of all premature deaths in the United States. By promoting positive personal behaviors we can reduce the burden of illness, enhance quality of life, and promote an individual's ability to meet their own basic living needs. Because behavior is a new factor on the Basic Living Needs map, we provide the explanation of the secondary factors:

Personal and family safety includes both interpersonal violence and unintentional injury. Injuries are the leading cause of death for children ages 1-9 years. Injuries, homicide, and suicide are the leading cause of death for adolescents and young adults between 10 – 24 years of age in Multnomah County.

Alcohol, illicit drug use, and cigarette smoking are associated with preventable disease and death, violence, injury, HIV infection and criminal activity. They are associated with child and spousal abuse; sexually transmitted diseases, teen pregnancy, school failure, motor vehicle crashes, escalating health care costs, low worker productivity, and homelessness.

Sexual behaviors can lead to unintended pregnancies and sexually transmitted diseases, including infection with HIV. Half of all pregnancies in the United States are unplanned or unwanted at the time of conception.

A **healthy diet and regular physical activity** reduce the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, arthritis, respiratory problems, and certain types of cancers, and may reduce the risk of depression and anxiety.

Money management is a critical factor in individuals being able to meet their basic living needs. Financial literacy skills can help people move out of poverty or keep them from falling into poverty during a time of crisis.

Housing

The highest priority is given to stable, livable, and affordable housing so that people don't have to choose between where they live and meeting their other basic living needs. According to HUD, housing is "affordable" when a household pays no more than 30 percent of its annual income on housing costs. Stable and livable housing is not only safe and has heat, water, cooking facilities, and proper plumbing for sanitation needs, but also allows a family or individual to maintain their residence without having to move.

Income and Food

The highest priority factors under the Income & Food factors were adequate income and affordable/nutritious food. "Adequate income" encompasses income from earnings, public entitlement programs, and tax credit programs. Affordable and nutritious food is a priority for addressing hunger and inadequate nutrition in our community. Dependent care includes care provided for children as well as aging family members.

Education and workforce development are vital to meeting basic needs. However, these factors are more thoroughly and appropriately addressed by the Education and Thriving Economy outcome teams.

Insurance

Insurance is identified twice on the map because they are important considerations in meeting or maintaining basic living needs. Insurance impacts all of the factors on the map.

The Roof!

The roof represents three approaches in meeting basic living needs. Ideally, we could focus on prevention and services that help people transition out of poverty and toward wellness. For some populations, self-sufficiency is not a realistic goal. Sometimes the best we can do is ameliorate conditions by offering services and supports that help people cope and not deteriorate. This map illustrates that together, these approaches assure Multnomah County residents meet their basic living needs.

IV. Selection Strategies and Request for Offers – *Focused choices to realize results*

Provision of basic living needs ensures that all Multnomah County residents have access to the economic, social, and educational resources of our community. The basic needs map reflects all of the factors that contribute to people and communities meeting their basic needs. Each factor on the basic needs map is vital to healthy people and healthy communities. Priority strategies do not directly match the highest priority factors on the map; rather, we are looking for program offers that maximize the contributions where the County exercises the most leverage. Program offers will be rated on their ability to meet basic needs addressing one or more of the following factors.

1. We are looking for program offers that provide intervention and coordination of services that meet basic needs.
Coordination and intervention is the ribbon that holds all of our strategies together. We will give priority to those program offers that combine the elements of intervention and service coordination.

- Provide support and case management to the most vulnerable members of our community
- Provide crisis intervention services so that individuals can move quickly from crisis to stability
- Provide information and referral services to the entire community
- Protect vulnerable people from abuse and neglect

2. We are looking for offers that maintain a Healthy Community and Environment. We recognize the importance of each of the factors related to healthy community and environment, but acknowledge that the County may not have great leverage in these areas and that other government agencies are responsible for these functions. Priority will be given to offers that:

- Focus on preventing or controlling the spread of communicable diseases
- Assure a safe supply of water and food
- Identify and reduce exposure to environmental hazards as related to safe housing conditions

3. We are looking for program offers that assure care for vulnerable members of the community.
Care is defined very broadly to include all aspects of physical, mental health, and oral health care and addictions treatment. We will give priority to program offers that:

- Provide access to care for vulnerable populations
- Emphasize prevention and early intervention to keep simple conditions from turning into emergencies and avoid more intensive and costly care

- Provide access to medications as an effective means to prevent more serious complications
- Address the chronic and urgent care needs of vulnerable populations.

4. We are looking for program offers that promote healthy behaviors.
Priority will be given to program offers that:

- Empower people to avoid or escape victimization, violence, and unintended injury
- Address the use of alcohol, tobacco and other drugs given the negative impact misuse can have on a person's behavior and health
- Increase the skills and knowledge of individuals to manage and take advantage of financial strategies to eliminate poverty and avoid financial crises.

5. We are looking for program offers that assist vulnerable populations in obtaining permanent and livable housing. Priority will be given to offers that:

- Provide or link people to comprehensive supports and services that lead to and/or keep people in supportive, affordable, and permanent housing
- Help people stay in the housing they have by providing needed supports like rent assistance, utility assistance, and weatherization.

6. We are looking for program offers that provide access to income and food to every member of our community. Priority will be given to program offers that:

- Help individuals and families become self sufficient in achieving adequate income and providing affordable and nutritious food
- Provide ongoing food/income support for those who are unable to provide for their basic food and income needs
- Provide support in emergent situations

Program Ranking (Composite Report)

Program #	Name	Dept	Rank	Score	Votes Received		
					H	M	L
25055	Mental Health Crisis Call Center	DCHS	1	26	8	1	0
25056	Mental Health Urgent Care Walk-in Clinic and Mobile Outreach...	DCHS	1	26	8	1	0
21022	Homeless Families	OSCP	1	26	8	1	0
40043	Communicable Disease Prevention Control	HD	4	25	7	2	0
40044	STD, HIV and Hepatitis C Community Prevention Program...	HD	4	25	7	2	0
25062	Mental Health Outpatient Treatment Services - Verity...	DCHS	6	24	7	1	1
15020	Child Support Enforcement	DA	7	24	6	3	0
25020	ADS Community Access	DCHS	7	24	6	3	0
25023A	ADS Long Term Care	DCHS	7	24	6	3	0
25060	Mental Health Transitional Housing	DCHS	7	24	6	3	0
25080	Adult Outpatient Addiction Treatment	DCHS	7	24	6	3	0
25012	DD BASIC NEEDS	DCHS	12	23	6	2	1
25014	DD ACCESS & PROTECTIVE SERVICES	DCHS	12	23	6	2	1
25026	ADS Public Guardian/Conservator	DCHS	12	23	6	2	1
25081	A & D Community Based Services (CBS)	DCHS	12	23	6	2	1
40042	Health Inspections & Education	HD	12	23	6	2	1
21006	Energy Services	OSCP	12	23	6	2	1
25024A	ADS Adult Protective Services	DCHS	18	23	5	4	0
25040A	Domestic Violence Victim Services and Coordination...	DCHS	18	23	5	4	0
25087	A&D Residential Treatment - Women Designated	DCHS	18	23	5	4	0
40039	The Women, Infants and Children's (WIC) Program	HD	18	23	5	4	0
25058	Involuntary Commitment Investigators, Court Examiners...	DCHS	22	22	5	3	1
25061	Mental Health Residential Services	DCHS	22	22	5	3	1
25063	Mental Health Treatment and Medication for the Uninsured...	DCHS	22	22	5	3	1
25068	Early Childhood and School Aged Outpatient Mental Health Services...	DCHS	22	22	5	3	1
25074	Child Abuse Mental Health Services	DCHS	22	22	5	3	1
25103	Mental Health Inpatient Services - Verity	DCHS	22	22	5	3	1
50009	DCJ Family Court Services	DCJ	22	22	5	3	1
40030	Primary Care - Mid-County Health Clinic	HD	22	22	5	3	1
40031	Primary Care - East County Health Clinic	HD	22	22	5	3	1
40032	Primary Care - Northeast Health Clinic	HD	22	22	5	3	1
40034	Primary Care - LaClinica Health Clinic	HD	22	22	5	3	1
40035	Primary Care - North Portland Health Clinic	HD	22	22	5	3	1
21020	Emergency Services	OSCP	22	22	5	3	1
40024	Medicaid/Medicare Eligibility	HD	35	22	4	5	0
25092	Community Engagement Program (CEP)	DCHS	36	21	5	2	2
40022	HIV Care Services	HD	36	21	5	2	2
40033	Primary Care - Westside Health Clinic and HIV Clinic...	HD	36	21	5	2	2

25057	Mental Health Children's Sub-Acute Services	DCHS	39	21	4	4	1
25095	Youth Alcohol and Drug Outpatient Services	DCHS	39	21	4	4	1
40037	Dental Services	HD	39	21	4	4	1
15019	Victims Assistance	DA	42	21	3	6	0
25070	Children's Intensive Community Based Mental Health Services...	DCHS	42	21	3	6	0
25021A	ADS Community Safety Net	DCHS	44	20	4	3	2
25098	Family Involvement Team (FIT)	DCHS	44	20	4	3	2
25022	ADS Adult Care Home Program	DCHS	46	20	3	5	1
25094	A&D Youth Residential Treatment	DCHS	46	20	3	5	1
25113	A&D Supportive Housing	DCHS	46	20	3	5	1
21039	Bienestar Ortiz Site	OSCP	46	20	3	5	1
25093	A&D Adult Residential	DCHS	50	20	2	7	0
25075	Emergency Holds	DCHS	51	19	4	2	3
25099	Family Alcohol and Drug Free Housing Network (FAN)...	DCHS	52	19	2	6	1
25100	A&D Housing Services for Dependent Children	DCHS	52	19	2	6	1
21025	Housing Programs	OSCP	52	19	2	6	1
25090	A&D Detoxification	DCHS	55	18	3	3	3
25013	DD LIFELINE SERVICES	DCHS	56	18	2	5	2
25067	Family Care Coordination Team	DCHS	56	18	2	5	2
25069	Psychiatric Residential Treatment Services for Children...	DCHS	56	18	2	5	2
40041	Breast and Cervical Health Program	HD	56	18	2	5	2
25106	Mental Health Outpatient Services for African American Women...	DCHS	60	18	1	7	1
21024	Runaway Youth Services	OSCP	60	18	1	7	1
25025	ADS Adult Protective Services Financial Abuse Forensic Capacity...	DCHS	62	17	3	2	4
25083	A&D Recovery Supports	DCHS	63	17	2	4	3
25073	County Operated Early Childhood Mental Health Services...	DCHS	64	17	1	6	2
40018	Vector and Nuisance Control	HD	64	17	1	6	2
25096	African American Youth A&D Treatment	DCHS	66	16	1	5	3
25097	Methamphetamine Treatment Expansion and Enhancement...	DCHS	66	16	1	5	3
25102	Mental Health Respite Services	DCHS	68	16	0	7	2
25105	Mental Health Services for Transition Aged Youth	DCHS	69	15	2	2	5
10044	Tax Credit Outreach & Assistance	NonD	69	15	2	2	5
25059	Mental Health Commitment Monitors	DCHS	71	15	1	4	4
10051	Family Advocate Model	NonD	71	15	1	4	4
25064	State Hospital Waitlist Reduction Program	DCHS	73	14	2	1	6
91006	Housing Program	DCS	73	14	2	1	6
25078A	Culturally Competent Mental Health Services	DCHS	75	14	1	3	5
25040B	Centralized Crisis Line	DCHS	76	14	0	5	4
25071	Therapeutic School	DCHS	77	13	1	2	6
25072	Bienestar Mental Health Services	DCHS	77	13	1	2	6
25086	Alcohol and Drug Abuse Prevention	DCHS	77	13	1	2	6
25112	Warrior Down Project	DCHS	80	13	0	4	5

25004	Gateway Children's Receiving Center	DCHS	81	12	1	1	7
25023B	ADS Long Term Care Scaled Offer B	DCHS	81	12	1	1	7
25066	Mental Health Organization Provider Tax	DCHS	81	12	1	1	7
40040	Children's Assessment Center	HD	81	12	1	1	7
25091	A&D Sobering	DCHS	85	12	0	3	6
25110	Traumatic Brain Injury Client Systemic Coordination and Efficiency Program ...	DCHS	85	12	0	3	6
10023	Elders in Action Ombudsman Services	NonD	85	12	0	3	6
25078B	Culturally Competent Mental Health Services Scaled Offer...	DCHS	88	11	1	0	8
25042	DV Prevention and Early Intervention	DCHS	89	11	0	2	7
25085	Gambling Addiction Treatment	DCHS	89	11	0	2	7
10041	Summer Food Program Expansion Project	NonD	89	11	0	2	7
25024B	ADS Adult Protective Services - Add Mental Health Capacity...	DCHS	92	10	0	1	8
25041	Responding to Co-Occurring DV, Mental Illness, and Addiction...	DCHS	92	10	0	1	8
25101	Mental Health Beginning Working Capital	DCHS	92	10	0	1	8
10017	Strategic Investment Program Community Housing	NonD	92	10	0	1	8
10050	Child Care Quality Enhancement	NonD	92	10	0	1	8
25023C	ADS Long Term Care Scaled Offer C	DCHS	97	9	0	0	9
25065	Mental Health Outreach to the Public Health Clinics...	DCHS	97	9	0	0	9
25108	A & D Prevention - Youth Micro enterprise	DCHS	97	9	0	0	9
25109	A & D Prevention - School Curriculum	DCHS	97	9	0	0	9
25111	A & D Prevention - Parent Economic Support Pilot	DCHS	97	9	0	0	9
40049	Environmental Health - Vector Research	HD	97	9	0	0	9

V. Program Ranking Discussion

The Team only found it necessary to rank the program offers twice this year. With the revisions to the map and the discussions with departments we found that we had a better understanding of the direction the team was trying to convey as a whole. This made for very few disparities in ranking.

Overall, the team had agreement on 95% of the program offer rankings. There were 5 program offers that were identified by the ranking tool as divergent:

25075 - Emergency Hold - Some team members ranked this offer low because Emergency Care is a lower factor/strategy on our map. Other team members voted this offer high, arguing that it was crisis intervention which is a high factor on our map.

25025 -ADS Adult Protective Services Financial Abuse Forensic Capacity -Though this is a new offer, it ranked medium overall with the team spreading its rankings across all levels. While the dollars expected to be restored to financial abuse victims is high, the number of cases that would utilize forensic investigation is low.

25064 - State Hospital Waitlist Reduction Program - The majority of the team ranked this low, but several members ranked it high. Some team members thought it was related to crisis intervention/hospital utilization reduction so ranked it high. Others questioned the whether the clients were Multnomah County citizens or why this was the County's responsibility.

91006 - Housing Program - This offer may have been ranked more consistently if it demonstrated its linkage to the other housing offers where there is a coordination and case management function that helps clients move to permanent housing.

25078B - Culturally Competent Mental Health Services Scaled Offer - Though many team members support the concept of culturally specific mental health services, only one team member ranked it high. The program offer may have ranked higher if it clarified current need, how many clients would be served, and if the funding would address currently unmet need.

High & Low Rankings

Program offers that received the team's highest rankings addressed several of the primary and secondary factors on the Basic Living Needs map. The three highest-ranked programs in FY 2007 are:

- **25055 Mental Health Crisis Call Center**;
- **25056 Mental Health Urgent Care Walk in Clinics and Mobile Outreach**; and
- **21022 – Homeless Families**

Program offers that ranked highly in both FY 2006 and in FY 2007 include:

- **15020 – Child Support Enforcement**;
- **25023A – ADS Long Term Care**;
- **25055 – Mental Health Crisis Call Center**; and
- **21022 – Homeless Families**.

Of the 102 program offers that were submitted to the Basic Living Needs priority, six of them ranked at the bottom of our list. These programs are:

- **40049 – Environmental Health – Vector Research:** This small, one-time-only research program appeared to be one that the Vector Control could incorporate into its work plan for FY 2007 without additional resources.
- **25108 A&D Prevention – Youth Micro enterprise; 25109 A&D Prevention – School Curriculum; and 25111 A&D Prevention – Parent**

Economic Support Pilot: All three of these new program offers focus on prevention, which is one of the Basic Living Needs key factors; and all of these offers describe services that are applicable to County clients in several different programs and departments. However, our understanding of these program offers led us to believe that the service models as described would not significantly contribute to the priority. The team had questions about the extent of inter-departmental cooperation, and whether or not these offers duplicate efforts that are already underway.

- **25065 Mental Health Outreach to the Pubic Health Clinics:** This offer describes an activity that the team felt should be happening as a matter of course.
- **25023C ADS Long Term Care Scaled Offer C:** This program offer was the third scale of the Long Term Care program. The service described in this offer was to backfill for lost Medicaid revenue and fund three positions with responsibilities associated with the Medicare Modernization Act and Home Care Worker contract.

Joint Offers

After reviewing all of the offers, our team identified several that might better have been presented as joint offers. Specifically,

- Each department providing services at the Balthazar Ortiz site/Bienestar submitted a separate program offer. Our understanding about the services offered at this location is that they are integrated and targeted toward a particular population. The team agreed that the following programs would have fared better in the ranking process as a joint offer:
  - **40034 Primary Care – LaClinica Health Clinic**
  - **21039 Bienestar Ortiz Site**
  - **25072 Bienestar Mental Health Services**

  Notably, these separate offers ranked very differently, with rankings of 22, 46, and 77 respectively.

- The two departments providing services at the Gateway Children's Campus submitted individual offers that were at variance with each other in both financial and performance data. These programs are:
  - **25004 Gateway Children's Receiving Center** and
  - **40040 Children's Assessment Center**.

- The **Family Involvement Team (FIT, 25098)** and Department of Community Justice's **Family Court (50009)** programs are complementary and ranked well individually, and the team wondered whether or not these programs could be presented either jointly or in a different configuration in FY 2008.

- DCHS has two programs that seem nearly identical to each other. They are
  - **25092 Community Engagement Program (CEP)**
  - **25081 A&D Community Based Services.**

  Both programs target predominantly homeless "high-end users" of A&D and mental health services with intensive interventions, services, and treatment supports. From the team discussions with department staff, it was not clear if these program offers were coordinated with each other. The team felt that a coordinated effort would have given a stronger connection to the selection strategies

There were several program offers that our team thought could be incorporated into the County's ongoing activities. One such program is the **Tax Credit Outreach & Assistance Program** (**10044**, a new, one-time-only offer); we thought perhaps it could be incorporated into the County's many eligibility-determination activities. Likewise, the following program offers are good ideas that could be built into the County's existing programs in these areas.

- **25065, Mental Health Outreach to the Public Health Clinics,**
- **25041, Responding to Co-Occurring DV, Mental Health, and Addictions, and**
- **25110, Traumatic Brain Injury Client Systemic Coordination and Efficiency Program.**

VI. Policy Issues

The Team reviewed issues raised in last year's report as well as discussed new issues that it believed needed further attention.

- Last year an issue was raised regarding culturally specific/competent services and whether or not this should be built into existing contracts or programs. The Team continued the discussion and agreed that it is still an issue that needs to be addressed for the county as a whole. It would be helpful to have a policy framework that defines Multnomah County's intent and approach to serving a culturally diverse community. Using data and research, program offers should be able to document how their approaches to service (including both culturally specific and general service models) address the needs of diverse, culturally-defined communities.

- The team found it difficult to rank the six Primary Care Clinic offers. These programs were offered by site rather than by service level(s), and appeared to offer the same or very similar services at each site. The team and the department had a lively discussion as to whether or not primary care service

levels could be scaled in any way, and while a satisfactory agreement was eventually reached, the team observed that in an environment characterized by declining resources, it will eventually be helpful to have policy direction around how the different County services are provided "on the ground," whether in campus-based service centers or in individual buildings located throughout the County.

Procedural Suggestions

- A&D Sobering (Offer 25091) was submitted it the Basic Living Needs team this year and was ranked relatively low. Last year this offer was submitted to the Safety team and was ranked relatively higher by both the Board and the Safety Team. We believe that this offer should be in the safety area. Short-term sobering is more consistent with the safety priority, whereas the Basic Needs area is more concerned with prevention and longer-term treatment. Validation for this argument can be tested by asking what set of agencies would protest the loudest if this function were not funded.

- Performance Measures
    - Consistent format was found to be useful in identifying the measurements in each offer
    - Performance Measure Descriptions should be included to identify what percentage of the program the measurement is reflecting. This will reduce the confusion surrounding a unit of cost when comparing measurements to Program Offer cost.
    - Would be helpful to include a baseline measure to make it easier to identify the impact of the program on a result.

- Indicators of Success - The Team suggests that a review of the indicators may be helpful due to the revision of the map. There may be an opportunity for expanding on the type of indicator looked at since additional priorities were identified on this year's map.